



BSW Partnership Board

Friday 25 February 2022, 9:00-11:30, 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/21-22/039
	4	Action Tracker	S Elsy	Note	ICSPB/21-22/040
9:10	5	Questions from the public	S Elsy		
9:20	6	Patient story	G May	Note	Slides on the day
9:25	7	Chair's report	S Elsy	Note	verbal
9:30	8	ICB CEO designate update	S Harriman	Note	verbal
9:40	9	System update report	T Cox S Harriman	Note	ICSPB/21-22/041
9:55	10	BSW Performance, quality and finance report	J Convey	Note	ICSPB/21-22/042
10:10		Break			
10:15	11	VCSE Alliance – future collaboration	T Cox, P Webb	Note	verbal
10:35	12	BSW Health and Care Model – outcome of engagement exercise and next steps	T May	Note	ICSPB/21-22/044
10:55	13	ICS development programme update	T Cox, S Harriman	Note	Slides on the day
11:10	14	Transformation programme update report	R Smale	Note	ICSPB/21-22/047
11:25	15	AOB	S Elsy		

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.
DTC	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	<p>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.</p> <p>In Swindon and Wiltshire, this is known as Community Pharmacy Swindon and Wiltshire.</p> <p>https://psnc.org.uk/swindon-and-wiltshire-lpc/</p>
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 19 November 2021, 9:00-12:00, virtual Zoom meeting in public

DRAFT Minutes

Present

Members:

Stephanie Elsy, BSW ICS Chair Designate

Tracey Cox, BSW ICS SRO

Alison Ryan, Chair, RUH

Dominic Hardisty, CEO, AWP

Liam Coleman, Chair, GWH

Kevin McNamara, CEO, GWH

Nick Marsden, Chair, SFT

Stacey Hunter, CEO, SFT

Stephen Ladyman, Chair, Wiltshire Health and Care (WHC)

Douglas Blair, Managing Director, WHC

Liz Rugg, CEO, Medvivo

Alastair White, Head of Finance, Virgin Care, for Val Scrase, Managing Director, Virgin Care Wiltshire and BaNES

Lucy Townsend, Director Adult Social Services, Wiltshire Council

Brian Ford, Cabinet Member for Adults & Health, Swindon Borough Council

Jane Davies, Cabinet Member for Adult Social Care, SEND, Transition and Inclusion, Wiltshire Council

Kevin Peltonen-Messenger, CEO, The Care Forum

Suzannah Power, Deputy Chair, BSW CCG, for Andrew Girdher, Chair, BSW CCG

Ian James, Lay Member, BSW CCG Governing Body

Ruth Grabham, Chair, BSW Population Health and Care Group (till 10:30)

Gareth Bryant, CEO, Wessex LMC

Alison Kingscott, Co-Chair, BSW Social Partnership Forum

Tony Fox, Chair, SWASFT

Sue Harriman

Attending Officers:

Libby Walters, CFO, RUH, for Caroline Gregory, CFO, BSW CCG

Ben Irvine, Programme Director ICS Development

Richard Smale, Director for Strategy and Transformation, BSW

Tamsin May

In attendance and presenting specific items:

For item 8, H2 plan: Julie-Anne Wales, CCG Director of Corporate Affairs

For item 9, Urgent and Emergency Care Strategy: Heather Cooper, BSW Winter Director; Emma Smith, Head of Urgent Care; Ruth Gazanne, CSU, Associate Director Urgent and Emergency Care

For item 10, Deep dive – Digital: Jason Young, Assistant Director of Digital Transformation

Apologies

Val Scrase, Managing Director, Virgin Care Wiltshire and BaNES

Alison Barker, Director of Adult Social Care, Swindon Council

Andy Smith, ED SWASFT

Caroline Gregory, CFO, BSW CCG

Steve Maddern, Director Public Health, Swindon Borough Council

Becky Reynolds, Director Public Health, B&NES Council

Kate Blackburn, Director Public Health, Wiltshire Council

Suzanne Westhead, Director of Adult Social Care, BaNES Council

Charlotte Hitchings, Chair, AWP

Suzanne Tewkesbury, Director of Workforce and OD (South West), NHSE

Andrew Girdher, Chair, BSW CCG

Natasha Swinscoe, Managing Director, WEAHSN

Gillian Leake, Chair, Healthwatch Wiltshire

Cara Charles-Barks, CEO, RUH

1. Welcome and Apologies

1.1 The Chair welcomed members and officers to the meeting and noted apologies; the Chair welcomed members of the public who attended the meeting as observers.

1.2 The meeting was declared quorate.

2. Declaration of Interests

2.1 None declared.

3. Minutes of the BSW Partnership Board meeting 1 October 2021 (ICSPB/21-22/029)

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

4. Actions and Matters Arising (ICSPB/21-22/030)

4.1 The Partnership Board reviewed the action log and noted updates as follows:

- 01/10/2021, 8 Performance report, briefing note re allocations for H2 – this finance briefing would be circulated to the Partnership Board w/c 22 November 2021;
- 01/10/2021, 9 Deep dive people and workforce, conduct a primary care workforce survey – this was currently underway, outcomes would be reported in due course;
- 01/10/2021, 10 Greener BSW, kick-off event and identification of sustainability champions – a kick-off event was scheduled for 30 November 2021, sustainability champions were being identified incl. through current pool of officers with a relevant brief and through conversation with local councils.

5. Questions from the public

5.1 None received.

6. Chair's report (verbal)

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:

- health and care were under significant pressure, and alongside this the system worked at high pace to achieve ICB / ICS establishment by April 2022;
- Sue Harriman had been appointed as BSW ICB CEO and would take post early in 2022;
- the recruitment campaign for BSW ICB Board non-executive directors (NEDs) was imminent;
- consideration of future BSW ICB Executive roles was underway in view of national policy and guidance; the CCG Executive team was being supported through the transition period.

6.3 Sue Harriman, BSW ICB CEO designate, introduced herself to the Partnership Board. The Partnership Board was assured that a hand-over process from the incumbent to the incoming ICB CEO was underway.

7. SRO report (ICSPB/21-22/031)

7.1 The BSW ICS SRO presented her report on activities and developments since the last meeting. The Partnership Board **noted** the report.

7.2 Discussion arose around the recent extension of the Virgin Care community services contract in BaNES, which had been agreed by both the BSW CCG and B&NES Council following extensive evaluation and scoping work. There was concern about the extent of community involvement in decision-making, and about the degree of strategic consideration re integration of community and care services going forward.

7.3 The Partnership Board heard that Virgin Care provided wide-ranging services in BaNES, in partnership also with the VCSE sector, and had been instrumental

during the mobilisation of Covid-response in the BaNES locality. In their decision to extend the contract, the Council¹ and the CCG had considered the local BaNES context and the wider context of continuing Covid response alongside of service recovery. The Council and the CCG had agreed this was not the right time to take a different direction of travel, and a contract extension would be in the best interest of the local population. The decision to extend the contract did not preclude BSW from making changes in the future.

The emerging BSW care model had the further integration of services at its heart, and the need for strategic conversations about integrated care was fully recognised, as were the complexities, competing perspectives, and timescales to achieve integrated care.

8. BSW H2 plan (ICSPB/21-22/032)

8.1 The BSW Partnership Board received the plan covering the second half of the business year 2021/22, including winter planning. The plan had previously been reviewed and agreed by the BSW Partnership Executive. The plan had been submitted 18 November 2021. The plan contained significant risks re capacity and workforce.

8.2 Discussion highlighted the following:

- the H2 plan included BSW's financial plan to year end;
- BSW was managing £18m of risk;
- BSW planned to break-even (both as system, and as individual organisations), based on the assumption that elective recovery money would be earned (notification of additional Elective Recovery Fund (ERF) regional allocation had been received);
- agreed that controls and procedures should be in place for April 2022 to ensure the deficit is addressed; legislation placed an obligation on ICBs to break even, BSW recognised that this was a challenge over the next years;
- workshop planned for 10 December (CEOs, COOs and CFOs) to explore in detail the drivers of increased deficit of £117.3m for 2021/22 incl. increased costs in other care sectors, and identify next steps forward; noted in this context that the AHA would discuss appetite to scale up the use of process automation which had been tested in organisations and shown promise re productivity, efficiency savings and cash release – a proposition might be developed accordingly;
- recognised the need to agree how BSW would allocate or delegate authority to deliver a balanced budget to those parts of the system that were most likely to deliver balanced budgets for that part of the system – potential development re mental health provider collaboratives with delegated authority for the MHIS budget could serve as a test bed for this approach.

8.3 The BSW Partnership Board **noted** the report.

¹ Minutes of the informal Cabinet meeting on 10 November 2021 can be found here, <https://democracy.bathnes.gov.uk/mgAi.aspx?ID=28598> ; minutes of the public Cabinet meeting on 11 November 2021 can be found here, <https://democracy.bathnes.gov.uk/ieListDocuments.aspx?CId=122&MId=5526>.

9. BSW Urgent and Emergency Care Strategy (ICSPB/21-22/033)

- 9.1 The BSW Winter Director, SCW CSU Associate Director Urgent and Emergency Care, and BSW CCG Head of Urgent Care presented the BSW Urgent and Emergency Care (UEC) Strategy. The 5-year strategy had been developed in order to help shape sustainable services of the future within BSW, and had been considered by the BSW Urgent Care Board. Strategy development had taken account of the national and local UEC context; contribution of the strategy to closing the inequalities gap across BSW; the care model; workforce developments; existing BSW work programme / strategies; the changing landscape due to the pandemic
- 9.2 The Partnership Board considered the strategy, and discussion highlighted the following:
- the strategy would be supplemented by a 5-year plan and clear ambitions / priorities for each year; the plan would articulate resource distributions in order to deliver realistically against the strategy;
 - early stages of the strategy implementation should focus on service areas currently absent in BSW;
 - recognised that some patterns of public behaviour were hard to change, in particular where people presented for urgent and emergency care; the operational model should respond accordingly, e.g. deploy workforce where the demand was while maximising capacity;
 - the strategy took account of modelling re facilities usage incl. those that were not well-frequented; recognised that offer to local population needed to be clear re what services are available when and where, incl. digital care offer that has seen significant uptake and interest in certain demographics;
 - community engagement and involvement in service re/design would be crucial, incl. public scrutiny and local authority input; recognised that a long-term, cohesive, and sophisticated community engagement strategy and plan were required to ensure all communities could be reached, incl. to understand how communities used and accessed services.
- 9.3 The Partnership Board **endorsed** the BSW Urgent and Emergency Care Strategy.

10. Deep dive – Digital (ICSPB/21-22/034)

- 10.1 The Assistant Director Digital Transformation presented an overview of the work and achievements of the digital transformation programme across BSW. The work undertaken by the digital transformation programme was a key enabler of health and care service delivery across the BSW system. The Partnership Board had agreed a Digital Strategy in 2020, which was currently being refreshed in light of NHSX 'What good looks like' guidance and the emerging BSW care model.
- 10.2 The Partnership Board **noted** the update and recognised the considerable enabling contributions that the digital programme had already made to clinical practice through products and services like the integrated care record, access for clinicians to consultant specialists through the Advice and Guidance service, and tele-dermatology.
- There remained some uncertainty around funding for the significant resource required to take digital to its full potential.

11. ICS Development (ICSPB/21-22/035)

- 11.1 The Partnership Board received an update re progress of the ICS development programme leading up to the formal establishment of the BSW Integrated Care Board (ICB) and Integrated Care System (ICS).
- 11.2 At its last meeting, the Partnership Board had launched a consultation re proposals for the configuration of the inaugural ICB Board and a nominations process for the statutory partner members jointly nominated by the local authorities, the NHS trusts and FTs, and primary care providers, respectively. Partners also had the opportunity to comment on the first draft ICB constitution. The consultation closed on 15 November 2021
Noted that feedback had been considered, also national steer regarding size of ICB Boards, and that a submission had been made to the NHSE Southwest regional team re the intended ICB Board configuration on 17 November, as required.
- 11.3. The Partnership Board **noted** the update and in particular:
- assurance was given that a review of governance arrangements would be undertaken within 12 months of formal ICB establishment to ensure governance arrangements were fit for purpose;
 - clinical leadership at place and system was being considered, and models were under development to ensure enduring clinical input;
 - primacy of place needed to be clearly shown in visual representations;
 - national steer pre-determined significant elements of the ICS set-up; it was important to recognise that the ICB was but one part of the ICS, and that significant other forums for influence, engagement and involvement would exist alongside it, including democratic structures and processes;
- 11.4 The Partnership Board further **noted** the update regarding other aspects of the ICS development programme, incl. latest submission of the system development plan (SDP); work progressing to wind down the CCG and oversight structures in place to ensure due process; consultation regarding the BSW model of care was underway; the BSW Academy Director was in post, and the BSW ICS People Function development was working at pace; development work was progressing at pace re place governance, ICP, governance blueprint and financial governance.

12. BSW Performance, quality and finance report (ICSPB/21-22/036)

- 12.1 The Partnership Board received and **noted** the BSW system performance, quality and finance report to end September 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.
- 12.2 Discussion focussed on the challenging situation in BaNES re RUH's deteriorating performance in discharging patients who did not meet criteria to reside in hospital. The Partnership Board was assured that intensive work was ongoing with the RUH and Virgin Care to re-structure the reablement model, in an effort to mitigate the significant impact of limited availability and capacity of domiciliary and residential care in the area. Conversations at place recognised that different approaches were needed while making the best use of the limited resources, incl. workforce, available.

13. Transformation work streams, update report (PB/21-22/037)

- 13.1 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.
- 13.2 The reports were taken as read and **noted**, the Partnership Board was invited to contact respective SROs outside of meeting if any specific queries arose.

14. Any Other Business

- 14.1 The Partnership Board received for information the Partnership Board forward plan of business items. The Chair invited members to identify other items.
- 14.2 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 19 November 2021

OPEN actions

Meeting Date	Item no. and title per agenda	Action	Responsible	Progress/update
23/07/2021	9. ICS development: Provider collaboratives – Acute Hospital Alliance (AHA) update on current collaborative working and intended developments	To build up real life examples where patients have benefitted from the provider collaborative approach, for public dissemination. This would support the public discourse re benefits of the ICS development.	C Charles-Barks, B Irvine	30/09/2021: Development underway; the programme Team is working on a series of real-life examples / patient stories related to our Paediatrics, Dermatology, Ophthalmology BSW virtual teams work, and also our procurement collaboration
01/10/2021	8. BSW Performance, quality and finance report	To circulate a briefing note summarising the financial allocation to BSW for H2, and implications of policy steer for H2.	C Gregory	19/11/2021: Finance briefing would be circulated to the Partnership Board w/c 22 November 2021.
01/10/2021	9. Deep dive: People and workforce	Develop and conduct a BSW primary care workforce survey.	RRS workstream	19/11/2021: Progressing. This was currently underway, outcomes would be reported in due course 14/02/2022: Progressing. The People Plan 2020/21 committed to explore the implementation of a national staff survey for primary care to ensure that everyone working within the NHS has a voice and the opportunity to feedback on their experiences at work. Following a feasibility study in Autumn 2021, the Picker Institute were commissioned to undertake a pilot primary care staff survey (PCSS) to develop and test the methodology and questionnaire for measuring workforce experience in primary care and support future national roll-out. An update on this work will be shared when available. We welcome the development of a national primary care staff survey and will enrol BSW as soon as this is available.
01/10/2021	10. Greener BSW	To develop a galvanising kick-off event to put a 'Greener BSW' firmly on the agenda, and to develop a system strategy	S Yeo	19/11/2021: Closed. A kick-off event was scheduled for 30 November 2021.
01/10/2021	10. Greener BSW	To identify sustainability champion/s who would actively support the strategy development	All	10/11/2021: Progressing. Sustainability champions were being identified incl. through current pool of officers with a relevant brief and through conversation with local councils

Report to:	BSW Partnership Board Meeting	Agenda item:	9
Date of Meeting:	25 February 2022		
Title of Report:	System Update Report		
Author:	Tracey Cox Chief Executive BSW CCG		
Appendices	None		

1. National, Regional and Local Developments

1.1. Delivery plan for tackling the COVID-19 backlog of elective care

On the 8th February 2022, NHS England published its [Delivery Plan for Tackling the COVID-19 Backlog of Elective Care](#). This plan, which has been developed with partners, both internal and external to the NHS and patient groups, sets out a clear vision for how the NHS should recover and expand elective services over the next three years. It details ambitions, guidance, and best practice to help systems address key issues.

A core objective is to maximise NHS capacity, supporting systems to deliver around 30 per cent more elective activity by 2024-25 than before the pandemic, after taking account of the impact of an improved care offer through system transformation, and measures such as advice and guidance services.

The plan requires significant investment in capacity and staff training and skills development. Details of our response to the plan will be covered within our Operational Plan for 2022/23 which will be finalised in April.

1.2. BSW Success in Hospital Discharge Programme Fund

BSW has been identified by Region as a system which has made good use of HDP Funding. This has led to an invitation to join a conversation with the national team on what we have learned and what our thoughts are on models to support the new discharge arrangements on a sustainable basis.

However, it should be noted that over the course of the past year we have benefited from £15m of HDP support as part of the NHS's wider support package to the pandemic and recovery in 2021/22. These monies will come to an end on the 31st March 2022.

Work is taking place with system partners to assess future demand and capacity planning requirements for 2022/23 working in partnership with acute, community and our three Local Authorities.

1.3. BSW Mass Covid Vaccination Programme

More than 2.1 million vaccines have now been delivered in BSW, with 94 percent of cohorts one to nine having received two doses. More than 85 percent of the people currently eligible have received their booster dose. BSW is starting to vaccinate extremely clinically vulnerable children in the 5 to 11 age group and planning has started for the general population within this age group.

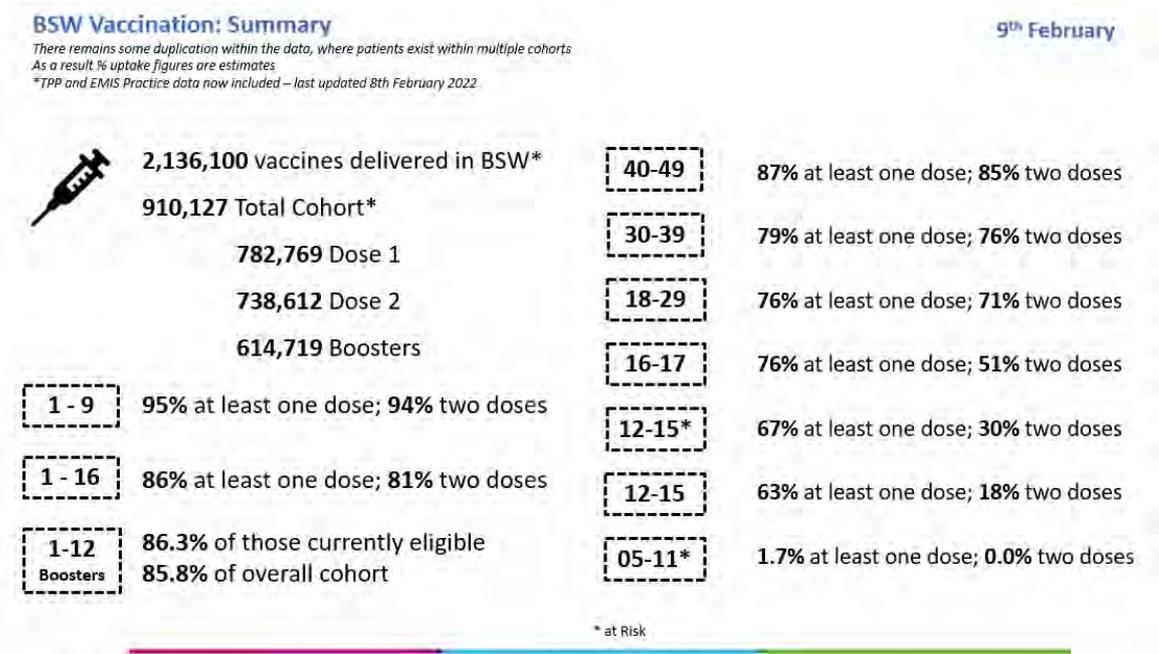
More walk-in Covid-19 vaccination clinics are and have been stood up across Bath and North East Somerset, Swindon and Wiltshire in a bid to help further unvaccinated adults across the region access support. Approximately 80,000 people across the region are still yet to have their first Covid-19 vaccination.

The full list of pop-up Covid-19 vaccination clinics:

- University of Bath Training Village, 10am – 5pm, Wednesday 9 February
- Twerton Park Stadium, 11am – 7pm, Thursday 10 February
- Langford Road, Trowbridge, 10am – 4pm, Thursday 10 February
- Wiltshire College, Trowbridge Campus, 10am – 4pm, Monday 14 February
- Wiltshire College, Chippenham Campus, 10am – 4pm, Tuesday 15 February
- Sanford House, Swindon, 8am – 4pm, Tuesday 15 February
- Wiltshire College, Lackham Campus, 10am – 4pm, Wednesday 16 February
- Eastcott Community Centre, Swindon, 9am – 5pm, Thursday 17 February

As well as the pop-up clinics happening over the coming weeks, vaccinations continue to be available from established sites across the region including Bath Racecourse, the Steam Museum in Swindon and Salisbury City Hall.

While all venues are now offering walk-in vaccinations, appointments can still be pre-booked online at www.nhs.uk or over the phone by calling 119.



1.4. White Paper on Health and Social Care Integration

On the 9th February DHSC published its White paper on health and social care integration. A copy of the paper is available here. <https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>. The paper sets out some of the ways health and care systems will draw on the resources and skills across the NHS and local government to better meet the needs of communities, reduce waiting lists and help level up healthcare across the country. This includes:

- better transparency and choice – if local authorities and the NHS share data and are more transparent about their performance, the local population will be able to see how their areas' health and care services are performing and make decisions about their own care

- more personalised care – linking GPs with wider forms of community support, such as social prescribing, could allow care to be more personalised which would help reduce the need for people to have more expensive, invasive medical treatment
- earlier intervention – integration will help people to access to the right services at the right time, including specialist services, which could mean earlier intervention that could prevent diseases from progressing and reduce the need for invasive and expensive interventions late in the day
- clear communication – integration will mean patients having a single digital care record so they can book appointments, order prescriptions, and communicate with their care providers on one platform while those involved in delivering health and care services can access the patient's latest information – not only will this save time, it will help ensure a patient does not have to repeat themselves so many times, and professionals will have the information they need to make care plans that work for the patient
- improved access to social care services through NHS data sharing – currently local authorities cannot access all NHS data to make decisions about access to social care services – an integrated system would allow the NHS to notify a local authority straight away if a person requires social care support
- better treatment – managing diseases in the community through better join up between primary, community and hospital services means better treatment for patients
- better NHS support to care homes – integration between hospitals and social care would mean more specialist support so care home residents could be treated before they get unwell and avoid having to go to hospital
- co-ordinated services – better integration across health and care will reduce the burden on people to have to coordinate between different hospital specialists, GPs, social care and local authority services themselves
- more flexible services – aligning financial incentives and pooling budgets will mean that the NHS and local authorities can use their resources more flexibly to benefit patients
- better value for money – reducing duplication and waste will mean that NHS investment can be spent in ways that benefit patients and deliver savings for social care, ensuring value for the taxpayer

1.5. Capital funding for Learning Disability (LD) Assessment and Treatment Units

The Region has been awarded £40m funding over a two-year period to build two 15 bed LD assessment and treatment units in the South West. The expectation is that one unit will support the North (BSW, BNSSG and Glos) and one South (Dorset, Somerset and Devon and Cornwall). Funding is also being made available to train additional LD nurses over a two year period. We understand a working group will be established to progress proposals with support from a lead Chief Executive from a Mental Health provider and an ICS chief Executive.

1.6. Delivering the Community Pharmacy Contractual Framework

On 2nd February 2022 information was released relating to the 5-year Community Pharmacy Contractual Framework including future funding being directed towards Integrated Care Boards to support the implementation of a number of new and existing clinical services from community pharmacy. Two years of funding is being made available from the Pharmacy Integration Fund to recruit staff who will provide additional support to Integrated Care Systems and Trusts. The aim of the support is to embed community pharmacy clinical services locally and ensure the required level of clinical assurance and monitoring is established as part of ICS functions going forward.

In addition, from April 2020 the Pharmacy Integration Programme will enable each ICS to:

- i) Establish an ICS Community Pharmacy Clinical Lead post (AfC band 8c)
- ii) Provide programme support for NHS Trusts (equivalent to AfC Band 7; 0.2 wte per Trust).

Support will be provided for a 2-year period and the ICS will then be expected to make their own permanent arrangements. Our joint BSW Integrated Pharmacy and Medicines Management Group will develop proposals to meet these requirements.

1.7. Update on the development of Covid Medicines Delivery Units (CMDU) in BSW

BSW commenced neutralising monoclonal antibodies (nMAB) treatment for hospitalised patients on 22/9/21 and treatment services for community patients commenced on 19/12/21. Each system has been told to plan to deliver a CMDU service for at least 1 year and up to 2 years. Dr Ruth Grabham continues to lead a BSW working group which shares the latest national updates and developing BSW plans for service provision.

In planning for the CMDU service in BSW we explored options of delivery in the community – from community hospitals, community premises or a mobile facility. The national clinical policy and the drug licencing clarified that triage and treatment responsibility are expected to be held by acute Consultants.

Whilst we had been planning on the basis of expecting 50 to 60 referrals a week into BSW, current actual average weekly referrals are c150/week with c39% receiving treatment (17% IV nMAB, 21% anti-viral).

The national clinical policy for CMDU treatments has recently been changed (live from 10/2/22) – key changes being the introduction of new treatments (with the current anti-viral becoming 3rd line only), the acceptance of positive lateral flow tests for referral, and a stretch in the window for treatment from 5 days to up to 7 days from symptom onset. Further changes to the national clinical policy are anticipated as drugs are developed and the virus changes. The new first line treatment – Paxlovid has many contraindications and we are thinking carefully about how to ensure patients are thoroughly triaged and safely treated. BSW current service model is:

- Referrals all picked up by Medvivo – through national webview and via emails (111/GPs/Mental health service/Health and Justice patients)
- Initial triage of all referrals via Medvivo – referring on as appropriate to the 3 acutes
- Secondary specialist triage via acute medics - acutes are leading a conversation about a possible acute led joint clinical triage model
- Treatment delivered by each acute, patients being managed by their nearest acute

There are a number of key risks in relation to BSW CMDU including:

- i) Patients being unable to receive Covid treatments due to fragility of services (we are developing, transport, mutual aid and escalation plans),
- ii) impact on other services due to prioritising CMDU without additional funding or staffing. (We are scoping other providers re home delivery and understanding primary care led models but potential issues with prescribing, the CCG has asked for providers to share details of costs).
- iii) lack of 7 day a week services (acutes are proposing working together to provide 7 day a week triage from consistent team of clinicians, further work required to develop 7 days a week IV services)

1.8. Healthwatch Update

Prior to discussions around the development of Integrated Care Systems really starting to take shape, Healthwatch BaNES, Healthwatch Swindon, Healthwatch Wiltshire and other local Healthwatch have already been working together and producing reports jointly on a number of key projects looking at Health and Social Care services.

Recent examples of this collaboration between local Healthwatch include:

- a year-long project that looked at the experiences of patients using the Great Western Hospital (GWH)
- facilitation of three online workshops, one in each locality, to hear the views of organisations across the area who support people with their mental health to feed into the community mental health framework.

Collaborative work is continuing across BSW with a project funded by the CQC to collate views and experience of health care services by people who have experienced severe mental ill health as a specific demographic group.

Further work is being planned with Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG), around evaluating peoples experience of the Continuing Healthcare process, and working together on a review of Discharge procedures at RUH Bath.

We have recently been successful in tendering for further citizen engagement work through NHSEI with a Focus on Carers.

Ends.



BSW ICS Partnership Board, 25/02/2022, Item no. 10

BSW Performance, Quality and Finance Report – February 2022

Please note: Due to the current operational pressures including the vaccination programme this is a reduced report.

Executive Leads:

Richard Smale – Executive Director Strategy and Transformation

Gill May – Executive Director of Nursing and Quality

Caroline Gregory – Chief Finance Officer

Julie-Anne Wales – Director of Corporate Affairs & Data Protection Officer



Report summary

Key points	<p>This is a regular report produced for BSW key meetings to provide a high level review of performance, quality and finance focusing on:</p> <ul style="list-style-type: none">• The current key issues and actions in delivering and transforming services• System oversight framework key metrics including performance against the operational plans submitted by BSW partners for 2021/22.• Workforce update• Covid and Vaccination update• BSW Financial System Summary <p>PLEASE NOTE: Due to the current operational pressures including the vaccination programme this is a reduced report.</p>
Recommendation(s)	<p>Action or decision required by the Committee e.g.</p> <ol style="list-style-type: none">1. The Committee is asked to note the contents of the report.
Key risks	<p>There are a number of high level risks on the BSW CCG Corporate Risk Register that reflect the challenges and risks to delivering: Quality Care, Performance and Financial Stability:</p> <ul style="list-style-type: none">• BSW47 – Ambulance delays in response and handover – impact on patient care and experience & staff welfare• BSW44 – Seasonal Planning – Urgent and Planned Care impacted by COVID-19, Flu and usual Winter challenges.• BSW26 – Covid- 19 Further Waves – particularly in cold weather - impact on all services• BSW32 – Increased need for Mental Health support due to pandemic - impact on MH and wider services• BSW22 – Workforce challenges in MH and LD/ASD services – impacting BAU and transformation• BSW11 – Demands on Primary Care / GP Practices - impact on patient care and experience & staff welfare• BSW48 – Delays in hospital discharges primarily for B&NES patients• BSW50 / 06 – Elective Recovery & Performance – delivery risks• BSW23 / 24 – Mental Health Performance Targets and infrastructure gap in all age crisis pathways.
Resource implications	<p>These are included in the report</p>



Executive Summary 1 of 7



Area	Key Issues	Key Actions	Accountability
Urgent care	<p>Continued pressures within the system with demand, capacity and flow</p> <ul style="list-style-type: none"> Continued issues with staffing absence due to COVID-19 contacts, and now concerns re: unvaccinated NHS staff and the effect this will have Bed flow to community partners struggling due to COVID-19 contacts, wards closed etc. Fluctuating numbers of Covid across all 3 acutes as well as community partners Minimal Urgent and Emergency Care (UEC) workstream meetings due to cancellation for system pressures Little improvement on performance measures of the new UEC standards with deterioration in ambulance response times Key quality and safety concerns regarding Non-Criteria to Reside patients including patients on end of life pathway – increasing harms relating to falls, pressure ulcers and nosocomial infections Paediatric Serious incidents and complaints a key theme 	<ul style="list-style-type: none"> Bi- weekly UEC Tactical Calls, chaired by Stacey Hunter (CEO SFT), as well as weekly Silver tactical calls and Gold calls. Focused work around Non-Criteria to Reside numbers and the reduction of these after NHSE B1266 22nd December letter Support to combined Covid oximetry @home and virtual ward; upscale of service ahead of proposed community peak in January Ongoing work through the Urgent Care & Flow workstreams although minimal meetings during system pressures December/January, hoping to see this re-start and re-focus February 2022. Set up of Care Hotel in Bath. System communications supporting the population to self care, use pharmacies, and being aware of Oximetry at home service are ongoing Paediatric quality collaborative and shared learning regarding paediatric triage and recognising the sick child. Development of Risk heat map for patient harms as a consequence of system demand. 	<p>Urgent Care and Flow Board ICA localities</p> <p>B1266-enabling-safe-and-timely-discharge-from-acute-settings-2.pdf (england.nhs.uk)</p>
Workforce	<ul style="list-style-type: none"> NHS sickness absence is stabilising at between 5.5% and 6% (21st Jan 22) , this is high compared to a historical winter average of between 4% and 4.5%. H2 Workforce Plans – November - absolute movement was positive, with vacancies reducing, however providers have 76 more vacancies than planned at this point. The vast majority of this under delivery has occurred within support and infrastructure staffing, with all Clinical and Medical staff groups being ahead of the planned position. Engagement with most Strategic Workforce Programme activity is challenging due to operational pressure, Vaccination of a condition of deployment (VCOD) work and 2022/23 Operational Planning Activity. 	<ul style="list-style-type: none"> The Strategic Workforce programme is engaging with BSW system partners to understand deviation from planning targets, and identify curative supporting actions. Drafting of 2022/23 HEE funding submissions for Strategic Workforce Programme workstream funding. The governance process for these includes OPDG, SCPG and workstream networks. 	<p>Operational People Delivery Group (OPDG)</p> <p>System People and Capability Group (SCPG)</p>



Executive Summary 2 of 7



Area	Key Issues	Key Actions	Accountability
Integrated Care Alliance – B&NES	<ul style="list-style-type: none"> Flow from acute to community impacted due to COVID (staff sickness to deliver care at home and bed availability within bedded capacity closed due to infection control and staffing sickness) Patients that are Non-Criteria to Reside (NC2R) with high acuity and complex needs – limited resources available to support patients 	<p>Exploring opportunities to support flow to include:</p> <ul style="list-style-type: none"> Temporary opening of Ward 4 at St Martins Hospital to support B&NES and Wiltshire patients (max 18) Increasing capacity of Westin Care home from 10 – 20 beds (RUH iBed supported by RUH Active Recovery Team Plus, Pathways 1 & 2) Opening of Care Hotel (accommodate B&NES/Wiltshire Discharge to Assess (D2A) Non-Criteria to Reside Pathway 1 patients) Increasing home care core care block capacity (Pathway 1) Commissioning further D2A bedded capacity (Pathway 2/ Pathway3) Daily B&NES Alliance Operational Delivery Group meetings to review actions to include RUH daily critical incident review meetings Exploring options for further Dementia Bedded resources (Pathway 2 / Pathway 3) B&NES Council and RUH In house home care team in development Recruitment fair 210122 to promote B&NES Health and Care roles NC2R Trajectory development to reduce by 30% by end January 2022 BSW Action cards and patient leaflets – trial and evaluation of their use 	<p>BSW Gold Call BSW Silver Call Tactical calls B&NES Alliance Operational Delivery Group</p>
Integrated Care Alliance – Wiltshire	<ul style="list-style-type: none"> Projects underway in the ICA which are not directly contributing to incident response and resolution have been paused to support Omicron response. Continued high demand for all discharge pathways – pressure points are variable – currently this is bedded care in the West Wiltshire area High number of care homes have been closed due to COVID (now recovered so all Discharge to Assess and Intensive Rehabilitation beds are currently open). Challenges with discharge into bedded pathways for people leaving COVID cohort wards High level of staff illness and those isolating as COVID contacts has challenged our ability continue full service delivery in some areas. 	<ul style="list-style-type: none"> All ICA routine calls have been re-purposed and supplemented to focus on incident response. System Risk Calls implemented x 3 per week to monitor operational issues and flow across partners Maximise effectiveness of all discharge channels by focussing resources and staffing in key areas – both for existing and additional capacity. New data and reporting in place to monitor performance against anticipated discharge capacity. Review effectiveness of the work to deliver additional capacity for discharge and identify actions to either continue / improve or cease depending on delivery, impact and value for money. Additional support for discharge flow processes in place with CCG staff re-deployed as extra resource to the Flow Hub. Daily dynamic and coordinated assessment of risk and performance, prioritising focus across Wiltshire area depending on identified need. 	<p>All issues and actions are recorded and progressed via the Alliance Delivery Group which has been re-purposed to the Alliance Primary and Community Response Cell Hub.</p> <p>Actions are progressed in the Operational Delivery Group meetings.</p>



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Area	Key Issues	Key Actions	Accountability
Integrated Care Alliance – Swindon	<ul style="list-style-type: none">• Covid numbers within the community and the Trust continue to rise• Services across the system impacted by staff sickness• Challenges with out of area discharge delays	<ul style="list-style-type: none">• Daily ICA Response Hub calls and partner bulletin sharing position• Daily Swindon Borough Council internal Gold calls (for a 2-week period) which has significantly impacted on Non-Criteria to Reside (NCTR) numbers• Increase in hospice bedded capacity to assist flow• Trusted Assessor 7-day support (highlighted the need for additional weekend cover) and cash incentive for care homes to accept discharges over the weekend• Temporary re-modelling of the Community Rehab Team to support the lead provider for domiciliary care to ensure patients can leave hospital sooner whilst waiting for their care to start• SAFER event has been held at GWH since 4 January 2022 focussing on improving discharges with development of a Control hub model on the GWH site, daily reviews of patient discharge barriers, increased NCTR calls with partners and development of robust escalation plans including out of area processes. <p>Key areas of further development:</p> <ul style="list-style-type: none">• Further work continues on full implementation of Urgent Care 2hr Rapid Response – this will be fully operational and at capacity by end March 2022.• Additional Step-Up beds at Cheriton House (4) currently in the pipeline and set to be available by 14th February 2022• Social Care staffing capacity has been an issue causing delays to assessments; additional substantive and locum staff have come on board in the last 2 weeks which is supporting improvements in the position• Care Hotel alternatives – exploring options for live-in carers to boost discharge capacity. Care Hotel option still being explored alongside live-in at home option	Actions are recorded and progressed via the Locality's ICA Response Hub. Progress reported into UEC and Silver Tactical calls and Gold.



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Area	Key Issues	Key Actions	Accountability
Elective Care Recovery	<p>RTT 104 week waiters (on incomplete pathways):</p> <ul style="list-style-type: none"> NHSE are currently monitoring long waiting patients weekly, at key BSW Acute providers (from any STP). On this list, there were 14 patients (16th Jan – provisional data) with SFT and Practice Plus Devizes. Some risks have been identified for patients with no decision to admit. Patients at BSW providers (on NHSE list) at risk of breaching 104 wks before 1st April 22 has reduced to 117 (16th Jan – provisional data) and remains on plan to be cleared by end of March. The BSW population view is there are 35 people waiting over 104 weeks, 16 being treated by BSW providers (as above and SULIS, New Medica Swindon) and 19 with neighbouring systems or specialist providers. Elective Recovery activity is running at 93% of normal day case and 78% ordinary elective against our 2021/22 plan contributing to the net growth in the waiting list. 	<ul style="list-style-type: none"> RTT 104 week waiters - Plan for coming months is to continue to track the patients at risk of breach, including looking for opportunities for transfers and mutual aid. There are 5 system groups focussed on each of the high risk specialties with patients at risk of breaching 104 to support the system. Elective recovery group meeting on 2/2 to review actions to assure recovery to 21/22 activity plans. IS Sector – engaged with IS about further support for long waiters. The Quality team are developing an Action Plan for looking at Quality and Safety aspects within Elective Care. 	Elective Recovery Programme of Elective Care Board
Cancer	<ul style="list-style-type: none"> Cancer performance data for Nov confirms the previously reported areas of most challenge within BSW, for which recovery plans are in place. For the first time in a long time, BSW achieved none of the national performance targets in Nov. Despite this, BSW was at or above the national average for almost all. SFT and GWH achieved 3 of the 8 traditional national performance targets; RUH achieved 2. BSW missed the new 28 day faster diagnosis standard by 0.1%. A number of the targets which were failed at BSW level were primarily due to breaches at out-of-area tertiary providers. The number of patients on cancer pathways (but not necessarily with confirmed cancer) waiting over 62 days from referral to start of treatment began to increase in November and this has continued through December and January due to Omicron surge impact on staffing, capacity, diagnostics, and patients’ ability to undergo surgery (guidance in autumn 2021 – surgery involving general anaesthetic, and certain diagnostic tests, not recommended within 7 weeks of positive covid). 	<ul style="list-style-type: none"> Continued focus on performance, volumes and recovery actions, at regular review meetings. BSW continues to see a higher volume of 2ww OP, and initiate more cancer treatments, compared to pre-covid, than most other systems in the SW. 	Elective Care Board



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Area	Key Issues	Key Actions	Accountability
All age Mental Health (MH)	<ul style="list-style-type: none"> BSW position for adult inpatient mental health beds continues to come under increasing pressure. Out of area placements (OOA) are currently at 12 with 11 wards in AWP impacted by Covid – 26 Delayed transfers / discharges (11% of bed base) Three section 140 enactments on Health Based Place of Safety in the new year linked to bed availability and highly complex patients to ensure patient safety and legal framework Attention Deficit Hyperactivity Disorder (ADHD) waiting times continue to grow BSW routine AWP waiting list grown to 950 patients. Risk stratification plans and system response being co-developed Workforce remains a significant risk across all services IAPT recovery rate has dipped further following waiting list cleansing exercise 	<ul style="list-style-type: none"> AWP weekly inpatient meetings continue with focus on flow. w/c 31/01 system actions have reduced DTOC to 15. MADE events being planned – B&NES to be undertaken by end of Feb BSW system all age Mental Health and LDA cell recommenced to provide additional system oversight of pressures and mitigations – on 20/12 – linked to covid response letter and BSW system response. Cell agreement on 17/01 to open additional surge beds in our community wellbeing houses to support flow. £60k funding agreed to provide four GPs with special interest to support ADHD waiting time reduction. Training completed and go live by end of March 2022 BSW Escalation and Complex case hub continues – More than 60 cases to date to support at system and patient level Co-developed IAPT action plan submitted with dedicated tsk and finish group in place to monitor progress reporting into Thrive Programme board 	BSW Thrive Programme Board
All age Learning Disabilities /Autism Spectrum Disorder (LD / ASD)	<ul style="list-style-type: none"> Co-production of system response to national recommendations from 'Joanna, John and Ben' Cawston report continuing, with comprehensive direct reviews of all inpatients required by 31/01/22 (NHS E extended completion deadline by one month). ASD waiting times continue to increase Annual health check performance continues to improve. Transitional model approved and plans in place with current provider and AWP 	<ul style="list-style-type: none"> Dates arranged for all BSW direct reviews as part of Cawston Park requirements by end of Jan. Executive ICS panel(s) to convene in Feb 22 to give assurance to BSW and to NHSE ASD waiting list pilot continuing. Meeting with system partners held 20/12 to review impact and issues Annual health checks to continue to mitigate risk during current covid surge. Developing plans to link to covid boosters and flu vaccination wherever possible. Performance does continue to improve – Dec 31st position 39.6% against revised trajectory of 45% by end of March 2022 	BSW LD/ASD Programme Board
Maternity	<ul style="list-style-type: none"> Continued challenges with midwifery, obstetric and neonatal staffing to meet operational pressures requiring frequent redeployment of staff and paused transformation work including rollout of Continuity of carer models of care. Home births continued to be paused until the end of Jan at RUH. Increased Induction of Labour delays at RUH and GWH 	<ul style="list-style-type: none"> BSW LMNS maternity escalation plan continues to be used. Weekly operational maternity cell in place Focus on vaccinations for pregnant women linking with BSW vaccination cell LMNS mutual aid support for induction of labour with Salisbury and Taunton in place. Linked into regional maternity hot calls to explore all options. Daily review and risk stratification in place 	BSW Local Maternity and Neonatal System (LMNS)



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Area	Key Issues	Key Actions	Accountability
Primary Care	<ul style="list-style-type: none"> Continued demand and pressures across General Practices (a few practices reporting red and 2 reported black last week) BSW report of appointments in December 2021 shows the total appointments booked was 443,100 compared to 359,400 in December 2020. BSW report of mode of appointments in December 2021 shows face to face appointments are 61.9% of the total appointments compared to 58% in December 2020. December saw the accelerated programme for Covid Vaccinations Boosters delivering 78.5% (of all cohorts where eligible) by 31.12.21 and continuing all eligible cohorts as evergreen offer with focus on unvaccinated and preparation for Clinically Extremely Vulnerable (CEV) 5-11 year olds. The flu vaccination programme is also continuing with B&NES vaccinating 67.2% of the eligible groups (aged 65+, 50-65, At Risk ad pregnant women) by 27.12.21; Swindon 67.6% and Wiltshire 68.9% There are currently 4 practices rated as Requires Improvement overall and 1 rated as Inadequate across BSW CCG. All practices with Requires Improvement and Inadequate rating have Regulation 17 (good governance) notices. There are limited Primary Care Quality metrics, including Complaints, PALS (Patient advice and liaison services) and Incident information, to inform the CCG, Primary Care Networks (PCNs) and general practices, and provide early warning indicators across BSW Primary care. The Medical Examiner role is already established in BSW acute providers. BSW acute providers have been allocated additional funds to support the roll out of Medical Examiners into the community including primary care. The roll out is expected to evolve over a period from summer 2022 rather than a stated commencement date for all practices. 	<ul style="list-style-type: none"> Ongoing work in localities implementing Winter Access Fund plans that will support all 89 GP Practices across BSW in providing the most appropriate access for all of our patients across BSW. Focussed work in developing surge planning across primary care with daily reporting into SHREWD and practice/PCN surge plans Developing suite of documents and support – IT/digital, communication materials, sharing with system partners (including community services, community pharmacy) Implementing Communication plan with message to public focused on GP Practices Collating data from GP Practices on Vaccines as a Condition of Deployment The Quality Team have commenced scoping work to understand shared learning. A monthly Primary Care Quality Oversight Assurance Group has commenced to monitor the completion of improvement plans, mitigations and to ensure the right level of support from the CCG. The Quality Team has commenced engagement and scoping work with Primary Care analytics, Meds Management, Infection, Prevention & Control (IPC) and externally with the Care Quality Commission and other CCGs, to develop core quality metrics to support service transformation discussions, plans and proactively identify any areas of concern and learning at the earliest juncture. These metrics will be monitored through discussions at PCCC and with other key stakeholders. This work will also include developing a process to capture and analyse emerging themes and trends to better inform future improvement work. BSW CCG have introduced a project group to support the roll out and this is meeting fortnightly. BSW CCG will support the acute provider medical examiner offices to identify early adopter GP practices and recruitment. 	Primary Care Commissioning Committee (PCCC)



Executive Summary 7 of 7



Area	Key Issues	Key Actions	Accountability
Quality	<ul style="list-style-type: none"> • Urgent Care and flow - continued pressure in the system, Increases in COVID numbers and contacts. High numbers of people meeting the Non-Criteria to Reside (NCTR) leading to increasing surge capacity opening • Serious Incidents- Paediatric triage and recognition of the sick child • Infection, Prevention & Control: rising hospital onset Healthcare Associated Clostridium Difficile cases (likely to breach threshold - 179) • COVID-19 challenges continue across the system 	<ul style="list-style-type: none"> • Quality team securing the safe and effective implementation of schemes; Ward 4, Discharge Grant Scheme, Care Hotel (Bath)- completion of EQIA's in all areas • In-hospital support to improve flow by reviewing patient pathways and current discharge processes and systems • Leading system wide mortality reviews on specific cohorts to recognise the learning • Supporting acute providers to review people with lengths of stay greater than 30 days • Supporting ethical group with the design and development of a patient safety risk framework and patient safety status • Planning a Paediatric quality collaborative to share the learning • Continuing to review the data- discussion points and key themes to be presented in March 2022 • New guidance has been issued which providers are currently implementing 	<ul style="list-style-type: none"> Quality and Performance Committee (QPAC) Quality Surveillance Group (QSG) Elective Care Board Urgent Care Board BSW Thrive Board Primary Care Commissioning Committee (PCCC)



COVID-19

As reported 16/02/2021



COVID-19 1 of 5

COVID-19 Capacity Thresholds and Triggers - Acute Providers

System/Locality
BSW

OPEL Status

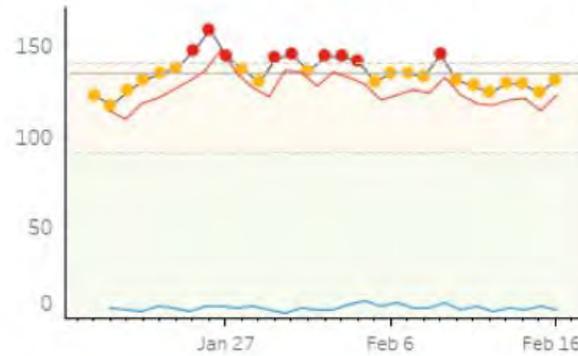
	06 Feb	07 Feb	08 Feb	09 Feb	10 Feb	11 Feb	12 Feb	13 Feb	14 Feb	15 Feb	16 Feb
GWH	4	4	4	4	4	4	4	4	4	4	4
RUH	4	4	3	4	4	4	3	4	4	4	3
SFT	4	4	4	4	4	3	4	4	4	4	4

Confirmed & Suspected COVID Cases (Acute) 16 Feb **131**

Total No of confirmed COVID cases (Acute) **127**

Total No of suspected COVID cases (Acute) **4**

% COVID Bed Base	5%	5-10%	10-15%	>15%
No of Beds	91	141	211	>211

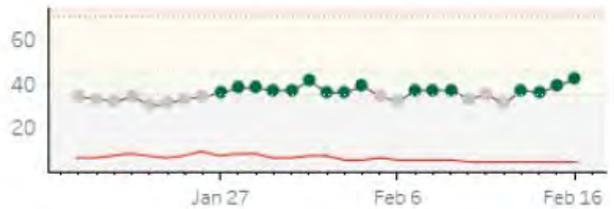


Inpatients diagnosed with COVID 16 Feb **26**

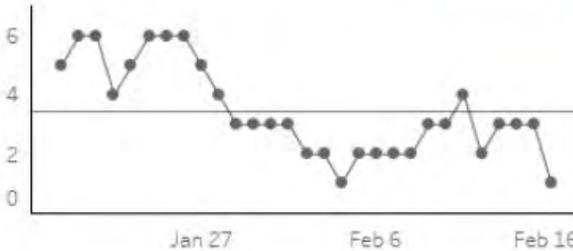


Total No of patients in ITU 16 Feb **42**

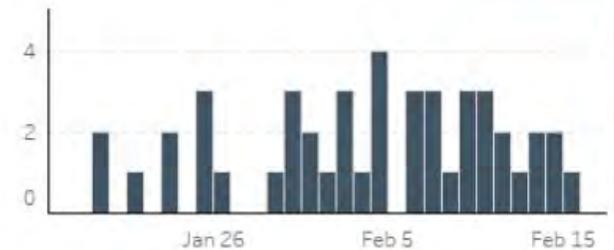
Total No of confirmed COVID patients in ITU **4**



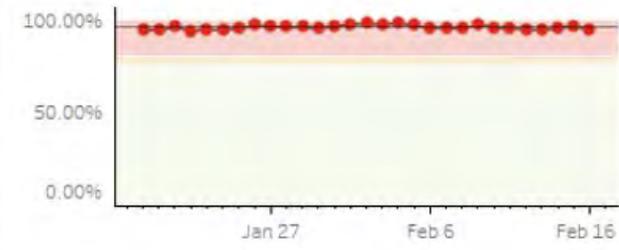
Number of COVID-19 patients on non-invasive ventilation 16 Feb **1**



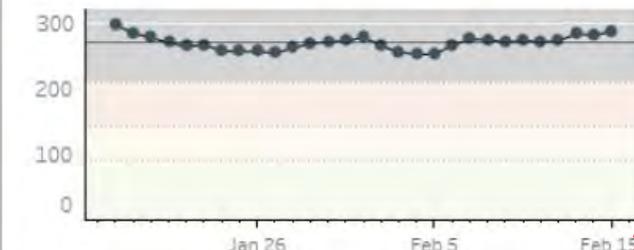
No of Deaths from COVID 15 Feb **1**



Acute Bed Occupancy 16 Feb **94.99%**



Super-Stranded (Acute) 15 Feb **288**





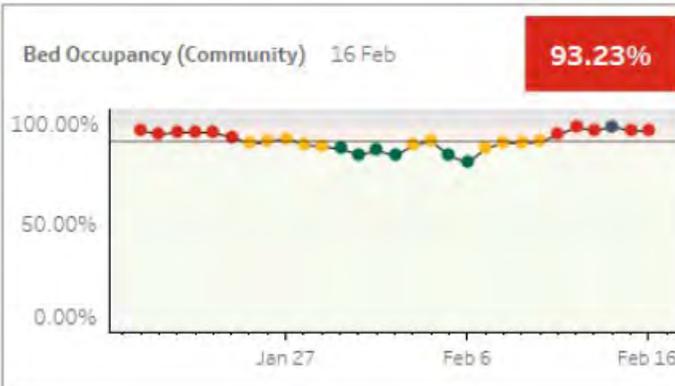
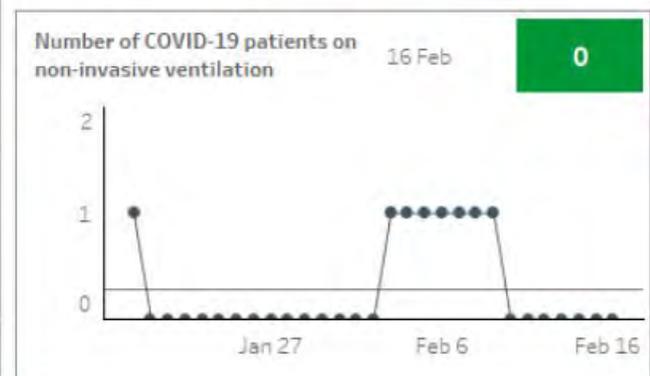
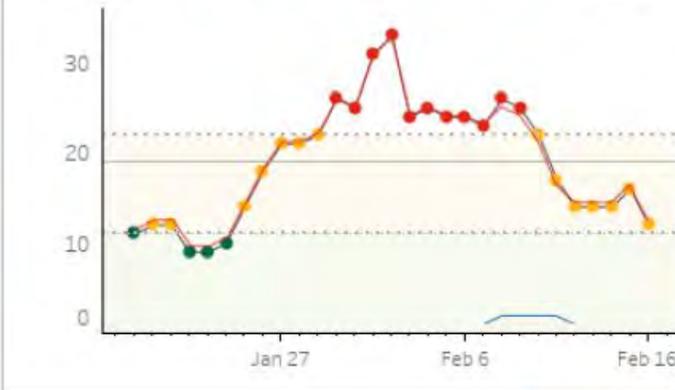
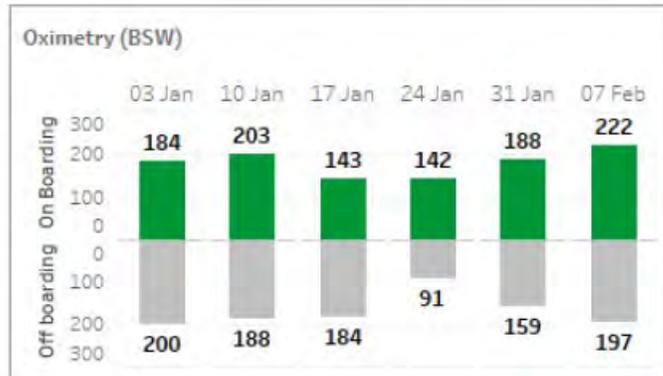
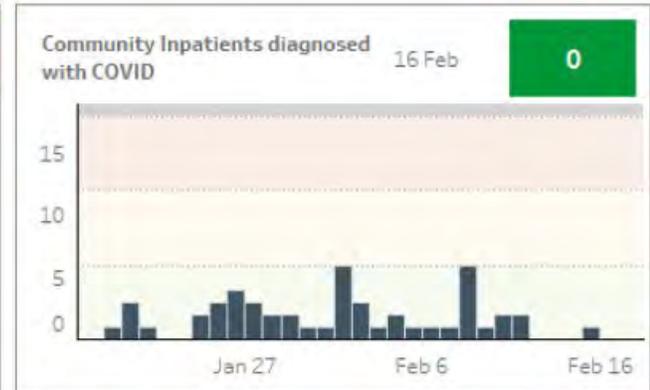
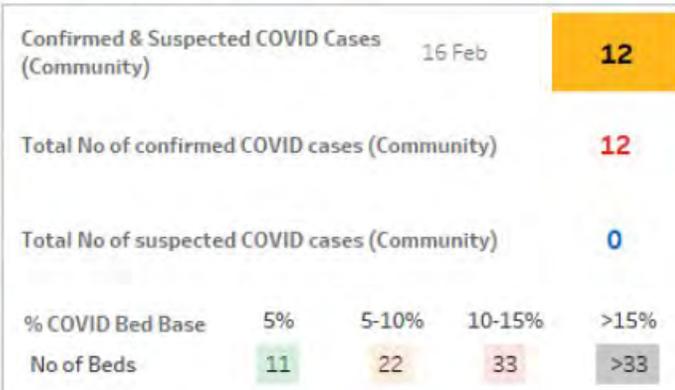
COVID-19 2 of 5

COVID-19 Capacity Thresholds and Triggers - Community Providers

System/Locality
BSW

OPEL Status (Community)

	06 Feb	07 Feb	08 Feb	09 Feb	10 Feb	11 Feb	12 Feb	13 Feb	14 Feb	15 Feb	16 Feb
HCRG	3	3	3	3	3	3	3	3	3	3	3
SCHS	4	4	4	4	4	4	4	4	4	4	4
WHC	4	4	4	3	4	4	4	4	4	4	4

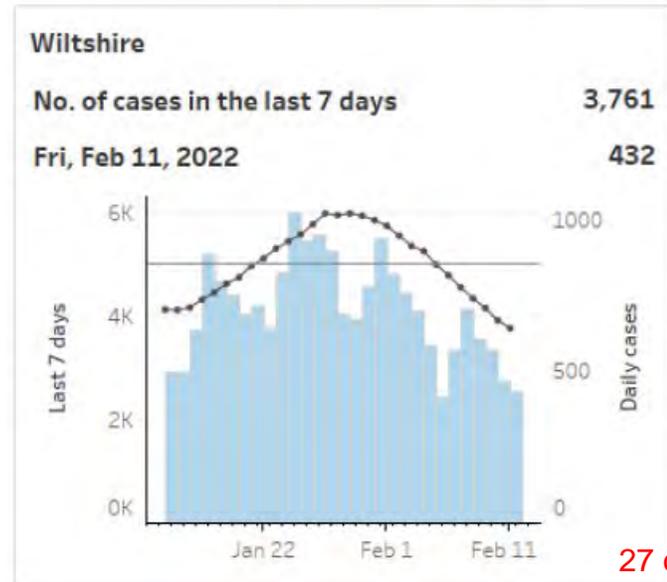
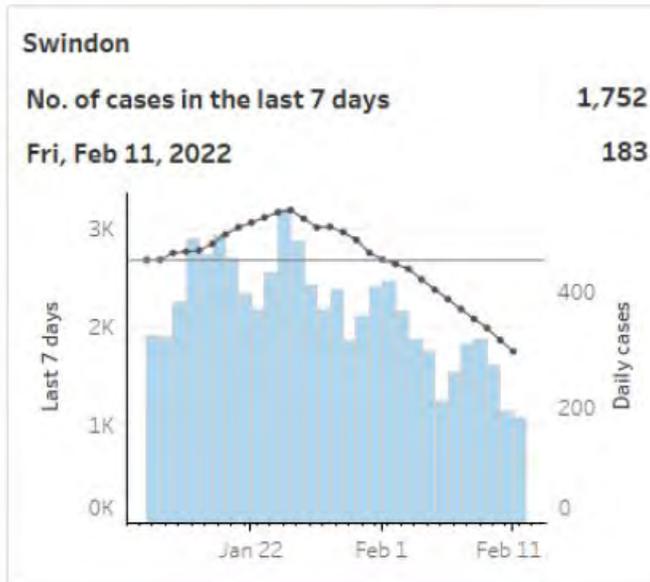
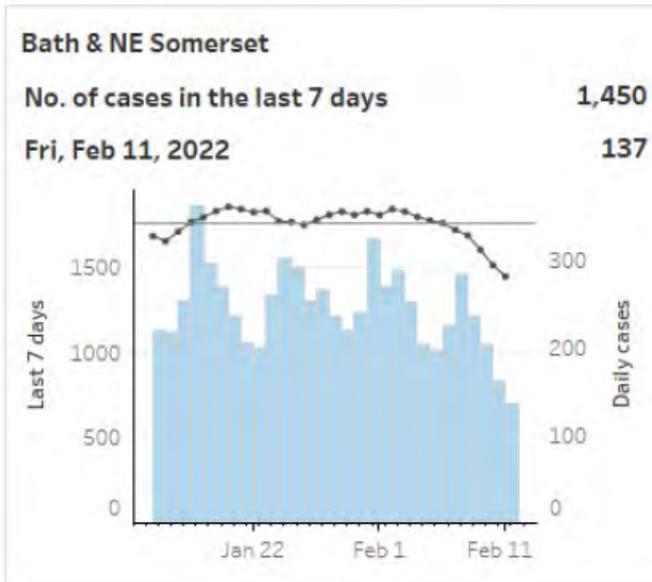
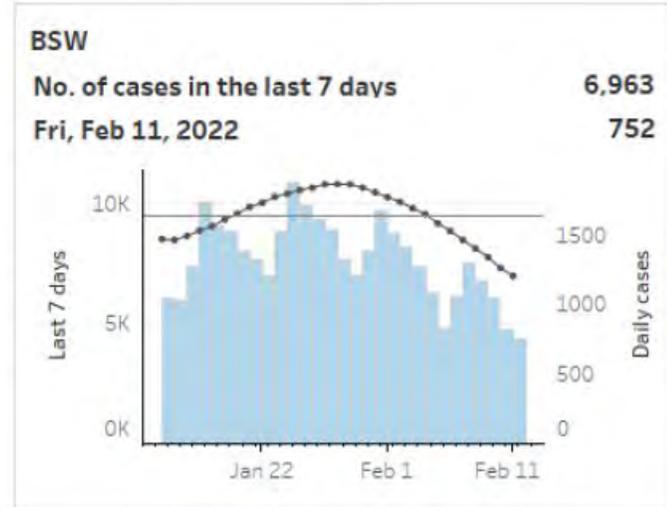
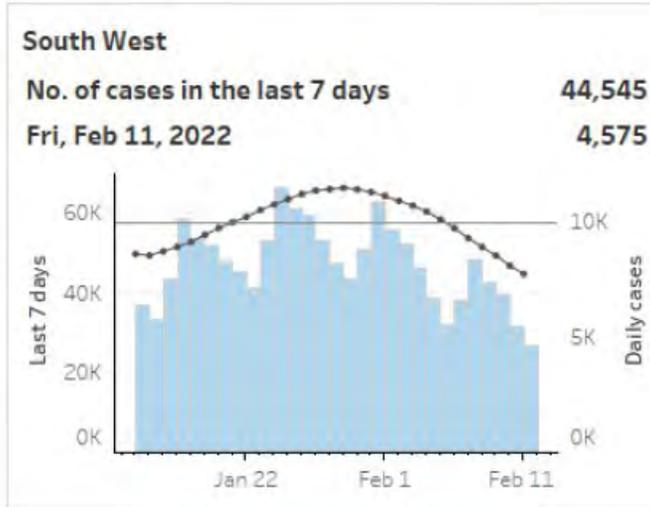
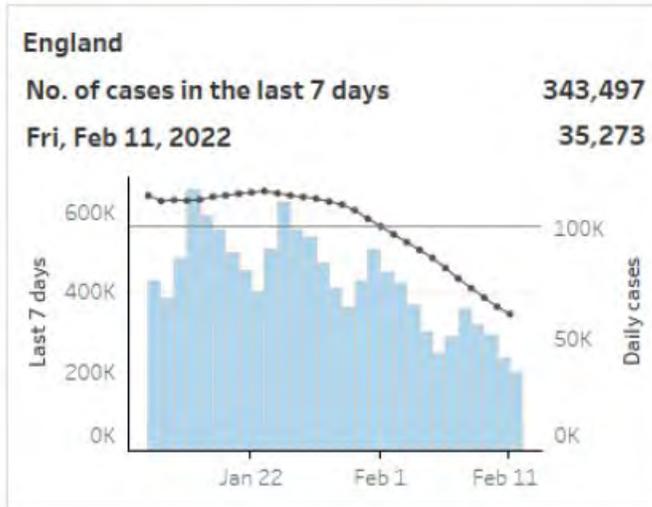




COVID-19 3 of 5 Cases

Number of cases in the last 7 days (Line Graph) & Daily cases (Bar Graph) February 11, 2022

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 today's date. In line with how it's reported on the Gov.UK website.





COVID-19 4 of 5 Prevalence

February 11, 2022

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 today's date. In line with how its reported on the Gov. UK website.

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

	28 Jan	29 Jan	30 Jan	31 Jan	01 Feb	02 Feb	03 Feb	04 Feb	05 Feb	06 Feb	07 Feb	08 Feb	09 Feb	10 Feb	11 Feb
England	1,189.15	1,161.19	1,168.13	1,168.48	1,115.28	1,075.26	1,024.17	972.21	922.61	900.18	879.63	822.18	774.60	718.35	668.14
South West	1,307.22	1,301.10	1,330.13	1,359.03	1,325.75	1,297.85	1,257.67	1,214.07	1,167.28	1,151.36	1,143.18	1,082.18	1,033.42	970.61	910.86
Bath and North East Somerset	937.49	947.32	936.97	948.36	936.97	954.56	947.84	931.28	919.90	912.66	891.96	874.89	831.43	784.86	750.20
Swindon	1,360.08	1,335.78	1,300.67	1,241.26	1,210.21	1,189.96	1,166.55	1,118.40	1,072.04	1,028.84	982.93	937.47	895.62	839.81	788.50
Wiltshire	1,187.94	1,194.34	1,185.54	1,168.34	1,146.34	1,108.35	1,069.15	1,048.95	997.55	955.95	909.16	866.56	829.36	782.36	752.16
Bournemouth, Christchurch and Poole	1,141.32	1,138.79	1,119.82	1,098.32	1,068.98	1,027.24	989.80	958.44	923.53	892.42	848.66	829.94	812.48	793.77	767.46
Bristol, City of	1,216.29	1,222.55	1,211.76	1,226.86	1,184.56	1,170.11	1,135.14	1,104.50	1,061.99	1,021.63	971.56	949.12	888.48	847.91	813.59
Cornwall and Isles of Scilly	939.99	946.49	943.33	939.99	932.09	926.65	925.60	903.65	881.71	859.76	811.30	780.23	753.72	719.30	693.50
Dorset	971.18	974.09	969.07	964.05	957.97	951.63	925.74	912.79	886.90	858.90	850.44	814.51	775.15	751.90	718.88
Devon	1,235.71	1,246.92	1,240.19	1,235.46	1,216.51	1,190.59	1,175.26	1,154.07	1,106.84	1,049.51	988.44	943.82	898.21	839.63	791.53
Gloucestershire	1,254.18	1,281.02	1,287.30	1,270.82	1,286.36	1,258.42	1,235.97	1,192.96	1,160.47	1,118.24	1,073.98	1,010.72	971.64	927.06	882.63
North Somerset	1,192.27	1,184.36	1,167.62	1,174.60	1,158.79	1,156.00	1,157.86	1,133.68	1,095.55	1,061.14	990.46	925.36	877.93	807.71	771.44
Plymouth	1,366.27	1,383.06	1,362.08	1,325.83	1,279.66	1,248.76	1,227.01	1,184.28	1,151.09	1,112.93	1,061.81	1,030.90	998.47	946.59	909.19
Somerset	1,117.35	1,123.57	1,125.53	1,115.57	1,105.96	1,089.96	1,081.77	1,070.21	1,043.18	1,023.08	986.26	956.20	932.37	882.39	843.61
South Gloucestershire	1,232.93	1,221.71	1,216.80	1,196.10	1,170.85	1,128.75	1,096.13	1,074.04	1,054.39	995.82	970.21	916.89	877.26	838.32	800.09
Torbay	1,387.75	1,378.94	1,387.01	1,334.91	1,301.15	1,254.18	1,216.02	1,175.66	1,136.76	1,032.55	989.26	933.48	881.38	822.67	783.04



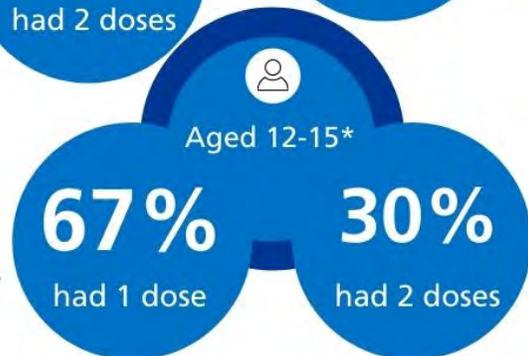
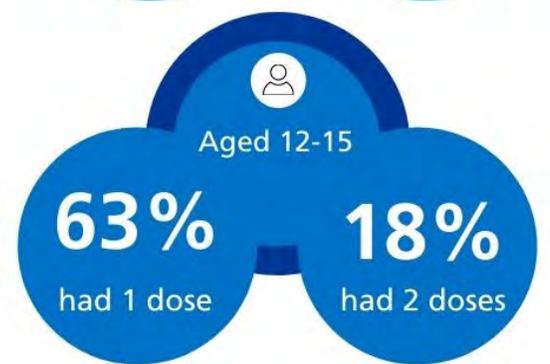
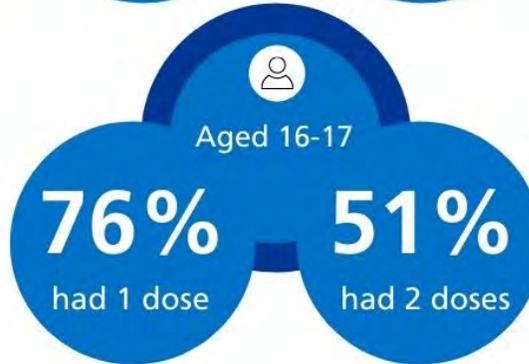
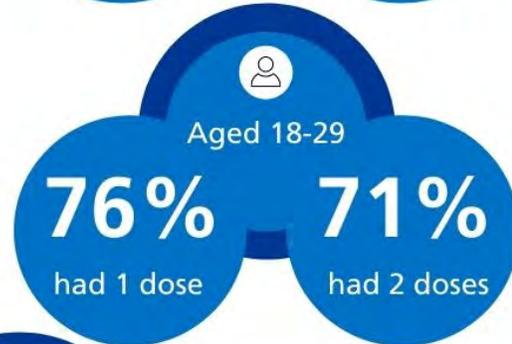
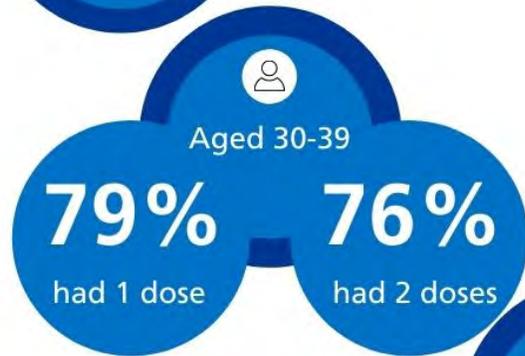
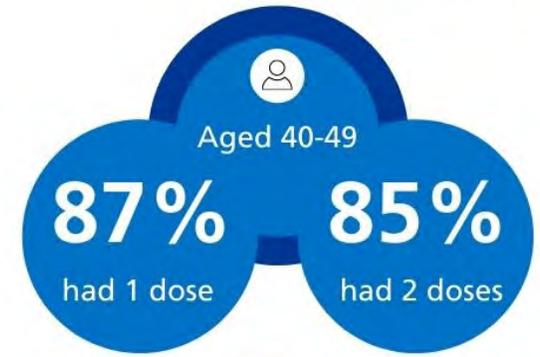
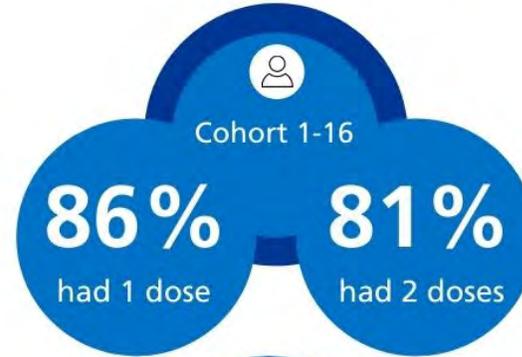
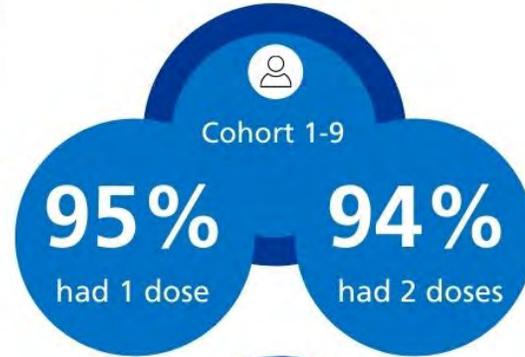
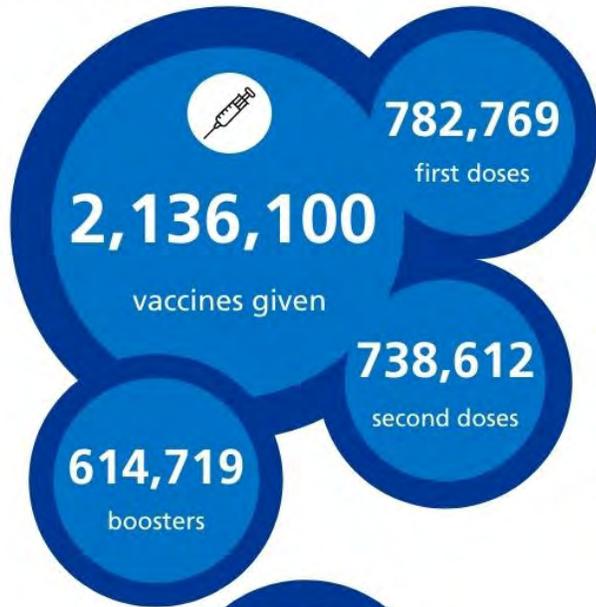
COVID-19 5 of 5

Data correct as of 9 February 2022

BSW Covid-19 vaccination programme



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



*neuro disability, immunosuppressed or household contact of



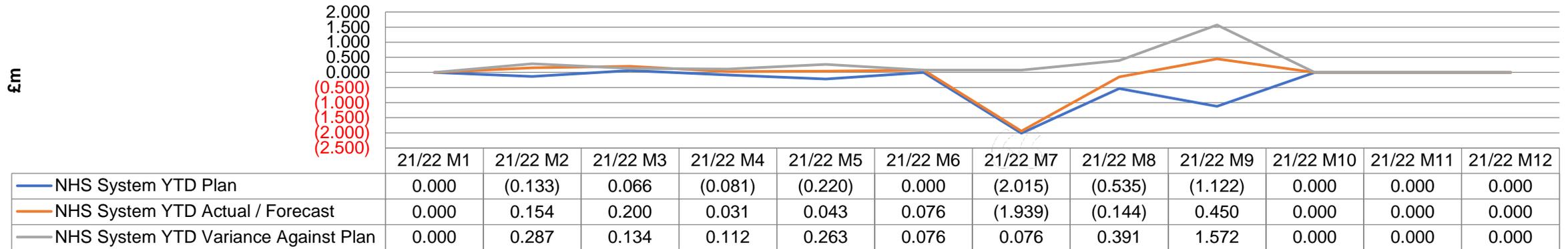
Finance

2021/22 Month 9 Financial Overview



Executive Summary

NHS System 2021/22 Monthly Plan vs Actual/Forecast incl. Financial Support



Financial Summary

This report is based on organisations reported Month 9 finance positions. At the end of December 2021 Health were reflecting a positive variance against its H2 plan of £1.5m which related to slippage against additional schemes agreed in year to support elective recovery, this is not expected to continue into the following months and hence we are forecasting a break even position at year end.

Adult Social Care are forecasting a cumulative positive variance against plan of £3.3m with B&NES and Wiltshire underspending and Swindon overspending.

Our focus for the next few months will be to develop our plans for 2022/23 and agree our three year capital plan against our notified allocation

Risks and Mitigations

Our key risks and mitigations are:

- overspending against notified funding for the Hospital Discharge Programme at month 9; we have now had confirmation that further funding will be made available to cover this pressure
- Five year capital plan which meets our 2021/22 capital envelope. Future years commitments are currently exceeding this envelope and we are working with NHSEI around the options to manage this.



BSW I&E Report

2021/22						
Organisation	Planned YTD Outturn at Month 9	Actual YTD Outturn at Month 9	Variance from YTD Plan at Month 9	2021/22 Planned Outturn	2021/22 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	(1,023)	144	1,167	0	32	32
Royal United Hospitals FT	0	0	0	0	0	0
Salisbury NHS FT	(99)	306	405	0	38	38
Total Acute Providers	(1,122)	450	1,572	0	70	70
Total BSW NHS Position	(1,122)	450	1,572	0	70	70
Avon and Wiltshire MH Partnership @ 45%	0	0	0	0	0	0
Total NHS	(1,122)	450	1,572	0	70	70
B&NES Adult Social Care			0	0	974	974
Swindon Adult Social Care			0	0	(229)	(229)
Wiltshire Adult Social Care			0	0	2,561	2,561
Total Adult Social Care	0	0	0	0	3,306	3,306
Total Health & Adult Social Care	(1,122)	450	1,572	0	3,376	3,376

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

Due to differences in YTD reporting, Adult Social Care can only provide forecast figures.



Oversight Framework

December 21 data



System Oversight Framework Ratings 2021/22



- The NHS system oversight framework is the updated regulatory regime being implemented by NHSE/I for Integrated Care Systems (ICS) and NHS Provider Trusts that reinforces system-led delivery of integrated care. There are 4 ratings or segments that each ICS and Trust will be assessed and categorised with, 4 is the worst (replacing special measures) and 1 the best.
- The new national Recovery Support Programme (RSP), provided to all trusts and systems in segment 4 of the NHS System Oversight Framework (SOF 2021/22) was launched in July, and the trusts and systems in the RSP were published. In the South West these are University Hospitals Plymouth NHS Trust and Devon ICS
- In October, the segment 1 to 3 ratings were issued to systems. The full set of framework metrics are still in development and these initial assessments have been made using a reduced set of criteria (elective and cancer performance, CQC assessments, financial plans and spend and workforce staff survey) and triangulated with soft intelligence. The following slides show some of the available framework metrics.
- Within the South West:
 - 4 systems and 8 providers are in Segment 2
 - 2 systems and 11 providers are in Segment 3
 - Devon and University Hospitals Plymouth NHS Trust are in Segment 4.
 - Given recovery and current challenges a decision has been taken that no system or provider are being placed in Segment 1
- NHSE/I colleagues are beginning to draft a set of identified “exit criteria” which are the things a provider or system would need to shift the dial on in order to move up a segment. Their current proposal is to review the position on a quarterly basis.
- More information on the System Oversight Framework can be found: [NHS England » NHS System Oversight Framework 2021/22](#)

Ratings Segment:

Segment One
Segment Two
Segment Three
Segment Four

66

BSW System	Segment Two
AWP	Segment Three
GWH	Segment Two
RUH	Segment Two
SFT	Segment Three



BSW Oversight Framework 1 of 5



Acute emergency care and transfers of care									
Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target / Standard?		
% of patients referred to an emergency department by NHS 111 that receive a booked time slot to attend	BSW CCG	Monthly 2021 12	11.2%	9.3%	↓	75%	✗		
Implementation of Agreed Waiting Times 30-Minute Ambulance Handover Breaches	BSW CCG	Monthly 2021 12	1,574	1,573	↓	0	✗		
Transforming Community Services and Improving Discharge % of Discharges by 5pm and Improving Discharge	GWH	Monthly 2021 12	59.5%	59.0%	↓		N/A		
	RUH	Monthly 2021 12	65.8%	65.9%	↑		N/A		
	SFT	Monthly 2021 12	63.9%	64.2%	↑		N/A		
	% of Patients Meeting the Criteria to be Discharged that are Discharged	GWH	Monthly 2021 12	40.5%	39.7%	↓		N/A	
	RUH	Monthly 2021 12	44.9%	43.7%	↓		N/A		
	SFT	Monthly 2021 12	43.2%	59.0%	↑		N/A		

■ Deterioration Below Standard ✗
■ Improvement Meets Standard ✓
■ No Change



BSW Oversight Framework Scorecard 2 of 5



The NHSE defined oversight framework does not include Adult Social Care measures so BSW have worked locally to agree measures to be developed and included. For the first time this month, example measures from the agreed list are included, as the measures are developed further those to be used in this scorecard will be reviewed.

Adult Social Care measures have not had clear national definitions and can be differently defined and recorded at each Authority. Home Care hours is particularly complex with their being many types of care provided at home as well as domiciliary care and these can not always be separately reported, including: extra care, sheltered care, supported living

Adult Social Care (by Local Authority)

Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target / Standard?
Home Care provision	BaNES LA	Monthly 2021 12	2,498	2,524	N/A		N/A
	Swindon UA	Monthly 2021 12	10,766	10,523	N/A		N/A
	Wiltshire LA	Monthly 2021 12	4,288	4,315	N/A		N/A
Keeping People Safe	BaNES LA	Monthly 2021 12	97	94	N/A		N/A
	Swindon UA	Monthly 2021 12	95	74	N/A		N/A
	Wiltshire LA	Monthly 2021 12	115	113	N/A		N/A
Residential / Nursing Care Provision	BaNES LA	Monthly 2021 12	44	19	N/A		N/A
	Swindon UA	Monthly 2021 12	33	16	N/A		N/A
	Wiltshire LA	Monthly 2021 12	9	8	N/A		N/A
	BaNES LA	Monthly 2021 12	1,189	1,172	N/A		N/A
	Swindon UA	Monthly 2021 12	1,204	1,193	N/A		N/A
	Wiltshire LA	Monthly 2021 12	973	949	N/A		N/A

■ Deterioration Below Standard ✖
■ Improvement Meets Standard ✔
■ No Change

N.B. Swindon home care hours include extra care and sheltered care.



BSW Oversight Framework Scorecard 3 of 5



Delivering safe, high quality care overall

	Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target / Standard?
Patient experience of GP services	Percentage of people who report that their overall experience of GP services was 'very good' or 'fairly good' (Annual GP Survey)	BSW CCG	Annually 2021 03	84.6%	86.6%	↑	85%	✓
Quality	Clostridium difficile infection rate	BSW CCG	Monthly 2021 12	20	21	↑		N/A
	E. coli bloodstream infections	BSW CCG	Monthly 2021 12	37	42	↑		N/A
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	BSW CCG	Monthly 2021 12	0	0	↓	0	✓
	Serious Incidents	BSW CCG	Monthly 2021 12	21	18	N/A		N/A

■ Deterioration Below Standard ✗
■ Improvement Meets Standard ✓
■ No Change

Finance

Performance Against Financial Plan	BSW System Variance Against Plan YtD	BSW CCG	Monthly 2021 12	(+)£391,000	(+)1,572,000	↓	(-)£1,122,000	✓
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Primary Care & Community Services

Improvements for people with conditions such as diabetes, CVD and obesity	Number of Referrals to the NHS Diabetes Prevention Programme	BSW CCG	Monthly 2021 12	435	410	↓	337	✓
Primary and community services including new community services response times	Access to general practice – number of available appointments	BSW CCG	Monthly 2021 11	528,933	527,381	↓	504,299	✓



BSW Oversight Framework Scorecard 4 of 5



Screening and vaccination programmes

Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target / Standard?
Screening and vaccination programmes meet base levels in the public health agreement or national goals	BSW CCG	Monthly 2021 12	89.1%	89.6%	↑	90%	✗

■ Deterioration Below Standard ✗
■ Improvement Meets Standard ✓
■ No Change

Mental Health

Deliver the mental health ambitions outlined in the NHS Long Term Plan, expanding and transforming core mental health services	CYPMH Access - Patients having at least 1 contact (Rolling 12 mths)	BSW CCG	Monthly 2021 09	6,660	7,135	↑	6,038	✓
	IAPT Access - Patients entering treatment	BSW CCG	Monthly 2021 10	2,970	2,930	↓	5,856	✗
	LD Inpatients Adults CCG Funded	BSW CCG	Quarterly 21-22 Q2	19	18	↓	17	✗
	LD Inpatients Adults NHSE Funded	BSW CCG	Quarterly 21-22 Q2	7	7	→	5	✗
	LD Inpatients Children NHSE Funded	BSW CCG	Quarterly 21-22 Q2	5	7	↑	4	✗
	Out of Area Admissions (Count of OBDs)	BSW CCG	Monthly 2021 10	490	440	↓	1429	✓
	The percentage of people with SMI on GP Registers to receive the complete list of physical health checks in the preceding 1...	BSW CCG	Quarterly 21-22 Q2	21.2%	26.0%	↑	60%	✗
Learning disability and autism: reducing inpatient rate and increasing learning disability physical health checks	The percentage of people with a learning disability on the GP register receiving an annual health check	BSW CCG	Quarterly 21-22 Q2	7.6%	19.5%	↑	22%	✗



BSW Oversight Framework Scorecard 5 of 5



Restoration of elective and cancer services*

Indicator	Organisation	Frequency / Latest Period	Previous value	Current value	Change from Previous	Target or Standard	Meets Target / Standard?
Cancer 31 day treatments. Number of patients receiving first definitive treatment following a diagnosis (decision to treat) within the period, for all cancers.	BSW CCG	Monthly 2021 11	478	460	↓	489	✗
RTT Incomplete 52+ wks	BSW CCG	Monthly 2021 11	2,208	2,102	↓	2124	✓
Numbers of patients seen in a first outpatient appointment following urgent referrals	BSW CCG	Monthly 2021 11	3,663	3,809	↑	3,794	✓
The number of cancer 62 day pathways (patients with and without a decision to treat, but yet to be treated or removed from the PTL) waiting 63 days or more after an urgent suspected cancer referral.	GWH	Monthly 2021 12	113	148	↑	80	✗
	RUH	Monthly 2021 12	294	319	↑	209	✗
	SFT	Monthly 2021 12	136	126	↓	90	✗
Diagnostic Activity Levels Diagnostic Activity Against Plan	BSW CCG	Monthly 2021 12	6,237	5,719	↓	5,263	✓
Elective Activity Levels Daycase Activity Against Plan	BSW CCG	Monthly 2021 12	1,831	1,668	↓	1,537	✓
Elective Activity Against Plan	BSW CCG	Monthly 2021 12	233	207	↓	215	✗
Outpatient Activity Against Plan	BSW CCG	Monthly 2021 12	19,390	17,627	↓	16,610	✓

■ Deterioration Below Standard ✗
■ Improvement Meets Standard ✓
■ No Change



Meeting of the BSW Partnership Board

Report Summary Sheet

Report Title	BSW Health and Care Model – outcome of engagement exercise and next steps						Agenda item	12
Date of meeting	25.02.22							
Purpose	Note		Discuss	x	Inform		Assure	
Author, contact for enquiries	Tamsin May, Richard Smale							
This report was reviewed by	BSW CCG Executive and BSW Population Health Management work stream							
Executive summary	In November 2021 we launched a 6-week period of public engagement on the draft BSW Health and Care Model. The attached reports provide the full results of this engagement exercise. We would like to present a summary of the findings and key themes, how we are acting on the feedback we have received and how it has informed the new version of the BSW health and care model.							
Equality Impact Assessment	The engagement activity was commissioned to ensure we take into consideration potential inequalities deriving from the model implementation.							
Public and patient engagement	The attached document sets out the results of engagement with our local people and communities.							
Recommendation(s)	The BSW Partnership Sponsoring Board is asked to note and discuss the report and next steps.							
Risk (associated with the proposal / recommendation)	High		Medium		Low	x	N/A	
Key risks	Failure to learn the lessons from this engagement exercise and take this learning into the future work of BSW Partnership.							
Impact on quality	The new model is pivoted towards improving the quality of services and improving patient care.							
Resource implications	<ul style="list-style-type: none"> N/A 							
Conflicts of interest	None to declare							
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input checked="" type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							



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

Shaping a Healthier Future Engagement Summary Report

February 2022

1. Introduction

In early 2020 the Bath and North East Somerset, Swindon and Wiltshire (BSW) Partnership published its health and care model and priorities for the delivery of health and care services across the region. In October 2021 BSW Partnership was able to return to those plans in the light of learnings from the pandemic and wanted to test with the local population whether the health and care model was still the right one or whether any changes need to be made.

An independent public engagement consultant, Martha Cox of Engagement Solutions, delivered a six-week public engagement project around the health and care model, working closely with health and local authority partners and focusing specifically on those facing health inequalities.

2. Aims of engagement

1. To raise awareness and inform local population about the BSW Partnership, why we need a health and care model and what it means for local people and communities.
2. To have a two-way dialogue with stakeholders about the key principles that underpin the health and care model to understand the barriers to access and the impact of these, particularly on those most affected by health inequalities.
3. To provide details to the public of how they can keep involved in the work going forward.

3. Approach

Public engagement on Shaping a Healthier Future ran from 2 November to 14 December 2021. A public survey and a series of webinars, workshops, interviews and presentations with health and care staff, people who use local health and care services and the voluntary, community and social enterprise (VCSE) sector.

These were publicised through social media, local networks, community newsletters, local media and presentations to key staff groups and other local organisations. Case studies were used to highlight examples of the new ways of working and a video was produced which explained the health and care model in detail.

3.1 Engagement with those experiencing health inequalities

Leaflets and printed copies of the survey were widely distributed to GP practices (via the Primary Care Networks), community centres and housing associations to ensure that those who were digitally excluded also had an opportunity to participate and give their views. The surveys had a physical return address for people to respond.

Over 39 VCSE organisations who work with those experiencing health inequalities (excluding VCSE networks) supported workshops and/or interviews people with lived experience of health inequalities, or frontline staff working with those experiencing health inequalities.

4. Results

During the engagement period **1,441** people were engaged with at **65** events. In addition, **918** people completed the survey. **40** people were spoken to directly about their experiences of health inequalities. These included refugees and asylum seekers, people with learning disabilities and autism, members of the LGBTQ+ community, people with chronic long-term conditions, an unpaid carer and people recovering from alcohol and substance misuse.

5. Outcomes from survey, workshop and interview results

Survey respondents and workshop and interview participants were asked questions on a range of themes around the model of care including how this related to health inequalities and inclusion, finance, integration, access to GPs and other services, personalisation, workforce, specialist centres, and mental health.

Full respondents' feedback is available in the full version of the Shaping a Healthier Future Engagement Report. The outcomes will influence proposed recommendations in the next revision of the health and care model including further development on:

- Digital inclusion and exclusion
- Mental health provision
- Workforce, recruitment, and access to services
- Finance models
- Vulnerable clients and their access to mainstream services
- Role of the voluntary, community and social enterprise sector
- Role of unpaid carers, volunteers, universities, schools, and public health

Overall, there was an adequate sample of people who were engaged with in a wide variety of ways to be able to say that, broadly speaking, people in BSW are in favour of the model. The significant sample size of people that were spoken to about their lived experience of health inequalities means that a number of the issues facing the most vulnerable in our society were highlighted and now can be addressed under the model. There were a number of concerns raised that need to be emphasised or clarified and most people requested further detail about how the model would work for their location or particular experience. There was general enthusiasm and willingness amongst local organisations to work collaboratively to effect this change and so the next phase will be to start genuine and meaningful co-production, building on some of the relationships generated during this engagement exercise.



We held a six-week programme of public engagement to seek people's views on our new health and care model. Our aims:

- Raise awareness of the health and care model
- Listen to people's views on the model, particularly those impacted by health inequalities
- Provide details about how to be involved in the future

From 2 November to 14 December 2021:

1,441 people participated in our engagement events

65 events were held, in person and virtually



21 interviews were held with people from seldom-heard groups

918 people completed our online survey



15,000 leaflets and printed copies of the survey were distributed to GP practices, community centres and housing associations



We asked people if they agreed with our proposed health and care model priorities:

96% agreed it is important that there are coordinators who make sure the support people need is joined up and works for them

90% agreed personalised care is important



93% agreed it is important that NHS, local authority and third sector organisations should work together to provide health and care support to people

91% agreed it is important more specialist services should be available closer to where people live

80% agreed building communities up by working with their strengths is important

74% agreed it is important that digital technology enables more services to be delivered remotely



We asked people what support they would most need for themselves or their clients in order to stay as well as possible for as long as possible:

38% said support with mental health services

34% said support with long term conditions

33% said exercise advice



We asked people what services they or their clients would be most happy to access nearer to where they live:

76% said medical scans and tests

54% said appointments

40% said mental health services



We asked people about their preferred methods of communication with health and care professionals:

68% are comfortable with face-to-face



30% are comfortable with video appointments



29% are comfortable with phone calls



21% are comfortable with health and care apps on their phone



44 of 69



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

BSW Partnership Board, 25 February 2022, Item 14

Transformation Workstreams – Update Report

David Jobbins
Interim Deputy Director – Planning & Programmes, BSW CCG

Report summary

<p>Key points</p>	<p>There is an extensive set of transformation programmes ongoing across BSW. This report presents the Highlight Reports from the following programmes:</p> <ul style="list-style-type: none"> • Acute Hospitals Alliance • Ageing Well • Digital Programme • Elective Care • ICS Estates • Learning Disabilities & Autism • Long Covid pathway BSW • Maternity • Mental Health • Outpatient Transformation • Urgent Care and Flow <p>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.</p>
<p>Recommendation(s)</p>	<p>The Partnership Board is asked to :</p> <ol style="list-style-type: none"> 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. 3. Comment on the proposal to create a Transformation Portfolio Board to support the effective delivery of each programme and to ensure alignment between them.
<p>Key risks</p>	<p>Risks for escalation are identified in each Highlight Report.</p> <p>Please note that the Urgent Care & Flow programme is reporting as Red rated overall.</p> <p>There are five workstream level red traffic lights identified which are:</p> <ul style="list-style-type: none"> • Smoking at birth to be below 6% - At risk, Maternity • All women to have personalised care and support plan – paused nationally – In progress, Maternity • AMU provision on SFT Site – In progress, Maternity • Each maternity provider to be compliance with Saving Babies Lives Care Bundle – Pre term birth clinical and right place of birth for <27 week babies – In progress, Maternity • Priority Workstream 2 – Ambulance, Urgent Care & Flow Board
<p>Resource implications</p>	<p>Resource implications described in each Highlight Report</p>

Highlight delivery report



Programme	Acute Hospital Alliance	Reporting period	Dec 2021 – Jan 2022	Delivery RAG
Executive Lead	Cara Charles-Barks	Transformation Team	Ben Irvine	
What has been delivered or changed? (headlines)				What risks and issues need escalation?
<p>AHA Programme Provider Collaboration Update</p> <ul style="list-style-type: none"> Provider Collaboration. The Committees in Common between the three Trusts first met on 17th December. A new Programme Executive, meeting monthly has been created to oversee delivery of the AHA programme. Resources. AHA Programme Clinical Transformation leads. Duncan Murray and Anushka Chaudry in post and recruitment underway of one further p/t Clinical Transformation Lead and a Programme Manager to support delivery. Executive Collaboration. Naginder Dhanoa has joined as Chief Digital Officer for GWH & SFT. <p>AHA Corporate Stream:</p> <ul style="list-style-type: none"> The AHA Improvement Network in place – linked to adoption of Improving Together, Common Improvement method. EPR Alignment Programme – EPR OBC approved locally; being reviewed by NHSE Regional team. Initial feedback received and is being addressed. National consideration of OBC scheduled mid-May. Procurement documentation prepared, & early market engagement planned. Regular briefings being held with regional digital and finance teams. Expert core team in place; site teams are being established. Clinical Design Authority co-chaired by Jon Westbrooke and Peter Collins and Clinical Reference Group established. Corporate Back-Office Programme – Finance team: Good progress continues to made in procurement, Trusts moved to a single AHA team. Forecast to overdeliver savings plan this year. Now moving to detailed planning for 2022-23. Other joint work on ledger, income, contracting, costing is being pursued, led by DoFs and their teams. Robotic Process Automation (RPA) - GWH team is coordinating RPA scoping – may have application in a range of back-office functions - eg financial and HR recruitment services. Leads identified from each Trust; PID and business case in development. Legal services. Collaboration scoping in legal services continues; service optimisation, resilience and vfm opportunities identified. Scoping continued for a range of other corporate areas including estates and people services. <p>AHA Clinical Stream:</p> <ul style="list-style-type: none"> Secondary Clinical Services Strategy Development. The three Medical Directors and Trust strategy leads are leading a review of secondary clinical services, closely linked to BSW care model. A high-level specialty stocktake is due to start in February, and an initial draft of a narrative strategy document is being reviewed. A Clinical Summit is planned for 18th March. Expert external advisory lead is being sourced and programme management resource is in place. Robotic surgery Options paper. Duncan Murray is coordinating an options paper exploring how BSW population might benefit from robotic surgery in BSW. Paper is linked to Elective Care Strategy and Elective Care Board. Delivery due in March 2022. Virtual Clinical Teams –The BSW paediatrics clinical team work has transitioned into BAU. Dermatology work is ongoing with good progress now being made. Telederm advice & guidance in place. Ophthalmology team has defined vision, strategy and priorities for change – including standardised pathways. Development of eyecare hubs plan underway. Clinical lead time confirmed in job plan. 				<ul style="list-style-type: none"> A range of risks and issues are being managed by the programme team. A risk register is held centrally, significant risks to be reported to Programme Executive. In Q1 21-22 a lessons learnt exercise identified areas for focus in preparing for next phase (Engagement, Roles & Responsibilities, Resources, Programme Management, Programme Governance); these are managed by Programme Director, CEOs and Programme Board. Some AHA teams are identifying opportunity to increase scope to include other BSW partners – eg in RPA/ legal/ HR work. Operational pressures in January have had some impact on delivery.
Financial summary				<ul style="list-style-type: none"> EPR OBC Digital budget award (£750k); expenditure TBC £ lead). Procurement Programme Saving target 21/22, £2.5m. Forecast to over-deliver @ £2.7m. Target for 22/23 in development.

Highlight delivery report



Milestones	Target date	RAG	Planned impact and progress
AHA Corporate Stream			<p>Rationale for working at AHA level:</p> <ul style="list-style-type: none"> 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. <p>Committees in Common</p> <ul style="list-style-type: none"> Members: Trust Chairs and CEOs <p>Programme Executive</p> <ul style="list-style-type: none"> Cara Charles Barks, Kevin McNamara, Stacey Hunter, Bernie Marden, Peter Collins, Jon Westbrook, Libby Walters, Lisa Thomas, Simon Wade, Melanie Whitefield, Toni Lynch, Claire Thompson.
1. Procurement – Strategy, OBC Team plan, [plan complete]	Mar-June 21	Complete	
2. 21-22 CIPs [Forecast to over-deliver]	Q1-Q4 21	In Progress	
3. EPR Alignment OBC. [Local approval secured. National Approval May 22] [Go-live 11/24-06/25]	May 22	In Progress	
4. Back Office Finance programme defined [Ledger, income, contracting, costing]	Feb 21	Complete	
5. Back Office Corporate Programme defined – People services and Estates/ FM	March 22	In Progress	
6. Robotic Process Automation - AHA collaboration PID approved	Feb 22	In Progress	
7. Legal services collaboration – plan defined	March 22	In Progress	
AHA Clinical Stream			
1. BSW Elective Strategy complete.	July 21	Complete	
2.1 BSW Specialist Clinical Strategy [Phase 1 – Initial Narrative; Stock-take and Summit]	April 22	In Progress	
2.2 BSW Specialist Care Clinical Strategy [Phases 2 & 3 – Deep dive reviews, Centres of Excellence and Quarterly Clinical Summits]	June/July 22 October 22	In Progress	
3. BSW Ophthalmology Strategy [Complete - August] & Priority developments [underway]	Aug 21	Complete/ In Progress	
4. BSW Virtual Clinical Teams [Phase 1, Dermatology programme]	June 22	In Progress	
5. Robotic Surgery Options Paper Developed [Duncan Murray lead, linked to E Care Board]	March 22	In Progress	
Programme Management and Governance			
• AHA Development as Provider Collaborative: next phase plan.	June 21	Complete	
• Launch of Committees in Common arrangements	Nov/Dec 21	Complete	
• AHA Communications Strategy [strategy in place – Comms Lead in place]	July 21	Complete	

Highlight delivery report



Programme	Ageing Well	Reporting Period	January 2022	Delivery RAG
Executive Lead	SRO Dr Robin Fackrell	Transformation Team	Dr. Mark Luciani, Lucy Baker, Jill Couvreur, Sue Reid	AMBER

What has been delivered or changed? (headlines) Risks/issues for escalation

PLACE BASED PROJECTS: BaNES Hospital@Home H@H model takes acutely unwell adults out of hospital sooner than they might have done in the past, providing care with oversight by senior clinicians. They have been referred into hospital by primary care for assessment, rapid treatment and an individualised care plan. Once care plan is in place can be taken home and managed there with daily clinician review. The RUH pilot is just about to be able to provide IV care at home and escalate numbers. This is the model we are proposing be used as a template for GWH and SFT (noting the differing staffing and establishment situations across the patch, the model will need to be finessed to make it workable). Proposal to UC&FB 03/02. **Geriatrician Care Homes pilot** Paramedics reported extremely useful in providing senior clinical validation of their decisions which fall outside of established protocols. Given excellent results from RUH pilot this would be well suited to roll out across BSW & will likely lead to a significant reduction in unnecessary admissions from care/nursing homes. Usage reduced during escalation pressures. Work on communication with ambulance crews and discussion on roll out at Feb programme board **UCR (2 Hour)** Reablement Steering Group designed service with HCRG and help from WH&C and model has been signed off by finance. service has been soft launched but looking at 4th quarter for formal launch and confident they are on track. Only issue is staffing but remain committed to delivering if they can recruit sufficient staff by 1 April. Updates to run through urgent care and flow board Feb 2021

PLACE BASED PROJECTS: Swindon. AW steering group established. **Virtual Ward** renamed Enhanced Care @ Home - admission avoidance model works with between 5-7 patients. Dialogue between community matrons and GWH geriatrician of the day to help keep patients out of hospital. Qardio now implemented. **UCR (2 Hr)** Simon Billingham confirmed SRO community health services. Recruitment in a better place and remains on course to deliver the two-hour target from April 1st. Need to understand how many people are entitled to 2 hr response and ensure they receive it. Data available in January to see where the gaps are. Updates to run through urgent care and flow board Feb 2021

PLACE BASED PROJECTS: Wiltshire. AW steering group established. **Care Home Virtual Ward** supporting residential and nursing homes for frailty patients in Wiltshire. Involvement of wider MDT, usually including a Consultant Geriatrician, to identify patients that are potentially decompensating to plan alternatives to or avoid acute admission in the future. Development: Dashboard to improve monitoring and reporting, Recruitment of a Consultant Practitioner, Reviewing potential Bank Geriatrician options, Review of referral process (tel. service), Working on one model in community services alliance for UCR and living with LTCs. Roll out to wider geography limited by Geriatrician and GP availability. COVID outbreak in Care homes reducing participation **UCR (2 Hour)** full geographic coverage for 8-8 using CSDC and SPOA via Medvivo. Have worked through 4 of the 9 requirements and continue to address the 5 outstanding. Concerns around not being able to pull off the SWAST stack from their CAD for governance reasons. This is a regional issue for the whole of the South West and being picked up with SWAST commissioners. Updates to run through urgent care and flow board Feb 2021. DoS open to Delirium, Frailty decompensation & non injurious falls. Overnight Nursing service now live in South Wiltshire. Diabetes criteria open on 7th March. Working with SWAST to develop Pull model aligning Cat 3&4 calls to Community UCR

BSW SYSTEM PROJECTS: CONT. ON NEXT PAGE

- NHSEI and BSW definition of Virtual Wards
- significant additional regional assurance ask on progress with UCR and virtual wards
- H@H model proposal
- Agreement of SDM end of pilot proposal of funding to continue access of tool
- Swindon locality AW leads

Financial summary

BSW £4.17m for transformation of community services and £1.04 in Q1. Fair shares allocation to ICAS process to deliver all 3 national AW priorities.

Highlight delivery report



BSW SYSTEM PROJECTS:

Links with **UCR** and UC&FB - Ageing Well SRO now attends UC&FB and Gold Calls. Heather Cooper invited to AW programme Board to discuss inter-dependencies and possibility of flow leads attending. 2 hr urgent response NHSE/I return collated and returned. Key items of focus for Ageing Well in national Covid response letter presented to January board to request connections and assurance from localities. (i) Expanding the use of virtual wards and Hospital at Home model. Having a system interpretation and assessing locality models for impact (enduring benefit) and how any recurring costs will need to be flagged. (ii) Community Crisis Response to take immediate steps to maximise referrals from 999 into 2 hour community response service. **EHCH** Initial BSW mapping completed to be reviewed and expanded. MDT development - Care Home Plus portal in final stages of design and content. Final Care Home operational BSW workshop scheduled for February 28th to share learning from locality MDT development workshops, introduce the portal and co-produce next steps to be carried forward by locality care home networks and forums. **CGA/ICR frailty management** go-live at Paulton Community Hospital paused over Dec/Jan due to operational pressures at HCRG. T&F group meeting 03 Feb to confirm go-live now in progress. **SDM** late joining cardio clinic pilots now live in GWH and SFT. End of pilot paper with next steps proposal sent to PH&CB and Personalised Care SRO. **Anticipatory Care** £100k funding received for clinical leadership, mapping and modelling. Dr. Mark Luciani confirmed as lead. Shared understanding and description of AC for BSW agreed at January board. Template designed and distributed to locality leads for baseline mapping. Forming an AC working group to be discussed at next programme board.

Escalation areas of work to support winter: **Minimising admissions of falls patients on DOACs** initial proposal for pilot at RUH/RUH facing nursing homes presented to the RUH Ethics Committee. Ongoing discussions with Patient Advocacy Group and RUH-facing nursing homes. **Third Sector Post Discharge Support:** Ageing Well mapping work across 3 acutes to come to February programme board. **Mental Health support for care homes SPoA** to come back to March Ageing Well Programme Board

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

Milestones	Target date	RAG
Work on an updated programme milestone plan in progress		

Evidence of impact - data

- H@H virtual ward RUH: 240 admitted since start of pilot (4/21-1/22) with average LOS 8.9 days since relaunch (9/21-1/22). Service user feedback from first 50 service users= 100% would recommend.
- Care Home Virtual Wards Wiltshire: Commenced Sep 2020. 294 care home reviews, 46 care homes participating, 67 D2A spot bed reviews, 29 acute discharge reviews. 70% of patients show improvement in at least one of the following: physical health, mental health, general wellbeing
- UCR Wilts: 2085 referrals received (WHC, Medvivo and WC) Responding to 84% of calls in under 2 hours with an average response time of 1.5 hours. Shared Decision Making: Up to the end December 2021, 45 clinical team members trained in SDM, approximately 2,330 CollaboRATE surveys sent out electronically with a response rate of 13.8%. Rolling CollaboRATE mean scores across all pilot sites 3.7 out of 4.0. Final evaluation report awaiting end of paused and late starting pilots due to C-19.

Highlight delivery report



Programme	Digital		Delivery RAG
Reporting period	Jan 2022		
Executive Lead	Caroline Gregory	BSW Transformation Team	ON TRACK

What has been delivered and what has changed (Headlines)	What risks and issues need to be escalated?
--	---

- Integrated Care Record project implementation kick off held with Wiltshire Local Authority & DSA signed
- Maternity Personal Held Record app testing complete. Launch end Mar
- Comprehensive Geriatric Assessment shared plan pilot live
- Cyber & Diagnostics 5 year plan submitted to NHSE
- BSW Digital Strategy signed off at Digital Board
- BSW designed Population Insights tool in beta testing
- Advice & Guidance service live
- Acute Board approval for EPR alignment OBC
- Community Mental Health Framework Digital Workstream established across BSW/BNSSG
- Joint hardware procurement launched

- Significant Planning Guidance requirement to deliver Costed Investment Plan. (Managed via Digital Board)
- System wide priorities and funding opportunities are not always aligned resulting in unfunded or unsupported projects

Financial Summary

- Additional Finance support to digital portfolio sought via Deputy DoFs group

Highlight delivery report

Milestones	Target date	RAG
National milestone of Integrated Local Authority Data for Shared Care Records	Mar 23	Orange
ICS Digital Strategy shared with ICS Partnership Exec	Mar 22	Green
Costed Digital Investment Plan	Mar 22 / Jun 22	Green
PHM tool development	ongoing	Green
RPA contracts in place for acutes	Mar 22	Green
OBC for EPR Alignment NHSE review	Feb 22	Green

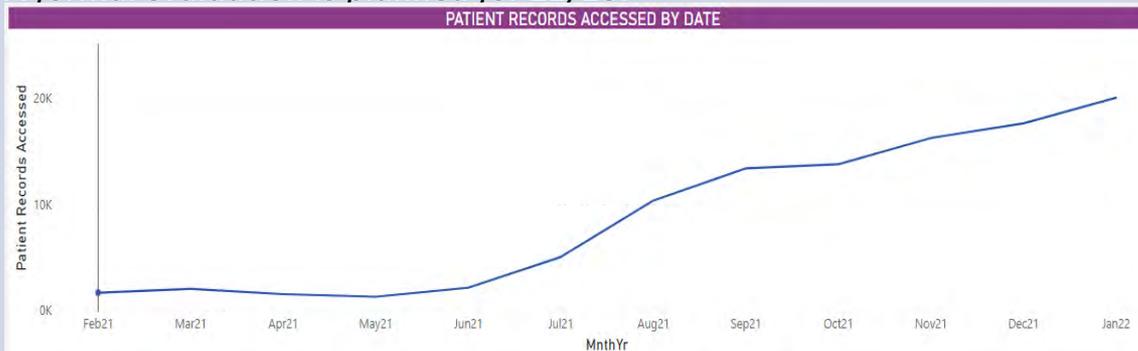
Planned impact and progress

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 – case study

Numbers of patient records viewed via the ICR continues to rise each month. A formal evaluation is planned for 22/23.



...normally this would have resulted in the practice trying to call the patient and if no response contacting the police.

By looking on the ICR we saw that the patient had been admitted and saved an awful lot of time and hassle!

Tom Bellfield, Care Coordinator, St Chads Surgery

Highlight delivery report

Programme	Elective Care		Delivery RAG
Reporting period	January 2022		
Executive Lead	Cara Charles-Barks	BSW Transformation Team	Mark Harris, Simon Sethi, Andy Hyett, Felicity Taylor-Drewe (and teams)

What has been delivered and what has changed (Headlines)	What risks and issues need to be escalated?
--	---

- Post March 104 week breach cohort reduced from 504 at start of Nov to 58 week ending 6/2.
- 104 week breaches before March increased significantly versus plan with 20 at risk of breach due to urgent care pressures on re-opening orthopaedic beds.
- Community Diagnostic Hubs – Demand and Capacity model developed to inform business case for year 2-4.
- Shared Governance (to support collaborative use of provider resources) drafted.
- Mobilisation of targeted investment fund initiatives commenced (incl. procurements of related equipment).
- Referral diversion to maximise use of independent sector (MSK 64% shift, 61% other specialties).
- Fortnightly elective recovery meeting overseeing progress and regular COO discussions on mutual aid.

- Pre March 104 week breaches in excess of plans due to bed impact from Non Criteria To Reside patients.
- Slippage of 1-2 months on many parts of Targeted Investment Fund implementation due to national decision process delays. This is impacting start of intended benefits.
- New Hall reporting 85 x 104 week breaches – known data issue with provider (Ramsay Healthcare) nationally. Excluded from our view of position.

Financial Summary

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Highlight delivery report

Milestones	Target date	RAG
High Volume Low Complexity system workshop	21/2/22	G
3 year capital plan – targeted investment fund draft bid	22/2/22	A
Outline of networked provision / cold site ambition	February	A
Elective activity plans from providers to inform planning	March	G
Health inequalities plan for planning submission	March	G
Modelling of waiting list impact for planning submission	March	A
Modelling of out of hospital capacity required to protect elective capacity and recovery (PWC support)	March	A

Planned impact and progress

- Unvalidated weekly data reports show
- Day cases at 101% of plan
 - Inpatients at 86% of plan
 - Over 104 week waits at 14 (w/e 6/2)
 - Cohort at risk of breach of 104 weeks post March reduced to 58
 - First Outpatients at 80% of plan
 - Follow Up Outpatients at 71% of plan

Highlight delivery report

Programme	Estates		Delivery RAG
Reporting period	January 2022		
Executive Lead	Caroline Gregory	Transformation Lead	Simon Yeo and Laurence Arnold
On Track			

What has been delivered or changed? (headlines)

- BSW Expressions of Interest submitted in response to the governments' next phase of implementation of the health infrastructure plan, totalling circa £900m of EOIs for BSW, including mental health, community and acute – outcome awaited
- Elective Care Fund targeted investment Expressions of Interest being prepared
- Estates support provided for the Community Diagnostic Centres programme
- BSW ICS Estates Strategy update nearing conclusion
- Reimaging Estates and Facilities Management future delivery, business planning underway
- GWH UTC build in progress, completion due June 2022. Integrated Front Door GA plans in development
- RUH Cancer Centre build commenced July 2021
- RUH New Hospital Programme (Shaping a Healthier Future) Strategic Outline Case in development with a planned submission April 2022
- SFT Campus Programme – Strategic outline case has been amended in light of regional feedback. Revised version approved by the SFT Board on 3/2/22.
- New Devizes Health Centre (£11m), previously known as Devizes Integrated Care Centre under construction and due to be operational summer 2022
- New West Wiltshire Centre for Health and Care (£16m), previously known as Trowbridge Integrated Care Centre Full Business Case being updated due to delay in decision
- Providing specialists Estates input into the BSW Care Model and Demand & Capacity Modelling
- BSW ICS Net Zero design authority established, including development of BSW system priorities. Trust Green Plans completed. The ICS Green Plan will be brought to the April Partnership Board

What risks and issues need escalation?

- Circa £900m of capital schemes without an identified funding route, which is anticipated to increase with the development of the BSW Care Model
- Backlog maintenance of circa £110m without adequate funding, and expected to increase as backlog maintenance for community and primary care is better defined
- An ambitious wide ranging Estates and Facilities programme across BSW, which isn't matched with adequate specialist skills and capacity
- The NHS nationally has ambitious Environmental Sustainability target ('Net Zero'), with BSW currently having a skills, capacity and funding gap to deliver the targets

Financial summary

- £108m of major schemes with a funding route
- Circa £900m of unfunded major schemes
- Circa £110m of backlog maintenance

Highlight delivery report



Milestones	Target date	RAG	Planned impact and progress
BSW Estates Strategy	March 2022	In progress	<ul style="list-style-type: none"> • Collective understanding of BSW wide estates needs and how they will be addressed aligned to future health and care model • Integrated ICS estates function providing more comprehensive service to partner organisations • Mitigation of poor infrastructure which is costly to maintain and increase exposure to clinical risks • Fit for purpose estate responding to future sustainability agenda which can adapt to meet future needs of the service
Reimagining BSW Estates and Facilities Management	November 2022	On Track	
Wiltshire Community Soft Facilities Management Services	March 2022	In progress	
BSW ICS Green Plan	March 2022	On Track	
GWH Way Forward Programme	UTC planned completion June 2022, IFD target completion date 2024	In progress	
RUH Cancer Centre under construction		On Track	
RUH New Hospital Programme Strategic Outline Case	March 2022 potential delay until April	On Track	
SFT Campus Programme Strategic Outline Case revised version	Board approved February 2022	Completed	
Devizes Health Centre construction under construction	June 2022	On Track	
West Wiltshire Centre for Health and Care Full Business Case being updated due to delay in decision by the centre	March 2022	On Track	

Evidence of impact

- Estates Strategies actively being developed
- ICS approved list of strategic estates schemes
- Reduction in costs of backlog maintenance through covid funded improvements
- Established Vaccination Sites across BSW
- Reduction in cost of backlog and estate alignment to care model through business cases being developed and approved
- BSW wide groups established for Agile Working, Environmental Sustainability, Soft FM and future Estates and Facilities redesign
- Active involvement in the Care Model design, PHM, and Demand and Capacity Modelling

Highlight delivery report



Programme	Learning Disability & Autism Programme		Delivery RAG
Reporting period	January 2022		
Executive Lead	Claire Edgar (SRO)	BSW Transformation Team	

In progress

What has been delivered and what has changed (Headlines)	What risks and issues need to be escalated?
--	---

LD Annual Health Checks - BSW CCG target for 2021/2022 has been achieved @ 31 Jan 22
 The Q4 Plan for 2,162 (45%) patients on the Learning Disability Register to have received an Annual Health Check by March 2022 has been exceeded by 14.
 M10 local data shows a total of 2,176 (45.3%) of Health Checks have been carried out.

Escalation Hub - in place (utilising existing resources) to achieve the following:
 QA oversight, escalation advice and guidance, system escalation management, facilitation of peer supervision and support, Creating alignment and improving approach to commissioning of specialist placements and packages of care, specialist placement search support for highly complex cases.

Safe & Wellbeing Reviews - in response to Joanna, Jon and Ben Cawston Park SAR – all reviews completed to time (deadline 31 Jan 22) by deploying existing resources to prioritise this work. Communications and Engagement ongoing across partners. Key Thematic learning to also be linked to

LeDeR Reviews – dedicated LAC in post, LeDeR 3 year strategy delivered.

ASD CYP Waiting List Initiative - evaluation report completed and will be presented to LDA Programme in early March 2022.

LDA Crisis and Pathway sub groups to re-focus into T&F groups to report on current pathways and highlight areas for improvement work, esp. Accommodation and Workforce Development

- Safe and Wellbeing Reviews and work in Escalation Hub has necessarily been priority focus. Planned work of LDA Programme to be reviewed and milestones for Q1 to be refreshed – focussed agenda at LDA Programme board Feb 2022.

Financial Summary

Highlight delivery report



Milestones	Target date	RAG
Locality Exec. Panels to convene by end Feb 22 – ICS assurance of S&W reviews and commitment to “next steps”	Feb 2022	In Progress
AHCs focus to continue to exceed target end Q4, including AHC clinics in Specialist Schools to focus on 14-25 cohort (starts in Feb/March 22)	Q4 21/22	In Progress
CYP ASD Pathway to develop Single Point of Access across BSW – Yr 2 project plan for SPoA and WLI	March 2022	In progress
LeDeR Action Improvement Plan (in response to key themes arising from reviews) completed	By March 2022	In Progress
		In progress
		In progress

Planned impact and progress
<ul style="list-style-type: none"> • Supporting people in Community Setting • Reduction in preventable admissions • Reduction in OOA placements • Address health inequalities including those related to COVID • Delivery of LDA LTP

Evidence of impact

Discharge of three LDA in-patients from Acute MH Hospitals

Highlight delivery report

Programme	Long Covid pathway BSW		Delivery RAG
Reporting period	Q4		
Executive Lead	Lucy Baker	BSW Transformation Team	Carol Langley-Johnson WHC provider

What has been delivered and what has changed (Headlines)	What risks and issues need to be escalated?
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- **Service established Dec 2020**
- **1328 pts ref ,**
- **9 week waiting list**

- Successful integrated BSW service 4 different providers consistent approach
- Steering grp meet 6/52ly agree direction
- Successful weekly virtual MDT reviewed 233 pts to date see last slide for overview of outcome
- Testing Long term Condition model embracing digital opportunities.

- Insufficient Clin Psychology workforce available to take up new posts and support the exit strategy for patient discharge.
- No identified Paediatric provider , exacerbated by small amount of patient ref numbers.
- Additional support needed to improve data collection in all areas plus promote Fu data to assess evaluation

Financial Summary

Review of spending allocation for 22-23 due with NHSEI March 4th

Highlight delivery report

Milestones	Target date	RAG
Fully recruit to new service	Oct 21	Yellow
Establish Virtual MDT with medic input to manage complex cases safely & efficiently, agree TOR and evaluate impact	Aug 21	Green
Establish BSW wide safe exercise testing and personalised care plans	Aug 21	Green
Complete service spec & work toward NHS 10 point plan	Dec 21	Green
Establish virtual group rehab programme	Feb 22	Yellow
Complete health inequalities review working with PH fellow	Feb 22	Yellow

Planned impact and progress

- Improve data collection
- Plan service evaluation including input from UWE academic
- Develop outcome collection using pt portal digital tool C19-YRS, nationally recognised
- Continue strong NHS SW links for benchmarking and QI
- Establish Paediatric rehab pathway
- Improve pt expectations and agreed discharge pathways

Evidence of impact – case study

Pt feedback questionnaire review completed for 1st 10 mths

Areas to improve -

- Reduce waiting times
- More information on what to expect – cure, more investigations, symptoms change
- More information on how to manage symptoms
- More information on the physiology of long covid

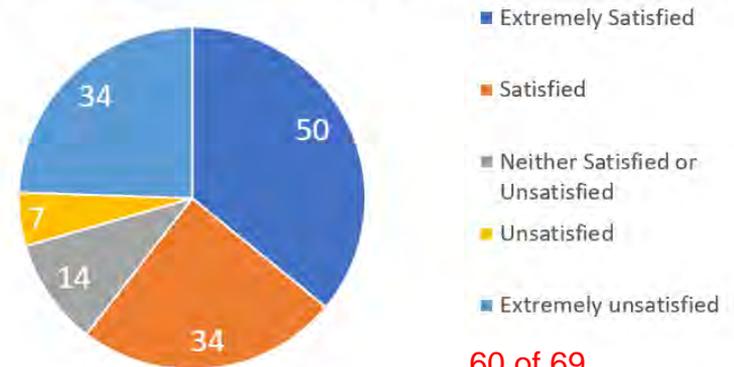
Patient Satisfaction Survey

Phase 1 initial response =111 (13% response rate)

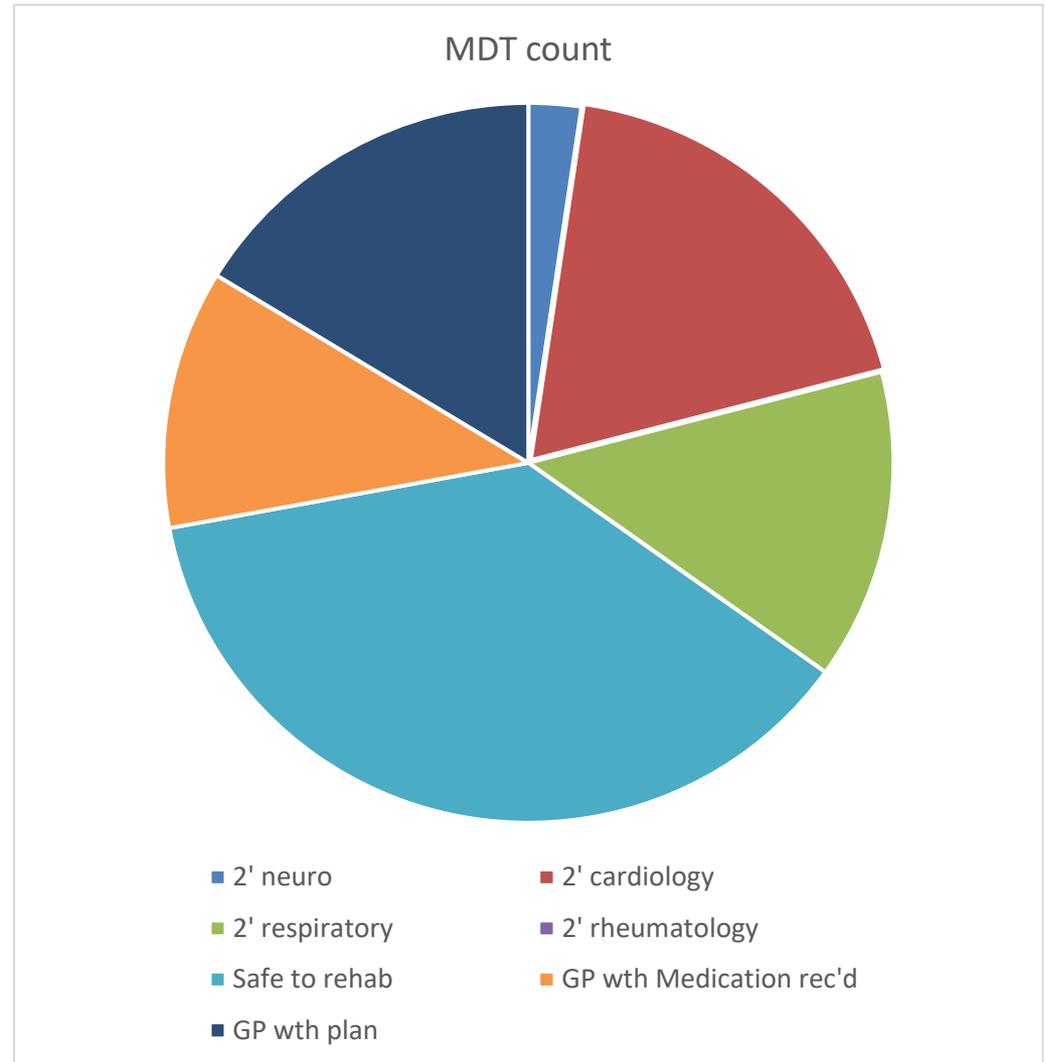
784 = SMS, 119 = email.

Dec 2020 – Oct 31st 2021

Q1. How satisfied were you with the service?



MDT outcome –
reduced numbers
of referrals to
secondary care



Highlight delivery report

Programme	Maternity Transformation	Reporting period	January 2022	Delivery RAG
SRO Lead	Lucy Baker	Transformation Team	Sandra Richards and BSW LMNS Programme Board	

What has been delivered or changed? (headlines)

- Initial Equity and Equality Population Needs Analysis and community asset mapping submitted
- System bid submitted for LTP Fast follower programme for Perinatal Pelvic Health
- Recruitment of additional smoke free pregnancy advisors underway to support LTP smoke free maternity pathway
- Oximetry at home pathway for pregnant women provision revised following feedback from women
- Focus on vaccination in pregnancy. 31 women attended Webinar for women and staff - very positive feedback and increase in confidence in vaccination by attendees. Available on Youtube and social media. Vaccination at point of contact in maternity services in place in SFT and RUH and planning underway for GWH.
- All providers focusing on completion of Ockenden action plans before end of March. Awaiting national final Ockenden report and also East Kent report .
- Maternal mental health psychological interventions service in place for women with complex grief, tocophobia and trauma.
- Collaborative international recruitment underway across GWH, SFT (and Glos)
- Further rollout of Continuity of Carer models remains paused nationally. All trusts utilising additional financial support for retention and support for staffing in midwifery and maternity support worker development. Successful bids to National Maternity team for BSW Continuity of Carer Equipment for each provider trust.
- Pilot of MyCareHub personalised care app/first phase of Electronic Patient record/IPR . BSW ICS Maternity Website launched
- Providers and LMNS working collaboratively with estates teams to identify safe and appropriate clinical spaces for provision of maternity care in community settings (see risk issues)
- Maternal Medicine networks funding agreed for SW and Oxfordshire provision for BSW. Funding from LMNS to support Pre-term birth clinics and provision of PROMPT training in obstetric emergencies

Evidence of Impact- Data

- BSW meeting national and SW targets for reducing admissions of term babies to neonatal units (GWH lowest in SW)
- GWH Swindon continue to run 2 Continuity of carer teams prioritising women from Black, Asian and mixed ethnicity as well as women from deprived areas.
- 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 nationally shows lower figures than local data – to be explored
- Decrease in numbers of women smoking at time of birth in BSW from 9.7% to 8.5%

What risks and issues need escalation?

- Workforce absences (maternity leave) and staff vacancies impacting on implementation of Continuity of Carer models, personalised care and capacity to maintain normal services. SFT AMU not yet opened but building work complete
- LMNS not yet received confirmation from provider trusts regarding commitment to fund full Birthrate plus staffing as per Ockenden requirement.
- Decreased capacity of provider trusts business intelligence teams to support increasing data requirements requested by national teams relating to equity
- Increasing pressures due to primary care giving notice for midwifery clinics – short notice to find safe clinical spaces to provide maternity care.

Finance Summary

Some potential slippage of building works as part of community hubs provision

Highlight delivery report



Milestones	Target date	RAG
Full resumption of pre-Covid maternity services	March 2023	In progress
Maternity Services Compliance with Ockenden IEA Assurance requirements	Mar 2022	In progress
Plan and building blocks in place for Continuity of Carer Pathway to be default model of care offered to women	March 2023 – Paused nationally	In progress
All women from Black, Asian, minority ethnicity and women from most deprived areas on Continuity of Carer pathway (appropriate caseloads)	March 2022- paused nationally	In progress
Smoking at time of birth to be below 6%	March 2022-	At risk
At least 40% expectant mothers on new LTP smoke free pathway	March 2022- paused nationally	In progress
All women to have personalised care and support plan	March 2022- paused nationally	In progress – At risk
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	Implement ed
Agreed plan for implementation of blended payment for maternity services	Dec 2021- paused nationally	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)	March 22 – Paused	In progress
Implementation of Neonatal Critical Care Review improvement plan (SW ODN)	Ongoing	In Progress
All maternity providers to have a maternity digital strategy	March 23	In progress

Planned impact and progress

- 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, Ethnic 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	Mental Health		Delivery RAG
Reporting period	January 2022		
Executive Lead	Dominic Hardisty	BSW Transformation Team	In progress
			Lucy Baker, Dr Sarah Blaikely (lead GP), George Ruddle, Caroline Mellers (lived experience lead)

What has been delivered and what has changed (Headlines)	What risks and issues need to be escalated?
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- Community Service Framework (CSF) 22/23 delivery plan co-produced and submitted to NHS E National Panel for approval as per Feb deadline
- Third Sector Alliance – successful recruitment to over 50% of workforce profile for CSF.
- NHS E confirmed the BSW proposal for Bereavement Liaison Support Practitioners was successful, awarding £55k. Now mobilising.
- Transformation pilot of reverse third sector triage for Bath Asylum Hotel commenced. Evaluation March 2022
- SMI Physical Health Checks (PHC) are running above the BSW trajectory for Q3 at 34.1%. SMI PHC outreach workers recruited by the Third Sector Alliance, mobilising holistic approach to enhance engagement, delivery of clinics and develop robust after care offer to support further assessment, treatment and/or positive health behaviour change interventions required.
- Third Sector pilot to alleviate AWP PCLS waiting list pressures co-designed and mobilising 14/2/22.
- CYP Access and Activity NHS E Benchmarking workshop held for BSW system, key data implications to be taken forward to inform BSW strategy to address service pressures, and transform services. Initial phase to triangulate NHS E data with local data (including outcomes data) and service configuration detail. Work to be led by BSW CYP Access group, led by OHFT.
- CYP Multi-agency discharge planning event held in month.
- As part of system response to MH surge – additional community crisis bed capacity created and mobilised with additional workforce provision through third sector

- MH flow pressures continue.. Weekly review meetings and transformational approach to discharge options has supported system reduction from 26 to 15 DTOC
- IAPT model – rapid review progressing with requirement to align model to be compliant with IAPT national standard, due to current model variation preventing delivery of national targets.
- Eating disorder increase in demand – Urgent waiting time now being achieved

Financial Summary

MHIS continues to be achieved. Significant in year slippage anticipated, further request for urgent rapid initiatives issues across system partners to ensure application of available funding. Challenge around recruiting workforce impacting on slippage

Highlight delivery report

Milestones	Target date	RAG
ARRS MH role recruitment programme.	Q3	In Progress
Community MH framework recruitment to 21/22 slippage initiatives and 22/23 substantive expansion proposals.	Q3 22/23	In Progress
Community MH framework ; development of PREMS, PROMS and performance dashboard through BSW data & outcomes working group.	Q1 22/23	Completed
BSW Place of Calm workshop; access expansion and development of person-centred approaches.	March 2022	In Progress
Winter pressure investment; mobilising expansion of Third Sector Intensive Outreach Service.	Q1 22/23	In progress
BSW IAPT rapid review and remodel.	Q1 22/23	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
- Collaboratively agreed BSW priorities – feature in the diagram below. Programme plan in place for each element

Evidence of impact

AWP Out of Area cohort reduced from 17 to 9.

SMI PHC holistic support case studies;

Booking call to individual who described dizziness and pain in chest near pacemaker to FOHC.

Administrative staff followed up immediately with Clinical Lead. Patients symptoms advanced to left arm pain, 999 advised. Patient expressed anxiety about this.

Compassionate support and encouragement given, onsite Carer support acquired. Advised of 'old injury' causing pain. Duty Doctor follow up pursued by FOHC, symptom red flag added to file in case of reoccurrence.

Booking call to individual who disclosed suicidal ideation. Key details obtained.

Emergency appointment booked through GP.

Mental Health System Plan 2021/22



Highlight delivery report

Programme	Outpatient Transformation		Delivery RAG
Reporting period	January 2022		
Executive Lead	Richard Smale	BSW Transformation Team	

What has been delivered and what has changed (Headlines)	What risks and issues need to be escalated?
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A & G

- Stable Advice and Guidance platform with providers developing additional services to go live in Feb (4 new acute services and AWP signposting)
- Ongoing work to integrate Cinapsis with RUH PAS – expected to be live Feb 22
- Planning for acute services workshop re potential for use of Cinapsis system (3rd March)
- 2 of the acutes have confirmed plans to continue A & G clinical leads after the end of CCG 12 month funding

PIFU

- BSW clinically led PIFU group – moving to fortnightly. Focus on high volume follow-up specialties
- PIFU formally in place in the following numbers of specialties – RUH (3), SFT (6), GWH (working on 5)

Non face-to-face

- Video consultation platform procurement – on track, bidder presentations (2) during January

Other areas

- Commencement of TUPE for BEMS RSS team
- Specific work on inequalities on hold pending output and plans from population health management work
- EROC data for A & G inclusive of clinical triage/RAS services

- 25% non face to face target – BSW performance dropped to 24% - no clear opportunities identified for expansion
- System level 22/23 planning approach inclusive of clinical leads is required for OP targets for realistic and robust plans to be developed and the radical change that is required to be delivered – timescales make this difficult
- A & G and PIFU – risk to progression if contracts return to tariff basis
- Retirement of 2 RSS managers between March and July – posts require filling to provide service resilience

Financial Summary

Highlight delivery report



Milestones	Target date	RAG	Planned impact and progress
Complete review of RSS clinical role	March 22	Green	<ul style="list-style-type: none"> • First OP recovery @ 81% week ending 30/1 • Follow-up OP recovery @ 70% week ending 30/1 • A & G national target of 12%, BSW local monitoring (excluding RAS services) suggests we are at 8% (RUH @ 18%, GWH @ 5% and SFT @ 1%) • A & G cases now c120/week against 60/week within Consultant Connect • PIFU national target of 2%, BSW local monitoring suggests we are at 1.5% (RUH 2%, SFT 1.5%, GWH 0%) – <i>GWH are addressing recording issues</i> • Non face to face national target of 25% BSW local monitoring suggests we are at 24 (GWH @ 25%, RUH @ 25%, SFT @ 23%)
Agreement of BSW OP Transformation plans for 22/23 to delivery 25% reduction in follow-ups	March 22	Orange	
PIFU formally in place in 5 major outpatient specialties at each acute	March 22	Orange	
Acute services A & G Workshop	March 22	Green	
BEMS RSS TUPE complete	1/4/22	Green	
Video consultation and appointment management procurement (RUH, SFT, WH&C) – contract commencement	1/4/22	Green	
Cinapsis / ERS integration pilot commencement	April 22	Green	

Evidence of impact – case study

Placeholder for case study content.

BSW Highlight delivery report



Programme	Urgent Care and Flow Board	Reporting period	Dec 21 / Jan 22	Delivery RAG
Executive Lead	Stacey Hunter	Transformation Team		RED

What has been delivered or changed? (headlines)	What risks and issues need escalation?
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- 111 – Cat 3 and 4 999 validation within the Medvivo CAS has seen a significant reduction in 111 calls sent to SWAST service since November. A category 2 validation pilot took place with initial good results. Awaiting summary paper of this from Medvivo to capture learning and savings, to firm up the argument to expand moving forwards within the Southwest and National leads.
- 999_Ambulance handovers – Navigation Hub trial at GWH had good results, and this was also well received when discussed at a national meeting. RUH undertook a similar pilot. More work needed around this and to share practice with other acutes through the Ambulance workstream for UCFB. Identifying other areas for opportunities to reduce conveyances.
- ECDS - 30K of National Funding received and SRO looking for secondment post to support this.
- Discharge to Assess / No Criteria to reside – BSW has not delivered the required reduction on NCTR position by the end of Jan (30%). A recovery plan has been written and includes the impact of short-term additional capacity outlined in next point below and stretching some existing initiatives further.
- Additional Capacity – Ward 4 and the Care Hotel have been established to discharge patients who no longer need acute care. These have been slow in establishing however as of last weekend were near capacity.
- Covid Oximetry @ Home and Virtual Wards – this has been stepped up in response to the Omicron variant, with a combined capacity for approximately 250 patients across BSW. Weekly meetings are happening led by Ruth Grabham. Regional focus is now around extending this to wider virtual wards.
- Head of System Flow – Role has been filled internally as an interim, to start in February 2022. Permanent recruitment to follow.
- Shrewd – Consistent primary care OPEL reporting now in place. User groups re-established. Plans for Paediatric segments being worked through.

- Identified in BSW Risk summit outcomes:
- Very poor system flow
 - Demand vs. Supply
 - Escalation
 - UEC Workforce risks – Covid isolation
 - Population needs
 - Access
 - Community response
 - NC2R

Financial summary

* TBC

BSW Highlight delivery report



Milestones	Target date	RAG	Planned impact and progress
UEC Strategy - Final	Oct 21	Complete	<ul style="list-style-type: none"> Care Hotel and Ward 4 providing temporary additional capacity to support with flow
UEC Demand & Capacity planning (for 21/22)	Jul 21	Complete	
Priority Workstream 1 - 111	Sep 21	In Progress	
Priority Workstream 2 – Ambulance	Dec 21	In Progress	
Priority Workstream 3 – Same Day Emergency Care	Mar 22	In Progress	
Priority Workstream 4 – Emergency Care Data Set	Mar 22	In progress	
Priority Workstream 5 – Discharge to Assess	Mar 22	In progress	

Evidence of impact - data

- 111 – 111 call answering performance data and abandonment rate have improved in 2022 with DHU. Validation rates remains high but un-heralded/ walk in attendances at ED have not improved. Booked ED arrival time slots remains low . Reduction in pharmacy selection referrals being investigated.
- Ambulance –Performance response times decreasing activity and activity in Dec 21 was 1.58% up on December 20 and - 0.73% against core contract. Overall YTD BSW activity is 19% higher than core contract. SWAST increased hear & treat rate has been maintained increase from Summer. Hospital Handovers still increasing across the system. Work around Navigator Hub at GWH well received and effective to redirect into the community or SDEC.
- SDEC – This has been delayed due to system pressures over the Christmas/January period. NHSEI are just starting to open up their support for the early adopter programme.
- ECDS – 30K has been received to support this. Al Sheward SRO was looking for a secondment post for someone to support this. Community partners input needed to ensure data flow for MIU activity.
- Discharge to Assess – non-criteria to reside figures remain high and increased length of stay. Increased covid numbers and contacts and challenges with domiciliary care capacity. System discharge process review with ECIST support planned to start February.
- Covid Oximetry @ Home – showing high numbers of patients, demonstrating that patients with Omicron present differently and are more likely to be seen and treated in the community rather than in an acute setting w/b 7th February peaked at 292.