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

BSW Integrated Care Board – Board Meeting in Public

Thursday 17 July 2025, 10:00hrs

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

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 22 May 2025	Chair	Approve	ICBB/25-26/036
	4	Action Tracker and Matters Arising	Chair	Note	ICBB/25-26/037
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/25-26/038
10:35	8	Update on Health Inequalities Programme	Amanda Webb	Note	ICBB/25-26/039
10:55	9	Publication of 'Fit for the Future – 10 Year Health Plan for England' and 'Review of patient safety across the health and care landscape'	Sue Harriman, Rachael Backler	Note	ICBB/25-26/040
11:30	10	BSW Winter Plan	Gill May	Endorse	ICBB/25-26/041
11:45 – Short break – 10 mins					
Committee Reports					

Timing	No	Item title	Lead	Action	Paper ref.
11:55	11	BSW ICB Quality and Outcomes Committee	Gill May	Note	ICBB/25-26/042
		a. BSW Quality and Patient Safety Exception Report	Gill May	Note	ICBB/25-26/043
		b. ICB Review of Intensive and Assertive Community Treatment for People with Severe Mental Health Challenges (Psychosis) – Update Report	Gordon Muvuti	Note	ICBB/25-26/044
12:20	12	BSW ICB Finance and Infrastructure Committee	Paul Fox, Matthew Hawkins	Note	ICBB/25-26/045 ICBB/25-26/046
		a. BSW Medium Term Plan	Paul Fox, Matthew Hawkins	Note	Verbal
		b. BSW ICB and NHS ICS Revenue Position	Matthew Hawkins	Note	ICBB/25-26/047
12:40	13	BSW ICB Commissioning Committee	Julian Kirby, Rachael Backler	Note	ICBB/25-26/048
		a. BSW Performance Report	Rachael Backler	Note	ICBB/25-26/049
12:55	14	BSW ICB Audit Committee	Claire Feehily	Note	Verbal
Closing Business					
13:00	15	Any other business and closing comments	Chair	Note	Verbal

Next ICB Board Meeting in Public: 18 September 2025

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

DRAFT Minutes of the 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

Members present:
Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)
ICB Chief Executive, Sue Harriman (SH)
Primary Care Partner Member, Dr Francis Campbell (FC)
NHS Trusts & Foundation Trusts Partner Member – acute sector, Cara Charles-Barks (CCB)
Non-Executive Director for Finance, Paul Fox (PF)
Local Authority Partner Member – BaNES, Will Godfrey (WG)
ICB Chief Finance Officer, Gary Heneage (GH)
Non-Executive Director for Public and Community Engagement, Julian Kirby (JK)
ICB Chief Nurse, Gill May (GM)
Local Authority Partner Member – Swindon, Sam Mowbray (SM)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector, Alison Smith (AS)
Local Authority Partner Member – Wiltshire, Lucy Townsend (LT)
ICB Chief Medical Officer, Dr Amanda Webb (AW)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)
Non-Executive Director for Quality, Ade Williams (AW)

Regular Attendees:

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

Invited Attendees:
AWP Head of Transformation – BSW Division, Sam Mongon – *item 8*
AWP Chief Operating Officer, Matthew Page – *item 8*

Apologies:
Non-Executive Director for Audit and Governance, Dr Claire Feehily (CF)
ICB Director of Place – BaNES, Laura Ambler (LA)

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. A

special welcome to their first Board meeting held in person was extended to Paul Fox (Non-Executive Director (NED) Finance) and Ade Williams (Non-Executive Director Quality).

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

1.3 Holding the BSW ICB Board business meetings in public allows the Board to carry out discussions and decision-making processes in full view of any person who wishes to join the meeting. Extending that offer to people unable to make it in-person has been a priority of the ICB for some time. From this meeting, our meetings held in public will be recorded and made available to watch back at any time. The viewing link can be found on the ICB website, which can be accessed at www.bsw.icb.nhs.uk

1.4 The Chair wished to record thanks to Swindon Borough Council for the kind use of their venue and facilities.

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 20 March 2025

3.1 The minutes of the meeting held on 20 March 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 informed the Board that three Partner Member Board roles were coming to the end of their term on 30 June 2025 –

- Partner Member – Local Authority (BaNES) – Will Godfrey
- Partner Member – Primary Care – Dr Francis Campbell
- Partner Member – VCSE sector – Pam Webb

The nominations processes for the three roles had commenced, with confirmation of the appointments anticipated by 30 June 2025.

7. BSW ICB Chief Executive's Report

7.1 The Board received and noted the Chief Executive's (CEO) report as included in the meeting pack.

7.2 The ICB CEO provided a contemporary update:

- 2.1 noted the need for the ICB to continue its business as usual, whilst acknowledging forthcoming organisational change. BSW ICB had taken the immediate step to freeze any

recruitment underway following the national announcement. The Board would continue to seek assurance against the associated risks and to have oversight of the supporting governance arrangements.

- 2.2 – HCRG are now playing a significant system role through its delivery and transformation of services under the Integrated Community Based Care (ICBC) programme, with transformation plans in place. The essential transformation was to commence within the first two years of the contract, working in partnership with stakeholders and service users.
- 2.4 – The broadly compliant BSW Operational Plan was submitted to NHS England, though acknowledging the considerable challenges, risk and ambition surrounding its delivery. Radical change and improvement of services was required to support the delivery of the financial position.
- 2.8 - Urgent and Emergency Care (UEC) remains consistently challenged. Comprehensive action was being put into place to give traction, and to ensure the best population outcomes, timely access, and efficiently and effectively run services. Areas of focus included demand management, robust internal flow processes within providers, and effective and timely discharge.
- 2.31 – The ICB was ensuring appropriate support and guidance was in place to support its workforce through this time of change and uncertainty which was impacting all members of the organisation. Business continuity was a focus, whilst living within the agreed values of the ICB.

7.3 The Chair wished to note and acknowledge this difficult time and uncertainty for all ICB staff. Colleagues nonetheless continued to show dedication, working together through the challenges.

8. Avon and Wiltshire Mental Health Partnership (AWP) NHS Trusts – Community Transformation

8.1 AWP's Chief Operating Officer and Head of Transformation for the BSW Division were in attendance for this item, to update the Board on AWP's plans and work to date in support of the transformation of BSW's community services, aligning with the national community mental health framework, and BSW's Mental Health Strategy. The slides as included in the meeting pack were talked through, before the Chair opened the meeting up for discussion and questions:

- Noting the requirement to further evolve, change services, keep care closer to home, and the desire to work more with partners –good local relationships were fundamental to build on, with support of the ICB, the ICB Board and partners. System and service transformation will require joint solutions. The Integrated Care Alliance (ICA) structure was being utilised, forming links with the neighbourhood health and community mental health placement development discussions. There was commitment of the wider system, partnerships and delivery groups that mental health will continue to be part of all discussions.
- Though it was acknowledged that mental health services were underfunded nationally, AWP was working to lower the thresholds into accessing services and support. The pathway would be designed with partners and clinical colleagues to avoid the need for patients to undergo repeat assessments. This would then help to free up capacity to move to those direct support areas. This then allows for those with a higher need to be identified quicker and moved to other pathways.

GP's were to understand the less rigid threshold level and learn by success of the new model. This would be supported by the integrated front door for referrals, a single place for GPs and system colleagues to use, working jointly with VCSE colleagues also to identify the best pathway and place in system.
All serious mental illness (SMI) clients were to be better supported with a comprehensive offer. An action plan was in place to set the responsibility with AWP, to follow the agreed protocol to continue to support and engage those in need. It was AWP's duty to not discharge clients due to dis-engagement. This process had been re-evaluated as a national requirement. Data was held on those not attending appointments and those not engaging, with follow up monitoring in place.

- Nationally, there was the expectation of the four week wait of referral to assessment, though AWP were aiming to move to a four week wait to treatment, bringing that improved timely access for patients and a more than acceptable level of improvement. This change was driven by the shift in the way of working, reducing the repeated assessment process, supported by other intervention services earlier in the journey. It was acknowledged that rapid and continued improvement was needed to get that baseline in place.
- The existing investment was to be utilised more efficiently to work with the current resources, there was no new money. Working more in partnership would support this, along with reducing activity that did offer an intervention focus. That first touch point was critical.
- Further work was needed to reduce those natural barriers of some cohorts of patients seeking the support they required.
- With the continued pressures on the system, the change and improvements being made were not always acknowledged, and it was recognised that some will not be evident in the short term. The Board was encouraged to be positive about this narrative, preventing the default blame culture. All system partners were responsible.
- A shared terminology needed to be agreed – personalisation / right conversations / plans / strength based – supporting that single direction of travel.
- The financial model within the strategy was based upon the premise that changes and transformation would unlock monies spent outside of the BSW system, implementing these changes locally to shift both health and social care money back to BSW, and then a shift to a prevention focus.
- Further attention was needed to parity of esteem and ensuring patients were clinically ready for discharge.
- Supporting group work was needed to signpost clients and colleagues early on to ensure intervention and encouragement of self-care was the first thought, working also to reduce the level of demand for services and wait time. The pathway was also being improved to ensure better home treatment to maximise the availability of treatment. This approach would be built on with each locality, to also understand the barriers to access. Data of access and under represented minority groups was also an area of focus.
- The ICB was providing ongoing supporting and funding to meet the nationally mandated Mental Health Investment Standard.

8.2 The Chair thanked AWP colleagues for their transformation update and their input into the wider Board discussion.

9. NHS Reform and Transformation Announcement: BSW ICB Response

9.1 The paper pack included a briefing to the Board on the actions that BSW ICB has undertaken to date in response to the Prime Minister's NHS reform announcement on 13 March 2025, 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 ICBs across England.

9.2 The ICB CEO advised that this was rapidly moving piece of work. The ICBs role was to move to become a strategic commissioner, remaining central to the emerging NHS Ten Year Plan. A rules-based approach was being taken to give clarity, accountability, responsibility - to earn that autonomy. The use of regulatory powers would be seen, though in a more agile way. Recognition was given that improvements in productivity and efficiency in the NHS needed to improve significantly, with clarity of priorities and expectations now given. Those lessons learnt through the Evolve change programme were being embedded to support ICB staff and to understand the implications that define the organisations future. A reduction of 49% to running costs was to be achieved by BSW by the end of quarter three of 2025-26, reduced slightly by the immediate decision the ICB made to hold vacancies, though still a significant reduction required. Plans were to be generated at pace against what could be delivered within the reduced financial envelope. Providers were also to reduce their corporate growth by 50% by quarter three. Any savings made by the ICB by the end of this financial year could be used to de-risk the plan in year.

9.3 The Model ICB Blueprint had been generated at pace, providing that guide rather than definitive information. This did not clarify the timeline for change, required legislative change, statutory roles and duties, though did provide a clear direction of travel with those functions to grow, transfer and stop. An options appraisal had been developed along with a high-level route to achieving the financial savings, alongside delivering an effective strategic commissioning infrastructure. Working at scale both as part of the cluster, with neighbouring ICBs, and regional colleagues would offer opportunities. The most suitable cluster fit was proposed – bringing together BSW ICB, Dorset ICB and Somerset ICB. Chairs, CEO's and transition leads were already working together.

9.4 A significant reduction in the workforce was anticipated, with a voluntary redundancy programme to be initiated, followed by a wider redundancy programme to enable the level of change required. Compliance of employment law regarding the consultation process was a concern against the proposed timelines. An open and transparent approach to engagement and communications with ICB staff continued, aligning with Somerset and Dorset. BSW ICB was to hold a staff away day on 5 June 2025, a day designed with the Colleague Engagement Group to offer connection, wellbeing and practical support.

9.5 The BSW chapter was to be submitted on 27 May 2025 to support the regional level plan, setting out the approach to live within the financial envelope, the activities and functions, the added value of the cluster, with the ambition of improving outcomes for the populations. BSW had remained together as one system. The emerging local authority boundary changes would have implications for NHS systems going forward. Therefore, cluster arrangements were likely to continue for longer, with a merger not possible before April 2027.

9.6 Though there was acknowledgment that the cluster seemed the most appropriate, there was concern at a local level of the presumption that at scale will be effective. The combined authority and devolution agenda would be an important issue to consider when aligning activity and arrangements. The CEO advised that early and aligned conversations had already commenced with Somerset and Dorset regarding the importance of place. The correct infrastructure and resources were needed to ensure place succeeded, in partnership

with each local authority and those local groups and organisations, to do what was best for the population with localised delivery remaining. The commitment was there to bring in the VCSE aspect to the wider decisions. The Ten Year Plan had a focus on neighbourhood health, an area that was not best understood from an at scale position.

9.7 The Chair and the Board acknowledged the complex task ahead, and the significant work at pace needed to support the transition.

9.8 On conclusion of the discussion, the Board noted; 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; the draft proposal for BSW ICB to form a cluster with Dorset and Somerset ICBs, and the proposed next steps to meet NHS England's 30 May 2025 submission deadline for a plan.

10. BSW ICB Quality and Outcomes Committee

10.1 This was the first meeting of the Quality and Outcomes Committee (QOC) chaired by the recently appointed NED Quality. The draft minutes were shared for information, and provided that account of the discussions and business covered. The next meeting of the ICB QOC is scheduled for 1 July 2025.

10a BSW Quality and Patient Safety Exception Report

10.2 The Board noted the BSW Quality and Patient Safety Exception Report. The ICB Chief Nurse wished to highlight the outstanding improvements being made, in particular within infection, prevention and control. BSW was the second top performing nationally for pseudomonas bloodstream infections, meeting key targets due to the hard work of the teams and partnership.

11. BSW ICB Finance and Infrastructure Committee

11.1 This was the first meeting of the Finance and Infrastructure Committee chaired by the recently appointed NED Finance. In response to the required NHS reform, the Committee felt that BSW should produce a three year medium term financial plan, though it acknowledged this was challenging within the current context.

11.2 The minutes from the meetings held on 2 April 2025 and 7 May 2025 were shared for information.

11.3 The next meeting of the ICB Finance and Infrastructure Committee was scheduled for 13 June 2025.

11a. BSW ICB and NHS ICS Revenue Position
11ai. 2024-25 Month 12

11.4 The ICB Chief Finance Officer (CFO) updated the Board on the financial outturn of the NHS organisations within the Integrated Care System (ICS) at month 12, noting that the system had reported a breakeven position. This was supported by the application of £30m deficit funding and £15m of support funding received in the period. The accounts were currently being audited to inform the ICB's Annual Report and Accounts.

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

11b BSW Operational Plan 2025-26 *(item moved)*

11.6 The paper provided the Board with an overview of the final operational planning submission for the BSW NHS system for the financial year 2025/26. The ICB Chief Delivery Officer (CDO) advised that though a compliant plan, it remained ambitious with challenging targets, an accumulation of significant work on the operational, financial and workforce metrics of the ICB and system partners. The plan was now in the public domain. The final closure letter was awaited from NHS England. The Board was to hold the ICB and system partners to account over the course of the year against the plan and detailed implementation plan. The future of the ICB was acknowledged as a significant risk to its delivery.

11.7 The ICB CFO advised that the plan met the balanced financial requirements. The plan was deemed extremely challenging, with £23m deficit support funding allocated on the condition that the system maintained the break-even position. Efficiency targets were to generate in excess of £125m in 2025-26.

11.8 The Board noted the progress and the final BSW operational plan document.

11aii 2025-26 Month 1

11.9 The ICB CFO reported that at month 1 the system was reporting £4.4m adverse to plan. BSW had also been informed that it would lose the £2m month 1 deficit support funding due to this move away from a balanced position. This created a further deterioration position to correct in month 2. If the system continued to be off plan, deficit support funding would not be received. It was critical for the system to drive the recovery actions, as this would pose further significant challenge and impact on the Hospital Group cash position. Deficit support funding would only be recouped once back in line with plan. Once on plan and in receipt of funds, these were then not lost.

11.10 The drivers for the deficit position were highlighted:

- Ongoing UEC pressures and the use of additional beds that were in turn driving the increase in workforce costs.
- Slippage against efficiency schemes - the system has taken an agreed view to evenly phasing the plan. The delayed sign off of the plans had led to a delay in implementing some of the changes.
- The system was yet to close off the gap of the required efficiency schemes with a significant amount of savings not yet identified in the BSW Hospitals Group
- Performance against elective recovery.

11.11 The Board discussion noted:

- The BSW deficit represented 2% of the total budget. It was felt helpful to represent this for members of the public to have a better understanding and for transparency.
- NHS England had signed off a balanced plan, however as of month 1 BSW was not on plan. This needed to be reflected by the change in delivery pace and governance in place. Though a small percentage of the allocation, the trend and run rate remained a concern of regional colleagues. The current run rate needed to be sufficiently reduced

to bring the system back on track at pace for the end of quarter 1. Regional colleagues had offered access to support to work through this together.

- The intervention and investigation level 4 (I&I4) interventions and actions were being implemented to see traction and to address the deficit (noting BSW is not in that level of intervention currently). The team were working through the 12-month run rate and overlaying actions.
- The voluntary sector offered to support the sharing of messages to the population to ease UEC pressures and redirect patients to the most appropriate services. A survey was currently being conducted amongst the BSW population to provide that rich information to enable the system to react and work with the wider system partners, responding to service users. The support offer of the VCSE was welcomed.
- The plans ensured that effective and efficient working, with service redesign factored in, though recognising this would take significant work. BSW had been slow to operationalise some change elements of the plan, but these were now being actioned at pace to realise the impact required.
- The plans would not be revised in light of the current context, it remained the priority for the system to work actively and honesty to balance the position.

12. BSW ICB Commissioning Committee

12.1 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 22 April 2025. The Committee Chair wished to bring to the attention of the Board:

- The Wiltshire Director of Public Health was now a key member of the Committee, bringing that different perspective to discussions and decision-making.
- The VCSE contribution to the collective effort had been acknowledged, though it was recognised that the relationship needed to be nurtured and built upon.
- Progress was being made to understand the historical and substantial differences seen through the Better Care Fund across each locality, with work to align these where possible.

12.2 The next meeting of the Committee was schedule for 17 June 2025.

12a BSW Performance Report

12.3 The ICB CDO advised that there had been no change to the allocated segment ratings under the National Oversight Framework. Improvements in performance against the cancer, long waiters elective, annual learning disability health checks, and hospital@home initiative were noted. Significant challenge remained on the UEC pathway, with changes being embedded within the diagnostic pathway. The national performance framework was awaited, currently in consultation phase. The team were working to improve the timeliness of reporting against the plan.

12.4 Though these were the NHS England directed metrics to measure by, it was acknowledged that there were other areas still important to the Board and ICB to monitor and improve upon.

12.5 The ICB Chief Medical Officer updated the Board on the funded hypertension programme underway in support of the left shift:

- Reporting is now starting to show the early signs of improvement for the population. National data released also indicated improvements, particularly in the number diagnosed and those treated to target.
- Since August 2024, 6,000 people had been added to the hypertension register, with 3,500 treated to target. The next 12 months expected further improvement.
- Cardiovascular Disease (CD) remained a top priority of the system, and liver control. Although there was no money to invest, this continued to be a focus for ICB colleagues and system partners.
- BSW was the only system across the national figures to show system wide improvement of patients with CD receiving correct and appropriate treatment. BSW was second highest across the South West as most improved system. The national team had reached out to understand the approach to advise ministers.

12.6 The Board noted the report for and took assurance on the latest system performance.

12b. BSW ICB Corporate Documents:
12bi Scheme of Reservations and Delegations
12bii Standing Financial Instructions

12.7 The Board recalled that with effect from 1 April 2025, under section 65Z5 of the NHS Act NHSE delegated to ICBs the functions of commissioning certain Specialised Services. The ICB's Scheme of Reservations and Delegations (SoRD) had received minor amendments to reflect this. While there were no recommendations for change or updates, the Board was also asked to confirm the continued validity of the ICB's Standing Financial Instructions (SFIs). The approval of documents related to the ICB's Constitution, such as the SoRD and the SFIs, and amendments of these documents, was a matter reserved to the ICB Board.

12.8 The Board approved 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, and approved the BSW ICB SFIs in their current form.

13. BSW ICB Audit Committee

13.1 In the absence of the NED for Audit, the ICB CFO advised members of the business covered by the Committee at its last meeting held 1 May 2025:

- The MHIS audit had concluded, with no issues to report to the Committee.
- Three audit reports were received and noted; core financial controls (grip and control checklist) given a rating of significant assurance with minor amendments; risk management given a rating of significant assurance with minor amendments, and IEG4 placement system roll out, given a rating of partial assurance.
  The ICB Chief Nurse advised that the new system would ensure robust governance and oversight of placements, with the ability to align cost of placements with individual care plans. The system had immediately released clinical time to enable that time with patients eligible for continuing healthcare, to undertake the assessments and reviews.
- The Head of Internal Audit Opinion was one of significant assurance.
- The 2025-26 internal audit plan had been agreed, though acknowledging the need for flexibility in the current context.
- The six monthly cyber report was received and noted.

13.2 The next meeting of the ICB Audit Committee is scheduled for 13 June 2025.

13a. BSW ICB Audit Committee Annual Report

13.3 The Board noted the Audit Committee annual report.

13b. BSW ICB Board Assurance Framework

13.4 The ICB CDO presented the revised Board Assurance Framework (BAF), which had incorporated those discussion points and amendments suggested during Board Development sessions and by the Audit Committee. It had received a significant overhaul, structured around the strategic objectives set out within the BSW Integrated Care Strategy. The BAF be reviewed frequently to reflect those risks surrounding the change in NHS landscape. The ICB and Board was to utilise the BAF to inform its decision-making.

13.5 Per the BSW ICB's SoRD, it was the Board's prerogative to approve the BAF. The Board approved the ICB Board Assurance Framework.

13c. BSW ICB Data Security and Protection Toolkit
13ci. Approval of the ICB Information Governance Framework

13.6 The CDO presented the supporting paper, updating the Board on the ICB's progress with completing the Data Security and Protection Toolkit (DSPT). A thorough internal process was underway to gather the evidence required in support of the Toolkit submission, which this year also included criteria linked to cyber security. The early indications from the independent audit review signalled a positive review outcome. Due to the ongoing work to finalise the Toolkit, the sign off of the final submission takes us outside of the scheduled Board business meetings, therefore delegation of sign off to the Executive Group was sought.

13.7 The Board agreed delegation of the approval of the final DSPT submission to the BSW ICB Executive Group.

13.8 As part of the work to complete this year's DSPT, reviews have been undertaken of the ICB's information governance (IG) 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.

13.9 The Board approved the updated ICB Information Governance Framework.

14. Any other business and closing comments

14.1 There being no other business, the Chair closed the meeting at 12.20hrs.

Next ICB Board meeting in public: Thursday 17 July 2025

Item 4

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

Updated following meeting held on 22/05/25

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status	Expected Completion Date
22/05/2025	*No actions recorded*					

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	7
Date of Meeting:	17 July 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 10 Year Plan**. On 3rd July 2025, the Government published its 10 Year Plan for the NHS. The full plan is published on the NHS England website (10 Year Health Plan for England: fit for the future - GOV.UK). This is an important milestone in the broader reset of the NHS, which describes the ambitions of the staff, patients, partners, and citizens that have contributed to its development over the last year. It has been informed by the biggest conversation about the NHS in its history. Over the past eight months, NHS England have spoken to thousands of staff and members of the public and considered the 250,000 ideas submitted. The Government's plan seeks to create a new model of care, fit for the future. It will be central to how the NHS delivers the health mission. It will take the NHS's founding principles - universal care, free at the point of delivery, based on need and funded through general taxation - and from those foundations, entirely reimagine how the NHS does care, so patients have real choice and control over their health and care. Much of what is enshrined in the 10 Year Plan complements what is already part of our BSW Care Model (About our health and care model - BSW Together) and we are proud that

many of the initiatives that we have delivered in BSW, since the creation of the ICB, are recognised as being key elements of a future NHS.

1.2. **NHS Transformation and Reform.** Following announcements on 13th March 2025, by the Prime Minister and the Secretary of State for Health and Social Care signalling a range of sweeping measures to transform the NHS, work has continued within the ICB, and with regional colleagues, to deliver the required functional and structural changes to the ICB. On 27th June 2025 we received confirmation that our cluster, BSW (Bath and North East Somerset, Swindon, and Wiltshire), Dorset and Somerset has been approved by NHS England and ministers. We will be one of three in the south west, with the other two clusters being confirmed as:

- Devon, Cornwall, and Isles of Scilly
- Gloucestershire and Bristol, North Somerset, and South Gloucestershire (BNSSG)

1.3. Our cluster is one of 26 across the country (down from the current 42 ICBs). This marks the start of a fundamental change in how we will operate as a system in our new role as strategic commissioners.

1.4. **The Dash Review into patient safety across the health and care landscape.** The independent review of the patient safety landscape across health and care, led by Dr Penny Dash, was published by NHS England on 7 July 2025 on the NHS England website (https://www.gov.uk/government/publications/review-of-patient-safety-across-the-health-and-care-landscape), recommending significant changes to streamline the current complex system. The review found that despite considerable investment in patient safety, the fragmented landscape of approximately 40 organisations with formal safety roles has created a complex environment which is difficult for providers and patients to understand and navigate.

1.5. The review sets out nine key recommendations, which helped inform – and should be read alongside – Chapter 6 of the 10 Year Health Plan, which sets out broader action to improve quality of care through greater transparency.

1.6. **NHS Urgent and Emergency Care (UEC) Plan 2025/26.** On 6th June 2025, NHS England published the Urgent and Emergency Care (UEC) Plan for 2025/26 (NHS England » Urgent and emergency care plan 2025/26). This was launched ahead of the 10 Year Plan because, whilst it is a fundamental part of the NHS transformation, it was felt that UEC needs immediate attention, especially to ensure that the NHS is best equipped to manage the forthcoming winter. The plan details measures across whole systems to improve UEC not only to deliver a better winter for our patients and staff, but to start to free up leadership headroom. Improving this important UEC pathway will help financially challenged systems become more productive and cost-effective. This will be a key document to drive activities in BSW, the ICB having recently been told that despite the ICB transition timeline, it will retain responsibility for performance, along with our partners, for this winter.

1.7. **2025 Spending Review.** The outcome of the Spending Review was good for the NHS, when compared to other Government Departments. The policy paper from the HM Treasury website provides further details (Spending Review 2025 (HTML) - GOV.UK)

2. BSW ICB update

2.1 **ICB and Cluster Transition.** BSW, Dorset and Somerset ICBs have established a formal programme to plan and deliver the transition from current to future state. The programme governance has been approved and is in place, as is a joint Transition Committee to oversee the programme and assure the Boards of safe and coherent programme delivery. Current priority areas of work include the development of a target operating model to ensure that the ICBs deliver their functions within the reduced running cost envelope; the delivery of organisational change processes; and the development and implementation of cluster governance arrangements.

2.2 The programme remains significantly complex and comprises areas of risk outside of ICBs' control, including national approval of redundancy schemes. The 10 Year Plan and the Dash review may provide clarity to inform ICBs' work to develop target operating models.

2.3 **Recovery and Delivery Governance**. To enable better oversight of delivery and recovery, the existing governance arrangements for delivery of our strategic and operational objectives have been reviewed and strengthened. This has resulted in a more robust oversight of delivery and progress, a streamlined governance structure for recovery and development of granular plans with much clearer accountability. A programme management office has been established with accessible programme management and governance documentation, including a new highlight reporting structure for delivery groups and a clear escalation process. The first report will be presented to the ICB Board in September 2025.

2.4 **Financial Position - Month Two 2025/26.** At Month two, the system was £13.5m off plan. The BSW Hospital Group reported a £16.7m adverse position to plan, offset by a £3.2m favourable ICB variance. The adverse position has mainly been driven by the delivery of efficiency schemes which still includes unidentified efficiencies (£8.0m), the loss of deficit supporting funding (£4m), and adverse high-cost drugs and devices (£0.7m).

2.5 Deficit support funding has been lost for quarters one and two (c£12m) and will not be released until plan delivery is assured. It can be earned back in full. The system continues to forecast breakeven for the financial year.

2.6 Recovery actions include:

- A series of actions via Recovery Board which meets every two weeks.
- A system financial recovery plan is being developed.
- Full year run-rates with recovery actions.
- Review of previous investments and safer staffing.
- Deep dives (high-cost drugs, workforce).

- Additional finance support to help close the efficiency gap and de-risk existing plans.
- Enhanced expenditure controls.
- Grip and control reviews.

2.7 There is therefore significant work underway to address the variance to plan and ensure that all avenues are explored to reduce the current run rate. We are in regular dialogue with NHS England South West Regional colleagues with regards to our financial position and the additional actions we are taking.

2.8 **Performance, Oversight, and Delivery**

2.9 **Operational Planning for 2025/26**. As delivery of BSW operational plans is already challenged at month 1 in key areas, the NHS England South West regional team have now implemented a new regime for performance oversight for 2025/26. This involves weekly meetings with NHS England covering the following: UEC, Elective (Referral to Treatment), Mental Health, Cancer, and Diagnostics.

2.10 **NHS Oversight Framework**. The NHS Oversight Framework 2025/26 has been published to provide a consistent and transparent approach to assessing ICBs, NHS trusts, and foundation trusts. It has been developed with input from NHS leadership, staff, representative bodies, and think tanks through two public consultations. It will be a one-year framework, to be reviewed in 2026/27 to incorporate work to implement the ICB operating model and to take account of the ambitions and priorities in the 10 Year Health Plan, and focuses on public accountability, performance improvement, and support for providers. ICBs will not be segmented in 2025/26 due to ongoing transformation efforts, however ICBs will still be assessed through a statutory annual assessment, which reviews how well each ICB is performing its statutory duties. Providers will be scored against a focused set of metrics that targets the priorities set out in the 2025/26 NHS Operational planning guidance, and allocated a segment based on their performance from segment 1 (no support) to segment 5 (intensive support through the Provider Improvement Programme). ICBs in the Recovery Support Programme will continue to be assessed against their improvement plans (equivalent to segment 5). Segmentation for ICBs will resume in 2026/27. The most recent review in Quarter 2 24/25 (under the current performance oversight framework) confirmed no changes in ratings with the ICB, Royal United Hospital (RUH) and Salisbury Foundation Trust (SFT) in segment 3. Great Western Hospital (GWH) continue in segment 2. The main drivers of the segment 3 ratings continue to be financial performance, cancer, and diagnostics.

2.11 **Urgent and Emergency Care (UEC)**. BSW has continued in NHS England Tier 2 (regionally led support) for UEC. The Oversight Framework segmentation rating in this area continues to be driven by Accident and Emergency 4-hour performance, ambulance handover delays, and Non-Criteria to Reside (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 January high.

2.12 **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.

2.13 **Referral to Treatment (RTT)**. Performance is meeting the BSW 2025/26 plans agreed with NHS England. There is continued focus to clear 65-week waiters with recovery actions ongoing. GWH and RUH have identified risks, and of the 59 expected breaches in June 2025, 31 are at GWH and 23 are at RUH.

2.14 **Diagnostic Performance**. Diagnostic performance (the % of the waiting list over six weeks at BSW acutes) has declined in April to 21% from 17.5% in March. Remedial action plans continue across the modalities, including waiting list initiatives, insourcing, and maximising Community Diagnostic Centre (CDC) capacity.

2.15 **Cancer Performance.** Reporting for April shows the 28 days faster diagnostic did not meet the national standard at 73.2%. The 62-day standard at 66.7% did not meet the plan (71.8%). 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.

2.16 **Children and Young Persons (CYP) Mental Health Access**. CYP access in April was above target at 9,625 CYP seen in 12 months rolling against the plan of 9,114, and continues to demonstrate growth on previous months. Newer providers are receiving targeted supported from NHSE and ICB to improve the accuracy of their 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.

2.17 **Talking Therapies**. BSW Talking Therapies (TT) completed courses shows 5,525 people had completed a course of treatment in 12 months to April, showing a continued improvement trajectory towards plan. 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 Did Not Attend (DNA) rates.

2.18 **Dementia Diagnosis**. Diagnosis rates dropped slightly in May to 60.9% from 61% in April and remains 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. Avon and Wilshire Mental Health Partnership (AWP) have initiated a Wiltshire and Swindon Memory Service Improvement Project, expected to deliver in Q4 25/26. We are working closely with AWP to ensure there is significant improvement planned for 25/26.

2.19 **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. Learning Disability inpatients are currently below the target. There has been an increase in autism only inpatient admissions, mirroring the national picture. Latest data shows 15 patients against a target of 13. Direct management of inpatients through the weekly practice forum continues to deliver increased oversight of BSW ICB commissioned patients and discharge plans. Additional Outreach Provision as part of the new Kingfisher Unit will go live in August to support inpatient admission reduction for the autism only cohort of our population.

2.20 **Primary Care Urgent Dental Appointments**. For 2025/26 we will be reporting the new national target to deliver additional Urgent Dental Appointments. As of May 2025, BSW ICB is delivering 102% of Government's urgent care target and is ranked 1st in the country.

2.21 **Inequalities.** The Inequalities Strategy Group and Prevention Strategy Group have agreed a process in conducting action learning reviews with all delivery groups in line with priorities that they agreed towards the 2025/26 planning submission and implementation plan. Reviews shared with the strategy groups will be reported to the Population Health Board (PHB) to provide assurance. All health inequalities grants for all three localities have now been recommended for approval to/and been approved by the PHB. They have been presented to the Executive Management Meeting (EMM) and are currently in the process of being awarded. Funding for Treating Tobacco Dependency (TTD) for acute providers for 2025/26 has been agreed from NHSE's long term condition bundle. A paper is due to be presented at the EMM for sign off. A report to the ICB Board has been drafted highlighting progress over the last 12 months and will be presented at the next ICB Board meeting following Executive sign off.

2.22 **Data Security and Protection Toolkit (DSPT).** On an annual basis the ICB is required to self-assess against the latest version of the DSPT to provide assurance that the organisation is meeting the requirements of Data Protection Legislation and NHS best 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 resulted in a complete update to the DSPT. The 2024/25 DSPT 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.

2.23 Overseen and assured by the ICB's Information Governance Steering Group, the ICB delivered an intense 8-month programme of work that spanned Information Technology (IT), Information Governance (IG), and business continuity. On 20 June 2025, the ICB submitted its DSPT self-assessment for 2024/25. This self-assessment concluded that the ICB meets the required Category 1 organisational profile against all 47 Outcomes with 3 Outcomes exceeding the required profile. The DSPT audit report concluded with an assurance level of 'Significant assurance with minor improvement opportunities and a rating of 'High confidence' in the veracity of the ICB's self-assessment.

2.24 **People:**

2.25 **System Wide Activity**. As part of the system recovery work, ongoing focus remains on the workforce controls. These include a Vacancy Control Panel led by the BSW Hospitals Group, a reduction in temporary staffing, especially use of bank, corporate workforce reductions, launch of a Mutually Agreed Resignation Scheme (MARS) scheme, and an analysis of the NHSE Regional workforce checklist for further assurance or gaps of assurance requiring further focus. NHS providers are currently

working through a detailed workforce delivery plan for enhanced clarity of the necessary interventions against the submitted operational plan.

2.26 Collaborating with Local Authorities involvement in the future governance and outline plans for Get Britian Working has commenced. Get Britian Working is part of the government's mission to build an inclusive and thriving labour market, where everyone has the opportunity of decent work and tackling economic inactivity. As part of the BSW geography, the ICB is a member of the steering groups with West of England Combined Authority in BaNES and Swindon and Wiltshire Council. Initial steering group outline plans were submitted to the Department for Work and Pensions in June and July 2025, with final submissions scheduled for September 2025. Further opportunities will be explored for integration at Place and across multiple sectors such as health, career services and Local Skills Improvement Plans.

2.27 **ICB Focused Activity.** The ICB workforce continues to face significant change in response to the future ICB operating model and the implications of the reduced financial envelope. As part of the cluster configuration with Dorset and Somerset ICBs; Chief People Officers and transition leads are regularly meeting for developing co-joined timelines and activities for what is a highly complex people process. On the 1st July 2025, the Cluster ICBs launched an Expression of Interest (EOI) for the Voluntary Redundancy (VR) Scheme; although the national VR scheme is still awaiting national approval and until approval no actual live scheme can commence. The EOI process aims to offer our people some agency for making choices against a backdrop of many unknowns. As an ICB, we are continuing to offer staff support through VR drop-in sessions, regular Question and Answer sessions, pension advice workshops, individualised advice, wellbeing support and additional bespoke training such as navigating challenging conversations for line managers.

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

3.1. **BANES.** B&NES Integrated Care Alliance (ICA) continues to deliver against local priorities through strong place-based leadership and effective collaboration. System flow remains positive, with performance regularly under Non-Criteria To Reside (NCTR) targets. Finalised winter schemes, including additional equipment funding, will further support timely discharge and community assessment. Despite wider ICB change and funding pressures, the locality remains focused on Implementation Plan priority areas including CYP emotional wellbeing, Not in Employment, Education of Training (NEET) engagement, and frailty pathway expansion. The co-designed CYP summit and sustainable support model reinforce a prevention-led approach, while scaling of integrated neighbourhood teams and the Families First programme strengthens multi-agency working. A joint working group is being formed to guide Local Plan development and secure health infrastructure priorities, ensuring growth is matched by accessible, well-planned services.

3.2. **Swindon**. Swindon ICA is providing strong system leadership through a period of change, with partners shaping future locality governance. A joint development workshop with the Health and Wellbeing Board (HWB) is planned to ensure shared focus on Swindon's population priorities. System resilience remains a priority, with

early winter planning underway and sustainability supported by Discharge to Assess (D2A) care home bed procurement, optimisation of the newly in-housed community equipment service, and new schemes to enhance flow. Commissioning oversight has strengthened, and a new Section 75 agreement is nearing completion. Progress continues across core priorities, including reducing avoidable dental extractions in children (supported by health inequalities funding), developing integrated neighbourhood teams, and enhancing support for young people NEET.

3.3. **Wiltshire**. Wiltshire continues to make coordinated progress across key priorities, driven by strong system partnership. Preparations for the Department's Discharge and Admissions Group visit in early August are well advanced, with collaborative action underway to address discharge delays, residential care admissions, and unplanned admission, supported by recent improvements in system flow and NCTR rates. The ICA is delivering on its priority programmes, including Integrated Neighbourhood Collaboratives and Teams, winter planning, CYP emotional wellbeing, and prevention of avoidable dental extractions. It has led thematic summits on Armed Forces health, CYP emotional wellbeing, and ageing populations - two of these programme areas have been submitted for Health Service Journal awards. The ICB, drawing on work led in Wiltshire, has been invited to contribute to national planning on rural neighbourhood health models, reflecting its recognised leadership in this space. This invitation follows the successful development and sharing of the Neighbourhood Collaboratives and the Livestock Market pilot; highlighted by the regional team and shared with the South West Peer Network - as well as the commissioning approach embedded in the new ICBC contract with HCRG, which places Integrated Neighbourhood Teams (INTs) at the centre of service delivery. These initiatives have positioned Wiltshire and the ICB as a key contributor to shaping national policy on rural health integration. Joint commissioning and Better Care Fund schemes are being strengthened through ongoing work between the Council and the ICB.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	8
Date of Meeting:	17 July 2025		

Title of Report:	Update on Health Inequalities Programme
Report Author:	Lucy Heath, Health and Care Professional Director
Board / Director Sponsor:	Dr Amanda Webb, Chief Medical Officer
Appendices:	1 Delivery Groups inequalities priority 2 Extract from Delivery Group Highlight Report - Update for Executive Management Meeting - 18 June 2025 3 Health inequalities projects 25/26 4 Governance Structure

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

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

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

Previous consideration by:	Date	Please clarify the purpose
Population Health Board	30th July 2025	This paper will be provided to the July Population Health Board for noting

1	Purpose of this paper
To provide the Board with an annual update on the delivery and impact of the BSW Health Inequalities Strategy, identify key risks and outline priorities for 2025/26.	

2	Summary of recommendations and any additional actions required

1. Note progress in delivering the Health Inequalities Strategy, including implementation of the Outcomes Framework and Equality Delivery System (EDS).
2. Endorse the alignment of Delivery Group priorities and funded projects with Core20PLUS5 and wider determinants.
3. Support the continued shift toward data-led, strategic commissioning of health inequalities interventions, aligned to the Outcomes Framework, including investment in local, co-designed approaches and strengthened evaluation capacity
4. Acknowledge the impact of ICB clustering and financial constraints on future funding decisions.

3	Legal/regulatory implications

Compliance with the requirements of the Public Sector Equality Duty, section 149 of the Equality Act 2010.

Compliance with relevant sections of the 2006 Act (amended by the 2022 Act) where duties are placed on the ICB to secure health services in an integrated way and improve quality, and to reduce inequalities in access to those services and with respect to outcomes achieved.

4	Risks

Delivery capacity constraints: Workforce and operational pressures may impact the ability of system partners to implement and evaluate priorities.

Data limitations: Inconsistent outcome reporting across projects hinders robust system-wide evaluation.

Funding uncertainty: Cost containment requirements and the evolving policy landscape limit long-term planning and undermine programme continuity.

System change and uncertainty: National NHS England and ICB cluster reforms are creating significant uncertainty across the health and social care system. These changes may disrupt existing partnerships, service continuity, and planning assumptions, particularly for external organisations.

5	Quality and resources impact

Quality: The programme enhances the quality of care by targeting identified inequalities in access, experience, and outcomes across key population groups and clinical areas.

Finance: Funding is accounted for within the 2025/26 ICB plan. Decisions regarding funding for 2026/27 are influenced by the development of ICB clustering arrangements and associated requirements for financial sustainability. This creates uncertainty around future investment in inequalities programmes.

Finance sign-off	

6	Confirmation of completion of Equalities and Quality Impact Assessment
An Equality Delivery System (EDS) review has been completed and reported to the Population Health Board and Quality and Outcomes Committee. This contributes to our compliance with the Public Sector Equality Duty and complements the Health Inequalities Strategy. EQIAs for funded interventions are developed at programme level.	

7	Communications and Engagement Considerations
Engagement in the inequalities programme has involved statutory partners, VCSE organisations, and people with lived experience. This has been particularly evident through the co-designed Health Inequalities Funding process for 2025/26. Engagement continues to be embedded in programme delivery through established forums, including the Inequalities Strategy Group and Place-based partnerships.	

8	Statement on confidentiality of report
This report does not contain confidential or sensitive information and may be shared publicly or with external partners as appropriate.	

BSW Health Inequalities Programme Update 2025

1. Introduction and Purpose

This paper provides an annual update to the Board on the implementation and impact of the BSW Health Inequalities Strategy. It sets out the progress made during 2024/25, identifies key risks, and outlines priorities for 2025/26.

2. Strategic Framework

2.1. National Strategy

Tackling health inequalities remains a statutory duty for Integrated Care Boards (ICBs). NHS England guidance reinforces the importance of delivering on Core20PLUS5 priorities and working collaboratively with local authority and VCSE partners to address the broader determinants of health.

As part of this, ICBs are required to implement the Equality Delivery System (EDS 2022), using it to assess equity in access, experience, and outcomes across commissioned services and to inform improvement planning.

2.2. BSW Strategy

The BSW Inequalities Strategy, aligned to the national Core20PLUS5 framework, identified three strategic phases:

The approach is underpinned by a system commitment to co-production, use of data and evidence, population health management, and accountability through clear governance.

3. Governance and Oversight

3.1. Governance

Oversight of the strategy is provided through the BSW **Population Health Board**, which reports to the **Quality and Outcomes Committee**. The Board is supported by three key multiagency groups:

- Inequalities Strategy Group (ISG): Provides system-wide oversight of the BSW Health Inequalities Strategy, aligned to objective 2 of the Integrated Care Strategy. The group monitors delivery, supports future strategy, promotes collaboration across programmes, and facilitates learning and sharing of best practice related to health inequalities.
- Prevention Strategy Group (PSG): Sets strategic direction for prevention and early intervention across BSW, aligned to objective 1 of the Integrated Care Strategy. The group leads on system-wide prevention programmes, supports a shift in investment towards prevention, and ensures prevention is embedded across delivery groups.
- Population Health Intelligence Forum (PHIF): Brings together analysts and non-analytical leads to shape and peer-review analytical work in support of population health and health inequalities priorities. The Forum supports the development of tools including the BSW Outcomes Framework and inequalities dashboard and provides input to system-wide intelligence projects and training programmes.

Please see appendix 4 for the governance structure.

3.2. Board Assurance Framework

The Board Assurance Framework (BAF) includes two strategic risks directly related to health inequalities:

- **SO1.1** – Risk that the system is unable to create the right conditions and incentives for people to stay healthy, including through action on the wider determinants of health.
- **SO2.1** – Risk that reducing inequalities is not embedded across all ICB activities or supported through effective partnership working.

These risks provide a high-level mechanism for Board oversight. Day-to-day assurance is primarily derived from programme governance, including Delivery Group highlight reports, project monitoring, and strategic reviews through the Inequalities Strategy Group.

Reports to the Quality and Outcomes Committee complement the BAF by providing a more detailed view of progress and delivery risks.

3.3. Equality Delivery System (EDS):

As part of meeting national requirements, the ICB implemented the EDS 2022 to assess equity in access, experience, and outcomes across services. In 2024/25, three services were reviewed:

- **Maternity services** – focusing on reducing pre-term births in Core20PLUS populations
- **Mental health inpatient services** – with a focus on addressing inequalities in the total rate of Mental Health Act (MHA) detentions
- **Acute inpatient tobacco dependence services** – where data quality limitations restricted assurance

These reviews are informing improvement plans and will support future commissioning and oversight of equity-related outcomes.

4. How We Are Delivering the Strategy

4.1. BSW Outcomes Framework

In 2024/25, the BSW Outcomes Framework was published, marking a shift from measuring activity to measuring impact on people's health, wellbeing, and quality of life. The Framework was included in the BSW Together Implementation Plan 2025 - Bath and North East Somerset, Swindon and Wiltshire ICB..

The Framework is underpinned by a strong inequalities focus:

- Outcomes are segmented by age, gender, ethnicity, deprivation, and key groups (SMI and Learning Disability).
- A dashboard is being developed to support planning, assurance, and investment decisions.
- It will inform targeted commissioning through the health inequalities funding programme in 2026/27 and beyond.

4.2. Embedding inequalities in Delivery Group plans

Each ICS Delivery Group was supported to identify specific inequalities priorities for inclusion in 2025/26 planning. These priorities:

- Were co-developed with the Inequalities Strategy Group.
- Are summarised in Appendix 1.
- Form part of each group's operational and implementation plans.

Oversight is maintained through:

- A monthly Delivery Group Highlight Report.
- A report to the Inequalities Strategy Group collating all the inequalities actions. (Example in appendix 2).
- Escalations to Recovery Board if necessary.

4.3. Action Learning Reviews

To support implementation of the Health Inequalities and Prevention Strategies, structured Action Learning Reviews have been introduced with each of the ICB Delivery Groups. These annual reviews provide a consistent forum for exploring: priority areas for inequalities and prevention, population data, insight and evidence, progress, challenges, and learning, future actions and support needs.

Delivery Groups respond to standardised lines of enquiry, tailored to their stated priorities, enabling a consistent and comparative approach across the system. Strategy Group members facilitate collaborative problem-solving, challenge assumptions, and identify opportunities to increase ambition, embed learning and improve delivery.

Findings from each session are reported to the Population Health Board, providing assurance on progress and helping to shape future system planning.

4.4. Health Inequalities Funding Programme

The commissioning approach for Health Inequalities Funding has matured considerably:

- **2024/25:** A place-based process was led by each locality, co-designed with Directors of Public Health, ICB Place Directors, and VCSE partners. £1.71 million was awarded to 35 projects across B&NES, Swindon, and Wiltshire. Funded projects addressed a wide range of priorities, including prevention, emotional wellbeing, cancer screening, CYP mental health, oral health, and outreach to underserved communities.

  While the diversity of projects reflected strong local engagement, the breadth and variation in scale, focus, and outcome measures limited strategic coherence and system-wide evaluation. Some projects faced recruitment, engagement, and data-sharing barriers, and many were reliant on short-term funding. This generated valuable learning that informed a more structured approach in the following year.

- **2025/26:** A more strategic commissioning model was introduced, grounded in **Decision Quality** principles. The process separated the identification of health inequality problems from the development of solutions, supporting more objective, creative, and effective decision-making.

  This approach was implemented through a two-stage workshop process, involving a wide range of system stakeholders, including statutory partners, VCSE organisations, and people with lived experience. The first round focused on identifying and prioritising inequality challenges using the Core20PLUS5 framework. The second round brought the same stakeholders together to co-produce solutions to the agreed priorities.

Data played an important role in informing priorities, but limitations in quality meant that professional insight and local knowledge were critical to shaping a meaningful and context-aware response.

Projects addressed a smaller number of defined priorities across BSW, aligned to the ICA priorities: for adults, low uptake of cancer screening and physical health checks for people with serious mental illness; for CYP, childhood obesity, poor oral health, missed outpatient appointments, and emotional wellbeing.

Evaluation processes were strengthened, with greater consistency in outcome measures to support cumulative impact assessment.

In parallel, development of the BSW Outcomes Framework and an inequalities dashboard was initiated to improve the quality and availability of data for future commissioning.

Detail of the projects commissioned in 2025/26 can be found in appendix 3.

- **2026/27:** The next phase involves the adoption of a fully data-led, outcome-focused commissioning model. The BSW Outcomes Framework and inequalities dashboard will be used to identify the greatest inequalities in our priority outcomes, with proposals invited that clearly demonstrate how they will address those gaps. This reflects a maturing approach to strategic commissioning, linking investment decisions directly to population need.

  The Decision Quality methodology will continue to underpin the process, maintaining a clear separation between problem identification and solution design, and supporting meaningful stakeholder co-production.

  From July 2026, a series of deep dives into priority outcomes will be undertaken. These sessions will bring together Delivery Groups, HIF-funded projects, and wider partners including local authorities and the VCSE sector to understand the cumulative impact of system actions and assess whether current workstreams collectively achieve the necessary scale to deliver the degree of improvement in our shared outcome ambitions including a reduction in inequalities.

5. How our work delivers the strategy

5.1. Phase 1: Embedding Inequalities as Everyone's Business

The delivery infrastructure developed over the last year has laid the foundation for system-wide leadership and collective accountability for tackling health inequalities. Key achievements include:

- Publication and implementation of the BSW Outcomes Framework with a strong inequality lens.
- Inequality priorities identified by all ICS Delivery Groups and embedded in planning.

- Monthly assurance processes and highlight reporting.
- Action Learning Reviews to support reflective practice, challenge assumptions and improve data use.

These actions reflect Phase 1 of our strategy and demonstrate a shared commitment to embedding inequalities as everyone's business.

5.2. Phase 2: Tackling Healthcare Inequalities (Core20PLUS5)

Delivery Group actions and funded projects contribute to several key domains of the Core20PLUS5 framework,

Adult Core20plus5 clinical areas	**Delivery Group Actions**	**HIF Funded Projects**
Maternity	Maternity and Neonatal Delivery Group: Reviewed and enhanced tobacco dependence treatment offers for Core20Plus populations	Perinatal mental health support (B&NES)
Severe Mental Illness (SMI)	Mental Health Delivery Group: Prioritised physical health checks, reduced premature mortality and detentions	Outreach physical health checks (B&NES, Swindon); trauma-informed services with SMI relevance
Chronic Respiratory Disease		
Cancer		Culturally tailored cancer screening outreach (Swindon, Wiltshire)
Hypertension	Community Care Delivery Group: Leads the hypertension programme, including participation in the national CLEAR programme, a Local Commissioned Service (LCS) for General Practice, support for community pharmacy delivery of NHS Blood Pressure Check service, and outreach in partnership with VCSE organisations to engage under-represented populations	Community-based heart failure and lifestyle support (Swindon, Bath)

CYP Core20plus5 clinical areas	**Delivery Group Actions**	**HIF Funded Projects**
Asthma	Children and Young People Delivery Group: Targeted reduction	Linked to respiratory pathway work and targeted outreach.

	of asthma-related hospital admissions.	
Diabetes	Community Delivery Group: Developed integrated weight management model including lifestyle and pharmacological support.	Targeted healthy weight programmes; lifestyle and nutrition support.
Epilepsy		
Oral Health	Children and Young People Delivery Group: Reducing dental hospital admissions in Core20 populations.	ICA Dental project; oral health coaching.
Mental Health	Children and Young People & Mental Health Delivery Groups: Emotional wellbeing support and early intervention focus.	Trauma-informed support; mental health outreach.

This alignment shows how our system is delivering Core20PLUS5 through joined-up commissioning, data-informed planning, and community-led innovation.

5.3. Phase 3: Addressing Wider Determinants of Health

While Phase 3 is still emerging, many of our projects and programmes address the wider drivers of inequality:

Housing and Homelessness: Projects such as end-of-life care for people experiencing homelessness (Dorothy House, BANES) and targeted outreach for Gypsy, Roma, Traveller and Boater communities (Julian House, Wiltshire) support improved access and equity.

Income and Material Need: Funded interventions include support with essential household items (Kennet Furniture Refurbishment, Swindon) and early years family support in deprived areas (Southside in Twerton, BANES).

Employment and Skills: Youth mentoring and resilience programmes, including those delivered by Active Futures (Wiltshire), as well as the ICB's workforce anchor institution approach, address key socioeconomic inequalities.

Digital Access: Work is ongoing to ensure digital tools do not widen inequalities. This includes app usage analysis and retaining non-digital access routes. Projects like WAY Beacons (Swindon) also support CYP with digital signposting.

Green Space and Environment: Projects such as Wiltshire Wildlife’s nature-based wellness programme and estate-based initiatives to repurpose green space for prevention support demonstrate how our system is using the built environment to address inequalities.

These interventions reflect the principle that health is influenced by the conditions in which people live, work, and grow.

6. Assessing Return on Investment

We recognise that demonstrating return on investment (ROI) from our health inequalities programme is important, but also complex. At this stage, formal ROI has not yet been established — this reflects the maturity of our approach rather than an absence of impact.

The only fully completed set of projects currently available for evaluation are those funded in 2024/25. As noted earlier in this paper, these had limitations in both design and evaluation readiness. Nonetheless, they were valuable in generating learning that directly informed how we have structured subsequent rounds of funding.

In response to these lessons, we have taken steps to improve the potential for evaluation and impact assessment, including:

- Clearer articulation of outcomes during project planning
- Stronger expectations for data collection and outcome measurement
- Increased alignment with the BSW Outcomes Framework

These changes have been implemented progressively across the 2024/25 and 2025/26 funding rounds will improve our ability to assess programme impact and value for money. However, there are still limitations — particularly around assigning value to outcomes and linking VCSE-delivered activity into the Integrated Care Record and population health tools.

We are exploring how methodologies such as Social Return on Investment (SROI) and health impact modelling could support this work. These approaches offer potential to translate observed improvements — such as increased access, earlier intervention, and enhanced wellbeing — into financial value, enabling a more complete understanding of the programme's return on investment and supporting more strategic, outcome-based commissioning over time.

7. Risks and next steps

7.1. Key risks - Key risks currently identified include:

- Delivery capacity across system partners – Capacity constraints in the context of financial and operational pressures may limit the ability to deliver and evaluate local priorities.
- Data limitations for funded project outcomes – Evaluation is constrained by limited integration of VCSE data into the Integrated Care Record and PHM tools. This prevents us from identifying participants across the system and assessing impact beyond project-level reporting.

- Sustainability of funding due to national ICB changes – National changes to ICB operating models, including cost reduction requirements and ICB clustering, are impacting our ability to commit funding for 2026/27 and beyond, reducing confidence in long-term planning.

These are being managed through strategic refresh, improved evaluation, and more consistent delivery monitoring.

7.2. Next Steps

- Refreshing the Health Inequalities Strategy (late 2025) - The revised strategy will reflect the maturity of our approach and respond to learning from delivery, evaluation, and engagement. It will be aligned with the Prevention Strategy, our Outcomes Framework, and the developing strategic commissioning model. Priorities will be informed by population health intelligence, lived experience, and system-level data on inequality gaps.
- Embedding Data-Led, Strategic Commissioning - In 2026/27, we will fully operationalise our data-led commissioning model, using the BSW Outcomes Framework and inequalities dashboard to identify inequalities and direct investment to where it will have greatest impact. The Decision Quality methodology will continue to underpin this process, separating problem identification from solution development and supporting meaningful co-design with our local communities.
- Strengthening Evaluation and Assurance - We will continue to improve the consistency and robustness of evaluation across all inequalities programmes. This includes developing shared outcome measures, using the dashboard to track cumulative impact, and deepening our understanding of system contribution through Delivery Group-led outcome deep dives.
- Maintaining Focus and Commitment amid System Change - The development of ICB clusters and national cost-containment requirements introduce uncertainty for 2026/27 funding decisions. We will work with system partners to maintain a clear focus on inequalities as a cross-cutting priority and seek to preserve investment in high-impact, local solutions.

8. Recommendations

The Board is asked to:

1. Note progress in delivery of the Health Inequalities Strategy, including implementation of the Outcomes Framework and Equality Delivery System (EDS).
2. Endorse the alignment of Delivery Group priorities and funded projects with Core20PLUS5 and wider determinants.

3. Support the continued shift toward data-led, strategic commissioning of health inequalities interventions, aligned to the Outcomes Framework, including investment in local, co-designed approaches and strengthened evaluation capacity.
4. Acknowledge the impact of ICB clustering and financial constraints on future funding decisions.

Appendix 1: Delivery Groups inequalities priority

Delivery Group	Inequalities Priority
Elective Care	• Conduct quarterly reviews of local waiting list data to assess disparities related to inequality, deprivation, and Core20PLUS5, followed by the development of targeted action plans
Urgent and Emergency Care	• Use focused communications to raise awareness of alternative services for hard-to-reach communities • Adopt a learning approach to better understand access for Core 20+ population • Connect the Delivery Groups with UCFDG to ensure a positive impact on population groups e.g. under 18's Core 20+ population
Learning Disabilities, Autism and Neurodivergence	• Ensuring there is a local, learning disability and autism inpatient services, minimising out-of-area placements and keeping individuals connected to their support networks. • There is representation from the LDAN Team across Delivery Groups and we are embedding lived experience perspectives in decision-making • The expansion of Annual Health Checks through co-produced easy read communications and increased access to screening programmes, paying attention to our core 20 and ethnic minority communities we are addressing physical health inequalities and reducing preventable deaths. • There is a strong focus on housing security, meaningful employment, and inclusive support services, ensuring neurodivergent individuals receive the personalised and practical assistance they need to thrive.
Community	• Improving access for all patients across BSW to support reductions in waiting times and earlier intervention • Increased access to services in the community including self-referral pathways and digital patient facing support • Development of an integrated weight management model that supports adoption and implementation of new drug-based treatments as well as non-medical support (healthy eating programmes, exercise management, psychological support). • Through ICBC, working in partnership with HCRG to ensure that transformation (e.g. Integrated Neighbourhood Teams) is targeted at areas of highest inequality through better use of population health management data.
Mental Health	• Parity of esteem – Supporting developments towards equality access to and improved health outcomes for both physical and mental health care through joint work

	and advocation for parity of esteem across programme delivery groups. • Reducing premature morbidity – Addressing the higher early mortality rates among individuals with a SMI diagnosis. • Reducing MHA detentions – Lowering the rate of detentions among Black and Core20 populations to fewer than 100 per 100,000 people
Primary Care	• Establish dental access hubs in areas with significant access challenges, particularly targeting underserved populations. • Work with BCYP in reducing hospital admissions for tooth extractions due to decay in children and young people from Core20 populations. • Commissioning primary care services for Core20Plus5 populations (including asylum, refugee, and Entitled People cohorts). • Work with UEC and ISG to learn from UEC attendances, particularly among Core20PLUS populations, and understand why individuals sought urgent care and take meaningful action based on this learning. • Work with Vaccination Programme to increase Covid and flu vaccination uptake among Core20 and ethnic minority populations through targeted outreach, improved accessibility, and community engagement strategies
Babies, Children and Young People	• Focus on actions linked to CYPCORE20PLUS5 to reduce hospital admissions for tooth extractions due to decay in children and young people from Core20 populations and action around inequalities in CYP asthma outcomes.
Pharmacy and Medicines	• Work with community pharmacy to improve equity of access to sexual health and contraception support for previously underserved communities • Optimise Community Pharmacy role in Hypertension case-finding and develop commissioned hypertension prescribing service, collaborating with VCFSE partners to target case finding in our Core20plus populations • Progress a business case to enable bilingual and easy-read medicines labels across all pharmacy sites that supply medicines across BSW • Continue working with Health Innovation West of England and system partners to reduce unnecessary prescribing and improve medication review rates of opioid medicines • Use Pharmacy premises to improve research engagement with underserved communities to improve access to clinical research

Maternity and Neonatal	• Reviewing the Maternity Smoking Free offer (including TTD) with a focus on uptake and quit rates in the Core20plus population
Digital, Data and Technology	• We are working with NHSE to improve NHS App reporting to enable us to identify digital exclusion and will continue to ensure that existing non digital access route are maintained, enabling those that can use digital to free up capacity to help those with more complex needs • Developing PHM inequality lens via Intelligence Hub
Workforce	• Anchor organisation principles for skills and employment as a way of addressing health inequalities for our populations. • Staff training in raising awareness and tools for health inequalities and prevention
Estates	• *Identify one (or more) areas of estate, such as green space that can be used to support community-based preventative activities.* • *Through the Prevention Strategy Group work with VSCE partners to explore how the identified space(s) could be used and invite expressions of interest from relevant partners*

Appendix 2 – Extract from Delivery Group Highlight Report - Update for Executive Management Meeting - 18 June 2025

Progress on Performance for Prevention and Inequalities by Delivery Group

Delivery Group	Type of Measure	Key Measure	Delivery Status	Delivered this month
LM&N	Prevention	Implementation of maternity incentive voucher scheme in maternity services. 7 day treating tobacco dependency provision in maternity services	On track	All three maternity providers have implemented the national maternity incentive voucher scheme. Monitoring to identify impact on QUIT rates5 day service in place for Treating tobacco dependency service but requires further work to identify how to achieve 7 day working.
		Completed review of maternity smoke free offer. Quit Rates for women smoking in pregnancy at 4 weeks agreement QUIT to increase Number of women smoking at time of birth to decrease to below 4%	Not started	Awaiting this months data.
CYP	Prevention	Supporting trauma service	Not started	Planned - no delivery update.
		Securing ongoing funding for BSW YW	On track	Finalising plans for continued funding of Youth Worker pilot. Closed Risk #8: Securing future funding for the BSW Youth Worker Pilot and embedding ongoing service delivery (Acute and Community provision)
	Inequalities	Reduce hospital admissions for tooth extractions due to decay in CYP from Core20 populations, aged 10 years and under.	Not started	Planned - no delivery update.
		Explore and take action around inequalities in CYP asthma outcomes	Not started	Planned - no delivery update.
LDAN	Prevention	Reduced spend on Right to Choose activity from April 2026 to be quantified	On track	PINS 2 proposal (nationalring fenced funding) approved via LDAN Delivery Group on 17/05. Project moved to mobilisation phase
		Reducing preventable attendances and admissions for LDA Adults & CYP	Delayed	This is delayed due to funding and capacity restraints. The keyworker team have taken on additional caseloads to ensure the service has no waiting list for new referrals
	Inequalities	Continued delivery of Annual Health Checks 75% target	Delayed	24/25 year end position is 75.8% a significant increase from 23/24. Forecasting continued delivery for 25/26. Health inequalities work to commence from June 2025
		Improve life expectancy for people with LDA	Delayed	Update on LeDeR presented to LDAN Delivery Group on 17/05/2025 including key themes. Continued delay in reviews due to capacity and financial restraints. Awaiting national update on future scope of LeDeR. Monthly oversight of new deaths continue with the LeDeR LAC (Reuben Collings)
		Helping people thrive in their local communities	Delayed	This is delayed due to an Experts by Experience payment policy for the ICB not being in place but the LDAN programme continues to link in with people with lived and living experience in key programme areas including the Kingfisher Unit

Delivery Group	Type of Measure	Key Measure	Delivery Status	Delivered this month
Pharmacy & Medicines	Prevention	Medicines Quality and Safety Dashboard + BSW Meds Optimisation Dashboard	On track	Bi-Monthly BSW Together System Medicines Safety and Quality Group, Quarterly System valproate and Topiramate safety group, AMR via Quarterly System IP&M (Infection Prevention and Management Collaborative.
		Monthly BP checks Pharmacy participation rates % conversion to ABPM (out of total BP checks and also within eligible population)	On track	Community Pharmacy Avon & Wiltshire (CPAW) have begun delivering implementation support to pharmacies. CPAW also working with GP practices to increase use and benefits from the surgeries. Community Pharmacy PCN leads focussed on this as a key deliverable. CPAW also putting in place data sharing with pharmacies to give more robust outcomes data and support operational delivery
		Number of delivered outreach sessions supported by community pharmacy Activity delivered through sessions- number of BP checks	Not started	Developing a plan in progress
		One site/PCN live delivering a hypertension prescribing service. Would require local investment / approval of a business case.	Not started	Scoping work complete; the next step requires drafting and submitting a business case for local funding approval
		•REN funded scoping exercise & evaluation report. •Percentage increase in research participation.	On track	A community pharmacy contractor has been commissioned to deliver the inti11al scoping piece of work, supported by local expert research colleagues. The work is live, with a survey going to all community pharmacies in BSW in June.
	Inequalities	Business case approval status Percentage rollout of bilingual and easyread labels across pharmacy sites Patient satisfaction and engagement metrics related to label accessibility	At risk	The business case for funding the bilingual and easyread medicine labels was submitted but declined for the 2024/25 financial year, resulting in a £50k funding gap + costs for implementation. No further progress on implementation has been made.
		50% pharmacies providing continuation supplies 25% providing intitiations To increase the number of supplies by pharmacy each month Launch and embed the national emergency contraception service	On track	Community Pharmacy Avon & Wiltshire (CPAW) have begun delivering implementation support to pharmacies. CPAW also working with GP practices to increase use and benefits from the surgeries. Community Pharmacy PCN leads focussed on this as a key deliverable set them an aim to have one surgery in their PCN moved contraception to pharmacy by October 2025 CPAW also putting in place data sharing with pharmacies to give more robust outcomes data and support operational delivery

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Delivery Group	Type of Measure	Key Measure	Delivery Status	Delivered this month
Community	Inequalities	?? (related to scheme: Increased access to services in the community including self-referral pathways and digital patient facing support)	On Track	Progress update: Project steering group first meeting completed, ongoing weekly meetings arranged, discover phase initiated
		?? (related to scheme: Improving access for all patients across BSW to support reductions in waiting times and earlier intervention)	On Track	Next steps: Meeting arranged with PMO business analyst 21/05/2025 to review due diligence and as-is mapping requirements for discover phase
Mental Health	Prevention	1. Increase in completion of SMI AHCs 2. VCSE SMI model of care initiated 3. Secondary Care PH monitoring sustainability in performance and review of resource extension possibility	On track	2. Provider working group initiation incl. clinical input
	Inequalities	Population health data used to align VCSE community MH resource. Further work required to align work across DGs.	On track	VCSE consultation to initiate working to new model/s of care
		EDS review completion Alignment of workstream; AWP PCREF workstream already formed Data quality review Review of 'downstream' access to services	Not started	2 x meetings with AWP PCREF workstream leads. ICB BI & quality colleagues to join working group
Primary Care	Prevention	To be confirmed - and aligned to hypertension pilot by PCNs led by LH		No update this month

Appendix 3: Health inequalities projects 25/26

BANES

Project Name	Organisation	Project Summary
PCN Pilot: SMI physical health check outreach	Bath Independents PCN/AWP	Increase uptake of physical health checks in adults with SMI. Partnership working with AWP using proactive outreach principles
Enhanced Case Management Service	BANES YJS/Forensic CAMHS	Enhanced Case Management service delivered by YJS senior practitioners and forensic CAMHS psychologists for children who have a history of trauma.
CYP Early Connections	Bath Mind	Delivering trauma informed therapeutic support, creativity and peer support groups, workshops and family sessions.

Swindon

Project Name	Organisation	Project Summary
SMI health checks in the community	Brunel Health Group/SG Mind	Brunel Health Group & SG Mind will provide an SMI Health Check Service for BHG Member Practices. Weekday checks will be at The Junction, with Saturday services at Taw Hill & Swindon Health Centre, ensuring access for those unable to attend on weekdays.
Culturally informed cancer screening project	Changing suits/Kingswood PCN	Changing Suits and Kingswood Medical Group partner to enhance breast and cervical cancer screening in BAME community with historically low attendance. The project will co-produce interventions, raise awareness for early diagnosis, and provide targeted, accessible, culturally tailored outreach.
Health for All	Harbour project/GP	The Harbour Project and GP, Dr Rosamund Petrie, are collaborating to address health inequalities faced by Swindon Asylum Seekers & Refugees (Adult PLUS group: people from ethnic minority backgrounds). The project will focus on low uptake of cancer screening & delays in seeking help for symptoms.
Way Beacons and Community Pathways	WayUK/Changing suits	WAY Beacons reduces hospital readmissions by supporting CYP (10-25) within the hospital and connecting them to ongoing community support. Partnering with Changing Suits, we will engage BAME communities, provide long-term mentoring, and co-produce support pathways and digital signposting for CYP.

ICA Dental	Swindon ICA	CYP in C20+ waiting for dental extractions under general anaesthetic will be offered targeted support to prevent further decay. Families will receive coaching on toothbrushing, sugar reduction, & healthy eating, plus access to a dentist.

Wiltshire

Project Name	Organisation	Project summary
Reducing low uptake of screening and late cancer presentation in priority groups.	Cancer Services, Salisbury District Hospital	Address low cancer screening uptake and delays in seeking help for symptoms. We will do this through community engagement, production of cancer awareness information and outreach.
Wiltshire Cancer Screening Community Engagement Programme	Citizensadvice/Doorway/ Livewell/WSUN	Promote take up and support to access cancer screening and how to seek help for cancer symptoms at an earlier stage. Will trial direct access screening for Doorway clients in Chippenham.
GRTB Health Links	Julian House	Expand GRTB services with a Health Link Worker who will recruit and train community volunteers and work with health providers to increase awareness, access and uptake of health services among Travelling communities, focusing on prevention and early intervention.
Driving Cultural Change in Travelling Communities to Address Health Inequalities	North Wilts PCN	Improve health outcomes for the travelling community within our PCN boundaries by focusing on trust inclusion & tailored interventions. Through community led education, culturally competent care and collaboration, we strive to reduce health inequalities and improve cancer screening access.
Wiltshire Young Peoples Mental Health and Resilience Programme	Mental Health UK/WSUN/Rethink	Co-produce and deliver tailored mental health and resilience programmes with autistic young people, Gypsy

		Roma and Traveller (GRT) communities, and other underserved young people in Wiltshire, embedding sustainable support within local organisations for long-term impact.
Enabling equality of access to secondary care and CAMHS services in Salisbury	SFT/CAMHS	Co-produced offer of supported travel to appointments (e.g. free parking/busfare) for core20 referrals to CAMHS and general paeds as well as diabetes/ epilepsy/asthma/BCG, Rapid access clinic for core20 referrals including 'virtual first' offer , Collecting data on patient journey to inform future work
Early moments matter	Homestart	Support families with children under 5 facing difficult times, where children are experiencing or at increased risk of poor mental health.Our home-visiting service and group support will help families build firm foundations for positive infant/child mental health, both now and in the future.
Active futures wellness programme	Community First/Wilts Wildlife	Targeting young carers, YACs, victims of crime, with ACE aged up to 25 years. A programme to promote mental health and resilience through nature, adventure arts and outdoor activities and Tools for Success a 6 week confidence and progression programme.
Sexual Violence Therapeutic CYP intervention	Fearfree	Dedicated support worker to offer therapeutic interventions focused on managing trauma symptoms and move children forwards in their recovery journey, for children 5+. Living in CORE20 areas of Wiltshire; Looked after children; Care experienced; or From Gypsy,

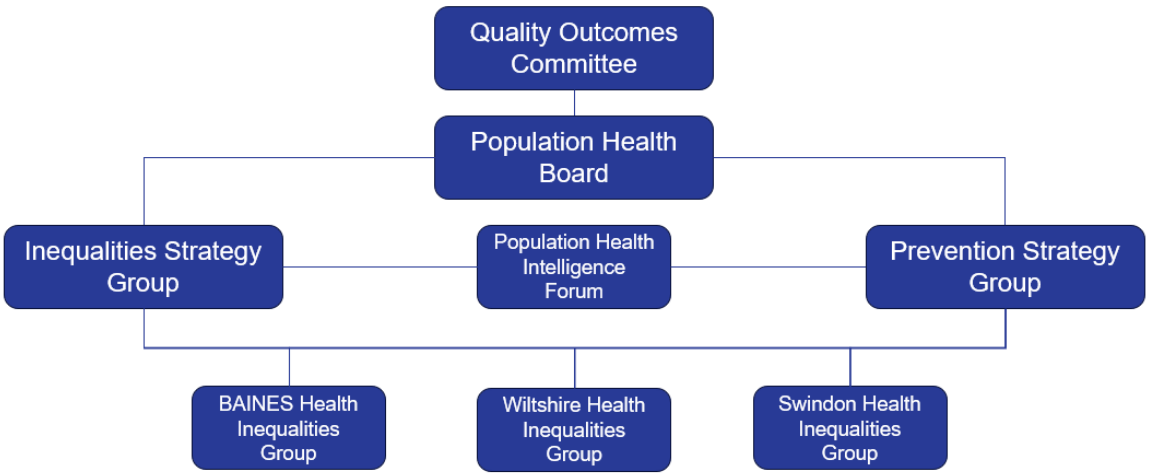
		Roma, Boater and Traveller communities.

Continuing 24/25 projects

Locality	Project Name	Project Description	Organisation Name
BANES	Go Again - health and lifestyles interventions at Bath City FC	A Programme providing interventions on healthy living, smoking, alcohol, and best practices for positive mental health. Workshops and 1-1 support.	Bath City Football Club Foundation
BANES	Hi5! Inclusive after school clubs for children with SEND	Weekly after-school club for children and young people (CYPs) aged 7+ with special educational needs and disabilities (SEND) in the B&NES area.	Bath Rugby Foundation
BANES	Community Connector at Community Wellbeing Hub to support ethnic minority groups at hospital discharge	Community Connector Role at the Community Wellbeing Hub to support members of the BAME community at hospital discharge.	BEMSCA
BANES	Perinatal mental health support	Perinatal mental health courses for families facing perinatal mental health challenges	Bright Start Children's Centres
BANES	Palliative and EoL care for people experiencing homelessness	Facilitate access to end of life care and bereavement support for homeless (B% nurse post)	Dorothy House
BANES	Targeted family support worker for vulnerable families in Twerton	Support worker to provide early intervention support for families	Southside Family Project
BANES	Trauma informed recovery for domestic abuse survivors	Recovery support for domestic abuse survivors	Voices
Swindon	Kennet Furniture Refurbiz - Extension	Furniture and white goods for those on low incomes	Voluntary Action Swindon (VAS) and Kennet Furniture

			Refurbishment (KFR)
Swindon	Brunel Health Group Heart Failure project	Manage heart failure patients in the community, and proactively manage other determinants of health (smoking, obesity)	Brunel Health Group
Swindon	The Platform - Therapeutic mentoring	Therapeutic mentoring service for CYP	The Platform

Appendix 4: Governance structure



Report to:	BSW ICB Board - Meeting in Public	Agenda item:	9
Date of Meeting:	17 July 2025		

Title of Report:	Publication of 'Fit for the Future – 10 Year Health Plan for England' and 'Review of patient safety across the health and care landscape'
Report Author:	Rachael Backler, Chief Delivery Officer
Board / Director Sponsor:	Sue Harriman, Chief Executive Officer
Appendices:	

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

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	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		

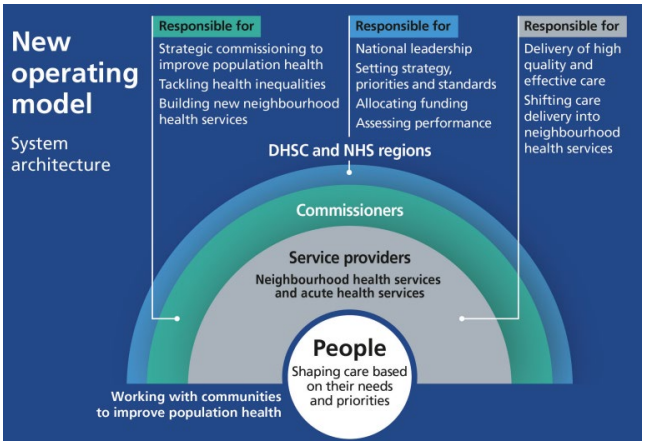
1	Purpose of this paper

The purpose of this paper is to brief the Board on two recent publications pertinent to the future of health and care in England, and the future of the ICB.

On 3rd July 2025, DHSC and NHS England published 'Fit for the future: 10 Year Health Plan for England'. This has been a well-trailed publication with a number of recent announcements setting out some major items from the document, but this was the first time that the full document was released to the NHS, wider stakeholders and the public.

The publication sets out an ambitious future for the NHS, with modernised services, faster treatment and better value for the taxpayer. It provides greater detail with regard to the 'three shifts': hospital to community, analogue to digital and sickness to prevention. The shift from hospital to community includes the plan to make more care available from the doorstep and from people's homes, making it easier to see a GP and the establishment of Neighbourhood Health Centres in every community. It describes the Neighbourhood Health Service as being fully digitally enabled with use of the NHS App, with neighbourhood teams organised around people's needs rather than into NHS institutional silos. The plan also says that this will be funded by a reduction in hospitals' share of total NHS expenditure, as the community-based approach will reduce demand on hospitals.

As well as setting out the three shifts, the plan also describes the vision of a new operating model for the NHS which includes, combining NHS England and DHSC, making ICB's role clear as strategic commissioners, services providers with responsibility for delivery of high quality care and a system of earned autonomy for providers with the opportunity for the very best Foundation Trusts to act as 'integrated health organisations'. The plan also sets out that commissioning support units (CSUs) will be closed and that the functions of Healthwatch England will be incorporated into DHSC. The work of local Healthwatch bodies relating to healthcare will be brought together with ICB and provider engagement functions; and that of social care will be taken up by local authorities. The diagram below taken from the plan sets out the new operating model:



The publication also commits the NHS to greater transparency including publication of league tables, greater career opportunities for staff and a greater use of technology and innovation to drive healthcare reform.
Finally, the document also sets out the aim to drive greater productivity and restore financial discipline, including reforming the payment system and re-distributing NHS funding more locally so it is better aligned with health need.

We understand that work will now proceed on developing the more detailed implementation plan to support delivery of the vision set out in 'Fit for the future'

and NHS leaders and other stakeholders will be engaged on this work at pace in the coming weeks.

On 7th July 2025, DHSC published an Independent Report written by Dr Penny Dash 'Review of patient safety across the health and care landscape'. This review was commissioned by the Secretary of State for Health and Social Care, following a review into the operational effectiveness of the Care Quality Commission in 2024. The review looked into six organisations that were established to play a role in the safety of care and also consider whether there are overlaps or gaps in functions.

The report has ten main findings which can be reviewed using the link above. These include: that despite the shift towards safety in recent years, there has been relatively small improvements seen; that there are a large number of organisations involved in reviewing patient safety and that recommendations made seldom have any cost benefit analysis; that few organisations include an executive director for user or customer experience; that the complaints landscape is confusing and that insufficient use is made of the NHS's data resources to generate insights and support improvement.

The report then makes nine recommendations as follows:

1. revamp, revitalise and significantly enhance the role of the National Quality Board
2. continue to rebuild the Care Quality Commission (CQC) with a clear remit and responsibility
3. continue the Health Services Safety Investigation Body's role as a centre of excellence for investigations and clarify the remit of any future investigations
4. transfer the hosting arrangement of the Patient Safety Commissioner to the Medicines and Healthcare products Regulatory Agency (MHRA), and broader patient safety work to a new directorate for patient experience within NHS England, transferring to the new proposed structure within DHSC
5. bring together the work of Local Healthwatch, and the engagement functions of integrated care boards (ICBs) and providers, to ensure patient and wider community input into the planning and design of services
6. streamline functions relating to staff voice
7. reinforce the responsibility for and accountability of commissioners and providers in the delivery and assurance of high-quality care
8. technology, data and analytics should be playing a far more significant role in supporting the quality of health and social care
9. there should be a national strategy for quality in adult social care, underpinned by clear evidence

The Government has accepted these recommendations in full and consider that these recommendations form an important component of the ten year plan.

2	Summary of recommendations and any additional actions required
The Board is asked to consider the reports and discuss the implications for the future of health and care in BSW.	

3	Legal/regulatory implications
Whilst there are no immediate legal or regulatory changes, we expect that legislation will be introduced next year to formalise the relevant aspects of the plan and the review and make the necessary changes to organisational duties.	

4	Procurement
n/a	

5	Risks
There are significant risks associated with the changes to the ICB's role and purpose, these are captured on the BAF and the corporate risk register. The ICB and partners will consider any other risks arising from recent announcements.	

6	Quality and resources impact
The plan will have significant and widespread impacts as we move to implementation. These will need to be considered in the delivery phase.	
Finance sign-off	n/a

7	Operational Plan Alignment
n/a	

8	Confirmation of completion of Equalities and Quality Impact Assessment
The plan will have significant and widespread impacts as we move to implementation. These will need to be considered in the delivery phase.	

9	Communications and Engagement Considerations
These documents are in the public domain and communication and engagement are being led nationally.	

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

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	10
Date of Meeting:	17 July 2025		

Title of Report:	BSW Winter Plan
Report Author:	Jo Williamson & Louise Cadle
Board / Director Sponsor:	Gill May, Chief Nurse
Appendices:	

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

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	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
EMM	16/07/25	Decision/Discussion/Assurance/Noting

1	Purpose of this paper

The aim of this paper is to update the board on the initial plans for winter across the ICS.

The aim of the winter plan is ensure we have the right capacity in the right place, supporting prevention early intervention and acute admission avoidance. We have started winter planning much earlier than last year and taken a more comprehensive approach to involvement of stakeholders across the system. We are also working within a clearer national framework with the recent publication of the national UEC improvement plan, and a clear instruction from NHSE with regards to exercising of the plan in September and the modelling of three different demand scenarios (baseline, moderate and extreme).

The working group for Winter is now up and running and good progress is being made with regards to formulating the plan and making sure we have the project plan in place to achieve a draft plan in early August. Endorsement from the Board for the approach being taken is sought at this meeting. The final plan will be signed off by the ICB Executive in August, ahead of formal Board approval in September. The plan will be exercised in September and a de-brief shard with Quality and Outcomes Committee. Implementation of the plan will take place from October until April 2026.

2	Summary of recommendations and any additional actions required
The Board is asked to note the work undertaken to date and endorse the approach to the Winter Plan.	

3	Legal/regulatory implications
NHS England Urgent and Emergency Care Plan 2025/26 and preparing for winter.	

4	Procurement
N/A	

5	Risks
Management and containment of UEC demand is one of our key strategic risks.	

6	Quality and resources impact
Ensuring a safe winter is one of our key priorities. There will be financial impacts in relation to making sure that we have the right services in place and these have been factored into our plan for this year. These will be set out again in the final plan that comes for board sign-off in September.	
Finance sign-off	n/a

7	Operational Plan Alignment
Annual winter planning which links to operational plan and delivery though seasonal planning.	

8	Confirmation of completion of Equalities and Quality Impact Assessment
An EQIA has not yet been completed. Patient Safety and Quality are part of the winter working group and an EQIA will be completed alongside the final plan.	

9	Communications and Engagement Considerations
Communications are part of the working group, so these will be included in the final report. Communicating with the public is a key part of the winter plan.	

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

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

BSW ICB Winter Preparedness 2025/26

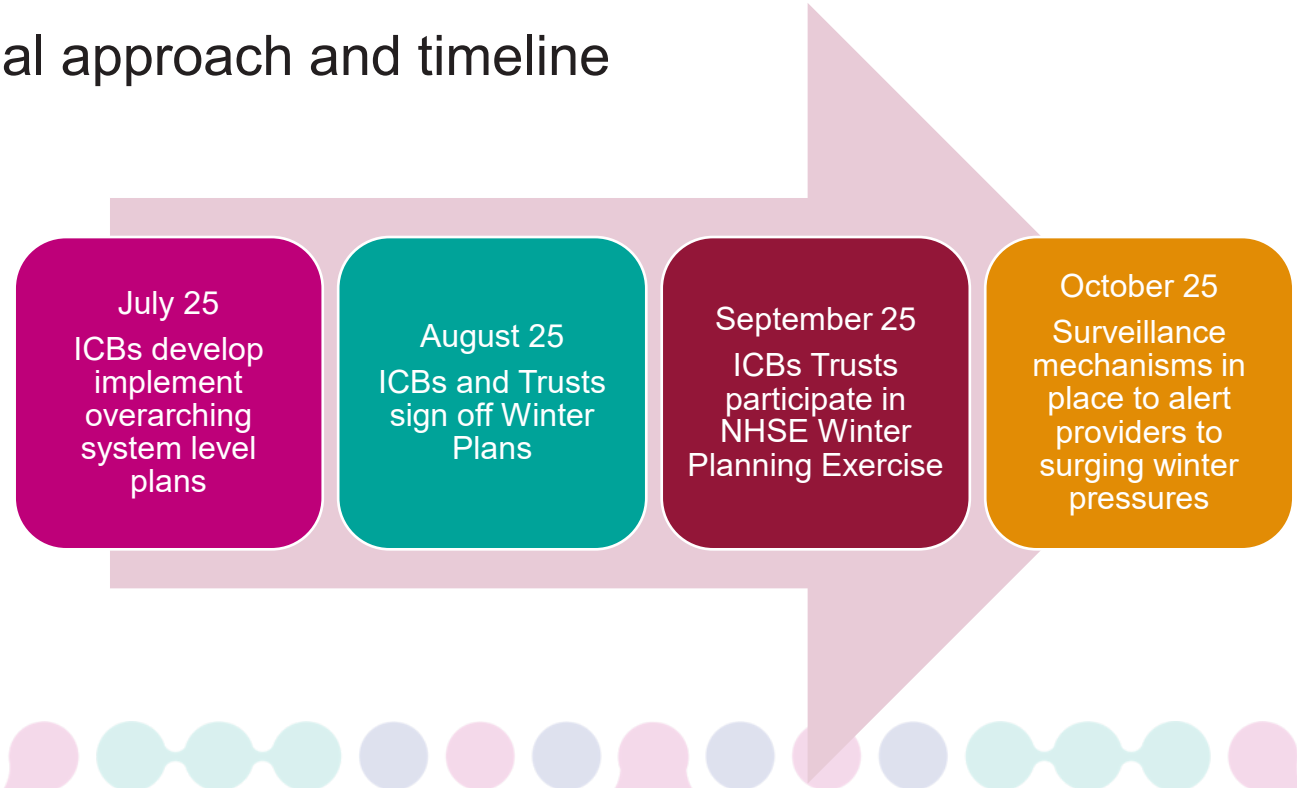
Led by Jo Williamson Associate Director for Patient Flow and Deputy to the Director for Urgent Care

Louise Cadle Associate Director for Emergency Preparedness, Response and Resilience

Winter Planning 25/26

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

- NHSE SW met with ICBs 18th June – confirmed that ICBS retain system leadership for Winter 25/26 and SCCs remain operational through to March 2026
- Planning assumptions based on 3 scenarios -'Baseline Winter Pressure', 'Moderate' and 'Extreme Winter Pressure'
- National approach and timeline



BSW Timetable and approach

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

- Winter Plan working group established, reflections exercise from 24/25 conducted and being used to inform planning discussions
- Winter Plan being drafted using NHSE parameters and scenarios i.e. baseline pressure, moderate pressure, extreme pressure
- July Board asked to endorse approach
- Draft plan ready for ICB Exec approval in August
- Final plan brought to September Board for approval
- Plan to be exercised in September
- De-brief brought to Quality and Outcomes Committee
- Surveillance and implementation of Winter Plan from October to April 2026

Reflections 2024/25

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

Clarity on group model and join up across acutes and provider to provider escalations

Greater input from Primary Care & Mental Health into UEC space to ensure better understanding of competing pressures

Plan earlier with escalation plans rather than reactive

Business case for all ages respiratory hubs (considered one of the top 10 high impact interventions

System plan needs to be owned by ICB and wider ICS with all plans complementing not just written by UEC teams

More detailed demand analysis – was there sufficient capacity to meet demand

Ability to drive behaviour change and silo working - Need to understand systemwide pressures and what work, meetings can be stood down to release staff to support escalation

Gap analysis of workforce for 24/7 365 days - review minimum staffing levels during peak festive periods to ensure resilience for leave, sickness and increased demand

Winter Planning Group established

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

BSW ICB

- Agree winter planning arrangements and workplan (not duplicating where existing groups are in place)
- Assist in finalising BSW Escalation Plan and surge capacity plans
- Establish task & finish groups under the umbrella of ICB leadership
- Key SME from ICB to link in with peers across ICS
- Provide assurance of provider winter/surge plans
- Develop training and exercising of ICS linked to plans and processes

BSW ICS

- Identify organisational Winter lead across health and care
- Use of existing Delivery Groups and where required specific ICS Winter Director focus
- Finalise review of escalation plan and organisational action cards
- Ensure key SME leads work across ICS to finalise plans
- Horizon scan risks and ensure shared situational awareness

Wider Winter working collaborative

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

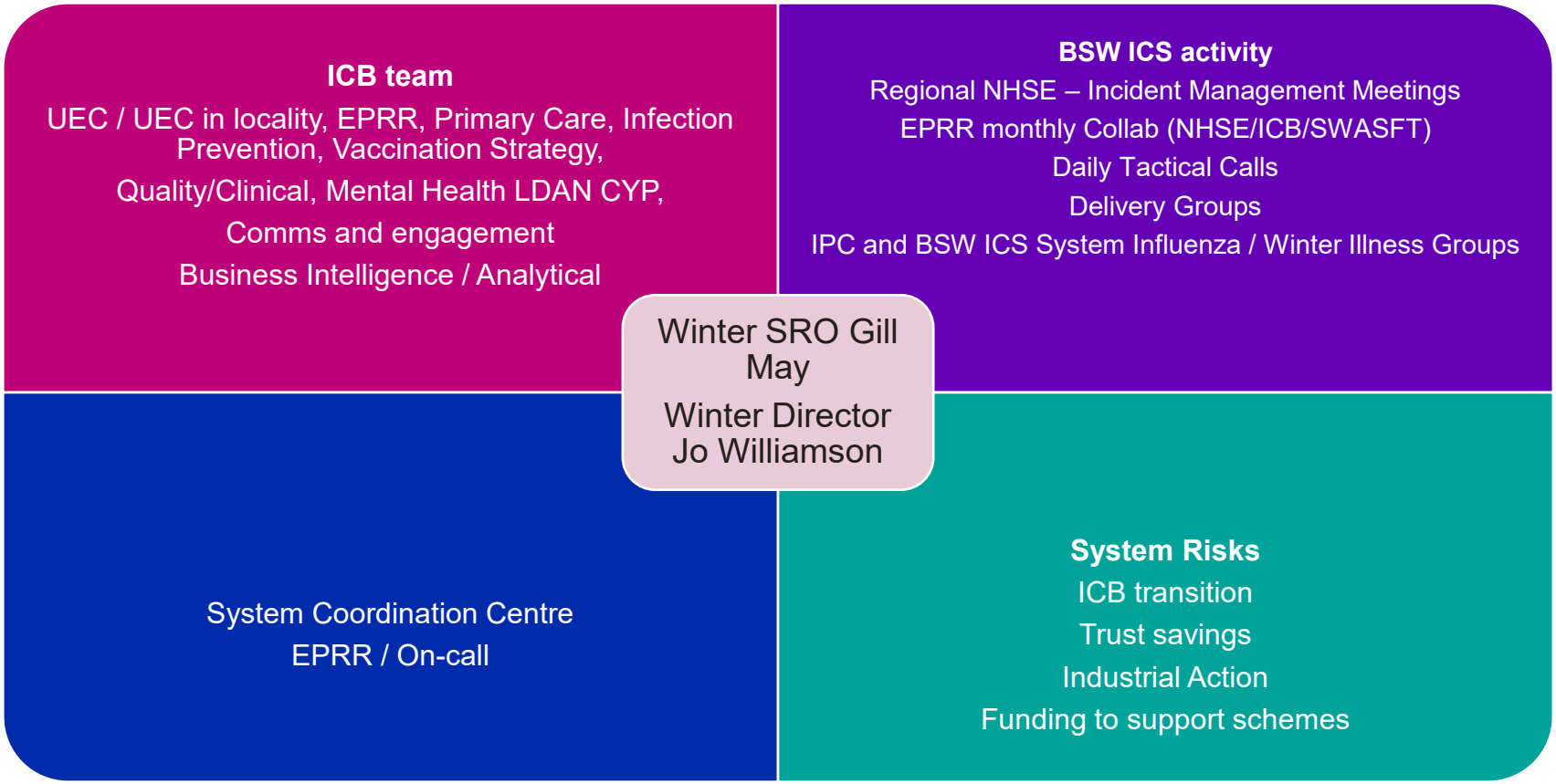
Through the winter planning group and across the ICS, we have complete sign up to work collectively across the system.

We are looking to utilise the working groups currently in place to support develop plans and maintain momentum on delivery. This includes:

Acutes, Community providers, Local Authorities, VCSE, Mental Health, Primary Care (GP, Dental and Pharmacy), Children and Young People services, Learning Disabilities, Out of Hours services, SWAST, UKHSA and NHS England.

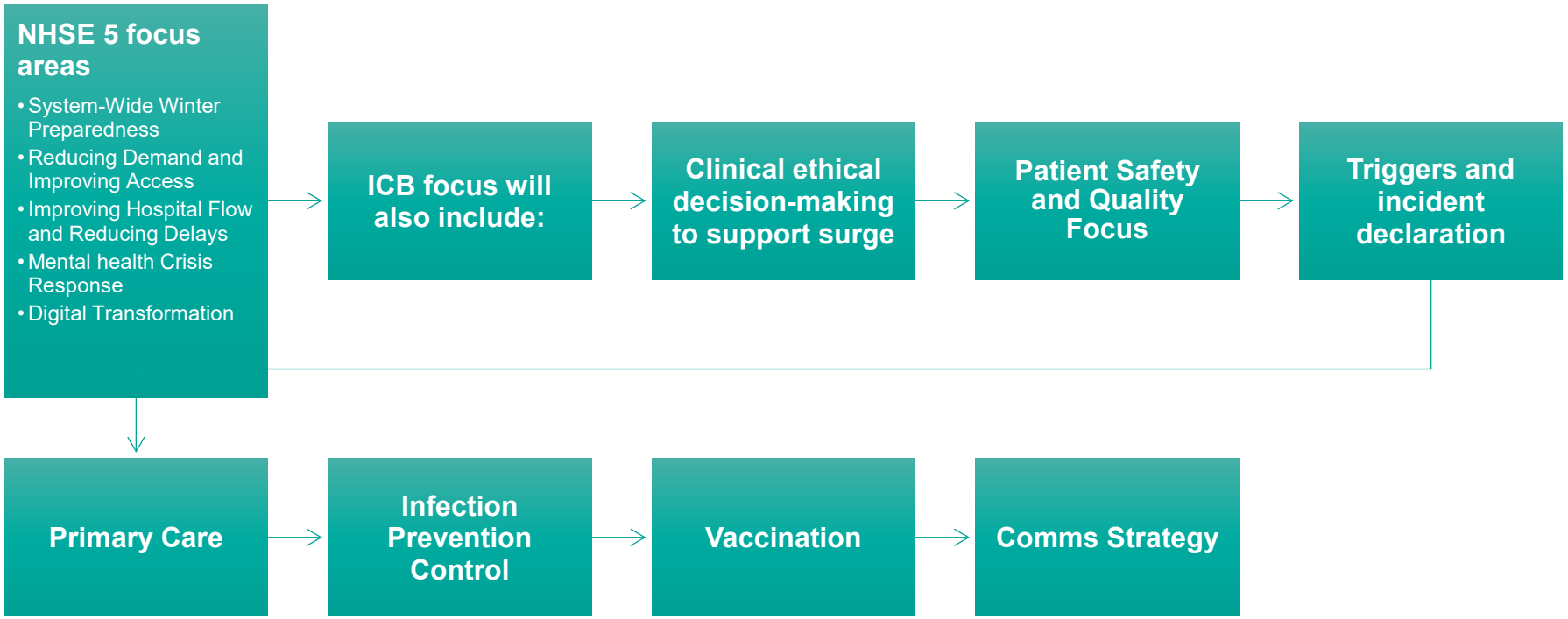
The Group Matrix

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



UEC Focus Areas for Winter Plan

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



Key Areas for Delivery in Winter Plan

NHS
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Integrated Care Board

- Demand and capacity management
- Community Transformation
- Escalation beds including closure of acute commissioned beds
- NCTR to 10% and 9%
- Zero tolerance on +21 days NCTR
- Improvement in average handover time < 45-minutes
- Zero tolerance for mental health patients waiting >24hours in A&E
- 7-day working including clinical senior decisionmakers on site and access to pharmacy

The Board are asked to

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

- Note nationally agreed winter planning assumptions (baseline/moderate and extreme)
- Note local approach – July approach to plan drafted and endorsed at Board, August plan Executive sign off, September Board sign off and plan exercised, October commencement of winter surveillance
- Support the winter planning process and ensure sufficient resources identified from organisations (Winter Director and internal planning teams)
- Note the risks and rising risks that may impact delivery of winter plans.

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

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

Tuesday 1st July 2025, 2pm, MS Teams

Members present:

Ade Williams	Non-Executive Director for Quality
Julian Kirby	Non-Executive Director for Public and Community Engagement
Suzannah Power	Non-Executive Director for Remuneration and People
Dr Amanda Webb	Chief Medical Officer
Gill May	Chief Nurse
Sue Harriman	Chief Executive Officer

Attending:

Val Scrase	Community Provider
Gordon Muvuti	Executive Director for Place (Swindon) and Primary Care & Mental Health *for item 9*

BSW Lead Nurse for Infection Prevention and Control *for item 10*

Apologies (members):

Cara Charles-Barks	NHS Trusts & NHS Foundation Trusts Partner Member
Lucy Townsend	Local Authority Partner Member – Wiltshire
Francis Campbell	Primary Medical Services Partner Member

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.

1.2 The meeting was declared quorate.

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 6th May 2025

3.1 The Committee reviewed the minutes of its previous meeting and **approved** them as a true and accurate record of the meeting.

4. Action Tracker

4.1 The Committee reviewed the action log and received the following updates:

- Action 27: Mental Health Access for Children and Young People (CYP). - A number of interventions across the system to improve CYP access have been taken forward. Currently CYP access is on track to over perform for the first time in three years. There is a positive picture nationally, an email has been received from the national director for Mental Health to thank everyone for their hard work to make this happen. **CLOSE**

- Action 29: System wide approach to complaints - Whole system review of how complaints are commissioned to be taken forward - **CLOSE**

- Action 30: AWP progress report included in the Quality Exception Report - **CLOSE**

5. Emerging Risks

5.1 The Chief Nurse advised the Committee that there were no specific emerging risks. However, the quality report will highlight the need to review the impact on patients as they become apparent following two incidents involving pathology and audiology.

5.2 The Chief Nurse emphasized the importance of monitoring urgent & Emergency care metrics, particularly the 4-hour Emergency Department measure and the correlation with mortality rates.

6. Quality and Patient Safety

6a. Quality Exception Report

6a.1 The Committee **received** and **noted** the Quality and Patient Safety Report.

6a.2 The Committee was asked to note:

- BSW is an outlier both regionally and nationally in relation to mixed sex breaches, where the quality schedule mandates 100% compliance. Factors impacting the breaches include high occupancy levels, inappropriate use of escalation spaces and IPC restrictions. ICB Quality colleagues are undertaking reviews across all three acute providers and reviewing the guidance to ensure it is being used as effectively as possible.

Action Chief Nursing Officer – Formally draw the provider board's attention to the Committee's concerns regarding mixed sex accommodation breaches and request a detailed response.

- Salisbury Foundation Trust (SFT) compliance with Venous Thromboembolism (VTE) risk assessments for admitted patients has been on a downward trend since September 2024. A point prevalence audit has been completed to assure themselves that no patient harm has been seen due to their low compliance, fortunately no harm has been identified.

Action Chief Nursing Officer – Request a detailed assurance report from SFT regarding their VTE performance and improvement plan.

- SFT identified that Electronic Discharge Summaries (EDS) generated by the system Lorenzo have not been automatically sent to the relevant GPs since 24th November 2024, within the expected timeframe. The problem has now been resolved with a software upgrade and communications have been sent to GP practices affected.
- The Urgent and Emergency Care Plan, was received in early June '25 and outlines priority areas for system improvement. There are a number of initiatives that are going forward currently within BSW, including Emergency Department reset days and pilot improvement projects.
- Royal United Hospitals remain an outlier locally and regionally for C.difficile Infection (CDI) and E.coli. A quality review has recently been undertaken to support RUH to look for key areas of improvement.
- A temporary closure of Yeovil maternity inpatients and labour ward has required support from RUH and SFT, there has been minimal impact, but monitoring remains in place.
- SFT has seen a cluster of stillbirths in Q3 and Q4, whilst this is below the national rate, they are currently under review which will be reported to this Committee when completed.
- BSW Incident Management Team (MIT) are supporting the system to undertake patient recalls in relation to the Paediatric Audiology Review. RUH recalls are being completed by HCRG, who expect to complete these by the end of July 2025. SFT have agreed mutual aid with GWH and regional

SME colleagues, with an expected completion date of end of September 2025. Reviews currently undertaken have not identified any harm.

- Enhanced quality surveillance and oversight remains in place for Avon and Wiltshire Mental Health Partnership (AWP) following the concerns raised in 2023/24.Significant progress against the Trusts improvement plan has been made, however it is recognised that longer term QI objectives aligned to culture, and leadership need to be further embedded. The Enhanced Quality Oversight Group meets in August 2025, discussions will focus on the QI progress made and the evidence required to provide assurance that AWP should step back into routine surveillance as per the quality assurance framework.
- An independent review of Mental Health Homicides has been jointly commissioned by NHS England, BSW and BNSSG ICBs. The report and any associated learning and recommendations will be shared with the Committee when the report is published.
- Talking Therapies service – significant progress has been made across each delivery, continuing monitoring will take place via the joint Quality Oversight Group.

6a.3 The Committee discussion noted:

- The Chief Nurse confirmed there is a lot of scrutiny on corridor care as there is now zero tolerance. Acute trusts are required to report when temporary bed escalation is opened and around dignity and privacy in relation to escalation.
- The Chief Nurse emphasised the need to distinguish between the commissioning perspective and the urgent and emergency care (UEC) perspective regarding non-criteria to reside. It is essential to assess whether current capacity is sufficient to meet the identified demand. Currently a lot of work is being undertaken around non-criteria to reside capacity, recognising that the system is not where it needs to be, but there is an understanding of where the barriers are.
- Non-Executive Director for Remuneration and People inquired whether the frequency of mixed sex breaches at the RUH had been normalised, noting that numbers have remained high over an extended period. The Chief Nurse confirmed that oversight data indicates RUH is an outlier in this respect. The current focus is on balancing the necessity of mixed sex breaches against clinical risk to patients. The UAC plan's initial statement specifies that the impact of being placed in a mixed sex ward should not be considered normal.

6b. PACT Report

6b.1 The Committee **received** and **noted** the Patient Advice and Complaints Team Quarter 4 summary for 2024/25.

6b.2 The Committee was asked to note:

- There were 42 complaints in quarter four and 477 pals inquiries, which is in line with the previous quarter. There were six main themes for complaints with Clinical care being the highest and environment being the lowest with access, financial and policy issues, behaviour and communication being the other themes. PALs themes included general practice and vaccination services with an increase in dental enquiries.

6c. GWH Pathology Business Continuity Incident

6c.1 The Committee **received** and **noted** the Great Western Hospitals (GWH) Pathology Laboratory Information Management System (LIMS) – Business Continuity Incident.

6c.2 The Committee was asked to note

- GWH declared a business continuity incident on the 22nd May 2025 in relation to Pathology LIMS disruption following a national planned upgrade of the system.
- The incident has been escalated to the regional quality team who advised that this also happened in another region following the system upgrade. An alert is going to be send out to ensure that any other trusts that are in line for this upgrade to their systems quickly learn and mitigate from the experience of BSW.

6c.3 The Committee discussion noted:

- The incident has created a backlog, which GWH and Primary Care are working to clear, however, there is currently not a date for completion.

7. Medicines Oversight Framework

7.1 The Committee **received** and **noted** a report to provide the Committee with assurance that there are oversight mechanisms in place around medicines.

7.2 The Committee was asked to note:

- The new Medicines Oversight Group reports into the Executive Management Meeting. Its initial focus is on internal ICB issues, with plans to engage providers in future meetings.
- The group will oversee the development of a medicines oversight policies and governance frameworks, including a system pharmacy and medicines risk register.

8. Population Health Board

8.1 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)

8.2 The Committee was asked to note:

- The PHB is developing an outcomes framework dashboard, which is 50% complete, which aims to support outcomes tracking and inform future deep dive topics.
- Evaluation of health inequality grants for 2024/25 is taking place, outcomes and achievements will be provided to a future meeting.

8.3 The Committee **noted** the update.

9. Mental Health Intensive Assertive Outreach Local Action Plan

9.1 The Executive Director for Place (Swindon) and Primary Care & Mental Health joined the meeting to update the Committee on the work progressing as an outcome of the BSW ICB rapid review into Intensive and Assertive Community Mental Health Service.

9.2 The Committee was asked to note:

- BSW ICB continues to work in collaboration with Avon and Wiltshire Mental Health Partnership.
- Particular focus was the finding that, although policies specified Did Not Attend (DNA) is not a reason to discharge, the review had shown that discharges did occur in practice. A deep dive into the cases discharged for non-attendance, shows that there were no inappropriate discharges, further guidance is being produced.
- The importance of communication with Primary Care and the ongoing efforts to improve pathways between primary care and mental health services.

9.3 The Committee were **assured** and **noted** the update.

10. BSW Infection Prevention and Management Annual Report

10.1 The BSW Lead Nurse for Infection Prevention and Control joined the meeting and presented the BSW Infection Prevention and Management Annual Report.

10.2 The Committee was asked to note:

- The key achievements including a nearly 50% reduction in MSRA bacteraemia and a reduction in Pseudomonas aerogenesis bloodstream infection cases for the first time in five years.
- Creation and progression of the BSW ICS IP&M strategy, which has been signed up by every stakeholder that attends the infection prevention management collaborative.
- Involvement in the Centre of Excellence in Water-Based Early-Warning Systems for Health Protection at the University of Bath. This will develop a public health surveillance system to detect outbreaks of diseases by testing water systems for traces of pathogens or other biomarkers at a community level.

- Recruitment of an IPC Nurse specialist, who has worked closely with primary care and taken IPC further then it has been before.
- Future plans include moving forward with quality improvement projects, enhancing surveillance, and focusing on personalised care for those with long-term conditions.

10.3 The Committee **noted** the annual report and thanked the BSW Lead Nurse for Infection and Control for all her hard work and her teams work in Infection Prevention and Control.

11. BSW ICB Quality and Outcomes Forward Planner

11.1 The Committee **noted** the forward plan.

12. AOB

12.1 There being no other business, the Chair closed the meeting at 16:10

Next meeting: Tuesday 2nd September 2025, 14:00, MS Teams

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	11a
Date of Meeting:	17 July 2025		

Title of Report:	Quality Exception Report
Report Author:	Sarah Jane Peffers, Associate Director Quality and Safety, AACC and Clinical Advisor
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
ICB Quality and Outcomes Committee	1 July 2025	Review and discussion

1	Purpose of this paper

The aim of this paper is to update the BSW ICB Board on:

- National Paediatric Hearing Services Improvement Programme
- GWH Pathology Laboratory Disruption
- Infection, Prevention and Management
- Quality Accounts

- Patient Advice and Complaints Team (PACT) 31 March 2025 Annual Summary (1 April 2024 to 31 March 2025)

2	Summary of recommendations and any additional actions required

National Paediatric Hearing Services Improvement Programme

As part of the National Paediatric Hearing Services Improvement Programme, thorough assessments have been undertaken of all Paediatric audiology providers including BSW providers. Reports have now been issued and following the publication of these reports, fortnightly BSW Incident Management Team meetings (IMT) have been established to ensure the required level of oversight and assurance. The current key focus is supporting all providers to undertake patient recalls within the expected timeframe and subsequent clinical reviews if required.

GWH Pathology Laboratory Disruption

BSW ICB teams are working closely with GWH, GP practices who use GWH pathology services, and the Local Medical Council (LMC) as part of business continuity incident management, following a planned update of the Laboratory Information Management System (LIMS) at GWH. This has resulted in some temporary delays in the way test results have been shared with GP practices. Most issues have now been addressed, and work is ongoing to ensure any remaining problems are resolved within planned timeframes.

Infection Prevention and Management

The annual report was presented to BSW Quality Outcomes Committee providing BSW ICS's response to the Southwest strategy demonstrating local interventions and work plans to deliver the purpose, principles and seven ambitions. The report outlines the key achievements for 24/25 and sets out the recommendations for 25/26.

Quality Accounts

In line with organisations statutory responsibilities and commissioning quality schedules, BSW ICB has received and responded to quality accounts from all Acute Providers; RUH Hospitals Foundation Trust (RUH), GWH Hospital Foundation Trust (GWH) and Salisbury Foundation Trust (SFT), HCRG Care Group, and 13 independent providers. Key achievements have been recognised in patient safety, clinical effectiveness and patient experiences across providers.

Patient Advice and Complaints Team Annual Summary (1 April 2024 to March 2025)

In July 2025, the BSW Quality Outcomes Committee noted the South Central and West Commissioning Support Unit (SCW CSU) Patient Advice and Complaints Team (PACT) Annual Summary Report for 2024/25. The report provided an overview of the total number of enquires formal complaints and compliments received by BSW ICB, and demonstrates the learning and subsequent actions taken to inform continuous quality improvements across commissioned services, aimed at improving experiences for the population of BSW

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.	
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
Can be shared publicly	

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

Quality and Patient Safety Exception Report to:

BSW ICB Board July 2025

National Paediatric Hearing Services Improvement Programme update

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

- As part of the National Paediatric Hearing Services Improvement Programme, thorough assessments have been undertaken of all Paediatric audiology providers including BSW providers. Reports have now been issued and following the publication of these reports, fortnightly BSW Management Team meetings have been established to ensure the required level of oversight and assurance. The current key focus is supporting all providers to undertake patient recalls within the expected timeframe and subsequent clinical reviews if required.

- HCRG Care Group is undertaking the identified recalls for the RUH with a plan to complete all identified recalls by mid-July 2025.

- SFT is implementing a mutual aid agreement with GWH to support the recall process. NHS England Subject Matter Experts (SMEs) have undertaken a further planned assurance assessment (July 2025) at SFT, as required to enable the recall process. The scheduled timeline set by NHSE for patients to either be discharged or placed on an appropriate treatment pathway is by 30th September 2025. Further mutual aid will be sourced from NHSE SME's and other providers if necessary to ensure timeline is met..

GWH Pathology incident

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

- BSW ICB teams are working closely with GWH, GP practices who use GWH pathology services, and the Local Medical Council (LMC) as part of business continuity incident management, following a planned update of the Laboratory Information Management System (LIMS) at GWH. This has resulted in some temporary delays in the way test results have been shared with GP practices. Most issues have now been addressed, and work is ongoing to ensure any remaining problems are resolved within timeframe.
- Quality teams are working jointly within acute and primary care to monitor any impact, and supporting practices to log any incidents onto the Learning From Patient Safety Events (LFPSE) system. To date no harm has been identified and all providers are taking the necessary steps to minimise the impact on patient care and experience.
- Immediate learning from the incident has been shared with all local Trusts, as well as with NHSE regionally and nationally .

Infection Prevention and Management (IPM)- Annual Report 2024/25

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

The annual report was presented to BSW Quality Outcomes Committee and provided BSW ICS's response to the Southwest strategy demonstrating local interventions and work plans to deliver the purpose, principles and seven ambitions

Looking back- Achievements

- Reduction in Methicillin-Resistant Staphylococcus Aureus Bloodstream Infection (MRSA BSI) cases.
- Reduction in Pseudomonas Aeruginosa BSI cases.
- Creation and progression of the BSW ICS IP&M strategy.
- 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 diseases by testing water systems for traces of pathogens or other biomarkers at a community level.
- BSW Lead Nurse invited to be a UK Health Surveillance Agency (UKHSA) South-West Health Protection conference panel guest.
- Recruitment of Band 7 IPC Nurse specialist.

Looking forward- Recommendations:

- Continue to drive forward the current quality Improvement projects with the aim of preventing lower Urinary Tract Infections (UTI's), including prevention of admissions for UTI's through revision of catheter management pathways.
- Maintain surveillance of all Health Care Associated Infections (HCAI's) and understand the burden of infections.
- Progress all actions identified in the strategy
- Build on Primary care intelligence to support the prevention agenda in line with ICS strategy including, Pharmacy, Optometry and Dental
- Build on social care intelligence to support the prevention agenda in line with ICS strategy.
- Support our population to promote prevention strategy's e.g., vaccination, hydration etc.
- Support personalised care agenda for those living with Long Term Conditions to prevent HCAI.
- Report IP&C surveillance and improvements through relevant programme boards across the ICS.
- BSW System to continue to drive forward quality improvement initiatives to reduce HCAI's.

Quality Accounts

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

In line with organisations statutory responsibilities and commissioning quality schedules, BSW ICB has received and responded to quality accounts from all Acute Providers; RUH Hospitals Foundation Trust (RUH), GWH Hospital Foundation Trust (GWH) and Salisbury Foundation Trust (SFT), HCRG Care Group, and 13 independent providers. The following key achievements have been recognised across providers:

Patient Safety

- Implementation of The Patient Safety Incident Response Framework (PSIRF)
- Timely National Early Warning Score (NEWS)2 recording, Improving the identification and management patient deterioration.
- Safeguarding Training: development of a bespoke training package following a safeguarding survey, covering child safeguarding procedures and information on adult safeguarding.

Clinical Effectiveness

- Continued exploration and development of Artificial Intelligence (AI) technologies to enhance clinical effectiveness.
- Development of an integrated neurodevelopmental pathway for diagnosing autism.
- Enhancing the perioperative patient pathway using Getting It Right First Time (GIRFT) to support patients fit for surgery and reduce the risk of cancellations.
- Improved timely assessments through additional triage capacity and training.

Patient Experience

- Creating avenues for improved communication and input from service users, through a project focusing on personalised care for cancer patients.
- Working with partners to increase outreach clinics in response to the Core20Plus5 groups.
- A continued trend in the increase of positive responses from patients completing the Friends and Family Test.

Patient Advice and Complaints Team (PACT) 31 March 2025 Annual Summary (1 April 2024 to 31 March 2025)

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

In July 2025, the BSW Quality Outcomes Committee noted the South Central and West Commissioning Support Unit (SCW CSU) Patient Advice and Complaints Team (PACT) Annual Summary Report for 2024/25. The report provided an overview of the total number of enquires, formal complaints and compliments received by BSW ICB.

In summary:

Number of Complaints & PALS Enquiries Received by Quarter:

• Complaints: 132 total (Q1: 41, Q2: 18, Q3: 31, Q4: 42)

• PALS Enquiries: 1911 total (Q1: 537, Q2: 417, Q3: 480, Q4: 477)

Number of Complaints & PALS Enquiries by Place:

• Complaints: Bath & North-East Somerset: 23, Swindon: 45, Wiltshire: 58, Other: 6

• PALS Enquiries: Bath & North-East Somerset: 391, Swindon: 478, Wiltshire: 960, Other: 82

Compliments:

• The PACT received 43 compliments during the financial year 2024/25, detailed in quarterly reports and shared with relevant teams/services.

Themes of Complaints; Clinical Care (highest) , Access & Waiting, Financial & Policy Issues, Behaviour & Attitude, Communication, Environment (lowest)

Learning and subsequent actions taken have been reviewed and triangulated to inform continuous quality improvements across commissioned services, aimed at improving experiences for the population of BSW

Report to:	BSW ICB Board - Meeting in Public	Agenda item:	11b
Date of Meeting:	17 July 2025		

Title of Report:	ICB Review of Intensive and Assertive Community Treatment for People with Severe Mental Health Challenges (Psychosis) – Update Report
Report Author:	Emily Shepherd – Interim Head of Mental Health (adult) Dr Georgina Ruddle – Interim Director All Age Mental Health
Board / Director Sponsor:	Gordon Muvuti, Director of Place Swindon & BSW Executive Director for Mental Health & Primary Care
Appendices:	Appendix 1; ICB paper to ICB Public Board on outcome of Intensive and Assertive Community Treatment for People with Severe Mental Health challenges (Psychosis) – Update report

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

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

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

Previous consideration by:	Date	Please clarify the purpose
[Mental Health] Thrive Programme Board	18/09/2024	Discussion

Executive Management Meeting	23/09/2024	Discussion
[Mental Health] Thrive Programme Board	16/10/2024	Discussion
ICB Executive Management Meeting	16/10/2024	Discussion
ICB Quality & Outcomes Committee	5/11/2024	Discussion
ICB Public Board	21/11/2025	Discussion
Mental Health Urgent Care & Flow Forum	27/05/2025	Discussion
ICB Executive Management Meeting	17th June 2025	Discussion
ICB Quality & Outcomes Committee	1st July 2025	Discussion

1 Purpose of this paper

The aim of this paper is to update the Board on the work progressing as an outcome of the BaNES, Swindon & Wiltshire (BSW) Integrated Care Board (ICB) rapid review into Intensive and Assertive Community Mental Health services.

Over the summer of 2024 all Integrated Care Boards (ICB) were instructed by NHS England (NHSE) to review Intensive and Assertive services using set guidance and report findings to NHSE by 30th September 2024. ICBs were required to develop action plans to address areas requiring improvements and discuss their plans in public ICB Board meetings by the end of December 2024. This followed the tragic events that occurred in Nottingham in 2023.

BSW ICB continues to work in collaboration with Avon and Wiltshire Partnership (AWP) and BNSSG ICB, noting the shared geography and Trust governance arrangements.

Of particular focus was the finding that, although policies specified Did Not Attend (DNA) is not a reason to discharge, the review had shown this occurred in practice. Both BSW and BNSSG ICB's and AWP (internal governance) requested further work as a priority to mitigate this risk and provide assurance.

AWP have now progressed improvements across a number of areas identified in the action plan, and prioritised areas requiring immediate attention. This includes a deep dive into the cases discharged for non-attendance. The updated action plan is now shared for assurance and comment.

NHSE has asked all ICBs to continue to discuss progress against their action plans at boards held in public by the end of June 2025. The BSW ICB Executive

Team confirmed and approved a decision for the update to the action plan to be shared at the July 2025 public board. This decision was made to ensure to appropriate ICB governance routes had been adhered to, ensuring the required oversight and scrutiny is upheld. BSW ICB confirmed this position with NHSE in May 2025, to which they were content with the rationale. It is anticipated that a further update will be required at public board by the end of January 2026.

The board is advised that on 5th February 2025, NHSE published an Independent Mental Health Homicide Investigation into the events of Nottingham 2023 NHS England » Independent Mental Health Homicide Review into the tragedies in Nottingham. In addition, NHSE also published guidance and a timeline for updating local action plans with learning from this investigation. Next steps have therefore been set out which include updating the action plan with national learning by 30th June 2025; this has been completed in collaboration with BNSSG ICB, as many of the areas for improvement apply Trust wide.

2	Summary of recommendations and any additional actions required

The Board is asked to review progress to date and support the recommendations as set out within this paper.

- BSW ICB (in collaboration with BNSSG) and AWP progress the action plan in accordance with agreed timeframes. Any deviation from these timescales will be escalated appropriately.
- To note that the NHSE timescale of presenting an update to public board by 30th June 2025 (including additional actions identified through the independent investigation) is delayed until 17th July 2025.
- BSW ICB will continue to report progress to the NHSE programme team through the required feedback routes. To note a comprehensive update was provided to the programme team on 30th May 2025.
- During Q2 2025-26 a review of the action plan will be shared and discussed with wider stakeholders to ensure partners who took part in the initial review and action development are able to contribute to improvements across the system.
- Progress against the required improvements will continue to be monitored through the Mental Health Delivery Group (MHDG).

3	Legal/regulatory implications

The action plan update and requirement for discussion through to public board has been mandated by NHSE.

BNSSG ICB presented an update to their public board on 1st May 2025.

AWP presented an update to the Trust Board on 25th May 2025.

4	Risks
Risks relating to individuals who may have been discharged through non-attendance, and the risk of accurately identifying the patient cohort are identified (identified through report to public board in November 2024).	

5	Quality and resources impact
The ICB quality team are aware of the review, it's findings and the associated action plan, and are leading the work on the independent homicide review (noting BSW system homicide review that is underway). Quality colleagues undertook a review of Serious Incident (SI) themes and did not find any suspected or causal link to the Intensive and Assertive population cohort. Additional financial resources are not applicable at this stage.	
Finance sign-off	N/A

6	Confirmation of completion of Equalities and Quality Impact Assessment
An Equalities and Quality impact assessment is being discussed within the AWP BSW division; it is considered that ensuring improvements in services will minimise inequalities in mental health services that are clearly linked to areas identified through Core20+5 population mapping. To add to this, there is currently an ICB & AWP joint workstream linked to the number of MHA detentions for males of black ethnicity, as identified through the BSW Equality Delivery System (EDS). AWP have concentrated this work as part of the Patient and Carer Race Equality Framework (PCREF).	

7	Communications and Engagement Considerations
NHSE has mandated that updates are discussed at a public ICB board by the end of June 2025. *Please see confirmation rationale regarding delayed presentation to board.*	

8	Statement on confidentiality of report
The information contained within this report is not commercially or legally sensitive.	

Intensive and Assertive Community Mental Health Rapid Review

1. Introduction

1.1. This paper intends to provide the reader with an overview of the original Intensive and Assertive review requirement, the associated actions, and progress made against these.

2. Background and wider context

2.1 On 26th July 2024 NHS England issued ICB's with the instruction to review Intensive and Assertive Community Mental Health services [provision]. It was intended that the review provides an opportunity to reflect on the community provision in place for people with severe and relapsing mental illness and identify the specific actions services need to take to ensure people are receiving and engaging in the care they need.

2.2 The tragic events that unfolded in Nottingham in 2023 highlighted the requirement to for services to engage service users who may pose a patient safety risk (risk to self), or risk to others.

2.3 During Q2 2024-25 the ICB (in collaboration with BNSSG), AWP, and VCSE partners Alabare, Bath Mind, Rethink and Swindon & Gloucester Mind and Local Authorities to undertake the required review. BSW ICB also asked Oxford Health to review their caseloads and the NHSE review requirements to ensure all age inclusion in the review (CYP inclusion was not a national requirement).

2.4 ICBs were asked to produce local action plans focusing on practical steps to address any potential gaps in provision highlighted through the review. Action plans were to include short and medium-term actions with minimal resource implications and ensure that DNA is never used as a reason to discharge in both practice and policy.

2.5 The recommendations from the review, which sets out the framework for BSW's action plan, were shared at the ICB Board meeting on 21st November 2024. The review identified that although policies were in place that specified DNA should not be used as a reason for discharge, in practice, DNA could contribute to and had been recorded as reason for discharge. This was identified as a priority area to address by AWP. Further work to understand and mitigate this risk has now been undertaken and is described within this update report.

2.6 On February 5th, 2025, NHSE published an Independent Mental Health Homicide Review into the tragedies in Nottingham. This review identifies learning at national and regional levels which must be considered alongside our local findings and areas requiring improvement. This review identifies key findings and

makes a series of recommendations. Following this, on the 3rd April, NHSE hosted a National Webinar – 'Intensive & Assertive Community Treatment', which summarised progress to date and provided Trusts and ICBs with guidance required to support this patient group.

2.7 NHSE have asked that following the publication of these two documents, systems update their action plans and discuss progress in both Trust and ICB Board meetings held in public by 30th June 2025 (17th July for BSW ICB). It is anticipated that a further update in public will be required by the end of January 2026. This timeline reflects the complexity of the improvements required. The timeline is set out within this document. Progress made against the priorities identified in September 2024 is now set out below, with AWP establishing two phases to improve services. Areas identified that require urgent implementation have been prioritised.

3. Independent Investigation and further national guidance

On 5th February NHSE published an independent investigation into the care and treatment of patient, VC, that proceeded the events on the 13th June 2023. The independent investigation charts a chronology over a three-year period using a systems approach to support understanding of the care and treatment provided. Key findings are made from each section with full findings contained in the main report.

27 key findings are described over the following areas:
• Care and treatment
• Diagnosis and medication
• Capacity
• Decision making
• Use of assertive outreach
• Use of out of area placements
• Discharge back to Primary Care
• Oversight, assurance, risk assessment and management

The Care Quality Commission (CQC) have published a special review of mental health services at Nottingham Healthcare NHS Trust, which is available through the following link; Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust - Care Quality Commission.

Nottinghamshire Healthcare NHS Trust and Nottingham Integrated Care Board have published their improvement action plan which can be found through the following link Independent investigation into care and treatment of Valdo Calocane ICB action plan.

Following the publication of the investigation NHSE hosted a national webinar on April 3rd 2025, and shared a summary of progress and provided a series of recommendations. These recommendations cover the following domains:

• Care & treatment
• Families & carers
• Providing continuity of care
• Support the workforce
• The model and governance
• Information sharing and partnership working

NHSE have established a national mental health patient safety insight group to support local improvements. BSW and BNSSG ICBs are engaged through the regional NHSE programme teams.

4. Findings to date

The 2024 co-created action plan included specific actions relating to people with severe and relapsing mental illness, ensuring they receive the care they need and remain engaged with services. This work has been broken down into two phases:

• Phase 1 - Focuses on delivery of the action plan and enhancing understanding of the experience and outcomes of patients in this cohort. This will identify any further work required as part of an iterative process.
• Phase 2 - Will focus on the longer-term approach to Assertive Outreach and be informed by phase 1.

To implement the changes required, action plans have been developed and are managed and across AWP's BNSSG and BSW divisions, and support functions. A project structure has been implemented, and bi-weekly meetings have been established and are chaired by the Director of Transformation.

AWP's trust-wide action plan has been developed to address gaps within provision ensuring alignment with national guidance. The action plan is being delivered incrementally with key elements which require urgent implementation prioritised, allowing other areas of work to follow.

Priority areas:

1. Improving system-wide governance and monitoring for individuals who may require an intensive and assertive approach.
2. The work required to amend/develop Trust policies to reflect best practice, based on recommendations from NHS England.
3. The undertaking of a non-engagement analysis.

Areas commencing beyond June 2025:

1. Developing clarity around the service offer.
2. The specific approach for individuals who may require intensive and assertive services.
3. Developing an understanding of capacity required to consistently and effectively engage with this population across various services and teams.

In BSW, AWP are utilising the established 'Core Community' workstream to channel the actions and associated progress, ensuring intensive and assertive outreach is rooted within the transformation workstream.

The Trusts' Policy Task and Finish group has reviewed all relevant policies and is reviewing the 'policy of policies.' Practice guidance for non-concordance of medication monitoring has been developed and published following ratification at the Medicines Optimisation group on the 25th March 2025. The group is currently consulting on a 'Non-Engagement' policy, which will be developed and taken through a clinical validation process. It is anticipated that this new policy will be ready in Qtr. 2 of 2025/26.

The BSW division continues to progress the deep dive audit into individuals who have been discharged from services due to non-attendance or engagement to determine the numbers of patients involved, risks and learning. Once complete, the division will lead the development and implementation of a system to regularly review discharge related to DNAs, and to understand how data sets across providers and ICBs ensure equity of access, experience and outcomes.

5. Phase 1 Outcomes and Risk Management

The CQC special review into mental health services at Nottinghamshire Healthcare NHS Foundation Trust provided a rapid review of available evidence relating to the care of patient VC. The review found there appeared to be a series of errors, omission and misjudgements in his care.

Key findings were:

• Inconsistent approaches to risk assessment
• Poor care planning and engagement
• Decision to discharge back to GP

As noted above, the BSW deep dive into individuals who have been discharged from services due to non-attendance is progressing. The BNSSG review has concluded, and found;

- In these cases, a MDT approach to discharge was taken with rapid access plans in place.
- In most cases patients would not be considered complex, and/or the patient had recovered and was typically well.
- In a small number of cases there was higher vulnerability which could lead to increased risk of relapse. The audit did not identify any cases where patients should not have been discharged.
- It is not possible to completely eliminate risk and in the context of caseload size the number of cases identified for further review is very low. Only a subset of cases audited identified that further planning for relapse should be in place and shared widely.
- As such, it is identified that improvements could strengthen the structure around discharge. Two risks have been identified and mitigations developed.

Risk 1 – Individuals discharged using the current DNA policy where improvements to discharge could have been made.

Proposed mitigations:
• Clinical staff will be asked to use the new discharge checklist once sign off has been achieved through clinical validation.
• Ensure an MDT approach to discharge is adopted for all people who fall under the population cohort, using the aforementioned discharge checklist.
• Update the new Non-Engagement policy to reflect these new processes.
• Prioritisation of the creation of a new discharge checklist form developed for Rio.
• Undertake a further audit in three months' time (using same methodology as first audit to determine cohort) to understand if the new checklist and MDT approach has reduced the risk.

Risk 2 - In the absence of a way of identifying individuals who fall under the population cohort AWP cannot currently be fully assured of oversight. Proposed mitigations:
• The development of an options appraisal paper to determine the most appropriate way of identifying the population cohort has been prioritised.
• Priority given to implement the agreed option with a new Standard Operating Procedure or Policy supporting the new process.
• Work with the Quality Improvement team to develop and undertake a full clinical audit of the population cohort using the new methodology in six months, dependent on implementation of agreed option.

In addition, AWP will meet with Business Intelligence colleagues from Nottingham to understand steps taken to develop a flag on Rio to accurately identify the population cohort.

It is important to note that while the BSW audit has not yet concluded (due to the division undertaking a larger sample size to ensure appropriate coverage aligned to the specific population cohort), the Trust have confirmed that on review of the initial outcomes, they do not differ significantly to those found as an outcome of the BNSSG divisional audit.

6. Updated Action Plan

No.	Action Summary:	Progress May 2025	Next Steps
1.	AWP deep dive of individuals that could have been discharged due to service capacity in AWP where some individuals may have been/be discharged from the service if they do not attend appointments. Following completion, quarterly audits to be presented through to the AWP/ICB quality forum.	Deep dive on discharges relating to DNA continues to progress, with completion by the end of Q1 2025/26 confirmed. Review of learning from BNSSG audit outcomes shared for comparison. A consultant led checklist has been developed for use in discharge meetings. Conversations with colleagues from Nottingham to inform development of patient flag.	Identification of patients fitting the Assertive Outreach cohort now approved through Trust Clinical Validation. Estimated the flag will be live on Rio in Q2 2025/26 New disengagement discharge checklist undergoing further testing before discussion (and anticipated approval) at Clinical Validation 23/6/25. Discharge checklist to be in place from Qtr. 2 2025/26
2.	Undertake immediate actions to address key gaps identified through the review: ○ **Did Not Attend (DNA)**: Establish system to monitor whether patients who Did Not Attend are then discharged. ○ **Policies:** Ensure that policies: ▪ Reflect the MH Act; Mental Capacity Act; the Human Rights Act; the Care Act; processes where an individual is refusing consent; non-	Policy Review: A Policy review has been undertaken of key policies relating to the identified patient group. Polices in scope identified as: • Non-Engagement Policy • Safeguarding Policy • Your Team, Your conversation, Your Plan • Trust Supervision and Debrief New guidance has been developed for	Policy Review: • Supervision & Debrief policy approved, 'Your Team, Your Conversation, Your Plan' policy currently under review, approval will be during Q2 • Non-Engagement policy to be completed and in place by Q2 2025/26. Clinical Validation scheduled for 23/06 to seek

	concordance with medication; and Community Treatment Orders. ▪ Include an Equality Impact Assessment (EIA). ▪ Where appropriate, define the roles and responsibilities of non-statutory partners (e.g. VCSE), collaboration with Learning Disability and Autism services, forensic services, links with the Local Authority, emergency services and housing providers. ○ **Workforce:** Develop a plan to address significant gaps in staff's understanding of psychosis and treatment options. ○ **Discharge from services:** Ensure compliance in non-agreed discharge and understanding of trends. Including communication with primary care. ○ **Medicines Management:** Policy is in place but does not cover non-concordance. Overarching guidance for non-concordance monitoring and management to be written and a process is required to evidence reading of procedures.	Non-Concordance with medication Initial Comms have already been sent out and AWP are planning for an 'In Focus Comms' piece on this in July'25. Guidance supports healthcare professionals to identfiy and manage non-adherence to prescribed medicines and when to escalate concerns, including when, who and how. • Information sharing – AWP don't have a specific Information Sharing policy, The Deputy Director of Nursing has reviewed the Consent to Share procedure and said it very closely aligns to AO guidance but could be enhanced by specifying considerations to be included in "always share" scenarios e.g. ; - Safeguarding - Always consider the safety and well-being. - What is the risk of not sharing the information? - What will be the impact of sharing / not sharing – on the person, on anyone else involved. Further discussion required to establish whether full policy review is required • Workforce; Phase 1 underway to improve system wide Assertive Outreach governance and understand	approval of the new non-engagement policy • Non-Concordance of Medication Monitoring will be reviewed by AWP by end of September 2025-26 **Equalities Impact Assessments:** • Your Team, Your Conversation EIA & Non-concordance with medication EIA and are with Trust EDI lead for final approval & will be signed off by 30/06/25, AWP will be uploading the EIAs to 'Ourspace' alongside the policies • AWP audit of compliance with new policies by Q3 2025/26 • Divisions working with the QI team to develop an audit on compliance of new non-engagement policy once it has been approved. Workforce; To commence June 2025 following learning from phase 1

		training needs and discharge monitoring Equalities Impact Assessments: • In place for Safeguarding In progress for: • Your Team, Your Conversation and Your Plan • Trust Supervision and Debrief – Completed & signed off Work underway to include VCSE partners in non-engagement and safeguarding policies.	All systems are awaiting NHSE national guidance on service models to be published in 2025/26 which will further inform approach.
3.	**Assertive Outreach Pathway** ○ Establish an Assertive Outreach resource for BSW [resource dependent], outlining the support required. This will include an agreed: ▪ Model of care; clarity of roles and responsibilities ▪ Interventions required; ▪ Caseload sizes; ▪ Workforce requirements, including training. ○ Development of the resource will include a high level of involvement of partners, including people with lived experience. **Broader Pathway improvements** ○ Mental Health Act application improvements	Actions to develop longer term model and approach will commence in phase 2. [Noting no additional funding available – BSW division reviewing as part of the established core communities workstream.]	Actions to be developed and commence from July 2025.

	○ Engagement with and listening to people/families/carers		
4.	**Local data & population health management** ○ Bring different community mental health / Population Health Management data sets together (ICB, AWP, community provision) to support analysis of patient needs / flow. ○ Undertake an analysis of ethnicity and geographical data for this cohort to ensure equity of access, experience and outcomes.	Data mapping underway to look at how information can be clinically audited on a regular basis, capture service user feedback across community mental health and use ethnicity and geographical information to ensure equality of access. In BSW this work is also aligned to the EDS and deep dive into MHA detentions for males of black ethnicity.	To commence once the electronic patient record can support identification of the cohort. Expected actions identified end September 2025.
5.	**Digital** ○ Require a shared digital solution across providers to support patient care and integrated working. ○ Need to display patient history / needs in an easily understandable format to support practitioners. ○ Require system for people to easily view the services available, e.g. system directory of services.	*Please see action 1; Rio flag*	*Please see action 1; Rio flag*
6.	**Equality and Diversity** ○ Utilisation of Patient and Carers Race Equity Framework (PCREF) to provide robust understanding of the needs and context of marginalized communities within BSW, who are	Links with the Patient & Carer Race Equality Framework (PCREF) delivery lead made internally within AWP. Once the population cohort has been identified this will be reviewed against the framework with regards	Further actions to be developed by of Qtr. 2 2025/26. Aligned to the BSW EDS planning relating to MHA detention rates for

	disproportionally represented within an Assertive Outreach cohort.	to patient experience data and outcomes measures. The PCREF aims to: • Tackle racial inequalities in the mental health system • Support mental health trusts to be anti-racist Increase involvement of racialised communities in shaping mental health services	males of black ethnicity. Collaborative workstream to progress through Q2 2025-26
7.	**Governance, partnership and monitoring** ○ Establish governance, partnership and monitoring arrangements that support the identification of people who might need intensive and assertive community care. ○ Establish multi agency service user solutions forum is required (for those not reaching threshold for MAPPA/ MARAC to include VCSE, Police, GPs, AWP, acutes, Social Care). This will be mapped through the BSW Urgent & Crisis Care forum ○ Agree approach for shared formulation and language across partners. ○ Partners need to be clear on key mechanisms to provide robust and integrated support, including MAPPA and MARAC processes.	During Q2 a stakeholder IA Partnership forum will be held to review the current actions from a secondary care perspective, ensuring wider partners can review progress and feed in any specific work from a VCSE perspective, ensuring gaps are addressed. It should be noted that in collaboration with the ICB and BSW division, a separate system delivery group was not deemed appropriate or additive during phase 1 of the action plan review. Updates continue to be provided through the Mental Health Urgent Care & Crisis Forum (system wide).	AWP and ICB to work together to set up a wider system network session in Q2 25/26. Some areas for further exploration during the session; - Build trust and take a relational approach to delivering care - Use a trauma informed approach to care - Ensure opportunities for people with lived experience to be involved in service development and have opportunity to raise concerns - Better co-ordination of provision across teams and organisations - Identify gaps in support - Facilitate a mechanism for system wide learning from serious incidents

			- Develop consistent approach to training across sectors - Improve system approach to discharge
8.	**Local serious incidents / complaints** ○ Require improved approach to ensure that recommendations made through serious incidents are well understood by all key system partners, and mechanisms are in place to ensure changes are made.	ICB quality team continue to lead on SI investigation outcomes and actions, sharing and discussing with commissioners as appropriate. Mechanism for reporting SAR's/DARDR's agreed with ICB safeguarding leads ICB quality team completed review of CQC report in to the events that happened in Nottingham.	Triangulate learning from ICB & AWP perspectives, taking learning through to system network session ensuring learning from incidents is shared widely
9.	**Wider transformation** ○ Outline how developments in BSW (e.g. integrated access, Third sector community provision, AWP core community provision) will focus on meeting the needs of this cohort	*Please see action 7 (Governance, Partnership & Monitoring)*	*Please see action 7 (Governance, Partnership & Monitoring)*
10	**Earlier Intervention** ○ BSW has a strong service offer regarding its Early Intervention for Psychosis services, with good adherence to NICE quality standards for psychosis and schizophrenia. However, the commissioned model, as per the national standard does not work with those under the age of 14. Presentations under 14 are very rare (less than five in the last two years) however this is a noted gap in provision. To confirm this cohort are	As part of the 25/26 mental health investment review, BSW ICB has confirmed that an additional investment of £31,198 will be provided to ensure appropriate depot clinics are made available to the specified CAMHS cohort. Oxford Health and BSW ICB to undertake review of <14yr old provision to EIP (currently CAMHS supported) to establish	Oxford Health with support of AWP developing under 18s access to depot clinic/long-acting antipsychotic injection pathway. Review initiated in Q2 2025-26.

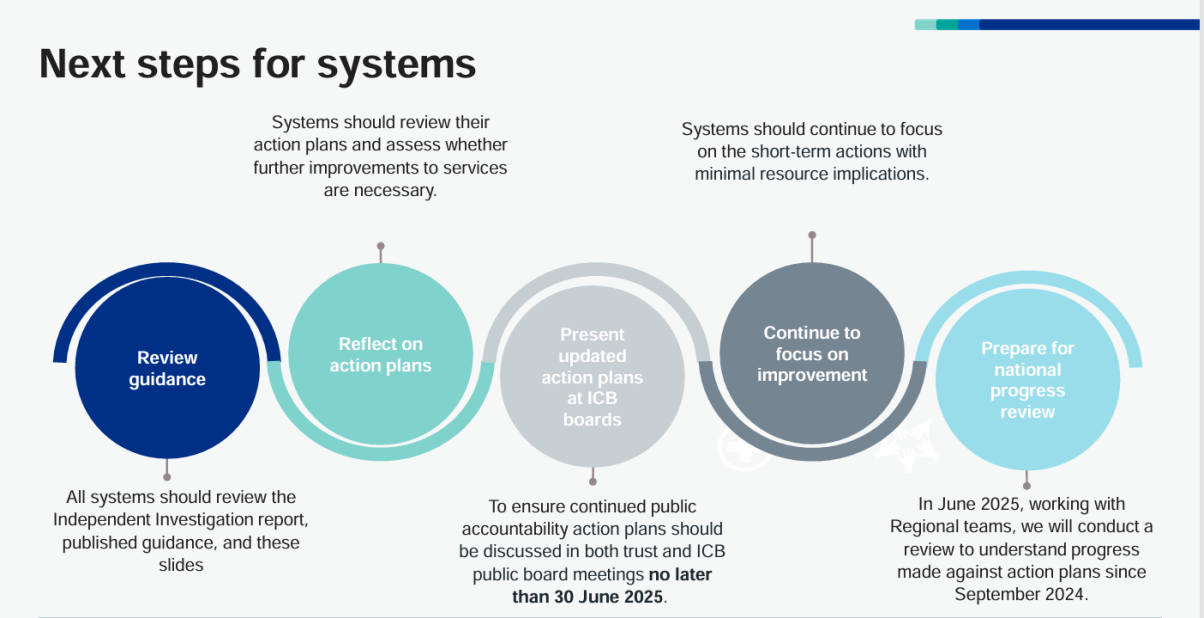
	supported by CAMHs and are therefore not without appropriate and evidence based service provision. ○ Action to review need and develop proposal for equitable service offer for those experiencing first episode psychosis under the age of 14.	proposal for service offer for those experiencing first episode psychosis.	
11	**Under 18s access to depot /long-acting antipsychotic injection** Child and Adolescent Mental Health Services (CAMHS) does not have an agreed pathway/workforce provision/skill set to access depot injections due to the low numbers. To date when required bespoke pathways are created. Action: development of a standardised depot pathway for CAMHs.	*Please see action 10*	*Please see action 10*

7. Next Steps

Significant progress has been made across AWP; this progress needs to be maintained and will continue to by reported on a monthly basis through a Trust wide highlight report.

In the coming months new policies and guidance will come into effect and a key focus will be adherence to policies in practice and process and assurance on this.

NHSE have set out a timeline for systems which can be seen below;



The timeline reflects that the actions will take time to implement with improvements found from existing resources.

On 10th June 2025, NHSE shared a standardised national review template, which is required to be completed and submitted to NHSE Regional Teams by 3rd September 2025. BSW ICB will continue to work in collaboration with BNSSG and AWP to review the template and its requirements, and have a meeting scheduled 1st July 2025 to initiate and agree timeframes to ensure the submission deadline is achieved.

During Q2 work will be centred around the following areas;

- Understanding the full outcomes of the BSW audit into cases of people discharged owing to DNA
- Working with system partners to review the current secondary care action plan (above), ensuring we widen the breadth of the action process to ensure include our Local Authority Partners, VCSE, Police and Public Health (list not exhaustive)

- Reviewing the NHSE submission requirements, ensure BSW ICB meet the deadline of 3rd September 2025.

Appendix 1: ICB paper to ICB Public Board on outcome of Intensive and Assertive Community Treatment for People with Severe Mental Health challenges (Psychosis) – Update report

Can be viewed as part of the BSW ICB Board Meeting in Public Pack for 21 November 2024 – item 14b

https://bsw.icb.nhs.uk/document/bsw-icb-board-meeting-in-public-paper-pack-21-november-2024/

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

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

Friday 13th June 2025 12:30hrs 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
Rachael Backler	BSW ICB Chief Delivery Officer *left at 15:10hrs*
Laura Ambler	BSW ICB Executive Director of Place (BaNES) & LDAND, CYP *left at 15:10hrs*
Sue Harriman	BSW ICB Chief Executive
Sarah Green	BSW ICB Chief People Officer
Simon Wade	GWH Director of Finance left at 15:10hrs

Attending:

BSW ICB Deputy Chief Finance Officer
BSW ICB Assistant Corporate Secretary *(minutes)*
BSW ICB Head of Delivery - *item 6b*
GWH Programme Director Diagnostics – *item 10 b*
BSW Interim Director for Planned Care, Cancer and Community Services – *item 10 b*
SFT Programme Director – *item 10 c*
BSW ICB Associate Director of Finance – *item 10a*

Apologies:

Stephanie Elsy	BSW ICB Chair
Sam Mowbray	Local Authority Partner Member of the Board
Amanda Webb	BSW ICB Chief Medical Officer
Ade Williams	BSW ICB Non-Executive Director for Quality

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 7 May 2025

3.1 The minutes of the meeting held on 7 May 2025 were **approved** as an accurate record.

4. Action Tracker and Matters Arising

4.1 Two items were closed from the Action Tracker and would be discussed at the BSW ICB Finance and Investment Committee Pre-Meet on Tuesday 24th June 2025.

4.2 There were no further matters arising.

5. BSW ICB and System Revenue Positions 2025/26

5a. BSW ICB Position at Month 1

5a.1 The Committee **received** and **noted** the paper for the ICB Position at Month 1 presented by the BSW ICB Deputy Chief Finance Officer. The report notes there is no formal allocations at month 1 from NHSE and the usual monthly reporting is driven by systems which are not ready during month 1 therefore variances are expected during month 2 and 3. There is a year-to-date surplus of £3.2m, there are profiling differences in the provider submissions in month one and which has been offset within the ICB.

5a.2 The risk register is included within the BSW ICB Position at Month 1 report, there are two items on the corporate finance risk register and sub-risks are being monitored locally. The two biggest risks are breakeven as a system and capital funding. It was also noted that if there are redundancies because of the national ICB changes this may need to be funded by the ICB, there is no guidance on how to cover the impact and options are being explored.

5a.4 The deficit support funding was lost for Q1 with a likelihood to be lost for Q2 due to progress to date, but it can be earned back from Q3 onwards provided there is a demonstration of breakeven and the ICB is working with NHSE to set out run rate trajectories. In addition, the pay rise was announced at 3.6% which is 0.8% above that expected in planning therefore this is not factored into existing plans and the BSW ICB is awaiting further guidance.

5a.5 The new finance system (ISFE2), is expected to go live on 1st October 2025 for all ICB organisations. There is no update on training for the new system and the ICB will need to signal if ready to go live by end of July. The system is mandated by NHSE and will affect all three ICBs in the cluster.

5a.6 The Committee discussion highlighted, the LDAN right to choose policy is a current national issue and there is a potential for an increase in costs. The current issue is being mitigated through the ICBC contract and reviewing new transformation programme in the Autumn. Regionally all ICBs are doing benchmarking to understand the impact. Both are included on the risk register.

5a.7 The Committee **noted** the item and report.

5b. BSW ICS Position at Month 1

5b.1 The Committee received the report for the BSW ICS Position at Month 1 noting there is a £4.4mil deficit to M1. The drivers of deficit include slippage on the CIP schemes. The ICS is also notably over on workforce numbers. Reporting on cash will be critical this year due to the deficit funding with issues usually highlighted in Q4.

5b.2 The Committee queried the cash position of the three acutes and the likelihood of meeting their financial plans. Whilst it is unlikely that the RUH will hit their target a revised run rate and revised cash flow profiling is needed to understand the challenging cash position.

5b.3 The Committee discussion noted the adverse workforce position noting that there is limited workforce data available to triangulate. Workforce controls are in place including a restriction on recruitment alongside the ICB working with the three Chief People Officers at the acutes to better understand the use of substantive staff and the announced pay increase. Substantive overspend comes from removal of posts to deliver WTE reductions, which were not achieved in the first month. Agency usage has been linked to hospital escalations.

5b.4 The Committee **noted** the item.

6. Recovery Board Progress

6a.1 The Committee received the report in relation to the BSW Recovery Board Progress to date. It is noted that additional actions and enhanced oversight are in place at the three acutes (GWH, RUH and SFT) and the ICB through the Board.

6a.2 The key actions highlighted from the report were:

- The appointment of the System Delivery and Recovery Director. The Director is carrying out work both across the system to support the reduction of UEC escalation costs and at RUH in terms of recovery.
- The ICB is currently in a recruitment freeze also due to the national ICB transition work.
- A weekly CIP report showing progress with CIP identification and implementation is now being shared at a weekly CEO recovery meeting, with additional review at the Recovery Board.
- A run rate analysis has been produced for each organisation and is the in the process of going through local governance

- All provider organisations have received communications regarding the financial position and expected changes to discretionary spend. The ICB to follow.

6b Recovery Board Structure and Reporting

6b.1 The Committee received the BSW Recovery Board Structure and Reporting item. The delivery groups and delivery governance have been remodelled to help with delivery and accountability. Going forward there is an aim to create a single report from groups which can be used across forums including a summary report to the Board from delivery groups.

A number of recovery actions were progressed. It was noted that the workforce controls are in place and a revised Group corporate structure was submitted to be reviewed at the Group's Joint Committee on 16th July prior to the commencement of the consultation process for any Group redundancies and changes.

6b.2 The Committee discussion noted a positive reaction to the recent Strategic Delivery and Recovery Meeting noting a need for singular reporting to allow a better line of sight on the actual reform of services and pathways.

ACTION – RB to review the F&I Committee meeting dates to better align with reporting dates to allow deeper conversation prior to board to provide assurance.

ACTION – Terms of Reference for the Strategic Delivery and Recovery Group to be sent to F&I members

7 BSW Investment Panel Update

7.1 There have been no further investments for the panel to review.

8 Update from BSW ICB Digital Delivery Group

8.1 The Committee received and noted the paper on Digital Delivery Group; the updates are planned for each quarter in the BSW ICB Finance and Investment Committee Forward Planner. The current digital strategy is being refreshed and the implementation of the EPR is currently around ten weeks behind plan. The team have worked on the digital maturity assessment which is in the right range across the Southwest.

8.2 The Committee acknowledges there is a requirement for a strategic conversation around digital and a separate paper will be produced to brief the Board more fully on the plan and current developments. It was noted that the same would be required for Estates also.

9. NHS Capital Plan 2025/26

9.1 The BSW ICB Head of Capital joined the Committee to provide an update on the plan submitted in April 2025. The Committee **received** and **noted** the paper for the NHS BSW Capital Programme report for 2025/26, with all local allocations and national capital schemes amounting to £108.9m. The main elements include:

- Operational capital of £38.9m
- ICB primary care BAU capital and utilisation fund £3.3m
- Estates safety fund £10.8m
- Constitutional standards funding of £55.8m including: Community Diagnostic funding (CDC) of £29.6m, Elective £7.9m and UEC £18.3m

9.2 There was recognition that the operation capital allocation is not adequate due in part to local PFI schemes. National capital schemes are cash backed, and depreciation is covered nationally.

9.3 The Committee discussion noted that we are expecting growth in the demand for diagnostics and health interventions, and the ICS needed to plan for further demands on our health infrastructure to be able to deal with the growth. The discussion further noted there would be additional joint planning within the BSW acutes and the BSW ICB to continue the prioritisation of the capital and adhering to capital guidance.

9.4 The Committee **noted** the item and understood further Capital updates would continue to come back to the Committee meeting.

10a. Trowbridge Integrated Care Centre (TICC)

10a.1 The Committee **received** an update on the TICC programme and a request for the Committee to ratify the mitigating options of CDEL. Construction for the TICC is ahead of schedule with the financial position to remain within the budget.

[Commercial in confidence]

10a.5 The Committee **endorsed** the approach.

10b. Submission of 2025/26 Diagnostic Capital Cases

10b.1 The Committee **received** the paper for Submission of 2025/26 Diagnostic Capital Cases. The BSW System and Trusts had been encouraged to bid for capital which had to be spent within the financial year from the national Constitutional Standard Fund. The previous CDC business case had been approved and those sites are now in operation; the new cases would support service expansion, improve service capacity and reduce the trusts' reliance on mobile third-party contracts.

10b.2 The cases are submitted on the basis that there will be additional activity funding and depreciation from NHSE. Constraints of the capital funding arrangements mean that the funds must be spent within the financial year, and therefore solid mitigation plans need to be in place for the programme or there is a risk to commitment to 26/27 CDEL.

10b.5 It was noted that the cases fit with the BSW strategic plan as we know that national modelling indicates that more early intervention and diagnostics will be needed.

10b.6 The Committee **endorsed** the cases for submission and noted that the system would need to receive assurance from NHSE with regards to depreciation funding and revenue funding.

Business cases

[Commercial in confidence]

11. BSW ICB Finance and Infrastructure Risk Register

11.1 The item was received and discussed during item 5a.

12. BSW ICB Finance and Infrastructure Forward Planner

12.1 The Committee **noted** the item.

13. Any Other Business

13.1 The Committee acknowledged the timelines for future papers would be discussed at the upcoming BSW ICB Executive Management Meeting to be held on Wednesday 18th June 2025.

13.2 The meeting closed at 15:24hrs.

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

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

Wednesday 2nd July 2025, 0900hrs, 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
Laura Ambler	BSW ICB Executive Director of Place (BaNES) & LDAND, CYP
Sue Harriman	BSW ICB Chief Executive
Ade Williams	BSW ICB Non-Executive Director for Quality
Simon Wade	GWH Director of Finance
Amanda Webb	BSW ICB Chief Medical Officer

Attending:

BSW ICB Deputy Chief Finance Officer
BSW ICB Assistant Corporate Secretary *(minutes)*
GWH Way Forward Programme Director– *item 9*

Stephanie Elsy	BSW ICB Chair

Apologies:

Stephanie Elsy	BSW ICB Chair
Sam Mowbray	Local Authority Partner Member of the Board
Sarah Green	BSW ICB Chief People Officer
Rachael Backler	BSW ICB Chief Delivery Officer

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 13 June 2025

3.1 The minutes of the meeting held on 13 June 2025 were **approved** as an accurate record.

4. Action Tracker and Matters Arising

4.1 There were no open actions on the tracker.

4.2 There were no further matters arising.

5. BSW ICB and System Revenue Positions 2025/26

5a. BSW ICB Position at Month 2

5a.1 The Committee received the report for the BSW ICB Position at month two. The ICB now has received allocations but is awaiting funding for deficit support, the ICB has continued to report a YTD surplus of £3.2m with no change from month one.

5a.2 There is limited data available on year-to-date activity and performance therefore expecting more variances from month three. There is overspends on ADHD assessments under right to choose in the YTD therefore more work is needed to better understand the demand vs provisions put in place at the end of 24/25.

5a.3 The Committee queried the confidence in achieving the 50% savings expected and whether any redundancies would be funded nationally. It is noted that it is a sensitive subject and there is not yet an NHSE acceptable route to fund any redundancies, options are being reviewed within ICB but will push the year end position. There is ongoing work looking at the newly formed cluster and aligning assumptions for the savings to be made. Risks pertain to the cost of redundancies, and to the expected timetable to achieve mandated savings.

5a.4 The Committee further discussed that the 2025/26 pay award is higher than planned. It is noted that providers must reduce corporate growth by 50%, not funded and challenge across group.

5a.5 The Committee **noted** the ICB position at Month 2 and challenges with redundancy funding and savings pressures.

5b. BSW ICS Position at Month 2

5b.1 The Committee received the report on the BSW ICS Position at Month 2, noting at month 2 the BSW ICS YTD position is a deficit of £13.5m, excluding any deficit funding support. The provider group is reporting a £16.6m deficit which comprises of UEC pressures, slippage against efficiency schemes and run rate impacts. There are improvements being made to the run rate, noting that month 3 will be critical to show this. There are variances around CDC and ERF, would not affect overall and off plan with improvement interventions needed to address the position.

5b.2 The Committee discussion noted the risk of formal interventions from NHSE and mitigations.

5b.4 The Committee **noted** the item.

6. Recovery Board Progress

6.1 The Committee received the report in relation to the BSW Recovery Board Progress to date noting the recovery actions are underway for the next 6 weeks and that the key actions are now substantive items on the fortnightly BSW ICS Strategic Delivery and Recovery Board agenda. The ICB is working on a formal recovery plan, this is due for submission at the end of July 2025.

6.2 The Committee understand that region is supporting and working alongside ICB with all the recovery actions noting the BSW ICB profiled the plans differently and lost deficit money due to profiling. NHSE are aware of this and will put support where a system will not succeed. Region is trying to prevent enhanced oversight which will result in any local decisions or approving is taken away.

6.4 The Committee queried the responsibility for this and the application of INI4 to providers. Assurance was given that there will be an operational and financial performance shift, and the system would go all in together. There are elements of change happening and an oversight framework will be published. Any change programmes will generate savings and are viewed through recovery board and will shift clinical model, change our workforce and generate value for money. There is a clearer line of sight on productivity and benchmarking and improvement visibility.

6.5 The Committee **noted** the Recovery Board update.

7 Medium Term Plan

7.1 Following a national CFO event on 19th June 2025, full planning guidance has yet to be received and would need to be clear on guidance to whether cluster level or existing footprint and how any reporting will be completed. The MTP would be in two phases:

- **July 2025 Phase One** - develop robust financial sustainability and medium term plans including the clinical strategy and transparent articulation of underlying financial position
- **October 2025 Phase Two** – reviewing the productivity and efficiency opportunities across the system which is currently being done as part of our BAU work and recovery work.

7.2 The Committee queried the capacity to complete the MTP across the system. Assurance shown that in developing plan how to utilise other support and using integrated teams with all partners and providers. Whilst NHSE historically have only been interested in NHSE activity, needs to pick up non-NHS work, the ICB will have a role as strategic commissioners.

7.3 The Committee **noted** the Medium Term Plan; the plan will be brought back to Committee once local guidelines and timelines have been worked through.

8a Investment Panel

8a.1 The Investment Panel had not met, no new submissions.

8b. Investment Process

8b.1 The Committee received the paper on BSW ICS Review of Investments; providers have completed extensive work on safe staffing models. The three 3 CNOs from providers and the BSW ICB Chief Nurse Officer have worked together to complete the review and ensure consistency across the three hospitals (RUH, GWH and SFT). A scope is being worked on and clarity on impact on investment that has been seen with quality and safer and demonstrate the return on investments in addition to the benchmarking across the three hospitals.

8b.2 The Committee discussion highlighted how the providers are working on reducing staffing in a safe and consistent manner, there has been progress on reductions on agency and will be aligning with an impact assessment.

8b.2 The Committee **note** the update on investments and subsequent updates will be brought to committee.

9. GWH Commercial Development Construction Programme Quarterly Update

9.1 The Committee **received** an update and outline of the benefits of the programme. NHS England are reviewing the development and will follow an oversight and check procedure.

[Commercial in confidence]

10. BSW ICB Finance and Infrastructure Risk Register

10.1 The item was received and discussed during item 5a.

11. BSW ICB Finance and Infrastructure Forward Planner

11.1 The Committee **noted** the item.

12. Any Other Business

12.1 There being no other business, the meeting closed at 11:14hrs.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	12b
Date of Meeting:	17 July 2025		

Title of Report:	Finance Report - BSW ICB and NHS ICS Revenue Position
Report Author:	Michael Walker, Finance Lead – System Planning
Board / Director Sponsor:	Gary Heneage, Chief Finance Officer
Appendices:	M2 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
BSW ICB Finance and Infrastructure Committee	2 July 2025	Review and discussion

1	Purpose of this paper
The purpose of the paper is to provide an update on the system financial position as at Month 2. At Month 2 the system is reporting £13.5m adverse to plan. The variance is driven by:	

1) Slippage of £8.9m on Group efficiency schemes. Not all planned savings have been identified at Month 2 within provider organisations. Mitigating actions are in place to look to improve future delivery. This includes weekly progress updates through the recovery board.
2) The system has not yet received c. £3.9m of Deficit support funding that was anticipated within plans. We expect to receive this in future months and it is therefore reflected within the forecast. Receipt is reliant upon improving run rates.
3) Other drivers include High-Cost drugs and changes in the exit run-rate.

Risk & Mitigations - As part of 25/26 planning, organisations identified a net risk of £34m to delivery of the plan. The plan relies on delivery of operational improvements to reduce the levels of NCTR, length of stay, improve elective recovery and manage urgent care demand. Progress is being made but the pace is not at the rate initially anticipated and is a factor in the year to date run rate.

The full-year forecast outturn position for the ICS has been reported at breakeven, but this will be reviewed on an ongoing basis.

2 Summary of recommendations and any additional actions required

The Board is asked to **note** the report and the Month 2 financial position of the system.

Alert, Assure, Advise	
Alert	• M2 YTD position across the system is a deficit of £13.5m excluding Deficit Support Funding (DSF) (M1: £6.3m (excluding DSF)). • The ICB has brought forward efficiencies and is reporting a surplus of £3.1m (although at this stage this is down to phasing). The provider group is reporting a £16.6m deficit. • The key drivers are: Ongoing UEC pressures, slippage against efficiency schemes, adverse income generation and exit run-rate impacts. • High cost drugs and devices continue to show an adverse variance and there are ongoing actions as part of recovery board to address this. • 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. • £18.5m of efficiencies in the plan are still unidentified.
Assure	• Recovery actions ongoing and will continue to be reported to the Recovery Board. • Working on route to break even with stretch targets and detailed recovery actions. Cashflows to be completed off the back of this.
Advise	• At Month 2, the ICB has updated the reported Prescribing position due to the receipt of the latest Drugs report. The latest information indicates a £1.5m benefit compared to March 25 estimates. This has been used to eliminate the ICB unidentified CIP. • The reported position excludes the application of Deficit Supporting Funding (£3.9m YTD, £23.4m per 25/26 planning). • 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.	

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

NHS BSW ICS Finance Report

May 2025 (Month 2) – Public Session

Key issues for escalation

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

Alert, Assure, Advise	
Alert	• M2 YTD position across the system is a deficit of £13.5m excluding Deficit Support Funding (DSF) (M1: £6.3m (excluding DSF)). • The ICB has brought forward efficiencies and is reporting a surplus of £3.1m (although at this stage this is down to phasing). The provider group is reporting a £16.6m deficit. • The key drivers are: Ongoing UEC pressures, slippage against efficiency schemes, adverse income generation and exit run-rate impacts. • High cost drugs and devices continue to show an adverse variance and there are ongoing actions as part of recovery board to address this. • 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. • £18.5m of efficiencies in the plan are still unidentified.
Assure	• Recovery actions ongoing and will continue to be reported to the Recovery Board. • Working on route to break even with stretch targets and detailed recovery actions. Cashflows to be completed off the back of this.
Advise	• At Month 2, the ICB has updated the reported Prescribing position due to the receipt of the latest Drugs report. The latest information indicates a £1.5m benefit compared to March 25 estimates. This has been used to eliminate the ICB unidentified CIP. • The reported position excludes the application of Deficit Supporting Funding (£3.9m YTD, £23.4m per 25/26 planning). • It is possible that formal intervention will be taken by NHS England.

Financial metrics

NHS
Bath and North East Somerset, Swindon and Wiltshire

	Key metrics	GWH	RUH	SFT	ICB
Cash releasing CIP drivers	Unidentified FY CIP (Including Group target) (£)	(£5.7m)	(£9.2m)	(£3.6m)	£0.0m
	Total WTEs vs YTD plan	On track	Off track	Off track	On track
	Total WTE £ vs YTD plan	(£2.6m)	£(2.9)m	(£0.7m)	-
	Agency and bank spend vs YTD trajectory	Off track	Off track	Off track	n/a
	Total bed occupancy vs plan	4.3%	2.7%	(0.4)%	n/a
	Drug Pressures, including: NCSO/CATM Primary care prescribing cost pressures YTD (£)	(£0.3m)	(£0.2m)	(£0.2m)	£1.5m
Cash	Current month actual cash balance vs plan: Above/(Below) planned level	£19.6m	£5.1m	£19.7m	£12.3m
	Forecast cash balance vs plan	On track	On track	On track	On track
Capital	YTD delivery vs plan (CDEL)	£1.0m	£0.8m	-	-
	Forecast delivery vs plan	On track	On track	On track	On track
Run rate	YTD deficit/surplus extrapolated for the full year (straight-line) Surplus/(Deficit)	(£33.8m)	(£43.5m)	(£22.9m)	£19.2m
Delivery	YTD Surplus/(Deficit) vs plan	(£5.6m)	(£7.2m)	(£3.8m)	£3.2m
	YTD CIP delivery vs plan	(£3.6m)	(£4.5m)	(£0.8m)	£0.9m
	YTD ERF vs baseline plan	£2.7m	-	£2.3m	-
	YTD Recurrent CIP	£1.3m	£1.2m	£0.6m	£2.8m
	Self assessment of net risk to full year forecast delivery	(£7.9m)	(£25.6m)	(£9.9m)	(£5.0m)
	Improvement trajectory	↓	↓	↓	↓↑

May 2025 (M2) 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	(5.6)	(5.6)		0.0	(7.2)	(7.2)		0.0	(3.8)	(3.8)		0.0	3.2	3.2		0.0	(13.5)	(13.5)	

Month 2 Adjusted YTD financial trajectory vs Actual:

- The system is reporting a £13.5m adverse variance against plan. This position excludes Deficit supporting funding (DSF) of £3.9m to Month 2 (FY £23.4m).
- The underlying position if deficit support funding is included would represent an adjusted variance of £9.5m adverse.

*** Financial values based on final reporting, as at 16th June**

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 of M2 Deficit

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

BSW System - M2 YTD

Summary heading	GWH £'m	RUH £'m	SFT £'m	**Group £'m**	ICB * £'m	**System £'m**
M2 Position	(5.6)	(7.2)	(3.8)	**(16.6)**	3.2	**(13.4)**
M2 Plan	0.0	0.0	0.0	**0.0**	0.0	**0.0**
M2 Variance (+ve = favourable)	**(5.6)**	**(7.2)**	**(3.8)**	**(16.6)**	**3.2**	**(13.4)**
Drugs	(0.3)	(0.2)	(0.2)	**(0.7)**	1.5	**0.8**
Unidentified Group savings	(0.6)	(0.7)	0.0	**(1.3)**		**(1.3)**
Non delivery of Identified local efficiencies	(2.6)	(3.8)		**(6.4)**	0.0	**(6.4)**
Sulis		(0.8)		**(0.8)**		**(0.8)**
Non Pay - Facilities Management		(0.5)	(0.6)	**(1.1)**		**(1.1)**
Temporary staffing reductions	(0.4)		(0.1)	**(0.5)**		**(0.5)**
Utilities			(0.2)	**(0.2)**		**(0.2)**
PY Outturn impact		(0.5)		**(0.5)**		**(0.5)**
Deficit support funding	(1.6)		(2.3)	**(3.9)**		**(3.9)**
Other	(0.1)	(0.8)	(0.4)	**(1.3)**	1.7	**0.4**

Notes:

- Drugs adverse variance has come down month on month (particularly at RUH)
- SFT group savings back-ended phased
- No deficit support funding in plan for RUH
- ICB drugs benefit of £1.5m relates to prior year and already factored into supporting position
- Group CIP under-delivery of £8.9m: £7.7m unidentified/non delivery & balance across other areas.

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

DRAFT Minutes of the BSW Commissioning Committee

Tuesday 17th June 2025, 09:30 – 12:30, 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– *from 10:17*
Gary Heneage	Chief Finance Officer –*until 11:55*
Sue Harriman	Chief Executive Officer – *from 10:00 until 11:55*

Attending:

Rachael Backler	Chief Delivery Officer – *until 11:55*
Richard Collinge	ICB Chief of Staff– *until 11:55*
Laura Ambler	ICB Executive Director of Place (BaNES)
Stephanie Elsy	ICB Chair
Mark Harris	ICB Director of Business Support– *until 11:00*
Gordon Muvuti	ICB Executive Director of Place (Swindon– *until 11:55*
Caroline Holmes	ICB Executive Director of Place (Wiltshire)

BSW ICB Interim Director for Planned Care, Cancer and Community Services – item 7
BSW ICB Assistant Director of Business Intelligence- Performance & Outcomes – item 6
BSW ICB Assistant Corporate Secretary (Minutes)

Apologies (members):

Will Godfrey	ICB Partner Member Local Authorities (BaNES)
Kate Blackburn	Director of Public Health - 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 were relevant for meeting business.

3. Minutes of the April 2025 Commissioning Committee

3.1 The Committee reviewed the minutes of its previous meeting on Tuesday 22nd April 2025 and approved them as an accurate record of the meeting.

4a. Action Tracker and Matters Arising

4a.1 The action tracker contained five actions, with updates added for the Committee to note. The following update was noted in meeting:

- Feedback about the first Commissioning Committee – Feedback continued to be welcome from Committee when matters arise. **CLOSED**
- Chief Delivery Officer to share the BSW Statement on Health Inequalities which includes data on oral health with the Non-Executive Director for Quality – **CLOSED**
- ICB Director of Business Support to bring a paper on screening delegation to a future meeting for further discussion – Item added to the Commissioning Committee Forward Planner for August 2025. **CLOSED**
- BaNES to consider how oversight of the S75 budget can be included in future updates– Item added to the Commissioning Committee Forward Planner for August 2025. **CLOSED**
- ICB Director of Business Support to ensure that public and community engagement considerations is included in the procurement workflow and reported in future updates - Included in procurement workflow tracker, continuing to engage with public. **CLOSED**

4b. Matters Arising

4b.1 The Committee noted a change with regards to a previously approved business case for Individual Placement Support, with regards to an envelope adjustment following further funding allocated by NHSE.

4b.2 Following the BSW ICB Finance and Infrastructure Committee meeting on Friday 13th June 2025, the Committee were briefed on two capital cases.

[Commercial in confidence]

6. Commissioning Assurance – taken as item 5

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 ICB's portfolios and highlighted:

- The report was now able to better demonstrate engagement within the activities and would continue to work on highlighting these activities.
- Armed Forces and Aging Well Summits are due to take place and there will be a focus to get stakeholder involvement from these groups.
- Elective Care work is developing in relation to the primary/secondary care interface and reviewing good practice from elsewhere.
- Ongoing work with Advice and Guidance to take pressure off GP practices, looking at direct referrals from A&G and rolling out in specialities across the three providers.
- Submission for a fourth Diagnostic Centre
- Sulis Orthopaedic Centre is now open and has commenced activity.
- Working with independent sector provider, to review criteria of who is eligible for weight loss drugs
- Children and Young Persons respiratory hubs - looking ahead to Winter 2025 and how any hubs may be commissioned.
- There are several Mental Health procurements that have been running in the first part of the year, which have now been completed.
- Primary care and dental arrangements have been agreed, new Dental triage contract awarded to Smile (independent sector)

6.2 The current Weight Management weight loss contract is managed by Oviva, who were accredited as a Right to Choose service. Virtual services have changed the dynamic of patient choice, which was in part influenced by geography, meaning that the provider is more likely to receive non-local referrals from across the country. This may have an unintended impact on those areas where additional capacity was now available (virtually) that had not been budgeted for including access to WeGOVY (weight loss drug). [Commercial in confidence]

6.3 The Committee discussed the purpose of the Mental Health and Wellbeing Partnership, noting that it is not a dedicated group at present but that there would be a partnership approach.

6.4 The Committee **noted** the paper and update.

5. Operational Performance- taken as item 6

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

- Alert for average ambulance handover delays - expected changes in June to reduce ambulance handover delays currently off plan going into year and going into May similar static position, with GWH showing the most challenges.
- ED 4-hour performance – national expectations to meet 78% performance across the system, current performance challenged particularly at RUH
- NCRT 4-hour performance impact - position continues to be challenged, SFT has highest NCRT percentage. Direction of travel is to focus on delay.
- Elective Care – Remainder of patients waiting over 65 weeks has improved since November. Focus on percentage of waits over 52% (target 1% currently at 1.9%) running under but improving.
- Diagnostic – Improvement in diagnostic performance, RUH is challenged with ambitious plan.
- MH – CYP challenging for last year, Improvement going into April increase of 511 patient accesses CYP MH. improvement and align plan for this year.
- Dementia diagnosis plan not met for 2425 challenges across all localities. Performance is 61% in April.
- LD – rate of inpatients, performance is static, reviewing actions behind plan to bring closer to plan and target.

5.2 The Learning and Disability figures overall remain static and mask that the discharge activity is still above plan. There are action plans in place for LDAN being worked on to understand what can be supported with national targets and supporting the delivery groups.

5.3 The Committee queried the ICB commitment to the plans and targets, assurance was if NHS Planning round means achieving targets relevant to that year from NHSE, the ICB do not commit to anything unachievable.
There is a need to capture non commissioning activity from the Bath/Swindon alliance understanding some of the cases are completed by the voluntary sector and therefore not shown in the performance data.

5.3 The Committee **noted** the paper and report updates understanding the key areas being worked on as part of performance.

7. Approach to Contracting with the Independent Sector

[Commercial in confidence]

8. Risk Register

8.1 The Committee received the Risk Register paper noting the summary is from the new online software which all portfolio teams contribute to. The commissioning risks are highlighted at committee meetings alongside risks with ICB resources as we move into the new phase noting the current recruitment freeze.

8.2 The Committee discussion acknowledges the pressure on the ICB to maintain business as usual whilst planning for the 50% reduction as a cluster whilst better understanding how future working with Dorset and Somerset ICBs may look.

8.3 The Committee **noted** the risk register and associated mitigations.

9. Model ICB Blueprint

9.1 The draft of the strategic framework has been reviewed at the BSW ICB Board following recent national publications including the model ICB blueprint and the strategic commissioning framework itself. Committee members were invited to comment on risks or concerns arising from the blueprint or the draft commissioning framework to inform development of the target operating model for the cluster.

It was noted that there have been changes to policy that indicate that the ICB will need to plan to retain some functions until either the 1st of April 2026 in the case of our winter duties or until legislative change.

9.2 The transition leads are leading the work in relation to developing a future target operating model and long-term cluster arrangements; there are significant difficulties associated with this work. The leads are working on the transition subcommittee discussions at the end of the month about what a long a long-term clustering arrangement for a cluster of three.

9.3 The Committee discussion highlighted the challenging timescales make harder to realise savings out this financial year uncertainty around funding for redundancy and working through and options being worked on.

9.4 The Committee **noted** the Model ICB Blueprint, and the risks and considerations set out in the paper.

10. BSW ICB Commissoning Committee Forward Planner

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

11. AOB

11.1 There being no other business, the chair closed the meeting at 12:05pm.

Next meeting of the BSW ICB Commissioning Committee

Tuesday 12th August 2025, 09:30- 12:30, via MS Teams

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	13a
Date of Meeting:	17 July 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 June 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
ICB Senior Management Group	04.06.2025 & 02.07.2025	ICB Senior Management reviewed performance risks
ICB Commissioning Committee	17.06.2025	Assurance
ICB Executive Management Meeting	18.06.2025	Review of performance across the oversight framework domains

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.

This report includes the new 25/26 operational plan metrics while still reporting on 24/25 metrics and delivery where appropriate.

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 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 deemed 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 Framework

2.1. The new NHS Oversight Framework 2025/26 has been published to provide a consistent and transparent approach to assessing Integrated Care Boards (ICBs), NHS trusts, and foundation trusts.

2.2. It will be a 1-year framework, to be reviewed in 2026/27 to incorporate work to implement the ICB operating model and to take account of the ambitions and priorities in the 10 Year Health Plan.

2.3. ICBs will not be segmented in 2025/26 due to the ongoing ICB transition, however ICBs will still be assessed through a statutory annual assessment, which reviews how well each ICB is performing its statutory duties. Providers will be scored against a focused set of metrics that targets the priorities set out in the 2025/26 NHS Operational planning guidance, and allocated a segment based on their performance from segment 1 (no support) to segment 5 (intensive support through the Provider Improvement Programme). ICBs in the Recovery Support Programme will continue to be assessed against their improvement plans (equivalent to segment 5). Segmentation for ICBs will resume in 2026/27. NHS England will assess organisations based on performance and leadership capability. Providers not achieving financial breakeven or surplus will be limited to segmentation level 3 or lower.

2.4. In 2024/25 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 July based on the 2025/26 framework.

2.5. BSW is receiving support from the NHSE regional team as part of the oversight framework segmentation and tiering with RUH in tiering for Cancer and Diagnostics performance; BSW has continued in NHSE Tier 2 (regionally led support) for UEC; and BSW have now exited shadow tiering for RTT but remain in regional oversight meetings.

2.6. The NHSE SW regional team has now implemented a new regime for performance oversight for 25/26. This involves weekly meetings with NHSE covering the following: UEC, Elective (RTT), Mental Health, Cancer and Diagnostics.

3. Operational performance exceptions

3.1. This report continues to monitor the 2024/25 NHS Operational plan metric performance where relevant and early performance for 2025/26 NHS operational plan metrics. These metrics are being reviewed regularly in terms of risk to meeting the targets set for the plan position, given recent performance and known concerns / challenges with improving performance to meet the plan trajectories and targets. 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 planned. Detailed exception reports on these items are reviewed and considered at the ICB Commissioning Committee.

3.2. **Urgent care** continues to be challenged, and we are not meeting many of our operational planning targets. 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 –** May A&E performance for BSW was 66.5%, which is an improvement on April performance (66.6%) however still below the plan of 72.6% by 6.1%. All three acutes performance improved in May. GWH improved by 0.7% to 70.3%, RUH improved by 0.3% to 58.5% and SFT improved by 1.0% to 70.0%. 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 –** BSW response time to Category 2 incidents in May improved by 5 minutes to 37 minutes. There has been a steady reduction in response time over the past 6 months with May's performance meeting plan. SWASFT overall contracted activity was slightly below plan for May. See and Convey to ED rate continues to perform well at 41.7%. Ongoing promotion of care co-ordination and more focussed daily calls to review call stacks are in place.

3.5. **UPDATED 25/26 METRIC Urgent Care – E.B.42 – Average Handover Delay Time (Mins) –** Combined performance for average handover delays reduced for the fourth month in a row, from 68 minutes in April to 65 minutes in May, however, remains 10 minutes above plan. GWH continues to be the most challenged of the 3 acute trusts, with an average of 102-minute delays (an increase of 7 minutes from April), RUH had an average of 58-minute delays (an improvement of 10 minutes from April) and SFT continued with the lowest delays, averaging 25-minute delays in May (an improvement of 2 minutes from April). Timely Handover Process (THP) and Wait 75 (W75) ambulance process commenced in November. Initial review undertaken, full evaluation of THP to be undertaken.

3.6. **Urgent Care – E.M.29 NCTR % Occupancy –** Overall BSW's NCTR occupancy fell from 19.3% in April to 19.1% in May. The highest NCTR occupancy % in May is at SFT at 21.2%. IPC outbreaks have reduced the available bed base. Focus on operational management of discharges continues with daily NCTR meetings in place with all providers to review all patients on P1-P3 to understand next steps and discharge plans with daily pathway targets set to support reduction of NCTR and increase the number of discharges.

3.7. **Elective Care** performance for 25/26 is already challenging to deliver the elective plans. RUH are underperforming for Cancer and Diagnostics and have highlighted a decline in performance in June. This is being monitored in oversight with NHSE and assurance for returning to plan levels is being sought.

3.8. **Elective Care – E.B.27 Cancer – 28 Days Faster Diagnosis Standard –** Cancer waiting time reporting for April shows BSW was below plan for the 28 day faster diagnostic standard with performance at 73.2%, below the national standard of 78%. GWH performance was at 80.4% and they continued to meet their plan. SFT performance decreased to 73.8% in April and RUH performance decreased to 67.2%, with both trusts continuing to fall below plan. RUH continue in tiering for cancer where key recovery actions to increase activity and reduce waiting times are being monitored.

3.9. **Elective Care – E.B.35 Cancer – 62 Day Referral to Treatment Standard –** The 62-day combined performance (BSW Acutes – all patients) reduced in April to 68.6%, which is 3.8% below plan. All 3 acutes performance reduced in April, with only RUH meeting plan. GWH performance was 70.8% in April (0.4% below plan), SFT performance was 61.5% in April (16.0% below plan) and RUH performance was 72.3% in April (1.8% above plan). Executive focus and oversight for the recovery plans continues via the Elective Delivery Group.

3.10. **Elective Care – E.B.28 Diagnostics - % of WL > 6 Weeks – 9 Key Modalities – Diagnostics –** BSW Acutes – all patients performance was 21.1% in April, an increase of 3.4% from March. All three acutes were above plan in April; GWH by 0.3%, RUH by 5.1% and SFT by 4.6%. RUH continue in tiering for diagnostics, remedial action plans continue in place across the modalities including waiting list initiatives, insourcing and maximising CDC capacity. The DM01 total position is 21.8% in April and when benchmarked against National (all providers) performance, is above both the national average of 21.2% and region average of 20.5%.

3.11. **UPDATED 25/26 METRIC Elective Care – NEW E.M.38 Outpatient Follow Up % –** Outpatient follow-up attendances decreased slightly in May, at 48.3% compared to 48.4% in April however is still meeting plan, performing 1.5% above trajectory. In May all three acutes were performing above plan; GWH by 1.0%, RUH by 2.3% and SFT by 1.2%. PIFU is inconsistent at speciality level and 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 –** In April the 3 Acutes had 45 people waiting over 65 weeks. Local reporting (25/6/25) expects 47 patients (BSW acutes) to be waiting longer than 65 weeks at the end of June, with the highest reason being cited as capacity. Of the 47 expected; 25 are at GWH, 19 are at RUH and 3 are at SFT.

3.13. **Primary Care –** ICBs were asked to put in place an Action Plan for General Practice to improve timely access and patient experience, with the national focus on tackling unwarranted variation and Improving contract oversight, commissioning and transformation. The Plan sets out actions, expected outcomes, measurement, delivery confidence, key risks and mitigations and support requirements from NHSE. The Action Plan will be based on the General Practice Dashboard and will reference the Secretary of State General Practice Outlier Pack and local Primary Care Demand Management Dashboard and BSW ICB soft intelligence about our 83 General Practices. A draft Action Plan was shared with PCOG, PCEG and submitted to NHSE.

3.14. **Primary Care – E.D.19 Appointments in General Practice –** Performance fluctuated throughout 24/25 however BSW delivered 105.1% of plan across the year. 526,525 GP appointments were held across BSW in April 2025, falling below plan by 47,056.

3.15. **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 were below plan in March 2025. The ICB is working to deliver the Government plan to recover and reform NHS dentistry. The overall NHS dental market in BSW is stabilising and the focus is now on population need and resource and Actions underway include a project to understand dental activity needs by patient demographics enabling focus on core 20 plus and deprived populations and reviews to support delivery of the planned additional urgent care appointments.

3.16. **Primary Care – E.D.24 Units of Dental Activity Delivered –** Although performance fluctuated throughout 24/25, units of dental activity delivered in March was 79,120, finishing the year 3,695 above target. Units of dental activity delivered across the year, at year end, in BSW is 98.4% of plan. For 25/26 we will be reporting the new national target to deliver additional Urgent Dental Appointments. As of May 2025, BSW ICB is delivering 102% of Government's urgent care target and is ranked 1st in the country. Expressions of interest for BaNES provision of urgent care will be reviewed in July.

3.17. **Mental Health – E.H.9 CYP Mental Health Access –** CYP access (12-month rolling) in April is 9,625 people which is above planning target by 511 and continues to demonstrate an increase on previous months. 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.

3.18. **Mental Health – E.A.S.1 Dementia Diagnosis Rate –** Performance in May is 60.9%, a reduction in performance of 0.1% from April and remains below the national target of 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.

3.19. **Mental Health – E.A.4 Talking Therapies (TT) – Number of Adults Receiving a Course of Treatment –** 5,525 people had completed a course of treatment in 12 months to April, not meeting the plan of 5,658 by 133 but showing improvement over the last few months. 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.

3.20. **Mental Health – E.A.4a Talking Therapies – Reliable Recovery Rate –** Reliable Recovery Rate was 51.0% in April 2025, an improvement of 2.0% on March. Performance is above plan

for April by 3.0% and above the national expectation of 48%. 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.

3.21. **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 an increase between April (36) and May (37) (rate per million), which is expected to still be above plan. There continues to be a reduction in the number of inpatients who are experiencing a delay to their discharge. Our focus on improving our Provider Collaborative commissioned adult beds has seen a reduction in input numbers and we are now ahead of reduction trajectory. A thematic review of CYP admissions is underway and the findings and recommendations are expected to be presented to the LDAN Delivery Group in July. Implementation of a Digital Dynamic Support Register solution to increase system oversight of people with a Learning Disability or who are Autistic is expected by September 2025.

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 and has been in general reducing through the last year.

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 overall month.

5.3. Bank usage is currently below planned but continues to fluctuate monthly. This alongside high-cost agency is a key driver in workforce spend above plan.

5.4. Reported vacancy rate 4.65% in May ’25. Trusts have reset their establishments and to reflect current working skill mixes and align to budget. This is reviewed with trusts to ensure accuracy and consistency.

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 May it was reported as 10.41% across the ICB acutes. In month turnover within providers is also below target alongside the rolling turnover.

5.7. Further interrogation and detail 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
July 2025

ICB Board, 17/07/2025

BSW Operational Performance Dashboard

NHS
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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 focussed on the NHS operational plan metrics and wider oversight metrics against the targets set out in the BSW 2024/25 Operating Plan or the 2025/26 operating plan depending on the metric reporting lag.

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.

We will update to include the 25/26 NHS Oversight Framework, aligning all metrics, once published at the end of Q1 2025/26.

July 2025 Please note the dashboard is moving to a new NHS Oversight Framework and between the 2024/25 and 2025/26 NHS Operating Plan targets.

The reporting tool that underlies the dashboard will continue to be updated to support these changes over the next couple of months and in the meantime not all metrics, or plans, may be reported. We may also hide any outdated information to avoid confusion.

Community Metrics – the data for the community metrics is impacted by the transfer of services to HCRG impacting national submissions for March and the HCRG cyber incident in February 2025 stopping HCRG reporting until their data warehouse is rebuilt. HCRG report that data flows will return gradually starting in Q2.

What are summary icons?

Summary icons provide an instant view of how a specific metric is performing using symbols for variation and assurance. Variation shows if there are any trends in the most recent data and assurance shows how the metric is performing in relation to a target.

Assurance Icons

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

The current process will hit and miss the target as the target lies between process limits.

The current process is not capable and will fail the target if nothing changes.

Assurance cannot be given as there is no target.

Or blank

Variation Icons

Special cause variation of an improving nature.

Common cause variation, no significant change.

Special cause variation of an concerning nature.

Not enough data for an SPC chart, so variation cannot be given.

Special cause variation where up or down is not necessarily improving or concerning.

Or blank

NHS Oversight Framework 2025/26

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

- The new NHS Oversight Framework 2025/26 has been published to provide a consistent and transparent approach to assessing Integrated Care Boards (ICBs), NHS trusts, and foundation trusts. It has been developed with input from NHS leadership, staff, representative bodies, and think tanks through two public consultations.
- It will be a 1-year framework, to be reviewed in 2026/27 to incorporate work to implement the ICB operating model and to take account of the ambitions and priorities in the 10 Year Health Plan, and focuses on public accountability, performance improvement, and support for providers.
- ICBs will not be segmented in 2025/26 due to ongoing transformation efforts, however ICBs will still be assessed through a statutory annual assessment, which reviews how well each ICB is performing its statutory duties. Providers will be scored against a focused set of metrics that targets the priorities set out in the 2025/26 NHS Operational planning guidance, and allocated a segment based on their performance from segment 1 (no support) to segment 5 (intensive support through the Provider Improvement Programme). ICBs in the Recovery Support Programme will continue to be assessed against their improvement plans (equivalent to segment 5). ICBs in the Recovery Support Programme will continue to be assessed against their improvement plans (equivalent to segment 5). Segmentation for ICBs will resume in 2026/27.

NHS Oversight Framework 2024/25

- The existing oversight framework continued and 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.
- NHSE ran a **Q2 review in October 2024**, and requested updates from the ICB against the previously identified areas of concern, noted below. We have been informed that there will be no changes to the ratings following the Q2 review.

2024/25 Q2	BSW ICB	GWH	RUH	SFT	AWP
Overall Rating by segment 1-4	3	2	3	3	3
Areas in which improvement and further assurance is required	• Elective – diagnostics • Mental Health CYP Access, CYP Eating Disorders, Talking Therapies and Dementia • Finance - efficiency, stability and agency spend • Virtual Wards • Urgent community response	• Finance - efficiency, stability and agency spend • Elective – diagnostics • Quality – CQC Maternity– Requires improvement • Cancer – 62 day backlog	• Cancer – 62 day • Finance - efficiency, stability and agency spend • Elective – diagnostics	• Finance - efficiency, stability and agency spend • Cancer – 28 day Faster Diagnostic Standard	• Workforce – Leaver Rate and Senior Leadership roles • Quality – CQC overall – Requires improvement • Agency spend
NHSE Tier 2 support:	UEC		Cancer and Diagnostic		

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

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

Oversight of operational plan metric performance in terms of risk to meeting the year end plan position is shown below. Where there are multiple related metrics, core metrics have been identified for each area. More information on the metrics in the Alert and Advise sections is provided in the following slides.

The metrics in the matrix reflect the 25/26 operational plan metrics where it has been possible to update the reporting. The remainder will be added to the matrix or converted to the new format as they begin to be reported. Where the allocation reflects the 2024/25 plan delivery (and potentially not the 2025/26 trajectory), this is noted with the date.

	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 24/25	CYP Mental Health Access	LD - Inpatients (Rate per Million) All Age
	Ambulance – Average Handover Delay Time (Mins)		% of resident population seen by an NHS dentist - Child - 12 month rolling 24/25	Dementia Diagnosis Rate	
	NCTR % Occupancy				
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 24/25	Talking Therapies - Number of Adults Receiving a Course of Treatment	
	Ambulance - Average Response Time (Mins) Category 2 Incidents	Cancer - 62 Day Referral to Treatment Standard	UCR Referrals 24/25*	Inappropriate Acute Mental Health Out of Area Placements 24/25	
		RTT Long Waiters – % 52+ Weeks	Community Waiting List >52 Weeks 24/25*	Access to Transformed Community Mental Health Services	
Assure **- performance meeting plan** **- lower risk of not meeting year end target**		RTT Long Waiters – % < 18 Weeks	Hospital @ Home: Average Occupancy % 24/25*	Specialist Community Perinatal Mental Health Access	LD - % Annual Health Checks Carried Out 24/25
		Outpatient Follow-Up %	% lower GI suspected cancer referrals with FIT result	SMI Health Checks % 24/25	
			GP Appointments	Talking Therapies - Reliable Recovery Rate	
				Length of stay for Adult Acute Beds	
				Number of people accessing Individual Placement and Support	

* Community data is not being updated until HCRG reporting commences

BSW Integrated Performance Dashboard

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URGENT CARE

Metric	Group		Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
% Discharged by 5pm	ALL_ICB - ACUTE TOTAL		May-25	65.2%	65.6%	▲				▲		
4 Hour % - Total Attendances	ALL_ICB - ACUTE TOTAL		May-25	66.0%	66.5%	▲	72.6%	No	78.0%	▲		
4 Hour % - Total Attendances aged <18	ALL_ICB - ACUTE TOTAL		May-25	79.4%	79.8%	▲			95.0%	▲		
4 Hour % Total Attendances (Uplift)	ALL_ICB - ACUTE TOTAL		May-25	67.1%	67.9%	▲			78.0%	▲		
Ambulance - Average Handover Delay Time (mins)	ALL_ICB - ACUTE TOTAL		May-25	68	65	▼	55	No	45	▼		
Ambulance - Average Response Time (Mins) Category 2 Incidents	BSW COMMISSIONER TOTAL		May-25	42	37	▼	37	No	30	▼		
Ambulance - Total Conveyances	ALL_ICB - ACUTE TOTAL		May-25	5,680	5,701	▲				▼		
Average days between DRD and discharge	ALL_ICB - ACUTE TOTAL		Jun-25	9	7	▼	7	Yes		▼		
Average LoS - Non-elective spells (acute)	ALL_ICB - ACUTE TOTAL		Jun-25	7	7	▲	7	No		▼		
Average number of adult patients in an acute hospital bed for 21+ days	ALL_ICB - ACUTE TOTAL		May-25	236	241	▲				▼		
NCTR % Occupancy	ALL_ICB - ACUTE TOTAL		May-25	19.3%	19.1%	▼			10.0%	▼		
NCTR Beds Occupied	ALL_ICB - ACUTE TOTAL		May-25	280	276	▼				▼		
Patients discharged on discharge ready date	ALL_ICB - ACUTE TOTAL		May-25	81.7%	82.8%	▲	86.2%	No		▲		
Total attendances at all type A&E departments.	ALL_ICB - ACUTE TOTAL		May-25	26,589	27,533	▲	28,187	Yes		▼		

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

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

OCCUPANCY

Metric	Group		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 %	ALL_ICB - ACUTE TOTAL		May-25	95.7%	96.4%	▲			92.0%	▼		
G&A Bed Occupancy - Paeds %	ALL_ICB - ACUTE TOTAL		May-25	66.7%	66.7%	◀▶				▼		
G&A Bed Occupancy - Total %	ALL_ICB - ACUTE TOTAL		May-25	94.3%	95.0%	▲	97.5%	Yes		▼		

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ELECTIVE CARE

Metric	Group		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	BSW COMMISSIONER TOTAL		Apr-25	76.1%	73.2%	▼	77.7%	No	77.0%	▲		
Cancer - 31 Day Decision to Treat to Treatment Standard	BSW COMMISSIONER TOTAL		Apr-25	89.9%	90.3%	▲	90.4%	No		▲		
Cancer - 62 Day Referral to Treatment Standard	BSW COMMISSIONER TOTAL		Apr-25	74.4%	66.7%	▼	71.8%	No	70.0%	▲		
Diagnostics - % of WL over 6 Weeks - 9 Key Modalities	BSW COMMISSIONER TOTAL		Apr-25	17.0%	20.4%	▲	18.6%	No	5.0%	▼		
Diagnostics - % of WL over 6 Weeks - All Modalities	BSW COMMISSIONER TOTAL		Apr-25	17.5%	21.0%	▲			5.0%	▼		
Outpatient Follow Up %	BSW COMMISSIONER TOTAL		May-25	50.8%	51.0%	▲			46.0%	▲		
RTT - % Waiting List < 18 Weeks	BSW COMMISSIONER TOTAL		Apr-25	62.4%	62.6%	▲	60.7%	Yes		▲		
RTT - % Waiting List < 18 Weeks for 1st Appointment	BSW COMMISSIONER TOTAL		May-25	62.8%	64.8%	▲	62.6%	Yes		▼		
RTT - % Waiting List 52 Weeks+	BSW COMMISSIONER TOTAL		Apr-25	1.9%	1.7%	▼	2.0%	Yes	1.0%	▼		
RTT - Incomplete Pathways	BSW COMMISSIONER TOTAL		Apr-25	106,625	106,462	▼	107,275	Yes		▼		

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QUALITY – Patient Safety

Quality dashboards are under review for 2025/2026

Metric	Group		Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
IPC c.Diff Infection Rate	BSW COMMISSIONER TOTAL		Mar-24	172.5%	168.8%	▼			100.0%	▼		
IPC E.coli Infection Rate	BSW COMMISSIONER TOTAL		Mar-24	136.8%	137.4%	▲			100.0%	▼		
IPC MRSA Infection Rate	BSW COMMISSIONER TOTAL		Mar-24	5	5	◀▶			0	▼		
Mixed-Sex Accomodation Breaches	BSW COMMISSIONER TOTAL		Mar-25	707	604	▼				▼		
Number of Complaints	ALL_ICB - ACUTE TOTAL		Feb-25	88	21	▼				▼		
Number of Never Events	ALL_ICB - ACUTE TOTAL		Mar-25	1	1	◀▶			0	▼		
Number of PALS	ALL_ICB - ACUTE TOTAL		Feb-25	168	6	▼				▼		
SHMI Rating (Summary Hospital Level Mortality Indicator)	ALL_ICB - BY ACUTE	GWH	Nov-24		2					▼		
SHMI Rating (Summary Hospital Level Mortality Indicator)	ALL_ICB - BY ACUTE	RUH	Nov-24		2					▼		
SHMI Rating (Summary Hospital Level Mortality Indicator)	ALL_ICB - BY ACUTE	SFT	Nov-24		2					▼		

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

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QUALITY – Patient Experience

Quality dashboards are under review for 2025/2026.

Metric	Group		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		Jan-25	91.0%	0.0%	▼				▲	L	
Friends and Family Test (Maternity - Post Community) Percentage Positive	BSW COMMISSIONER TOTAL		Jan-25	0.0%	0.0%	◀▶				▲	L	
Friends and Family Test (Mental Health) Percentage Positive	BSW COMMISSIONER TOTAL		Jan-25	88.0%	81.0%	▼				▲		
GP Appointments Percentage With Good Experience - Annual	BSW COMMISSIONER TOTAL		Dec-23		59.7%					▲		

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PRIMARY CARE

Metric	Group		Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Planning Target	Improvement Direction	Variation	Assurance
GP Appointments	BSW COMMISSIONER TOTAL		Apr-25	547,581	507,948	▼	573,581	No		▲		
GP appointments where time from booking to appointment was two weeks or less %	BSW COMMISSIONER TOTAL		Apr-25	85.4%	84.2%	▼			85.0%	▲		
IIF: Primary Care - % Lower GI Suspected Cancer referrals with an accompanying FIT result (CAN-02)	BSW COMMISSIONER TOTAL		May-25		76.9%		80.0%	No		▲		
Percentage of resident population seen by an NHS dentist - Adult - 24 month rolling	BSW COMMISSIONER TOTAL		Mar-25	28.5%	28.6%	▲	35.2%	No		▲		
Percentage of resident population seen by an NHS dentist - Child - 12 month rolling	BSW COMMISSIONER TOTAL		Mar-25	53.1%	53.7%	▲	61.5%	No		▲		
Units of dental activity delivered	BSW COMMISSIONER TOTAL		Mar-25	76,564	79,120	▲				▲		

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MENTAL HEALTH

Metric	Group		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		Apr-25	6,290	6,375	▲			6,114	▲		
Average length of stay for Adult Acute Beds	BSW COMMISSIONER TOTAL		Apr-25	66	65	▼	77	Yes		▼		
CYP Mental Health Access	BSW COMMISSIONER TOTAL		Apr-25	9,280	9,625	▲	9,114	Yes	13,830	▲		
Dementia Diagnosis Rate	BSW COMMISSIONER TOTAL		May-25	61.0%	60.9%	▼			66.7%	▲		
* Inappropriate Acute Mental Health Out of Area Placements	BSW COMMISSIONER TOTAL		Apr-25	5	5	◄►	1	No	0	▼		
Number of people accessing Individual Placement and Support	BSW COMMISSIONER TOTAL		Apr-25	500	495	▼	495	Yes		▼		
SMI Health Checks %	BSW COMMISSIONER TOTAL		Mar-25		63.0%		61.0%	Yes	60.0%	▲		
Specialist Community Perinatal Mental Health Access	BSW COMMISSIONER TOTAL		Apr-25	1,130	1,115	▼	1,100	Yes	985	▲		
Talking Therapies - Number of Adults Receiving a Course of Treatment	BSW COMMISSIONER TOTAL		Apr-25	5,235	5,525	▲	5,658	No	9,651	▲		
Talking Therapies - Reliable Improvement Rate	BSW COMMISSIONER TOTAL		Apr-25	71.0%	72.0%	▲	67.1%	Yes	67.0%	▲		
Talking Therapies - Reliable Recovery Rate	BSW COMMISSIONER TOTAL		Apr-25	49.0%	51.0%	▲	48.0%	Yes	48.0%	▲		

* Inappropriate Acute Mental Health Out of Area Placements data is suppressed to quantities of 5. A record of 5 therefore means 1 to 5.

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LEARNING DISABILITY AND AUTISM

Metric	Group		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	BSW COMMISSIONER TOTAL		Mar-25	67.6%	75.8%	▲	75.0%	Yes	75.0%	▲		
LD - Adult Inpatients - Total (Rate per million)	BSW COMMISSIONER TOTAL		May-25	36	38	▲			30	▼		
LD - Children Inpatients - Total (Rate per million)	BSW COMMISSIONER TOTAL		May-25	36	36	◀▶	31	No	10	▼		
LD - Inpatient care for adults with a learning disability	BSW COMMISSIONER TOTAL		May-25	11	12	▲	12	Yes		▼		
LD - Inpatient care for autistic adults	BSW COMMISSIONER TOTAL		May-25	15	15	◀▶	13	No		▼		
LD - Inpatients (Rate per million)	BSW COMMISSIONER TOTAL		May-25	36	37	▲			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.

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WORKFORCE

Metric	Group		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		May-25	1.0%	1.0%	◀▶			2.0%	▼		
Bank Usage % - all staff	ALL_ICB - ACUTE TOTAL		May-25	5.9%	5.9%	◀▶			4.0%	▼		
Sickness Rate - 12m	ALL_ICB - ACUTE TOTAL		May-25	4.4%	4.4%	◀▶			4.0%	▼		
Sickness Rate - in month	ALL_ICB - ACUTE TOTAL		May-25	4.1%	4.0%	▼			4.0%	▼		
Turnover Rate - 12m	ALL_ICB - ACUTE TOTAL		May-25	10.5%	10.4%	▼			12.0%	▼		
Turnover Rate - in month	ALL_ICB - ACUTE TOTAL		May-25	0.8%	0.7%	▼			1.0%	▼		
Vacancy Rate - all staff	ALL_ICB - ACUTE TOTAL		May-25	5.2%	4.6%	▼			6.0%	▼		

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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		May-25	89.0%	89.0%				0.0%	▼		
Agency Spend vs agency ceiling (% over plan YTD)	BSW NHS ICS - TOTAL		May-25	89.0%	89.0%				0.0%	▼		
Efficiencies % recurrent Actual	ALL_ICB - ACUTE TOTAL		May-25	32.0%	32.0%				79.0%	▼		
Efficiencies % recurrent Actual	BSW COMMISSIONER TOTAL		May-25	100.0%	100.0%				79.0%	▼		
Efficiencies % recurrent Actual	BSW NHS ICS - TOTAL		May-25	47.0%	47.0%				79.0%	▼		
Financial efficiency - variance from efficiency (?m YTD)	ALL_ICB - ACUTE TOTAL		May-25	£-8.9	£-8.9				0	▼		
Financial efficiency - variance from efficiency (?m YTD)	BSW COMMISSIONER TOTAL		May-25	£0.9	£0.9				0	▼		
Financial efficiency - variance from efficiency (?m YTD)	BSW NHS ICS - TOTAL		May-25	£-8.0	£-8.0				0	▼		
Financial stability - variance from plan (?m YTD)	ALL_ICB - ACUTE TOTAL		May-25	£-16.7	£-16.7				0	▼		
Financial stability - variance from plan (?m YTD)	BSW COMMISSIONER TOTAL		May-25	£3.2	£3.2				0	▼		
Financial stability - variance from plan (?m YTD)	BSW NHS ICS - TOTAL		May-25	£-13.5	£-13.5				0	▼		
Mental Health Investment - variance from plan (?m YTD)	BSW COMMISSIONER TOTAL		May-25	0	0				£1.0	▲		