Bath and North East Somerset, Swindon and Wiltshire Partnership
Working together for your health and care

BSW Partnership Board

Friday 23 July 2021, 9:00-12:00, Zoom meeting in public

Agenda

Time	Item no	Item title	Lead	Action	Paper ref.
9:00	1	Welcome and apologies	S Elsy		
	2	Declarations of interests	S Elsy	Note	
	3	Minutes of the previous meeting	S Elsy	Approve	ICSPB/21-22/011
	4	Action Tracker	S Elsy	Note	ICSPB/21-22/012
9:10	5	Questions from the public	S Elsy		
9:20	6	Chair's report	S Elsy	Note	verbal
9:25	7	SRO report	T Cox	Note	ICSPB/21-22/013
9:35	8	Deep dive: Children and Adolescent Mental Health Services across BSW	L Baker, J Fortune, V Lakkonen	Note	ICSPB/21-22/014 (presentation on the day)
10:00	9	ICS development: Provider collaboratives – Acute Hospital Alliance update on current collaborative working and intended developments	C Charles-Barks	Note	ICSPB/21-22/015
10:25		Break			
10:35	10	ICS development programme update • SOF MoU • BSW ICS development plan and progress	T Cox, B Irvine	Note	ICSPB/21-22/016
10:55	11	Integrated system performance report	T Cox, J-A Wales	Note	ICSPB/21-22/017
11:15	12	Transformation work streams updates	R Smale	Note	ICSPB/21-22/018
11:30	13	AOB • BSW Partnership Board forward plan 2021/22	S Elsy		ICSPB/21-22/019

Date of next meeting: 1 October 2021, 9:00-12:00, virtual

Glossary of Terms and Acronyms

Acronym /abbreviation	Term	Definition
ALOS	Average Length of Stay	An average of the length of time a patient stays in a hospital when admitted. May be averaged for all patients or those with specific medical or social conditions. ALOS has national and local planning implications.
	Ambulatory Care	Rapid access, immediate and urgent care where the patient can walk into a centre and be seen or be directly referred by a doctor, nurse or therapist to avoid the need to admit a patient.
AWP	Avon and Wiltshire Mental Health Partnership NHS Trust	Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is a significant provider of mental health services across a core catchment area covering Bath and North East Somerset (B&NES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. The Trust also provides specialist services for a wider catchment extending throughout the south west. http://www.awp.nhs.uk/
CAMHS	Child and Adolescent Mental Health Services	CAMHS are specialist NHS services. They offer assessment and treatment for children and young people who have emotional, behavioural or mental health difficulties.
CCG	Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
CHC	Continuing Healthcare	NHS Continuing Healthcare is free care outside of hospital that is arranged and funded by the NHS. It is only available for people who need ongoing healthcare. NHS Continuing Healthcare is sometimes called fully funded NHS care.

Acronym /abbreviation	Term	Definition
	Commissioning	Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a cycle of work from understanding the needs of a population, and identifying gaps or weaknesses in current provision, to procuring services to meet those needs.
DES	Directed Enhanced Service	Additional services that GPs can choose to provide to their patients that are financially incentivised by NHS England.
DTOC	Delayed Transfer of Care	Experienced by an inpatient in a hospital, who is ready to move on to the next stage of care but is prevented from doing so for one or more reasons. Timely transfer and discharge arrangements are important in ensuring the NHS effectively manages emergency pressures. The arrangements for transfer to a more appropriate care setting (either within the NHS or in discharge from NHS care) will vary according to the needs of each patient but can be complex and sometimes lead to delays.
ED	Emergency Department	An accident and emergency department (also known as emergency department or casualty) deals with life-threatening emergencies, such as loss of consciousness, acute confused state, fits that are not stopping, persistent and severe chest pain, breathing difficulties, severe bleeding that can't be stopped, severe allergic reactions, severe burns or scalds. https://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/AE.aspx
	Elective Care	Elective care is pre-arranged, non-emergency care which includes scheduled operations. It is provided by medical specialists in a hospital or another care setting.
EFR	Exceptional Funding Request	An Exceptional Funding Request (EFR) is the route by which A health professional can apply on a patient's behalf for treatments, drugs and devices (collectively referred to as interventions) that are not routinely funded by a CCG.
FOT	Forecast Outturn	The total projected balance remaining at the end of the financial year.
HWB	Health and Wellbeing Board	The Health and Social Care Act 2012 established Health and Wellbeing Boards as forums where leaders from the NHS and local government can work together to improve the health and wellbeing of their local population and reduce health inequalities.

Acronym /abbreviation	Term	Definition
H2/HIP2	Health Infrastructure Plan	A rolling five-year programme announced in October 2019 of investment in health infrastructure, encompassing: capital to build new hospitals, modernise primary care estates and invest in new diagnostics and technology.
ICA	Integrated Care Alliance	Integrated Care Alliances (ICAs) involve commissioners, providers and other organisations working together to improve health and care for residents' in one locality, often co-terminous with local authority boundaries, working across organisational boundaries by choosing to focus on areas which are challenging for all partners and agreeing a picture of future population needs. In BSW, there will be three ICAs – Bath and North East Somerset, Swindon and Wiltshire.
ICS	Integrated Care System	An Integrated care system (ICS) is a way of working across health and care organisations that allows them to work closer together to take collective responsibility for managing resources, delivering care and improving the health and wellbeing of the population they serve. ICSs will integrate primary and specialist care, physical and mental health services and health and social care
IG	Information Governance	Information Governance ensures necessary safeguards for, and appropriate use of, patient and personal information. Key areas are information policy for health and social care, IG standards for systems and development of guidance for NHS and partner organisations.
	Integrated Care	A concept that brings together the delivery, management and organisation of services related to diagnosis, treatment, care, rehabilitation and health promotion, in order to improve services in terms of access, quality, user satisfaction and efficiency.
KPIs	Key Performance Indicators	These are set out in contracts with providers and help to monitor performance. Examples of KPIs include length of stay in hospital for a particular treatment or how satisfied patients are with the care they receive.
LA	Local Authority	Local authorities are democratically elected bodies with responsibility for a range of functions as set out in government legislation. They have a duty to promote the economic, social and environmental wellbeing of their geographical area. This is done individually and in partnership with other agencies, by commissioning and providing a wide range of local services.

Acronym /abbreviation	Term	Definition
LES	Local Enhanced Service	Local scheme of additional services provided by GPs in response to local needs and priorities, sometimes adopting national NHS service specifications.
LMC	Local Medical Committee	LMCs are local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities. They interact and work with – and through – the General Practitioners Committee as well as other branches of practice committees and local specialist medical committees in various ways, including conferences.
LOS	Length of Stay	The time a patient will spend in hospital.
LPC	Local Pharmaceutical Committee	Local Pharmaceutical Committees (LPCs) represent all NHS pharmacy contractors in a defined locality. LPCs are recognised by local NHS Primary Care Organisations and are consulted on local matters affecting pharmacy contractors. In Swindon and Wiltshire, this is known as Community Pharmacy Swindon and Wiltshire. https://psnc.org.uk/swindon-and-wiltshire-lpc/
MDT	Multi-Disciplinary Team	A multidisciplinary team is a group of health care workers who are members of different disciplines (professions e.g. psychiatrists, social workers, etc.), each providing specific services to the patient.
	Non-elective care	Non-elective care is admitted patient care activity which takes place in a hospital setting where the admission was as an emergency.
OD	Organisational Development	Organisational development is a planned, systematic approach to improving organisational effectiveness and one that aligns strategy, people and processes. To achieve the desired goals of high performance and competitive advantage, organisations are often in the midst of significant change.
OPEL	Operational Pressures Escalation Levels	Framework system implemented by NHSE to provide a consistent approach in times of pressure.
	Primary Care	Healthcare delivered outside hospitals. It includes a range of services provided by GPs, nurses, health visitors, midwives and other healthcare professionals and allied health professionals such as dentists,

Acronym /abbreviation	Term	Definition
		pharmacists and opticians.
PCN	Primary Care Network	Primary care networks were introduced in January 2019 to encourage local GP practices to link up with other neighbouring practices to deliver care to groups of between 30,000 – 50,000 patients.
QOF	Quality and Outcomes Frameworks	The quality and outcomes framework (QOF) is part of the General Medical Services (GMS) contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of quality care and helps to fund further improvements in the delivery of clinical care.
	Secondary Care	Secondary care is the services provided by medical specialists, quite often at a community health centre or a main hospital. These services are provided by specialists following a referral from a GP, for example, cardiologists, urologists and dermatologists.
RTT	Referral to treatment	NHS England collects and publishes monthly referral to treatment (RTT) data, which are used to monitor NHS waiting times performance against the standards set out in the National Health Service Commissioning Board and Clinical Commissioning Groups

Bath and North East Somerset, Swindon and Wiltshire Partnership
Working together for your health and care

BSW Partnership Board

Friday 28 May 2021, 9:00-12:00, virtual Zoom meeting in public

DRAFT Minutes

Present

Members:
Stephanie Elsy, BSW ICS Chair
Tracey Cox, BSW ICS SRO
Alison Ryan, Chair, RHU
Cara Charles-Barks, CEO, RUH
Nick Marsden, Chair, SFT
Stacey Hunter, CEO, SFT
Liam Coleman, Chair, GWH
Kevin McNamara, CEO, GWH
Val Scrase, Managing Director, Virgin Care Wiltshire and BaNES
Stephen Ladyman, Chair, Wiltshire Health and Care (WHC)
Douglas Blair, Managing Director, Wiltshire Health and Care (WHC)
Charlotte Hitchings, Chair, AWP
Dominic Hardisty, CEO, AWP
Liz Rugg, CEO, Medvivo
Rob Appleyard, Cabinet Member Adult Social Care, B&NES Council
Becky Reynolds, Director Public Health, B&NES Council
Brian Ford, Cabinet Member for Adults & Health, Swindon Borough Council
Steve Maddern, Director Public Health, Swindon Borough Council
Sue Wald, Director Adult Social Services, Swin Borough Council
Jane Davies, Cabinet Member for Adult Social Care, SEND, Transition and Inclusion
Kate Blackburn, Director Public Health, Wiltshire Council
Kevin Peltonen-Messenger, CEO, The Care Forum
Gillian Leake, Chair, Healthwatch Wiltshire
Andrew Girdher, Chair, BSW CCG
Ian James, Lay Member, BSW CCG Governing Body
Ruth Grabham, Chair, BSW Population Health and Care Group
Alison Kingscott
Sheridan Flavin
Gareth Bryant, CEO, Wessex LMC
Natasha Swinscoe, Managing Director, WEAHSN
Ben Bennett, COO, WEAHSN
Dr Andy Smith, Executive Lead, SWASFT

Attending Officers:
Caroline Gregory, CFO, BSW CCG

In attendance and presenting specific items:
item 10, Julie-Anne Wales, Director of Corporate Affairs BSW CCG
item 12, Tamsin May, Deputy Director for Comms and Engagement BSW CCG
item 13, Gill May, Director of Nursing and Quality BSW CCG and Wayne de Leeuw, Chief Executive Dorothy House Hospice Care

Apologies
Alison Elliott, DASS, BaNES Council
Tony Fox, Chair SWASFT
Steve Maddern, Director of Public Health Swindon Council
Lucy Townsend, Director DCS and DASS, Wiltshire Council
Bernie Marden, Medical Director RUH

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 Chair welcomed members of the public who attended the meeting as observers.

2. Declaration of Interests

2.1 None declared.

3. Minutes of the BSW Partnership Board meeting 19 March 2021 (PB/21-22/001)

3.1 The Committee reviewed the minutes of its previous meeting and **approved** them as a true and accurate record of the meeting, subject to an amend to minute 7.5, quorum of the Partnership Board had been agreed as ‘community and mental health’.

4. Actions and Matters Arising (PB/21-22/002)

4.1 The Partnership Board reviewed the action log and received the following updates:

- 19 Apr 2021, focus of the PHCG: the PHCG was joining a national project run by Optum which would support focus on population health management;
- 19 Apr 2021, BSW Partnership MoU: partners to add signatures.

5. Questions from the public

5.1 The Partnership Board had received questions from the public. The Chair read out questions and summary responses. All questions and responses would be published on the BSW Partnership website.

6. Chair's report

6.1 The Partnership Board received and **noted** the Chair's verbal report about engagements and developments since the last meeting.

6.2 The report highlighted the following:

- The Chair was meeting with stakeholders across the system and had regular meetings with SW regional director; it was hoped that in view of the improving Covid situation, in-person meetings / visits with partners and services would increasingly become possible;
- The Chair was an active member of the networks of regional and national ICS Chairs, and was participating in NHS Confed work to influence ICS development, planning, and recovery;
- The Chair had attended and also spoken at a number of trade body and think tank events incl. speaking the Kings Fund and CIPFA.

7. SRO report (PB/21-22/003)

7.1 The Partnership Board received and **noted** the SRO's update report. The Partnership Board further noted a clarification that member organisations of the BSW Partnership made voluntary contributions to the ICS infrastructure budget – a recent HSJ story had incorrectly described these voluntary contributions as a membership fee.

8. ICS Development update

8.1 The Partnership Board received and **noted** an update on the latest developments with regards to the transition to a statutory ICS. The focus was on currently known national expectations regarding the governance of ICSs, including potential composition of the statutory ICS NHS Body Board, and the statutory ICS Partnership Forum. National guidance on significant aspects of the transition was delayed.

8.2 Discussion highlighted the following:

- Recognition that from a local authority perspective, the national legislative drive and design options were NHS-centric which had implications for e.g. the approach to determining extent and nature of local authority representation in ICS governance and decision-making structures; reaffirmed the intention to determine locally areas of focus and priority for transformation and improvement, in partnership and based on understanding the local populations' health and care needs;
- Recognition that the ICS would be evolving, and that national parameters needed to permit ICS governance and decision-making frameworks to adjust and adapt as may be required;
- The ICS development was a significant organisational change during an already extraordinary period for the health and care sectors; leaders needed to ensure that the workforce was supported through this period, and disruptions minimised;

- Communications to and with the public should aim to convey the anticipated benefits of the ICS development and of bringing together service providers to deliver innovative, integrated and all-encompassing care and health services;
- Clinical leadership and the patient voice were crucial to successful ICS development.

9. Integrated system performance report (PB/21-22/006)

9.1 The Partnership Board received the BSW system performance, quality and finance report to March 2021, which set out the system's performance against statutory targets and agreed prioritisations in view of performance data. The report highlighted areas of continuing challenge and concern. Discussion highlighted primary care pressures due to GPs supporting the vaccination programme; and a drop in diagnosis rates for people with dementia over the last year and variation in approach across BSW to coding dementia diagnoses. The work stream to investigate this further (**Action J-A Wales**).

9.2 BSW was seeking to address all performance concerns, however the demand that the system was facing, and the recovery targets posed significant challenges in and of themselves.

9.3 The Partnership Board received and noted the finance report which concluded the year 2020/21. Noted that 2020/21 had been an unusual year in terms of the financial regime that had been applied, with NHSE reimbursing Covid costs during the first six months, and additional funding during the remaining six months received to see systems through Covid. BSW had therefore closed the year with a small surplus. There were financial risks arising from a lack of clarity regarding the financial regime for H2 of 2021/22.

10. BSW system operating plan 2021/22 (PB/21-22/005)

10.1 ICSs had to prepare system operating plans for the first six months of 2021/22 for submission to NSHE. The BSW Partnership system plan was before the Partnership Board today, for consideration and approval. In presenting the plan, it was highlighted that the plan focussed on BSW transformation priorities and national priorities in anticipation of the national planning guidance.

10.2 The Partnership Board considered the plan; felt assured by the approach to creating the plan through designated expert teams, and scrutiny of the plan in locality forums and BSW Partnership executive, and noted the national and local transformation priorities set out in the plan. The Partnership Board **approved** the BSW system operating plan 2021/22. The Chair thanked all for the planning work; the final plan submission would be circulated to Partners. (**Action Secretariat**)

11. Transformation work streams, update report (PB/21-22/007)

11.1 The Partnership Board received highlight reports from the BSW Transformation programmes. Each highlight report provided more granular detail about transformation programme work underway per the BSW system operating plan, updated on delivery over the reporting period, and provided a headline assessment of risks, progress and key milestones per programme. Going forward, the report

format would be adapted to highlight exceptions. The Partnership Board **noted** the reports.

12. BSW Communications and engagement strategy (PB/21-22/008)

12.1 The Partnership Board received the BSW Communications and engagement strategy 2021/22 for approval; it had previously been considered and endorsed by the BSW Partnership Executive. This was the first such system-wide strategy for BSW, and had been developed in collaboration with Local Authorities, community services and partners across BSW. Communications and engagement were seen as critical enablers of the BSW work, which had been evidenced throughout the last year when significant communications campaigns had helped explain, promote, and signpost the public to health and care services available in BSW. The Voluntary, Charity and Social Enterprise sector had been recognised as a key partner in BaNES, Swindon and Wiltshire. Particular attention would be paid to engagement with communities regarding service development, and how best practice in this regard could be adopted in BSW.

Action (Secretariat, Communications and Engagement): Consider appending a glossary of commonly used acronyms to meeting agendas.

12.2 The BSW Partnership Board **approved** the strategy.

13. End of Life Care / Palliative Care Strategy (PB/21-22/009)

13.1 The Partnership Board received the Enhanced Palliative and End of Life Care Strategy for BSW ICS, which had been developed by the BSW Palliative and End of Life Care Oversight Group, in collaboration with providers, communities, and palliative specialists. Transformative care was based on an understanding of people's expectations and experience, and people across BaNES and Wiltshire had been surveyed for the purposes of developing the Strategy; surveys in Swindon and Salisbury were underway or planned and would usefully provide pre- / mid- / post-Covid perspectives.
It was reiterated that this was a system strategy for palliative care, not a hospice strategy. The Strategy before the Partnership Board aligned with national recommendations and national guidance.

13.2 The Partnership Board

- **approved** the BSW End of Life and Palliative Care Strategy, and the 8 recommendations outlined in the Strategy;
- **approved** the initial funding resource (£124,700 of non-recurrent funding) required to support oversight and delivery of the Strategy across the system;
- requested an update report on delivery and implementation of the Strategy in 6 months' time.

14. Any Other Business

14.1 There being no other business, the Chair closed the meeting at 12:00.

Item 4

BSW ICS Board Action Log business year 2021-22

updated following meeting on 28 May 2021

OPEN actions

Meeting Date	Item no. and title per agenda	Action	Responsible	Progress/update
28/05/2021	9, Integrated system performance report	Work stream to investigate further the drop in diagnosis rates for people with dementia over the last year, and variation in approach across BSW to coding dementia diagnoses	J-A Wales	14/07/2021: Dip in diagnoses is believed to be due to recording, not just a denominator change. We have a varied model where for example B&NES GPs don't record dementia diagnosis due to the commissioning of a different model involving the Research Institute for the Care of Older People (RICE). The plan is to do a total review of dementia and memory services to get under the skin of the target. This work will be led by the new AWP dementia lead (recruitment delay). There will be a dedicated work stream looking at this; offered report back on progress.
28/05/2021	10, BSW system operating plan 2021/22	Final plan submission would be circulated to Partners	Secretariat	14/07/2021: Complete, circulated
28/05/2021	12, BSW Communications and engagement strategy	Consider appending a glossary of commonly used acronyms to meeting agendas	Secretariat, Communications and Engagement	14/07/2021: Complete.
28/05/2021	13, End of Life Care / Palliative Care Strategy	Schedule an update report on delivery and implementation of the End of Life Care Strategy in 6 months' time.	Secretariat	14/07/2021: Complete, on the forward planner

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Report to:	**BSW Partnership Sponsoring Board**	**Agenda item:**	**7**
Date of Meeting:	**23 July 2021**		
Title of Report:	**SRO Update Report**		
Author:	**Tracey Cox** **Chief Executive BSW CCG & SRO BSW Partnership**		
Appendices	**None**		

1. National and Regional Developments

1.1 Publication of ICS Framework

The ICS design Framework was published on 16 June and a copy is available here. Further publications are expected shortly on the final Thriving Places guidance, a governance toolkit and the HR Framework.

The Health and Care Bill received its first airing in Parliament on Tuesday 6 July and its second reading on the 14 July. It is expected to reach Committee stage in September. A copy of the bill is available here.

Arrangements for the appointment of ICS Chairs and Chief Executive roles are being finalised, but we anticipate processes will be completed during August and September. These will be designate appointments until legislation is fully agreed through parliament.

1.2 Delays to GP Data Sharing Scheme

On 8 June the Government announced a two month delay to implementation of new data-sharing scheme, which will now go live on 1 September 2021.

The data-sharing plans were first announced by NHSD in mid-May. Under these, the agency will greatly increase the amount of GP held patient data it collects from primary care – such as information about patients' sex, ethnicity, sexual orientation, diagnoses, symptoms, observations, test results, medications and mental health.

The scheme has been criticised by privacy campaigners for failing to properly consult with patients amid fears the data could be used unlawfully. The data protection impact assessment (DPIA), which had been due to be published several weeks ago is still being finalised.

NHSD want an "active dialogue" with the public and state that the only way to achieve this on a national footprint is through the media and internet. Prior to implementation in September NHSD will use the time to talk to patients, doctors, health charities and others to strengthen the plan, build a trusted research environment, and ensure that data is accessed securely.

2. BSW Developments

2.1 BSW Executive Meeting – Friday 9 July 2021

At our last meeting the BSW Executive considered the following items:

- The System Oversight Framework and Memorandum of Understanding for 2021/22 (covered on today's agenda)
- An update on the BSW Financial Sustainability Plan
- The Outline Business Case for Sterile Services provision at GWH which requires emergency capital provision.
- An update on the BSW Population Health Management Programme
- The BSW Integrated Performance Report

2.2 Operational and Planning update

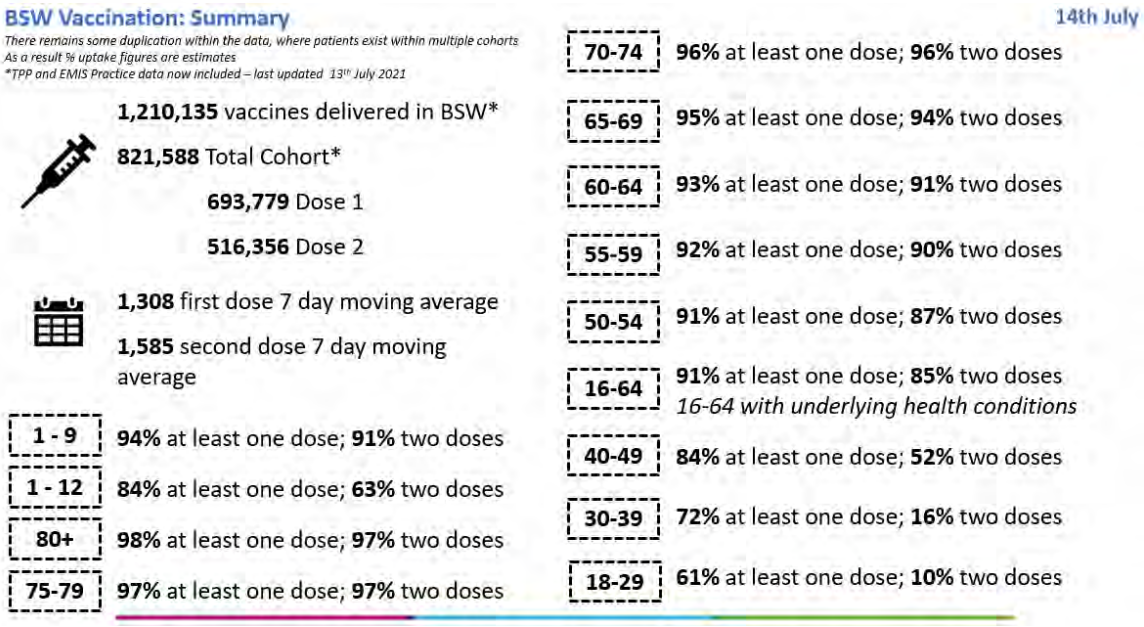
Our health and care system is facing significant pressures with regard to demand for services, workforce shortages, Covid-19 response and recovery (including the vaccination programme) and financial constraints. These challenges are being experienced by all partners including the voluntary sector, housing, education, social care, NHS111, primary, community and hospital care, mental health, ambulance services and the independent sector.

The combination of these factors is placing significant risk into the health and care system and we need to ensure we are responding in a robust and coordinated manner. Our response to these challenges for the period Oct 21 – March 22 will be set out in our BSW H2 plan. To assist BSW partners in bringing together our approach to planning for the second half of the year and to provide the collective assurance that our plans are robust, we have asked Libby Walters, Director of Finance at the RUH, to operate as Senior Responsible Officer for the production of the BSW H2 Plan. Libby will be supported by Julie-Anne Wales, Director of Corporate Affairs at the CCG, ensuring we have both the strategic leadership and capacity that we will be needed.

Current pressures and progress relating to recovery of services are described more fully in the integrated performance report included on today's agenda.

2.4 Mass COVID Vaccination Programme

A total of over one million vaccinations have been given in BSW as at 14 July 2021. Of these, 693,000+ have had a first dose and 516,000+ have had two doses. We are hoping to have achieved the target of vaccinating 60% of eligible people in cohort 11 very soon. We are expecting guidance regarding vaccination plans for 18 – 25 year olds. Vaccinations for 12–17 year olds will be commissioned from the children's immunisation service if approved. We are still waiting for advice regarding booster vaccinations but anticipate this being required between September and January with a particular focus on staff.



2.5 Urgent Care & Winter Director

We have appointed Heather Cooper to the role of Urgent Care & Winter Director. Many of you will know Heather from her role working with ECIST and more recently she has been on secondment to the Vaccination Programme working as Operations Director at Bath Racecourse Vaccination Centre. Heather will join us on 16 August.

2.6 Trowbridge Capital Development

Colleagues will recall that we have been waiting for final approval of the business case for Wave 4 Capital Funding to deliver in a minor injuries unit, community health, mental health and acute out-reach services to the Trowbridge locality (now known as West Wiltshire Centre for Health and Care). We have been informed that the full business case will now not be considered until late Autumn, after the 2021 Spending Review but that the DHSC remain fully committed to deliver this scheme. This is of particular concern as we are now ready to implement the scheme following anticipated approval at the Joint Investment Sub Committee at the end of May 2021. We have written to the DHSC and our local MPs to share our concerns about the delay and the potential implication of a delay in increasing significantly the scheme costs.

2.7 Working with Voluntary and Third Sector Partners

The ICS Design framework sets out that by April 2022, Integrated Care Partnerships and the Integrated Care Board will develop a formal agreement for engaging and embedding the VSCE sector in system level governance and decision making arrangements, ideally by working through a VSCE alliance to reflect the diversity of the sector.

There has been a recent meeting with representatives from Voluntary and Third Sector umbrella organisations across BSW to discuss ways of working in the ICS. The meeting was very positive with recognition there is good engagement and involvement at Place level and with our emergent Integrated Care Alliances. A further meeting will take place and discussions will consider how to create the appropriate infrastructure and support to enable partners to connect more easily and play a full role within the ICS. Colleagues at NHS England and Improvement are supporting us with this work.

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Meeting of the BSW Partnership Board

Report Summary Sheet

Report Title	ICS Development: Provider Collaboratives. Acute Hospital Alliance Update on Current Collaborative Working and Intended Developments.					**Agenda item**	9	
Date of meeting	23 July 2021							
Purpose	Note	x	Agree		Inform		Assure	
Author, contact for enquiries	Cara Charles-Barks, Senior Responsible Owner Ben Irvine, Programme Director (ben.irvine@nhs.net)							
Appendices	Appendix 1: Acute Hospital Alliance Briefing							
This report was reviewed by	Cara Charles-Barks, Senior Responsible Owner							
Executive summary	This briefing provides an update on the Acute Hospital Alliance (AHA), established in 2018 between the three acute hospital trusts within the Bath and North East Somerset, Swindon and Wiltshire (BSW) Partnership – Great Western Hospitals NHS Foundation Trust, Salisbury NHS Foundation Trust, and Royal United Hospitals Bath NHS Foundation Trust. The following areas are noted in the briefing: • The continued progress of the BSW Acute Hospital Alliance is in line with national policy and strategic direction, as described in *Integrating Care (Jan 2021)*, I*CS Framework guidance (June 2021),* and the recently published *Health and Care Bill (July 2021)*. It is anticipated that the forthcoming *Provider Collaboration Guidance*, *expected in July 2021*, will further support Provider Collaboration in BSW. • Recent AHA activity is described, including the development a refreshed work programme. • Next steps will include consideration by AHA Programme Board and Trust Boards of a proposal to strengthen governance arrangements to support programme delivery.							
Equality Impact Assessment	An AHA Programme Equality Impact Assessment is planned for September 2021; priority areas identified will be reflected in the next update.							

Public and patient engagement	The current AHA clinical programme approach incorporates public and patient involvement where possible. A recent example saw a number of expert patients being involved in a BSW Ophthalmology Strategy workshop, which was part of our BSW Clinical Teams programme.							
Recommendation(s)	The Committee is asked to **note** the report and the progress made to date on the Acute Hospital Alliance Provider Collaborative.							
Risk (associated with the proposal / recommendation)	High		Medium		Low	x	N/A	
Key risks	The development of the BSW Acute Hospital Alliance is in line with national policy and strategic direction. The programme is resourced and this paper sets out developments in working arrangements and governance designed to support successful delivery. The Acute Hospital Alliance identifies and manages risks associated with programme delivery.							
Impact on quality	The Acute Hospital Alliance clinical workstream is designed to improve clinical service effectiveness, patient experience and quality. The back office workstream aims to deliver value for money, quality and resilience of corporate services.							
Resource implications	This update does not have additional financial and / or staff implications. The Acute Alliance has a small core team in-post. A resource plan has been agreed for 2021-22.							
Conflicts of interest	None known.							
This report supports the delivery of the following BSW System Priorities:	☒ Improving the Health and Wellbeing of Our Population ☒ Developing Sustainable Communities ☒ Sustainable Secondary Care Services ☒ Transforming Care Across BSW ☒ Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							

Acute Hospital Alliance Provider Collaboration Briefing

1. Introduction and Journey So Far

First established in 2018, the Acute Hospital Alliance (AHA) is an active partnership between the three acute hospital trusts within the Bath and North East Somerset, Swindon and Wiltshire (BSW) Partnership – Royal United Hospitals Bath NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust, and Salisbury NHS Foundation Trust.
In the context of our developing BSW Partnership, in early 2020 the AHA deliberately adopted a Horizontal and Vertical lenses approach, recognising both the importance of working with partners in place, as well as the opportunities to work together at scale. In either axis the Trusts considered that together we can enhance overarching collaborative cohesion, recognising potential gaps, developing joined-up views, and focusing on delivery of small number of impactful changes. The Trusts work together on areas that support:

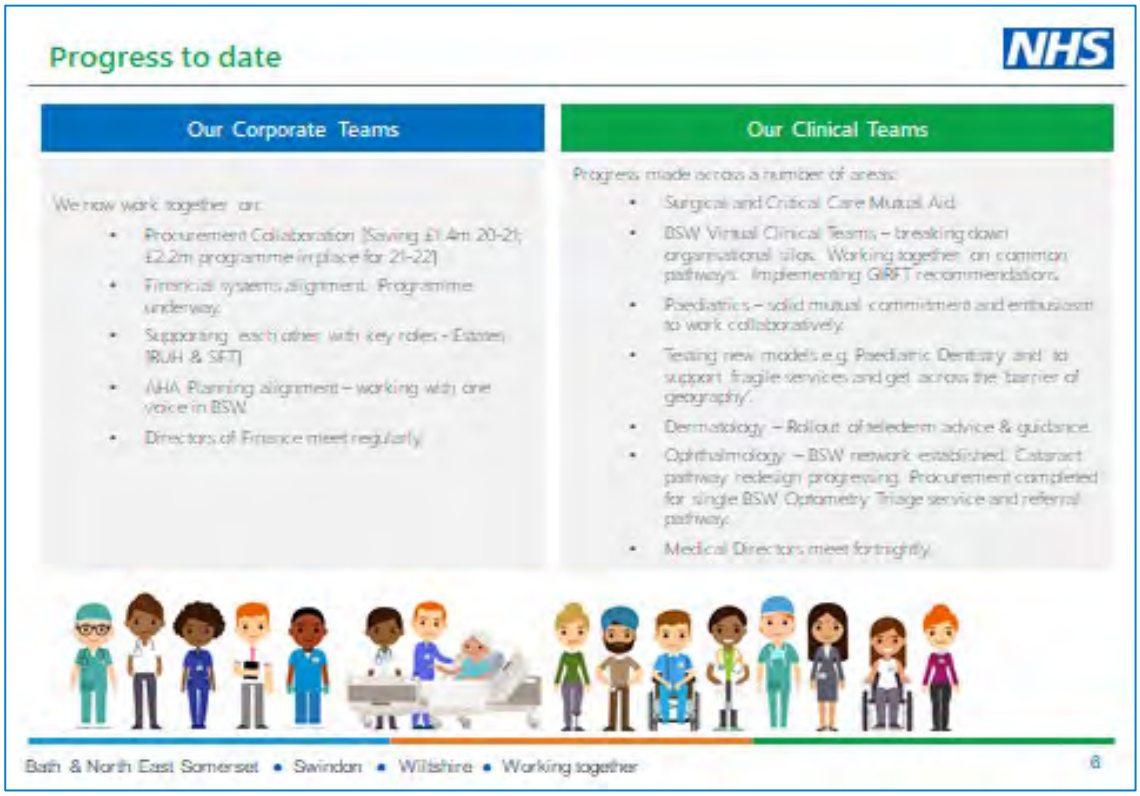
- *Equity* – for our local population
- *Sustainability* – for our services
- *Improvement* – to learn from each other to do better

The three organisations collaborate more closely now than they ever have before, and this closer working has accelerated over the last year with new leadership teams in place at the three organisations, and the shared challenge of responding to Covid-19 individually and collectively. The following features characterise how the AHA Trusts now work together:

- *Transparency between organisations*; working together & learning from each other has become our start point.
- *Relationships between executive leads* – and with CCG, a foundation for collaboration, have improved significantly.
- *Leadership* – Executive Director sponsorship of key programmes to drive pace and visibility supported by clinical leadership where required.
- *Executive Teams – recruitment* to executive teams now features representation from us all to ensure we recruit to ensure system fit and alignment with our goals.
- *Clarity* - We are open with each other and acknowledge the 'red lines' for our organisations or places
- *Pace* - Genuine progress made across a number of areas.

As a result, the AHA has been able to add real value within BSW – for example by bringing back office functions such as procurement together to deliver economies of scale, and closer working within our clinical teams, provision of mutual aid, along with a new approach to a single waiting list and an aspiration to deliver clinical care in BSW-wide virtual clinical teams. ***Figure one*** below shows further details of progress made by the AHA.
The Trusts recognise there is much more we can do by working together to achieve our BSW ambition of empowering people to lead their best life, than we can do by acting as individual organisations. The AHA partnership will thrive through embedding an open culture and way of working between our organisations. We aim to speak with a single acute provider voice as we operate within the BSW Integrated Care System.

Figure One. AHA Progress



In the uncertain times we have lived through recently and will continue to experience, the AHA should offer stability along with a collective expertise to make a real difference to the system within which we operate and the lives of those we serve.
Our increasingly collaborative approach founded on strong relationships is enabling us to respond confidently and quickly to the developing ***national Integrated Care landscape*** and in particular the clear expectations in legislation and also guidance regarding ***Provider Collaboration***.

2. AHA and the Developing Integrated Care Landscape

The AHA held a series of workshops between February and May, supported by *NHS Providers*, which explored the AHA collaboration role in the developing BSW integrated care landscape – including reflection on how to harness our acute provider resources, capability and experience to best to enhance equity in access, sustainability and improvement of acute services, while also responding to place-based population health & wellbeing and wider economic development agenda. These workshops established:

1. Our AHA Narrative and Working Principles
2. Our AHA Work Programme – sessions helped refresh and refine our planned programme of work for the next two years.
3. Our AHA Programme Management Approach & Communications Strategy; and
4. A plan to review governance and assurance arrangements to ensure delivery.

3. National Expectations Regarding Provider Collaboration

The national provider landscape is developing and a number of publications provide some insight into expectations and potential working arrangements for Provider Collaboratives. BSW has been advised that the publication of detailed national Provider Collaboration guidance is due in late July. In the meantime, we can refer to details on Providers and Provider Collaboratives set out in *Integrating Care (Jan 2021)*, I*CS Design Framework guidance (June 2021),* and the recently published *Health and Care Bill (July 2021)*. The extract below sets out a few paragraphs from the *ICS Design Framework*. Further details are shown in ***Appendix one***.

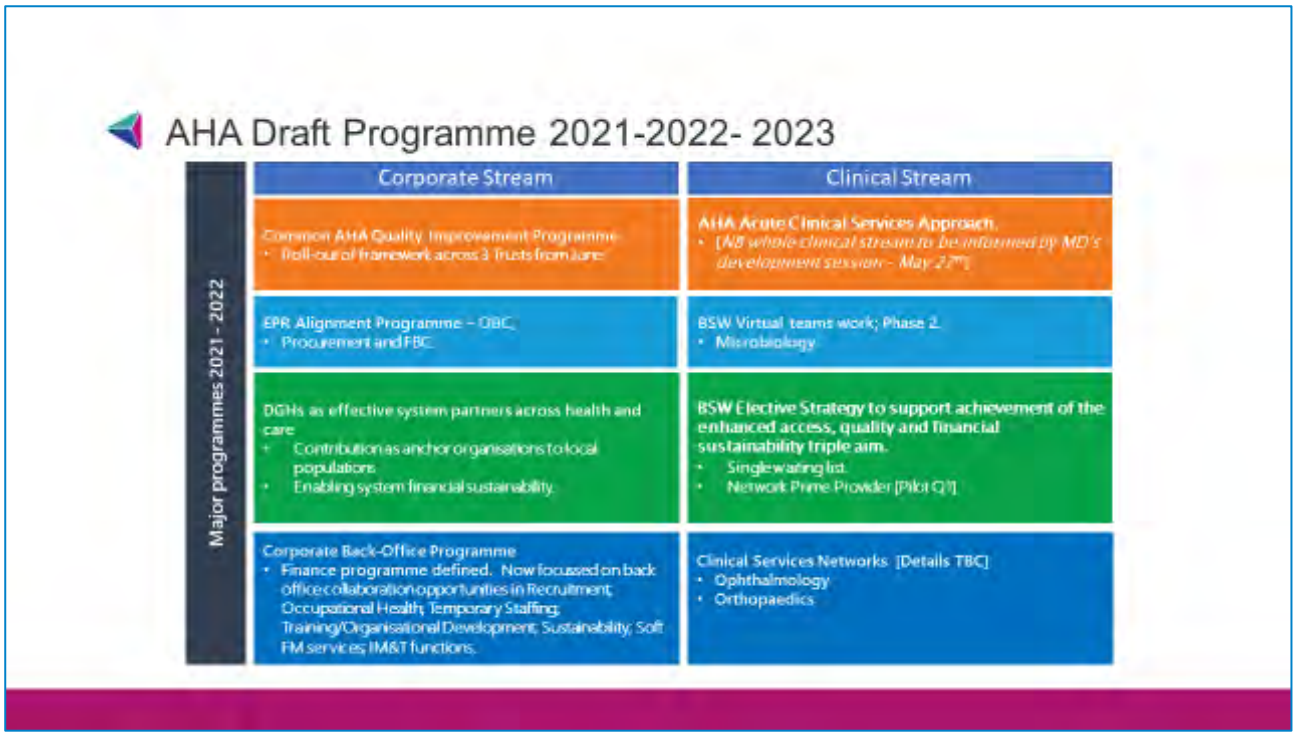
Extract from ICS Design Framework (June 21)

- *The **success of individual trusts and foundation trusts will increasingly be judged against their contribution to the objectives of the ICS, in addition to their existing duties** to deliver safe and effective care. This will include delivering their agreed contribution to system financial balance, improving quality and outcomes and reducing unwarranted variation and inequalities across the system as a whole, in the context of the new 'triple aim' duty to promote better health for everyone, better care for all and efficient use of NHS resources….*
- ***Provider collaboratives** are partnership arrangements involving two or more trusts (foundation trusts or NHS trusts) **working across multiple places to realise the benefits of mutual aid and working at scale…***
- *From April 2022 trusts providing acute and/or mental health services are expected to be part of one or more provider collaboratives….*
- *The **purpose of provider collaboratives is to better enable their members to work together to continuously improve quality, efficiency and outcomes,** including proactively addressing unwarranted variation and inequalities in access and experience across different providers. They are expected to be important vehicles for trusts to collaboratively lead the transformation of services and the recovery from the pandemic, ensuring shared ownership of objectives and plans across all parties…*
- ***Provider collaboratives will agree specific objectives** with one or more ICS, to contribute to the delivery of that system's strategic priorities. The members of the collaborative will agree together how this contribution will be achieved.*
- *It will be **up to providers, working with partners, to decide on the specific model and best governance arrangements** for their collaboratives.*

After three years of relationship building, the AHA is already working in the areas expected, with real progress now being made in key schemes; this is evidenced in our recently refreshed AHA work Programme.

4. Refreshed AHA Programme

Over the past three months, and in coordination with the BSW Planning round, we have fully refreshed the AHA workplan which now comprises a detailed programme of work organised into corporate and clinical streams. Each stream has schemes at a variety of stages, from new idea for exploration and analysis, through to detailed proposals and business cases to create single teams. The high-level programme is shown below.



5. AHA Programme Approach & Communications Strategy

In light of a recent lessons learnt review related to the AHA Electronic Patient Record alignment programme, a team from the three Trusts has helped put together an AHA standard Programme approach to help ensure best practice programme and project management is adopted.

An AHA Communications Strategy has also been created. The strategy aims to raise awareness of the AHA and its work to a range of stakeholders, including staff within the three trusts. By doing this the programme aims to build a sense of momentum around the work of the AHA collaborative among stakeholders, paving the way for the work-plan to be delivered as efficiently and effectively as possible, thereby supporting the objective to improve services for the population we collectively serve within BSW.

6. Framework to Support Delivery of AHA Programme

To support achievement of our ambition in BSW, and on the basis of alignment with the direction of travel nationally and the real appetite of the three AHA Trusts to work together more closely where it makes sense to do so, the AHA is considering options for our AHA governance arrangements. While the bottom-up/ emergent strengthening in our commitment to work together provides a sound footing, we recognise that there are governance and assurance considerations to address, in order to enable effective delivery of our planned programme.

Although we intend to establish a stronger framework to support our planned collaborative working, in doing so we will not affect the individual sovereignty of the three Trusts or their statutory decision-taking responsibilities.

A detailed proposal will be considered by our AHA Programme Board in coming weeks. It is anticipated that the approach chosen would be well-placed to meet the intended effect of the forthcoming Provider Collaboration guidance.

Appendix 1 – Extract from ICS Design Framework, published on 16 June 2021.

The role of providers [Refer Page 25 – Page 33 of ICS Design Framework]

Organisations providing health and care services are the frontline of each ICS. They will continue to lead the delivery and transformation of care and support, working alongside those who access their services and the wider communities they serve. As ICSs have developed, providers have increasingly embraced wider system leadership roles, working with partners to join up care pathways, embed population health management, reduce unwarranted variation and tackle heath inequalities.

The arrangements put in place by each ICS Partnership and ICS NHS body must harness the expertise, energy and ambition of the organisations directly responsible for delivering integrated care.

As constituent members of the ICS Partnership, the ICS NHS body and place-based partnerships, providers of NHS services will play a central role in establishing the priorities for change and improvement across their healthcare systems and delivering the solutions to achieving better outcomes.

We expect the contracts health service providers hold (NHS Standard, or national primary care11 supplemented locally) to evolve to support longer term, outcomes-based agreements, with less transactional monitoring and greater dialogue on how shared objectives are achieved.

NHS trusts and foundation trusts

NHS trusts and foundation trusts will play a critical role in the transformation of services and outcomes within places and across and beyond systems.

As now, they will work alongside primary care, social care, public health and other colleagues in each of the places or localities they serve, to tailor their services to local needs and ensure they are integrated in local care pathways. They will also be more involved in collectively agreeing with partners how services and outcomes can be improved for that community, how resources should be used to achieve this and how they can best contribute to population health improvement as both service providers and as local ‘anchor institutions’. The most efficient and appropriate ways of doing this will vary for different types of providers and in different local contexts. ICS NHS bodies will need to work with providers that span multiple ICSs and cross ICS boundaries, including ambulance and community trusts, to agree arrangements that ensure they are fully engaged.

In future, we expect the ICS NHS body could ask NHS trusts and foundation trusts to take on what have been ‘commissioning’ functions for a certain population, building on the model that NHS-led provider collaboratives for specialised mental health, learning disability and autism services have been developing.

The success of individual trusts and foundation trusts will increasingly be judged against their contribution to the objectives of the ICS, in addition to their existing duties to deliver safe and effective care. This will include delivering their agreed contribution to system financial balance, improving quality and outcomes and reducing unwarranted variation and inequalities across the system as a whole, in the context of the new ‘triple aim’ duty to promote better health for everyone, better care for all and efficient use of NHS resources.

Provider collaboratives

Provider collaboratives are partnership arrangements involving two or more trusts (foundation trusts or NHS trusts) working across multiple places to realise the benefits of mutual aid and working at scale. The response to COVID-19 has demonstrated both the need for and potential of this type of provider collaboration. During 2021/22 the dynamic management of capacity and resources, greater transparency and collective accountability seen during the pandemic must be continued and developed. Specifically, providers are expected to work together to agree and deliver plans to achieve inclusive service recovery, restoration and transformation across systems, and to ensure services are arranged in a way that is sustainable and in the best interests of the population.

From April 2022 trusts providing acute and/or mental health services are expected to be part of one or more provider collaboratives. Community trusts, ambulance trusts and non-NHS providers (eg community interest companies) should participate in provider collaboratives where this is beneficial for patients and makes sense for the providers and systems involved.

The purpose of provider collaboratives is to better enable their members to work together to continuously improve quality, efficiency and outcomes, including proactively addressing unwarranted variation and inequalities in access and experience across different providers. They are expected to be important vehicles for trusts to collaboratively lead the transformation of services and the recovery from the pandemic, ensuring shared ownership of objectives and plans across all parties.

Provider collaboratives will agree specific objectives with one or more ICS, to contribute to the delivery of that system's strategic priorities. The members of the collaborative will agree together how this contribution will be achieved.

Provider collaboratives will help facilitate the work of alliances and clinical networks, enabling specialty-level plans and decisions to be made and implemented in a more coordinated and systematic way in the context of whole system objectives. For example, Cancer Alliances already work with the providers in their local systems to lead a whole system approach to operational delivery and transformation, and in future Alliances will work with their relevant Provider Collaboratives.

It will be up to providers, working with partners, to decide on the specific model and best governance arrangements for their collaboratives.

ICS NHS bodies will contract with NHS trusts and foundation trusts for the delivery of services, using the NHS Standard Contract. For services delivered through collaborative arrangements, ICS NHS bodies could:

• contract with and pay providers within a collaborative individually. The providers would then agree as a provider collaborative how to use their respective resources to achieve their agreed shared objectives

• contract with and pay a lead provider acting on behalf of a provider collaborative (whole budget for in-scope services). The lead provider would agree sub-contracting and payment arrangements across the collaborative. The existing mental health provider collaboratives have been successfully based on lead provider arrangements.

The ICS NHS body and provider collaboratives should define their working relationship, including participation in committees via partner members and any supporting local arrangements, to facilitate the contribution of the provider collaborative to agreed ICS objectives. *Further guidance on provider collaboratives will be published in due course…*

Bath and North East Somerset,
Swindon and Wiltshire Partnership

Working together for your health and care

BSW Partnership Development Programme: Our Plan for Q2-Q4 21.

Authors: BI&RS

30th June 2021

BSW Plan Contents

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1. BSW Introduction & Context

Introduction

In December 2020 the Bath and North East Somerset, Swindon and Wiltshire Partnership (BSW) was formally accredited as an Integrated Care System (ICS).

Despite the challenges of the second wave of the Covid pandemic work has continued since December on a broad range of activities associated with maturing the way BSW operates and continuing our journey towards becoming a thriving Partnership.

Central to this work has been the ongoing development of our arrangements at neighbourhood, place and system level ensuring our approach is based on the needs and opportunities that exist within our local communities. This is creating new and exciting possibilities in the way we think about health and wellbeing and our role in serving the population of BSW.

Providers across BSW are also working in collaborative arrangements to ensure we maximise value in the use of our resources and provide the service resilience and innovation that is needed. In this context we have included in our appendix the risks and issues we are managing (slide 39).

We are excited about the changes that lie ahead and the activities that we are embarking upon that are set out in this plan.

In scope/out of scope

This document will focus exclusively on the development of our BSW Partnership and the transition activities that will be required during 2021/22 to align with the legislative changes that are brought forward.

It will specifically not include the wider context to our ICS development (set out in the ICS Designation Submission), the 2021/22 Service Planning (set out in the operational plans for 2021/22) or detailed information about system performance.

Aims & objectives

The primary objectives of our **BSW Partnership Implementation programme** is to integrate care to ultimately:

- improve **population health and healthcare**;
- tackle unequal **access, experience and outcomes**;
- enhance productivity and **value for money**; an
- ensure we support broader **social and economic development**.

By April 2022 our ICS will become a self-managing partnership, operating collaboratively at Neighbourhood, Place and System level in order to achieve our aims.

Operational priorities for 2021/2

- Recovery from the Covid Pandemic, including vaccination programme, elective services staff wellbeing
- Reducing LOS / preventing admissions and improving Flow
- Launch 2 hour crisis response in line with national guidance
- Build Community assets / strengths approach
- Strengthen our approaches and services for prevention and early intervention
- Integrate operating models between primary, social care and community services
- Prioritise pathways for population health improvement e.g. frailty, end of life

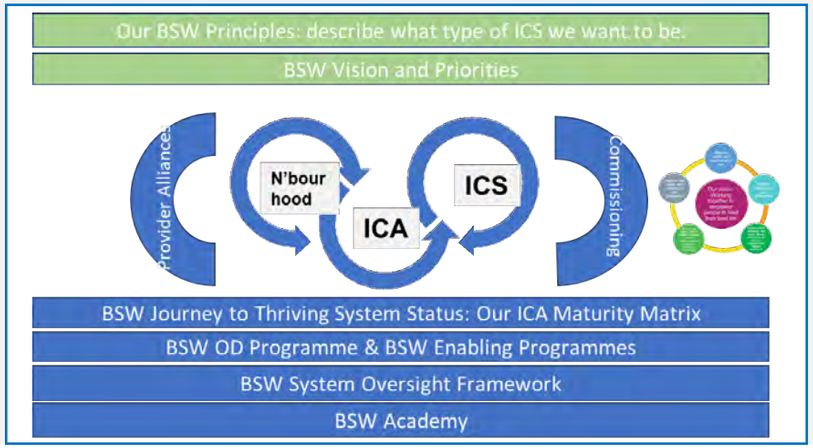
Structure of Document & Programme Organisation

Content

Our BSW Partnership Development Plan is arranged in four sections:

1. BSW Population Health & Care
2. BSW People
3. BSW Organisation, Partnership & Governance
4. BSW Transition

Each section begins with an at a glance summary table, and is followed by details of each of our priority areas of work, including main deliverables and timelines. Our plans are intended to support BSW to become a thriving Integrated Care System by 2023/4.



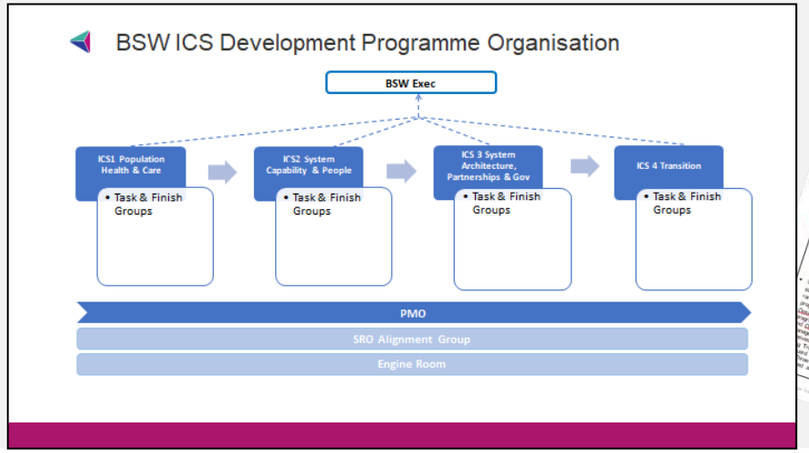
Complex Programme of Change: Controlled Environment

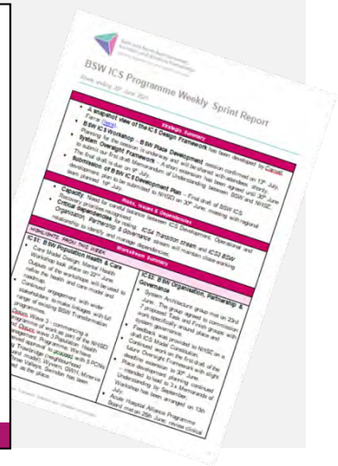
Programme Organisation

Our BSW Partnership Executive oversees the BSW Partnership Development Programme**.**

SRO's from BSW Partners lead our programmes of work, with teams created from colleagues from across BSW.

A small team supports and coordinates the BSW Partnership Development programme, including an Executive Director, Programme Director and Project Manager. This team welcomes continued input and support from NHSEI SW Regional ICS development colleagues.





2. BSW Population Health & Care

Summary - BSW Population Health & Care

Population health and care
Summary of work to date: • BSW Care Model Development • PHM 3 programme • BSW Digital – including shared care record • BSW Business Intelligence • BSW Capacity & Demand • BSW Estates • Wide range of BSW Transformation Programmes

No.	*Maturity Progress Questions (TBC)*	Confidence (1-5)	Comment
1	BSW Care Model Development	4	Detailed definition of how the BSW Care Model will operate.
2	Population Health Management capability	4	PHM3
3	Roadmap for citizen-centred digital channels and roll-out of remote monitoring	4	
4	System Board accountability for digital & data; strong digital, data & technology transformation plan	4	SROs in place.

No.	2021/22 Development Priority	Next Steps	Additional Support Required?
1	Care Model Development	Care Model development work May-July 2021	Examples of good outcome measures from other systems. Financial support around use of external expertise & insight - £100k.
2	Primary & Community Strategy Development	Initiate BSW programme support to coordinate and deliver change initiatives across primary and community services.	Funding, best practice insight.
3	PHM Wave 3	Launch September 21	
4	BSW Digital	Ongoing development of the digital programme.	Access to digital investment funds and specialist support.
5	Business Intelligence function; Demand and Capacity model	Link to outputs generated via the Care Model development work and scope requirements.	Analytical expertise and capacity.

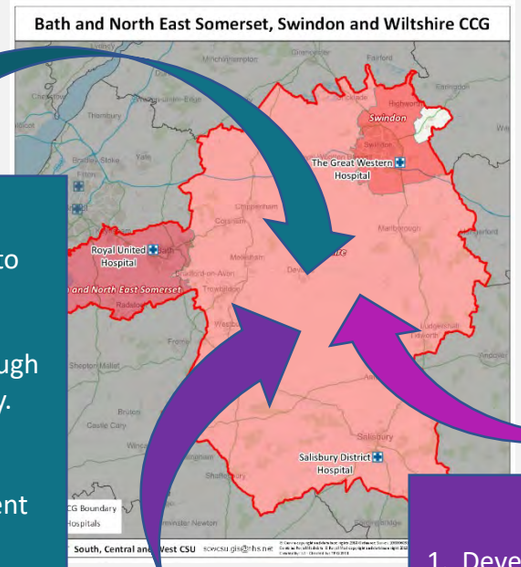
Population Health & Care: Care Model Design

Population Health & Care

Redesigning the way we think about and deliver care lies at the heart of our approach to developing our integrated care system. Our focus is on the opportunity that working differently can deliver for the people of BaNES, Swindon and Wiltshire and the maxim that ‘form should follow function’.

Building on the principle of ‘Place based’ collaboration, our approach is to draw together the different insights and ideas being generated within each Place and to combine these with the expertise and knowledge that resides across BSW, and beyond, to create an innovative and forward looking approach to care and that aligns with the current and future needs of the population within BSW.

Population health management approaches will be a consistent and central theme within our care model across BSW.



BaNES Priorities

- ✓ **Out of hospital discharge and care model** - developing a new model to help people go home from hospital more easily.
- ✓ **Living well with long term conditions and frailty** – helping people affected by long term conditions get the help and care they need through developing the resources to manage chronic disease in the community.
- ✓ **Reducing inequality** - using technology to help improve access to services.
- ✓ **New hospital programme** – developing the future care model for urgent care complex needs, critical care, planned care, diagnostics, long term conditions and women and children’s health.

Swindon outcomes

1. Every child and young person in Swindon has a healthy start in life.
2. Adults and older people in Swindon are living healthier and more independent lives.
3. Improved health outcomes for disadvantaged and vulnerable communities.
4. Improved mental health, wellbeing and resilience for all.
5. Creation of sustainable environments In which communities can flourish.

Wiltshire approach

1. Developing our Integrated Care Alliance through leadership style, building common purpose and developing governance.
2. Move away from a sole focus on service improvement and integration to improving the health and wellbeing of the population.
3. Using population health data to inform our decisions and priority areas.
4. Working collaboratively with the interests f the Wiltshire population at the heart of all decisions.

Population Health & Care: Care Model Design

Population Health & Care

Care Model Development
We have commissioned external expertise and support to assist us in the process of defining, aligning and evaluating our proposed changes and ensuring that our use of resources and strategic investments are consistent with our desired outcomes. The partner we have chosen has extensive insight into developments across the UK and internationally and will help us explore the scale of our ambition for change. The focus of this work will occur in the first six months of 2021/22.

Population Health and Care Group.

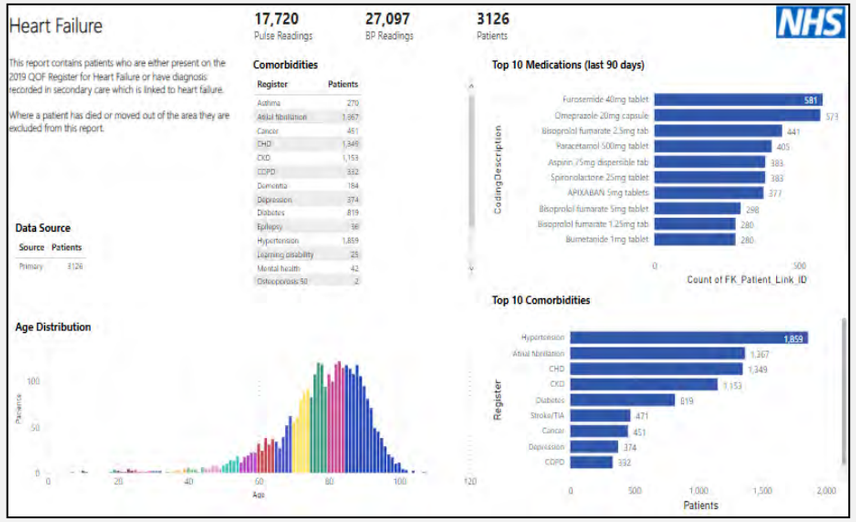
We have established a multi-disciplinary group to help coordinate the way we transform care services. On behalf of BSW it will support the development of our population health management approach and provide an important forum for discussing, enhancing and disseminating the work we are doing to improve the way care is delivered.

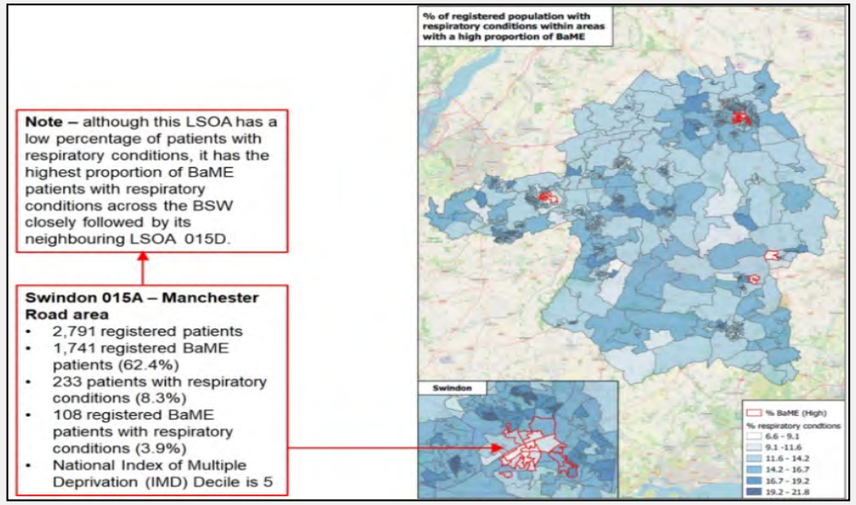
Population Health Management
We recognise the importance of using data and intelligence to transform services based around current and future needs of the population. In this context BSW is participating in the NHSE/Optum PHM Wave 3 programme, with five PCNs/neighbourhoods requesting to be part of the initial pilots. This includes one pilot site that will be piloting a model of leadership from within the community. Work on the programme is at the initial information governance & data management phase, with an intended launch of Sept 21 for the wider work across the pilot sites.

Within BSW we have the following business intelligence infrastructure in place to support the programme:

- Our CCG data warehouse links national data sources with local primary care data and enables system wide aggregate analytics
- The BSW integrated care record (ICR) via Graphnet has an integrated PHM platform which enables aggregated analysis of local data flows and enables re-identification of patients for direct care

Both solutions are already live and continue to develop to include further data sets.





Population Health & Care: Digital and Data (1)

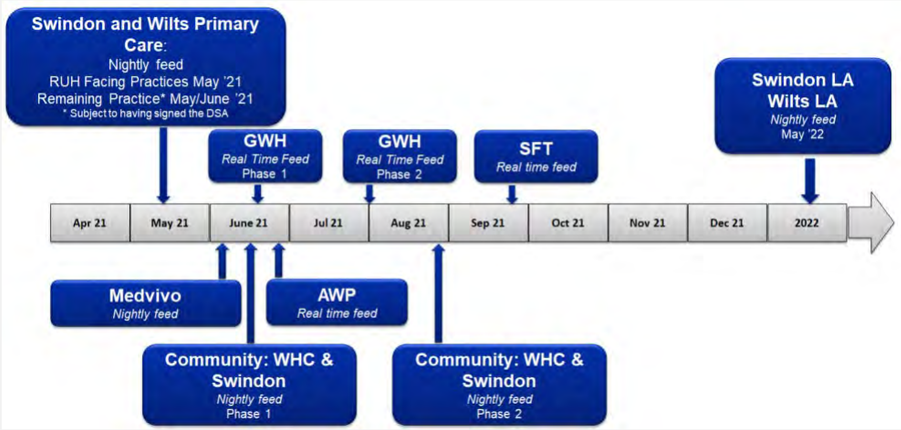
Shared care record- SRO Caroline Gregory

- *BaNES locality already live with BSW Integrated Care Plan*
- *Roll out across BSW organisations has started with a timeline to meeting the Minimum Viable Solution deadline by September 21*
- *On-boarding data flows is a key enabler for multi-faceted support to digitally enabled transformation across BSW:*

➢ *Population Health Analytics enabled through the PHM platform that sits atop the ICR using Power BI*

➢ *Multi professional patient centric care planning piloting in Aging Well Programme with Comprehensive Geriatric Assessment*

➢ *Citizen centred Personal Held Record enabling two-way patient engagement with record and health piloting in maternity*



Digital transformation plan- SRO Caroline Gregory

- *BSW refreshed Digital Strategy (post initial pandemic) approved by BSW Executive Partnership Board*
- *Digital Programme £130m 5 yr project portfolio refreshed for 2021/22 across all partner organisations*
- *Strategic themes align with NHSX digital strategy:*

➢ *Digitise: infrastructure incl. cyber, Digital Workforce*

➢ *Connect: Digital First, ICR & Sharing Information*

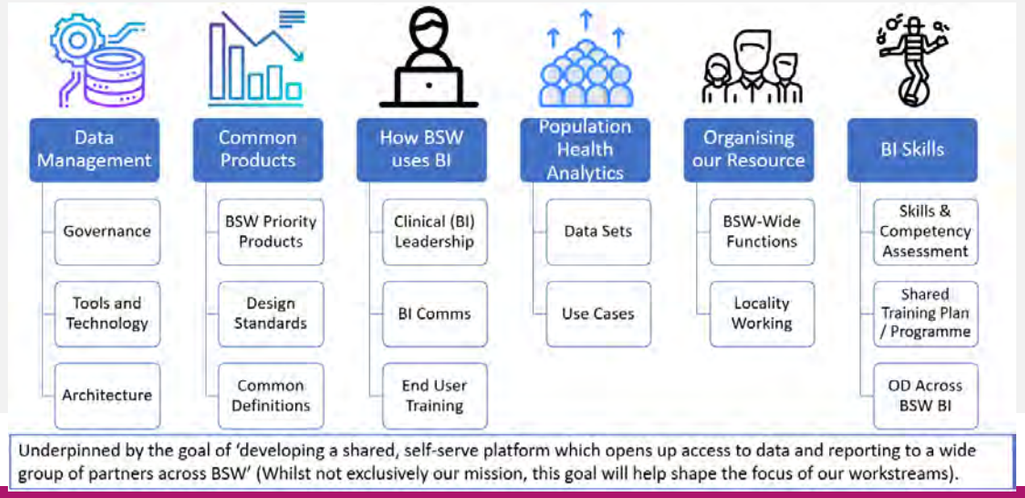
➢ *Transform: Digital innovation, Information and Data*

- ***Highlighted projects***
- *Working with One South West and Thames Valley LHCRs on proposals to enable cross border sharing*
- *Beginning planning to build on success of Covid @ Home service and use of remote monitoring Good Sam app in long term conditions*
- *Strong links with AHSN care home support programme linked to NHSE/NHSX Scaling Up Programme to roll out TPP SystmOne into Care Homes*
- *EPR consolidation across three Acutes; finalising OBC following TSSM review. Strong clinical leadership of the programme in place.*

Population Health & Care: Digital and Data (2)

BSW Business Intelligence Programme - SRO Douglas Blair

- *BSW has established a programme of work to transform the way BI teams function together across the system.*
- *The programme has Exec leadership, reporting into the BSW Digital Board and Partnership Exec. It currently includes Head of BI level representation from across all BSW health and care partners.*
- *The group has agreed a draft system-wide strategy/set of priorities (shown below), with an over-arching focus on development of a shared reporting portal.*
- *These will be developed into a programme of work over the next three years to underpin delivery.*
  - A costed programme is due to be presented to the BSW partnership Executive in September.
  - Priority work is underway within each of the six workstreams.



System-Wide Demand & Capacity Modelling - SRO Richard Smale

- BSW undertaking demand and capacity modelling exercise to support and underpin development of new care model(s) across the ICS.
- Work will focus across a range of acute, community, mental health, primary care and social care, for the first time bringing more out of hospital data into demand and capacity.
- Key objective is to increase understanding of workforce and estates implications of transformation change, and to allow 'triangulation' with activity and finance.
- Population Health data will underpin future projections of demand in BSW, to allow more realistic understanding of future needs of our population.
- Project will build on modelling work started in the Swindon Locality with third-party partner, expanding the scope and making this BSW-wide.
- Consultancy support will provide expertise on complex modelling, and link into BSW Boards and Programmes to ensure work is aligned with service transformation work.
- Model design and outputs will be owned by BSW's system-wide Boards, with modelling outputs handed over to skilled-up BI teams within organisations to support on-going work.

Milestones:

- Specification being drafted – to be finalised in June.
- Aiming for work to commence in July, with initial outputs in the Autumn.

Population Health & Care: BSW Estate

Developing the BSW Estate

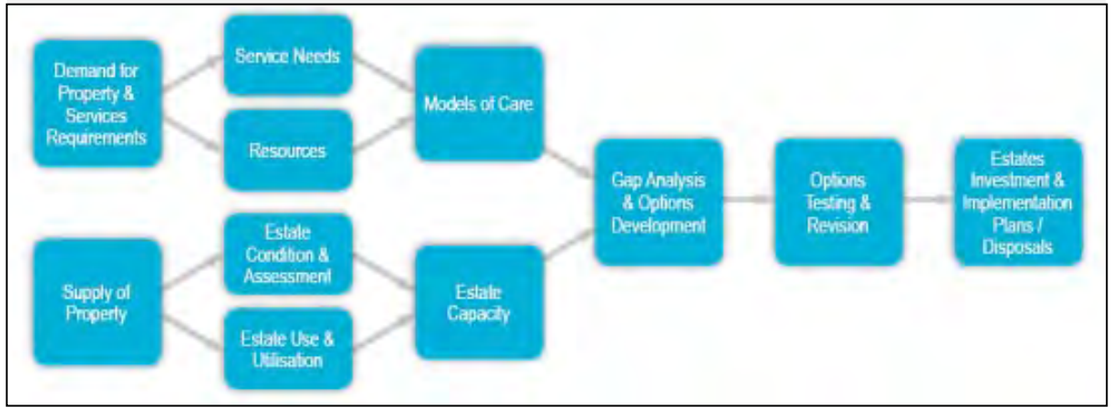
- **BSW Estates Board** in place, which meets regularly to coordinate a wide-ranging programme including the following items:
- Actively supporting the development of the BSW Care Model and BSW Demand and capacity Modelling with **specialist Strategic Estates input** to help support future business case development and investment opportunities by providing key data that supports the level of estate required linked to deliver our models of care, activity, workforce and capacity demands;
- **BSW wide Estates Strategy**, informed by ICA and neighbourhood-level estates plan. Our strategy will help to inform the shape and repurpose our estate across acute, community, primary and social care to support service delivery and future investment requirements and disposals, informed by future Care Models and Capacity modelling;
- System working on a **number of key capital schemes** to help support delivery of services in the future, as set out under *Milestones* opposite;
- Development of our surplus estates plan;
- Ensure that data in respect of **Backlog Maintenance & Critical Infrastructure** Risk is kept up to date to inform future requirements & opportunities for funding, disposals, repurposing or replacement buildings;
- Developing a system plan and sharing expertise to support alignment to the national NHS 'Net Zero Carbon' targets;
- Reimagining and Transformation of the **Estates and Facilities Management functions** to develop an approach and structure that best suits the needs of BSW ICS, reduces duplication and maximises the use of resources to support the ICS and ICA's estates within the system;
- Explore the re-provision of **Soft Facilities Management** within the system, which provides an opportunity to improve quality and VFM by sharing of resources and expertise;
- Work with the **BSW Academy** to improve resilience of the Estates and Facilities Management (EFM) workforce;
- Setting up system work stream on agile working to improve efficiency, utilisation & reduce costs;
- Develop **EFM key performance monitoring** and targets to understand system strengths and areas for improvement;;
- Improving **Utilisation across the community estate** to support service delivery by implementing digital room booking system;
- Developing a **more integrated approach with the local authorities** to strengthen opportunities to secure land or funding linked to house growth, to support future capacity and service delivery.

SRO: Caroline Gregory, Director of Finance and Executive Lead for BSW Estates

Milestones

- BSW Estates Strategy - Sept 2021
- BSW Estates and Facilities Management redesign - June 2022 (subject to NHSEI approval)
- Soft Facilities Management Services - March 2022 (subject to NHSEI approval)
- Environmental Sustainability Work Plan - September 2022
- GWH Way Forward Programme - UTC target completion date Dec 21, IFD target completion date Winter 23
- RUH Cancer Centre Full Business Case approval - March 2021
- RUH New Hospital Programme Strategic Outline Case - October 2021
- SFT Campus Programme Strategic Outline Case - July 2021 (estimated)
- Devizes Health Centre Full Business Case approval - May 2021
- West Wiltshire Centre for Health and Care Full Business Case – June 2021
- ETTF New Primary Care Premises for Hope House, Bath and Tadpole Lane, Swindon – Due to complete in early 2022

Service driven approach to delivery of the estate solution



Summary - BSW People

BSW People
Summary • BSW Academy Business case approved. Launch planning underway. • Making BSW a Great Pace to Work: BSW People Plan confirmed. Four themes, 20 areas of work. • BSW OD and Leadership Programme. Well established OD & leadership programme is in implementation stage. • BSW Leadership, including Clinical Leadership

No.	*Maturity Progress Questions (TBC)*	Confidence (1-5)	Comment
1	Appointment to key academy roles.	4	
2	Number of colleagues completing the System Intelligent Leadership programme	4	
3	Full investment of BSW apprentice levy.	4	

No.	2021/22 Development Priority	Next Steps	Additional Support Required?
1	BSW Academy	Recruit leads, launch programme.	Explore BSW Academy opportunities to support wider regional development.
2	BSW People plan	Delivery of 20 priorities in four workstreams through 2021	
3	BSW Leadership	Recruitment of Board roles to start Q2	Guidance, role descriptions.
4	OD & Leadership Development Programme	Development support for three places. Structural Dynamics training and executive workshops	HEE Funding confirmation to support range of activities including OD & leadership development programme. SWLA relationship and funding.
5	System Intelligent Leadership Programme		

3. BSW People

BSW People: Making BSW a Great Place to Work

Developing

In September 2020 the BSW People Plan outlined 20 system actions falling into four broad themes:

- Equality, Diversity and Inclusion
- Workforce Planning and New Ways of Working
- Recruitment, Retention and Attraction
- Leadership & Development of Staff

Lead workforce groups for each action and target timelines have been identified. It is expected that actions will be delivered mostly in 2021 and no later than March 2022. Workforce recovery at forefront of planning responses and actions.

Approach to workforce planning

BSW appointed an experienced workforce planner as the project lead for workforce planning to ensure that BSW has in place the relevant processes and systems that proactively anticipate current and future workforce requirements. A BSW workforce planners network has been created and works closely with the regional network planning group. Six workforce planning deliverables have been identified. Details on three of these follow:

Deliverable 1 – Developing the Data Ecosystem – October 2021
We have begun the conversation with BSW SWP network members to identify the intelligence that would be useful for them to have access to on a organisational level to enhance decision making. All BSW system partners have made the required return as part of the NHS E/I workforce data sharing agreement (The only system to do so to date).

Continued…

Deliverable 2 – Build SWP Capability and Capacity across BSW – June 2021
Completion of analysis of the B*SW SWP Capability and Capacity Audit* shared with OPDG and BSW SWP Network for feedback. Five system level actions have been identified.

Deliverable 3 – Defining System Priorities – June 2021
Completion of work on nursing supply and demand by branch of nursing to support a more granular understanding of the System 50k nursing work. This work is to be reviewed by the BSW 50k group.

SRO: Kevin McNamara, Chair, SCPG

Milestones

- People Plan actions reviewed at OPDG and reported through to SCPG April 2021.
- BSW People Plan being reviewed and refreshed in Q1/Q2 in light of 21/22 operational planning priorities.
- It is expected that the majority of actions will be delivered in 2021, with remainder being completed no later than March 2022

BSW Academy

SRO- Kevin McNamara
Hosted by Wiltshire Health and Care

Purpose

We all recognise that the workforce is are most valuable asset. The BSW Academy and the wider system capability workstream will be the change engine for our ICS, helping develop our collective capability so that we are better place to serve our partnership and respond to tomorrow's challenges. The Academy objectives will be delivered through 5 pillars (outlined below)

Leading ***Learning*** ***Inclusion*** ***Improvement*** ***Innovation***

Recognised Differences

- *We will know our population needs and develop a workforce to deliver outstanding care*
- *We will have robust workforce planning to ensure we have the right workforce at the right time*
- *We will spend every available pound of our apprenticeship levy*
- *We will have an accessible e-learning platform available to the whole workforce*
- *We will have an inclusive workforce that reflects the population across BSW*
- *We will have flourishing staff forums and local people will have a real voice In the system*
- *We will actively engage our workforce and communities in co-designing services through the embedding of continuous improvement methodology*
- *We will have consistent improvement in workforce metrics especially highlighting the integration and development of our BAME and representative groups on our community*
- *We will manage talent effectively, so everybody can develop and aspire to lead*

First 100 days plan

Launch the BSW Academy

- Launch eLearning platform
  - To include general information about the BSW Academy, the Transformation & Change Centre, key contacts
  - Timeline of what's to come
  - Wave 1 of online course material (this will be dependant on what can be produced and scheduled for this time period)
- Officially launch each of the pillars and associated plans/projects
- Officially launch the Transformation & Change Centre
- Launch communications and engagement plan
  - Key messages across social media
  - Comms pack to all system partners:
    - BSW Academy - bite-size messages, covering each of the pillars, the new team, the new way of working, what we are working to achieve / priorities.
    - Transformation & Change Centre – bite-size messages, covering key areas of focus, methodology and approach, the new team.
  - Press / media pack
- Begin horizon scanning and developing compelling bid material
- Establish key networks and links
- All team members to undergo induction and objective setting for first 6 and 12 months

BSW People: Organisational Development and Culture

Organisational Development

Commissioned in 2018 and supported by funding from Health Education England and the South West Leadership Academy, the ***BSW Organisational Design & Development Programme*** has been a foundation of BSW Partnership Development; it has three distinct workstreams each with a number of key aligned activities:

Workstream 1: Facilitating a co-evolving integrated health and care system

Workstream 2: Equipping leaders at all levels to lead systemically

Workstream 3: Embracing broad and deep communication, engagement and participation with staff, partners and citizens.

Developing a systems culture

- *Defining principles for system culture and values*
- *Determining the leadership and behaviour change to enable new ways of working*
- *Creating a profound culture change*

Leadership development

- *Whole system OD approach*
- *Establishing appropriate clinical and professional leadership*
- *Role of leadership within system, place and provider collaborative*
- *Approach to leadership development*

Communication & Engagement With Staff, Partners and Citizens

- *Approach to be defined*

Next Steps

SRO: Claire Radley

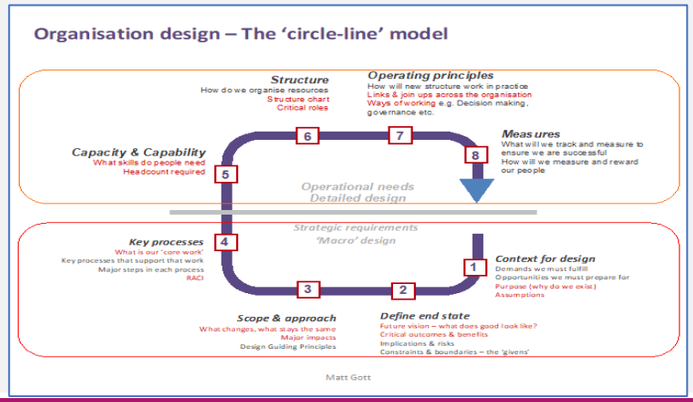
Milestones

1. System Intelligent Leadership Programme – September ’21
2. Creating sustainability: Alignment of Approach and Resources across BSW – September ‘22
3. Series of Executive workshops – Q2-Q4
4. Clinical and Professional Networks – Workshop September ‘21

Next Steps

1. Our two Structural Dynamics Facilitator Cohorts (n 27 started training in June ’21).
2. Executive Leads Structural Dynamics workshop held 11th June ’21; series of follow-on activities planned.

We use the Circle-line model



BSW People: Leadership

Our Leadership Model

BSW System leadership model

We think that leadership in an ICS requires a collective and distributed approach. While programmes focused on developing the leadership skills of individuals have an important role to play as part of the OD&D Programme, a much broader whole system OD approach is needed to include service delivery / system operating model, relationship building and behavioural change.

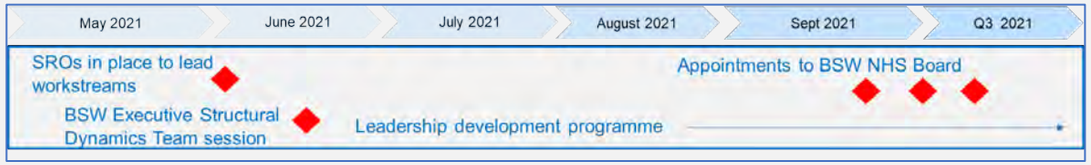
- We have appointed an Independent Chair and a Chief Executive for the BSW system.
- We have established a Partnership Board and Executive Team to oversee the development of our ICS.
- We have established the wider governance structure needed to deliver on both system performance and transformation.
- We have recruited to key posts to provide the capacity and expertise needed to implement our plans. Our capacity includes executive team and ICS Development programme team.
- We have transitioned from COVID response to a multi-disciplinary (clinical and professional) leadership model across BSW.
- Distributed leadership model for transformation has senior partner leaders, leading workstreams and key enabling streams and projects: [See opposite]
  - Population Health and Care Design
  - System Architecture & Local System working [Partnership, Organisation, Governance]
  - System Capability [BSW People]

Next steps

We have recently refreshed our Partnership MOU and are planning the creation of our BSW written constitution.

We anticipate that our ICS Statutory Board appointment process will commence in Q2 – in line with National timelines.

Milestones/ Next Steps



BSW SRO Leads

Name	Role	Organisation	SRO Role
Robin Fackrell	Associate Medical Director for Frailty	BSW	Ageing Well
Kevin McNamara	Chief Executive	GWH	BSW People Group and BSW Academy
Douglas Blair	Chief Executive	Wiltshire Health & Care	Business Intelligence Strategy
Richard Smale	Director of Strategy & Transformation	BSW	Interim Children & Young People Regional Programme
Caroline Gregory	Chief Finance Officer	BSW	Digital and Estates
Lisa Thomas	Director of Finance	SFT	Financial Sustainability
Stacey Hunter	Chief Executive	SFT	Urgent & Emergency Care
Cara Charles-Barks	Chief Executive	RUH	Elective (whole)
Mark Harris	Director of Commissioning	BSW	Elective Recovery
Rex Webb	BSW Workforce Equality, Diversity and Inclusion Lead	BSW	Equality, Diversity and Inclusion
Steve Maddern	Director of Public Health	Swindon Council	Inequalities
Liz Williams Clare Edgar (TBC)	Interim Director of Transformation Director of Adult Care Operations (Learning Disability & Mental Health Services)	AWP Wiltshire Council	Joint LD & ASD
Lucy Baker	Director of Planning and Transformational Programmes	BSW	Maternity
Dominic Hardisty	Chief Executive	AWP	Mental Health
Claire Radley	HR Director	RUH	Organisational Development
Tracey Cox	Chief Executive	BSW	People & Culture Workstream Lead for SW (ICS Implementation Programme)
Vacant			Community & Primary Care Services
Peter Collins	Medical Director	SFT	SW2 Imaging Network

4. BSW Organisation & Governance

Summary - BSW Organisation, Partnership & Governance

BSW Organisation, Partnership & Governance
Summary of work to date: • BSW Partnership well-sighted on planned developments • Established workstream given mandate to lead development of options for consideration (System Architecture and Local System Working Group – SALSW). Led by CCB. • Leads and team in place to manage the work required • BSW ready to respond to planned national guidance in Q1-Q2. • Three localities developing. • Provider collaborations in place and maturing.

No.	*Maturity Progress Questions (TBC)*	Confidence (1-5)	Comment
1	Statutory NHS Board	5	Board established and meeting in public.
2	BSW Health & Care Partnership	5	Health and Care Partnership arrangements established and links to Health and Wellbeing Boards and other forums
3	Redesign of NHS Commissioning functions	5	Redesigned commissioning arrangements established including delegated functions from NHSE.
4	Governance arrangements	4	Place based governance arrangements in operation

No.	2021/22 Development Priority	Next Steps	Additional Support Required?
1	BSW NHS Statutory Board	Design. Recruitment.	ICS Framework guidance, other technical guidance.
2	BSW Health & Care Partnership Forum	Design. Recruitment.	ICS Framework guidance, other technical guidance.
3	ICA MOUs x 3 and Neighbourhood Partnerships	Three places develop approach to leadership, structure, financial arrangements with system leads. Neighbourhood partnership development plans	Place and Neighbourhood partnership development support would be welcomed
4	BSW Governance Blueprint	BSW System Oversight Framework. Functional review; design and consult on blueprint.	National guidance. Project management support would be welcomed.
5	Provider Alliances (Mental Health SW Collaboration & BSW Acute Hospital Alliance) - arrangements for Community/Primary Care to be considered.	Review of Acute Alliance partnership arrangements, against pending provider collaboration guidance.	Engagement with/input from the NHSEI SW Primary and Community Care Programme.
6	MOU between BSW and NHSE/I	Develop in June.	SW Regional Team support sought.

4. BSW Organisation, Partnership & Governance: BSW Partnership

4.1 BSW Partnership

MoU with NHSE/I

- In line with Operational guidance for 2021/22 we are working towards an MoU with NHSE/I regarding support during the ICS development programme / period; This will be **completed in June.**

BSW NHS Statutory Board

- We are planning to develop the BSW ICS constitution, and as part thereof the composition of the BSW ICS Statutory Board, in line with NHSE guidance.
- Planning the recruitment and appointment of the BSW ICS Chair, CEO, Board members and senior leaders in line with NHSE guidance and timelines.

BSW Health & Care Partnership Forum

- Our aim is to develop an approach to the Partnership Forum that promotes the value of collaborative working across sectors and empowers the partnership forum to take collective responsibility for decision making and deliver
- Our current arrangements – Local Joint Commissioning Groups, emerging ICAs, locality-based PLNs, the three HWBs – are a strong basis for the development of the Partnership Forum.

Shaping our approach in BSW.

We will develop what suits BSW best, use design freedoms that we have. Our BSW Partnership Executive has mandated the SALSW group to lead on:

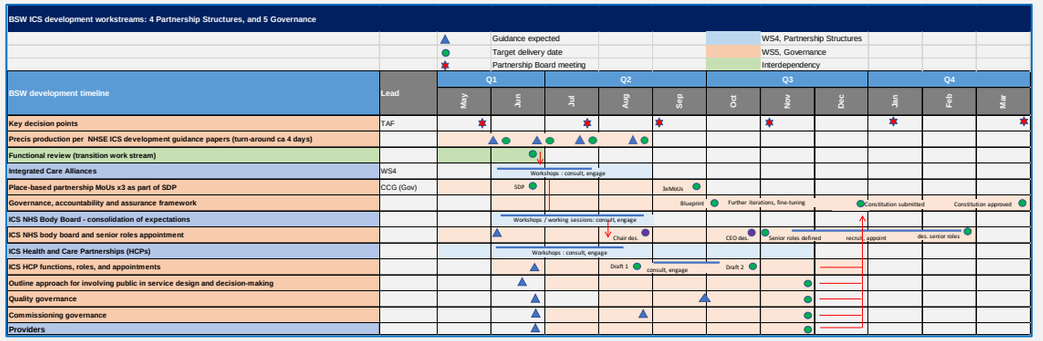
- Development of options and models, to support system partners' co-design and agreement of composition and functions of our Partnership Forum/s and NHS Board.

Progress so far and Next Steps

SRO: CCB/ T Cox

Milestones: Detailed plan in draft developed by SALSW Group team.

- MOU BSW-NHSE/I June; NHS Board and Partnership Forum model: September



Proposals will be developed for consideration in BSW Partnership workshops in Q2 & Q3.

4. BSW Organisation, Partnership & Governance: Place-Based Partnerships

4.2 Place-Based Partnerships

Approach

- Place-based Partnerships are at the centre of our thinking, and significant progress is being seen. In line with a shift in focus towards prevention and wellbeing we have chosen to focus on three places which are coterminous with the three Local Authorities. Existing arrangements include local commissioning groups, HWBs, Integrated Care Alliance (ICA) leadership groups / forums.
- We are enabling the development of our place based partnerships with organisational development support.
- We are exploring how LA structures (HWBs, scrutiny committees) can be utilised as this would provide appropriate links to democratic structures and public involvement.
- Cognisant of differences in local approaches, and respecting these, we are aiming to create a model of local governance that has common features across all localities so that decision-making and accountabilities between place and system are clear.

Responding to ***Thriving Places*** guidance, our next steps will see development of a range of options regarding.

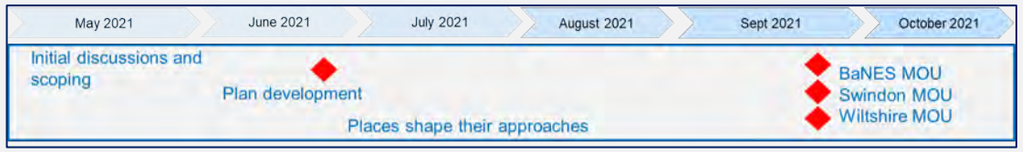
1. Structure
2. Money
3. Leadership

Progress so far and Next Steps

Our ICAs are coordinated by place-based leads, Local COOs and Locality Chairs

Milestones

- By September 2021, 3 x locality MOUs will be developed.

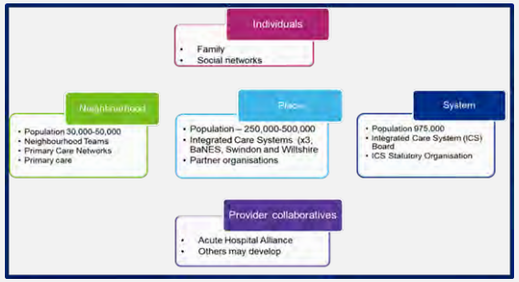


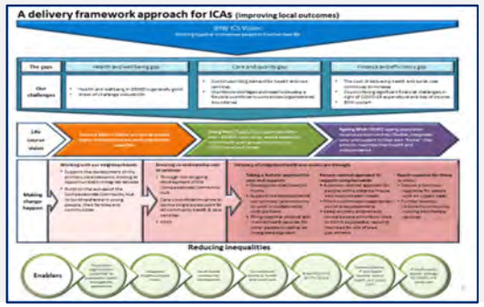
'Place' at the centre.

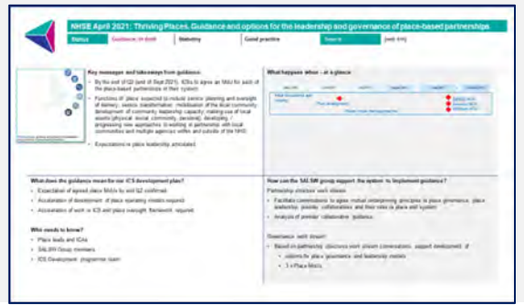
Organisational Development support

Common delivery frameworks

Respond to Thriving Places.







4. BSW Organisation, Partnership & Governance: Neighbourhood Partnerships

4.3 Neighbourhood Partnerships

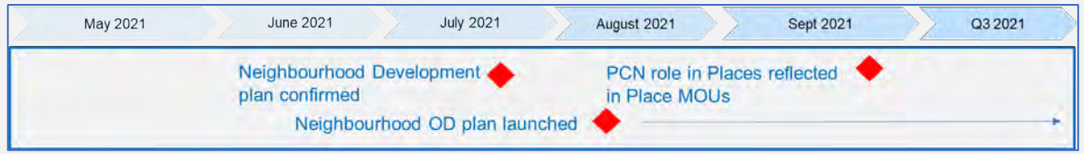
Approach

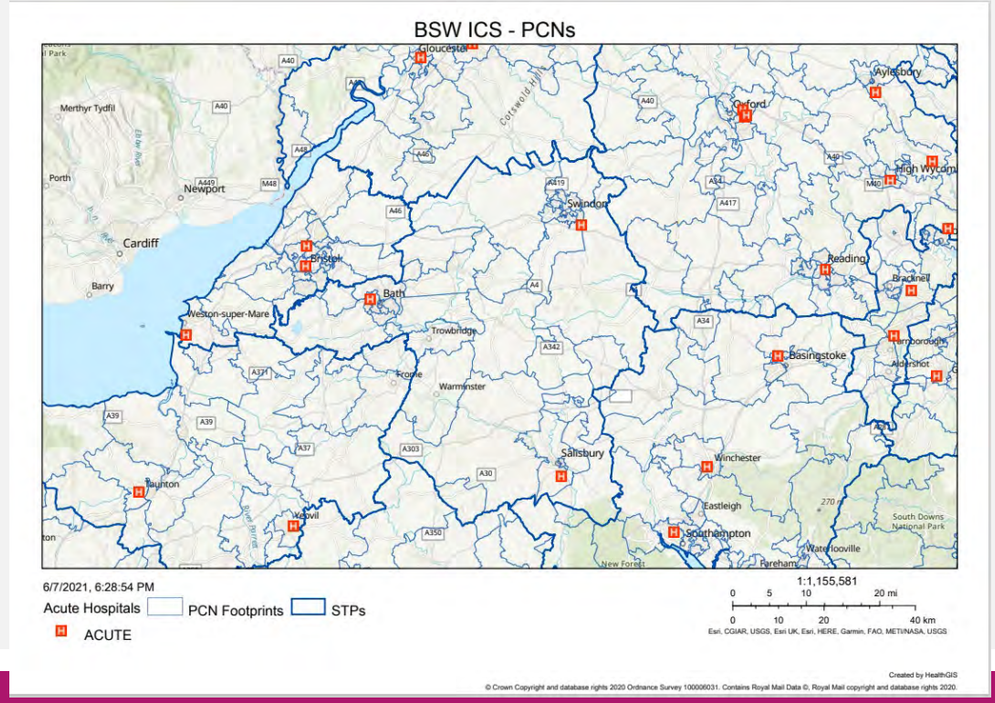
- The last 15 months have been especially challenging for PCNs as they initially responded to the pandemic and have subsequently played a substantial role in the vaccination programme.
- In this context our neighbourhood partnerships work is emergent and will be an areas of important focus for us for the remainder of 2021-22.
- We are developing 24 PCNs across the system in line with the requirements of the PCN Maturity Matrix.
- The PCNs and their neighbourhood partners have a central role in the delivery and resilience of integrated care services and the development of our population health management approach.
- The Clinical Directors of the networks are being supported with both their personal and organisational development.
- Our three places are working closely with the PCN/Neighbourhood Teams to support the development of integrated working.
- Population Health Management will be a key element in the approach adopted at neighbourhood level.

Progress so far and Next Steps

SRO: - Coordinated within each Place

Milestones





4. BSW Organisation, Partnership & Governance: Provider Alliances

4.4 Provider Alliances

BSW has two well established Provider Alliances that are well-placed to respond to the White Paper and forthcoming Provider Collaboration guidance.

- GWH, RUH and SFT formed an Acute Hospitals' Alliance (AHA) in spring 2018. This has become a catalyst for improvement in corporate and clinical areas in the BSW acutes – with a focus on delivery & transformation in BSW.

- Meanwhile, **AWP are part of the South West Provider Collaborative** which has eight partners, comprising five NHS organisations, one community interest organisation and two independent sector companies. We are also active members of the **South East Children & Young People Mental Health Services Provider Collaborative**.

The AHA works together on areas that support:

- Equity – for our local population
- Sustainability – for our services
- Improvement – to learn from each other to do better

The AHA priorities have recently been refreshed following a series of development workshops facilitated by NHS Providers (March – May 2021).

Although some of the AHA work is embryonic, the desire to collaborate for the benefit of the BSW population is strong; the AHA has seen a catalysing effect of developments in leadership teams as well as their collective Covid response.

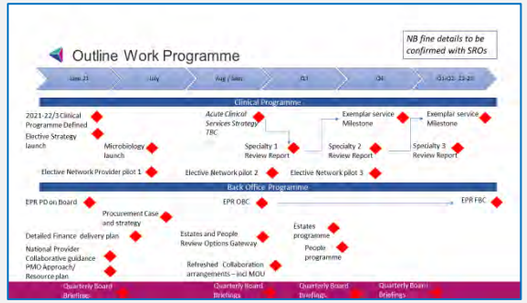
The role of primary and community care organisations within a provider collaborative will be explored within BSW.

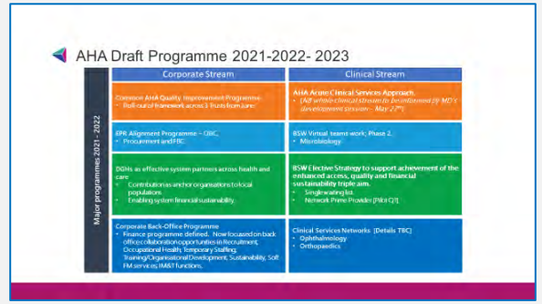
Progress so far and Next Steps

SRO: Acute Hospital Alliance - Cara Charles Barks

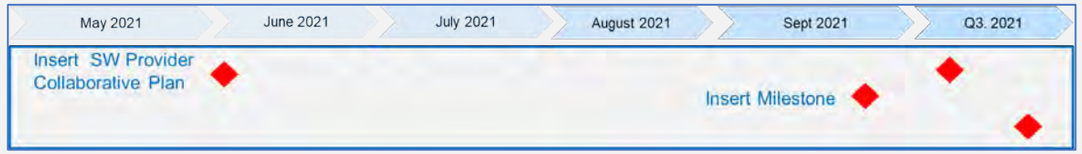
Milestones AHA

- Refreshed AHA Programme, PMO approach June 21
- AHA Provider Collaboration Governance review and transition. May-Sept 21.
- Alignment of Electronic Patient Records. FBC Q2 2022..





Milestones South West & South East Provider Collaboratives [*Insert in V2.0*]



4. BSW Organisation, Partnership & Governance: Commissioning

4.5 Commissioning

- We have developed our joint vision and objectives.
- We know that our responsibilities and accountabilities are currently invested in individual organisations – and we are working together to identify how we distribute these across neighbourhoods, place and the system to be an effective ICS and deliver our aims.
- We are therefore working on the future positioning of our statutory duties via our “Strategic Commissioning” group which reports into our “System Architecture” group. We have developed a functions and statutory duties map which we will use to jointly develop our future delivery model with CCG and System Partners over the next couple of months.

Our approach will:

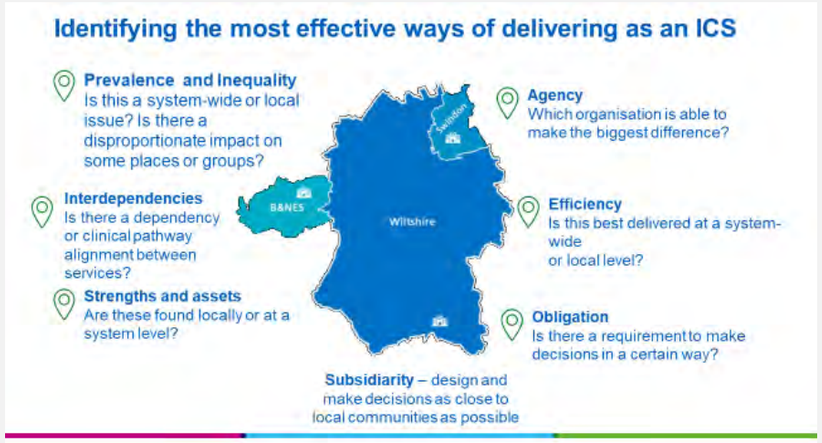
- Increase focus on population health and health and well-being outcomes in contracts
- Enable collective system ownership of the financial control total
- Use existing capacity and capability in transactional commissioning and contracting

Progress so far and Next Steps

SRO: Tracey Cox

Milestones

- Work with across partners, including functional teams, to identify future positioning of our statutory and other responsibilities and accountabilities – by end August 2021.
- Develop a transition plan to new ways of working, including appropriate engagement with colleagues and other stakeholders – by end September 2021.



4. BSW Organisation & Partnership: Governance & Accountability

4.6 Governance & Accountability

The 2021/22 operational planning guidance requires BSW to set out in a MOU the delivery and oversight arrangements that will support delivery of the NHS priorities that we have committed to deliver in 2021/22 as a partnership.

BSW Oversight Framework

- We began consulting on our oversight plans in May. Our oversight framework is designed to empower individuals, teams, organisations and partnerships to take the necessary actions to meet local population demands and deliver our shared goals.
- Our approach to oversight will be based on the principle of subsidiarity with regards to Place within BSW and will operate at two levels:
  - 'Typical oversight' will provide the normal, light touch approach
  - 'By exception' oversight will provide a more direct, interventionist approach
- We will work in partnership with other agencies, including NHSEI to deliver effective oversight within BSW.
- BSW oversight will be coordinated through our NHS Statutory Board.

BSW Governance Review

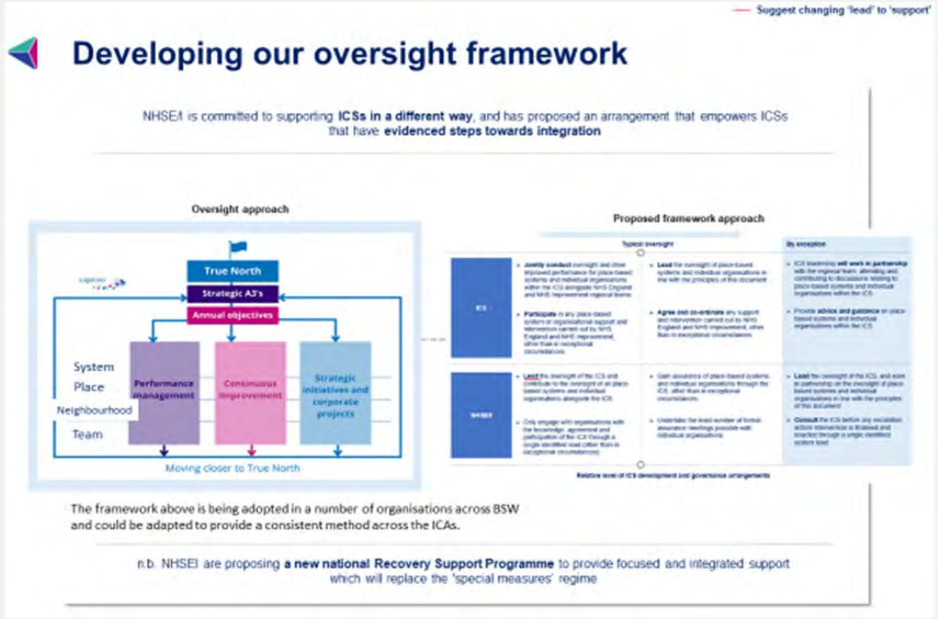
- We currently have a series of system-level groups to provide coordination and oversight when a more strategic, system level conversation or intervention is needed. We know that enhancements to current arrangements can be made.
- To ensure readiness for 2021-22 BSW has commissioned a governance review – coordinated by the SALSW group to design a streamlined governance arrangements for BSW, harnessing best practice from guidance. This review will be closely connected with our SOF development.

Progress so far and Next Steps

SOF Lead: Richard Smale.

Milestones

- BSW and SW team develop MOU during May-June ready for formal adoption by July.
- Development of BSW-Place SOF, by Sept 2021
- BSW Governance Blueprint, by end Q2.



4. BSW Organisation, Partnership & Governance: Financial Governance & Sustainability

4.7 Financial Governance & Sustainability

2021/22 Financial controls:

Framework for system oversight and controls in year to enable system to maintain within control totals in year and start to address underlying deficit. Proposal includes

- Peer review & challenge of Covid Costs (May) across all providers to ensure reduced spend by H1 in line with national guidance.
- Ensuring system does not make any recurrent investment in any constituent organisation over £300k without system oversight.
- Before any new investment in commissioned initiatives a review of the funded baseline is undertaken e.g. services with underlying deficits or workforce shortages are not exacerbating gaps.
- Developing robust winter planning early to mitigate winter pressures both on urgent care and elective productivity and recovery.

System financial governance

- Developing models for the financial governance of Integrated Care Alliances - CFO group leading the development of principles to support enabling local placed based change in the most agile and cost effective way.

Continued…

Financial sustainability

Best Value

- Building on FFF and HFMA Best value concept underpinning financial governance across the system. Ensuring how every decision financially is approached in the same manner, ensuring we can evidence the value we expect to derive.

Underpinning plan

Focus on three main areas (by end of June)

1) What does the long term financial model for the system look like for all partners, what is the size of the gap moving forward. Scenario planning and modelling to support changes in pathways and services.
2) What are we spending with whom and on what, e.g. service line spending analysis across BSW
3) What are the opportunities for savings across BSW using benchmarking information (right care, model hospital, GIRFT) mapped to where we are currently spending our resources. This is also aligned to workforce gaps and performance information.
4) Transformation plan aligned to BSW strategy and operational plans.

4. BSW Organisation, Partnership & Governance: Financial Governance & Sustainability

4.7 Financial Governance & Sustainability cntd.

Capital and Estates plans

- We are actively developing the latest iteration of a single system-wide estates plan that will incorporate the system capital priorities. There will be an overarching BSW Partnership Estates Strategy with plans at ICA and PCN levels. **Delivery - Summer 2021**.

- Our estates leads are active participants in the development of the ICS Care Model and Demand and Capacity Modelling to ensure estates alignment with system priorities.

Supporting Activities

- We are planning to optimise the built estate and estates workforce by ensuring it is aligned to the Care Model, resulting in estate that is in the right place, the right size, and correct configuration; Developing a single ICS Estates and Facilities Management function; Introducing space booking tools to maximise the use of the estate; An ambitious agile working programme; Disposing of surplus estate; Developing a system approach to Backlog Maintenance and Critical Infrastructure Risk.

Progress so far and Next Steps

SRO: Caroline Gregory

Milestones

5. BSW Transition

Summary slides – BSW Transition

BSW Transition

This workstream will focus on the safe transition of our people, duties and property into the new organisation and ensuring that we fully close down the legacy organisation.

Our workstream leads have met and we are starting to develop plans for transition.

The lead for transition is also responsible for the functional mapping of the current duties into the new organisation due to the close alignment of these projects.

No.	*Maturity Progress Questions (TBC)*	Confidence (1-5)	Comment
1			
2			
3			
4			

No.	2021/22 Development Priority	Next Steps	Additional Support Required?
1	Programme Management Approach and Timeline	Development of full transition programme plan with workstreams. Core team; BSW alignment and engine room groups. Over-arching programme timeline	National guidance on the transition – will there be a rename of CCGs or transfer to a new organisation?
2	Transition of people	Planning using guidance from national team.	National guidance on transition of staff.
3	Transition of statutory duties	Planning using guidance from national team.	National guidance on transition of statutory duties.
4	Close down of legacy organisation	Develop plan for full close down of CCG using national guidance.	National guidance on close down and transfer of all people, duties and property.
5	Due diligence	Review CCG merger due diligence process and plan ICS process aligned to this unless further national guidance is produced.	National guidance on any due diligence requirements, otherwise local resources will be used.

5. BSW Transition: Programme Management Approach

5.1 Developing Programme Management Approach

- Full programme plan will be developed with workstreams to cover all elements of CCG transition to NHS ICS Body:

Communication and Engagement	Governance	Information Governance
IM&T	Business as Usual transfer	Finance
HR	Nursing and Quality	Commissioning and Contracts

- Initial workstream meeting held 25th May and full programme development will take place alongside publication of national guidance.
- Creation of risks and issues logs, clarity on interdependencies across overarching ICS Programme and regular exception reporting to be set up imminently.
- Fortnightly workstream leads meeting in place, reporting to Engine Room.

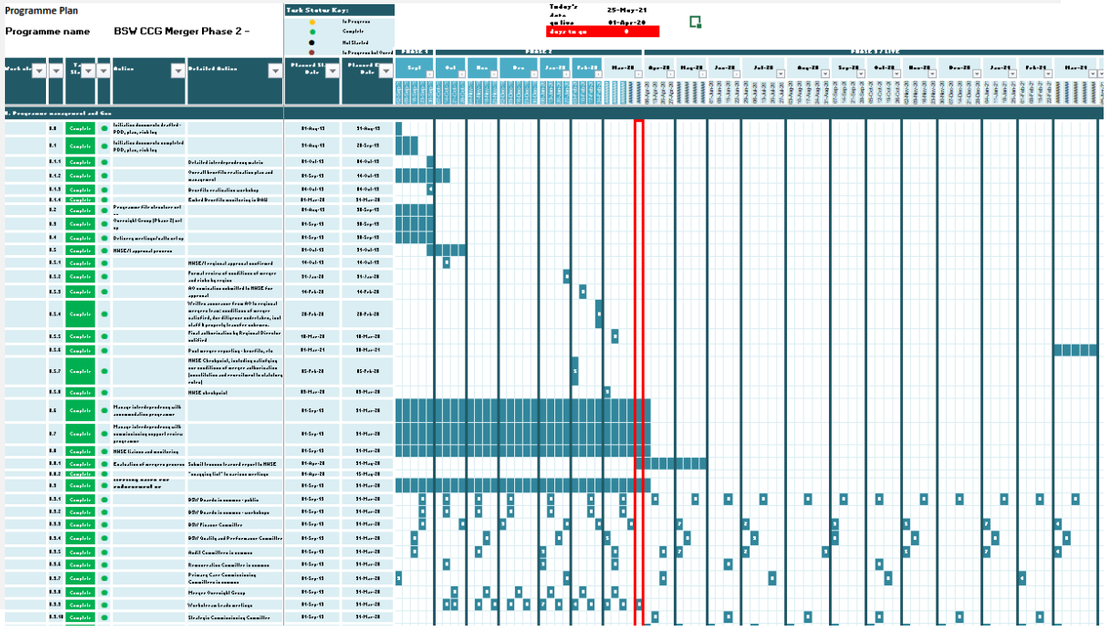
SRO: Tracey Cox, Chief Executive

Milestones

Publication of national guidance which will support each workstream's development. (June – August)

Development of full programme plan (June – August)

Staff consultation aligned to our change policy and national guidance.



BSW Transition: Transition of People

5.2 Transition of People

- National guidance awaited on transition of people into the new organisation(s). Assumed the majority of staff will lift and shift directly into the new organisation under TUPE/COSOP.
- We have developed a Memorandum of Understanding across our system-wide partner employers to support deployment of staff to different hosts, irrespective of employer.
- We may take the opportunity to transfer some employees to partner organisations but will review the national HR guidance and our internal work on positioning of our statutory duties in future.
- We will communicate and engage with our staff at every opportunity and will undertake appropriate consultation.

SRO: Alison Kingscott and Sheridan Flavin

Milestones

Publication of national guidance to support fuller workstream development (June-September).

Full workstream project plan by September.

Identification of any changes in roles and functions (aligned to work on positioning of our statutory duties).

Review implications for payroll, pensions and other benefits.

Implement separate process for Executive and Board members aligned to national guidance and timescales.

Staff engagement and formal consultation (date tbc).

BSW Transition: Transition of Statutory Duties

5.3 Transition of Statutory Duties

- We are working on the future positioning of our statutory duties via our “Strategic Commissioning” group which reports into our “System Architecture” group. We have developed a functions and statutory duties map which we will use to jointly develop our future delivery model with CCG and System Partners over the next couple of months.
- This requirement will be managed across a number of functional workstreams and will link directly to our due diligence process.
- Anticipated national guidance on ICS NHS Bodies will help us to identify the degree to which we need to migrate or rename our organisation. For example in the implementation of our technical infrastructures such as financial systems and the Organisational Data Service (ODS).
- Implementation of shadow arrangements from Autumn 2021.

SRO:

Milestones

Publication of national guidance to support fuller workstream development (June-September).

Review of due diligence checklist for merging of CCGs and alignment to any new requirements (June-September).

Full workstream project plan by September.

BSW Transition: Due Diligence

5.4 Close down of Legacy Organisation

- As part of ensuring we transition our statutory duties appropriately, we will ensure full closedown of the legacy CCG organisation. This will include archiving of CCG documentation, links with financial and data partners, transition of contracts, etc. Full list to be developed, aligned to our transition and due diligence processes.
- Full transfer of staff, property, assets and liabilities to receiving NHS ICS bodies.

5.5 Due Diligence

- A full due diligence process was recently undertaken for the merging of our legacy CCGs. This report will be reviewed in the context of transition to ICS and to ensure that all of our duties, staff, property, assets and liabilities are safety transferred into the receiving ICS bodies.
- This process will be fully documented and evidenced.

SRO:

Milestones

Publication of national guidance to support fuller workstream development (June-September).

Review of recently used due diligence checklist to inform ICS transition approach to due diligence (June/July).

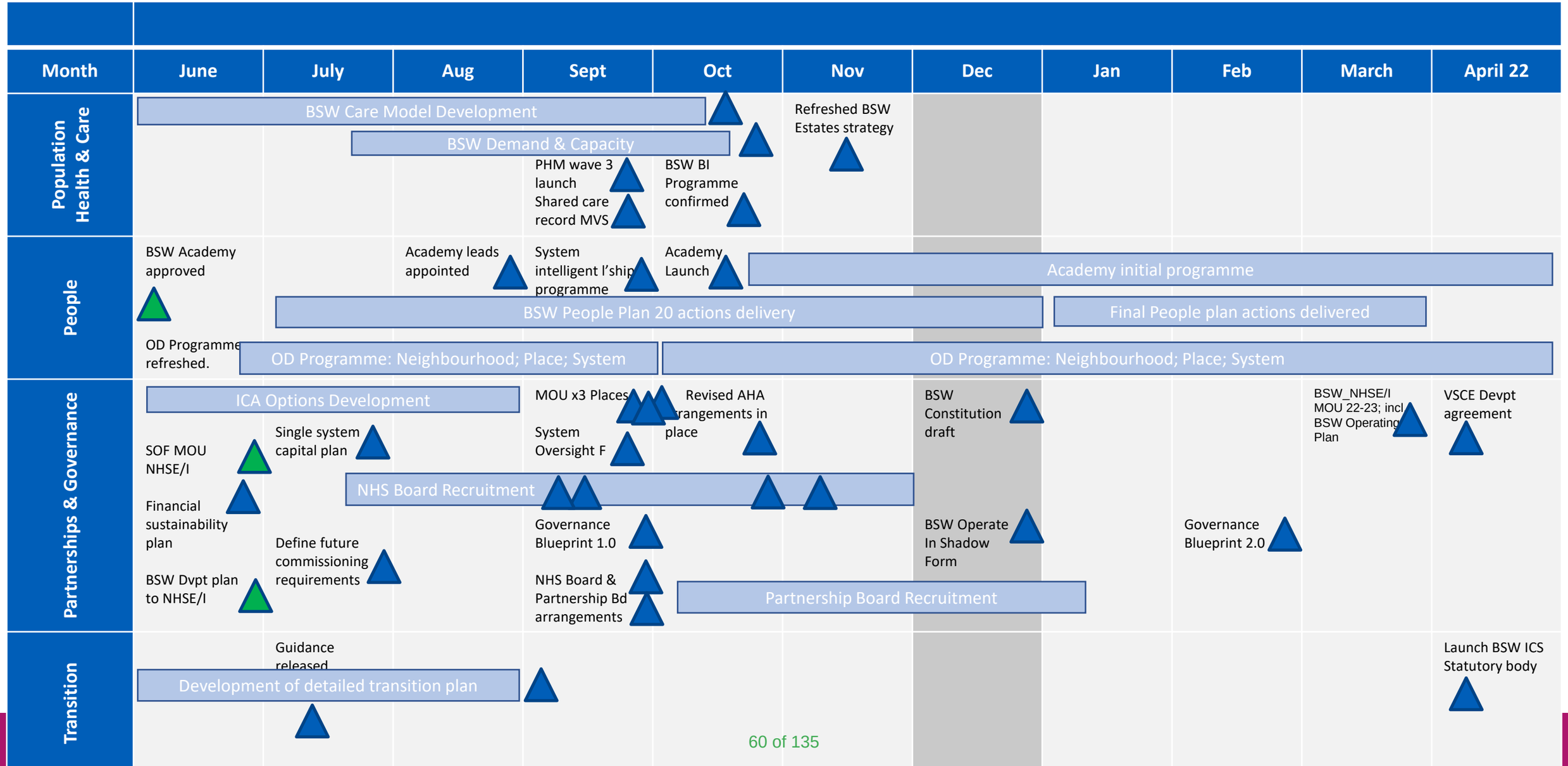
diligence checklist for BSW Amended 27/02/2020

Detail	RAG rat	Comment	Evidence
Constitution and structural information			
Statement of concerns by NHSEI, auditor, breaches of constitution.	Green	No concerns have been raised by NHSEI or auditors. There have been no breaches of the constitution. (JMW)	Audit Committee Papers filing: K:\Corporate Governance\Audit Committee
Breaches of Public Procurement Regulations, or CCG's Standing Orders or Standing Financial	Green	There have been no breaches of Public Procurement Regulations or any of the CCGs' Standing Orders or SFI. Audit Committee review auditors and although there have been a number of auditors recently, they have been assessed as appropriate for each service. (JMW).	Audit Committee Papers filing: K:\Corporate Governance\Audit Committee
Organisation al structure charts incl Governing Body, all committees and all other key governance arrangements in place.	Green	Structure charts in place. All other governance arrangements are clear although continuing to evolve as the new organisation develops. (JMW). The SoRD describes decision making and associated financial powers in the new CCG. This will be published 1st April. (AL)	Executive Team structures: https://nhsuu.browser.co.nhs.uk/documents/bsu_commission_alliance_exec_team_structure.pdf Organisation al structure - continues to evolve, last published: https://nhsuu.browser.co.nhs.uk/documents/bsu_commission_alliance_bsu_structure_charts_12_december_2019_v12.pdf Governing body - appointments continue - latest summaries 05/02/2020 - https://nhsuu.browser.co.nhs.uk/shared-resources/appointment_to_bsu_governing_body Committee arrangements - K:\Transition Programme\Merger\Phase 2\Governance\20200110 Governance v2.pptx SoRD draft - \\bsfshub-fs01.bsfshub.nhs.uk\BSW-CCG\Transition Programme\Merger\Phase 2\Governance
Any other third parties with which the CCG is involved (whether documented or not).	Green	All contractual arrangements with external organisations have been documented for each CCG and contact is being made with each organisation to inform them of the merger and next steps. (CP) Any relationships with organisations where there are no contracts have also been documented and are being managed on a case by case basis (e.g. LA arrangements, etc). (CP) Risks in relationships with other organisations are minimal but 2 are worthy of further detail (MH4): SECOL – an indemnity was given to GWH that underwrote "legacy issues". Our exposure relates to any clinical negligence claims relating to SECOL. These are covered by NHSLA insurance. IMH – no exposure to IMH itself, but we have entered into support arrangements under s96 of the NHS Act with successor organisations and dramas of these extend to 3 years and beyond. The longest relates to an indemnities given to support the transfer of leases if the single partner dramas of the contracts hands it back. There will not be a provision to transfer or the undertakings relate to issues that arise in a particular year.	Contracts database: K:\Transition Programme\Merger\Phase 2\BAU Transfer\Contracts\MASTER contract database Letters to providers: K:\Transition Programme\Merger\Phase 2\BAU Transfer\Contracts\letters
Copies of the CCG's Constitution, Standing Orders, SFI's, any other governance documents and any amendments to these documents.	Green	Documentation for the current CCGs is filed in Corporate Governance folders on different servers. Documentation for the new CCG has been prepared and can be found on the K drive as specified. The constitution has been approved by Nicola Kline for notification, sign off and membership still yet to be procured by the LMC.	Constitution: K:\Corporate Governance\Merger\phase 2 - part application\constitution and standing order Standing Orders: K:\Corporate Governance\Merger\phase 2 - part application\constitution and standing order

Appendix

1. BSW Partnership Implementation Plan: Tramline view by month
2. BSW Workshop & Partnership Decision cycle 2021-22
3. BSW Partnership Roadmap
4. BSW ICS Development Programme Risks & Issues

BSW High-Level Programme Plan [25/06/21]



BSW Workshop/ Partnership Decision cycle 21-22

June 2021 | July 2021 | August- Sept 2021 | October 2021 | Q3 / Q4 21-22

Workshop 1
Date: June 11th
Content: Structural Dynamics Session: BSW Executive

Workshop 2
Date: July 13
Content: BSW Places ICAs; focus on key milestones and inter-dependencies

Partnership Board
July 23rd
Content: incl *Role of NHS Statutory Board & approach to System Oversight.*

Workshop 4
Date: September '21
Content: *Building on July sessions*

Workshop 5
Date: September '21
Content: *Developing our BSW Health & Care Partnerships*

Workshop 6
Date: October '21 (tbc)
Content: *Delivering BSW Care Model*
[Workforce, digital, estate]

Workshop 7
Date: December '21 (tbc)
Content: *BSWs Transition to Statutory ICS*

DoFs Devpt Session 6th August

Population Health & Care Group: Additional Care Model Development workshops planned May – August. Plan confirmed in June.

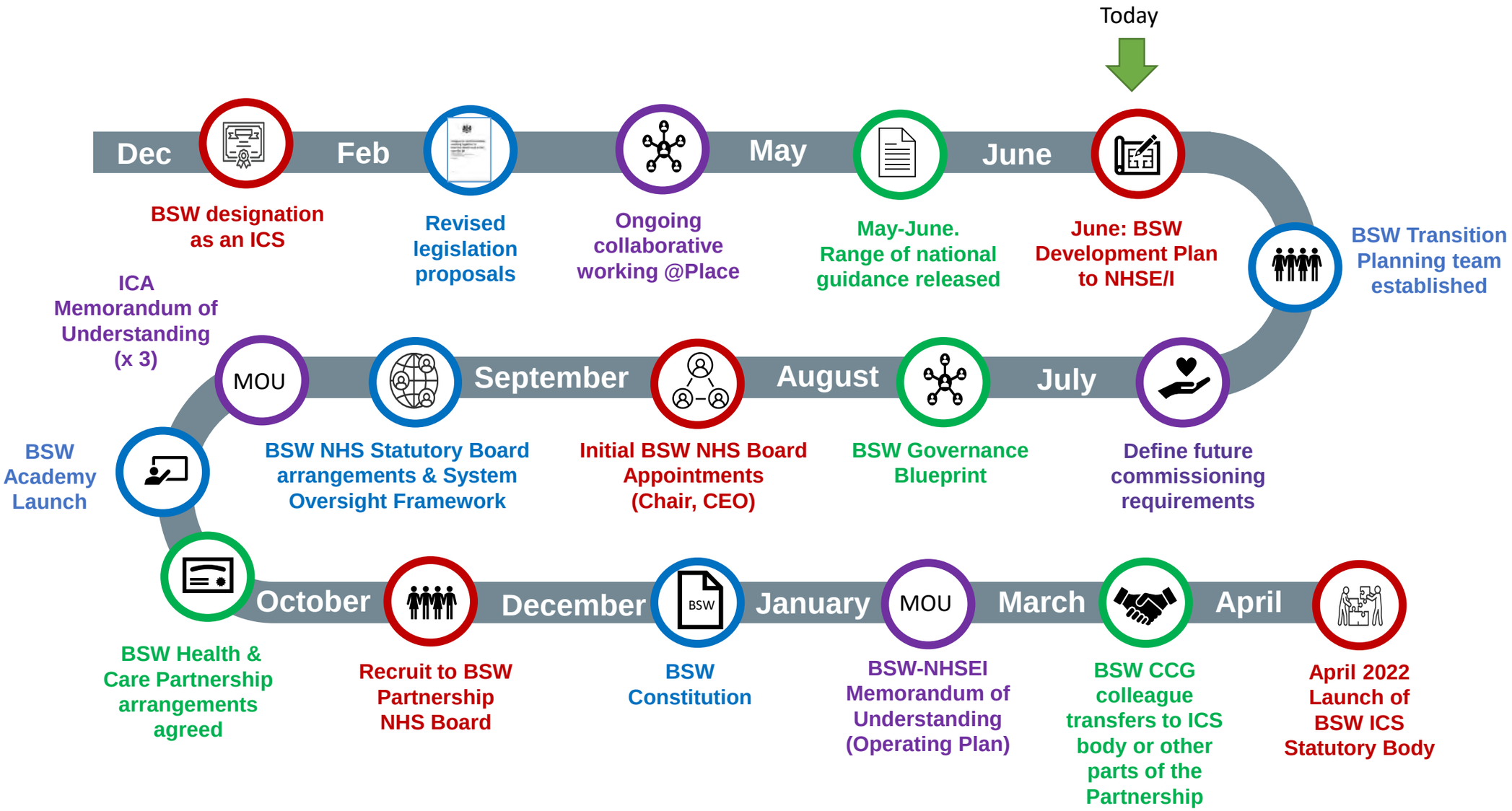
BSW Ophthalmology Workshop 1st July

Primary Care & Place Workshop 6th July

Clinical Leadership Session Date TBC/ 9th Sept

OD Programme: Support to localities [SW sessions 28/29 June; BaNES / Wilts TBC]
Structural Dynamics Workshops with groups including DoFs and COOs; and Population Care Design Group

BSW Partnership Development Path 2021-2022



Subject to legislation progressing through parliament.

BSW ICS Development Programme Executive Risks & Issues

Managed by SROs Alignment Group and OD Programme

Ref	Description	Score	BSW Response	Lead	Residual risk
1	*Risk*: Complexity of ICSDvpt Programme	High	Mitigate: Detailed programme planning. Core team of workstream leads in place to manage programme and it's dependencies.	RS	Medium
2	*Risk*: Programme Resources – insufficient to deliver programme. X-ref 6 and 1	High	Mitigate: Small central programme team in place. Recruitment of PM support underway. Network of Partner colleagues established to drive work programme.	RS	Medium
3	*Issue*: Delay in national guidance; change in timelines creates uncertainty and also peaks and troughs of work.	Medium	Tolerate/ Mitigate. Close working relationships with regional support team. Early sight of draft guidance and rapid dissemination. Focus on acting on what we know.	RS	Medium
4	*Risk:* Inadequate communication / engagement with our BSW workforce resulting in low levels of understanding of the ICS, disengagement with ICS activity & failure to embed a cultural shift to drive change together, working as one team.	High	Mitigate: Leverage support of Partner comms teams to support the comms strategy, engage staff about the ICS and help with cascade of information e.g. #BSW Together and The Triangle. BSW partner leadership to promote BSW within Partner organisations. Comms network meeting monthly. Monthly reporting on comms performance to BSW Executive to monitor progress. Weekly BSW programme Sprint report issued to raise understanding & awareness. OD Programme workstream three.	TC	High/Medium
5	*Risk*: Transition of CCG and establishment of new ICS leadership team creates destabilising effect – including risk of turnover – affecting delivery.	High	Mitigate: Timely progress of recruitment to key leadership roles; Comms re process. Mitigate: make *ad hoc* arrangements to address turnover as it arises.	TC	Medium
6	*Risk*: Balance bw short-medium & long-term priorities (operational pressures & recovery) and ICS Programme development needs creates tension/ affects bandwidth & impacts successful delivery of ICS Devpt.	High	Manage: potential impact especially in 2nd half of the year. Maintain strong focus on ICS development in Q2.	TC	Medium
7	*Risk*: System (place, BSW, region, national team) not modelling new ways of working.	Medium	Manage: Close working relationship Recognise value of place, system and regional view	RS	Low/Medium
8	*Risk*: Readiness of BSW Partners and leadership to work in integrated care system (cultural and behavioural risk).	High	Mitigate/ manage: BSW's dedicated OD & Leadership programme underpins the BSW ICS Devpt programme; now in implementation phase - 3 streams of work.	TC	Medium
9	*Risk & Issue*: External Stakeholder Management – those not supportive of ICS development in BSW	Medium	Manage/ Mitigate as issues arise.	TC	Medium

Bath and North East Somerset,
Swindon and Wiltshire Partnership
Working together for your health and care

System Oversight Framework (SOF)
Memorandum of Understanding

Draft (encompassing NHSE/I feedback)

July 2021

Contents

1. Introduction

This draft Memorandum of Understanding (MOU) sets out the way the BSW Partnership will conduct system oversight during 2021/22. It describes the oversight arrangements that will be implemented pending establishment of the new ICS Body and Partnership Board.

This MOU sets out:

- the delivery and governance arrangements across the ICS and the role of place-based partnerships and provider collaboratives in delivering the priorities set out in the 2021/22 planning guidance. Governance arrangements will include:
    - Financial governance arrangements
    - Quality governance arrangements. The NQB's *Shared Commitment and Position Statement on quality in integrated care systems* sets out specific requirements that ICSs are expected to have in place to support the proactive identification, monitoring and escalation of quality issues and concerns
- the oversight mechanisms and structures that reflect these delivery and governance arrangements, including the respective roles of BSW Partnership, local democratic forums (e.g. Health and Wellbeing Boards and Oversight and Scrutiny Committees) and the South West Regional NHSE/I team.
- the local strategic priorities that the BSW Partnership has committed to deliver in 2021/22 that complement the national priorities set out in the 2021/22 planning guidance.

2. Approach

This MOU is designed to help us respond to the dual requirements for local accountability to the BSW population and locally elected politicians and the national accountability required for NHS services. Finding the right balance between these two distinct requirements is critical to establishing a true sense of partnership between the respective organisations.

Our oversight framework is designed to empower individuals, teams, organisations and partnerships to take the necessary actions to meet local population demands and deliver our shared goals. There will be greater autonomy for BSW Partners based on evidence of collective working and a track record of successful delivery of those things that really matter to the local population, including tackling inequality, improving wellbeing, enhancing access and supporting economic and social recovery from the Covid pandemic. Specifically:

- there will be greater emphasis on care outcomes and performance as a 'system' and 'place', alongside the contributions of individual organisations;
- we will focus the energy of our partnership time on those areas that require the contribution of partner organisations, whilst managing NHS specific performance standards through a streamlined system wide process;
- our approach to oversight will be based on the principle of subsidiarity and delegated authority to individual organisations, place-based partnerships and provider collaboratives within BSW;
- we will match accountability for results with improvement support through a combination of:

- ‘typical oversight’ will provide the normal, light touch approach for ensuring safety and understanding performance.
- ‘by exception’ oversight will provide a more direct, supportive approach when needed.

- we will embed the contribution of other agencies, including NHSE/I within the oversight approach adopted by BSW and avoid duplication of effort; and

- in our approach we will role model compassionate leadership behaviours in all of our oversight interactions and expect the same of our partners.

The structure of our Oversight framework will bring together the performance of our transformation initiatives and our delivery against performance standards. Our transformation initiatives combine both short-and-long term interventions and are central to us achieving our five strategic objectives as an ICS. In this context our intention is to emphasise the importance of these in the amount of time we commit to supporting transformation and the amount we commit to monitoring performance standards.

Both our BSW Partnership and our place-based arrangements are evolving in their maturity as we transition from a commissioner/provider model into an ICS. Our oversight arrangements will therefore need to adapt alongside our maturing system. During 2021/22 we will need to continue to operate within the current statutory responsibilities of our individual organisations, with bodies such as the Local Authority, CCG Governing Body and individual trust boards retaining their statutory role. However, we will increasingly encourage our partnership forums to be the places where we collectively ‘make decisions’ and our statutory organisations as the places that formally ratify or ‘take decisions’. This process will enable us to operate within the spirit of collaboration, whilst we remain within the current legislative arrangements and allow us to vary our approach in line with pace of maturity that develops in each Place.

3. Scope

This SOF MOU will set out:

- the delivery and governance arrangements including financial governance across the ICS;

- the role of place-based partnerships and provider collaboratives in delivering the priorities set out in the 2021/22 planning guidance;

- the oversight mechanisms and structures that support these delivery and governance arrangements, including the respective roles of the ICS and regional NHSE/I team, and

- the local strategic priorities that the ICS has committed to deliver in 2021/22 as a partnership that complement the national priorities set out in the 2021/22 planning guidance.

The SOF MOU should be read in conjunction with the ICS Development Plan and current BSW H1 (April-Sept 21) and future H2 plans (Oct 21-Mar 22).

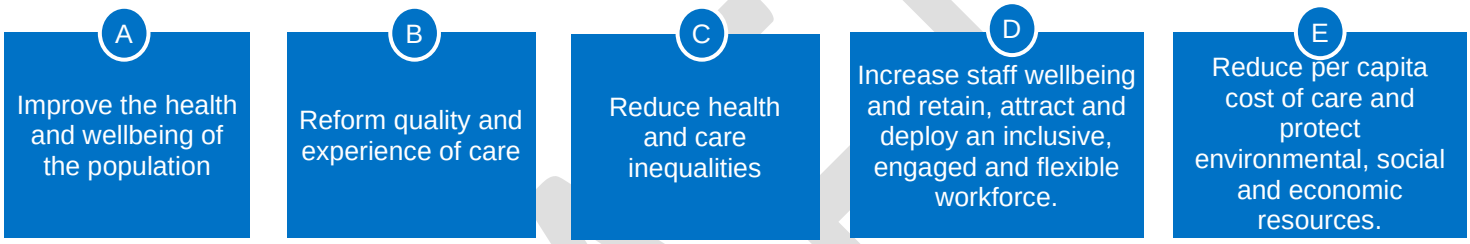
4. Duration of the MOU

Subject to legislation, the SOF MOU will need to be reviewed and updated following the establishment of a new statutory Integrated Care Board and Partnership Board which will become the legal embodiment of the ICS.

In recognition that 2021-22 is a 'transitional year', the SOF MOU will be reviewed in November 2021 and March 2022.

5. Local and national priorities

BSW Partnership is working together to empower people to live their best life. To do this we have identified five strategic aims.



Our oversight framework is being designed to help us measure our progress around these strategic aims. Beneath each aim there are a series of interventions being made across three broad areas:

- the way care is delivered within BSW;
- the way we are supporting colleagues who deliver care within BSW; and
- the way we operate as organisations.

The detail of our local priorities are laid out in our H1 plan and are being updated as part of our H2 plan. These include a focus on continuing to manage the impact of Covid-19 on services, the maintenance of urgent care and flow within the system (especially during the winter period), elective recovery, social care and care homes, primary and community care, mental health services, older people, children and young people, maternity services and staff wellbeing. The key performance metrics for H2 are currently being collated from local and national performance standards and performance during H2 will be monitored against these.

Our ICS Application and ICS Development Plan also contain further detail on our longer-term ambitions and in particular the development of our future care model.

6. Operating across organisations, place and as a system

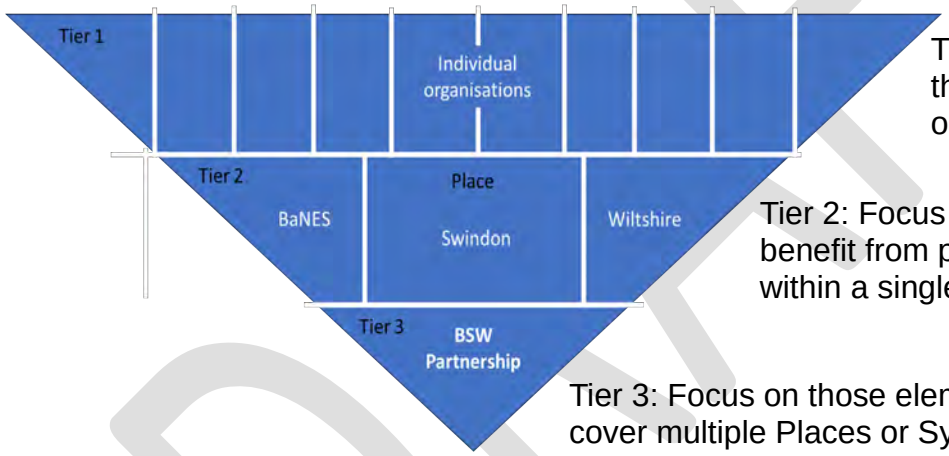
Within the local health services we are moving towards a greater emphasis on prevention and wellbeing and addressing the wider determinants of health. These are areas already focussed on extensively by our local authorities.

The BSW Partnership is operating as a single integrated care system, containing three distinct place-based partnerships. Due to shift in emphasis described above and the existing role of the local authorities, we are developing our place-based partnerships around the geographies served by each local authority. This approach builds on the pre-existing relationships and joint commissioning arrangements that have existed within BSW and will help us align our approach around the needs of the individuals and communities that we serve.

The alignment of place-based partnerships in this way supports our focus on working across the interface of health and social care and tackling the wider determinants of health. The approach is relatively easy for some partner organisations who share a common geography with the local authority, but for others (e.g. acute trusts, mental health trusts and ambulance services) it means they must interface with multiple places. As place-based partnerships develop it will be important that these providers remain integral members of the place-based partnerships and are able to manage the complexity of operating in multiple partnerships.

In this context, our Oversight Framework needs to accommodate individual organisations, place-*based partnerships and system wide arrangements. This is reflected in the tier model below.*

BSW Oversight Framework – Tier model



Tier1: Focus on those elements that relate primarily to a single organisation.

Tier 2: Focus on those elements that benefit from partnership working within a single Place.

Tier 3: Focus on those elements that cover multiple Places or Systems.

7. Roles and Responsibilities

Individual organisations

Individual organisations will continue to provide oversight of their respective performance through existing or enhanced internal arrangements.

Place and local democratic processes

The future roles of Health and Wellbeing Boards are being discussed within the place-based partnerships operating across BSW. At present they play a key role in linking health and care services into local democratic processes, bringing together a wider range of partners from within the place, and agreeing and overseeing delivery of the local health and wellbeing strategy. This responsibility will continue to operate as part of our approach to oversight during 2021-22 within BSW as our place-based arrangements evolve.

The local Oversight and Scrutiny Committees across BSW also have a critical role in providing local democratic oversight of health and care services. This role is also expected to continue to operate as the ICS arrangements develop.

The role of the place-based partnerships in BSW include:

- Developing an in depth understanding of local need
- Connect with communities and facilitate integrated working with local people, voluntary and community and social enterprise organisations.
- Development of local priorities, strategies and interventions, including plan for becoming a thriving Place.
- Management of place based resources and performance.
- Development of a Memorandum of Understanding for mutual accountability, including linkages to the Health and Wellbeing Board.
- Escalation of issues requiring system level support and intervention.

Provider collaboratives

Provider collaboratives are playing an increasingly important role within BSW, bringing together organisational resources and expertise to better plan for and deliver services. Where appropriate these provider collaboratives can perform a valuable role in responding to performance challenges (e.g. elective recovery and mutual aid) within BSW and should be recognised as part of our system level response.

BSW Partnership

Although the emphasis will be on self-regulation at Place level between the local partners, the BSW Partnership will have a role in monitoring performance the and providing support to each Place. This will be undertaken in line with the level of responsibility that is devolved from the BSW Partnership to each Place.

The oversight of NHS services operates through a process of national/regional assurance through NHSE/I. This approach will continue, but as we transition towards greater emphasis on population health and wellbeing, we will need to more closely align this national oversight with the local democratic processes described above.

In this context the BSW Partnership will jointly operate oversight arrangements with NHSE/I which empower the local organisations, place-based partnerships and provider collaboratives. This approach will be supported by the NHSE/I regional teams, as follows:

- jointly conduct oversight and support improved performance for place-based systems and individual organisations within the ICS;
- jointly participate in any place-based system or organisational support and intervention carried out within the BSW Partnership; and
- NHSE/I Southwest colleagues will operate as full members of BSW transformation, oversight and assurance forums as set out in the governance chart below (section 8).

Additional support

Where performance in BSW is below the required standards a mechanism for transitioning from our typical oversight mechanisms to those used by exception will be required. Set out in the image below is how typical oversight and escalation will operate between the BSW Partnership and NHSE/I.

Our current operating arrangements within the BSW Partnership and with NHSE/I are designed to allow for regular interactions and challenge and avoid the need for exceptional interventions as much as possible. However when circumstances require the framework for deciding when we transition from typical oversight to by exception is set out in Appendix 1.

If one of the criteria is triggered, the BSW Partnership and NHSE/I will jointly determine the most appropriate level of support intervention based on the nature of the trigger and the organisations involved. Additional support interventions could occur at the level of:

- a single organisation;
- a place-based partnership;
- a provider collaborative; or
- the BSW Partnership.

Oversight roles of BSW Partnership and NHSE/I

Services delivered across multiple ICSs

For services that are delivered across multiple ICSs, for example Avon Wiltshire Mental Health Partnership (AWP) and South Western Ambulance Service (SWAST), the BSW Partnership will work with partners to ensure effective joint commissioning and performance management arrangements are in place. For AWP our joint working will be with Bristol, North Somerset and South Gloucestershire CCG and for SWAST it will be with Dorset CCG.

The oversight approach for these two services is different, with the SWAST contract involving a Joint Committee approach which is led by Dorset and involves multiple ICS's served by SWAST.

For AWP there is extensive direct engagement with the provider through the BSW Mental Health Programme Team. is undertaken through SWAST has been signposted by others, and outline Dorset carries out the oversight.

BSW Partnership will continue to contribute to the discussions with NHSE/I South West and ICS partners on the development of Specialised Commissioning Services and Primary Care Services.

Table 1 below sets out in more detail the area of focus applicable to each level within the Partnership.

Table 1: Areas of focus

Oversight Tier	Key forums	Areas of focus
Individual organisations	Statutory Boards/ Committees	Arrangements within individual organisations are expected to remain largely as they are today, however partners will have a duty to consider the implications for the wider Partnership. For NHS providers this will include NHS Oversight Metrics with provider performance management reflecting both national requirements and locally identified priority KPIs. The emphasis will be on self-regulation supported by the wider system. It is our intention to transition from the former contract performance meetings between commissioners and providers into arrangements that are lighter touch, less frequent and with a focus on specific transformation projects or service delivery standards that relate specifically to the organisation. Where delivery of these transformation projects and service delivery standards are impacted by the actions of partners these can be addressed through the organisations involvement in place-based partnership discussions. The CCG and its Governing Body are expected to be closed down in April 22 as part of the new legislative arrangements. The CCG will effectively be replaced by a new ICS Board whose membership will be drawn from partner organisations across BSW. The current functions of the CCG will be realigned to support the new arrangements across BSW.
Place-based partnerships	Place based partnerships (Integrated Care Alliance)	The place-based partnerships will focus on those elements that benefit from partnership working within a single place. The emphasis will be on self-regulation and mutual accountability between the partners, supported by the wider system where required. Escalation will operate on a by exception basis. The focus of the partnerships will be on collaborative transformation activities and shared service delivery standards. The discussions within these partnership forums will, where appropriate, include performance against NHS standards and the associated responsibilities of partners (e.g. Social Care), but it is critically important that the approach is much broader in their monitoring of outcomes and performance. Support processes are being developed around these place-based arrangements including the development of balanced score cards with a focus on priority measure and metrics and a focus on outcomes.

Oversight Tier	Key forums	Areas of focus
BSW Partnership	• BSW System Oversight and Delivery Groups • Provider collaboratives	A sub-committee of the BSW Partnership will provide coordination of system level oversight on behalf of the BSW Partnership. Performance against national NHS standards will be coordinated via this sub-committee. NHSE/I will be members of this committee, working alongside BSW Partnership colleagues. Where performance is causing concern the Oversight and Delivery Group will escalate to the BSW Partnership. NHSE/I colleagues within the Oversight and Delivery group will work with BSW Partners to identify the appropriate support intervention. To support visibility across all partners a common business intelligence platform will be developed and supported by business intelligence teams working together across BSW. Groups with specific mandates for the oversight or transformation and service delivery standards across the BSW partnership will operate across the system (e.g. Quality Surveillance Group, Elective Care Board, Urgent Care and Flow Board and Long Term Plan Transformation Programme Boards). Provider collaboratives are expected to play an increasingly important role in the delivery of services across BSW. As per Place based arrangements, provider collaboratives will be encouraged to develop a self-regulation approach to oversight. The BSW Partnership will retain local responsibility for services that are delivered across multiple systems, working jointly with the other ICSs where appropriate.

In undertaking these oversight roles and responsibilities the BSW Partnership and NHSE/I commit to:

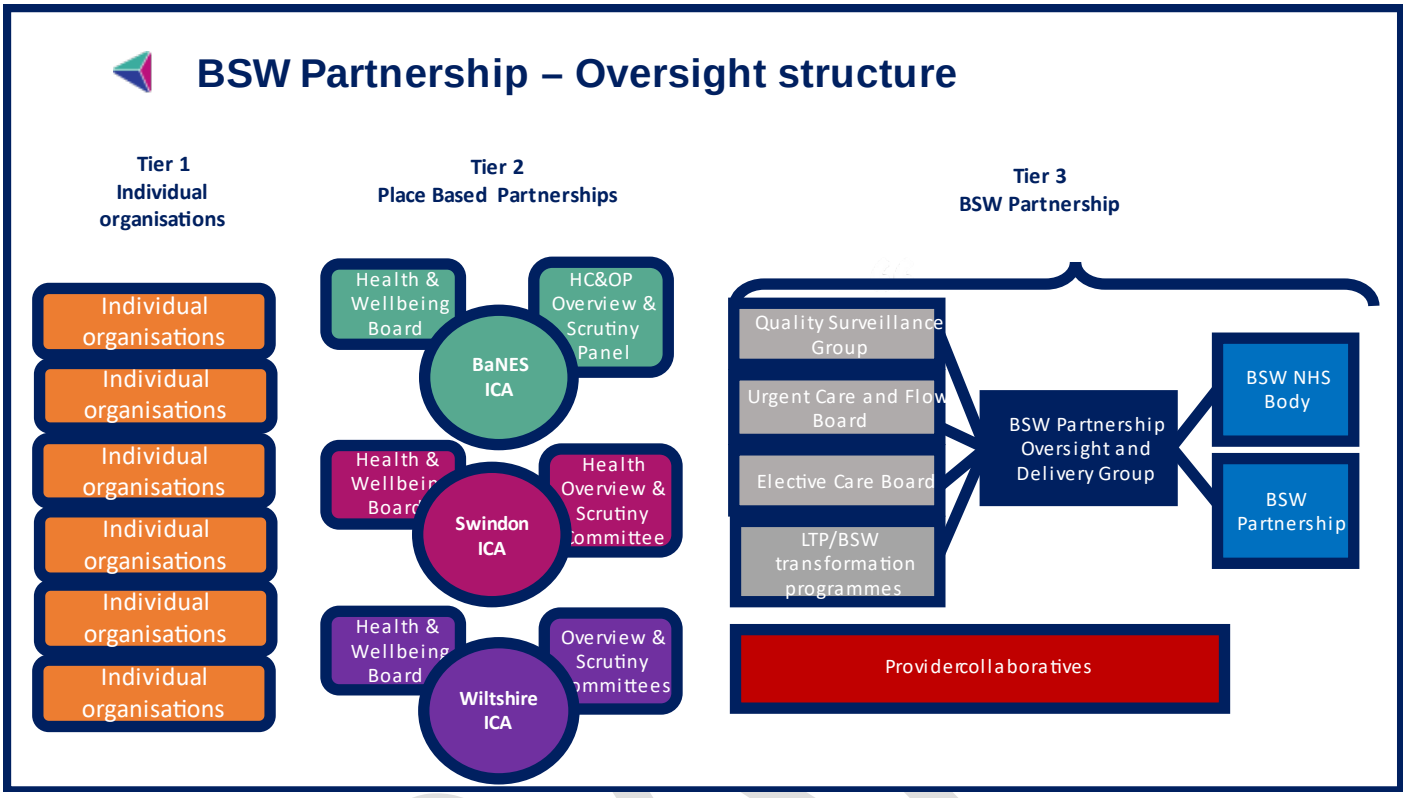
- open, honest and transparent relationships;
- single conversations (‘*dialogue within the room’*);
- information shared timely and through a coordinated approach across BSW; and
- hold each other to account to deliver the aspiration to work differently.

8. BSW Partnership governance structure

Our governance arrangements can be seen in the diagram below. These have been informed by a range of factors including:

- the ICS currently has no formal delegated decision-making authority - it is a collaboration of partners, therefore recognising that decisions can only be made where statutory organisations have developed certain powers to the officers attending or any decisions in line with an existing decision the statutory organisation has already taken;
- formal oversight and assurance requirements set out by NHSE/I relate to NHS partners only;

- our governance arrangements are being reviewed as part of our ICS Development Plan and will be updated in line with the requirements of the statutory ICS; and
- we want to keep the processes associated with oversight as straightforward and light touch as possible.

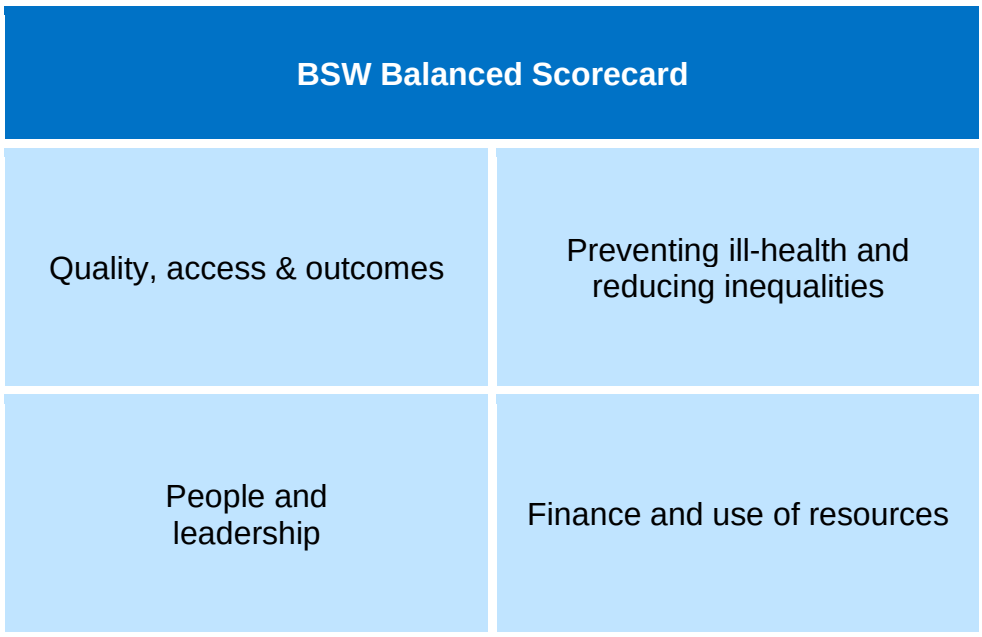


The scope of specific groups within the BSW Partnership is described in the table 2 below.

Table 2:BSW Partnership Governance 2021-22 forum	**Summary of scope** (detailed scope is set out in the terms of reference for each group)	**Frequency of meetings**
BSW Partnership Executive	Executive Leadership of the BSW Partnership	Monthly
BaNES, Swindon and Wiltshire Integrated Care Alliances	Place based partnerships, working together to meet the needs of the local population and coordinate local transformation (including benefits realisation). Oversight of the use of shared budgets (e.g. Better Care Fund) and increasing consideration of the way financial resources are used to meet the needs of the local population.	Monthly
BSW Oversight and Delivery Group	Coordinate the oversight of NHS service standards across BSW. The Group will also coordinate on behalf of the BSW Partnership the collation of benefits realisation reports from programmes across BSW.	Monthly
BSW Directors of Finance Group	Oversee the financial management of BSW and the transition to new financial arrangements. Includes development of options for financial scheme of delegation, arrangements for oversight and reporting of expenditure.	Monthly
BSW Quality Surveillance Group	A Quality Surveillance group has been established in accordance with the National Quality Board's Position Statement on Quality in Integrated Care Systems. The Group will enable intelligence-sharing and engagement on quality, including safety.	Bi-monthly
BSW Transformation groups • Population Health and Care • Elective Care Board • Urgent Care and Flow Board • Long Term Plan Transformation Programmes • System Capability and People • System architecture, Partnerships and Governance • ICS Transition	Coordinate the delivery of transformation activities across BSW relating to: - BSW care services - Elective care - Urgent care and flow - Delivery of LTP ambitions (e.g. Mental Health; Ageing Well; Learning Disabilities and Autism; Maternity, Children and Young People) - People. Leadership and development of the BSW Academy - Organisations, governance and partnerships - Transition in line with legislative changes.	Monthly
Individual organisations	Delivery of relevant organisational/NHS standards	Monthly

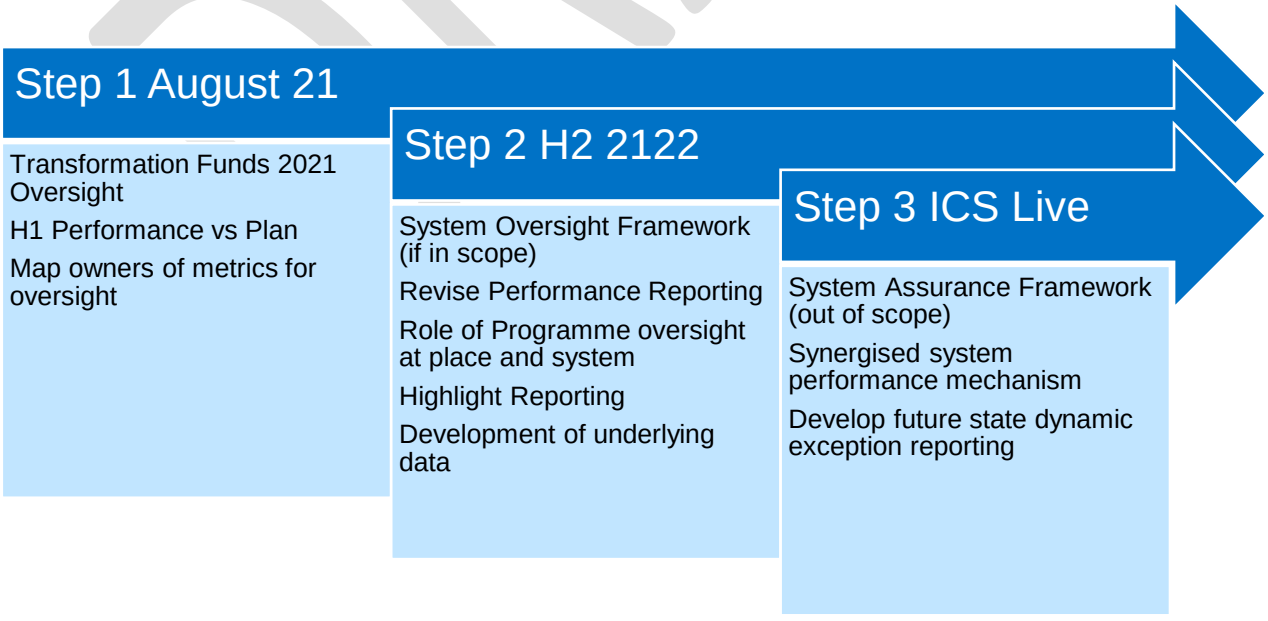
9. Reporting of progress

During 2021/22 the focus of our Oversight Framework for NHS standards will be based on the elements illustrated below with an initial focus on H1 (April 21-Sept 21) delivery. These will be reported using a balanced scorecard approach, encompassing a set of locally determined BSW Partnership metrics and a subset of nationally published NHS oversight metrics.



This will be supported by a more detailed suite of BSW specific metrics at a system and place level, linked to specific transformation programmes.

2021-22 will represent a year of transition as we deal with the consequences of the initial phases of the Covid Pandemic and move towards our new ways of operating as a Partnership. This will be reflected in our approach to oversight of our performance.



10. Escalation, intervention and dispute resolution

In line with existing ToR any issue requiring escalation is through the relevant oversight/ assurance group (e.g. Oversight and Delivery Group) up to the BSW Partnership Executive. Should there be no improvement relating to the concern then the BSW Partnership would enact improvement mechanisms. If there continues to be no improvement the BSW Partnership Executive, in discussion with NHSE/I would define appropriate improvement interventions.

In the event of disagreement about the oversight arrangements, or any other matter as set out in the MOU, the aggrieved Party shall notify the other Party and the Parties will seek to resolve the matter informally. If the matter cannot be resolved informally, it will then be referred to [the NHSE/I South West Regional Director and or the relevant Local Authority for resolution by a process of discussion and negotiation. Following resolution of a dispute, the Parties may wish to amend the MOU.

11. Signatories

This memorandum of understanding is formally approved by:

On behalf of BSW Partnership:

……..	……
Stephanie Elsy Chair	Tracey Cox Chief Executive

On behalf of NHS England and Improvement:

……..
Elizabeth O'Mahony
South West Regional Director

Appendix 1: Support segments and nature of support needs.

	Segment description			
	ICS	CCG	Trust	Scale and nature of support needs
1	Consistently high performing across the six oversight themes Capability and capacity required to deliver the ICS four fundamental purposes is well developed	Consistently high performing across the six oversight themes Streamlined commissioning arrangements are in place or on track to be achieved	Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place-based and overall ICS priorities	No specific support needs identified. Trusts encouraged to offer peer support Systems are empowered to direct improvement resources to support places and organisations, or invited to partner in the co-design of support packages for more challenged organisations
2	This is the 'default' segment unless an ICS, trust or CCG triggers the criteria for moving into another segment. While ICSs in this segment will still be on a development journey, they will demonstrate many of the characteristics of an effective, self-standing ICS. Where performance is challenged at system, place or organisation level, plans that have the support of system partners will be in place to address this.			Flexible support delivered through peer support, clinical networks, the NHS England and NHS Improvement universal support offer (eg GIRFT, RightCare, pathway redesign, NHS Retention Programme) or a bespoke support package via one of the regional improvement hubs
3	Significant support needs against one or more of the six oversight themes Significant gaps in building the capability and capacity required to deliver on the ICS four fundamental purposes	Significant support needs against one or more of the six oversight themes No agreed plans to achieve streamlined commissioning arrangements by April 2022	Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the licence (or equivalent for NHS trusts)	Bespoke mandated support through regional improvement hub, drawing on system and national expertise as required
4	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	In actual or suspected breach of the licence (or equivalent) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	Mandated intensive support delivered through the Recovery Support Programme

Bath and North East Somerset, Swindon and Wiltshire Partnership
Working together for your health and care

Meeting of the BSW Partnership Board

Report Summary Sheet

Report Title	ICS Development Programme – partnership structures and governance work stream					**Agenda item**	10	
Date of meeting	23 July 2021							
Purpose	Note		Discuss		Inform	x	Assure	x
Author, contact for enquiries	Anett Loescher, Deputy Director of Corporate Affairs, CCG							
Appendices	Annex A, Partnership Structures and Governance work stream top-level timeline							
This report was reviewed by	Tracey Cox, Chief Executive BSW CCG and ICS Lead Stephanie Elsy, Independent Chair							
Executive summary	The focus of this report is on the Partnership Structures and Governance work stream within the ICS development programme, and the emerging timeline of key activities and decision points required for the safe and timely transition towards the formal establishment of the BSW Integrated Care Board (ICB) as a statutory NHS Body in April 2022 and a BSW Integrated Care Partnership (ICP). The purpose of this report is to inform and assure the current BSW Partnership Board that • a programme of work is planned to develop, decision-making and governance structures for a BSW ICB and BSW ICP • concerted engagement activities are underway, as part of that programme of work. A note on the terminology: per the Health and Care Bill, what was previously known as Integrated Care System NHS Board (ICS) is now called an Integrated Care Board (ICB). The top-level timeline for the BSW Integrated Care System Structures and Governance work stream is shown in Annex A. Key milestones: • October, BSW ICB Constitution and BSW governance blueprint in draft • October / November, activity to consult with stakeholders on the draft Constitution							

	• December, submission of the agreed Constitution to NHSE, for the approval process (expected to conclude by end March)
Equality Impact Assessment	A key national objective for the establishment of Integrated Care Systems is for partners to work together to tackle inequalities. The ICS will need to regularly assess and monitor its impact in this regard and will set a clearly defined list of metrics to evidence progress.
Public and patient engagement	Whilst the establishment of ICSs will be defined by national legislation, policy and guidance, we will endeavour to communicate and engage with local people on the proposed changes.
Recommendation(s)	The Partnership Board is asked to **note** the report and the key decision points expected in the coming months. Partner organisations are asked to note / agree to the outlined approach; and to provide further guidance and direction on engagement activities to support the approach outlined including what other stakeholders should be involved in the consultation activities re the ICB Constitution.
Risk (associated with the proposal / recommendation)	High [ ] Medium [x] Low [ ] N/A [ ]
Key risks	A key risk to the timely delivery of the overall programme of the partnership structures and governance workstream, and therefore to the formal establishment of the statutory Integrated Care Board and Integrated Care Partnership for BSW, is the delay of legislation, regulation and guidance without which we cannot progress activity with certainty. If we cannot make good, timely progress on this, the system and patients will be impacted through our inability to make changes to service provision.
Impact on quality	These changes should have a positive impact on patient experience, quality and safety as partner organisations work together to join up service provision and reduce variation.
Resource implications	The full impact of these changes will need to be fully assessed but it is expected that these changes will be managed within existing budgets.
Conflicts of interest	None in regard to this report. However, as proposals re composition and memberships of key ICB governance bodies consolidate, it is also anticipated there will be clear guidance on managing potential conflicts of interest.

1. The BSW ICS Development Programme Plan contains four work streams:
   - Population Health and Care;
   - People;
   - Partnership Structures and Governance;
   - Transition.

2. The Partnership and Governance work stream is overseen by the System Architecture and Local Systems Working (SALSW) Group which reports into the BSW Partnership Executive. The work stream encompasses activity regarding developing an agreed framework and our approach for arrangements at place; strategic commissioning, provider collaborative; and development and design of the BSW governance blueprint including our approach to Oversight and assurance.

3. For a significant number of activities in this work stream, the timeline as well as the deliverables are determined by the legislative process and progress of the Health and Care Bill, by expected and emergent regulations and statutory guidance that flow from it, by concomitant NHSE guidance, and also by the timeline for the recruitment and appointment processes of ICS Chairs and ICS CEOs. At this point in time, crucial guidance is already delayed by a month, and a shift in timeline for the CEOs recruitment and appointment process is almost certain.

4. With regards to the process for establishing Integrated Care Boards (ICB), the Health and Care Bill as published on 6 July stipulates that the CCG for the relevant area must propose the constitution for the first ICB to be established in the area. Accordingly, the plan for the Partnership and Governance workstream has identified the production of the first BSW ICB Constitution as a key activity led by the CCG's governance team on behalf of BSW. Specifically, the task is to codify the outcomes of engagements and conversations with key stakeholders regarding the composition of the ICB Board and of the Integrated Care Partnership, and regarding key decision-making and governance structures into the framework set by legislation and the ICB Model Constitution (in development by NHSE, release expected in July).

5. The Bill further stipulates that before the CCG proposes the initial ICB Constitution, it must 'consult any persons they consider it appropriate to consult'. The Bill implies that the CCG will need to evidence such consultation by stipulating that NHSE may not give effect to a proposed constitution if 'it considers that the relevant clinical commissioning group or groups have not carried out an appropriate consultation'. We expect NHSE guidance for the ICB establishment process, including guidance for CCGs about their specific functions / duties here.

6. Within the Partnership and Governance work stream, as part of the work to develop the ICB Constitution, we have planned specific activity to engage with our stakeholders to seek their views and understand their positions regarding
   - the composition / membership of the ICB Board, and of the Integrated Care Partnership (ICP);

- collaborative, joint and integrated working at ‘place’, and potential governance structures.

The outcomes from these activities will inform the development of the first ICB Constitution, and the activities be documented as part of the required consultation.

Proposal: To keep the current Partnership Board informed outside of meetings, e.g. via email updates, about outcomes from such engagement activity, in particular where engagement surfaces issues and risks that may affect the safe passage of the ICB Constitution later on.

7. It is intended to consult stakeholders on the draft ICB Constitution later in the year. At that point, we intend to have in draft other documentation of governance and decision-making structures which per current intelligence will be required for an ICB and would either be part of, or sit alongside the Constitution, incl.:
   - Terms of Reference for key committees;
   - Scheme of delegation and reservations;
   - Functions and decision map (national guidance has referred this as an overview of what key decisions are taken where, but no model / prototype is available at this point in time);
   - Governance Handbook (national policy has mooted this as a compendium of Terms of Reference, delegated financial limits, governance explainers, corporate policies etc);

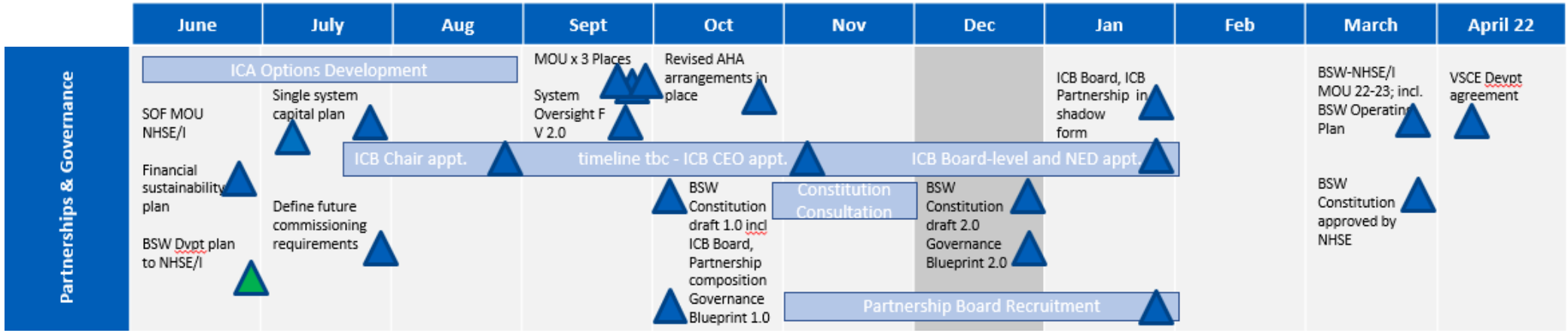
   The above, together with Integrated Care Alliance (ICA) structures as articulated in the ICA Memorandums of Understanding (MoUs), would constitute the governance blueprint for BSW.

8. The key decision-making forums of partner organisations could be good platforms to socialise proposed elements of the BSW governance blueprint with individual stakeholders, and to give them an opportunity to inform further development of these components.

   Recommendation:

   Partner organisations are asked to:
   - note / agree to the outlined approach;
   - provide further guidance and direction on engagement activities to support the approach outlined including what other stakeholders should be involved in the consultation activities re the ICB Constitution

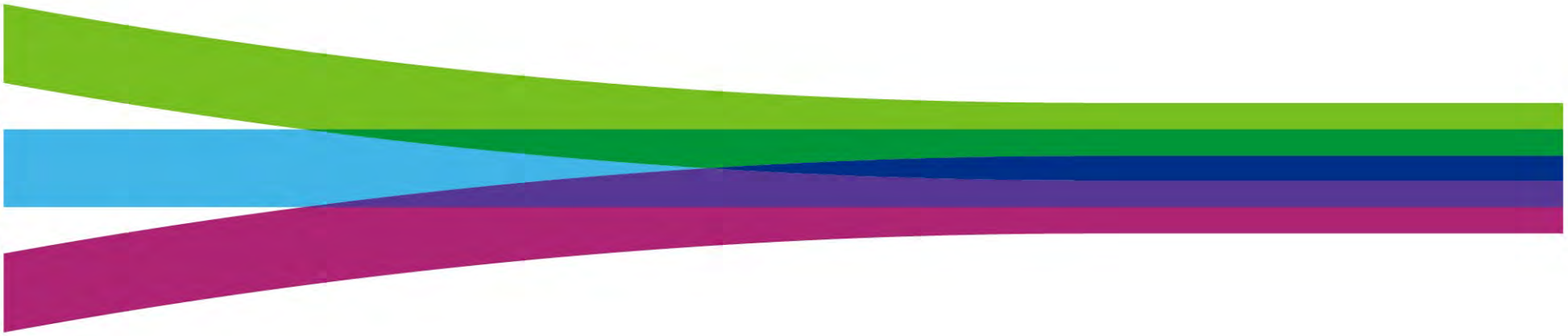
Annex A, Partnership Structures and Governance work stream top-level timeline



NHS
Bath and North East Somerset, Swindon and Wiltshire
Clinical Commissioning Group

BSW Performance, Quality and Finance Report

BSW Partnership Board July 2021



Contents

Timing of information in this report:
Please note the information used in this report is the latest available information from each source at the point the report was collated.
This can mean similar data from different sources will not be from the same period.
Managing the pandemic has driven the creation of new local data sources for some data but we will also use the national validated data sources for more detailed reporting where available.
Over the coming months the CCG and all BSW partners will be working together to develop data flows to support the development of the new performance framework.

Executive Summary

Area	Key Area	Key Action	Accountability
Elective Care Recovery	Long waiters	• Additional capacity to Horton & Circle Reading. • Mutual aid arrangements for Maxillo Facial, Ophthalmology & Orthopaedics including use of Sulis Hospital.	Elective Recovery Programme of Elective Care Board
Cancer	Support continued recovery of constitutional performance 2ww, 31d, 62d, 28dFDS	• Increase recording of Quantitative Faecal Immunochemical Test scores on Lower Gastrointestinal 2 week waits • Implementation of Specific Symptoms Rapid Diagnostic Service (SS RDS) timed pathways • Expansion of Non Specific Symptoms Rapid Diagnostic Service (NSS RDS) pathways • Expansion of teledermatology in Great Western Hospital footprint • Forward Cancer Alliance recovery funding to trusts for agreed actions/uses	Elective Care Board
Urgent care	• SWAST on Reap 4 and surge black for 3 weeks- activity higher than New Years Eve • 111 in 20% National contingency due to covid outbreak in Newcastle office • Minor acuity activity higher than pre-covid levels • Patient flow a challenge in Acute and community • Staffing levels challenged across the patch due to vacancies and covid contact isolation	• Patient Flow programme looking at quick wins • Minor acuity workstream looking at urgent actions • Urgent care and flow Board continues to work on Demand and Capacity model	Patient Flow-Lisa Hodgson Minor Acuity-Karen Baker Demand and capacity-Clare O'Farrell Urgent Care and Flow Board work-Stacey Hunter and Karen Baker
All age Mental Health	• Increasing activity and acuity. Increased bed pressures and system delays. Out of Area increase to 20. Primary care referrals up by 100 a month across BSW and intensive team caseload increased by 40 • IAPT access • Children and Young People access • Eating Disorder particular area of activity and acuity growth	• System acute MH workshop held 22/06. Four key priority work streams agreed commencing 5/07 • New BSW patient level tracker being introduced W/C 5/07 to provide greater focus on flow. Weekly patient level meets in place • System action plan co-developed for IAPT, Waiting list reduction options being presented to July Thrive Programme Board • Dedicated action plans in place to support most challenged CYP access areas. Fortnightly system review sessions in place	BSW Thrive Programme Board
All age LD/ASD	• Increased crisis presentations • Annual health checks below trajectory • Adult inpatient numbers above trajectory	• New BSW process for supporting escalation and decision making commences 2/07 • Extended AHC pilot – all slots fully booked for July • BSW LD/ASD MADE events now taking place monthly to review all patients. Focus on both discharge and admission avoidance	BSW LD/ASD Programme Board

Executive Summary

Area	Key Area	Key Action	Accountability
Primary Care	• Increased demand (40-75%) • Ongoing vaccination clinics reducing available capacity • New Standard Operating Procedure and local enhanced services • Impact of Covid changes in secondary care – additional service transfers/support	• Targeted comms campaigns • Flexible pool of staff to support vaccinations • Agreed block payment & reduced reporting arrangements for Q2 • Developing additional support e.g. phlebotomy	• Primary Care Commissioning Committee
Workforce	• Utilisation of the Apprenticeship Levy fun to avoid monies sun-setting. • Continued hard to recruit posts and vacancies particularly in consultant workforce, pharmacy, Mental Health, LD and Adult Nursing. • BSW general nursing recruitment plan (part of the 50k plan) to meet forecast as outlined in the BSW People Plan. • Medical trainee pipeline gaps and actions	• Increased sharing of apprenticeship levy • Convening of international recruitment collaborative task and finish group to support all BSW employers to maximise the pipeline from overseas cost effectively. • Pipeline projects agreed and commenced for Registered Nurses. • BSW Training needs analysis and commencement of bulk procurement to drive down the cost and offer more as incentive for recruitment and retention across BSW • Development of a Flow Analysis Model (Data Tool) to enable workforce scenario planning.	
Quality	• Patient experience - shared learning at ICS and ICA • Serious incident investigation backlog across some organisations due to COVID 19 challenges and depleted workforce in risk teams • No never events reported for BSW this Qtr • Learning from deaths. All acute trusts have shown an improvement in Hospital Standardised Mortality Ratios (HSMR) • CQC Provider Collaborate Review of BSW's system response for cancer services (June) • Health Care Associated Infections – reporting lowest number of CDI cases in South West region • Respiratory Syncytial Virus (RSV) surge planning	• Working with BSW partners to report more targeted complaints analysis across system and at ICA – focus on urgent, planned and primary care pathways • In line with new national patient safety strategy, work with system quality teams to review processes and implement more effective approaches to timely incident management and shared learning • Positive feedback received following CQC BSW provider collaborative review. Recommendations to be incorporated into cancer services improvement plans • Focused review on antibiotic prescribing to further reduce clostridium difficile infections in community and hospital setting • IP&C specialist support to RSV surge planning via urgent care workstreams	Quality and Performance Committee (QPAC) Quality Surveillance Group (QSG) Elective Care Board Urgent Care Board BSW Thrive Board Primary Care Commissioning Committee (PCCC)

BSW System Status

Urgent Care – May and early June have been particularly challenging months for our providers, as demand has continued the April trend and activity is up in all providers (111, 999, ED). This has resulted in an increase in escalation partner calls and local peripheral diverts. BSW is not alone in the trend in demand, with regional and national reports so similar increasing demand. As a result, the June Urgent Care and Flow board agreed that additional actions are required by the system immediately to address the pressures. The two agreed areas of focus was the review of minors demand and focus on the flow aspects with discharge to assess. The Director of Urgent Care and Flow will be leading work with partners on the minors and the SRO for Discharge to Assess will co-ordinate with partners for flow.

Updates against 6 priority workstreams (H1 / 21/22 priorities) – Metrics for each work stream to monitor and track progress to be agreed with SROs and BI leads ahead of next UCFB meeting.

1. **111 – (AMBER). Programme board established.** Enhance validation service challenging due to lack of staffing and not able to offer in line with planned pilot. Ongoing work to look at top of the DOS selections and pharmacy selections. Noted potential risk as 111 provider has been served notice by Medvivo and key is to ensure that strengthen 111 call answering as transition to new provider.
2. **999 – (RED) -** SRO currently scoping out the KPIs and objectives for programme. This work stream is about keeping people in their place of residence and decreasing the number of calls across 999, will link into work within the SWAST Transformation Implementation group.
3. **Hospital Handovers - (AMBER)** – RUH COO agreed to be interim SRO for workstream until new GWH COO starts. Head of Urgent Care and Quality lead to pick up postponed Ambulance Handover system improvement event.
4. **SDEC – (RED**), limited progress so far but first meeting with providers and NHSEI and ECIST support being arranged by SRO. Invites received to regional support meetings.
5. **ECDS – (AMBER)** Group established with acute and community partners and benchmarking on status of ECDS version captured. Shadow reporting on new UEC standard metrics shared and included within pack update (see separate slide). Next key actions - meeting arranged with clinicians to agree common approach to SDEC recording.
6. **Discharge to assess – (AMBER) –** workstream started – scope and milestones being finalised. Project will require culture change and likely to be a 2 year programme and therefore will be seeking immediate quick wins. SRO has identified key objectives and KPIs but need to be socialised with remaining partners over next two weeks

BSW System Status

Planned Care – There has been good progress in reducing long waits for treatment with a 34% reduction in the number of patients waiting over 52 weeks since March. This has been the result of significant efforts to increase activity and in particular orthoapedics at Great Western Hospital (GWH,) and the commissioning on two additional contracts with Horton and Circle Reading. These two additional contracts are exclusively taking patient transfers from GWH.

Elective Care Recovery remains above the national expectations, although is still below 100% in a number of areas. This has meant that the system has achieved significant additional income from the Elective Recovery Fund. However, waiting lists (incomplete pathways) are 2.5% higher overall than in March.

Cancer performance and in particular 2 week wait and breast symptomatic 2 week wait (2ww) remain a challenge for the whole of the South West compared to elsewhere in the country, driven by workforce and demand. Whilst this is no impacting on the treatment target of 62 days, it is an area of focus for the providers and the Cancer Alliances. The position has been improving on an upward trend and is expected to continue to do so with the actions in place.

A Care Quality Commission Provider (CQC) Collaborate review of the systems response to covid for cancer services was overwhelmingly positive, and identified only a few small areas for future consideration that were not already in train. These will be actioned going forward and include exploring the potential for a wider role for community and acute trust pharmacists.

Work has started on analysing the waiting list to identify health inequalities and to inform recommendations and actions. Initial detail is included later in this report, and next steps will link the data to the expected prevalence of the characteristics analysed in accessing and receiving treatment.

There has been a marked decrease in the use of advice and guidance services since March which is the subject of further investigation to understand if this is operational or a temporary impact of the planned transition between providers of the supporting technology for the services.

BSW System Status

Mental Health –

AWP remain in extended period of OPEL4 due to increased demand and acuity. Out of Area (OOA) increase being seen (now at 20 mainly female general adult and Psychiatric Intensive Care) Increasing activity in Health Based Place of Safety being monitored via dedicated Section 136 task and finish group
Weekly inpatient system meetings in place to focus on both discharge flow and admission avoidance. Escalation process in place for system delays.
Acute MH workshop held to bring together system partners – four key work streams agreed to commence 5/07
SMI Annual Health Checks remains under target. New delivery model in place. Fully booked for July 2021.
IAPT recovery rate improved last month. Historic case load clearance work continues. Now in phase two involving greater clinical validation. System proposal to tackle IAPT waiting list across BSW being co-developed for discussion at July BSW Thrive Programme Board
CYP access rates remain below national target. Detailed actions in place and being monitored for Wiltshire and BaNES. Swindon system Children and Young People MH review has commenced
CYP Eating Disorder – increase in activity and acuity. Adult monthly referrals April 20 (6) April 21 (28) CY monthly referrals April 20 (9) April 21 (22) Co-developed transformation plan in place. Additional £1.2m investment and recruitment commenced. System Challenge Mapping event to be held early July to further understand reasons for growth and review actions and pace of transformation

LD/ASD

LD inpatients adults - BSW LD/ASD now on track. Q1 trajectory 21 and now at 19
LD inpatients Children – Performance recovering.
LD AHC Performance recovered to 56% against trajectory of 60% in March. April data shows performance below trajectory. Pilot of additional support offer remains in place for primary care whilst new model co-developed with GPS. Now extended to BaNES and additional Wiltshire practices.

Primary Care –

- Continued demand and pressures across General Practices.
- 11 PCN sites continuing to deliver Covid Vaccinations.
- National Standard Operating Procedures (SOP) for general practice remains in place.
- BSW report of appointments in May 2021 shows the total appointments was **388,391** compared to **223,951** in May 2020. **This is a 73.4% increase in appointments.** BSW report of mode of appointments in May 2021shows face to face appointments are **58%** of the total appointments compared to **43%** in May 2020.
- Working on slot analysis to understand reasons for attendance; and understanding attendance by gender and age to focus discussions across the system on actions to support, such as seeing demand in 0-9 years olds.
- Supporting the messaging and public comms - CCG meetings in public, MP briefings and social media.
- Preparation for phase 3 – Covid booster and influenza from September.

BSW System Status

Workforce –

The data provided in this report is for the period up to the end of December 2020 as we have used data from the HEE Data System Pack as the BSW Data set was incomplete. As a result we are reporting on **Quarter 3** data rather than quarter 4 as we previously stated. In order to ensure we have one credible source of workforce data in the future, we are establishing a Workforce Intelligence Group to develop a Workforce Dashboard that will feed into this performance report.

Progress is being made in each of the four OPDG workstreams; OD & Leadership, Training & Education, Strategic Workforce Planning, Recruitment, Supply & Retention, as well as the Equality, Diversity and Inclusion leads network. Details of the work completed and achievements made in the last month are outlined in the Workforce Focus section of this report.

To support the work of OPDG and the Academy, HEE Workforce Development Funding for 2021-22 has been confirmed as £350,053 and is subject to submission of workstream Project Initiation Documents (PID's) for each of the workstreams.

NHS data* *includes GWH, RUH, SFT, BSW CCG, WH&C and AWP (42% proration). It does not include primary care.* ***Social Care data* *is underpinned by the Adult Social Care Workforce Dataset. It represents local authorities and Independent Providers.* ***Primary Care data*** *is underpinned by the National Workforce Reporting System and might be more accurately described as General Practice.*

Finance – NHS BSW System

At this stage in the financial year there are no financial performance issues to report, the NHS system is planning a breakeven position for H1 and is reporting delivery against this position with a surplus YTD of £0.2m against a planned YTD deficit of £0.1m. It should be noted that this is based on an estimation of the Elective Recovery Fund (ERF) income using internal calculations and national notification of actual ERF income may change this position. Swindon Adult Social Care is forecasting that is will overspend against its budget by £2.6m due to increased demand for home care and 1 to 1 support in care homes. B&NES and Wiltshire Adult Social Care are both forecasting that they will meet their budgets.

BSW System Status – Quality Overview

Patient Experience

Current Performance:

- Complaints and PALS contacts continue to be reported and monitored by individual organisations. Further analysis is needed as a BSW system to support detailed learning from experience at scale and inform equality quality impact assessments (EQIA) within all transformation workstreams.
- Current PALS theme reported to CCG is in relation to vaccination queries.

Actions and Recovery:

- BSW Quality and Patient Experience leads to develop joint patient experience improvement plan as part of ICS development.
- Further promote use of patient / family stories to share learning and support transformation plans

Patient Safety

Current Performance:

- Reported challenges in completing timely serious incident investigations across some organisations due to COVID 19 pressures and depleted workforce in risk teams.
- No never events reported for BSW during May and June 2021.
- Learning from deaths development continues to progress. All acute trusts have shown an improvement in HSMR data
- Learning disability mortality reviews (LeDeR) – informing Learning Disability and Autism Programme Board workstreams
- Urgent care pressures evidencing issues accessing timely 111 advice and reported ambulance handover delays

Actions and Recovery:

- SI backlog recovery plans exploring innovative solutions to ensure focus on learning and improvement. Aligned to the National Patient Safety Strategy and Patient Safety Incident Response Framework.
- Learning from deaths analysis - progress QSG focus on themes, trends, challenges and learning.
- Further planned ambulance handover improvement events as part of urgent care workstream

Monitoring of Healthcare Associated Infections - impact on urgent and primary care:

Reported cases of MRSA blood stream infections across community and secondary care (16) has identified learning themes relating to management of invasive devices (peripheral / central lines) and application of Aseptic Non Touch Technique (ANTT). Audits in place. Focus on understanding potential impact of sessional use of PPE during times of increased cases of COVID 19.

BSW CCG was the best performing CCG in South West region for rates of Clostridium difficile infection (CDI) during 2020/21 (current validated). This has had a reduced impact of number of hospital admissions due to CDI. The majority of cases of CDI are within the community setting, however there has been a small rise in Hospital Onset, Hospital Acquired cases (HOHA). Themes and trends identified from Post Infection Reviews have identified antibiotic prescribing as an area for improvement (primary and secondary care). Prescribing practices monitored, with a focus on practices associated with wound care and treatment of urinary tract infections needed. BSW system will be represented on the South West Regional Clostridium difficile collaborative on the 6th July 2021.

Respiratory Syncytial Virus (RSV) surge planning - Learning from the summer surge in the Australian Public Health surveillance data relating to RSV cases. BSW system is currently modelling and preparing for a potential rise in the number of cases of RSV and any subsequent paediatric appts / admissions. Plans are bringing together key stakeholders from across the system including clinical leads, infection prevention and control specialists, urgent care and acute and community organisations.

Performance Framework Summary

Planned Care	Report Date	Standard	Activity / Performance
RTT Incomplete - Total Waitlist	April 2021	N/A	66,027
RTT Incomplete 52+ wks	April 2021	0	3,255
Diagnostics % waiting > 6 wks	April 2021	1.00%	24.65%
First OP	May 2021	14,494	35,700
Follow Up OP	May 2021	35,230	67,087
Elective	May 2021	310	1,380
Day Case	May 2021	2,490	7,781
Cancer - 2 week wait	April 2021	93.00%	77.36%
Cancer - 31 Day First Treatment	April 2021	96.00%	94.00%
Cancer - 62 Day GP Referral	April 2021	85.00%	76.45%

Mental Health and LD			
Dementia Diagnosis Rate	April 2021	66.70%	57.50%
IAPT Access Rate (rolling 3 mths)	March 2021	6.25%	3.31%
IAPT Recovery Rate (rolling 3 mths)	March 2021	50.00%	50.40%
SMI Health Checks (latest 12mths)	March 2021	60.00%	15.60%
CYPMH Access Rate (Rolling 12mths)	March 2021	35.00%	27.40%
LD Annual Health Checks YTD	March 2021	75.00%	56.00%
Out of Area Admissions (Count of OBDs in mon..	March 2021	0	305

Primary Care			
Face to Face Activity	May 2021	TBC	226,784
Face to Face Activity Rate	May 2021	TBC	58.40%
Non-Face to Face activity	May 2021	TBC	151,507
Non-Face to Face activity Rate	May 2021	TBC	41.60%

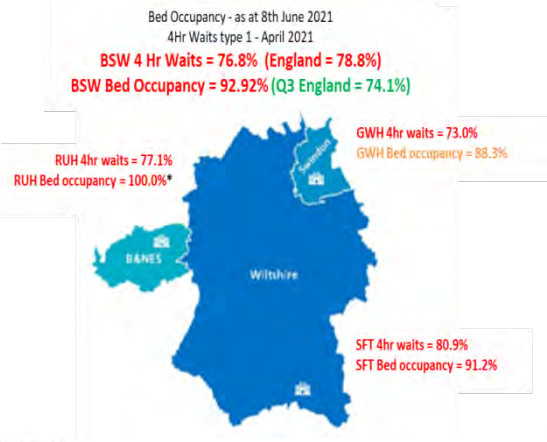
Urgent Care & Flow	Report Date	Standard	Activity / Performance
Non Elective	May 2021	6,502	10,340
A&E (Type 1)	May 2021	9,987	17,079
A&E (Type 1) % within 4 hrs	May 2021	96%	74.69%
Ambulance: % see and convey (A&E)	May 2021	TBC	43.60%
Handover Delays 60+ mins	May 2021	0	298
111: % of calls referred to ED	March 2021	<5%=G >7%=R	10.02%
111 Total calls answered	March 2021	TBC	24,198
Super Stranded patients (Acute)	June 2021	TBC	0
Super Stranded patients (Community)	June 2021	TBC	46
Occupancy Rate Nursing Homes	May 2021	TBC	83.00%
Occupancy Rate Residential Homes	May 2021	TBC	80.00%
Total no. of people in residential care per 100k..	May 2021	TBC	1,326
Total no. of people in nursing care per 100k po..	May 2021	TBC	835
Occupancy Rate (Community Hospitals)	May 2021	TBC	86.76%
District Nursing Contacts	May 2021	TBC	9,136
Reablement Contacts	May 2021	TBC	4,511
Ave No. Patients with Criteria to Reside (Com..	May 2021	TBC	107
Average No. Patients with No Criteria to Resid..	May 2021	TBC	47
Discharge rate from G&A Beds (GWH, RUH, SFT)	May 2021	TBC	38.70%

Maternity			
Stillbirths	March 2020	TBC	2
Stillbirth Rate	March 2020	TBC	0.30%
Women smoking at time of birth	December 2020	6.00%	8.80%

Quality			
Serious Incidents	May 2021	▼	17
Formal Complaints	May 2021	▲	13
PALS Contacts	May 2021	▲	212

RAGs: Achieving standard = Green; Below standard = Red; Standard to be defined = Grey

BSW: Performance at a Glance



**Fixed number as bed base for RUH so beds occupancy may show above 100%*

BSW UC & Flow Board Summary Dashboard

Demand Indicators

		Baseline		Actual	4 Month Variance Trend Feb-21	Mar-21	Apr-21	May-21
Demand: A&E	Type 1 A&E Attendances	16,865	May-21	17,097	-6,011	-2,732	-958	232
	Type 1&2&3 A&E Attendances	21,294	May-21	22,863	-7,395	-2,777	-366	1,569
	A&E Attendances Aged Over 65	5,475	May-21	5,397	-1,449	-583	-106	-77
	Emergency Admissions Via A&E (Type 1)	5,414	May-21	5,779	-798	-8	250	365
	% A&E Conversion Rate via Type 1	32	May-21	34	10	6	3	2
Demand: Primary Care	Non Face to Face Appts per working day	6,035	May-21	8,506	2,207	3,397	2,038	2,470
	Face to Face Appts per working day	9,417	May-21	11,936	1,801	1,432	1,917	2,519
Demand: NHS 111 / IUC	Monthly Cases	23,452	May-21	30,320	-4,589	1,233	3,475	6,868
	% Ambulance Dispatched	10	May-21	11	0	2	0	1
	% Referred to ED	7	May-21	11	3	4	5	4
	Attend for Mental Health Crisis Intervent..	19	May-21	24	-12	-11	-3	5
	Attend ED within 1 hour	1,138	May-21	1,546	-267	155	383	408
	Attend ED within 4 hours	195	May-21	346	11	103	121	152
	Attend ED within 12 Hours	3	May-21	1	0	-3	-1	-2
	Medvivo CAS / GP OOH to ED Referral	212	May-21	542	129	370	260	330
Demand: Ambulance	Monthly incidents	11,502	May-21	13,156	-2,189	-112	134	1,654
	% Hear & Treat	12	May-21	14	-2	-2	-1	1
	% See & Treat	35	May-21	36	3	1	0	1
	% See & Convey	52	May-21	50	-2	1	1	-2
	Handovers Taking > 15 minutes (3 Acutes)	1,373	May-21	2,259	630	577	761	886
	Handovers Taking > 60 minutes (3 Acutes)	67	May-21	321	199	81	190	254

Flow Indicators

		Baseline			4 Month Variance Trend Aug-..	Sep-..	Oct-..	Nov-..	Feb-..	Mar-..	Apr-..	May-..
Flow: Length of Stay	Length Of Stay (ALOS) (ExclSpinal)	2.78	May-21	61.1					1	0	0	58
	Number Of Stranded (Over 7 Days) - avg per day	95.53	May-21	199.7					95	95	101	104
	Number Of Super Stranded (Over 21 Days) - avg per day	35.25	May-21	56.3					20	24	24	21
Flow: Out of Hospital	No. Patients with criteria to be discharged (daily avg)	0.00	May-21	391.0					0	0	0	0
	No. Patients with criteria to reside (daily avg)	0.00	May-21	869.0					0	0	0	0
	Total discharges - Pathway 0	0.00	May-21	2,488.0					0	0	0	0
	Total discharges - Pathway 1	0.00	May-21	263.0					0	0	0	0
	Total discharges - Pathway 2	0.00	May-21	210.0					0	0	0	0
	Total discharges - Pathway 3	0.00	May-21	34.0					0	0	0	0
	Total referrals - Pathway 1	0.00	May-21	431.0					0	0	0	0
	Total referrals - Pathway 2	0.00	May-21	247.0					0	0	0	0
	Total referrals - Pathway 3	0.00	May-21	9.0					0	0	0	0
	% Weekend Discharges	0.00	May-21	16.6					0	0	0	0
	Waiting list size at end of month	0.00	Nov-20	464.0	0	0	0	0				
	>21 day length of stay in waiting list	0.00	Nov-20	92.0	0	0	0	0				
	Waiting>2 days from referral for discharge	0.00	Nov-20	47.0	0	0	0	0				
	Discharge rate from G&A beds	0.00	May-21	38.8					0	0	0	0

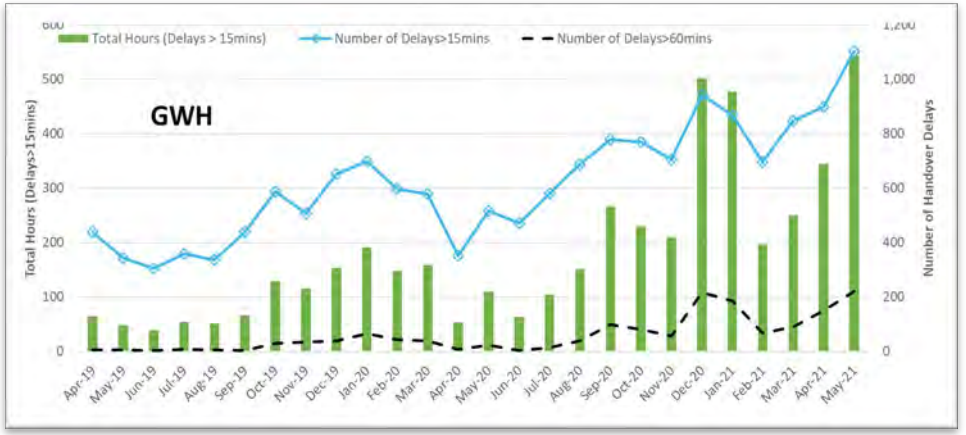
*** Other includes Transitional, Community Care and Young Physically Disabled placements**

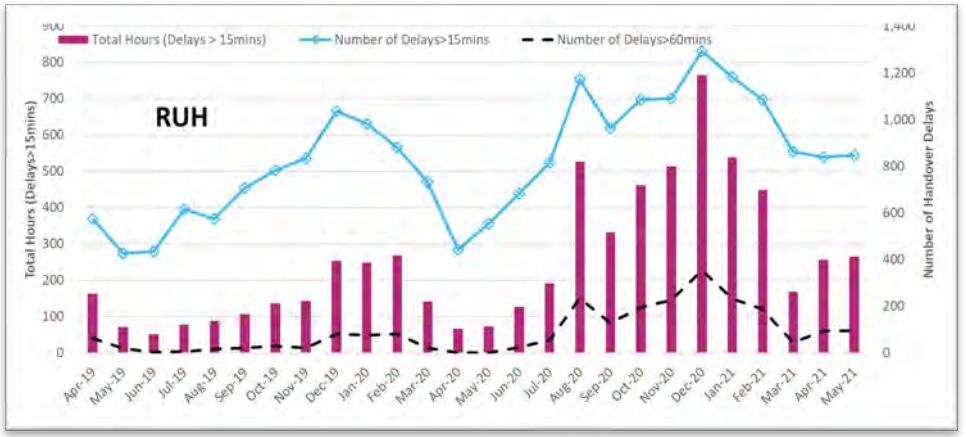
New Urgent Care Standards (Shadow Reporting)

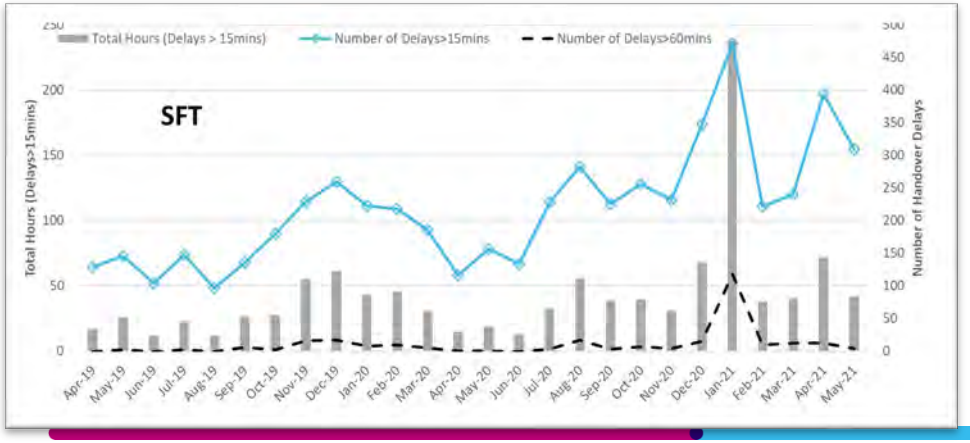
Service				BSW/Trust	Data source reference
Pre Hospital	Response times for ambulances	Cat1	Mean	**7.8 mins**	M032a - May 21
			90th centile	**14.1 mins**	
		Cat2	Mean	**31.7 mins**	
			90th centile	**64.8 mins**	
		Cat3	90th centile	**272.2 mins**	
		Cat4	90th centile	**268 mins**	
	Reducing avoidable trips (conveyance rates) to emergency departments by 999 ambulances			**49.92%**	M032a - May 21 (hear and treat, see and treat)
	Proportion of contacts via NHS 111 that receive clinical input			**69.90%**	IUC Dashboard - May 21
A&E	Percentage of ambulance handovers within 15 minutes			**63.28%**	M032a - May 21
	Time to initial assessment - percentage within 15 minutes		RUH	**69.46%**	ECDS (Type 1,2 and 3 attendances) May 21
			SFT	**45.46%**	
			GWH	**33.35%**	
	Average (mean) time in department - non-admitted patients		RUH	**176 mins**	
			SFT	**170 mins**	
			GWH	**180 mins**	
Hospital	Average (mean) time in department - admitted patients		RUH	**260 mins**	ECDS (Type 1,2 and 3 attendances) May 21
			SFT	**283 mins**	
			GWH	**373 mins**	
	Clinically ready to proceed		RUH	**160 mins**	ECDS (Type 1,2 and 3 attendances) May 21
			SFT	**104 mins**	
			GWH	-	
Whole System	Patients spending more than 12 hours in A&E		RUH	**351**	ECDS (Type 1,2 and 3 attendances) May 21
			SFT	**13**	
			GWH	**330**	
	Critical time standards			-	

- New UEC metrics presented to UCFB in June. Note not all of the metrics have confirmed targets in place so not rag colour rated– only the Ambulance response times and proportion of contacts via NHS 111 that receive clinical input (target is 50% = green).
- Ambulance response times have deteriorated in May due to increased demand (c15% higher activity volumes than 19/20; and handover delays).
- Expecting national confirmation of standards and their targets at the end of June or early July.
- SRO has now met with BI leads from all provider organisations.
- Varying levels of confidence about ability to report particularly around Clinically ready to proceed and Same day emergency care.
- Not all partners are reporting on the current ECDS version.
- Data from the 3 MIUs to be incorporated into the report.
- Data variations between providers to be considered in future meetings – noted that system upgrade is expected in GWH imminently.

Urgent Care Focus- Ambulance Handover Delays (Volumes)







Exceptions Analysis

- Volumes of handover delays are increasing again at GWH and volumes remain high at SFT and at the RUH. The total hours of lost resource (bars in charts), the number of delays >15mins (blue line) and the number of delays>60mins (black line) peaked in December 2020 and/or January 2021 at each Trust. Delayed handover volumes and lost resource remain much higher than typical for this time of year.
- The main reasons for handover delays cited is still lack of physical capacity and insufficient staff to complete handovers. Although conveyance rate is flat, actual ambulance activity volumes have significantly increased so the number of conveyances increasing as a proportion

How will you address any quality and inequalities?

- No harm identified in the last month relating to handover delays.
- Audit in progress in minors to understand patient experience and minors demand.
- Patient pathways from 111 to ED being mapped to understand ED presentations from 111

What did we achieve in the past month?

- RUH direct to assess admissions unit opened 4th May; RUH presentation at South West wide UEC meeting to share learnings from internal programme
- GWH completed SAFER w/c 24th May; internal improvement plan created and meeting with NHSEI on a fortnightly basis to review plans. Targeted Local comms messaging about demand to prevent inappropriate attendances

Plans in the coming Month

- SFT revising internal handover delay escalation triggers, so there will be a consistent approach in BSW
- Rescheduled Ambulance Handover System improvement event planned for end of July (cancelled in June due to escalation pressures), with support from Ambulance Handover workstream SRO to support.
- Minors acuity review task and finish group – 1st July
- Regional SDEC workshop 8th July – all clinical lead initiative to increase alternative front door access for 111 and 999 to avoid conveyances to ED
- ICA Agreement to re-purpose BaNES Falls response car in July to cover areas of Wiltshire whilst 2 hour rapid response plans develop and support whilst SWAST in Reap black

Discharge & Flow Focus

B&NES

- Significant increase in demand at RUH front door.
- Reablement service remains extremely challenged with more high acuity patients requiring a higher level of home care.
- Significant delays in sourcing home care due to lack of availability impacting reablement service and patient flow.
- Transformation plan being developed and implemented. Demand and capacity planning is being finalised through the Reablement Steering Group with associated QIAs.
- Process mapping session will be held 2nd July to clarify and develop pathways for future reablement model.
- Demand and capacity planning for pathway 2 bedded provision in BaNES is underway.
- 29 beds are open at Sulis and Paulton has re-opened 18 beds as from 24/5/2021. Full QIAs completed.
- The system will be reviewing impact of ART+, home from hospital pilot, and potential provision of intermediate care beds to inform future provision.
- Care Home MDT development Design Workshop for BaNES being held 1st July.

Swindon

- Daily integrated discharge calls continue to take place. Good partner discharges over 7 days, but lack of clinical reviews at the weekend is causing a surge in referrals towards the end of the week which results in pressures on partners. Working with GWH to address this.
- Continue to see significant pressures at GWH front door and UTC. Work planned to audit attendances at UTC.
- Funding allocated through Ageing Well for a six-month pilot for a roaming Home First Team across all wards. Due to staffing pressures, this has not yet started so CCG Team taking the lead.
- SHREWD - discharge dial now being updated – community response dial to be developed as a system (delays due to stakeholder engagement).
- Appointment to replace Trusted Assessor role to start soon (awaiting EMT sign off).
- Bariatric Pathway mapping to take place for Swindon locality – looking to link in with Wiltshire Bariatric work programme to ensure we are joined up across BSW
- Currently working through data on conveyances from care homes to GWH to identify any homes we can work with to keep residents at home.

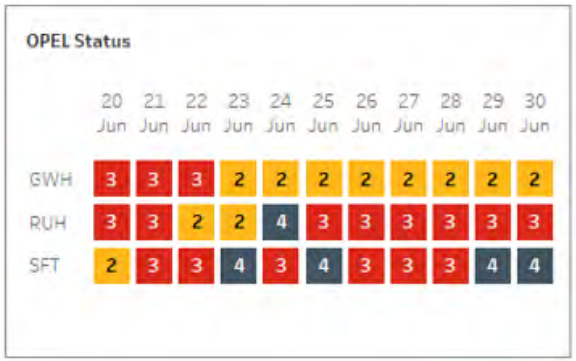
Wiltshire

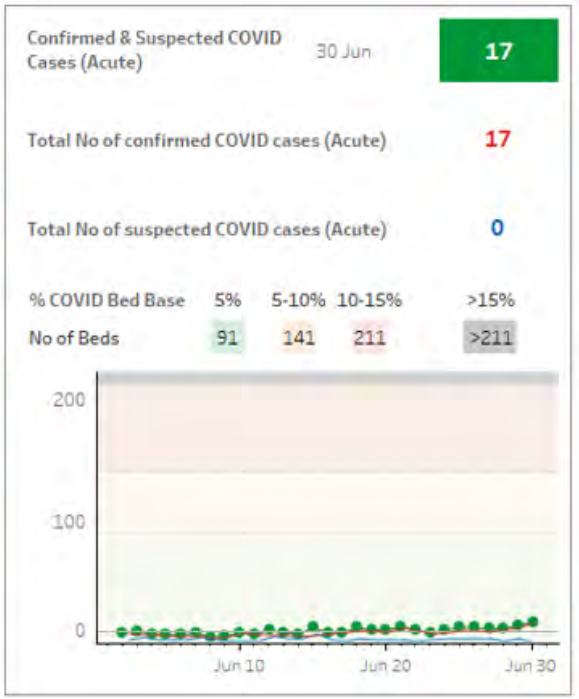
- Savernake community hospital restrictions are resolved inline with June target timeframes.
- Flow has been challenged for Wiltshire with higher delays in P1 seen in June. Higher complex cases being seen at SFT.
- Wiltshire escalation process developed pending final approval.
- ED attendances continue to be at high winter levels, particularly at SFT.
- MIU attendances continue to be high.
- Virtual ward pilot in care homes continues to run successfully and expand.
- The Wiltshire Bed Review (community discharge capacity) is underway - report expected in July for phase 1.
- The Pathway 2, 'Why not home' review report drafted – the learning will be discussed at the Wiltshire Alliance Group in June.
- Wiltshire Rapid Response service (phase 1 covering 5 pathways) has commenced. Performance report in-place and roll out across West and North Wiltshire by September. Plans for South Wiltshire and phase 2 in development.
- RUH Trusted assessor appointed, in-place in SFT.

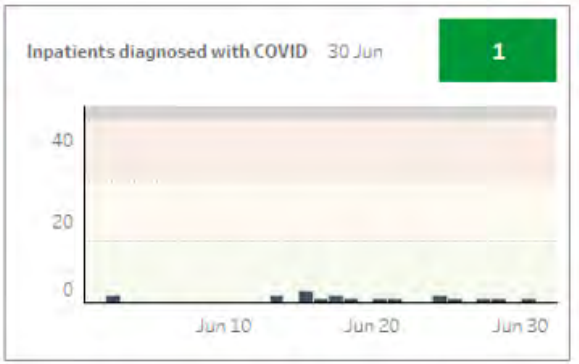
COVID19 Focus

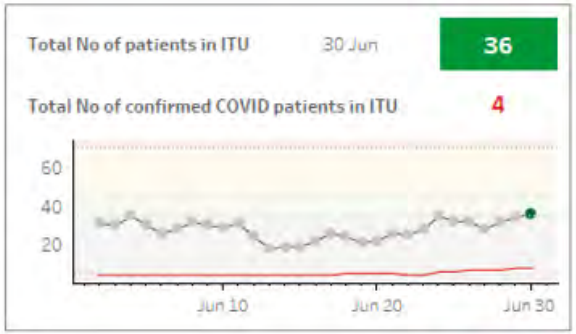
Cases and prevalence across the BSW region have been steadily increasing since the beginning of June in line with the national trend. BaNES rate is in line with the South West average whereas Swindon and Wiltshire are well below. Numbers in hospital have also increased, but at a much lower rate, with 17 confirmed inpatient cases at the end of June compared with 5 at the beginning of June. There have been no deaths due to Covid across the whole BSW region for the whole of June.

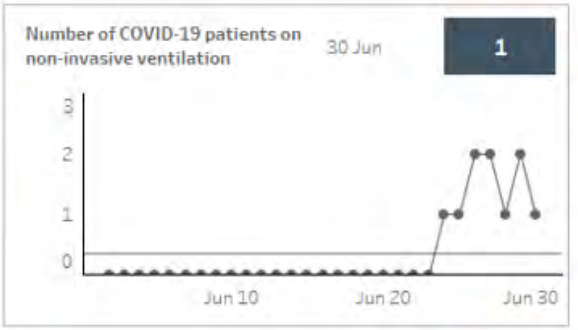
System/Locality
BSW

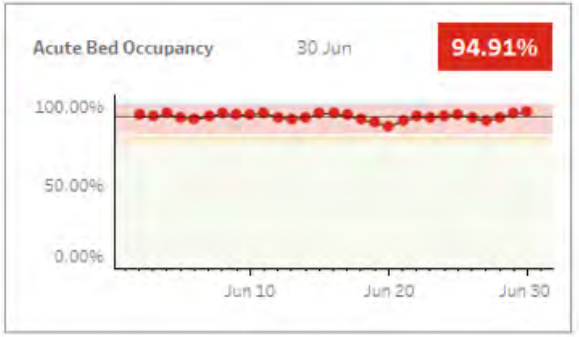


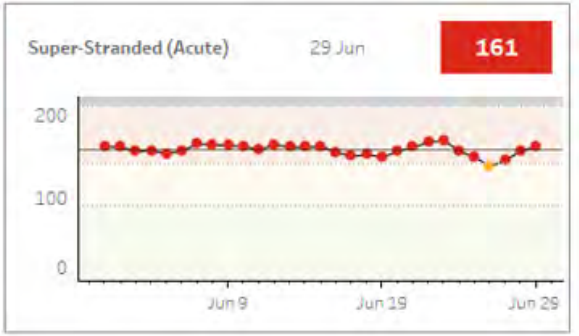










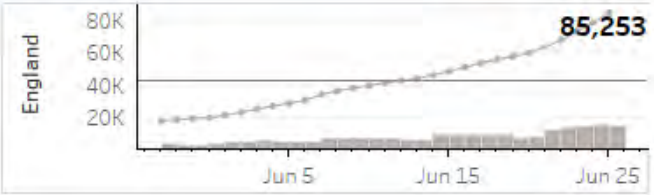


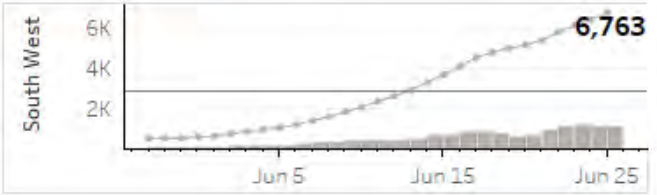
Cases and Prevalence

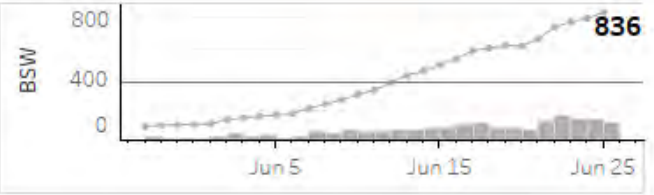
Data shown are cases by specimen date and because these are incomplete for the most recent dates, the period represented is the seven days ending 5 days before todays date. Inline with how its reported on the Gov.UK website.

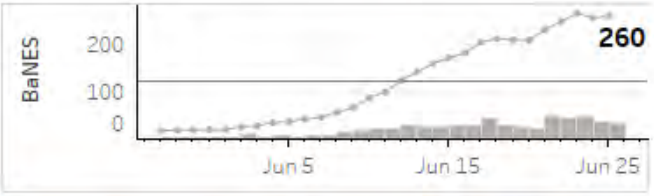
Number of cases in the last 7 days (Line Graph) & Daily cases (Bar Graph)

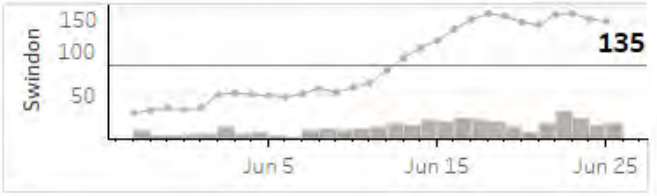
June 25, 2021

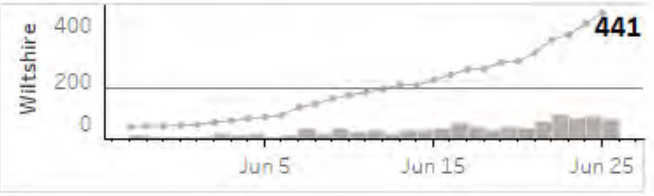












Rate of cases in the last 7 days per 100,000

	11 Jun	12 Jun	13 Jun	14 Jun	15 Jun	16 Jun	17 Jun	18 Jun	19 Jun	20 Jun	21 Jun	22 Jun	23 Jun	24 Jun	25 Jun
England	77.68	78.55	82.03	88.96	92.91	97.57	101.83	105.19	106.31	111.04	122.13	129.96	139.54	149.04	157.90
South West	45.58	49.50	55.99	64.78	71.32	80.82	88.34	94.16	96.31	101.29	108.81	115.57	124.38	129.80	133.66
Bath and North East Somerset	51.22	64.15	73.47	82.78	88.99	94.16	106.06	109.68	108.65	108.13	119.51	128.83	137.62	132.45	134.52
Swindon	29.25	35.55	41.86	47.26	50.86	56.71	61.66	64.81	63.46	60.31	58.96	64.36	64.81	62.11	60.76
Wiltshire	33.00	34.80	38.20	38.00	41.40	45.00	48.80	49.20	53.80	54.60	60.40	69.80	73.00	80.80	88.20
Bournemouth, Christchurch and Poole	51.35	57.93	67.29	78.42	90.30	98.15	110.03	115.85	120.15	121.42	119.65	124.71	131.03	130.02	136.09
Bristol, City of	87.62	97.33	107.04	122.36	130.56	142.43	156.46	165.74	171.13	176.10	184.30	199.41	208.25	223.14	236.96
Cornwall and Isles of Scilly	61.10	72.33	82.17	100.78	118.33	131.68	145.37	148.36	150.46	155.20	152.39	150.64	149.06	153.62	154.50
Dorset	27.21	28.00	31.44	32.50	34.35	38.31	47.03	48.88	52.31	53.37	57.33	61.03	61.03	57.86	62.88
Devon	21.69	23.56	26.67	31.66	35.64	42.50	47.23	52.47	54.34	58.33	60.94	70.54	75.53	81.51	90.73
Gloucestershire	54.78	58.08	63.73	70.64	80.21	90.10	100.93	108.47	113.80	121.18	129.34	139.86	154.30	163.25	170.15
North Somerset	44.64	48.83	52.55	60.92	66.96	73.01	77.66	78.59	81.84	81.84	86.49	84.17	99.98	106.95	118.58
Plymouth	31.67	32.43	33.19	37.01	41.97	42.73	47.31	57.99	67.91	72.87	76.69	80.89	84.70	87.37	82.79
Somerset	16.01	18.50	19.21	21.52	24.90	30.24	34.68	39.31	41.44	44.29	47.31	53.00	57.09	59.41	62.79
South Gloucestershire	59.98	64.19	70.15	72.61	75.76	81.03	86.99	93.65	95.41	100.32	109.79	123.47	139.95	147.67	155.04
Torbay	13.94	15.41	16.88	18.35	21.28	23.48	24.95	27.15	29.35	28.62	34.49	40.36	43.30	55.77	68.98

NHS Bath and North East Somerset, Swindon and Wiltshire CCG

Data Source: https://coronavirus-staging.data.gov.uk/details/about-data

BSW Vaccination: Summary

There remains some duplication within the data, where patients exist within multiple cohorts
As a result % uptake figures are estimates
**TPP and EMIS Practice data now included – last updated 29th June 2021*

1,153,960 vaccines delivered in BSW*

820,936 Total Cohort*

663,694 Dose 1

490,266 Dose 2

3,342 first dose 7 day moving average

1,657 second dose 7 day moving average

1 - 9	**94%** at least one dose; **91%** two doses
1 - 12	**81%** at least one dose; **60%** two doses
80+	**97%** at least one dose; **97%** two doses
75-79	**97%** at least one dose; **97%** two doses
70-74	**96%** at least one dose; **96%** two doses
65-69	**95%** at least one dose; **94%** two doses
60-64	**92%** at least one dose; **91%** two doses
55-59	**92%** at least one dose; **89%** two doses
50-54	**91%** at least one dose; **85%** two doses
16-64	**90%** at least one dose; **85%** two doses *16-64 with underlying health conditions*
40-49	**84%** at least one dose; **32%** two doses
30-39	**69%** at least one dose; **14%** two doses
18-29	**43%** at least one dose; **10%** two doses

BSW has now completed over 1.1 million vaccinations. The current focus is on completing the final JVCI group, Cohort 12 (18-29 year olds, latest performance 47%). BSW is on target to finalise this cohort and complete first doses for the adult population ahead of the 19th July deadline that all systems are working to nationally. Priority Cohorts 1-9 second doses are now all but complete (latest performance, 89.6%), and Cohort 11 first doses are nearing completion (30-39 year olds, latest performance 70.1%).

Planned Care Focus

Exceptions Analysis

52 week waits have shown a significant decrease since March 21 at all acute providers but more notably at Great Western Hospital with additional internal capacity and transfers to independent sector reducing orthopaedic long waiters.

Elective Recovery Fund delivery is forecasting £12m of additional funding to support the extra activity being delivered and commissioned.

Elective recovery overall remains above plans, but it is below 100% of normal meaning there continues to be growth in the waiting list overall.

Cancer 2ww Breast Symptomatic remains challenged impacted by workforce and referrals, Salisbury in particular is affected.

Advice and Guidance use has dropped since March and is being analysed further to understand reasons. This could increase demand on acute providers.

What did we achieve in the past month?

Additional capacity mobilised in both acute providers and at Horton and Circle Reading.

Elective Care Board refreshed with Elective Recovery as one of the work streams bring together the work of the three acutes. Workshops commenced to further the joint work.

Targeted reduction in long waits.

Completed initial analysis of health inequality data related to waiting lists.

Care Quality Commission Review (Cancer) - The report was overwhelmingly positive with a small number of areas for future consideration that were not already in train and which will also be taken forward, such as exploring the potential for a wider role for community and acute trust pharmacists.

How will you address any quality and inequalities?

Ongoing harm review analysis within Elective Care Board work stream (Elective Recovery).

Initial analysis of waiting list by ethnicity, deprivation and age completed. Next stage is to refine this as comparing with population does not give full picture to highlight inequalities of access to service.

Positive feedback from CQC Review into the BSW System's response to covid, pertaining to the delivery of cancer services.

Plans in the coming Month

Expand joint approach for long waiters.

Breast 2 week wait referral forms being reviewed and revised and participate in region focus on breast 2 week wait.

Analyse identified drop in referrals to Independent Sector to consider patient communications.

Refine health inequalities analysis of waiting lists and access.

Planned Care Focus – Elective Recovery NHSE Assurance

Oversight Metric	Target	System position	Actions
Elective Activity Levels – Day Case	Versus 19/20 June - 80% July – Sept 85%	95%	• Elective Recovery work stream to continue work on mutual aid. • Additional Urology activity to be explored using Increasing Elective Capacity Framework. • Sulis additional productivity to be finalised for mobilisation as transfers.
Elective Activity Levels - Inpatient		82%	
Elective Activity Levels – First OP		101%	
Elective Activity Levels – F/UP OP		90%	
Waiting List Size	Local Versus March 21	67,107 +1,677 +2.5%	• 3 specialities identified by Elective Recovery work stream for mutual aid approach. • Review Devon approach to booking lists using prioritisation and wait time.
52 Week Waits	Local Versus March 21	2,590 (1,302) (34%)	
Cancer Referral Treatment Levels – 2ww	93%	77%	• Increase recording of QFIT scores on LGI 2ww • Implementation of SS RDS timed pathways • Expansion of NSS RDS pathways • Expansion of telederm in GWH footprint
Cancer Referral Treatment Levels – 2ww breast	93%	58%	
Cancer – 62 day waits	85%	76%	
Diagnostic Activity Levels	Versus 19/20 June - 80% July – Sept 85%	CT – 115% MRI – 91.8% Endoscopy – 153%	• Sulis additional productivity to be finalised for mobilisation as transfers.
Outpatients – Advice & Guidance Levels	(Local) Versus March 20	A&G – 71%	• Review impact of transition to new provider on utilisation.
Outpatients –Patient Initiated Follow Up Levels	Implemented in 3 specialties	1,722 Offered 217 Taken Up	• Outpatient Transformation Board reviewing variation and shared learning.
Outpatients - % Of Outpatients Delivered Non Face To Face	25%	1st OP – 22% F/UP OP – 33% Total – 29%	• Outpatient Transformation Board reviewing variation and shared learning.

Planned Care Focus – Waiting List – Health Inequalities

Ethnicity	% of Population	% of Waiting List	Variance
White - British	89.40	74.50	-17%
Not Stated		18.10	
All Other White	4.00	3.30	-18%
Asian or Asian British	3.50	1.60	-54%
Other Ethnic Group	0.80	1.00	25%
Black/African/Caribbean/Black British	1.00	0.80	-20%
Mixed Multiple Ethnic Groups	1.30	0.70	-46%

Age	% of Population	% of Waiting List	Variance
0-19	22.20	11.00	-50%
20-29	12.10	6.80	-44%
20-39	12.60	9.60	-24%
40-49	12.50	11.70	-6%
50-59	14.40	15.90	10%
60-69	11.50	15.80	37%
70-79	9.30	17.80	91%
80-89	4.40	10.10	130%
90+	1.00	1.40	40%

Deprivation (IMD Decile where 1 is most deprive 10% of LSOAs)	% of Population	% of Waiting List	Variance
1	3.00	3.50	17%
2	3.70	4.30	16%
3	4.60	5.10	11%
4	6.50	6.70	3%
5	9.90	10.10	2%
6	12.70	12.90	2%
7	12.80	13.50	5%
8	17.20	16.70	-3%
9	15.00	14.80	-1%
10	14.60	12.60	-14%

Initial analysis compares waiting list make up compared to the population and will need to be refined to take account of expected prevalence of these features. For example; are there pathways that impact particular parts of the population to a greater extent and need a specific deep dive?

A task and finish group reporting in to the Elective Recovery work stream (of the Elective Care Board) will be formed to focus on the more detailed analysis and the identification of issues to address and recommend actions.

Planned Care Focus – Cancer

Exceptions Analysis

BSW achieved 2 of 8 national cancer targets in April 2021.

2 Week Wait standard was failed by 15.6% - continues to be impacted by poor 2 week wait breast (symptomatic and suspected cancer) performance at Great Western Hospital and Salisbury Hopsital as reported on last month's report. Improvement in breast performance is expected in coming months. 2 week wait had 752 breaches versus a tolerance of 232 i.e. 520 excess breaches. 496 of the 752 breaches were suspected breast cancer.

31 Day first treatments target was failed by 2% due to 24 breaches (8 more than the tolerance of 16 breaches), 5 lung and a small number across a number of other specialties. Of these, 18 were due to inadequate elective capacity.

62 Day referral to treatment failed by 8.6% due to 23 excess breaches (61 breaches of 259 pathways) – reflecting stable performance but still 5-10% below national target for the 6th consecutive month; 41 of the breaches were due to delays to diagnostic testing and complex diagnostic pathways

How will you address any quality and inequalities?

Recovery funding is to be targeted at underperforming trusts/pathways. Continued delivery of long term cancer plan objectives will also impact positively on performance (i.e. delivery of site specific Rapid Diagnostic Service timed pathways in 21/22 –(lung and colorectal, prostate, upper gastrointestinal, Head & Neck, gynaecology).

Work to address inequalities in terms of early diagnosis continues across BSW including links into local communities and education on cancer for clinical and non-clinical staff

What did we achieve in the past month?

- Agreement by Cancer Alliances to proposed uses of 20/21 recovery funding
- Opening of first of 3 new endoscopy rooms across BSW
- Increasing number of patient choice long waiters now coming forward and being treated (negative impact on reported performance but good to see many of these longest waiters now being treated)
- Positive report from Provider Collaborate review of BSW cancer service provision throughout the pandemic (final national report to be published July)

Plans in the coming Month

- Ensure allocated Cancer Alliance funding passed to trusts for investment in agreed recovery proposals
- Support the imminent piloting by Great Western Hospital of Colon Capsule Endoscopy and associated requirement for Quantitative Faecal Immunochemical Test scores on all Lower Gastrointestinal 2 week wait referrals (currently running at 50-55% completion in Swindon area)
- Address issues with visibility of Quantitative Faecal Immunochemical Test scores for Great Western and Salisbury Hospitals
- Preparations for first tranche bowel cancer screening age extension
- Implementation of Local Anaesthetic Transperineal Prostate biopsy for prostate at Royal United Hospital.
- Development of cytosponge (oesophagus cancer test) pilot by Royal United Hospital
- Continued work to implement prostate Rapid Diagnostic Service timed pathway at Salisbury Hospital and Royal United Hospital
- Consideration of viability for possible option of targeted lung health checks national programme expansion to include Swindon/Great Western Hospital

Mental Health Focus

Exceptions Analysis

- IAPT access are below the LTP requirement. Internal waits remain a concern most significantly in the Wiltshire locality, with 1004 waiting for a step 2, and 596 waiting for step 3 interventions, waits in BaNEs . [BSW] Workforce expansion plans in progress to increase capacity of access and treatment appointments, and enable retention initiatives to mobilise.
- CYP Access below national target. Deep dive evaluation commenced to inform improvement plan across contributing providers. Locality improvement plans implemented to support CAMHs access pressures in BaNES and Central Wilts.
- SMI and LD AHCs; remains substantially below target and trajectory. Contract with FOHC to be extended to enable additional capacity to undertake checks across BSW.
- DDR rate remains below target due to challenges of remote assessment appointments. Improvement group to focus developing proposal to utilise spending review allocation.

How will you address any quality and inequalities?

- AWP holds backlog of SI investigations. BSW to support the trust to reduce the backlog, and progress with QI initiatives.
- System is experiencing increased acuity and activity, resulting in pressures on inpatient beds, and breaches in Sec. 136 MHA/ PoS. Work to collaboratively understand and stratify risk and actions in relation to waiting times/ access and crisis presentations.
- Recruitment highlighted as a significant risk for BSW CYPMH. Workforce added as risk to South Region MH LTP Board and will be localised via BSW Thrive Board. Improvement planning meeting scheduled, to consider additional commissioning, digital options (computerised CBT, etc)

What did we achieve in the past month?

- Acute/ MH workshop held 22/06 to bring together police, ambulance, acute hospitals, MH providers and third sector to collaboratively address pathway issues and agree priority actions. 44 attendees from across the system. Four priority areas agreed as: single point of contact for crisis, personality disorder/ complex emotional needs pathway, education and training and alternative CAMHS crisis pathways.
- BSW primary care MH challenges summary co-ordinated by lead GP as part of relationship building work. AWP to commence PCLS review following feedback July 2021
- AWP and BSW CCG Board to Board held 24/06
- Implementation of CYP community eating disorder service expansion
- MH Transformation Expert by experience project manager appointed and commenced in post.
- CYP MADE June 2021.

Plans in the coming Month

- BSW All age LDA escalation policy, featuring bluelight protocol, C[e]TRs, quality assurance, Host Commissioner to be shared with system partners for sign off and implementation.
- Inaugural BSW Non-contractual Spend Funding Panel; objective to ensure consistency and resilience to funding decisions.
- Acute Multiagency working groups being set up in July to progress system actions.

Primary Care Focus

Exceptions Analysis

- National Standard Operating Procedure (SOP) for general practice remains in place
- Continued demand and pressures across General Practices
- 11 PCN sites continuing to deliver Covid Vaccinations.
- National Standard Operating Procedures (SOP) for general practice remains in place.
- BSW report of appointments in May 2021 shows the total appointments was **388,391** compared to **223,951** in May 2020. **This is a 73.4% increase in appointments.** BSW report of mode of appointments in May 2021shows face to face appointments are **58%** of the total appointments compared to **43%** in May 2020.
-
- Supporting the messaging and public comms - CCG meetings in public, MP briefings and social media

How will you address any quality and inequalities?

- Refresh primary care quality metrics to better inform PCNs and share learning. Focused support to 6 practices rated by CQC as requires improvement (RI)
- Incident reporting has been steadily increasing since the undertaking of the reporting awareness work, but remains low. Focus on roll out of national patient safety strategy to improve learning
- Ongoing inequalities work regarding Covid Vaccination JCVI Cohort penetration by outreach services (homeless, boating community, bus)

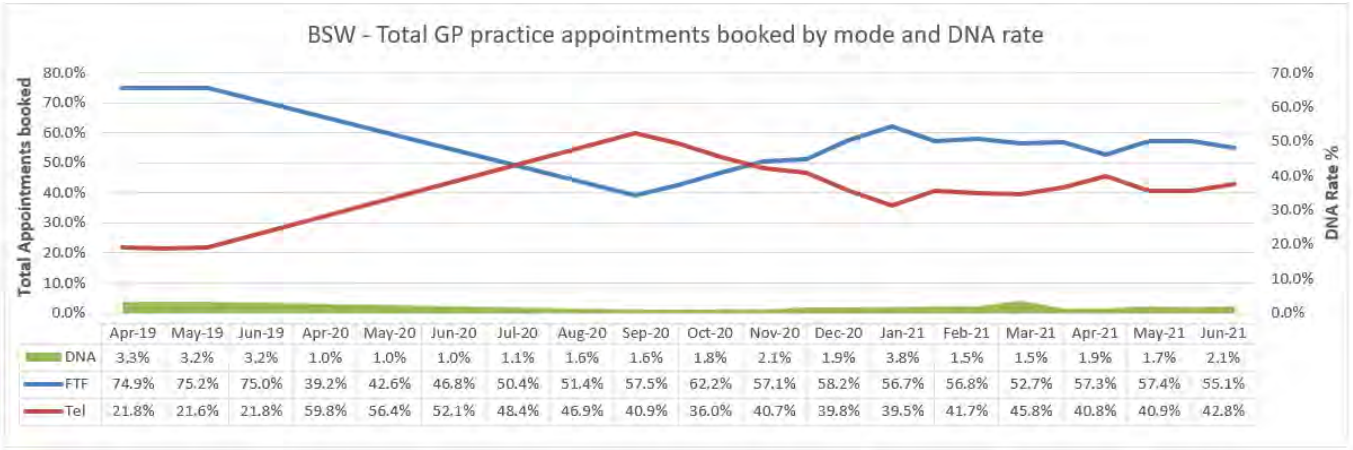
What did we achieve in the past month?

- 11 x PCN sites continuing to deliver vaccinations for all people aged over 18.
- PCCC approved In order to support BSW Covid Response Primary Care Offer until end Q2. This allows time to recognise the impact to primary care and ensure recovery and restoration. This would be an extension to the agreement approved at the April 2021 PCCC.
- PCCC also approved remaining GP Covid Expansion Fund
- Working on slot analysis to understand reasons for attendance; and understanding attendance by gender and age to focus discussions across the system on actions to support, such as seeing demand in 0-9 years olds.

Plans in the coming Month

- Continue to deliver ongoing vaccination programme
- Working through introduction of two new national DES – weight management and long Covid
- Preparation for phase 3 – Covid booster and influenza from September
- Further discussions with practices and PCN in managing current demand
- Ongoing support for ARRS recruitment and alignment to ICA plans and priorities to neighbourhood level
- Continuing to support strong public communications
- Work to refresh the Primary Care OPEL score as a metric for measuring workload pressures – to ensure we the same level of detail evidencing the pressures faced by primary care as secondary care and other services as well as to the wider public.

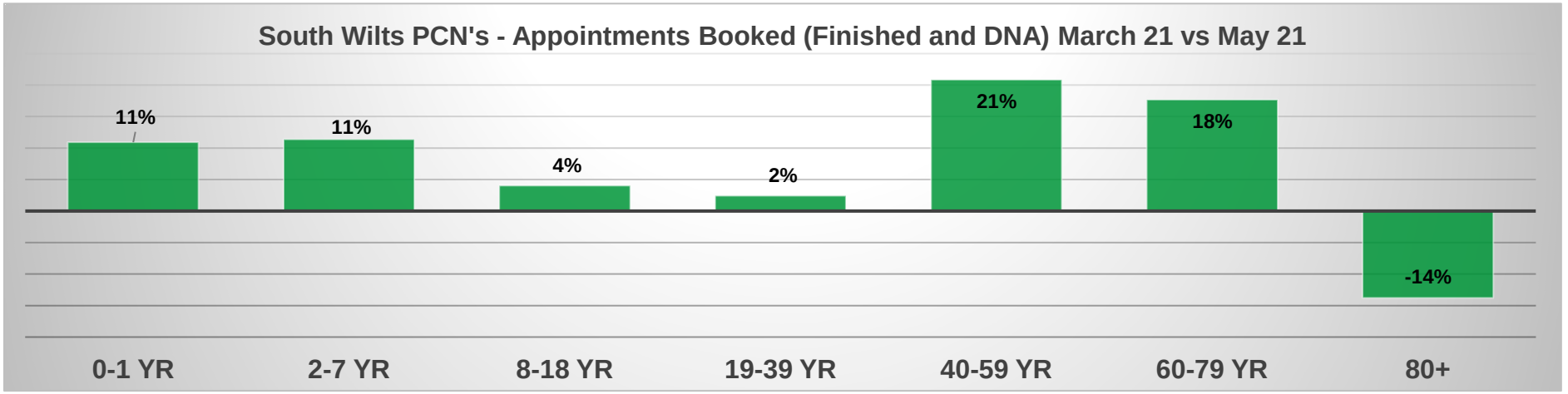
Primary Care Focus- GP Appointments



	Apr-19	May-19	Jun-19	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
DNA	3.3%	3.2%	3.2%	1.0%	1.0%	1.0%	1.1%	1.6%	1.6%	1.8%	2.1%	1.9%	3.8%	1.5%	1.5%	1.9%	1.7%	2.1%
FTF	74.9%	75.2%	75.0%	39.2%	42.6%	46.8%	50.4%	51.4%	57.5%	62.2%	57.1%	58.2%	56.7%	56.8%	52.7%	57.3%	57.4%	55.1%
Tel	21.8%	21.6%	21.8%	59.8%	56.4%	52.1%	48.4%	46.9%	40.9%	36.0%	40.7%	39.8%	39.5%	41.7%	45.8%	40.8%	40.9%	42.8%

The chart (left) shows appointment data by mode including Q1 19/20 and then April 2020 onwards. It shows that in 2019, 75% of appointments were FTF. during the pandemic activity changed to telephone appointments and from Oct 20 onwards an increase in FTF was seen during the winter flu campaign and for Apr and May21 has remained stable at 58% FTF

In recent month practices have reported an increase in patients contacting them. The data below shows for the South Wilts PCN's (Sarum West, North, Trinity, Cathedral and Salisbury Plain) the % change in the average weekly number of appointments between March 21 and May 21. Increases are seen in all age groups except over 80's



Workforce Focus

Exceptions Analysis

- **BSW Nursing 50k -** As a system, BSW is ahead of projections for 50k expansion plans. The current surplus accounts for 4 months expected growth, e.g. 4 months ahead of plan.
- BSW showed a **steep rise of 31% in students supported** in placement last year showing the targeted work to increase pipelines.
- There is still work to do to increase retention in the Medical workforce, following on from **positive movement in the retention of Registered Nursing and Midwifery workforces.**
- Although EDI data demonstrates **strong overall BAME representation** in our workforce (14%), however this should viewed in context with only 4.5% in bands 7-9 roles.

Plans in the coming Month

- Begin working with HEE, to map **medical trainee pipeline** to the developing BSW model of care, in order to highlight future challenges and required interventions.
- Coproducing a package of support for BSW network members to **enhance planning capacity at a strategic level.**
- Implementation of **new supply pipeline**, via Kickstart programme
- Launch of **talent management project** via newly convened BSW leadership development group.
- Continuation of BSW Flexibility Workshops and drafting of **BSW Flexibility Principles.**
- Support BSW ICS to develop **change in how we operate** via further planning for Structural Dynamics Workshops

What did we achieve in the past month?

- **Increased sharing of apprenticeship levy** – particularly underpinning primary care role development funded via levy transfer across BSW.
- Convening of **international recruitment collaborative** task and finish group to support all BSW employers to maximise the pipeline from overseas cost effectively.
- Completion of the BSW strategic workforce planning capability and capacity audit. This provides a **benchmark for SWP** in BSW.
- BSW **Training needs analysis** and commencement of bulk procurement to drive down the cost and offer more as incentive for recruitment and retention across BSW
- A robust mapping of **nursing supply intentions** by branch of nursing to provide accurate supply positions on a 2025 horizon.
- Development of a Flow Analysis Model (Data Tool) to enable **workforce scenario planning**.
- Pipeline projects agreed and commenced for RNs including **blended learning programmes** to run in Bath and Swindon, **UWE Pods**, **RN apprenticeships**.
- Cohorts 1 and 2 of the Structural Dynamics Training delivered. Attendees are from across the BSW system including executive teams

How will you address any quality and inequalities?

- The SWP workstream is **supporting the BSW EDI Network with workforce intelligence**. The SWP programme is also working with the EDI workstream to **develop quality metrics** to support a quality approach to workforce planning, recruitment and selection and leadership development.
- **Leadership course** identified to target to BAME staff and **unconscious bias training** sourced for recruiting managers.

BSW Workforce Highlights
(HC)

There are **15,794** WTE NHS staff

The NHS Workforce is
Non-Medics: **81%** Female **19%** Male
Medics: **49%** Female **51%** Male

NHS Staff **Aged over 55**
16.5% Clinical Staff
10.3% Medics

4.4% NHS Medics are International Recruits

The Primary Care Workforce has **2,358** WTE

Primary Care Staff **Aged over 55**
33% Nurses
16% GPs

The Primary Care Workforce is
86% Female **14%** Male

Primary Care workforce has increased by **3.5%**
Direct Patient Care by **8.7%**

There are **555** HC NHS Staff With a declared **disability**
That is **3.1%** of workforce

The NHS Workforce has **2,554** HC
From a **BAME** background
That is **15.1%** of workforce

50.6% of workforce are **Pay Grades 5 to 9**

2% of workforce **Retired in the last year**
That includes **108** WTE Registered Nurses & Midwifes

Mental Health is the leading cause of ESR **Sickness & Absence**

Child Social Care has **394** WTE

Adult Social Care has **20,600** WTE

2.4% of workforce ESR are **LGBT+**

Note: This data is presented in both Whole Time Equivalent (WTE) and Headcount (HC)
On this and the following workforce slides:
NHS data includes GWH, RUH, SFT, BSW CCG, WH&C and AWP (42% proration). It does not include primary care. Social Care data is underpinned by the Adult Social Care Workforce Dataset. It represents local authorities and Independent Providers. Primary Care data is underpinned by the National Workforce Reporting System and might be more accurately described as General Practice.

Domestic Workforce Supply (December 2020)

BSW showed a steep rise of 31% in students supported in placement last year as a positive indicator of the targeted work to increase pipelines. This rise will need to be sustained to ensure difficult to recruit professions have adequate pipelines and that BSW services are showcased as potential employers to pre registration students.

Number of Active Students in BSW by Course

Course Title	Year Group 2016/17	2017/18	2018/19	2019/20	2020/21
Clinical Psychology	0.1	0.3	2.1	2.3	3.3
Healthcare Science		0.4	1.5	1.2	1.1
Healthcare Science (Cardiac Physiology)			19.0	9.0	18.0
Healthcare Science (Nuclear medicine)			1.0	4.0	1.0
Midwifery	0.2	18.1	36.9	43.2	41.3
Nursing (Adult)	2.5	18.7	66.7	76.7	148.2
Nursing (Child)	0.0	4.3	14.9	19.3	20.7
Nursing (Learning Disability)		0.1	0.6	0.6	0.7
Nursing (Mental Health)	0.0	0.4	1.9	2.3	2.1
Occupational Therapy	0.0	0.7	9.8	9.2	16.0
Operating Department Practice	0.0	0.0	0.3	3.7	5.9
Paramedic Science	0.0	0.2	12.4	11.4	6.7
Grand Total	2.9	43.3	167.0	183.1	264.8

Apprenticeship Spend by ICS

System	Levy Spend 16-17	Levy Spend 17-18	Levy Spend 18-19	Levy Spend 19-20	Period Total
BNSSG	£14,423	£816,580	£1,543,710	£1,788,244	£4,162,957
BSW	£7,445	£533,958	£1,274,616	£1,867,443	£3,683,461
Cornwall	£0	£247,427	£546,771	£920,935	£1,715,132
Devon	£53,959	£1,330,374	£2,584,575	£3,819,374	£7,788,282
Dorset	£0	£189,754	£852,483	£1,656,407	£2,698,644
Gloucestershire	£14,112	£458,081	£1,005,044	£1,697,196	£3,174,433
Somerset	£0	£186,447	£997,020	£1,255,095	£2,438,563
SWAST	£0	£11,844	£40,297	£129,061	£181,202

BSWs investment in apprenticeships to underpin skills and role development shows year on year improvement despite COVID related interruptions to development opportunities and support

Later Stage Careers (December 2020)

BSW Workforce Age Profile

Under 25	25-34	35-54	55-69	Over 70
5.4%	25.0%	48.4%	20.3%	0.8%
992	4,579	8,864	3,721	140

2.0% of the workforce **Retired** in previous year

The proportion of the workforce over 55 stands at over 21% in the NHS, 33% in Primary Care and 26% in social care. This is not greatly different from the SW average but is above the national mean. The BSW retirement rate was 2% in 2020 compared with 1.7% nationally. A reduction of 0.3% would represent a 50 WTE retention improvement.

Staff Potentially Due to Retire by Staff Group (HC)

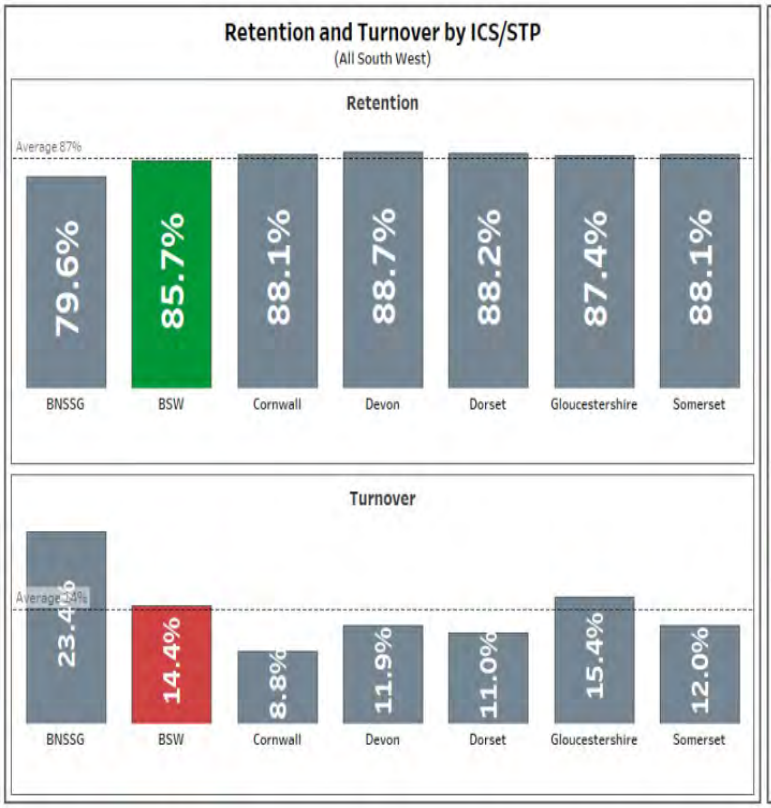
	55-59	60-64	65-69	Over 70
Medical & Dental	7% (128)	4% (65)	1% (22)	0% (*)
Registered Nurses & Midwives	11% (563)	5% (282)	1% (57)	0% (9)
Qualified AHP's	7% (105)	4% (57)	1% (13)	0% (*)
Qualified S,T&T's	9% (50)	3% (19)	1% (6)	1% (*)
Qualified Healthcare Scientists	10% (43)	5% (21)	1% (*)	0% (*)
Support to Clinical	11% (445)	8% (305)	2% (93)	1% (42)
Non-Clinical	15% (708)	11% (541)	4% (187)	2% (78)

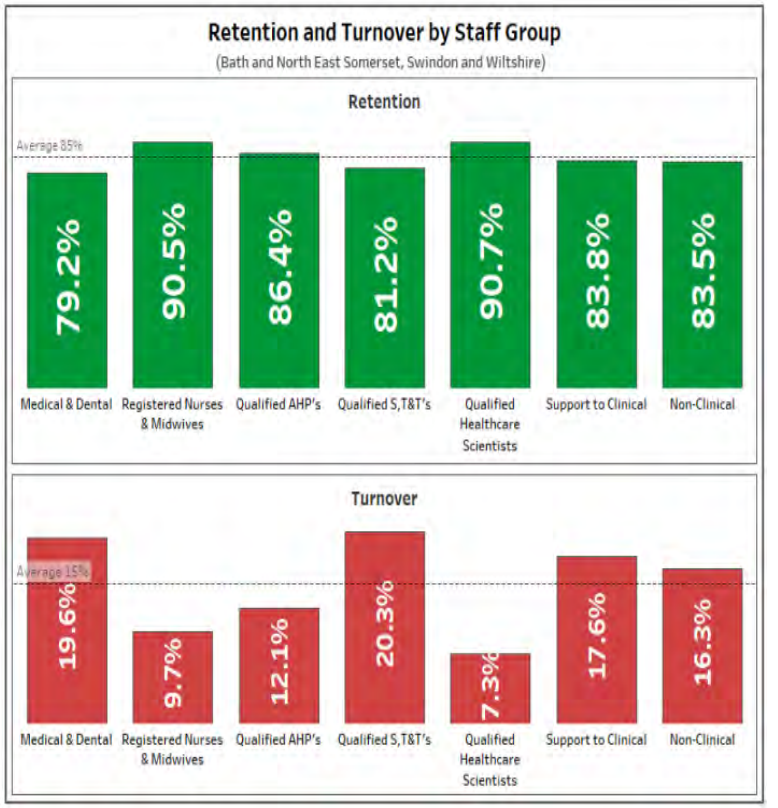
The post 55 workforce have been surveyed to understand key actions that could be taken to support them to work longer. Projects have commenced to share best practice and ensure managers are trained to proactively support later career conversations and developing options of flexible retirement and increasing flexibility rather than leaving.

Retention and Turnover (December 2020)

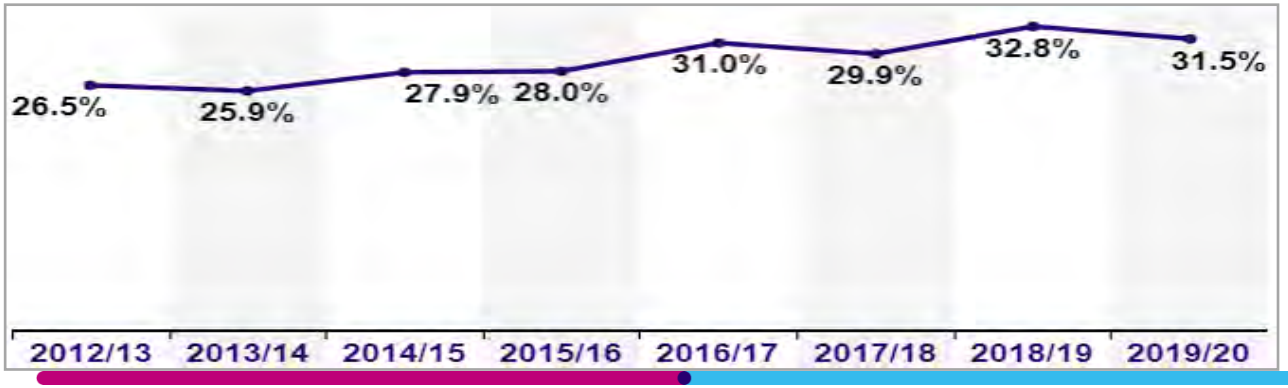
Retention of staff in NHS Trusts within BSW is lower than the SW average. Retention rates differ considerably by staff group with strong retention (90%+) within Registered Nurses and Midwives. Retention in the Medical workforce remains a particular concern. Turnover is high within the support and non-clinical staff, this will need to be monitored with potential low wage inflation in the broader labour market expected through the economic recovery from CV19.

Turnover in NHS





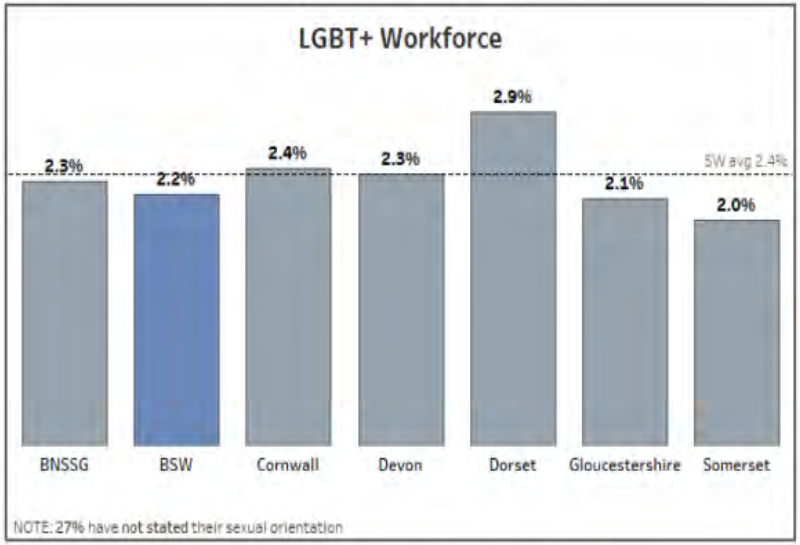
Turnover in Social Care - BSW

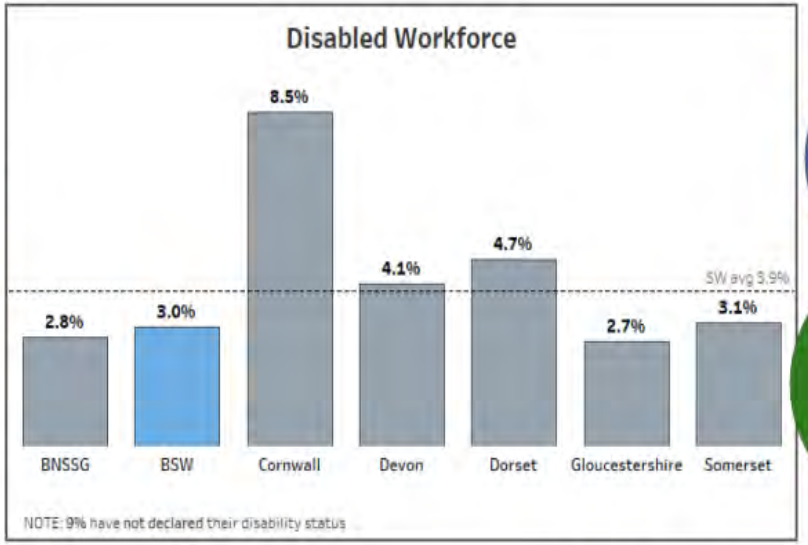


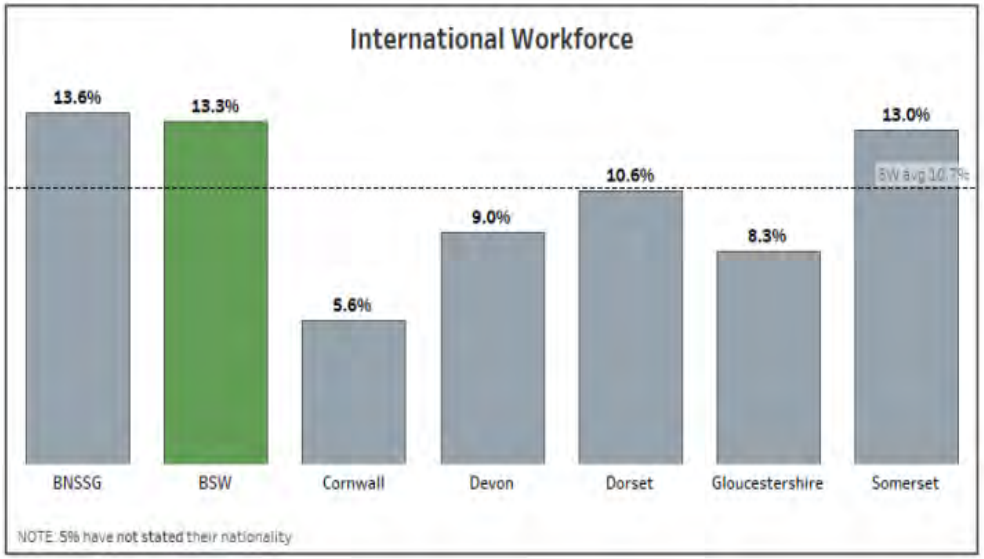
Compared with NHS trusts, turnover in social care providers in BSW is exceptionally high (32%). This is however broadly inline with other ICS areas within the South West. Work is continuing to identify "True Turnover" considering movement between the providers within BSW, to allow a more accurate assessment.

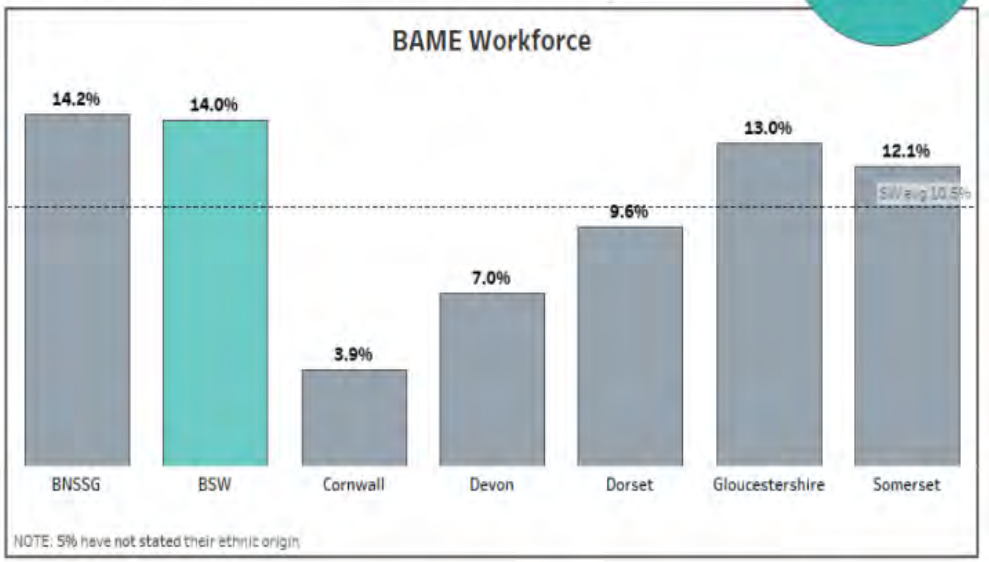
EDI Benchmarking (December 2020)

Although EDI data demonstrates overall BAME representation within our workforce of 14% this should viewed in context with only 4.5% in bands 7-9 roles. The BSW Leadership Development Group are implementing a target leadership programme in response to this challenge.



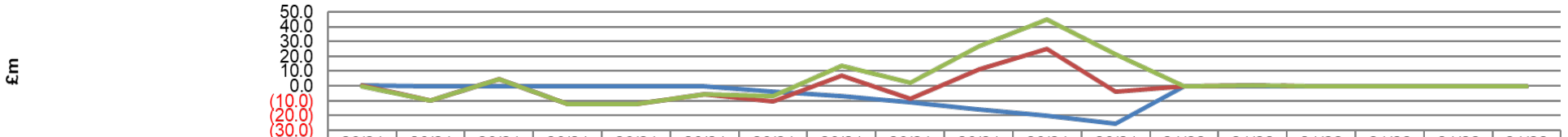






Month 2 Finance Summary

System (NHS and Adult Social Care) 18 Month Plan vs Actual incl. Financial Support (PSF/FRF/Top-Up/etc.)



	20/21 M1	20/21 M2	20/21 M3	20/21 M4	20/21 M5	20/21 M6	20/21 M7	20/21 M8	20/21 M9	20/21 M10	20/21 M11	20/21 M12	21/22 M1	21/22 M2	21/22 M3	21/22 M4	21/22 M5	21/22 M6
System YTD Plan	0.3	0.0	0.0	0.0	0.0	0.0	(3.6)	(7.0)	(10.9)	(15.6)	(19.8)	(25.5)	0.0	(0.1)	0.0	0.0	0.0	0.0
System YTD Actual	0.1	(10.0)	4.5	(12.0)	(12.0)	(5.4)	(10.5)	6.9	(8.5)	11.2	25.1	(3.9)	0.0	0.2	0.0	0.0	0.0	0.0
System YTD Variance Against Plan	(0.2)	(10.0)	4.5	(12.0)	(12.0)	(5.4)	(6.9)	13.9	2.4	26.8	44.9	21.6	0.0	0.3	0.0	0.0	0.0	0.0

Financial Summary

At this stage in the financial year there are no financial performance issues to report, the NHS system is planning a breakeven position for H1 and is reporting delivery against this position with a surplus YTD of £0.2m against a planned YTD deficit of £0.1m. It should be noted that this is based on an estimation of the Elective Recovery Fund (ERF) income using internal calculations and national notification of actual ERF income may change this position. Swindon Adult Social Care is forecasting that is will overspend against its budget by £2.6m due to increased demand for home care and 1 to 1 support in care homes. B&NES and Wiltshire Adult Social Care are both forecasting that they will meet their budgets.

Risks and Mitigations

The key risks are:

- ERF income is unknown and is based on internal calculations this may change when income is notified by the NHSEI national team and could have a significant impact on our H1 forecast.
- System is expecting to overspend by £3m against notified capped funding for the Hospital Discharge Programme. CCG submissions assume this will be funded.
- Financial regime for H2 is not currently known and it is anticipated that the income envelope for the system will be significantly reduced.
- The NHS Providers 5 year capital programme is significantly higher than our expected allocation which is based on 2021/22 allocation. We are working with NHSEI and will report progress from Month 3.

Month 2 BSW I&E Report

2021/22						
Organisation	Planned YTD Outturn at Month 2	Actual YTD Outturn at Month 2	Variance from YTD Plan at Month 2	H1 Planned Outturn	H1 Forecast Outturn	Forecast Variance from Plan
	£'000	£'000	£'000	£'000	£'000	£'000
BSW CCG	0	0	0	0	0	0
Total CCGs	**0**	**0**	**0**	**0**	**0**	**0**
Great Western Hospitals FT	0	10	10	0	0	0
Royal United Hospitals FT	(5)	0	5	0	0	0
Salisbury NHS FT	(128)	144	272	0	0	0
Total Acute Providers	**(133)**	**154**	**287**	**0**	**0**	**0**
Total BSW NHS Position	**(133)**	**154**	**287**	**0**	**0**	**0**
Avon and Wiltshire MH Partnership @ 45%	0	0	0	0	0	0
Total NHS	**(133)**	**154**	**287**	**0**	**0**	**0**
B&NES Adult Social Care	0	0	0	0	0	0
Swindon Adult Social Care			0	0	(2,590)	(2,590)
Wiltshire Adult Social Care	0		0	0	0	0
Total Adult Social Care	**0**	**0**	**0**	**0**	**(2,590)**	**(2,590)**
Total Health & Adult Social Care	**(133)**	**154**	**287**	**0**	**(2,590)**	**(2,590)**

AWP is being reported separately as they are aligned to BNSSG for Reporting

Swindon Adult Social Care can provide forecast figures only

Wiltshire Adult Social Care figures are @ Month 1 due to reporting timescales

Data Sources

Urgent Care
Urgent Care & Flow Board ..\..\..\..\Urgent Care\Routine reports\Urgent Care and Flow Board Report Monthly\Final Slides
SHREWD https://e-shrewd.com/resilience/

Planned Care
Elective Care Board ..\..\..\Routine Reports\Final Reports\Weekly Activity Report\Acute Reports
RTT K:\Analytics\Planned Care\Performance\RTT\2020-21
Diagnostics K:\Analytics\Planned Care\Performance\DM01\2020-21
Cancer K:\Analytics\Planned Care\Performance\Cancer Wait Times\2020-21

COVID
K:\Analytics\COVID-19\Slides - COVID SITREP
K:\Analytics\COVID-19\Triggers and Thresholds Report\Slides

Mental Health
Opel status dashboard K:\Analytics\Ad Hoc Requests\AH195 - MH OPEL Status Dashboard\MH OPEL Status Dashboard Draft v2.xlsx

Primary Care
Flu Vaccination K:\Analytics\Primary Care\Routine Reports\Flu Vaccinations\Published Reports
Primary Care Appointments K:\Analytics\Primary Care\Routine Reports\Weekly Summary Report\BSW PDF

Bath and North East Somerset, Swindon and Wiltshire Partnership
Working together for your health and care

BSW Partnership Board, 23 July 2021, Item 12

Transformation Workstreams – Update Report

David Jobbins

Interim Deputy Director – Planning & Programmes, BSW CCG

Bath and North East Somerset,
Swindon and Wiltshire Partnership
Working together for your health and care

Report summary

Key points	This report presents the Highlight Reports from the following programmes: • Acute Hospitals Alliance • Ageing Well • Digital Programme • Elective Care (to follow) • Integrated Care System (to follow) • Learning Disabilities & Autism • Maternity • Mental Health • Outpatient Transformation • Urgent Care and Flow Each report updates on delivery over the reporting period (please note that this varies by report) together with a headline assessment of risks, progress and key milestones.
Recommendation(s)	The Partnership Board is asked to : **1.** **Note** the report and the progress made to date. 2. Provide **comments and feedback** on the format and content of the Highlight Reports that could further strengthen future reporting.
Key risks	Risks for escalation are identified in each Highlight Report and none of the programmes are reporting as Red rated. There are three workstream level red traffic lights identified which are: • The transition to the new A & G platform, in the Outpatients Transformation Programme, which is currently on hold; • Progress with UEC workstream 2 – 999; and • Progress with UEC workstream 4 – SDEC.
Resource implications	Resource implications described in each Highlight Report

BSW Highlight delivery report

Programme	Acute Hospital Alliance	**Reporting period**	May-June 2021
Executive Lead	Cara Charles-Barks	**Transformation Team**	Ben Irvine

Delivery RAG

GREEN

What has been delivered or changed? (headlines)

AHA Programme readiness for Next Phase of Provider Collaboration

- ***Series of three development workshops*** held March - May, supported by NHS Providers team. Sessions were designed to shape the AHA approach for next period in light of the developing integrated care system environment at place and wider ICS level. The final workshop took place on 30th May 2021. Outputs from the workshops have been used to inform a ***refreshed work programme*** and proposal to create a Committee in Common between the three Trusts, in order to provide a ***stronger framework to support successful delivery***.
- ***AHA Governance review*** Provider Collaboration Discussion Paper was presented to AHA Programme Board on 25th June 2021 with options for the development to AHA governance and assurance arrangements. A detailed formal proposal will be considered on 30th July.
- ***Communications and engagement strategy*** developed to raise the profile of the AHA. Strategy to be further refined to reflect the difference the AHA will make to patients.
- A ***common programme approach*** has been co-developed with the Transformation Leads from the three acutes. AHA programme team is keen to work with Transformation & Change Centre to support development of common project & Programme approach across BSW. The ***Common Improvement Methodology*** programme is underway, with a joint session involving all three Trusts planned in early autumn.

AHA Corporate Stream:

- **EPR Alignment Programme –** Programme Director, David Kwo, joined the team on 21st June 2021. A re-profiled version of resource requirements has been drafted. OBC development continues - supported by an external review of the draft OBC. Regular briefings with regional team are being planned.
- **Corporate Back-Office Programme –** Opportunity scoping is underway for a range of back-office services [including estates; training; legal]. Scoping is also taking place in relation to library services.

AHA Clinical Stream:

- **Acute Clinical Services Strategy.** The three Medical directors are leading a review of acute clinical services, designed to link closely with BSW care model and estates development programmes.
- **Elective Strategy –** a BSW MDT led by Peter Collins has created **a** draft Elective Care Strategy that has been shared with the AHA Board and Elective Care Board. The strategy includes 'what good looks like' examples describing how the strategy will make experience of care different for our population. The team has reviewed initial feedback and will present an updated draft to the Population Health and Care Programme Board on 14th July.
- **Virtual Clinical Teams –** SRO Charlotte Forsyth. The paediatrics clinical team work has progressed well and has now transitioned into BAU. Paediatrics single waiting list pilot has been successful; opportunities to spread being sought. Dermatology work is ongoing with good progress now being made. Initial work has started on microbiology.

What risks and issues need escalation?

- A range of risks and issues are being managed by the programme team.
- In March 21 a lessons learnt exercise identified areas for focus in preparing for next phase (Engagement, Roles & Responsibilities, Resources, Programme Management, Programme Governance); these are being managed by Programme Director, CEOs and Programme Board.

Financial summary

- EPR OBC Digital Aspirant budget award (£250k); expenditure (c£170).
- Procurement Programme Saving c £1.4m 2020-2021; target 21/22, £2.2m. Forecast to over-deliver in Q1

BSW Highlight delivery report

Milestones	Target date	RAG
AHA Corporate Stream		
1. Procurement – Strategy, OBC Team plan, 2. 21-22 CIPs	Mar-June 21 Q1-Q4 21	In Progress
• EPR Alignment OBC. [Note: re-programmed owing to revised OBC/FBC scope]	Sept 21	In Progress
• Back Office Finance programme defined	Feb 21	Complete
• Back Office Corporate Programme defined	July 21	In Progress
AHA Clinical Stream		
• BSW Elective Strategy complete.	July 21	In Progress
• Single Waiting list and Network Provider Model Options defined & piloted	Sept 21	In Progress
1. BSW Virtual Clinical Teams [Phase 1, Paediatrics, Dermatology] 2. BSW Microbiology [Phase 2] 3. BSW Ophthalmology Strategy	June 21 July 21 July 21	In Progress In Progress In Progress
Programme Management and Governance		
• AHA Development as Provider Collaborative: next phase plan.	June 21	In Progress
• Launch of Committee in Common arrangements	Sept / Oct 21	In Progress
• AHA Communications Strategy	July 21	In Progress

Planned impact and progress

Rationale for working at AHA level:

- Equity, Sustainability, Improvement
- Reduction in inequality.
- AHA as catalyst for horizontal collaboration as well as vertical integration.
- AHA provider collaboration as an effective contributor to BSW. With DGHs being effective system partners across health and care; making contribution as anchor organisations to local populations and enabling system financial sustainability.

Highlight delivery report

Programme	Ageing Well	Reporting period	May/Jun 2021	Delivery RAG
Executive Lead	SRO Dr Robin Fackrell	Transformation Team	Mark Luciani, Jill Couvreur, Lucy Baker	AMBER

What has been delivered or changed? (headlines)

BaNES

- Hospital@Home virtual ward. 75 patients used service Jan-Jun. Looking to secure funding to second staff (IV service) and expand to all RUH patients. Initial evaluation meeting 10/6 to be discussed alongside reablement transformation plan 5/7. Encouraging patient feedback & length of stay (saved bedded days) data.
- Geriatrician Care Homes pilot - push to improve flow and reduce preventable demand due to pressure on SWAST. Paramedics reported this is extremely useful in terms of providing senior clinical validation of their decisions which fall outside of established protocols. Initiative has led to reduction in patients being conveyed to acute hospital. Given results from RUH pilot this would be well suited to roll out across BSW & could lead to a significant reduction in unnecessary admissions from care/nursing homes. There is a possibility that all care home admissions could be discussed with senior clinical advisors (?Medvivo) and if uncertainty continues a consultant geriatrician.
- UCR (2 Hour) Reablement Steering Group

BaNES: (cont) to lead development. Aim to meet LTP requirements by 04/22

Swindon

- Virtual Ward: 66 admissions. B7 started, B6 end July. Working with ED HIU list & CICT step down patients. Work begun with top 5 GWH patients with COPD, working with GWH respiratory nurses. 2 GP surgeries now referring in
- D2A Home First pilot from all wards not yet progressed due to staffing shortages.
- UCR (2 Hr) 1st strategic meeting taken place, ToR agreed. Demand, capacity & current provision mapping underway.

Wiltshire

- AW steering group-initiated SROs confirmed, to incorporate 2hr &48hr response with additional EHCH, VWs the MDT model and home first reablement.

BSW - EHCH MDT development - facilitated design workshop delivered in Swindon well received Evaluation feedback designed. Follow up interest in RESTORE2 and locality lunchtime sessions working with care homes around best practice and starting to develop MDTs. Wiltshire workshop held 24/06

- CGA/ICR frailty management. Further demos underway to work through issues and mitigations. Patient Journey walkthroughs to establish initial small scale PDSAs. Push for minimum data set agreement underway. Links with BSW digital team for ICR rollout comms and training plans.
- SDM. NICE guidelines introduced 17 June. Masterclass 29 June. BSW training modules to be updated to reflect new guidelines. Following feedback from Chippenham team, new training module being designed for Engaging in Positive Patient Conversations. Patient information animation produced. Tool now receiving data from 3 live pilots and able to show individual clinicians results. GWH to commence this month. Looking for further clinical areas to participate. Presentation to PH&CB and Elective Care. (cont)

Risks/issues for escalation?

- Process for allocation of national funding
- Working collaboratively to reduce risk of silo decision making and duplication
- Accessing details of where ICAs are in National Ageing Well asks, including Anticipatory Care scoping and responsibilities
- Admin support for programme
- Capacity of programme manager and clinical leads

Financial summary

Embedding of VWs & integrated Frailty Admissions avoidance included in ICS Prioritisation process under refs PR021 & PR119 respectively.
BSW £4.17m for transformation of community services and £1.04 in Q1. Fair shares allocation to ICAS process to deliver all 3 national Ageing Well priorities. Next steps of process to be confirmed following BSW Oversight and Delivery Group

Highlight delivery report

BSW (cont)

- National funding and priorities
  - Regional representative attended first AW Programme Board 14 June
  - 2 hr. UCR community providers submitting to CSDS. Confusion over data showing as BaNES instead of BSW.
  - Anticipatory Care £100k funding pot available for ICS AC leads. BSW AW programme Board to confirm next steps
- New Care Model work – ageing well input to KPMG model ongoing
- DePrescribing – Principles and incentivising change with new addition to working group (RF, Gayle Wynn, Matt Thomas) with focus on urologists and pain specialists.

Milestones	Target date	RAG
Co-creation of transformation opportunities to mitigate risk of deconditioning of patients during Covid period – pilot to take elective patients onto virtual frailty ward commenced end of April 21	July Programme Board	
Review opportunity to extend Consultant Connect Care Home pilot for RUH footprint and across BSW	July Programme Board	
Prioritisation process – confirmation of ICA ageing well priorities to develop a co-ordinated list across ICS – share synergies and best practice	July Programme Board	
provide updates to narrative plan regarding meeting key deliverables for UCR and confirmation of workforce metrics	July 30	
Co-development of care home work stream – care home rep now on Ageing Well Programme Board	September	

Planned impact and progress

- To support people to live their best lives and stay healthy
- To reduce preventable attendances and admissions across the system
- Delivery of LTP Ageing Well ambitions
- Share best practice and help reduce unwarranted variation and duplication across BSW

Evidence of impact - data

- H@H virtual ward RUH: 75 patients through virtual ward. Awaiting evaluation
- Swindon virtual ward: February - 66 admissions overall. Awaiting evaluation
- Consultant Connect Geriatrician in Care Homes pilot: April: Approximately 20 interactions with only one patient admitted
- Shared Decision Making: Up to end May, 3,308 surveys were sent out electronically by the tool from the Orthopaedic Interface Service at Chippenham and SFT with a response rate of 19%. Average response rate for external surveys are between 10% and 15%, suggesting response rate for SDM survey is slightly above overall average.
- Rolling CollaboRATE mean scores across both pilot sites 3.7 out of 4.0.

Highlight delivery report

Programme	Digital			**Delivery RAG**
Reporting period	June 21			
Executive Lead	Caroline Gregory	**Transformation Lead**	Jason Young	**On Track**

What has been delivered or changed? (headlines)

- Graphnet Integrated Care Record now extended to include further wave of 24 GWH facing Swindon & Wiltshire practices
- BSW joined NHSX funded Combined Intelligence for Population Health Analytics programme (CIPHA) to extend datasets and reporting available within Graphnet BI platform
- Maternity Personal Held Record design has completed 2 agile sprints with midwife and Maternity Voices input to design
- 4 demos held of read/write care planning module to members of the Aging Well programme board
- Additional care homes live with TPP SystmOne
- Digital input to BSW Health and Care model development (KPMG work)

- Digital board highlights:

➢ Presentation of BSW Care Model programme by KPMG
➢ Opportunities to align IG approach across Salisbury & GWH only developing
➢ Future ICS digital model discussed and future workshop planned
➢ GWH supported to make EOI to iRefer diagnostics project
➢ Updates on EPR programme, HEE digital skills, Digital capital spend and LHCR received

What risks and issues need escalation?

- A significant element of the IT programme has no identified funding source.

Over £90m of £130m is unfunded or only partially funded

Fundamentals of **IT estate** remain significantly underfunded. Estimated £4m gap to deliver PC/Laptops on a 6 year refresh cycle

EPR alignment will require significant external funding source

Integrated Care Record contract has been signed by CCG at risk with funding required from 21/22

Financial summary

5 year programme est. £130m+
£64m unfunded/ £23m partially funded/ £41m funded.
Yr1= £30m

Highlight delivery report

Milestones	Target date	RAG
National milestone of “Minimum Viable Solution” for Shared Care Records	Sep 21	On track
Review of ICS digital model	tbc	
Maternity PHR pilot commences	Sep 21	On track
Advice & Guidance contract transition	Jul 21	
NHSE Population Health Management Wave 3 Programme commences	Sep 21	
FBC for EPR Alignment	tbc	

Planned impact and progress

Digital strategy and component projects underpin the priorities below by providing a toolkit to enable transformation:

Recover non-Covid services
Strengthen delivery of local People Plans
Address the health inequalities that Covid has exposed
Accelerate the planned expansion in mental health services
Prioritise investment in primary and community care
Build on the development of effective partnership working at place and system level

Evidence of impact - data

"It does help move forward quicker […] it stops any sort of delays, which in turn stops the patient's health deteriorating".

Quote from Graphnet ICR user

360 unique users have accessed ICR over 9000 times in a month

BSW Highlight delivery report

Programme	BSW All Age Learning Disabilities and Autism
Reporting Period	May2021
Executive Lead	Liz Williams (AWP) & Claire Edgar (Wiltshire Council)

BSW Transformation Team	Dr Molly Moffat (lead GP), Georgina Ruddle, Lucy Baker

Delivery RAG

AMBER

What has been delivered or changed? (headlines)

- BSW LDA three year strategic roadmap co-produced and submitted to NHS E.
- BSW LDA Investment proposals for 22 initiatives co-produced and submitted to NHS E. Initiatives focused on addressing and levelling up inequities of service provision across BSW, targeting population health needs and service deficits, and delivering the ambitions of the NHS Long Term Plan.
- BSW children and young people (CYP) Autism Diagnostic Waiting List Initiative Project scaling up;
    - Evaluation methods agreed with commissioner, steering group and quality lead and design underway
    - Assessment report template signed off at PAD and QCES – will seek s/user feedback during evaluation
    - Feedback survey for families and CYP designed and 'live'
    - Development of bespoke virtual assessment– under review/piloting
- Learning disability and Severe Mental Illness Annual Health Checks (AHC) Pathway improvement group mobilising, objective to improve the uptake of annual health checks for people aged 14+, and ensure there is a consistent offer regarding aftercare support for ongoing health review, and positive health behaviour change interventions.
- Third successful discharge from the Daisy unit via the Individual Service Fund pathway, which promotes delivery of person-centred and directed community placement and care.
- New LeDER system is live; no cases pre June/no backlog. Three reviews raised in June.
- CYP video launched, explaining and guiding people on how to access mental health services

What risks and issues need escalation?

- Breach of CYP and Adults 12 week wait for autism assessments
- BSW LDA AHCs behind operational plan (OP) target; April 62/1.3% completed, April OP Target 192.
- BSW LDA Adult inpatient numbers: 19 (OP Target for Q1 21).

Financial summary

Confirmation of expected NHS E LDA funding allocation 21/22;

- Community £410k
- C[e]TR £28k
- LeDER £33k

BSW Highlight delivery report

Milestones	Target date	RAG
Adult Pre and Post Diagnostic service with third sector. Funding secured. KPI's agreed. Mobilisation in progress (1); year end evaluation to inform future model.	1) June 2021 2) Q4 21/22	In Progress
BSW LD Annual health checks evaluation to inform the future model, to be completed by the University of Bristol.	Sept 2021	In Progress
All Age Autism and Pain Response – Pain management tool. Focus Group to be formed. Members identified and invited.	Oct 18th 2021	In progress
All Age Autism Awareness e-learning training to become mandatory	Sept 2021	In Progress
CYP Autism pilot waiting list improvement initiative evaluation	Sept 2021	In Progress
LeDER – LD awareness training plan in development.	In progress	In Progress

Planned impact and progress

- Reduction of Adult LDA inpatient numbers
- Sustained reduction of CYP LDA inpatient numbers
- Improved rates of annual health checks
- Address health inequalities including those related to Covid-19

Evidence of impact - data

- CYP Autism pilot waiting list improvement initiative;
  - 150 children invited, with 105 opting in to date.
  - 36 completed the full pathway, 25 waiting for post- assessment meeting.
- LDA AHC pilot team have contacted 402 and completed a total of 229 AHCs since mobilising mid-March 21.

BSW Highlight delivery report

Programme	Maternity Transformation	**Reporting period**	May 2021
SRO Lead	Lucy Baker	**Transformation Team**	Sandra Richards and BSW LMNS Programme Board

Delivery RAG

AMBER

What has been delivered or changed? (headlines)

- 87% of women have taken up the offer of Continuous blood glucose monitoring in pregnancy across maternity service providers in BSW
- Alongside Midwifery Unit build progressing at SFT, Salisbury – projected completion Autumn 2021
- Maternal Mental Health recruitment to team in progress
- Ockenden- Non Executive Safety Champions in place in all acute trusts. Work continuing on assurance submissions
- All maternity services have reopened ward visiting from 9-9 to partners and progressing towards full resumption of service provision.
- Carbon monoxide monitoring recommenced in RUH, Bath with plans to resume in SFT and GWH within next month subject to ratification of SOP's
- All maternity providers delivering some continuity of carer pathways. – 7- 47%.
- Further scoping and business planning taking place with national lead support for Continuity of Care models
- Maternity Voices Partnership Sharing of quarterly survey results – positive feedback on caring staff and value of continuity of carer models with service user satisfaction
- Perinatal training bid for BSW submitted to HEE
- All trusts resubmitted bids to national workforce funding as requested by NHSE and are awaiting confirmation of funding
- Five to Thrive Champions identified and trained in maternity services

Evidence of Impact- Data

- BSW have achieved target of 20% reduction in Stillbirths by 2020.
- RUH Bath have 45% women booked on Continuity of Carer Pathway with 5 teams in place and GWH Swindon continue to run 2 Continuity of Carer teams. Both areas prioritising women from Black, Asian, minority ethnicities and women from deprived areas. SFT have paused Continuity of Carer teams whilst additional recruitment is underway but plans in place to resume. Smoking at time of birth (delivery – SATOD) **BSW reduction from 9.7% of women 18/19 and 19/20) to 8.5% in 20/21** towards target of 6% by March 2022. (Note BaNES increase from 6.6 to 8.1% but Swindon decrease from 11.1 to 9.1% and Wilts decrease from 9.8 to 9.1% of women)
- Breast feeding initiation rates data not yet available for YTD
- Awaiting confirmation on Stillbirth and Neonatal and brain injury date from Q4 governance reports from Trusts.
- Decrease in numbers of women smoking at time of birth in BSW from 9.7% to 8.5%

What risks and issues need escalation?

- Risk that workforce absences (maternity leave) and staff vacancies impacting on implementation of Continuity of Carer models, personalised care and capacity to maintain normal services
- Some GP surgeries giving notice for midwives use of clinic rooms to replace with AHP provision (Integrated care agenda). Temporary community hubs space may not be sustainable.

Finance Summary

On track

BSW Highlight delivery report

Milestones	Target date	RAG
Full resumption of pre-Covid maternity services	July 2021	In progress
Maternity Services Compliance with Ockenden IEA Assurance requirements	August 2021	In progress
Plan and building blocks in place for Continuity of Carer Pathway to be default model of care offered to women	March 2023	In progress
All women from Black, Asian, minority ethnicity and women from most deprived areas on Continuity of Carer pathway (appropriate caseloads)	March 2022	In progress
Smoking at time of birth to be below 6%	March 2022	In Progress
At least 40% expectant mothers on new LTP smoke free pathway	March 2022	In progress
All women to have personalised care and support plan	March 2022	In progress
AMU provision on SFT Site	Sept 2021	In Progress
AMU provision on RUH Site	March 2023	In progress
Embedded offer of Continuous Blood glucose monitoring for all pregnant women with type 1 diabetes in BSW	May 2022	Implemented
Agreed plan for implementation of blended payment for maternity services	Dec 2021	In progress
Maternal Mental Health clinics in place (trauma, tocophobia and grief)	Dec 2021	In progress
Each maternity provider to be compliant with Saving Babies Lives Care Bundle – Pre-term birth clinic and right place of birth for <27 week babies	June 2021	In progress
Stillbirths reduce to 2.4/1000	March 2024	
Neonatal deaths reduce to 0.9 /1000	March 2024	
Pre-term births reduce below 6%	March 2024	
Reduce brain injuries in neonates to 2.9/1000	March 2024	
LMNS Equity Analysis and co-produced action plan to meet national Perinatal Equity Strategy (not yet published)	Sept 2021	In progress
Implementation of Neonatal Critical Care Review improvement plan (SW ODN)	Ongoing	In Progress
All BSW maternity information system suppliers to be compliant with MISN (1 and s)	July 2021	In progress

Planned impact

- 50% reduction in stillbirths, neonatal deaths, maternal death and neonatal brain injuries by 2025
- Pre-term births to reduce to below 6% by Mar 2024
- Smoking at time of birth to be below 6% by March 2022.
- Improved outcomes and maternity experience for women from Black, Asian, Ethic minorities and women from the most deprived areas of BSW.
- Increased number of women having choice of birth in a midwife led setting.
- Improvement in women's experience in CQC Maternity Survey.
- Increase in number of women booked on Continuity of Carer Pathway
- Increase in number of women able to access psychological support and interventions

Highlight delivery report

Programme	BSW All age Mental Health – Thrive			**Delivery RAG**
Reporting period	May/ June 2021			
Executive Lead	Dominic Hardisty	**BSW Transformation Team**	Dr Sarah Blaikely (lead GP), George Ruddle, Lucy Baker	In progress

What has been delivered or changed? (headlines)

- Acute/ MH workshop held 22/06 to bring together police, ambulance, acute hospitals, MH providers and third sector to collaboratively address pathway issues and agree priority actions. 44 attendees from across the system. Four priority areas agreed as: single point of contact for crisis, personality disorder/ complex emotional needs pathway, education and training and alternative CAMHS crisis pathways. Multiagency working groups being set up in July to progress system actions
- BSW primary care MH challenges summary co-ordinated by lead GP as part of relationship building work. AWP to commence PCLS review following feedback July 2021
- New BSW Adult Inpatient MH tracker co-developed and launched to provide greater oversight of flow
- AWP and BSW CCG Board to Board held 24/06
- Implementation of CYP community eating disorder service expansion
- Recruitment commenced for three acute and community refeeding practitioners
- Expert by experience project manager appointed and commenced in post.
- CYP MADE June 2021, review of entire BSW inpatient cohort.

What risks and issues need escalation?

- Increasing activity and acuity for adults. AWP Opel 4. MADE event June 2021 to focus on improving discharge flow
- Building work delayed in BNSSG PICU. Impact on BSW bed base now until Jan 2022. BSW AWP estate reconfiguration strategic workstream recommenced 28/06
- Progressing implementation of community health framework at locality level
- Recruitment challenges with project managers to support Community MH framework – ie third sector lead

Financial summary

Confirmation MHIS delivery for 21/22 (meeting 4.19% uplift equates to £5m)
BSW Mental Health Finance Oversight Group commenced detailed piece of work around financial sustainability and review of total spend

Highlight delivery report

Milestones	Target date	RAG
Delay to launch of BSW Staff and Wellbeing hub. Go live now July. Bespoke offers of support have commenced.	July 2021	In Progress
Further roll out of SMI annual health check holistic model – 386 now complete. July fully booked. Model extension planning in progress.	Sept 2021	In Progress
Second review of demand and capacity data to aid planning – to flow through new BSW data and information MH subgroup	August 2021	In Progress
BSW community MH framework working groups confirmed – all first meetings to be held by Aug.	August 2021	In progress

Planned impact and progress

- Supporting people around their emotional wellbeing and mental illness in their local communities
- Reduction in preventable attendances and admissions
- Reduction in OOA placements
- Address health inequalities including those related to Covid
- Accelerate the planned expansion in MH services

Evidence of impact – Eating Disorder Transformation

- Proactive system planning to support increase in demand and acuity. £1.29m investment
- 117k for three new practitioners to support refeeding and menu planning across community and acutes – recruitment commenced
- New Avoidant and Restrictive Food Intake (ARFID) Service for BSW

Additional investment

CSF ED transformation	LTP Adult ED expansion	LTP CYP ED expansion
FREED model & PCN integrated working.	Extended core team (better transitions)	Extend core service to reflect growing demand

- Recruitment timescales are staggered (LTP from January 2021 and CSF from August 2021).
- Majority of LTP recruitment complete – some difficulties with Band 6 roles & sourcing additional medical time.

BSW Highlight delivery report

Programme	Outpatient Transforma	**Reporting period**	May 2021
Executive Lead	Richard Smale	**Transformation Team**	Led by Chris Dyer, supported by Tim King and Anna Field

Delivery RAG

AMBER

What has been delivered or changed? (headlines)

- Good levels of recovery in both new and follow-up appointments
- Chairmanship for BSW OP Transformation passed to Chris Dyer (due to Esther Provins 6 months leave), Tim King remaining as GP lead
- Review and reflection of the work of the BSW OP Transformation Group – agreed move to bi-monthly Teams calls focus on celebrating success, unlocking barriers, identifying opportunities, be sighted on performance
- Agreement to establish 3 formal sub-groups for – Advice and Guidance, PIFU and non face to face attendances (deliverables drafted). Proposal to recruit provider level clinical leads for each sub-group using NHSX monies provided – to 'At Scale' commissioning committee in July

- Commenced new Advice and Guidance Contract and successful testing of the platform in one practice
- Work to transition existing Advice and Guidance services to the new platform on hold due to legal challenge
- Progression of governance for A & G - DPIA, DPA and Clinical Safety Assessment
- AWP have established an internal project group for Advice and Guidance
- Recruited Advice and Guidance clinical leads for SFT and RUH, out to advert for GWH and AWP – to lead specialty preparation discussions including job planning implications
- Focus for A & G work currently – job planning, key message/signposting development (guidelines), improving answer rates for existing services

- BSW PIFU areas of focus - Data recording and PAS, BSW wide documentation, Establishment of PIFU subgroup, Use of PIFU within Community Services
- PIFU activity completed within the last month - Creation of SFT documentation which can be potentially shared and used across BSW (awaiting trust sign off July 2021, Initial BSW meetings regarding PIFU within community services, Citizens panel survey completed in May 2021 including specific section on PIFU, NHSE PIFU self assessment completed
- PIFU Short term future plans - Sharing of finalised SFT Implementation pack across BSW, Establishment of BSW PIFU subgroup, including trust PIFU leads

- First meeting of BSW Non F2G Group held, procurement of video consultation solution post March 22 for RUH and SFT is priority – clarifying if scope is inclusive of appointment management functionality. BSW requirements document being reviewed in preparation for any procurement.

What risks and issues need escalation?

- 25% non face to face appts threshold for gateway to ECRF (BSW rates declining and now at 30%)
- GWH – yet to have an interest in A & G clinical lead post
- PIFU – all Trusts will be required to have a Trust wide approach to PIFU to drive this work forward in a consistent way internally (national target is within milestones below)

Financial summary

BSW Highlight delivery report

Milestones	Target date	RAG
Transition to new A & G platform	End July	On hold
Establishment of BSW PIFU and Non face to face groups (clinically led)	End July	In progress
Establishment of a stakeholder project team to develop vision for BSW ICS referral services – Paper to July GB	End August	In Progress
Review the role of clinicians within referral management services	End Sept	In progress
PIFU to be in place in 80% of specialties – national target (currently meeting this at SFT and RUH but not in GWH)	End March 2023	In progress

Planned impact and progress

Evidence of impact - data

- First OP recovery @ 87% week ending 6/6/21 and 103% for 4 week average (regional 4 week average = 100%)
- Follow-up OP recovery @ 83% week ending 6/6/21 and 101% for 4 week average (regional 4 week average = 102%)
- Non face to face activity at 29% against ERF gateway target of 25% (regional average is 28%) – *source is regional analysis 14*/6. 21% for firsts (18% RUH, 21% SFT, 27% GWH), and 32% follow-ups (26% SFT, 33% RUH, 37% GWH) – *BSW source weekly acute data week ending 13/6*

BSW Highlight delivery report

Programme	Urgent Care and Flow Board	**Reporting period**	May 2021
Executive Lead	Stacey Hunter	**Transformation Team**	

Delivery RAG

AMBER

What has been delivered or changed? (headlines)

- Demand and capacity workstream – workstream met and prototype developed. Draft model to be shared with ICAs before end of June, expecting further iterations and plan to bring back to July UCFB to have 6-9 month plan.
- UCFB work programme
  - SROs for each of the workstreams have now been identified, workstreams in development phase. Key actions require complete scoping and KPIs to identify progress ahead of July UCFB meeting.
- New UEC standards
  - Initial shadow reporting presented at BSW UCFB; data quality aspects to be addressed as part of ECDS workstream
- Ongoing escalation pressures within the system – number of Escalation calls held over the month. UCFB agreed two immediate areas of focus to address the current operational pressures and require system support are:
  - Minors acuity – agreement to utilise the planned meeting to identify immediate actions to be taken to reduce pressures
  - Discharge to Assess / Patient flow – request to expedite the current workstream to tackle the current issues
- Additional NHSEI and SCWCSU support agreed to help with development of BSW Urgent Care Strategy

- Winter debrief & BSW strategy development session (24/6/21)
- Minor acuity task and finish group meeting arranged (28/6/21) – creating a clinical working to meet every 2 weeks from 1st Jul 21

What risks and issues need escalation?

- Urgent care demand in all services increasing (e.g 25% 111 volumes, 15% SWAST)
- Back door flow pressures – increasing LOS and pathway delays
- Workforce – staffing gaps, short term sickness including covid contacts
- Local authority data for D&C workstream – limited BI capacity in the authorities which making turnaround times challenging

Financial summary

* TBC

BSW Highlight delivery report

Milestones	Target date	RAG
UEC Strategy - Final	Oct 21	In progress
UEC Demand & Capacity planning	Jul 21	In progress
Priority Workstream 1 - 111	Sep 21	In Progress
Priority Workstream 2 - 999	tbc	In progress
Priority Workstream 3 – Ambulance to Hospital Handovers	Dec 21	Underway
Priority Workstream 4 – Same Day Emergency Care	Tbc	In progress
Priority Workstream 5 – Emergency Care Data Set	Tbc	In progress
Priority Workstream 6 – Discharge to Assess	Mar 22	In progress

Planned impact and progress

1. Strategy -UEC Strategy session planned – need to arrange follow sessions and events with clinicians and patient groups
2. D&C – Steering group established and scope signed off
3. 111 – Increase in unheralded and heralded but not booked attendances, to

Evidence of impact - data

- 111 – Activity figures increasing. Booked arrival slots averaging 36%. More KPIs to be added including top of the DOS, percentage 'booked' versus walk in activity.
- 999 – Monthly activity in May 17% up against expected and year to date 15%. Similar outcome rates but response times deteriorating
- Hospital Handovers – RUH and SFT HHOs over 15minute reduced from April, but GWH continuing to increase.
- SDEC – unable to report data; ECDS workstream meeting with BSW clinicians to agree common reporting dataset.
- ECDS – missing data not included and final targets not shared. – Ambulance response times challenged (due to demand and handover delays).
- Discharge to Assess – Increasing number of stranded and LOS; further metrics in line with national / regional examples to be captured. Expecting update in July.