

NHS STW Integrated Care Board

MEETING
27 November 2024 14:00 GMT

PUBLISHED
26 November 2024

Agenda

Location
Meeting Room 1, Wellington Civic Offices, Larkin Way, Tan Bank,
Wellington, TF1 1LX

Date
27 Nov 2024

Time
14:00 GMT

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AGENDA (PART 1)

Meeting Title	Integrated Care Board	Date	Wednesday 27 November 2024
Chair	Mr. Roger Dunshea	Time	2.00pm – 4.50pm
Minute Taker	Board Secretary	Venue/ Location	Meeting Room 1, Wellington Civic Offices, Larkin Way, Tan Bank, Wellington, TF1 1LX

A=Approval R=Ratification S=Assurance D=Discussion I=Information

Reference	Agenda Item	Presenter	Purpose	Paper	Time
OPENING MATTERS (approximately 40 minutes: 2.00pm – 2.40pm)					
ICB 27-11.073	Welcome and Apologies	Chair	I	Verbal	2.00
ICB 27-11.074	Declarations of Interest: To declare any new interests or existing interests that conflict with an agenda item Register of Board member's interests can be found at: Register of Interests - NHS Shropshire Telford and Wrekin	Chair	S	Verbal	
ICB 27-11.075	Minutes from the previous meeting held on Wednesday 25 September 2024	Chair	A	Enc	
ICB 27-11.076	Matters arising and action list from previous meetings	Chair	A	Enc	
ICB 27-11.077	Chair's Report: - Introductory comments - Fit and Proper Test Assurance - Appointments to the ICB Board and ICB Committees	Chair	A	Enc	
ICB 27-11.078	Questions from Members of the Public: Guidelines on submitting questions can be found at: Submitting Public Questions - NHS Shropshire Telford and Wrekin	Chair	I	-	

ICB 27-11.079	Resident's Story – T Level Healthcare Experience – Sarah Davies, Director of Health and Sciences at Telford College	Vanessa Whatley	S	Presentatio n	2.20
STRATEGIC SYSTEM OVERSIGHT (approximately 70 minutes - 2.40pm – 3.50pm)					
ICB 27-11.080	ICB Chief Executive (CEO) Report: <ul style="list-style-type: none"> • 10-Year Plan update • System Green Strategy Development update • Amendments to the Governance Handbook • Integrated Care Partnership • New Insightful ICB Board Guidance • Evolution of the NHS Operating Model • NHS Management and Leadership Programme 	Simon Whitehouse	A/S	Enc	2.40
ICB 27-11.081	System Board Assurance Framework (SBAF & SORR)	Simon Whitehouse	A/S	Enc	2.50
ICB 27-11.082	Winter Planning/Mitigations of pressures	Ian Bett/Jo Williams			3.00
ICB 27-11.083	System EDI Update	Vanessa Whatley	I/S	Enc	3.15
ICB 27-11.084	EPRR Update – including self-assessment	Ian Bett	I/S	Enc	3.25
ICB 27-11.085	Intensive and Assertive Community Mental Health Care Action Plan	Claire Skidmore	I/S	Enc	3.35
ICB 27-11.086	System Integrated Improvement plan	Claire Skidmore	I/S	Enc	
SYSTEM GOVERNANCE AND PERFORMANCE (approximately 25 minutes – 3.50pm – 4.15pm)					
ICB 27-11.087	Integrated Care System Performance Report: <ul style="list-style-type: none"> • Finance • Performance • Quality • People 	Claire Skidmore	S	Enc	3.50
ICB 27-11.088	Delivery Plan for Recovering Access to Primary Care: Update and Actions for 2024-25 letter	Lorna Clarson	I/S	Enc	4.00
ICB 27-11.089	Maternity and Neonatal Annual Position Statement	Vanessa Whatley	I/S	Enc	4.10
BOARD COMMITTEE REPORTS (approximately 10 minutes - 4.20pm - 4.30pm)					
ICB 27-11.90	Assurance				4.20

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ICB 27-11.90	Quality and Performance Committee Chair's Reports for meetings held on 25 July 2024 and 26 September 2024	Meredith Vivian	S	Enc	
ICB 27-11.91	Audit & Risk Committee Chair's Report meeting held on 15 November 2024 – including approval of the amendments to the Financial Standing Instructions and Financial Scheme of Delegation	Roger Dunshea	A/S	Enc	
ICB 27-11.92	Finance Committee Chair's Reports for meetings held on 30 July 2024 and 26 September 2024	David Bennett	S	Enc	
ICB 27-11.93	Remuneration Committee Chair's Report for meeting held on 17 October 2024	Professor Trevor McMillan	S	Enc	
ICB 27-11.94	Strategy				
ICB 27-11.94	System Transformation Group Chair's Report for meeting held on 30 October 2024	Simon Whitehouse	S	Enc	
ICB 27-11.95	Strategic Commissioning Committee Chair's Report for meetings held on	Cathy Purt	S	Enc	
ICB 27-11.96	People Culture and Inclusion Committee Chair's Report for the meeting held on 14 October 2024	Harry Turner	S	Enc	
ICB 27-11.97	Partnership				
ICB 27-11.97	Shropshire Integrated Place Partnership Committee Chair's Report for the meeting held on 17 October 2024 – including approval of the committee's terms of reference	Andy Begley	A/S	Verbal	
ICB 27-11.98	Telford and Wrekin Integrated Place Partnership Committee Chair's Report for the meeting held on 07 November 2024 – including approval of the committee's terms of reference	David Sidaway	A/S	Verbal	

ASSURANCE – REVIEW OF RISKS (approximately 5 minutes - 4.30pm - 4.35pm)

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ICB 27-11.99	Review and reflection of new or amended risks following discussions at Board Meeting	Chair	S	Verbal	4.30
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ANY OTHER BUSINESS (approximately 5 minutes - 4.35pm - 4.40pm)

ICB 27-11.100	Any Other Business - Specialised Services Delegation Briefing note (for information only)	Chair	D I	Verbal	4.35
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	Date and time of next meeting: <ul style="list-style-type: none"> Wednesday, 29 January 2024 – Wellington Civic Offices 				
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RESOLVE: *To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section 1(2) Public Bodies (Admission to Meetings) Act 1960.)*

RH Dunshea



Mr Roger Dunshea
Acting Chair
NHS Shropshire, Telford and Wrekin

Mr Simon Whitehouse
Chief Executive
NHS Shropshire, Telford and

**NHS Shropshire Telford and Wrekin
Integrated Care Board
Minutes of Meeting held in public on
Wednesday 25 September at 14:00 pm**

Meeting Room 1, Wellington Civic Offices, Larkin Way, Tan Bank, Wellington, TF1 1LX

Present:

Sir Neil McKay	Chair and Non-Executive Director, NHS STW
Meredith Vivian	Non-Executive Director, NHS STW
Dr Niti Pall	Non-Executive Director, NHS STW
Simon Whitehouse	Chief Executive, NHS STW
Claire Skidmore	Chief Finance Officer, NHS STW
Stacey Keegan	Foundation Trust Partner Member and Chief Executive Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Patricia Davies	Trust Partner Member and Chief Executive Shropshire Community Health NHS Trust
David Sidaway	Chief Executive, Telford and Wrekin Council
Andy Begley	Chief Executive, Shropshire Council
Dr Ian Chan	GP Partner Member
Dr Deborah Shepherd	GP Partner Member
Ian Bett	Interim Chief Delivery Officer, NHS STW
Dr Lorna Clarson	Chief Medical Officer, NHS STW
Vanessa Whatley	Chief Nursing Officer, NHS STW

In Attendance:

David Bennett	Associate Non-Executive Director - Finance, NHS STW
Joanne Williams	Chief Executive, Shrewsbury and Telford Hospital NHS Trust
Alison Smith	Chief Business Officer, NHS STW
Nigel Lee	Chief Strategy Officer, NHS STW
Harry Turner	Chair, Robert Jones and Agnes Hunt
Sarfraz Nawaz	Non Executive Director, Robert Jones and Agnes Hunt (deputising for Mr H Turner who was required to attend another meeting)
Cathy Purt	Non Executive Director, Shropshire Community Health NHS Trust and Chair of the STW Strategic Commissioning Committee
Dr Julian Povey	Chair of the Shropshire & Telford LMC STW GP Board
Cllr Lezley Picton	Leader, Shropshire Council
Cllr Paul Watling	Cabinet Member for Adult Social Care & Health Systems Telford & Wrekin Council
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Jacky Jeffrey	Chief executive Officer, Citizens Advice Shropshire and representing Shropshire VCSE
Jan Suckling	Lead Engagement Officer, Healthwatch Telford & Wrekin

Trevor Purt	Interim Chair and Non-Executive Director, Shrewsbury and Telford Hospitals
Pauline Gibson	Non-Executive Director; Midlands Partnership University Foundation Trust
Tina Long	Interim Chair, Shropshire Community Hospital NHS Trust
Minesh Parbat	Chief Pharmacist, NHS STW
Caroline Jenkins	Deputy Chief Pharmacist, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Peter Prokopa	Chief Officer, Community Pharmacy Shropshire
Hayley Pearson	Deputy Chief Pharmacist, Shrewsbury and Telford Hospitals
Claire Colcombe	Board Secretary, NHS STW

Minute No. ICB 25-09-057 Introduction and Apologies

057.1 The Chair opened the meeting and noted the following apologies:

Professor Trevor McMillan	Deputy Chair and Non-Executive Director, NHS STW
Roger Dunshea	Non-Executive Director, NHS STW

057.2 The Chair reported on the recent leadership changes. Dr Ian Chan and Dr Ganesh were thanked for jointly acting in the role of Chief Medical Officer. The Chair welcomed:

- Dr Lorna Clarson – Chief Medical Officer for NHS Shropshire, Telford and Wrekin;
- Joanne Williams – Interim Chief Executive of Shrewsbury and Telford Hospitals Trust; and
- Dr Deborah Shepherd as a GP Partner Member.

Minute No. ICB 25-09-058 Declarations of Interest

058.1 Members had previously declared their interests, which were listed on the ICB’s Register of Interests and were available to view on the website at:

[Register of Interests - NHS Shropshire, Telford and Wrekin \(shropshiretelfordandwrekin@nhs.uk\)](mailto:shropshiretelfordandwrekin@nhs.uk)

No specific interests were raised with any specific agenda item and no new declarations were made.

Minute No. ICB 25-09.059 Minutes from the previous meeting held on Wednesday 26 June 2024

059.1 The minutes from the previous meeting held on Wednesday 26 June 2024 were taken as read.

059.2 The Chair confirmed that the Integrated Care Board was asked to approve the minutes.

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board approved the minutes of the previous meeting held on Wednesday 26 June 2024.

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Minute No. ICB 25-09.060 Matters arising and action list from previous meetings

060.1 No additional matters were raised, and the the Board noted the updated action list.

Minute No. ICB 25-09.061 Chair’s Report

061.1 ICB Committee Chairs Appointments for approval

The Chair asked the Board to approve or reaffirm the appointment of the Chairs for the committees and sub-committees as outlined in the report.

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board APPROVED the appointment of:

- Mr Andy Begley as Chair of the Shropshire Integrated Place Partnership Committee,
- Mr David Sidaway as Chair of the Telford and Wrekin Integrated Place Partnership Committee, and
- Mr Harry Turner as Chair of the System People Inclusion and Culture Committee.

NHS Shropshire, Telford and Wrekin Integrated Care Board REAFFIRMED the appointment of:

- Professor Trevor McMillan of the Finance Committee,
- Mr Meredith Vivian of the Quality and Performance Committee,
- Mrs Cathy Purt of the Strategic Commissioning Committee,
- Mr Simon Whitehouse of the System Transformation Group
- Mr Roger Dunshea of the Audit Committee, and
- Professor Trevor McMillan of the Remuneration Committee

Minute No. ICB 25-09.062 Questions from Members of the Public

062.1 The NHS Shropshire, Telford and Wrekin Integrated Care Board did not receive any questions from the members of the public.

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED that no questions were received since the previous meeting held on 26 June 2024.

Minute No. ICB 25-09-063 Residents Story – STW Discharge to Medicines service

063.1 Mr Minesh Parbat, Chief Pharmacist attended with his colleagues; Caroline Jenkins, Deputy Chief Pharmacist, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Peter Prokopa, Chief Officer, Community Pharmacy Shropshire and Hayley Pearson, Deputy Chief Pharmacist, Shrewsbury and Telford Hospitals on World Pharmacists Day to celebrate the significant role pharmacists play in the STW health and care system. A presentation was delivered to the Board that described the Discharge to Medicines service, the importance of this service in supporting an

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integrated approach to care that included ensuring the safe transfer of care; structured reviews of prescribed medicines which had significant the benefits to patients.

063.2 During discussion the importance of the review and optimisation of medicines, and the financial as well as human cost were noted. In further discussion it was identified that the programme would require digitisation to enable it to be delivered at scale.

ACTION: *Development of a system-wide view of how STW can further develop and build upon the approach to review and optimisation of medicines outlined in the presentation, that includes digitisation of processes, with a timescale to be agreed.*

Minute No. ICB 25-09.064 – The System Board Assurance Framework

064.1 The report presented the System Board Assurance Framework (SBAF) and the amendments made therein.

064.2 The Board was asked to review the content of the report and identify any additional assurances and/or risks that would need to be added to the SBAF. The Board is further asked to be assured that the SBAF provides oversight of the strategic risks to the Integrated Care System.

064.3 During discussion the Board noted the amendments that had been made to the SBAF. It was identified that more work was needed around capturing the totality of risks already identified and the need to develop the role of the committees to provide focussed oversight of the mitigation of the risks captured on the SBAF and provide this assurance to the Board. Miss Alison Smith confirmed that the SBAF and Strategic Operational Risk Register will be presented regularly at Board meetings in line with the Risk Management Policy and will be scheduled at the beginning of the agenda to ensure that in the subsequent discussions at each meeting the Board is fully apprised of the risks and mitigation of the system not achieving its objectives. It was recommended that the System Board Assurance Framework will be brought to every Board meeting, and the intention is that the Strategic Operational Risk Register (SORR) will be presented to every other meeting.

ACTION: *Develop the totality of risk outlined in the System Board Assurance Framework. Present the SBAF to every meeting and SORR to every other meeting.*

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board:

1. REVIEWED the current System Board Assurance Framework and CONSIDERED:

- that the risks to the system's strategic objectives are being properly managed;
- if there were any additional assurances necessary; and
- if there were any additional risks or amendments to risks required following the meeting discussion

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2. Were **ASSURED** that the **System Board Assurance Framework** provided oversight of the strategic risks to the **Integrated Care System** meeting the strategic objectives.

Minute No. ICB 25-09.065 Chief Executive’s Report

065.1 Process for Managing Public Questions at ICB Board Meetings

The paper presented the options for managing public questions at Board meetings.

The Board was asked to note the report the current process for receiving and responding to questions from the public related to Board meetings and to approve the proposal to retain the current process and to develop a guidance document based on elements outlined in the paper for publication on the ICB’s website for members of the public to reference when submitting questions to the Board.

In discussion it was suggested that there ideally should be consistency across the system’s NHS organisations processes for receiving and responding to question from the public to Board meetings.

The Board asked that guidance should clarify that any questions should be about agenda items on that particular agenda, they should relate only to the functions of the ICB and there needs to be more explicit information related to circumstances when the ICB would not be able to respond to questions from the public. The Board asked that draft answers to any questions from the public should be sent to the Board prior to sharing with the public.

In further discussion it was noted that the public may have a difficulty in distinguishing between the Integrated Care Board and the Integrated Care System, which could result in questions being asked erroneously about area of service delivery the ICB would not have access to.

ACTION: *Review the content of the guidance in light of the suggestions made above.*

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board:

1. **NOTED** the report,
2. **APPROVED** retention of the current process outlined in 2.1 in the report, for receiving and responding to public questions, which is largely in line with how other ICB’s in the region manage them; and
3. **APPROVED** the development of a guidance document by the Chief Business Officer that is based upon those elements outlined in the report in 3.4 that can be published on the ICB website for members of the public to refer to in the context of the ICB continuing to accept written questions that would be responded to outside of the scheduled Board meetings,

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4. SUBJECT TO inclusion in the guidance document of the specific suggestions outlined by the Board above.

065.2 Darzi Review 2024

The report highlighted the publication of the findings of Professor Darzi's investigation of the NHS in England which was commissioned by Wes Streeting, Secretary of State for Health and Social Care, on 11 July 2024.

The Board noted that the review found that the NHS is in a 'critical condition,' citing long waiting lists, a decline in the nation's overall health, and difficulties in accessing services (especially mental health). The review will guide the Government's upcoming 10-year plan to reform the NHS. Overall, the report positions the performance of the NHS within the changing and challenging external environment that it has operated in over the last decade.

065.3 Shaping the STW ICB Programme

The update informed members that the programme is nearing completion, the 2024/25 running cost reduction requirement would be delivered on, and recruiting into vacant positions is underway.

065.4 Urgent Decision for the approval of Specialised Commissioning Delegation Agreement Variation

The update informed the Board of an urgent decision taken by the Chair and Chief Executive Officer on behalf of the Board under section 4.9.5 of Standing Orders which related to a small number of additional variations proposed jointly by both NHSE and the collective West Midlands ICB's to the Specialised Commissioning Delegation Agreement, which did not materially change what had been previously agreed by the ICB Board but provided additional clarity on several sections within the documentation.

065.5 Financial Improvement Programme

The update informed members that Phase 1 had been completed and they have moved into Phase 2 with PricewaterhouseCoopers (PwC) supporting the delivery of the priority interventions from Phase 1.

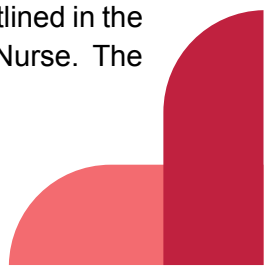
065.6 Healthwatch Telford and Wrekin – GP Access Summary Report 2024 Survey

The update informed members that Telford and Wrekin Healthwatch had conducted a survey of patients related to access to GP services which has resulted in 15 recommendations being made. The response to the survey will be presented to the Telford and Wrekin Health and Wellbeing Board and regular meetings have been arranged between NHS STW, Healthwatch and Telford and Wrekin Council to assess current projects and develop a robust action plan for further improvement.

065.7 Quality Governance Review

The update informed members that the Chief Nursing Officer's teams are working closely with regional colleagues to deliver against the recommendations outlined in the final Quality Governance Review by the NHS England Regional Chief Nurse. The

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report recognises the positive work that is taking place to embed quality governance at system level. and progress updates will be given at the oversight meetings.

065.8 Joint Forward Plan Delivery

The update informed members that actions outlined in the Joint Forward Plan have been reviewed and any outstanding actions from 2023/24 have been rolled over to 2024/25.

065.9 Mr. Simon Whitehouse noted that this was the Chairs final meeting, thanked him for all his work and wished him all the best for the future.

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the updates in relation to:

- **Darzi Review 2024,**
- **Shaping the STW ICB Programme,**
- **Urgent Decision for the approval of Specialised Commissioning Delegation Agreement Variation,**
- **Financial Improvement Programme – Investigation and Intervention Phase 1 and 2,**
- **Healthwatch Telford and Wrekin - GP Access Summary Report 2024**
- **Quality Governance Review, and**
- **The completed actions from the 23/24 Joint Forward Plan**

065.10 The Chair requested an update on the Hospital Transformation Programme.

065.11 Mr Purt, Interim Chair of Shrewsbury and Telford Hospital NHs Trust highlighted that the contracts have been signed with the contractors for the construction work, car parking has been altered and overall, the programme is moving rapidly.

065.12 The Chair highlighted the outstanding task of describing what the hospital service will look like and what the Princess Royal Hospital will be providing to ensure that patients and the public were clear on what services will be offered at which site in the future.

Minutes No. ICB 25-09-066 Joint Forward Plan – Approval of refreshed plan

066.1 The paper presented the refreshed Joint Forward Plan.

066.2 The Board was asked to approve the changes to the Joint Forward Plan.

066.3 The Board sought assurance that Diabetes had a sufficient focus in the current plan, whether a deliverability test against the plan had taken place, and the need for more structure and certainty around the work with the voluntary and community sector. It was confirmed that Diabetes is within the plan and recommended that a Chief Data Officer is recruited to aid with the deliverability of the plan.

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RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board APPROVED the changes to the Joint Forward Plan.

Minute No. ICB 25-09-067 Update on Quality oversight of Emergency Departments at SATH and Dispatches Action

067.1 The paper presented the findings, actions completed and proposed next steps for quality improvement in the emergency departments for discussion with system partners at the ICB Board.

067.2 The Board was asked to discuss the report findings, note the actions to date and to support the future development of actions.

067.3 In discussion it was noted that overall system support is required and the staff at the Royal Shrewsbury Hospital have been greatly affected since the dispatches programme aired and therefore there is a need to support them and recommended that communication to the public around how the issues are being dealt with is required.

067.4 In further discussion it was asked how staff are being supported to enable them to raise concern. It was noted that staff are open to talking about identified issues to find solutions.

067.5 Assurance was given around the level of leadership, and it was noted that recruitment was still needed for some core staff roles.

067.8 It was suggested that Clinicians from SaTH are invited to present to a future Board what further actions could be undertaken to address the issues highlighted by the programme.

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board:

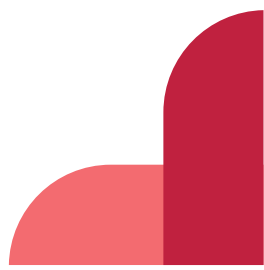
- **DISCUSSED** the report findings,
- **NOTED** the actions to date, and
- **SUPPORTED** the future development of actions.

Minute No. ICB 25-09-068 Integrated Care System Performance Report

068.1 The paper presented updates on the aspects of performance, quality, finance and operational and workforce, to provide assurance to the Board. Highlighted points included:

- The system financial position deficit being £56.2m at month 5. The current forecast is for an £89.9m deficit which is in line with the plan for the year end position. The system has reported risk for which no mitigation is currently available to the value of £40.6m and efforts continue to either reduce risk or find alternate mitigations if costs more than plan were to materialise.

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- There has been an improvement in 4-hour A&E performance, the number of 12-hour breaches, ambulance offload delays, super stranded patients and Category 2 response time. However, none of these metrics are where we want to be, despite these improvements.
- There is improving performance across mental health metrics.
- Community waits exceeding 52 weeks were reported and the ICB has requested recovery trajectories from SCHAT.
- The run-rate for pay costs based on M5 suggests an overall overspend at year end of £19.5m. However, workforce efficiency schemes are in place to the value £40m of which £30m is phased in M6-M12.
- The vacancy rate for the system is 8.9% which is reflective of the workforce plan. The in-month system sickness absence rate (5.2%) is on target. The staff turnover rate at 10.6% is marginally above target of 10.5%.
- Quality remains a priority focus across the System. In maternity there has been an improvement with reported stillbirth rates, remaining below the national average. There are concerns around the neonatal death rate remaining above the national average, which is being reviewed by an external organisation commissioned by SaTH at their initiation and request. Clostridium difficile remains over the expected trajectory and MRSA remains a challenge, and there are action plans in place to improve these areas.

068.2 The Board is asked to NOTE the contents of the report.

068.3 In discussion the Board noted that there were some services delivering against targets which included being second in the country for Talking Therapies, in urgent care there has been improvement in attendances, 4hr waiting and Cat 2 response. In workforce, absence rates are on plan, there has been a reduction in agency spend and an increase in staff retention. RSP vaccinations were launched in September and there has been a huge uptake from the public, placing them at number one in the region.

068.4 In further discussion questions were raised around Planned Care that included wanting to know the longest waiting time and what is being offered to the long wait patients. There are also other initiatives the system could be considering like “waiting well” to ensure a patient’s health is optimised whilst they wait, for example supporting people to give up smoking which will have a significant positive effect on their general health and wellbeing.

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the contents of the paper.

Minute No. ICB 25-09-069 Amendments to ICB Constitution and Governance Handbook

069.1 The paper presented several amendments required by NHS England to the Integrated Care Board’s (ICB’s) Constitution as a result of a revised template and guidance

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document issued by NHS England to ICB's in July 2024. The paper also outlined additional changes to the Constitution and Governance Handbook that the Chief Executive Officer wished to propose.

069.2 Ms Smith confirmed that the Integrated Care Board was asked to approve the proposed amendments to the Constitution draft version 4 outlined in the report for onward recommendation to NHS England for final approval; and approve the proposed amendments to the Governance Handbook draft version 9 outlined in the report.

069.3 There were no questions or queries from the Board on the proposed amendments.

RESOLVED: The NHS Shropshire, Telford and Wrekin Integrated Care Board:

- **APPROVED** the proposed amendments to the Constitution draft version 4 outlined in the report for onward recommendation to NHS England;
- **APPROVED** the proposed amendments to the Governance Handbook draft version 9 outlined in the report.

Minute No. ICB 25-09.070.1 Quality and Performance Committee Chair's Report for meetings held on 30 May and 27 June 2024

070.1 The report provided an update of key issues and assurances within Quality and performance, and it was highlighted that detailed plan is required around Diabetes.

The Board was asked to accept the report and to consider the alerts for further action.

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board ACCEPTED the report and CONSIDERED the alerts for further action.

Minute No. ICB 25-09.070.2 Audit Committee Chair's Report for the meeting held on 18 September 2024

070.2 The report provided an update of key issues and assurances around auditing.

The Board was asked to accept the report, and the Chair highlighted the need of the Board to give the SBAF and SORR a high agenda priority going forward.

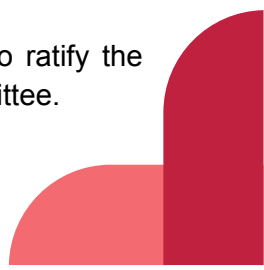
RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board ACCEPTED the report.

Minute No. ICB 25-09.070.3 Finance Committee Chair's Reports for meetings held on 30 May and 27 June 2024 – including approval of revised Terms of Reference

070.3 The report provided an update of key issues and assurances around Finance and included a revised Terms of Reference of the Finance Committee.

The Board was asked to note the areas highlighted in the report and to ratify the suggested amendments to the Terms of Reference for the Finance Committee.

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RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board:

- NOTED the areas highlighted in the report, and
- RATIFIED the suggested amendments to the Terms of Reference for the Finance Committee

Minute No. ICB 25-09.070.4 Remuneration Committee Chair’s Report for the meeting held on 30 July 2024

070.4 The report provided an update of key issues and assurances around remuneration.

The Board was asked to note the contents of the report.

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the contents of the report.

Minute No. ICB 25-09.070.5 System Transformation Group Chair’s Report for the meeting held on 31st July 2024

070.5 The report provided an update of key issues and assurances around system transformation.

The Board was asked to NOTE the contents of the report.

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the contents of the report.

Minute No. ICB 25-09.070.6 Strategic Commissioning Committee Chair’s report for the meeting held on 12 June 2024

070.6 The report provided an update of key issues and assurances around strategic commissioning. It was further highlighted that the committee has asked for the Primary Care report to be refocussed and brought back to a future meeting.

The Board was asked to note the areas highlighted in the report.

In discussion it was noted that the Digital agenda sits with the Strategic Commissioning Committee and the Board asked that an update report on progress with system digital strategy and delivery of actions is presented at a future Board meeting.

ACTION: *Update report on progress with the system Digital Strategy and delivery of actions is presented to a future Board meeting.*

Minute No. ICB 25-09.070.7 People Culture and Inclusion Committee Chair’s Report – no report

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070.7 No report. It was noted that dates for meetings of this committee have now been scheduled and there is a functioning sub-group below the Committee which is meeting monthly and now driving this agenda forward.

Minute No. ICB 25-09.070.8 Shropshire Integrated Place Partnership Committee Chair's Report – no report

070.8 A verbal update was given. The main point raised was that the terms of reference for the Committee was being reviewed in light of the transition of the Shropshire Integrated Place Partnership to a committee of the ICB.

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the update.

Minute No. ICB 25-09.070.9 Telford and Wrekin Integrated Place Partnership Committee Chair's Report – no report

070.9 A verbal update was given. Points highlighted included the terms of reference has been updated and priorities will be reviewed, the three main priorities being General Practice, Prevention and Early Intervention, and Frailty. A full report will be brought to the next Board meeting.

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the update.

Minute No. ICB 25-09.071 Review and reflection of new or amended risks following discussions at Board Meeting

071.1 Nothing raised.

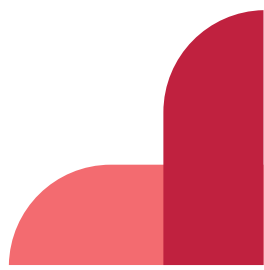
Minute No. ICB 25-09.072 Any Other Business

072.1 No other business was raised.

072.2 The Chair closed the meeting by thanking everyone for their support during his tenure as Chair of the ICB and wished everyone well for the future.

The Chair closed the meeting at 16:20

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**NHS Shropshire Telford and Wrekin
Integrated Care Board
Actions Arising from the Board Meetings**

Agenda Item	Action Required	Owner	By When	Update/Date Complete
Minute No. ICB 25-09.065 Chief Executive's Report	Review the content of the guidance in light of the suggestions made above.	Alison Smith		
Minute No. ICB 25-09.064 – The System Board Assurance Framework	Develop the totality of risk outlined in the System Board Assurance Framework. Present the SBAF to every meeting and SORR to every other meeting.	Alison Smith		SBAF and SORR Placed on forward agenda for each Board meeting
Minute No. ICB 25-09-063 Residents Story – STW Discharge to Medicines service	Development of a system-wide view of how STW can further develop and build upon the approach to review and optimisation of medicines outlined in the presentation, that includes digitisation of processes, with a timescale to be agreed.	Lorna Clarson		
Minute No. ICB 26-06-053 Learning Disability Mortality Review (LeDeR) Annual Report	Data quality of the LeDer for Shropshire to be accuracy checked and reported on.	Vanessa Whatley		
Minute No. ICB 26-06-052 Review of Primary Care Access Recovery Plan (PCARP) 2023/24 and Planning for 2024/25	Report to be amended to reflect the roll out date of the Primary Care and Secondary Care interface.	Gareth Robinson		
Minute No. ICB 26-06-050 Integrated Care System Performance Report	Paragraph 232 of the report to be amended to show correct name of commissioned help.	Catrion McMahon		25.09.24 – Final version of the draft report to be sent to the Quality Assurance Committee.

				The report will be updated on at the November Board Meeting
	Check data around waiting times for first time outpatients and give timeline for communicating report to GP's.	Nigel Lee		
Minute No. ICB 26-06-048 Perceptions and experience of racism	The Chief Nursing Officer to develop a set of actions, that need to be taken, and circulate to the Board members	Vanessa Whatley		25.09.24 – The Steering group has been refreshed and collective actions have been created.
Minute No. ICB 26-06-046 Resident's Story: Equality, Diversity & Inclusion (EDI)	The Chief Nursing Officer to think about EDI action plan, how it should be part of the change and update on the progress being made in this area.	Vanessa Whatley		25.09.24 - An away day has been planned for 24 Oct 24 around EDI. An external partner will be utilised to run a Board Development Session
Minute No. ICB 24-04-034 Resident's Story	Miss Keegan to provide a progress report of the MSK programme at the end of the first quarter.	Stacey Keegan	July	

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Meeting Name:	NHS STW Integrated Care Board
Agenda item no.	ICB 27-11.077
Meeting Date:	27 November 2024
Report title:	Chairs Report
Report presented by:	Roger Dunshea, Acting NHS STW Chair
Report approved by:	Roger Dunshea, Acting NHS STW Chair
Report prepared by:	Roger Dunshea, Acting NHS STW Chair Tracy Eggby-Jones, NHS STW Corporate Affairs Manager Bethan Emberton, NHS STW Head of Governance & Corporate Affairs
Meeting report previously presented:	N/A
Action Required (please select):	
A=Approval <input checked="" type="checkbox"/>	R=Ratification <input type="checkbox"/>
S=Assurance <input checked="" type="checkbox"/>	D=Discussion <input type="checkbox"/>
I=Information <input checked="" type="checkbox"/>	
Executive Summary	
The purpose of this paper is to share with Board members an update across several business areas that are not reported elsewhere on the agenda. The paper provides a generic update on activities at both a national and local level.	
Recommendation/Action Requested:	
NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to NOTE the updates in relation to: <ul style="list-style-type: none"> • The future - Government intentions for ICBs • The NHS 10-year health plan – Consultation • Risk management • Fit and Proper Persons Test (FPPT) Assurance • Appointments to the Board NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to take ASSURANCE on the updates in relation to: <ul style="list-style-type: none"> • Fit and Proper Persons Test (FPPT) Assurance NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to APPROVE the updates in relation to: <ul style="list-style-type: none"> • The appointment of Mr Martin Evans, Non-Executive Director from RJA, as interim Chair of the System People, Culture and Inclusion Committee due to the absence of the current Chair. • The interim Chairs of the following Committees as a result of Mr Roger Dunshea being appointed as the ICB's Acting Chair: <ul style="list-style-type: none"> ○ Finance Committee – Mr Dave Bennett ○ Audit Committee – Professor Trevor McMillan 	
Does the report provide assurance or mitigate any of the strategic threats or significant risks in the System Board Assurance Framework?	
No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
If yes, please detail:	
How does this report support the ICB's core aims:	
Improve outcomes in population health and healthcare	This report supports transparency and probity of decision making by the ICB which contributes to the ICB's core aims.



Ambition



Compassion



Optimism



Focus

Tackle inequalities in outcomes, experience, and access			
Enhance productivity and value for money			
Help the NHS support broader social economic development			
Conflicts of Interest			
None.			
Implications			
Engagement with Shropshire, Telford & Wrekin residents, and communities			
Resource and financial			
Quality and safety			
Sustainability			
Equality, Diversity and Inclusion			
Impact Assessments	Yes	No	N/A
Has a Data Protection Impact Assessment been undertaken?			X
Has an Equality Impact Assessment been undertaken?			X
Has a Quality Impact Assessment been undertaken?			X

Chair's Report

1. Introduction

- 1.1. Firstly, a big thank you to Sir Neil Mackay on retiring and stepping away from his post as NHS Shropshire, Telford & Wrekin Integrated Care Board (ICB) Chair. We all send our best wishes to him for the future. Many thanks to ICB and system colleagues in supporting my induction over the past three weeks. NHS England and the ICB will be re-advertising the substantive role in due course and the acting role should last 3-4 months.
- 1.2. It is clear over the next few months the ICB and system are facing several critical risks and that the Government is signalling new opportunities in how the ICB and Integrated Care System (ICS) will deliver population health gains and service improvements.

2. The future - Government intentions for ICBs

- 2.1. On 13 November NHS England issued "Evolution of our operating model". It's fairly short and readable. I quote one paragraph and recommend we have a development session to assess how we could operate under the new model.

"Integrated care boards (ICBs) are critical to delivery of the strategic shifts from treatment to prevention, from analogue to digital and from hospital to community, and will continue to be the system leader for the NHS, convening and working across all key partners within their integrated care system. As the NHS system leader, ICBs will need to refocus on strategic commissioning, and they will continue to be responsible for the planning and provision of services to a population. They will act as the system convener

and are expected to plan, secure and arrange services in line with their statutory responsibilities."

- 2.2. Another guidance paper, Insightful ICB, was issued by NHS England mid-month which provides a useful framework for how we conduct our business going forward; it's short and readable.
- 2.3. We will ask the executives to consider how we should develop and adapt this framework to enhance our effectiveness.

3. The NHS 10-year health plan – Consultation

- 3.1. This process of developing the 10-year plan has been initiated with a very widespread opportunity for individuals and organisations to contribute. The ICB will obviously make its submission. In parallel we are also working with ICS partners on the Integrated Care Strategy and Joint Forward Plan for 2025-26 which will be fully examined by the ICB prior to approval. This will pick up key themes from the Darzi review findings.

4. Risk management

- 4.1. From my early conversations and meetings, it has been emphasised starkly the escalating risks the people of Shropshire, Telford and Wrekin are facing as we enter the winter months. Below is a summary list of the key concerns from my discussions and meetings.

- 4.1.1. Service Quality and Clinical risk: Too many people in Shropshire, Telford and Wrekin are facing long delays in getting a diagnosis and treatment, notably for cancers and elective orthopaedic surgery. There are long delays in urgent and emergency care centres. Many patients fit for discharge cannot leave hospital as quickly as we would all want them to, although we recognise the improvement that has been made in this area over the past few months.

- 4.1.2. Data and digital: While we have access to a significant amount of data, we need to use it better to support patient care and population health outcomes. Similarly, leveraging the full potential of digital systems and emerging technologies like Artificial Intelligence (AI) remains a great opportunity for development.

- 4.1.3. Finance and resources: The STW NHS system is overspending. Managing within budgets is, and has always been, essential, and we need to ensure money and resources are used as effectively and efficiently in the delivery of good outcomes for patients and the population. Productivity and value for money are key concerns and we must work together to improve these metrics.

- 4.2. Managing these risks can be addressed by greater collaboration and integration across the system, exploring innovative solutions, and implementing best practices. By continuing to focus on collaboration, digital transformation, and aligning resources with areas of greatest need, we can make progress toward improving outcomes for the communities we serve.

5. Fit and Proper Persons Test (FPPT) Assurance

- 5.1. The Fit and Proper Persons Framework applies to the Board Members of all NHS organisations.

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- 5.2. A full assessment needs to be completed for all new appointments; temporary appointments (including secondments) or acting up into Board roles; Board Members moving from one NHS organisation to another; or individuals joining the ICB as a Board Member from non-NHS organisations; or if a Board Member moves from one Board position to another.
- 5.3. The revised requirements have been implemented for the Chair, Non-Executive Directors (NEDs), Associate NED, Executive Director and Partner member roles within NHS STW.
- 5.4. The ICB has developed a Fit and Proper Persons Test Framework Policy, which is based upon the national framework, and was approved at the Remuneration Committee meeting held on 30 July 2024.
- 5.5. The Board is asked to note and take assurance that the annual Fit and Proper Persons Test (FPPT) assessment has been completed as outlined in Appendix 1 and that the annual submission has been sent to NHS England regional directors.

6. Appointments to the Board and ICB Committees

- 6.1. Following Louise Barnett's departure from Shrewsbury and Telford Hospital NHS Trust and her role as ICB Partner Member bringing the perspective of an NHS Acute Trust also ending, NHS Shropshire, Telford and Wrekin invited nominations for the NHS Acute Trust Partner Member role on the ICB from the following eligible organisations that provide services to the population within the ICB area:

- Midlands Partnership University NHS Foundation Trust (MPUFT)
- Shropshire Community Health NHS Trust (SCHT)
- Shrewsbury and Telford Hospital NHS Trust (SATH)
- The Robert Jones, Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH)
- West Midlands Ambulance Service University Foundation NHS Trust (WMAS)

- 6.2. A joint nomination was received for Joanne Williams, Interim Chief Executive, SATH. The nomination and supporting evidence has been checked and verified against the criteria outlined and an appointments panel met on Monday 18 November 2024, who approved a recommendation to the Acting Chair who has approved the appointment.

- 6.3. The Board is asked to note the appointment of Joanne Williams as STW ICB NHS Acute Trust Partner Board Member.

- 6.4. The ICB's Constitution requires the Board to appoint a Chair to all committees and sub-committees that it has established. The appointed committee or sub-committee Chair will preside over the relevant meeting.

- 6.5. Each committee and sub-committee established by the ICB operates under Terms of Reference (TOR) agreed by the Board. All terms of reference are published in the ICB's Governance Handbook. The TOR for committees and sub-committees specify arrangements for occasions when the appointed Chair is absent.

- 6.6. Due to the absence of the current Chair of the System People, Culture and Inclusion Committee the Board is asked to approve the appointment of Mr Martin Evans, Non-Executive Director from Robert Jones & Agnes Hunt Orthopaedic Hospital (RJAH), as interim Chair to the Committee.

6.7. In addition, following the appointment of Mr Roger Dunshea as Acting ICB Chair, the Board is asked to approve the following interim chairing arrangements:

- Professor Trevor McMillan as the Chair of Audit Committee; and
- Mr David Bennett, as the Chair of Finance Committee.

7. Recommendations

7.1. NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to **NOTE** the updates in relation to:

- The future - Government intentions for ICBs
- The NHS 10-year health plan – Consultation
- Risk management
- Fit and Proper Persons Test (FPPT) Assurance
- Appointments to the Board

7.2. NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to take **ASSURANCE** on the updates in relation to:

- Fit and Proper Persons Test (FPPT) Assurance

7.3. NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to **APPROVE** the updates in relation to:

- The appointment of Mr Martin Evans, Non-Executive Director from RJAH, as interim Chair of the System People, Culture and Inclusion Committee due to the absence of the current Chair.
- The interim Chairs of the following Committees as a result of Mr Roger Dunshea being appointed as the ICB's Acting Chair:
 - Finance Committee – Mr Dave Bennett
 - Audit Committee – Professor Trevor McMillan

8. Appendices

8.1. Appendix 1 – NHS STW Annual FPPT submission reporting template

Meeting Name:	NHS STW Integrated Care Board
Agenda item no.	ICB 27-11.080
Meeting Date:	27 November 2024
Report title:	Chief Executive Report
Report presented by:	Simon Whitehouse, NHS STW Chief Executive
Report approved by:	Simon Whitehouse, NHS STW Chief Executive
Report prepared by:	Tracy Eggby-Jones, NHS STW Corporate Affairs Manager Bethan Emberton, NHS STW Head of Governance & Corporate Affairs
Meeting report previously presented:	N/A
Action Required (please select):	
A=Approval	R=Ratification
S=Assurance	D=Discussion
I=Information	X
Executive Summary	
The purpose of this paper is to share with Board members an update across several business areas that are not reported elsewhere on the agenda. The paper provides a generic update on activities at both a national and local level.	
Recommendation/Action Requested:	
NHS Shropshire, Telford and Wrekin (STW) Integrated Care Board (ICB) is asked to NOTE the updates in relation to:	
<ul style="list-style-type: none"> • 10-Year Plan update • System Green Strategy Development update • Amendments to the Governance Handbook • Integrated Care Partnership • New Insightful ICB Board Guidance • Evolution of the NHS Operating Model • NHS Management and Leadership Programme 	
The Board is asked to consider the proposed amendments and approve draft version 10 of the ICB's Governance Handbook.	
Does the report provide assurance or mitigate any of the strategic threats or significant risks in the System Board Assurance Framework?	
No	Yes X
If yes, please detail:	
How does this report support the ICB's core aims:	
Improve outcomes in population health and healthcare	This report supports transparency and probity of decision making by the ICB which contributes to the ICB's core aims.
Tackle inequalities in outcomes, experience, and access	
Enhance productivity and value for money	



Ambition



Compassion



Optimism



Focus

Help the NHS support broader social economic development			
Conflicts of Interest			
None.			
Implications			
Engagement with Shropshire, Telford & Wrekin residents, and communities			
Resource and financial			
Quality and safety			
Sustainability			
Equality, Diversity and Inclusion		Amendments to the Governance Handbook - The Equality Impact assessments for the Conflicts of Interest Policy and Standards of Business Conduct Policy have been reviewed but no amendments or further actions have been identified.	
Impact Assessments	Yes	No	N/A
Has a Data Protection Impact Assessment been undertaken?			X
Has an Equality Impact Assessment been undertaken?			X
Has a Quality Impact Assessment been undertaken?			X

Chief Executive Report

1. Introduction

1.1 The paper provides a generic update on activities at both a national and local level.

2. 10-Year Plan update

2.1 I would like to update the Board on the national "Change NHS: A Health Service Fit for the Future" consultation recently launched by the Government. This process is designed to engage the public, health, and care professionals in shaping the future of the NHS by gathering insights, experiences, and ideas for improvement. The 10 Year Health Plan is part of the government's health mission to build a health service fit for the future. The first step in the process was [Lord Darzi's independent review of the NHS in England](#) to understand the true scale of the challenge facing the health service. That was published on 12 September 2024. Following this report, the government is working to develop a plan to tackle the challenges it identifies. The objective is to set out a plan to cover how we will deliver an NHS fit for the future, creating a truly modern health service designed to meet the changing needs of our changing population. The government will co-develop the plan with the public, staff and patients through a detailed engagement exercise.

2.2 The consultation encourages individuals and organisations to share what is working well, identify areas for improvement, and propose innovative solutions to enhance health and care services. The public survey has been live since 21 October 2024, giving individuals (whether members of the public or as professionals in the NHS) the opportunity to submit their views. In parallel, each NHS organisation has been invited

to submit an organisational response by 2 December. In both routes, key questions relate to 3 'shifts' – large-scale changes to the way health and care services work:

- Shift 1: moving more care from hospitals to communities
- Shift 2: making better use of technology in health and care
- Shift 3: focussing on preventing sickness, not just treating it

2.3 As an Integrated Care Board, it is vital that we actively participate in and support this engagement work, and we know that our NHS partners are also actively developing their organisational responses. We will be working to ensure that our local plans and initiatives align with the national goals as well as tailor local services to our local needs. We expect to hear more about further consultation activities with our communities and workforce, but we have also reviewed the extensive work done as part of our recent 'Big Conversation' engagement activity, which was instrumental in helping to draw up our ICS Joint Forward Plan. Further updates on our involvement and contributions to this campaign will be shared with the Board as the 10-Year Health Plan for England evolves.

3. System Green Strategy Development update

3.1 Following the publication of Delivering a Net Zero NHS (2020) and NHS Green Plan guidance (2021), the integrated care system was tasked with developing a board-approved Green Plan. This has been overseen locally through the Integrated Care System (ICS) Climate Change Group. As part of the new Integrated Care Board's (ICB) operational model, the leadership for this work has transferred into the Health Inequalities team under the Strategy Directorate. A review of progress and governance oversight was undertaken during August as part of this transition.

3.2 This review has demonstrated that there has been progress against the aims of the plan with examples of progress noted below.

- Reduction in usage of non-renewable energy sources
- Removal of the most volatile anaesthetic gases and progress being made in reducing nitrous oxide gas waste, with plans to remove piped Nitrous Oxide in all theatres by the end of 2024/25.
- Reported data shows a 59% reduction in CO2 emissions across STW NHS Trusts in 2023/24 compared to 2021/22.
- NHS STW ICB is currently achieving the NHSE target for the indicator kgCO2e per salbutamol inhaler prescribed. Metered Dose Inhaler as a percentage of all non-salbutamol inhaler prescriptions issued to patients aged twelve or over is 54.41% which is a positive increase but below regional average (58.22%).
- The system procurement team are making strong progress and on track to deliver the Net Zero supplier roadmap requirements.

3.3 Areas identified for improvement included the need for refreshed governance, revising the Climate Change Group's scope, and enhancing sub-group alignment to Green Plan priorities. Additional priorities for further development include improving data use, broadening staff education on sustainable practices, and strengthening partnerships with local and national sustainability networks.

3.4 National guidance re the Green Plan Refresh which was due to be released in September is now expected at the end of November. NHSE national team have indicated this will require the system to review progress against the previous green plan and develop a refreshed plan that aligns with the previous objectives. The work

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referenced above has enabled completion of this step ahead of the guidance being released.

- 3.5 Provider sustainability and Green Leads have begun developing outline plans which will be co-ordinated by the Health Inequalities team into a system level plan with the expected national timeline for completion being the end of Quarter 1 2025. It is proposed the refreshed plan will be developed by a subgroup of the current Climate Change Group with approval via the Strategic Commissioning Committee ahead of ICB Board Approval.

4. Amendments to the Governance Handbook

- 4.1 A report is included in the appendices pack for this meeting that presents several amendments to the ICB's Governance Handbook; specifically, the Scheme of Reservation and Delegation, Remuneration Committee Terms of Reference, Conflicts of Interest Policy, Standards of Business Conduct Policy because of:

- a) newly published NHS England Statutory Guidance on managing conflicts of interest – 17th September 2024 which requires several changes; and
- b) a change to the decision making for return and retire applications by ICB staff which has arisen because of a review of the ICB's Retirement Policy by Midlands and Lancashire CSU HR function on behalf of the ICB. The amendment of decisions on retire and return applications being taken by Executive Directors and not the Remuneration Committee would ensure the ICB is in line with other ICBs across the country.
- c) There are also some incidental changes to titles and to references made in the old Raising Concerns Policy now being called Freedom to Speak Up Policy.

- 4.2 A summary of the changes is outlined in the report in the appendices. A full copy of the draft version 10 of the Governance Handbook with amendments shown in red text can be viewed here [NHS-STW-Governance-Handbook-Draft-version-10-25.09.24.pdf](#)

- 4.3 **The Board is asked to approve the proposed amendments outline in the report and shown in full in draft version 10 of the ICB's Governance Handbook.**

5. Integrated Care Partnership (ICP)

- 5.1 The Integrated Care Partnership (ICP) met on 30 November 2024, hosted by Telford and Wrekin Council. An update was given to the Partnership on the national policy direction and a local update against our Integrated Care Strategy and Joint Forward Plan. The refreshed Integrated Care Strategy was approved and signed off by the partnership.

- 5.2 The ICP received a presentation on prevention from both Directors of Public Health, which gave the ICP an opportunity to explore more fully the impact that prevention across a range of priorities would have and how the focus could affect wider determinants of health and health inequalities. It was agreed that further focus on this area was paramount and colleagues around the partnership were tasked with further development on this area through existing governance and delivery through the neighbourhood approach.

6. New Insightful ICB Board Guidance

- 6.1 The recently issued [Insightful ICB Board Guidance](#) (referenced in the Chairs report) provides a timely and comprehensive framework to enhance how we operate as an Integrated Care Board. It underscores the critical role of robust governance, meaningful use of data, and system-wide collaboration in meeting our statutory duties and improving outcomes for the populations we serve. By focusing on key areas such as effective decision-making, resource management, and performance assurance, the guidance offers a clear pathway to align our operational processes with our strategic priorities. This is an opportunity to deepen our focus on health equity, ensure accountability at all levels, and foster a culture of continuous improvement within the ICB and across our wider system partnerships.
- 6.2 To implement this guidance, we will begin by conducting an internal review of our operating model to ensure it reflects the principles outlined in the document. This includes optimising the effectiveness of our board committees and enhancing our use of meaningful, timely data to inform decisions and monitor performance. Additionally, we will focus on embedding a more integrated approach to resource planning and risk management, leveraging the guidance to refine how we allocate resources and address operational challenges. Over the coming months, we will engage with stakeholders to review these changes, ensuring transparency and alignment with our broader strategic objectives. These steps are critical to strengthening the ICB's capacity to deliver on its goals and to drive improvements in both staff experience and patient care.

7. Evolution of the NHS Operating Model

- 7.1 NHS England has outlined its commitment to [evolving the NHS Operating Model](#) to clarify roles, simplify processes, and align resources with the delivery of a neighbourhood health model. This is in response to findings from the Darzi and Hewitt reviews, which emphasised the need for greater system clarity and accountability without another major structural reorganisation. The updated model will focus on reducing duplication, empowering local decision-making, and supporting ICBs in their role as system leaders to drive transformation across health and care systems. Key actions include devolving decision-making to Integrated Care Partnerships (ICPs) and enabling leaders to manage complexity effectively through new strategic commissioning frameworks. These measures aim to enhance population health outcomes, shift of focus towards prevention, and strengthen the foundations of primary care, including addressing gaps in dental and community pharmacy services.
- 7.2 To deliver on these priorities, ICBs must maintain their focus on strategic commissioning and the development of sustainable primary care services, working closely with all providers to integrate and transform care. NHS England will support ICBs with the development of a Strategic Commissioning Framework and updated NHS Oversight and Assessment Framework, enabling performance management that fosters improvement across systems. A forthcoming NHS Performance, Improvement, and Regulation Framework will introduce clearer guidelines for intervening in underperforming organisations. In the coming months, we will participate in national engagement sessions, beginning with a webinar on November 20, to co-design the implementation plan for these changes. Locally, we will continue working with partners to align system plans with these national directives and ensure progress on our shared priorities for health and care transformation.

8. NHS Management and Leadership Programme

- 8.1 Recognising the critical role leadership and management play in ensuring the highest standards of care, NHS Chief Executive Amanda Pritchard has announced a two-year programme to transform leadership and management across the service. This initiative builds on recommendations from the Messenger (2022) and Kark (2019) reviews and aligns with the NHS Long Term Workforce Plan to invest in the professional development of leaders. Overseen by Navina Evans, Chief Workforce, Training and Education Officer, and supported by Sam Allen, CEO of North East and North Cumbria ICB, the programme aims to set clear standards, offer robust development opportunities, and foster talent to enhance outcomes for patients and staff while instilling public confidence in NHS leadership.
- 8.2 The programme is structured into three key workstreams. The first focuses on establishing a new Management and Leadership Framework, including a code of practice, professional standards, and required competencies, with implementation planned for summer 2025. The second workstream emphasises developing accredited leadership and management curricula and refreshing existing training programmes. The third aims to strengthen the talent pipeline for senior roles through initiatives like the Aspiring Chief Executive and Chair Programmes and by addressing barriers to deploying experienced leaders in challenging settings. Collectively, these efforts seek to build a skilled, well-supported, and accountable leadership cohort across the NHS.

9. Recommendations

- 9.1 NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to **NOTE** the updates in relation to:
- 10-Year Plan update
 - System Green Strategy Development update
 - Amendments to the Governance Handbook
 - Integrated Care Partnership
 - New Insightful ICB Board Guidance
 - Evolution of the NHS Operating Model
 - NHS Management and Leadership Programme
- 9.2 The Board is asked to consider the proposed amendments and approve draft version 10 of the ICB's Governance Handbook.

10. Appendices

- 10.1 Appendix 1 – Amendments to the Governance Handbook

Meeting Name:	NHS Shropshire, Telford & Wrekin Integrated Care Board
Agenda item no.	ICB 27-11.081
Meeting Date:	Wednesday 27 November 2024
Report title:	System Board Assurance Framework (SBAF) and Strategic Risk Register (SORR)
Report presented by:	Simon Whitehouse, NHS STW Chief Executive Officer
Report approved by:	Simon Whitehouse, NHS STW Chief Executive Officer
Report prepared by:	Alison Smith, NHS STW Chief Business Officer
Meeting report previously presented:	SBAF has previously presented at the meeting held on 25 th September 2024

Action Required (please select):

A=Approval
 R=Ratification
 S=Assurance
 D=Discussion
 I=Information
 X

Executive Summary

The purpose of this report is to present to the Board the System Board Assurance Framework (SBAF) and those operational risks from the strategic Operational Risk Register for both the system and the ICB as a corporate body, scoring 15 or above in terms of likelihood and severity of risk, in line with the Risk Management Policy.

The Board is asked to note the following appendices:

Appendix A - System Board Assurance Framework (SBAF)
 Appendix B – Strategic Operational Risk Register (SORR) for the System
 Appendix C – Strategic Operational Risk Register (SORR) for the ICB as a corporate body
 Appendix D - risk scoring matrix

The SBAF and SORR have been reviewed by senior managers in the ICB during October and November. The Board is asked to note two new risks added to the System SORR in appendix B. The full SORR is scheduled to be presented with the SBAF to the Audit Committee at its January meeting for oversight. The Board Committees provide oversight of the respective risks on the SBAF and the SORR, which have been allocated to them in the Risk Management Policy.

The Board is asked to review the current content and identify any additional assurances required or additional risks that are not currently reflected on the SBAF or SORR and to be assured that the SBAF and SORR provides oversight of the strategic risks to the ICS meeting the strategic objectives.

Recommendation/Action Requested:

NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to:

- **REVIEW** the current System Board Assurance Framework (SBAF) and risks from the SORR that score above 15 for severity and likelihood and consider:
 - that the risks to the system's strategic objectives, are being properly managed;
 - if there are any additional assurances are necessary; and
 - if any additional risks or amendments to risks are required following discussions in this Board meeting or in other forums i.e. recent committee or group meetings.
- Be **ASSURED** that the SBAF and SORR provide oversight of the strategic risks to the Integrated Care System (ICS) meeting the strategic objectives.



Ambition



Compassion



Optimism



Focus

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Does the report provide assurance or mitigate any of the strategic threats or significant risks in the System Board Assurance Framework?

No Yes If yes, please detail:

How does this report support the ICB's core aims:

Improve outcomes in population health and healthcare	The SBAF and SORR ensure that strategic risks related to health outcomes and care quality are effectively managed, enabling the ICS to focus on improving the health and healthcare services delivered to the population.
Tackle inequalities in outcomes, experience, and access	By reviewing and addressing risks related to access and equity through regular committee oversight, the SBAF and SORR supports the ICS's aim of reducing health inequalities and ensuring fair access to services for all communities.
Enhance productivity and value for money	The SBAF and SORR is scrutinised by the Finance Committee to ensure that financial risks are mitigated, allowing the ICS to enhance efficiency, optimise resource use, and achieve better value for money in delivering health services.
Help the NHS support broader social economic development	By managing risks related to workforce, culture, and strategic commissioning, the SBAF aligns with the ICS's goal of contributing to the broader social and economic development of the local area, fostering collaboration across public services and improving community wellbeing.

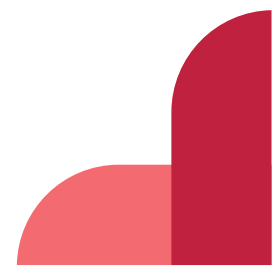
Conflicts of Interest

None

Implications

Engagement with Shropshire, Telford & Wrekin residents, and communities	No implications identified
Resource and financial	No implications identified
Quality and safety	No implications identified
Sustainability	No implications identified
Equality, Diversity and Inclusion	No implications identified

Impact Assessments	Yes	No	N/A
Has a Data Protection Impact Assessment been undertaken?		x	
Has an Integrated Impact Assessment been undertaken?		X	
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?		x	



Meeting Name:	NHS STW Integrated Care Board
Agenda item no.	ICB 27-11.082
Meeting Date:	27 November 2024
Report title:	System Winter Plan 2024-25
Report presented by:	Ian Bett, Interim Chief Delivery Officer
Report approved by:	Ian Bett, Interim Chief Delivery Officer
Report prepared by:	Gareth Wright, Head of Clinical Operations & EPRR
Meeting report previously presented:	Not applicable

Action Required (please select):

A=Approval
 R=Ratification
 S=Assurance
 D=Discussion
 I=Information

Executive Summary

This paper provides the Board an update on the system UEC Improvement Plan, and the additional actions to mitigate the predicted increase demands on our non-elective pathways over the coming winter months. The improvement plan was developed and approved back in April 2024 with national and regional support with aims to improve all aspects of the patient pathway.

Upon a mid-year review of in September 2024, the milestones and impacts have been demonstrated positively with further actions and improvements to be made over the coming months to mitigate winter pressures.

Despite improvements so far and planned future improvements, such are the demands on the UEC pathway across the system we remain significantly pressured in relation to 4 hour and 12-hour performance resulting in significantly congested Emergency Departments and increased escalated bedded areas. Therefore, several winter schemes and winter mitigations have been identified to further support the increased demands.

The system will also implement a dynamic risk assessment model that will be used to support implementing actions that best mitigate the risks for our patients by taking in a holistic data driven approach in managing patient risk led and informed by our clinical leadership.

The paper has a number of appendices within the document at the end:

1. System UEC Improvement Plan Summary 24/25
2. System Winter Plan 2024
3. System Winter Schemes
4. System Bed Model
5. System approach to management of patient risk across the system.

Recommendation/Action Requested:

The Board is asked to:

- Note progress on the system UEC improvement programme and impact on current acute bed modelling.
- Support for winter schemes and further identified mitigations
- Support the dynamic risk assessment approach for management of system UEC risks during times of increased demands.

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Does the report provide assurance or mitigate any of the strategic threats or significant risks in the System Board Assurance Framework?			
	Yes	Improving Health and Care – Urgent & Emergency Care	
How does this report support the ICB's core aims:			
Improve outcomes in population health and healthcare	Respond to the additional pressure expected this winter.		
Tackle inequalities in outcomes, experience, and access	Additional support being provided by our winter schemes.		
Enhance productivity and value for money	Principal effect intended is to decompress the EDs and reduce demand for inpatient beds, contributing to the closure trajectory for escalation beds.		
Help the NHS support broader social economic development	Not within the scope of this plan.		
Conflicts of Interest			
None			
Implications			
Engagement with Shropshire, Telford & Wrekin residents, and communities	Winter communications plan launched 6 Nov 24		
Resource and financial	Winter budget circa £725k		
Quality and safety	A key deliverable		
Sustainability	Most winter schemes are time-limited		
Equality, Diversity and Inclusion	Impact will be positive		
Impact Assessments	Yes	No	N/A
Has a Data Protection Impact Assessment been undertaken?			X
Has an Integrated Impact Assessment been undertaken?			X
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?			X

System Winter Plan 2024-25

1. Introduction

- 1.1. This paper provides the Board an update on the improvements that have been made within our UEC pathways, and the plans associated across the system to mitigate the predicted increase demands on our non-elective pathways over the coming winter months.

2. Operational Performance

- 2.1. **Governance of UEC Quality & Performance.** The UEC Delivery Group has discussed these issues in detail at the 24 Sep and 22 Oct 24 meetings, with reaffirmed resolve that delivering the quality of care we require is our primary aim; when we get that right, performance is delivered and the contribution to our financial objectives follows. In practical terms, we need to decompress our EDs, which:
- improves safety, quality of care and patient experience;
 - reduces the waiting time for patient progress through the departments;
 - reducing the number of 12 Hour length of stay waits, improvement in 4 Hour performance is then achievable; and
 - reduces reliance upon escalation beds or temporary escalation spaces, at additional cost.

The system Quality & Performance Committee received a similar paper, which was briefed at the meeting of that committee on 31 Oct 24. This preceded the additional work on further mitigations at paragraph 3.3.

2.2. **UEC Improvement programme.** Our system-wide improvement programme was agreed with regional and national support in Apr 24 as being the most appropriate and impactful to recover our position. A summary is at Appendix 1. The five workstreams areas of focus are:

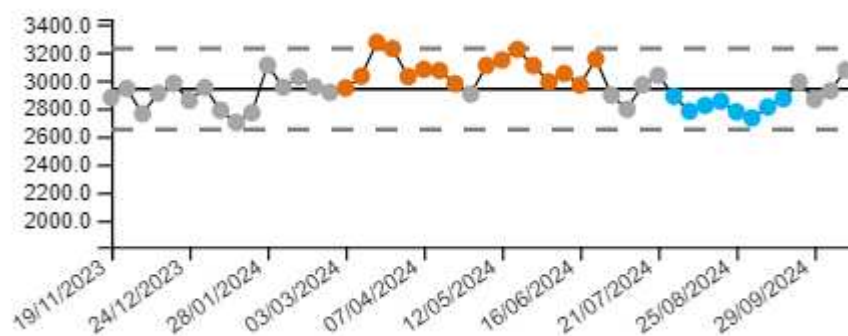
- Improving 4 hr Performance
- Improving ward processes and internal professional standards
- Providing Alternatives to ED
- A system-wide focus on Frailty
- Improving System Discharge

2.3. **Current performance position.**

2.3.1. **Improving.** Our UEC Improvement programme has delivered effect that correlates to improved activity and performance data, with:

2.3.1.1. **Reduced UEC attendances**, below plan since May, with a step-change improvement in July, consolidated in October, as a result of projects in the Alternatives to ED workstream. This is shown in Figure 1 below. Furthermore, we benchmark very favourably compared to the national experience relative to Apr 23. For example, our Type 1 (ED) attendances have increased by 1.74% compared to a national average of 4% increase. Our hospital Type 3 attendances have decreased by 2.22% over the same period, compared to a national average increase of 7%. The activity has been largely diverted as intended to our community MIUs with a 14.09% increase in activity, where we are able to see our patients in a more timely manner – nearly all within the 4 Hour standard.

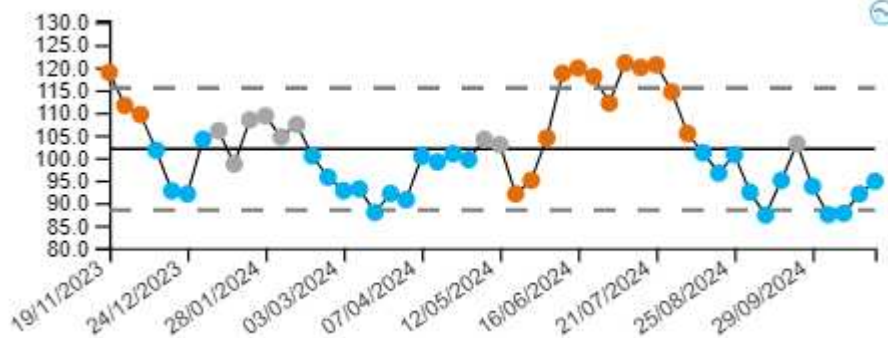
Figure 1 – Total weekly UEC attendances over the past 12 months



2.3.1.2. Numbers of **Long stay patients over 21 days** have reduced since late July and now back on plan, as illustrated in Figure 2 below. Similarly for numbers of **patients with no criteria to reside** but not yet left the hospitals, and reduction in the **length of stay of those patients** before leaving. This recovery is attributable to impact by the programmed improvements in ward processes, and discharge in conjunction with our Local Authority colleagues. A year ago, our performance was very challenged in this area, and we have regained a consistently better position.

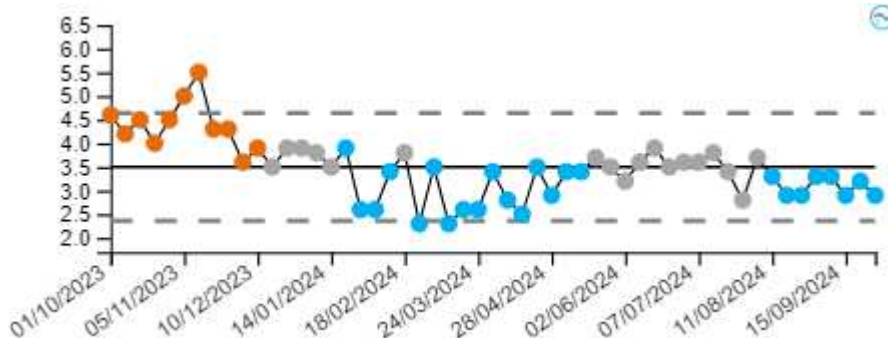
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Figure 2 – Weekly average Long stay patients (over 21 days)



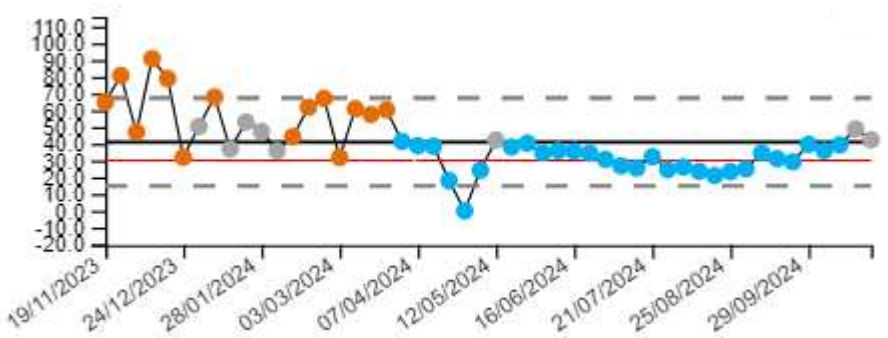
2.3.1.3. Improved **earlier discharges** within the day from acute inpatient bed base with **reduced length of stay** and increased **simple and timely discharges**. This is illustrated in Figure 3.

Figure 3 – Weekly average length of stay on no criteria to reside list (SaTH)



2.3.1.4. **Category 2 Ambulance response.** Over the last year in conjunction with our WMAS colleagues we have made significant improvement in the enabling the response times as shown in Figure 4 below. This has largely been sustained but at the time of writing we have had some highly challenging days of demand to manage, experienced across the whole Midlands region.

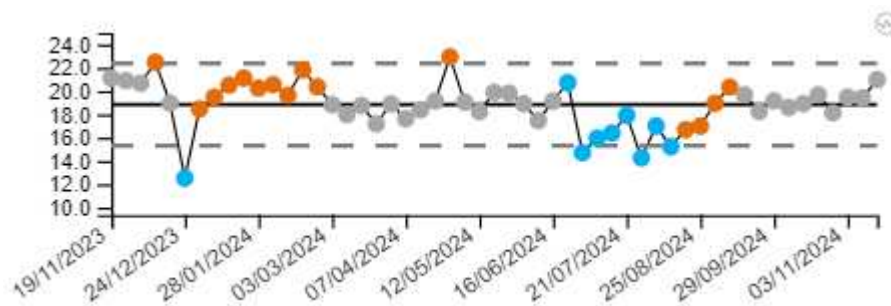
Figure 4 – Weekly Category 2 response mean time



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2.3.2. **Not yet improving.** However, where we have not yet successfully recovered is in and around our emergency departments. We are no longer seeing previously improving trends in the key performance metrics of **4 Hours** and **12 Hours** length of stay. Those patients spending over 12 Hours in the EDs remains of particular concern and is a national focus for improvement. Although we have improved since the equivalent time last year, we have been unable to sustain a significant reduction that we achieved over the summer, as shown in Figure 5 below. Our admissions of patients from the EDs have also increased markedly in the past month, corresponding to an increasing conversion rate of attendances to admissions. We are not currently meeting the national standard for Category 2 Ambulance response, notwithstanding the improvement from this time last year outlined above. All of these key indicators remain our points of particular effort to improve.

Figure 5 – Patients in the Emergency Departments over 12 Hours (%)



2.4. Winter 2024/25

2.4.1. **The national approach** to winter this year has been set out in the NHSE [winter priorities letter](#) that was issued on 16 Sep 24, outlining actions for ICBs and providers for winter and the second half of the Year to Mar 25. The shift of emphasis and spending intentions signalled by the new government is manifest in there being no additional funding for winter this year.

2.4.2. **Our system approach to winter.** Our system approach is summarised in Appendix 2. We need to deliver the process improvement impact from our existing programmes of work in our UEC pathway. We do not have the ability to generate additional beds in or out of hospital. Moreover, we have an imperative to close the remaining escalation beds/spaces to deliver safe care and contribute to our Financial Improvement Programme. We will, however, have revised command & control arrangements through our System Coordination Centre, a revised daily rhythm of oversight, and will introduce a more dynamic risk assessment methodology, clinically led, to identify and mitigate relative areas of pressure across the pathway.

2.4.3. **Our ICB funded winter schemes.** Our funded interventions this year are, therefore, complementary to the existing programmes of work and to focus upon what is not in an existing programme but nevertheless needed to respond to the additional pressures anticipated through the winter period. These aims can be achieved by targeting effects with interventions as outlined below that comprise our schemes. A summary is at Appendix 3, to achieve the following effects:

- ED attendance avoidance
- Earlier facilitated discharge with reduced length of stay

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- Earlier in the day discharge to provide flow
- Communications to inform and influence our public and patients
- Enhance our operational pressures decision support mechanism

3. Situation as we enter winter 2024/25

3.1. **Current assessment.** The UEC Delivery Group considered all the factors above at the meeting on 22 Oct 24. This included insights provided by our external support consultancy, PwC. It was concluded that the programme of work is focused in the right areas but confirmed our belief that the attainable trajectories from our existing programme could be at risk due to increased demands and therefore at risk of delivery without further interventions.

3.2. System bed modelling.

3.2.1. **System Operational Plan 2024/25.** The approved NHS STW operational plan includes progressive mitigation of the bed position at SaTH by a range of improvement programme schemes. The month-by-month plan is at Appendix 4, which requires delivery of these schemes to achieve a positive of capacity against projected demand. It is largely on track, although recent high operational pressures have challenged our ability to maintain the closure trajectory of escalation spaces.

3.2.2. **Improvement programme delivery.** Analysis by PwC has confirmed that the programme has delivered the equivalent of 67 beds usable capacity in our system, with an opportunity of 60 still to be taken by the end of March. However, the operational pressure is a daily bed deficit typically in the range of 60-70 required to place all of those in our EDs with decisions to admit. This affirms the judgment of the UEC Delivery Group that we need to go further, and we need to go faster.

3.3. **Action to address the shortfall.** The UEC Delivery Group identified opportunity areas with high impact potential, which are now being developed at pace, including:

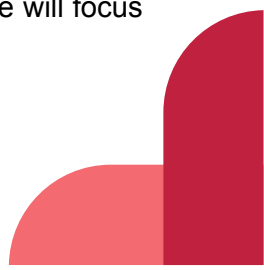
- Expanding what we have that works.
- Reinstating service areas for their intended purpose, such as unbedding assessment areas.
- Enhancing our options for alternatives to admission, to community care settings.
- Strengthening the support from our specialist orthopaedic hospital, RJAH, to SaTH.
- Revisiting pathways between our acute hospitals and our recovery & rehabilitation units, with a particular focus upon Frailty.

Risk: The additional winter mitigations do come at a cost; however, additional funding opportunities are being sought both locally, regionally and nationally in readiness to action. There will be difficult decisions required if this external funding does not become available as proposed.

3.4. **Outcome intended.** The outcome intended is to further mitigate our winter pressures, by achieving three effects.

- Decompressing our EDs, as described in paragraph 2.1, from which many of our quality and performance objectives will be achieved. The key metric we will focus on is reducing 12 Hour wait times in the EDs.

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- Providing further bed equivalence, to advance delivery of the operational plan and offset increased demand that is already being experienced.
- Improve flow in our hospitals, which have been 'running hot' to meet demand at near full occupancy and at high levels of escalation.

3.5 **Expected impact of mitigation.** The additional mitigation schemes we are intending to apply will run concurrently with the remainder of our Improvement Programme (paragraph 2.1) from Dec 24 to the end of March, and our system-funded winter schemes (paragraph 2.4.3). All three contribute to achievement of the effects we require. There is some overlap, and we have been cautious to note where possible double counting exists to avoid an optimism bias. Table 1 below identifies further mitigations that will reduce the current bed gap through to the end of the Year. These are proposed to be funded through various local, regional and national funding opportunities and therefore as of writing remain a risk. January is perhaps unsurprisingly our point of greatest risk as further detailed in Appendix 4. The remaining bed gap will need to be met through further improvement within existing plan and management of risk through the system dynamic risk assessment. The Board is requested to approve this approach, which will be managed with accountability to the UEC Delivery Group.

Table 1 – Winter mitigations that will reduce the current bed gap

Scheme	Scheme description	Bed mitigation expected
1	Urgent Community Response pathway to domiciliary care	-7
2	Emergency Department coordinator for community alternatives to admission	-5
3	Acute hospital clinical input to Virtual Ward	-6
4	Expansion of outpatient parenteral antimicrobial therapy (OPAT) team (intravenous antibiotics treatment outside hospital)	-6
5	Relocating some Orthopaedic rehabilitation from SaTH to RJAH	-2
6	Enhanced Rehabilitation & Recovery Units Frailty pathway	-2
7	GP presence in our Care Coordination Centre to support alternatives to ED attendance	-2
8	Rehabilitation & Recovery Units Stroke discharge	-1
	Total impact expected	31

4. Management of UEC Risk

4.1. Dynamic Risk Assessment.

4.1.1. The **National Quality Board** is developing guideline 'Principles for Assessing and Managing Risks across Integrated Care Systems' that is in draft at the time of writing. It notes that:

In rapidly changing and multi-factorial situations, such as highly pressured UEC departments, collaborative and dynamic approaches to risk assessment are required to decide upon the best possible or least worse course (or multiple courses) of action.

4.1.2. **System adoption.** Using the intent behind this approach now, we have produced a system risk framework for our UEC pathway, end to end.

4.1.2.1. Four **areas of impact on patient care** are drawn from the emerging national guidance:

- Patient outcome
- Care environment
- Workforce – rota fill and skill mix [e.g. junior staff in senior roles]
- Patient experience

4.1.2.2. Mapped against five **stages on our UEC pathway**, drawing from national guidance from the Emergency Care Improvement Support Team (ECIST), ranging from ambulance response in the community, offload and then treatment in our EDs, through inpatient stay to post-hospital discharge.

4.1.2.3. The **consequences** of our assessed risks are clinically defined, based upon recorded safety & quality experience of our patients at each point of care, through a lens of our Values and standards we expect to provide.

4.1.2.4. The **likelihood** of the consequences is the dynamic change, based upon factual daily data or conditions in our care settings.

4.1.2.5. The **output of the framework** is a holistic view of the risks to quality of care and patient safety across our pathway, based upon agreed principles. An example of the output intended is at Appendix 6.

4.2. System escalation and response.

4.2.1. **Management of risk.** The outcome of using the dynamic risk assessment approach is to inform appropriate system-wide reaction to rapidly changing pressures. Principles for this are being finalised, but may include, for example, that we will not hold empty beds in one area while others have patients waiting in corridors. It is likely that we will need to lean further in to risk at times in areas we would rather not, to balance and mitigate risk elsewhere in the pathway.

4.2.2. **Escalation and de-escalation.** Such are the pressures both nationally and upon our system UEC pathway – particularly during the onset of winter – that it has been somewhat normalised to be static at a high level of escalation. We intend to break that cycle, with closer control of identifying and pursuing de-escalation at the earliest opportunity.

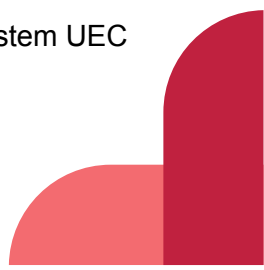
4.2.3. This will be supported by **national guidance** on safe and good quality care in [temporary escalation spaces](#); and revised direction on the national Operational Pressures Escalation Levels (OPEL) Framework, which is expected soon. The new OPEL framework will broaden from the extant version that focuses on the acute hospital pressures, to also include community and mental health providers, and activity in NHS111. The purpose is to standardise local and system escalation processes, encourage wider co-operation and improve regional and national oversight of operational pressure. We will adopt it in full.

5. Conclusion

5.1. The Board is asked to:

- Note progress on the system UEC improvement programme and impact.
- Support winter schemes and further identified mitigations.
- Support the dynamic risk assessment approach for management of system UEC risks during times of increased demands.

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6. Recommendations

- 6.1 The Board is recommended to note progress and plans in relation to management of risk for the coming winter.

7. Appendices within the paper

1. System UEC Improvement Programme summary.
2. System Approach to Winter 2024/25.
3. System Winter Schemes 2024/25.
4. System bed model 2024/25.
5. System approach to risk on the UEC pathway – example.

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System UEC Improvement 2024/25

System UEC Improvement Programme



System-wide UEC Improvement Programme workstreams

4 hr Performance (with Tier 1 resource)
Sustainable improvement towards 78% by end 24/25

Acute Med & IPS (with Tier 1 resource)
Improve ward processes, referral response and speciality engagement

Alternatives to ED (with ECIST support)
Safe, timely coordination of alternative impactful pathways.

Frailty (with GIRFT support)
System-wide integrated Frailty pathway, coordinated care and admission avoidance.

Discharge (support from Newton Europe)
Responsive & effective System-wide care transfer hub, reducing LOS in right setting.

Our system is placed in national improvement support Tier 1 (highest level of support, with the highest level of oversight)



We receive best practice support from the national programmes: Getting It Right First Time (GIRFT) and the Emergency Care Improvement Support Team (ECIST)

Closely related SaTH Plans:

- Emergency Care Transformation
- Medicine Transformation
- CQC / Dispatches Action Plan

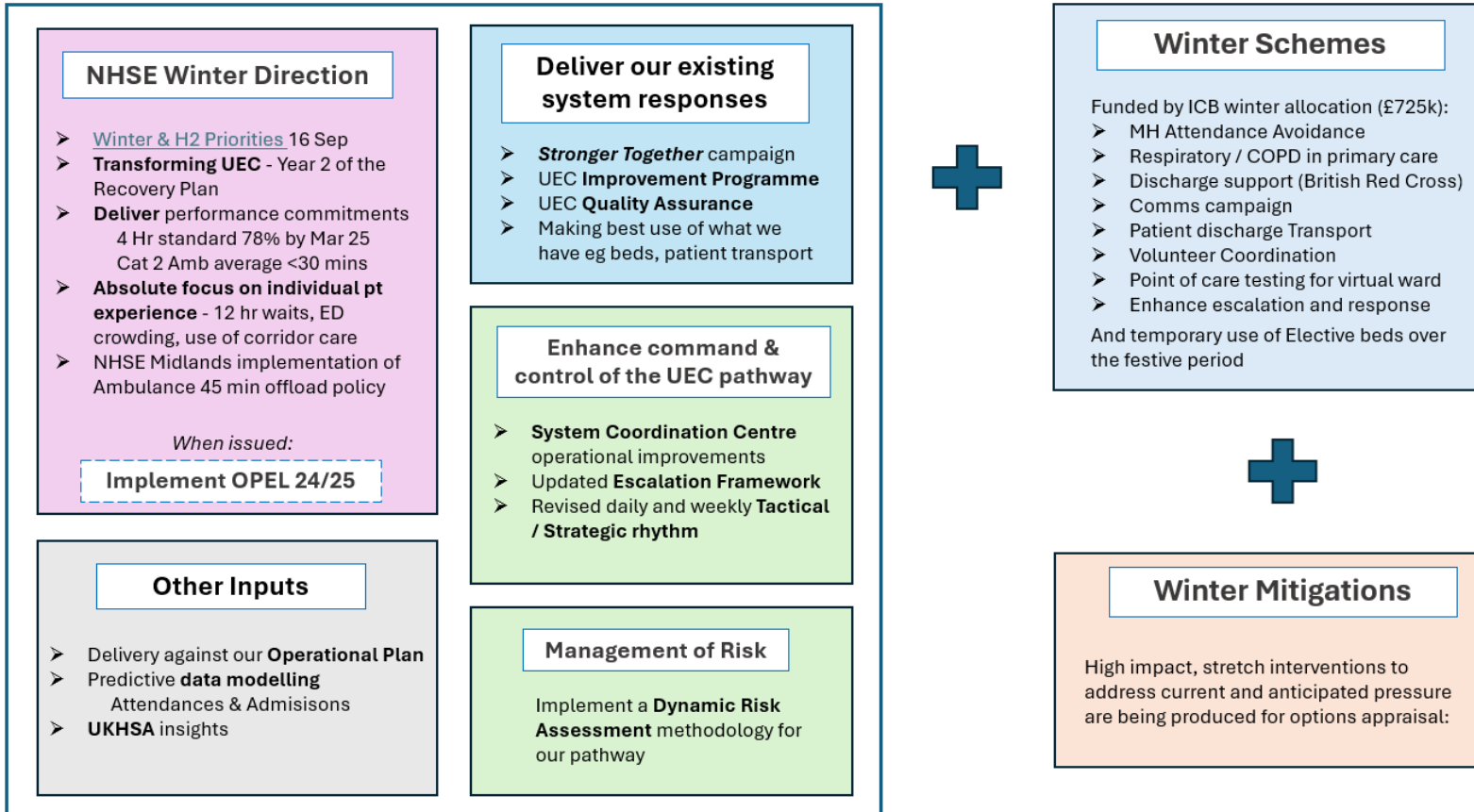


Workstream	Intervention
TOTALS by end 2024/25 (from operational plan)	
4-hour	Overall workstream
	Increase UTC utilisation
	Increase SDEC utilisation
	Increase use alternative pathways (direct access and hot clinics)
	Improve CYP wait times
	Improve minors wait times
	Improve flow through ED
New medical staffing model	
Acute / IPS	Overall workstream
	Ward process standardisation (SHOP model) including weekend discharge
	Interprofessional standards response time of specialities & Diagnostics TAT
	Reconfigure acute floor at PRH and Discharge lounge – Discharge actions under review
AtED	Overall workstream
	Address gaps and sequencing in the Directory of Services
	Develop Out of Hours community provision
	Develop care co-ordination centre
	Transition of MIUs to UTCs
Frailty	Overall workstream
	Establishing Frailty Assessment Units
	Adopting Rockwood as system-wide Clinical Frailty Scale
	Improve indwelling catheter care attendance and discharge arrangements
	Enhance Falls community prevention and Urgent Falls Pathway
Comprehensive Geriatric Assessment in Care Homes	
Discharge	Overall workstream
	Improve the pathway profile to promote Home First
	Reduce LoS for NCTR patients
	Develop a Care Transfer Hub (CTH)



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STW System Winter Plan 2024/25– on a page



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Appendix 3 – System winter schemes 2024/25

Approved by the UEC Delivery Group on 22 Oct 24, following review by the Commissioning Working Group on 16 Oct 24.

System Winter schemes funded by ICB 2024/25

We know that...	To address this...	Impact	Effect intended
<i>Mental Health patients often spend too long in our EDs and are resource-intensive to look after there, in a care setting that may be distressing for them.</i>	MPFT ED Attendance Avoidance Increase the MPFT Hospital Avoidance Team resources, for Frail older adults with dementia problems, following success last winter.	<i>Circa 150 admissions avoided</i>	ED attendance avoidance
<i>During the winter months there is exacerbation of respiratory conditions, often leading to emergency admissions.</i>	Primary Care management of rising risk patients Winter Illness Clinics augmented to identify, optimise care, and support, linking with Virtual Ward and acute physicians if necessary.	<i>Patients de-risked from COPD exacerbation: 440 Shrewsbury PCN and similar for Telford</i>	ED attendance avoidance
<i>Some of our patients, particularly the elderly, can be discharged earlier with some enabling support to prevent readmission.</i>	British Red Cross (BRC) assisted discharge scheme to support with discharges from our hospitals, was highly successful last year.	<i>Support to 300-600 patients, subject to final model agreed</i>	Earlier facilitated discharge
<i>Winter is a time that many patients need to access our UEC services, and are not always sure what is the best place to start. Public behaviour can be influenced.</i>	System-level Communications We need to keep our patients informed of their options including Pharmacy First and NHS 111.	<i>'Think Which Service' broad spectrum campaign</i>	Influence public and patients
<i>Patient transport is a key enabler for discharges and to maintain flow. At times, demand outstrips capacity – often when we need it most.</i>	Patient transport optimisation & capacity Complete work to ensure we are making best use of what we have, supplementing if the need is proven.	<i>Additional 1,600 patient journeys for discharges</i>	Earlier in the day discharge
<i>Timely, evidence-based awareness of our system pressures enables decision-making at the right level to manage risk and de-escalation.</i>	Enhanced use of SHREWD functionality The SHREWD Action bolt-on would provide push notifications to operational and on-call staff, with action cards to enact their part in our response plans.	<i>Enhance system command & control</i>	Command & control
<i>Virtual Ward and Urgent Community Response are high impact interventions to keep deteriorating patients well in the community and support earlier discharge.</i>	Point of Care testing for Virtual Ward & UCR Rapid blood test analysis and portable ultrasound will enhance clinical decision making and reduce reliance upon acute hospital services.	<i>Fewer attendances, more facilitated discharges</i>	ED attendance avoidance
<i>All year-round but particularly in winter our community wants to come forward to help on a voluntary basis, but this needs to be coordinated to the best effect.</i>	Enhance SaTH volunteering services with helpforce Helpforce is a national Charity that accelerates the impact of volunteering, matches our input funding, with coordination expertise – including with Red Cross.	<i>88% patient satisfaction when previously partnered with</i>	Increase patient flow and support discharge

Appendix 4 – System bed model 2024/25

The System Operational Plan 2024/25 provides progressive mitigation of the bed position at SaTH by a range of improvement programme schemes. Added here are the expected impacts of the System funded winter schemes (Appendix 3) and the additional winter mitigations outlined in paragraphs 3.3 to 3.5 in the main paper. The mitigations should substantially offset our anticipated adverse bed position, with January being our biggest risk, which we will manage

	30/04/2024	31/05/2024	30/06/2024	31/07/2024	31/08/2024	30/09/2024	31/10/2024	30/11/2024	31/12/2024	31/01/2025	28/02/2025	31/03/2025
Non-Elective core available - 95% occupancy	610	610	610	610	610	610	610	610	610	610	610	610
Non-Elective demand	687	705	722	668	682	710	694	738	694	710	702	694
Unmet demand	71	71	71	71	71	71	71	71	71	71	71	71
Bed Position	-148	-166	-183	-129	-143	-171	-155	-199	-155	-171	-163	-155
Simple discharge Length of Stay (LOS) reduction	4	4	3	11	13	12	28	28	26	20	28	28
21+ day LOS reductions	5	7	10	13	13	13	18	18	18	18	18	18
No Criteria to Reside LOS reduction to 3.5 days (incl RRU benefit)	20	20	24	22	17	18	19	22	0	0	22	22
Additional NCTR LOS reduction of 0.5 days (incl RRU benefit)				0	0	0	0	0	0	0	0	0
System Discharge Alliance (SDA) actions (pathway)	0	0	1	2	2	4	4	4	6	6	6	8
SDA actions (LOS)	0	0	4	8	8	17	17	17	25	25	25	35
System Frailty									1	2	3	4
IPS/frailty/direct admissions impact on unmet demand(long waits in ED)						3	5	8	10	12	14	17
Revised Bed Position	-119	-135	-141	-73	-91	-104	-64	-102	-68	-88	-47	-24
Outpatient Parenteral Antimicrobial Therapy (OPAT)	6	6	6	6	6	6	6	6	6	6	6	6
Virtual Ward - agreed trajectory	25	25	25	27	27	27	30	30	30	33	33	33
Revised Bed Position	-88	-104	-110	-40	-58	-71	-28	-66	-32	-49	-8	15
Winter mitigations impact									37	37	29	29
Revised Bed Position post winter mitigations	-88	-104	-110	-40	-58	-71	-28	-66	5	-12	21	33

Dynamic Risk Assessment – an example

Risk area	Areas of Impact			
	Patient Outcome	Care Environment	Workforce Factors	Patient Experience
1 - Community Delay waiting for ambulances in the community	Moderate risk	Low risk	Moderate risk	Low risk
2 - Handover Delay waiting on ambulances to entering ED	High risk	Moderate risk	Low risk	Moderate risk
3 - ED Waits Delay waiting for decision / admission from ED	High risk	High risk	Moderate risk	High risk
4 - Organisational Inpatient delay resulting in deconditioning	Very Low risk	Low risk	Low risk	Very Low risk
5 - Post-hospital Patient deterioration following discharge	Low risk	Very Low risk	Moderate risk	Low risk

Other scenarios may indicate, for example, extreme risk in the community if the unmet Cat 2 ambulance demand is very high, necessitating rapid offload into an already saturated Emergency Department.

In this scenario:

- Category 2 demand for ambulance response in the community is low
- The ED is highly congested but fully staffed
- Inpatient discharge movement is low, which is backing up hospital flow

Therefore, from a system point of view:

- Highest point of risk is currently in the ED
- We could consider tolerating further ambulance offload delay
- We must accelerate ward discharge movement – possibly leaning further in to clinical risk of doing so

A key aspect of this process is to have agreed courses of action to follow as the balance of risk changes, with clearly defined escalation and decision-making authority.



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Meeting Name:	NHS Shropshire Telford and Wrekin Board		
Agenda item no.	ICB 27-11.083		
Meeting Date:	Wednesday 27 November 2024		
Report title:	System EDI Update		
Report presented by:	Vanessa Whatley, Chief Nursing Officer, NHS STW		
Report approved by:	Simon Whitehouse, Chief Executive, NHS STW		
Report prepared by:	Vanessa Whatley, Chief Nursing Officer, NHS STW		
Meeting report previously presented:	People, Culture and Inclusion Committee 14 th October 2024		
Action Required (please select):			
A=Approval	R=Ratification	S=Assurance <input checked="" type="checkbox"/>	D=Discussion <input checked="" type="checkbox"/> I=Information
Executive Summary			
Public authorities are bound by the Public Sector Equality Duty to Eliminate unlawful discrimination harassment and victimisation, advance equality of opportunity and fostering good relations. This paper provides an update on the ICB boards commitments to equality diversity and inclusion and achieving the duty as a Board.			
Recommendation/Action Requested:			
<ul style="list-style-type: none"> • Agree the area of Board focus for the board development session in January. • Discuss the priority areas identified from the away day. • Receive a further update on progress in March 24. 			
Does the report provide assurance or mitigate any of the strategic threats or significant risks in the System Board Assurance Framework?			
No	Yes	If yes, please detail:	
How does this report support the ICB's core aims:			
Improve outcomes in population health and healthcare	Further increase in STW as a welcoming place for all though retention of a diverse workforce.		
Tackle inequalities in outcomes, experience, and access	Enhance equality diversity and inclusion in the workforce.		
Enhance productivity and value for money	A renewed joint strategic plan on EDI interfacing with health inequalities		
Help the NHS support broader social economic development	Ensure the NHS offers an inclusive and diverse workforce which is welcoming for all and reflects our communities.		
Conflicts of Interest			
None.			
Implications			
Engagement with Shropshire, Telford & Wrekin residents, and communities	The report provides progress on areas that can improve engagement of our residents and communities.		
Resource and financial	Implications to reduce attrition and retain and attract the workforce.		
Quality and safety	STW as a welcoming place for all though retention of a diverse workforce.		



Ambition



Compassion



Optimism



Focus

Sustainability		Provides information which will help with sustaining the workforce to provide safe services into the future.	
Equality, Diversity and Inclusion		The report provides update on strategic direction to ensure STW ICS is a welcoming place for all and that poor behaviours are not tolerated.	
Impact Assessments	Yes	No	N/A
Has a Data Protection Impact Assessment been undertaken?		x	
Has an Integrated Impact Assessment been undertaken?		x	
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?		x	

System EDI Update

1. Introduction

- 1.1. Public authorities are bound by the Public Sector Equality Duty to Eliminate unlawful discrimination harassment and victimisation, advance equality of opportunity and fostering good relations.
- 1.2. The STW ICB Board had previously agreed to work collectively to support the activities to reduce discrimination.
- 1.3. A paper was taken to the ICB Board on 26th June 2024 presenting the report of Perceptions and Experience of Racism in the Workplace by Health and Social Care Staff, related actions and next steps needed to progress EDI in the system. The ICB Board agreed to sponsor the development of an Equality Diversity and Inclusion Strategic plan for the STW ICS which would be inextricably linked with health inequalities. Race was agreed as a priority area however the strategic plan will reflect all protected characteristics and the wider inclusion agenda. Key areas agreed were:
 - A serious commitment to resourcing a system development programme is required.
 - The ICB Board will sponsor the development of an Equality Diversity and Inclusion Strategic plan for the STW ICS which would be inextricably linked with health inequalities. Race will be a priority area however the strategy will reflect all protected characteristics and the wider inclusion agenda. A joint mission statement on race will be developed as part of the strategy.
 - A further system away day for EDI leadership to support strategy development.
 - The ICB Board will identify a partner to assist with a development for the Board to equip it to continuously develop this vital work and be clear on their role and the governance going forward.
 - Close the current action plan and develop a refreshed action plan and governance structure including the System People, Culture and Inclusion Committee. This will support the strategy development and achievement of milestones. This was achieved at the Board meeting in June 24.
 - The ICB Board will receive a 4-monthly update on progress, improvements and developments in the system as well as any publication on key metrics (e.g. WRES data).

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1.4. This paper provides an update to these agreed actions.

2. Main Report/Information

System awayday for leaders, partners and executives with responsibility for EDI

2.1. A system away day for EDI leadership to support the plan was also supported and took place on 24th October at Telford College.

2.2. The workshop was structured to guide participants through from identifying the current state, a preferred future, a strengths, opportunities, aspirations and results (SOAR) analysis and from these, the priorities on which to develop the strategic plan.

2.3. Key issues and themes were identified as:

- Building great careers for all. (Tackling the pay gap and glass ceilings, celebration of diversity, fair opportunities without discrimination, equal access to employment and career progression, equitable education opportunities to grow a new generation of the workforce, diversity at the highest levels of employment).
- Delivering high quality care based on equality of opportunity. (Equitable access to information, open and transparent information, equitable access to health and social care, best health outcomes, person-centred care, maximising opportunities created by digital equity, measurement of outcomes including qualitative data from those affected by inequity, supporting older people with protected characteristics).
- Communicating well and raising the profile of the EDI priorities (System co-ordinated communications campaigns to engage both workforce and address the public's view of health and care workers, sharing events, celebrating diversity).
- Leading together and leadership development. (Improving the response to incidents, being proactive, supportive policies, onboarding the race code, embedding health passports, maximising the reasonable adjustments digital flag, listening, and taking action, raising profile of EDI, resource allocation, leadership training).
- Individual empowerment (Bystander and allyship education).
- Empowering the public to understand the diversity of health and care teams (what to expect, education of the public, diversity of teams, reducing bias, improvement in staff wellbeing).

2.4. Partnership working was identified as a key area of opportunity.

2.5. The information is currently being analysed with the partner organisation to support the development of the strategic objectives and Board development.

Board Development

2.6. Board Development has been negotiated though NHS Confederation with commitment to resource this. An independent membership organisation that works with NHS commissioners, and other healthcare organisations to advocate for improvements in healthcare delivery, patient care, and system-wide collaboration. The provide support to develop the right plans and support leadership.

- 2.7. Development will be facilitated undertaking 5-Step and Ninety Days' rapid improvement approach by facilitating a Board workshop that delivers SMART objectives linked to core identified issues across the partnership noting resources required and risk appetite.
- 2.8. The suggestion is that the Board development session focusses on empowering the public to understand health and care teams with Board agreement in January 2025. The event will be action focussed with measurable deliverables which will be reviewed 90 days later. It will bring to Board together as a collective for action across the system to join forces in tackling discrimination.

Steering Group

- 2.9. The STW System EDI Steering Group was represented at the away day with many members present and will drive forward the recommendations and the actions related to the strategic objectives through organisations. Organisations already have individual strategies and plans and are committed to the Steering Group. The Group will share practice and develop resources as a community as they have been doing, and a new plan will be created. Greater opportunities have been identified to collaborate, share expertise and lived experience.

3. Conclusion

- 3.1. The strategic actions of the Board are progressing with further actions at organisation level ongoing. There is ongoing work to deliver rapid improvement cycle through Board development and a revised system action plan following the away day.

4. Recommendations

- 4.1. Agree the area of Board focus for the board development session in January.
- 4.2. Discuss the priority areas identified from the away day.
- 4.3. Receive a further update on progress in March 24.

5. Appendices

- 5.1. NHS Confederation Development proposal: Delivering Equality through Quality

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Meeting Name:	NHS STW Integrated Care Board
Agenda item no.	ICB 27-11.084
Meeting Date:	27 November 2024
Report title:	Emergency Preparedness, Resilience and Response (EPRR) Core Standards Assurance Update
Report presented by:	Ian Bett, Interim Chief Delivery Officer/Accountable Emergency Officer (AEO)
Report approved by:	Ian Bett, Interim Chief Delivery Officer/Accountable Emergency Officer (AEO)
Report prepared by:	Stuart Allen, Interim Senior EPRR Lead
Meeting report previously presented:	
Action Required (please select):	
A=Approval	<input checked="" type="checkbox"/> R=Ratification
<input checked="" type="checkbox"/> S=Assurance	<input checked="" type="checkbox"/> D=Discussion
<input type="checkbox"/> I=Information	<input checked="" type="checkbox"/>
Executive Summary	
<p>The NHS Standard Contract Service Conditions and NHS EPRR Framework requires all Providers of NHS funded services in England to comply with EPRR guidance and to complete an annual self-assessment of compliance against a set of EPRR Core Standards. The annual Core Standards self-assessment process requires the annual review and updating of key EPRR documents for approval by the Board; existing governance route is for these to be approved by the Audit Committee ahead of going to Board.</p> <p>This report provides assurance that NHS Shropshire, Telford and Wrekin ICB has completed the annual self-assessment of compliance against the NHS EPRR Core Standards in line with the NHS EPRR Framework; this has been reviewed and approved by the Accountable Emergency Officer (AEO) and was submitted with supporting evidence to NHS England (NHSE) Midlands Region for an assurance review. The report also provides details on the final self-assessments of Providers.</p> <p>As part of improving the ICB's EPRR governance and compliance with EPRR Core Standards, the ICB has established an EPRR Programme Group to provide strategic oversight to support the governance and ongoing work on the improvement and delivery of the ICB's EPRR function and duties; this report asks the Board to approve the governance and reporting lines for the group.</p> <p>Appendices supporting the report and assurance process are:</p> <ul style="list-style-type: none"> • 5.1. - EPRR Programme Group Terms of Reference • 5.2. - STW ICB EPRR Policy v5.2 • 5.3. - STW ICB Incident Response Plan v5.1 • 5.4. - NHS STW ICB Business Continuity Management System v1.1 • 5.5. - NHS STW ICB Business Continuity Plan v0.6 • 5.6. - NHS STW EPRR Communications Plan v4.2 	
Recommendation/Action Requested:	



Ambition



Compassion



Optimism



Focus

- The Board is asked to note the content of the report and provide final approval of the updated and new documents relating to EPRR, and to support the establishment, governance and reporting structure of the EPRR Programme Group to continue the ongoing improvement and delivery of EPRR duties and compliance with Core Standards for the ICB and Providers.
- This report outlines the ICB's and Providers final self-assessed level of compliance with the EPRR Core Standards; it should be noted that the percentages and levels of compliance provided are positions following the joint two stage review and confirm and challenge meetings by NHSE Midlands with the ICB for Providers.

Does the report provide assurance or mitigate any of the strategic threats or significant risks in the System Board Assurance Framework?

No		Yes		If yes, please detail: the report provides assurance on work undertaken to support the annual self-assessment against the NHS Core Standards for EPRR and confirms this has been completed and submitted to NHSE with supporting evidence. This supports SORR (Appx A – System) Risk ID 8 and SBAF 6.
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How does this report support the ICB's core aims:

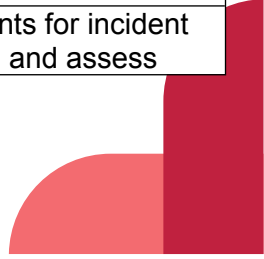
Improve outcomes in population health and healthcare	It identifies areas of work required to support preparedness for, response to, and recovery from, infectious disease.
Tackle inequalities in outcomes, experience, and access	It provides information relating to compliance with national Core Standards for EPRR under the NHS EPRR Framework (section 18 – Equality and Health Inequality).
Enhance productivity and value for money	It provides information about the introduction of enhanced governance for the strategic oversight of continued improvement and delivery of the EPRR function and duties, including resourcing, to achieve and maintain compliance with national Core Standards for EPRR.
Help the NHS support broader social economic development	It provides information about the introduction of enhanced governance for the strategic oversight of continued improvement and delivery of the EPRR function and duties, including resourcing, to achieve and maintain compliance with national Core Standards for EPRR, which requires the ICB to collaborate with local partners in identifying risks and issues.

Conflicts of Interest

No conflicts of interest identified in this report by author or AEO.

Implications

Engagement with Shropshire, Telford & Wrekin residents, and communities	Ensuring the appropriate and required frameworks and procedural response arrangements are in place to keep residents and communities safe in the event of an incident or disruptive event.
Resource and financial	To ensure appropriate resource allocation to effectively discharge duties placed on the ICB as a Category 1 Responder under the Civil Contingencies Act 2004 (CCA) in relation to EPRR.
Quality and safety	To ensure quality and safety of services can be maintained as far as possible in the event of an incident or disruptive event.
Sustainability	To ensure the ICB and therefore local NHS is able to continue to delivery safe and effective quality care in the event of an incident or disruptive event.
Equality, Diversity and Inclusion	To ensure that arrangements for incident management are inclusive and assess



	inequalities as a result of an incident or disruptive event.		
Impact Assessments	Yes	No	N/A
Has a Data Protection Impact Assessment been undertaken?		X	
Has an Integrated Impact Assessment been undertaken?		X	
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?		X	

Emergency Preparedness, Resilience and Response (EPRR) Core Standards Assurance Update

1. Introduction

- 1.1. The NHS Standard Contract Service Conditions and NHS EPRR Framework requires all Providers of NHS-funded services in England to comply with EPRR guidance and to complete an annual self-assessment of compliance against a set of EPRR Core Standards.
- 1.2. The annual Core Standards self-assessment process requires the annual review and updating of key EPRR documents for approval by the Board; existing governance route is for these to be approved by the Audit Committee ahead of going to Board.
- 1.3. The purpose of this report is to:
 - 1.3.1. ask the Board to continue to support the EPRR agenda through approving the establishment of an EPRR Programme Group reporting to the Audit Committee.
 - 1.3.2. ask the Board to approve updated and new documents relating to Emergency Preparedness, Resilience and Response (EPRR) to support compliance with EPRR Core Standards, noting these documents have initially been approved by the EPRR Programme Group on 28th August 2024, and Audit Committee on 18th September 2024:
 - EPRR Programme Group Terms of Reference (new)
 - STW ICB EPRR Policy v5.2 (updated)
 - STW ICB Incident Response Plan v5.1 (updated)
 - NHS STW ICB Business Continuity Management System v1.1 (updated)
 - NHS STW ICB Business Continuity Management Plan v0.6 (updated)
- 1.4. provide assurance that NHS Shropshire, Telford and Wrekin ICB has completed the annual self-assessment of compliance against the NHS EPRR Core Standards in line with the NHS EPRR Framework; this has been reviewed and approved by the Accountable Emergency Officer (AEO) and has been submitted with supporting evidence to NHS England (NHSE) Midlands Region – see section 2.5.
- 1.5. provide an overview of Provider final self-assessments of compliance against the NHS EPRR Core Standards – see section 2.6.

2. Main Report/Information

2.1. EPRR Framework

- 2.1.1. The NHS, and therefore the ICB, needs to be able to plan for and respond to a wide range of incidents and emergencies which could affect health or patient care. These could be anything from extreme weather conditions, an infectious disease outbreak, a major transport accident, a cyber security incident, or a terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act 2004 (CCA), the NHS Act 2006, and the Health and Care Act 2022. This work is referred to in the health service as Emergency Preparedness, Resilience and Response (EPRR).
- 2.1.2. The NHS EPRR Framework describes how the NHS in England will go about its duty to be properly prepared for dealing with emergencies. It provides the framework and principles for effective EPRR, to help all NHS-funded organisations in England meet the requirements of the CCA, the NHS Act 2006, the Health and Care Act 2022, and the NHS Standard Contract.
- 2.1.3. The NHS EPRR Framework enables the NHS in England to ensure effective arrangements are in place to deliver appropriate care to patients affected by an emergency or incident.

2.2. EPRR Programme Group

- 2.2.1. The ICB has established an EPRR Programme Group to provide strategic level oversight of organisational, local, regional and national risks and priorities in relation to EPRR as part of the duties of a Category 1 Responder under the Civil Contingencies Act 2004 (CCA), to ensure a high level of preparedness for, response to, and recovery from, situations of interest, disruptive events, and incidents that may have a direct impact on the ICB, ICS, West Mercia Local Health Resilience Partnership (LHRP) footprint, or the NHS in general. The establishment of this group is supported by the Accountable Emergency Officer (AEO), Chief Financial Officer and Chief Executive Officer.
- 2.2.2. The EPRR Programme Group will:
- Drive implementation of and monitor an annual, NHS STW focused, EPRR Work Programme, including a training and exercising schedule.
 - Facilitate the implementation of Corporate and Directorate business plan objectives for the EPRR programme.
 - Ensure there are appropriate levels of governance, assurance, and risk assessment in place to support the prevention of, preparedness for, and response to, situations of interest, events of disruption, and incidents.
 - Collaborate with other Category 1 and 2 Responders identified under the Civil Contingencies Act 2004 (CCA), including identified key partners and stakeholders, in planning for emergencies and incidents, ensuring appropriate representation in the multiagency environment (i.e. Integrated Care System (ICS), Local Resilience Forum (LRF), Local Health Resilience Partnership (LHRP), Health Emergency preparedness Officers Group (HEPOG), Midlands Health Resilience Partnership Board (MHRPB), and Emergency Preparedness in Integrated Care Boards (ICB) Leads (EPICBL)).

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- Maintain a record of constructive debriefs and associated outcomes of lessons and areas of development and continual improvement relating to incident response, exercise play, and ICS Operations; this will include mechanisms for monitoring review, implementation, and training.
- Oversee compliance with the NHS EPRR Core Standards and provide an annual report to the Executive Board outlining the ICB's EPRR level of assurance.

2.2.3. The group will be chaired by the ICB's Accountable Emergency Officer (AEO) and report into the Audit Committee. Terms of Reference (ToR) have been produced and were agreed by the group membership at the first meeting held 28th August 2024; **the Board is asked to approve the ToR and reporting lines for the EPRR Programme Group.**

2.3. EPRR Documents for approval

2.3.1. The updated and new documents have been reviewed and approved by the EPRR Programme Group membership on 28th August 2024 and Audit Committee on 18th September 2024. These are key documents requiring annual reviews and updates as part of compliance with the NHS EPRR Core Standards assurance process; approval of these documents is required by the Audit Committee ahead of going to Board for final approval. This approval process will support the ICB to maintain compliance Core Standards.

- **EPRR Programme Group Terms of Reference** – this is a new document to support the establishment of the group.
- **STW ICB EPRR Policy v5.2** – document was updated with recommendations from last years Core Standards assurance process, including reformatting for accessibility standards; the document was then shared through a consultation process with NHSE and Providers with feedback incorporated into this version for approval.
- **STW ICB Incident Response Plan v5.1** - document was updated with recommendations from last year's Core Standards assurance process, including reformatting for accessibility standards; the document was then shared through a consultation process with NHSE and Providers with feedback incorporated into this version for approval.
- **NHS STW ICB Business Continuity Management System v1.1** - document was updated with recommendations from last year's Core Standards assurance process, including reformatting for accessibility standards; the document was then shared through a consultation process with NHSE and Providers with feedback incorporated into this version for approval.
- **NHS STW ICB Business Continuity Plan v0.6** - document was updated with recommendations from last year's Core Standards assurance process, including reformatting for accessibility standards; the document was then shared through a consultation process with NHSE and Providers with feedback incorporated into this version for approval.

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- **NHS STW EPRR Communications Plan v4.2** – document was updated with recommendations from last year’s Core Standards assurance process and feedback from Communications peers in partner agencies.

2.4. EPRR Core Standards – ICB

2.4.1. The NHS Standard Contract Service Conditions and NHS EPRR Framework requires all Providers of NHS-funded services in England to comply with EPRR guidance and to complete an annual self-assessment of compliance against a set of EPRR Core Standards. NHSE Midlands will ensure that ICB’s are compliant with the requirements of the Core Standards as part of the annual assurance process.

2.4.2. The EPRR Core Standards are the minimum requirements that commissioners and Providers of NHS-funded services must meet and are in accordance with the CCA 2004, 2005 Regulations and the NHS Act 2006, the Health and Care Act 2022, and the Cabinet Office national resilience standards. The ICB is required to submit the annual assessment and supporting evidence to NHSE Midlands Region for an assurance panel review, and joint action plan setting and monitoring.

2.4.3. There are 73 EPRR Core Standards in total, with 47 applying to ICB’s. Each Core Standard sits within one of eleven domains:

- Governance
- Risk Assess
- Maintain Plans
- Command and Control
- Training and Exercising
- Response
- Warning and Informing
- Cooperation
- Business Continuity
- HazMat/CBRN
- CBRN Support the Acute Trusts *(not applicable to ICB’s)*

Each of the 73 Core Standards are assessed with a three tier RAG rating:

Fully Compliant	Fully compliant with Core Standard
Partial Compliant	Not compliant with Core Standard. However, the organisation’s work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months.
Non-Compliant	Not compliant with the Core Standard. The organisation’s work programme shows compliance will not be reached within the next 12 months.

<p>The cumulative assessment of each Core Standard generates an overall level of compliance against the EPRR Core Standards. This is calculated using the number of fully compliant Core Standards. There are four levels of compliance:</p>	Compliance Level	Assurance Rating Thresholds
	Fully Compliant	100%
	Substantially Compliant	99% - 89%
	Partially Compliant	88% - 77%
	Non-Compliant	76% or less

2.4.4. Last year the ICB’s level of compliance was ‘Non-Compliant’ at 53.19%. In January 2024, the ICB Chief Executive Officer commissioned NHSE Midlands to undertake a review of the ICB’s EPRR function. This review produced a detailed evidence-based management report with 27 recommendations. The Interim

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Senior EPRR Lead has developed a work programme which includes all 27 recommendations and identified gaps in compliance with the Core Standards and areas for improvement relating to EPRR; each recommendation and item on the work programme have an associated action plan and identified leads and timescales to either improve compliance, or to maintain at full compliance. The work programme will be overseen by the EPRR Programme Group.

2.4.5. The work programme is on track with current timescales and has included a review and update of key EPRR documents and arrangements (this has included consultation with NHSE Midlands), and the introduction of new supporting documents and the establishment of the EPRR Programme Group to support governance. **The work completed so far has been included as part of the ICB's self-assessment against the EPRR Core Standards; the self-assessment tool has generated an overall percentage of compliance for 2024 at 78.72%, giving a compliance level of 'Partially Compliant'. All 47 Core Standards were assessed with none of these scoring 'non-compliant':**

Fully Compliant	37
Partially Compliant	10
Non-Compliant	0

Assessments by domains are:

Domain	Level	Number
Governance	Fully	5
	Partial	1
	Non	0
Risk Assess	Fully	2
	Partial	0
	Non	0
Maintain Plans	Fully	6
	Partial	2
	Non	0
Command and Control	Fully	2
	Partial	0
	Non	0
Training and Exercising	Fully	4
	Partial	0
	Non	0

Domain	Level	Number
Response	Fully	3
	Partial	2
	Non	0
Warning and Informing	Fully	2
	Partial	2
	Non	0
Cooperation	Fully	6
	Partial	0
	Non	0
Business Continuity	Fully	7
	Partial	3
	Non	0

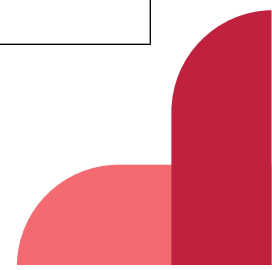
The domains 'HazMat/CBRN' and 'CBRN support to Acute Trusts' are not applicable to ICB's.

The 5 Core Standards and areas requiring further work are:

Core Standard	Domain	Standard Name	Standard Detail	Action Required to Make Fully
2	Governance	EPRR Policy Statement	<p>The organisation has an overarching EPRR policy or statement of intent.</p> <p>This should take into account the organisation's:</p> <ul style="list-style-type: none"> • Business objectives and processes • Key suppliers and contractual arrangements 	The EPRR Policy (Appendices 5.1) to be final approved by the Board.

			<ul style="list-style-type: none"> • Risk assessment(s) • Functions and / or organisation, structural and staff changes. 	
12	Maintain Plans	Infectious Disease	In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Disease.	ICB to develop specific system level framework and plan.
13	Maintain Plans	New and Emerging Pandemics	In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic.	ICB to develop specific system level framework and plan.
29	Response	Decision Logging	To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure: Key response staff are aware of the need for creating their own personal records and decision logs to the required standards and storing them in accordance with the organisations' records management policy. 2. has 24 hour access to a trained loggist(s) to ensure	Development of SOPs and tools to support logging of decisions and rationale, including loggist training. Loggist training included in Training Programme.

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			support to the decision maker	
30	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to incidents including bespoke or incident dependent formats.	Development of SOPs to support the collation of information/data to completion the NHSE SitRep during incidents.
34	Warning and Informing	Incident Communications Plan	The organisation has a plan in place for communicating during an incident which can be enacted.	EPRR Communications Plan (Appendices 5.6) to be final approved by the Board.
36	Warning and Informing	Media Strategy	The organisation has arrangements in place to enable rapid and structured communication via the media and social media	EPRR Communications Plan (Appendices 5.6) to be final approved by the Board.
44	Business Continuity	BC Policy Statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) that aligns to the ISO standard 22301.	BCMS and BCMP documents (Appendices 5.4 and 5.5) to be final approved by the Board.
50	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Development of KPIs and audit processes and include in BCMS.

53	Business Continuity	Assurance of Commissioned Providers / Suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements align and are interoperable with their own.	EPRR Lead to work with Contracts and Commissioning leads to develop a system and processes to support assessment.
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2.4.6. The main gap in achieving compliance with standards 2, 34, 36 and 44 listed in the table above was due to document review dates being out of sync with the ICB governance structure of scheduled meetings to ensure they were final approved by the Board in time to meet the dates of the annual assurance process; review dates have now been amended for earlier in the calendar year. Other standards listed are on the work programme. *(If standards 2, 34, 36 and 44 had achieved compliance, this would have put the ICB's overall compliance at 87.23%, remaining in the Partially Compliance bracket).*

2.4.7. An assurance report, summarising the ICB's and all Providers assurance positions, will be presented to the West Mercia Local Health Resilience Partnership (LHRP) on 27th November 2024. Following the LHRP, NHSE will provide confirmation of final positions to all organisations.

2.4.8. **The Board is asked to note the percentage of compliance of this year's annual self-assessment assurance and rating of Partially Compliant, noting the significant improvement made from last year's compliance.**

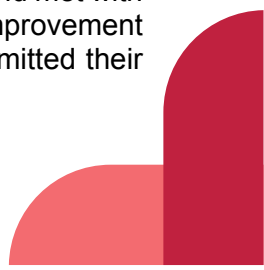
2.5. EPRR Core Standards – STW Providers

2.5.1. The NHS Standard Contract Service Conditions and NHS EPRR Framework requires all Providers of NHS-funded services in England to comply with EPRR guidance and to complete an annual self-assessment of compliance against a set of EPRR Core Standards. Therefore, ICB's must ensure Providers of NHS-funded services are compliant with the requirements of the Core Standards as part of the annual assurance process.

2.5.2. The EPRR Core Standards are the minimum requirements that commissioners and Providers of NHS-funded services must meet and are in accordance with the CCA 2004, 2005 Regulations and the NHS Act 2006, the Health and Care Act 2022, and the Cabinet Office national resilience standards. Providers are required to submit the annual assessment and supporting evidence to the ICB and NHSE Midlands Region for an assurance panel review, and joint action plan setting and monitoring.

2.5.3. The Interim Senior EPRR Lead has supported all Providers in STW and met with their EPRR leads on a monthly basis to monitor and encourage improvement and compliance with the Core Standards. All Providers in STW submitted their self-assessments to NHSE and the ICB on 30th August 2024.

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2.5.4. A two-stage review and assessment of each Provider's Core Standards and supporting evidence (including any additional evidence requested) was undertaken by the ICB and NHSE during September 2024, with confirm and challenge meetings held with AEOs and EPRR Leads for each organisation during 4th to 8th November 2024.

- 2.5.5. Each Provider have a different number of Core Standards to self-assess against depending on the type of organisation and NHS-funded services delivered:
- Shrewsbury and Telford NHS Trust (SaTH) – 62 Core Standards.
 - Shropshire Community Health NHS Trust (SCHT) – 58 Core Standards.
 - The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) – 59 Core Standards.
 - ShropDoc – 44 Core Standards.

2.5.6. The following table shows the 2023 finalised levels of compliance against the 2024 final self-assessments submitted.

Provider	2023		2024	
	%	Level of Compliance	%	Level of Compliance
SaTH	47%	Non-Compliant	80.65%	Partially Compliant
SCHT	78%	Partial Compliant	89.66%	Substantially Compliant
RJAH	67%	Non-Compliant	64.41%	Non-Compliant
ShropDoc	59%	Non-Compliant	68.18%	Non-Compliant

2.5.7. **The Board is asked to note the percentage of compliance of this year's annual self-assessment assurance and ratings for each Provider, noting the significant improvement made from last year's compliance**

3. Conclusion

- 3.1. the establishment of the EPRR Programme Group will provide strategic oversight to support the governance and ongoing work on the improvement and delivery of the ICB's EPRR function and duties.
- 3.2. the updated and new documents have been reviewed and approved by the EPRR Programme Group membership on 28th August 2024, and the Audit Committee on 18th September 2024. These are key documents requiring annual reviews and updates as part of compliance with the NHS EPRR Core Standards assurance process; approval is required by the Audit Committee ahead of going to Board. This approval process will support the ICB to maintain compliance Core Standards.

4. Recommendations

- 4.1. The Board is asked to note the content of the report and approve the updated and new documents relating to EPRR, and to support the establishment, governance and reporting structure of the EPRR Programme Group to continue the ongoing

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improvement and delivery of EPRR duties and compliance with Core Standards for the ICB and Providers.

- 4.2. This report outlines the ICBs and Provider’s final self-assessed level of compliance with the EPRR Core Standards following a two-stage review by NHSE Midlands (joint review with ICB for Providers).

5. Appendices

- 5.1. EPRR Programme Group Terms of Reference
- 5.2. STW ICB EPRR Policy v5.2
- 5.3. STW ICB Incident Response Plan v5.1
- 5.4. NHS STW ICB Business Continuity Management System v1.1
- 5.5. NHS STW ICB Business Continuity Plan v0.6
- 5.6. NHS STW EPRR Communications Plan v4.2

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Meeting Name:	STW NHW Integrated Care Board
Agenda item no.	ICB 27-11.085
Meeting Date:	27 th November 2024
Report title:	Intensive and Assertive Mental Health Outreach Action Plan
Report presented by:	Jackie Robinson & Dr Anne Maclachlan
Report approved by:	Gemma Smith, Director of Commissioning
Report prepared by:	Jackie Robinson & Dr Anne Maclachlan
Meeting report previously presented:	

Action Required (please select):

A=Approval **R=Ratification** **S=Assurance** **D=Discussion** **I=Information**

Executive Summary

Following the conviction of Valdo Calocane for the triple homicide in June 2023, the Care Quality Commission (CQC) undertook a rapid review of mental health services at Nottinghamshire Healthcare Foundation Trust (NHFT). In its report, CQC recommended that:

NHS England should work with Royal College of Psychiatrists and the Department of Health and Social Care (DHSC) to review the Community mental health framework for adults to standardise pathways of care and ensure there is a specific pathway for individuals who require assertive support and may be hard to engage.

As a first step, NHS England included a requirement in [2024/25 NHS Priorities and Operational Planning Guidance](#) that all Integrated Commissioning Boards (ICBs):

“review their community services by Q2 2024/25 to ensure that they have clear policies and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge.”

There are lots of teams who play a vital role in supporting and treating patients with complex psychosis who may pose a risk to others, rehabilitation services are one example, community forensic teams another. We were required to undertake reviews of local policy and practice to “ensure there is a specific pathway for individuals who require assertive support and may be hard to engage”. ICBs were asked to review the relevant policies and practices that are in place in order to identify and provide appropriate care to people with severe mental illness who require intensive and assertive community care (as defined in chapter 2 of the guidance: [NHS England » Guidance to integrated care boards on intensive and assertive community mental health care](#))

The purpose of local reviews is to ensure appropriate intensive and assertive mental health care and treatment is available to meet the needs and to support the wellbeing of a particular group of people with severe mental health illness. The group under consideration includes individuals who:

- Are presenting with psychosis (but not necessarily given a diagnosis of psychotic illness).
- May not respond to, want or may struggle to access and use ‘routine’ monitoring, support and treatment that would minimise harms.



Ambition



Compassion



Optimism



Focus

- Are vulnerable to relapse and/or deterioration with serious related harms associated (especially but not limited to violence & aggression).
- Have multiple social needs (housing, finance, self-neglect, isolation etc).
- Likely present with co-occurring problems (e.g. drug and alcohol use/dependence).
- May have had negative (e.g. harmful and/or traumatic) experiences of mental health services or other functions of the state (e.g. the criminal justice systems).
- Concerns may have been raised by family/carers.

The ICB and MPFT worked in partnership to undertake the review and map the key actions that are required in the short, medium and long term.

There were several key lines of enquiry which are detailed in the body of the report and the return was accepted.

In addition to undertaking a self-assessment, a comprehensive action plan has been developed. This is a live document and is being monitored by a multi-disciplinary team comprising MPFT clinical and non-clinical staff, Local Authority Mental Health Commissioners and Forensic Social Workers, ICB lead Commissioner, ICB Performance and Quality lead, Patient/Carer representatives. The list is not exhaustive and may include other partner organisation representatives, e.g. Housing representatives, charitable organisations.

There has been progress since the submission of the maturity matrix detailed in Table 1 which is included in the main body of the report

Following the self-assessment submission NHSE requested MPFT to complete an Intensive and Assertive Outreach Team Community Mental Health Treatment costing. The costings required included workforce, service redesign costs, digital, capital, drugs, running costs, overheads. The total costs identified were £3,739,747 recurring, with an additional associated capital cost of £2m. The costing was submitted on 13th November 2024, and we await feedback from NHSE.

In addition, there are also several other next steps which are detailed within the main body of the report which the Board are asked to note.

Recommendation/Action Requested:

The Board is asked to:

1. Note the content of the report
2. Request updates following the task and finish group activity
3. Request updates on NHSE phase two requirements

No	Yes	If yes, please detail:
How does this report support the ICB's core aims:		
Improve outcomes in population health and healthcare	X	

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Tackle inequalities in outcomes, experience, and access	X
Enhance productivity and value for money	
Help the NHS support broader social economic development	
Conflicts of Interest	
None	
Implications	
Engagement with Shropshire, Telford & Wrekin residents, and communities	Yes – patient and carer engagement is in the action plan
Resource and financial	Yes – NHSE have been informed of resource required to develop a dedicated Intensive and Assertive Outreach Service
Quality and safety	Yes – The action plan has listed areas for policy improvement
Sustainability	Yes – If no funding is available it may impact staff teams being redeployed to cover this aspect of work which will impact other areas of service provided by MPFT
Equality, Diversity and Inclusion	Yes – The action plan has listed areas for improvement in recording EDI information
Impact Assessments	Yes No N/A
Has a Data Protection Impact Assessment been undertaken?	X
Has an Integrated Impact Assessment been undertaken?	X
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?	X

1. Introduction

- 1.1 Providing specialist mental health services to meet the needs of people with severe mental illness and provide the appropriate level of support of a particular group of people with severe mental health illness is an essential component of the services provided by Midlands Partnership Foundation Trust (MPFT) across Shropshire, Telford and Wrekin. NHSE requested commissioners and providers review of intensive and assertive outreach provision for this cohort of patients.
- 1.2 This report endeavours to provide assurance to the Board that a comprehensive review has been undertaken. Several gaps in provision/areas for improvement have been identified and a detailed action plan is in place and will be supported and monitored by providers and commissioners working in partnership to improve the support and experience of those with severe mental illness. The full submission is included in this paper to ensure that Board members are fully sighted on all areas of this submission.

2. Main Report/Information

- 2.1 Following the conviction of Valdo Calocane for the triple homicide in June 2023, the Care Quality Commission (CQC) undertook a rapid review of mental health services at Nottinghamshire Healthcare Foundation Trust (NHFT). In its report, CQC recommended that:

“NHS England should work with Royal College of Psychiatrists and the Department of Health and Social Care (DHSC) to review the Community mental health framework for adults to standardise pathways of care and ensure there is a specific pathway for individuals who require assertive support and may be hard to engage”.

2.2 As a first step, NHS England included a requirement in [2024/25 NHS Priorities and Operational Planning Guidance](#) that all Integrated Commissioning Boards (ICBs)

“review their community services by Q2 2024/25 to ensure that they have clear policies and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge.”

2.3 The Health and Social Care Secretary of State response to measures the NHS has already undertaken include:

- ensuring every provider of mental health services has clear policies and practice in place to treat patients with serious mental illness.
- issuing guidance to trusts reiterating instructions not to discharge patients with serious mental health issues if they do not attend appointments.
- commissioning an independent investigation into the incident, which will be published by the end of 2024.
- increasing funding to community mental health services by £2.3 billion per year to transform services.
- continuing to improve data on community mental health services including developing metrics around access to psychological therapies for severe mental health problems and outcomes for people accessing community mental health services.
- establishing an expert advisory group to oversee the development of core standards for safe care in community mental health services.

2.4 There are lots of teams who play a vital role in supporting and treating patients with complex psychosis who may pose a risk to others, rehabilitation services are one example, community forensic teams another. ICB’s and provider partners were required to undertake reviews of local policy and practice in order to identify and provide appropriate care to people with severe mental illness who require intensive and assertive community care, (as defined in chapter 2 of the guidance: [NHS England » Guidance to integrated care boards on intensive and assertive community mental health care](#))

2.5 The purpose of local reviews is to ensure appropriate intensive and assertive mental health care and treatment is available to meet the needs and to support the wellbeing of a particular group of people with severe mental health illness. The group under consideration includes individuals who:

- Are presenting with psychosis (but not necessarily given a diagnosis of psychotic illness).

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- May not respond to, want, or may struggle to access and use 'routine' monitoring, support and treatment that would minimise harms.
- Are vulnerable to relapse and/or deterioration with serious related harms associated (especially. but not limited to violence & aggression).
- Have multiple social needs (housing, finance, self-neglect, isolation etc).
- Likely present with co-occurring problems (e.g. drug and alcohol use/dependence).
- May have had negative (e.g. harmful and/or traumatic) experiences of mental health services or other functions of the state (e.g. the criminal justice systems).
- Concerns may have been raised by family / carers.

2.6 The ICB and MPFT worked in partnership to undertake the review and map the key actions that are required in the short, medium and long term.

2.7 There were several key lines of enquiry which are detailed in the body of the report and the return was accepted.

Key Lines of Enquiry as part of the review:

Question 1 - What policies have been reviewed?

Answer:

- Missed Contacts Policy V1.2.pdf
- Did Not Attend SOP Mental Health Division and Forensic Services Review
- Co-Occurring Needs Policy Final
- Care Planning Policy V1.3
- Clinical Risk Management Policy
- Forensic MH - Forensic Intensive Recovery Support Team (FIRST) SOP
- Management of General Adult Mental Health Beds SOP
- Admission, Discharge & Transfer, Policy - V2.1
- Helping Service Users towards Employment SOP
- Physical Health Monitoring Requirement for Psychotropic Medication
- Under 18's Admissions to AMH Ward SOP
- Community Mental Health Transformation SharePoint Site
- MHA Section 117 Policy
- MHA Section 117 Policy Shropshire, Telford and Wrekin

Question 2 - Are we assured that the services in your area are able to identify, maintain contact and meet the needs of the people who may require intensive and assertive care follow-up?

Answer - No we are not assured of this as there is no dedicated intensive and assertive outreach service in place and to establish one will require additional resources.

A key issue is that MPFT cannot identify this cohort of patients due to lack of a dedicated service provision. They use the existing internal policies to guide their actions if there are concerns raised about a patient in receipt of their care.

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Mitigation - There are areas identified that require more detailed work to be undertaken. A comprehensive assessment has been undertaken and an action plan developed. This will be a live document that will be reviewed by a commissioner/provider MDT group to track changes and review improvements. We will be using a RASCI model to track progress against each action identified.

There has been progress since the submission of the maturity matrix detailed in Table 1.

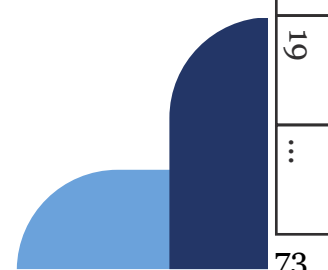
Table 1. Progress against key actions identified during the self-assessment

Key Actions	Progress to date
<p>Identification of the Target Cohort: Develop a comprehensive risk and complexity matrix aligned with the new national guidance, ensuring that responses to identified risks and complexities are tailored to the specific needs of individuals and adhere to evidence-based practices.</p>	<p>Board approval is now in place and new task and finish group to be led by Deputy Director of Nursing and Associate Director of Safety, Risk and Compliance. Eligibility criteria for the cohort was decided across the Trust using national and regional comparators. Data/BI intel to support this project has been identified.</p>
<p>Data Capture: Update RiO to capture essential information required for effective risk assessment, care planning, and outcome monitoring, as outlined in the national guidance.</p>	<p>Identifying At-Risk Individuals: We have completed the identification of all at risk individuals currently open to our caseload. There have been enhancements completed on our clinical systems, principally RiO, to alert staff of those who require intensive and assertive engagement.</p>
<p>Standard Operating Procedures (SOPs): Create or revise SOPs to ensure consistent and efficient capture, review, and removal of risk/complexity factors, adhering to the guidance's recommendations for data management and quality assurance.</p>	<p>As above response.</p> <p>Templates have been developed to support MDT management within existing Community Mental health services and these will be completed by the 30th of November.</p> <p>During December monitoring and evaluation through regular audits will be conducted to assess the adoption of new practices and report on activity and assurance metrics by 31st December.</p> <p>There is a Trust wide group of clinicians and Business Intelligence and Business Architects and other corporate support</p>



	meeting regularly to oversee actions ongoing into 2025.
Caseload Management: Implement a robust caseload management solution that supports effective workload allocation, prioritisation of high-risk individuals, and timely interventions, in accordance with the guidance's principles of individualized care.	As above response. This is underway and is due to be ready or testing by the end of 2024.
Multidisciplinary Team (MDT) Approach: Establish clear guidelines for MDT collaboration, ensuring that all relevant professionals are involved in decision-making and care planning, as recommended in the national guidance.	See template work above and development of operating frameworks for community mental health that is already underway following Community Mental health Transformation.
System Leadership and Partnership: Foster strong system leadership to bring together key stakeholders, including RCPC representatives, to discuss implications of the new guidance and define the role of system partners in supporting intensive and assertive outreach (I&AOT) coordinated approaches.	A stakeholder group was established to input into the Maturity Matrix, and this will be expanded to include a wider group of clinical and non-clinical partners. ICB to facilitate stakeholder engagement with providers supporting information exchange on progress.
Reporting and Governance: Establish a robust reporting system to monitor progress, identify areas for improvement, and ensure compliance with the national guidance. Integrate reporting into Trust governance processes to ensure accountability and transparency	STW ICB and MPFT project oversight group is established to monitor progress. MPFT to map other groups that need to be linked to this work. E.g. 117 group, LA commissioners, Forensic services and the VCSE. This needs to be discussed at length to plan how and when this can take place. This work in MPFT is being overseen by the Mental Health Consistency Group which meets monthly and feeds into Care Group Management Team meetings and Directors Management Group and through to Quality Safety committee to the board. Within the MH, LD and Operational Delivery Board work, this forms part of the Adult Mental Health workstream.

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<p>Risk Management: Implement a comprehensive risk management framework to identify and mitigate risks associated with the I&AOT program, aligning with the guidance's emphasis on safety and quality.</p>	<p>There is a risk, due to transformation of Community MH Services and lack of dedicated resource, that the Trust will not be sufficiently resourced to provide intensive high quality services to high risk patients leading to poor outcomes for this patient group, their families and the general public.</p> <p>This has been put onto MPFT Risk Register and ICB Commissioning Team Risk Register.</p>
<p>Staff Training: Provide comprehensive training to staff on the new national guidance.</p>	<p>This needs to be discussed at length to plan how and when this can take place.</p> <p>Need for training needs analysis once workforce resource allocation has been decided by the national team.</p>
<p>Assertive Outreach Teams: MPFT to conduct a thorough evaluation of the need for assertive outreach teams, considering resource implications and the specific needs of the population served.</p>	<p>This requires resources to be secured.</p> <p>Align any decision regarding the establishment of a I&AO team in line with the recommendations in the national guidance.</p>
<p>Tracking of Non-Engaged Individuals: Implement a system for recording individuals who are not engaging with core mental health services, ensuring that appropriate follow-up and outreach efforts are initiated in accordance with the guiding principles of reducing service gaps and improving access to care.</p>	<p>Await outcome of work of task and finish group.</p> <p>MPFT have reviewed their caseload, both Adult Mental Health and Community Forensic team. The review of caseloads used the MPFT agreed criteria and identified the caseload and has developed alerts on the electronic patient system for them.</p> <p>There is a wider piece for the ICB/system to consider in terms of those who are no longer open to MPFT. There will be inevitable resource implications as the existing caseloads will not accommodate those who are not engaged. This will also have an impact on those who may be identified as requiring intensive support.</p>

Question 3 - *Do you have key workers and/or periods of service user disengagement?*

Answer - No, the Trust does not have this assertive outreach function

Mitigation - This has been added onto the Risk Register and identified to NHSE that additional resource is required to develop a service.

We have also requested further support from NHSE in relation to:

- Sharing areas of best practice would be helpful when reviewing local actions.
- Additional funding to develop an assertive outreach service and to deliver our local action plan to improve service delivery for the benefit of patients, families and staff.

Question 4 - Do services involve families and carers?

Answer – Yes. following dialogue with the patient, the Trust ensures clarity on the level of involvement and information being share is fully understood. However, there is room for improvement.

Question 5 - Is there a process for long term planning of care?

Answer – Yes, within the Trust rehabilitation function and specialist functions such as EI and Intensive Life Skills.

Question 6 - Are there clear information sharing protocols in place?

Answer – Yes, we have a number of ISA with a number of providers.

Question 7 - Are DNAs ever used as a reason for discharge for this patient group?

Answer – NO, MPFT has policies on action staff should take in the event of missed contacts or DNAs. Both policies are explicitly clear that there are a range of actions and contextual considerations that should be taken by staff before someone is discharged from services. As such a 'DNA' by itself does not result in discharge from services.

A comprehensive action plan has been developed that clearly outlines who is Responsible, Accountable, Supports, Consulted and Informed (RASCI) plan has been put in place and is a live document. This is reviewed and overseen by a multi-disciplinary team comprising MPFT clinical and non-clinical staff, Local Authority Mental Health Commissioners and Forensic Social Workers, ICB lead Commissioner, ICB Performance and Quality lead and Patient/Carer representatives. The list is not exhaustive and may include other partner organisation representatives, e.g. Housing representatives, charitable originations. A Terms of Reference is currently under development

Following the self-assessment submission NHSE requested MPFT to complete an Intensive and Assertive Outreach Team Community Mental Health Treatment costing. The costings required included workforce, service redesign costs, digital, capital, drugs, running costs, overheads. The total costs £2,782,574 recurring. The costing was submitted on 13th November 2024, and we await feedback from NHSE.

Broader pieces of work the review will contribute to:

- **Wider patient safety requirements:** The national team will develop wider guidance on what good quality safe care looks like for Community Mental Health Teams.
- **The new Mental Health Act:** Included in the King's Speech will improve the ability for patients to remain engaged in services by improving key characteristics of Mental Health services such as increased patient choice; requiring culturally appropriate care; and increasing requirements of patient engagement in care plans.

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- **Digital:** Digital and data tools also afford opportunities to support staff in caring for those patients who are most vulnerable, and who display risk factors associated with suicide and homicide.

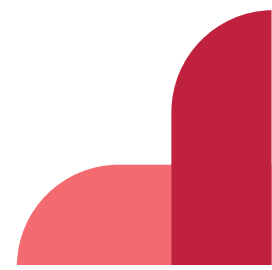
3. Conclusion

- Completing the review was the first step followed by a costing to develop an intensive and assertive outreach services.
- The National NHS England team will collate national trends from the reviews, and use it to inform future policy, as well as communicate the outcomes to the CQC and Department of Health and Social Care.
- NHSE will be holding a briefing webinar to update on the national and regional work to date and planned. The meeting is scheduled for Tuesday 10 December 2024. Alongside the overall update, the purpose of the webinar is to share national and regional level of themes emerging from the reviews, and to provide a summary of regional benchmarking which will be our STW outputs compared with anonymised regional peers.
- This piece of work is only the first part of a wider piece of work that will consider patient safety requirements across Community Mental Health Services more broadly.
- As phase two of this work begins, the national team will develop guidance with external partners including RCPsych and CQC, on what good quality, safe care looks like for Community Mental Health services in general. This will include a review of patient safety and the fundamentals of good quality care e.g. care co-ordination, patient and family engagement, risk/safety management, treatment and effective discharge (including medication compliance and the application of the Mental Health Act including (Community Treatment Orders). The process will be designed to ensure the standards are not simply guidance but also require actions. The work will look across all community services, recognising that all teams including CMHT's, Rehabilitation, Assertive Outreach, Crisis, Early Intervention, and Forensics have a clear remit and role to play to ensure that the system works together to meet the needs of everyone who requires community mental health services.

4. Recommendations

4.1 The Board is asked to:

- Note the content of the report
- Request updates following the task and finish group activity
- Request updates on NHSE phase two requirements



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Meeting Name:		
Agenda item no.		ICB 27-11.086
Meeting Date:		27th November 2024
Report title:		NHS STW System Integrated Improvement Plan
Report presented by:		Julie Garside- Director of Planning, Performance, BI & Analytics
Report approved by:		Claire Skidmore, Chief Finance Officer and Deputy CEO
Report prepared by:		Julie Garside- Director of Planning, Performance, BI & Analytics
Meeting report previously presented:		None
Action Required (please select):		
A=Approval	<input checked="" type="checkbox"/>	R=Ratification
S=Assurance	<input checked="" type="checkbox"/>	D=Discussion
I=Information	<input type="checkbox"/>	
Executive Summary		
<ul style="list-style-type: none"> This paper sets out the NHS oversight arrangements for Shropshire, Telford & Wrekin (STW) and the plans to address key issues underpinning segmentation. A revised set of Recovery Support Programme (RSP) transition criteria (previously known as exit criteria) for the system and a revised exit date of March 2026 have been agreed with NHSE. The revised transition criteria headings are Finance, Urgent and Emergency Care (UEC), Workforce, Governance and Leadership. Engagement sessions were carried out with all NHS partners on each Transition Criteria and then individual stakeholder sessions to develop the detailed tasks /timescales needed within the plan to ensure the required deliverables are achieved by March 26. The plan has been assessed to ensure it covers all of the formal undertakings issued to the ICB in March 24. The governance arrangements for the oversight of the delivery of the plan are part of the existing structures and dedicated PMO capacity will be in place within the system PMO to track the progress of all the tasks within the plan and capacity within the planning & performance team to monitor the agreed metrics and collate the evidence for regular submission and review by NHSE. Following approval by the ICB, the NHS STW IIP is going to the System Delivery Meeting on the 29th November for final approval by NHSE. <p>Appendix 1 is the summary of the Transition Criteria and Key Deliverables. Appendix 2 is the NHS STW System Integrated Improvement Plan (SIIP) Appendix 3 is the SIIP Board level risk summary.</p>		
Recommendation/Action Requested:		
<p>The Integrated Care Board is asked to:-</p> <ul style="list-style-type: none"> Approve the NHS STW Integrated Improvement Plan (Appendix 2) Approve the governance and oversight arrangements for the delivery of the plan. Note the board level risk summary (Appendix 3) 		
Does the report provide assurance or mitigate any of the strategic threats or significant risks in the System Board Assurance Framework?		
No	<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>		X
If yes, please detail:		
For Transition criteria No 1 one of the deliverables is the production of a financial recovery plan which is an action against our Strategic Risk No.2: Risk		

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				of not delivering sustainable services within available resources. Transition criteria No 2 contains deliverables which contribute towards actions detailed against Strategic Risk No.4: Inability to recruit, retain and keep our ICS Workforce well. Transition Criteria No 5 contains deliverables which contribute towards actions detailed in Strategic Risk No 1 of being Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of integrated care priorities.
How does this report support the ICB's core aims:				
Improve outcomes in population health and healthcare	Delivery of the System Integrated Improvement Plan would see the system deliver better key outcomes for its population, particularly in urgent and emergency care.			
Tackle inequalities in outcomes, experience, and access	Delivery of the System Integrated Improvement Plan would contribute to tackling inequalities in outcomes, experience and access in urgent and emergency care.			
Enhance productivity and value for money	Delivery of the System Integrated Improvement Plan would see the system deliver its financial plans for 24/25 and 25/26 and a medium-term financial plan that enables the system to deliver its services within the resources available.			
Help the NHS support broader social economic development	N/A			
Conflicts of Interest				
None				
Implications				
Engagement with Shropshire, Telford & Wrekin residents, and communities	The oversight of the detailed projects and programmes will be through the normal governance structure of the ICB. This will ensure that any specific tasks that require engagement with our local population will do so and go through our Equality & Involvement Committee			
Resource and financial	Transition Criteria 1 is specifically designed to ensure the ICB and wider system improved its financial performance and long term sustainability.			
Quality and safety	The SIIP is to ensure the ICB and wider system exit NOF 4 and deliver improved quality and safety of services for its population			
Sustainability	The SIIP will deliver improved sustainability across the system in finance, workforce and UEC pathways.			
Equality, Diversity and Inclusion	To deliver the SIIP the ICB and wider system must actively work to identify and address disparities in health outcomes and access across its population.			
Impact Assessments	Yes	No	N/A	
Has a Data Protection Impact Assessment been undertaken?			X	
Has an Integrated Impact Assessment been undertaken?			X	
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?			X	

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NHS STW System Integrated Improvement Plan

1. Introduction

- 1.1. The NHS Oversight Framework describes NHS England's approach to NHS oversight. The framework supports Integrated Care Boards (ICBs) and NHS England to work together and develop proportionate and locally tailored approaches to oversight.
- 1.2. In the NHS Oversight Framework criteria ranges on a scale of segment 1 (no specific needs) to requirement for mandated intensive support (segment 4) to determine the scale and nature of support needs.
- 1.3. This paper describes the five Transition Criteria that must be delivered for NHS STW and the detailed system integrated improvement plan that has been produced by all NHS system partners to address the key issues underpinning its current segmentation of NOF 4. The delivery of this plan will enable NHS STW to move to NOF 3 by the end of March 26.

2. Background

- 1.1. In April 2024 NHS England wrote to all STW Integrated Care System (ICS) Chief Executive Officer's (CEOs) to outline revisions to the NHS England Oversight arrangements.
- 1.2. The revised oversight arrangements included a fortnightly regionally led delivery monitoring meeting, a monthly regional NHS England meeting, and a quarterly NHS England Board to Board meeting.
- 1.3. The letter also detailed a revised set of Recovery Support Programme (RSP) transition criteria for the system and a revised exit date of March 2026. The revised transition criteria are detailed below:
 - **Criteria 1 – Finance:** Develop and deliver a single Recovery Plan ("the Recovery Plan"), to be agreed with NHS England, that brings together the ICB, provider and additional system wide recovery initiatives, that has clear demonstrable improvement in financial performance for 2024/25 including supporting metrics such as increased efficiency delivery (cost reduction), adherence to agency rules and workforce numbers. This is to have Board agreement from all STW organisations and is signed off Regionally and Nationally. And have an agreed Capital Plan that is clearly aligned to system strategic priorities, supporting the financial recovery plan with realistically agreed funding sources.
 - **Criteria 2 – Workforce:** Develop and deliver a plan that is signed off Regionally and Nationally, that has Board agreement from all STW organisations and is signed off Regionally and Nationally, that is clearly aligned to system strategic priorities and financially sustainable.
 - **Criteria 3 – U&EC:** Develop and deliver a comprehensive, system-wide Urgent and Emergency Care Improvement plan ("the Improvement Plan") which demonstrates the appropriate system actions and controls in place for improving U&EC access, quality and performance across the whole U&EC pathway, including an outline of how the ICB demonstrates it has robust escalation

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procedures in place (both in and out of hours) for addressing system capacity, utilisation and the management of risk.

- **Criteria 4 – Governance** Implement sufficient programme management and governance arrangements across system providers to enable delivery and reporting of improvement, with immediate focus being on Finance and U&EC.
- **Criteria 5 – Leadership** Demonstrate collaborative decision-making at both system and organisational levels, based on the principle of delivering the best, most sustainable and most equitable solutions for the whole population served by the system.

3. System Integrated Improvement Plan Development & Oversight

- 3.1. System Integrated Improvement Plan (SIIP) Engagement Sessions for each of the Transition Criteria took place in August. The purpose of these engagement sessions was to develop the deliverables, metrics, milestones/trajectories, and evidence for each of the criteria. A summary of the transition criteria and key deliverables is in Appendix 1.
- 3.2. Following the completion of 4 engagement sessions (Governance and Leadership were combined into a single session) there followed Stakeholder Development Workshops with each of the providers at the end of September/early October 2024 to draw together the detail of the tasks required within the plan. During this time the detail of the plan was shared with NHSE regional leads and oversight team plus the National RSP leads assigned to STW for feedback.
- 3.3. The plan has been assessed to ensure it covers all of the formal undertakings issued to the ICB in March 24.
- 3.4. A final draft SIIP was shared at System Transformation Group at the end of October. System Provider Trusts, RJAH and SCHAT took their individual contributions to the SIIP to their Boards at the beginning of November. SaTH, also in NOF 4, have their own improvement plan which went to their Board for sign off on 14th November. The system plan which has been finalised with feedback from Provider Boards, NHSE and RSP leads and is attached as Appendix 2.
- 3.5. It must be noted here that although the plan was not finalised until early November, several projects and programmes included within the plan have already been developed and are being implemented for example the UEC Improvement Plan, the Medium-Term Financial Plan, Agency reduction plan.
- 3.6. For each Transition Criteria risks of delivery have been summarised with the corresponding mitigations at both system and individual provider level. A Board level summary of these risks/mitigations is attached in Appendix 3 for information.
- 3.7. The following table summarises the governance arrangements for the oversight of the delivery of the plan: -

Transition Criteria	NHS STW	SaTH	RJAH	SCHAT
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Finance	Finance committee	Finance Assurance Committee	Finance and Performance Committee	Resources and Performance Committee
Workforce	People Committee	People and OD Assurance Meeting	People and Culture	People Committee
UEC	UEC Delivery Group	Performance Assurance Committee	Finance and Performance Committee	Resources and performance Committee
Governance	Audit Committee	Audit and Risk Assurance Committee	Audit and Risk Committee	Audit Committee
Leadership	System Transformation Group	Board	Board	Board
Overall IIP	NHS STW Board (via Quality and Performance Committee for assurance)			

3.8. This is dedicated capacity within the system PMO to track the progress of all the tasks within the plan and capacity within the planning & performance team to monitor the agreed metrics and collate the evidence for regular submission and review by NHSE.

4. Final NHSE Approval

4.1. Following approval by the ICB, the NHS STW IIP is going to the System Delivery Meeting on the 29 November 2024 for final approval by NHSE.

5. Recommendations

5.1. The Board is asked to:-

- Approve the NHS STW Integrated Improvement Plan (Appendix 2)
- Approve the governance and oversight arrangements for the delivery of the plan.
- Note the board level risk summary (Appendix 3)

6. Appendices

6.1. Appendix 1 is the summary of the Transition Criteria and Key Deliverables

6.2. Appendix 2 is the NHS STW System Integrated Improvement Plan (SIIP)

6.3. Appendix 3 is the SIIP Board level risk summary

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Meeting Name:	Integrated Care Board meeting
Agenda item no.	ICB 27-11.087
Meeting Date:	27 November 2024
Report title:	Integrated Performance Report – September 2024
Report presented by:	Claire Skidmore, Chief Finance Officer
Report approved by:	Claire Skidmore, Chief Finance Officer
Report prepared by:	Julie Garside Director of Planning, Performance, BI & Analytics and Angie Parkes, Head of Performance and Planning
Meeting report previously presented:	None

Action Required (please select):

A=Approval **R=Ratification** **S=Assurance** **S** **D=Discussion** **I=Information** **I**

Executive Summary

The System continues to have significant performance pressures in Urgent and Emergency Care (UEC), planned care (long waits, diagnostics & cancer) and Finance.

Key points from report:

- The system financial position at month 7 is a £27.6m YTD deficit which is £11.7m adverse to plan. NHS STW ICS submitted a 24/25 deficit plan of £89.9m. An allocation to fund the planned deficit was transacted in M6 resulting in a revised breakeven plan for the System. The allocation has been distributed between organisations previously planning a deficit (SaTH and ICB), with the remaining ICB deficit offsetting the surpluses being reported in other System Providers.
- If all unmitigated risks were to materialise, the risk adjusted System deficit would be £29.2m. System partners are working on the mitigation plan to support delivery of the financial plan.
- 4-hour A&E and 12-hour breaches have returned to within normal variation and patients waiting over 12hrs have increased. There continues to be improvement in super stranded patient numbers and the levels of complex discharges. Cat 2 response times remain on track with the regional plan but are above the national target.
- There is improving performance across mental health metrics, but some concern over the pace of improvement of the dementia diagnosis rate and CYP access.
- Long waits continue to be an area of concern. The system did not achieve zero 65 week waits by the September 2024 deadline. The system is reporting 24 over 78 week waits and 777 over 65 week waits at the end of October. Our providers are forecasting 43 >78wks and 661 >65wks at the end of November.
- Community waits exceeding 52 weeks have reduced slightly for CYP but increased for adults. Improvement plans are being managed via the monthly contract review meetings with SCHT.
- Diagnostic standards for 6 weeks and 13 week waits are failing their targets and are a cause for concern. Recovery plans are due to be submitted to the ICB by 22 November. In addition to the actions to reduce the access times a detailed action plan is now in place at SaTH to improve the reporting waiting times, especially in MRI, CT and NOUS (non-obstetric ultrasound) where excessive waiting times are currently being seen. This is an absolute priority due to the impact on cancer pathways and associated outcomes for patients.
- The cancer Faster Diagnosis Standard (FDS) is showing normal variation and remains below target but is slightly ahead of its recovery trajectory. FIT performance continues to meet national standard. The backlog of patients waiting over 62 days has decreased to 309 in October. The



Ambition



Compassion



Optimism



Focus

challenged tumour sites are Head & Neck, Colorectal, Urology and Gynae. Actions are being delivered to increase capacity as much as the clinical workforce allows.

- The run rate for pay costs based on M6 has reduced and suggests an overall overspend at year end of £13.4m if continued however workforce efficiency schemes are in place to the value £40m of which £28m is phased in M7-M12.
- The vacancy rate for the system is 8.8% which is reflective of the workforce plan.
- The in-month system sickness absence rate (5.3%) is on target. The staff turnover rate at 10.2% is better than target which is of 11.9%
- Quality remains a priority focus across the System including UEC oversight, cancer and diabetes. Maternity shows an improving picture and stillbirth reported rates stay below the national average. The neonatal death rate remains above the national average and action plans related based on the findings of external review commissioned by SaTH are in place. Clostridium difficile remains over the expected trajectory and MRSA remains a challenge, action plans are in place and work with NHSE continues.
- The Board is asked to note that the current data warehouse issues at SaTH continue to have an impact on the ICB's ability to report activity and model the associated effect on our reported system level of Value Weighted Activity vs plan and anticipated Elective Recovery Fund (ERF) income. SATH are working to remedy the issues and the ICB & SaTH have submitted a national payment variation request which is expected to mitigate the income risk.

Recommendation/Action Requested:

For the Board:

- To **note** the contents of the report

Does the report provide assurance or mitigate any of the strategic threats or significant risks in the System Board Assurance Framework?

N	Yes	<p>If yes, please detail: Strategic risk no. 2: Risk of not delivering sustainable services within available resources – Second line assurance Strategic risk no. 3: STW is seeing a growing and ageing population; services and the workforce will need to adapt and shape to meet these needs. There is a risk that this capacity and capability will not be sufficient to meet population needs nor be able to focus on tackling identified and emergency health inequalities in every instance – second line assurance</p>
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How does this report support the ICB's core aims:

Improve outcomes in population health and healthcare	This report seeks to provide assurance against key measurable outcomes and to highlight areas of concern and actions being taken to address these, to support improving outcomes in population health.
Tackle inequalities in outcomes, experience, and access	It identifies areas of concern which may support further investigation to determine whether there is any impact on inequalities.
Enhance productivity and value for money	It identifies areas of concern which may support further investigation to determine whether there is any impact on productivity or value for money.
Help the NHS support broader social economic development	N/A

Conflicts of Interest

None identified

Implications

Engagement with Shropshire, Telford & Wrekin residents, and communities	None
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Resource and financial	The system has a £11.7m adverse variance against year to date plan which requires action if we are to meet our planned deficit position at year end.		
Quality and safety	See Quality section		
Sustainability	Delivery of the financial plan and efficiency plan targets support financial recovery and sustainability.		
Equality, Diversity and Inclusion	None		
Impact Assessments	Yes	No	N/A
Has a Data Protection Impact Assessment been undertaken?			N/A
Has an Integrated Impact Assessment been undertaken?			N/A
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?			N/A

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Integrated Performance Report – Summary

1. Introduction

1.1. The IPR provides assurance on all aspects of performance, Quality, Finance, Operational and Workforce.

2. Performance Overview

High Level Performance Dashboard – Operational Performance

● Better ● Within 10% ● Greater than 10%

Workstream	Metric Name	Metric Type	Target	Q1			Q2			Q3	
				Apr	May	Jun	Jul	Aug	Sep	Oct	
LDA	Adults with LDA in a MH Inpatient Unit (per million)	STW	30	45.8	45.8	45.8	48.3	53.4	53.4	55.9	
	CYP with LDA in a MH Inpatient Unit (per million)	STW	10	40.1	40.1	40.1	30.1	30.1	30.1	30.1	
	% Annual Health checks per LD register aged 14 or over	STW	75.0%	2.7%	6.8%	11.1%	16.4%	21.3%	24.5%		
Mental Health	Talking Therapies reliable recovery after 2+ contacts	STW	48.0%	52.0%	52.0%	51.0%	46.0%	47.0%	49.0%		
	Talking Therapies patients reliably improved after 2+ contacts	STW	67.0%	75.0%	77.0%	75.0%	73.0%	73.0%	72.0%		
	Dementia diagnosis rate	STW	66.7%	60.8%	61.2%	61.2%	61.3%	61.3%	61.4%		
Cancer	Proportion of Adult SMI having Physical Health Checks	STW	75.0%	63.6%	60.4%	55.2%	55.9%	52.7%	51.7%	51.3%	
	28 Day Faster Diagnosis Standard	STW	77.0%	74.5%	69.1%	66.4%	71.2%	68.5%	68.3%		
	FIT – % of suspected Lower GI cancers with FIT	STW	80.0%	81.7%	81.5%	89.8%	89.6%	95.7%	90.8%	86.7%	
Diagnostics	Referral to treatment < 62 days %	STW	85.0%	58.5%	60.4%	58.2%	54.4%	54.4%	50.6%		
	All Diagnostics – < 6ww against target	STW	85.0%	73.1%	71.4%	66.0%	63.9%	60.2%	62.2%		
Community	2hr Urgent Community Response	SCHT	70.0%	80.4%	80.0%	83.9%	73.2%	76.1%	82.6%	70.0%	
		STW	70.0%	80.4%	82.9%	83.9%	73.2%	75.6%	82.6%		
Planned Care	Incomplete RTT pathways of 78+ weeks	SaTH	0	0	0	0	1	49	49		
		RJAH	0	5	2	5	6	8	15		
		STW	0	5	3	5	3	53	58		
	Incomplete RTT pathways of 65+ weeks	SaTH	0	708	824	1,185	1,025	948	508		
		RJAH	0	276	314	297	253	295	358		
		STW	0	934	1,097	1,438	1,228	1,170	744		
	Incomplete RTT pathways of 52+ weeks	SaTH		3,210	3,321	4,131	3,944	4,088	3,705		
		STW	0	436	491	564	542	481	395		
	UEC	Incomplete RTT <18 weeks at month end	STW	92.0%	51.9%	53.4%	51.3%	51.7%	48.7%	47.4%	
		Cat 2 Response Mean time	WMAS	00:30	00:38	00:39	00:34	00:28	00:24	00:34	00:40
% of Ambulance Handovers within – 15 mins		WMAS	65.0%	12.6%	11.5%	11.5%	14.9%	20.4%	13.3%	12.2%	
% of Ambulance Handovers within – 60 mins		WMAS	100.0%	67.4%	64.9%	70.3%	76.9%	82.9%	68.2%	65.4%	
A&E 4 hour performance achievement (Type 1&3)		SaTH	70.3%	49.9%	48.4%	52.0%	54.7%	55.7%	52.2%	52.2%	
		STW	78.0%	60.2%	59.1%	61.8%	64.6%	64.9%	62.1%	61.3%	
ED attendances		SaTH		10,713	11,073	10,501	10,516	10,059	10,075	10,608	
A&E 12 hour breaches		SaTH	0	2,529	2,681	2,308	2,106	2,080	2,394	2,494	
No Criteria To Reside – Average patients not discharged		SaTH	57	127	111	114	106	92	90	100	
		SCHT	20	16.6	14.1	20.7	22.1	20.5	18.0	17.8	
No Criteria To Reside – Avg. Length of stay on List	SaTH	2	3.0	3.4	3.7	3.4	3.1	3.1	2.9		
	SCHT	4	9.1	7.5	6.6	7.6	7.6	6.5	7.6		

2.1. Operational Performance

2.1.1 Within Primary Care no increases in ED, UC and 111 are being detected as a result of collective action. Ten of the 12 scheduled practice visits have been completed. The pharmacy workstream with PCARP are above or matching their trajectories. It should be noted that following a recent ballot by the National Pharmacy Association, Community Pharmacies in England may also join GPs in taking collective action over their funding and the financial impact of the recent budget. Action could begin in January 2025.

- 2.1.2 In UEC the 4-hour performance remains in normal variation but is not achieving its target and the 12-hour breaches remain within normal variation but are still high. Actions are in place to improve these positions.
- 2.1.3 The Operational Plan for 24/25 set a target of zero patients waiting more than 65 weeks by September 24. The system has been unable to deliver this target and is forecasting to have 43 > 78 week waits and 661 > 65 week waits at the end of November. The system remains under Tier 1 scrutiny and NHSE are supporting the system to access as much appropriate insourcing, outsourcing and mutual aid as is available.
- 2.1.4 Community waits remain a concern with adult services increasing by 442 to 1,606 from August to September. Improvement plans and associated trajectories are being managed via the monthly contract review meetings with SCHAT.
- 2.1.5 The cancer backlog of patients waiting over 62 days is now falling and is slightly better than the revised recovery trajectory. The cancer Faster Diagnosis standard (FDS) within 28 days is showing normal variation and remains below target but is slightly ahead of its recovery trajectory and FIT performance continues to meet national standard below target. Lower GI referrals with a FIT result continue to exceed target. The challenged tumour sites are Head & Neck, Colorectal, Urology and Gynae. Key actions are being taken with support of NHSE to increase capacity in these areas including a new Triomic study which should act to reduce the referral to diagnostic element of the colorectal pathway from ~27 to 13days.
- 2.1.6 Diagnostic standards for 6 weeks and 13 weeks waits are failing their targets and are a cause for concern. Recovery plans are due to be submitted to the ICB by 22nd November. Modalities of concern are MRI, NOUS, Cardiorespiratory and Endoscopy. In addition to the actions to reduce the access times a detailed action plan is now in place at SaTH to improve the reporting waiting times, especially in MRI, CT and NOUS. This is an absolute priority due to the impact on cancer pathways and associated outcomes for patients.
- 2.1.7 In both Adult and CYP Mental Health services a number of metrics are show improving performance including dementia diagnosis, adults with SMI annual health checks and CYP access. While improving, these metrics are still below target and are subject to improvement actions. The rate of improvement particularly for dementia diagnosis rate has been too slow so a new improvement plan is now in place. STW are one of the lowest in the region for CYP access and the NHSE regional lead has offered their support to understand what else can be done to improve. LD inpatients for adults and children show normal variation but are subject to small number issues and complexity of patients so performance could easily be negatively impacted quickly.

2.2 Finance

- 2.2.1 At Month 7 (M7) the system has a year-to-date deficit of £27.6m, £11.7m adverse to plan (after deficit plan funding).
- 2.2.2 The current forecast is now £0m following the receipt of £89.9m deficit funding in month 6. The system has reported risk for which no mitigation is currently available to the value of £29.2m and the system has reviewed further mitigations to either reduce risk or find alternate mitigations if costs in excess of plan were to materialise.
- 2.2.3 Efficiency delivery at M7 is £3.57m ahead of plan.

- 2.2.4 Year to date system operational capital spend is £8.4m behind plan due to slippage. The full plan is expected to be delivered by the end of the financial year with schemes coming online in later months.
- 2.2.5 The total system capital plan is £27m behind plan predominantly due to the phasing of the HTP plan as there was a delay in signing contracts.

2.3 Quality

- 2.3.1 UEC oversight remains a priority following the CQC inspection and the more recent Channel 4 Dispatches programme and there is an action plan and quality oversight dashboard to monitor and ensure improvements. Both ED sites have been visited.
- 2.3.2 Cancer remains an area of focus due to a deterioration on Cancer Waiting Times performance and the backlog of patients waiting over 62 days on a cancer pathway.
- 2.3.3 Diabetes remains a focus with a drive to improve outcomes and experience across the System. There are now clear steps to take the diabetes transformation approach forward.
- 2.3.4 Stillbirths reported are below the national average; however, the neonatal death rate remains above the national average. An external review was commissioned by SaTH and undertaken in November 2023; this report is now shaping improvement work and there are system workshops aimed at understanding key actions. Work is ongoing.
- 2.3.5 *Clostridium difficile* remains over the expected trajectory and MRSA bacteraemia remains a challenge. SaTH has an action plan in place following a review of practice against national guidance. This has been developed with NHSE support.
- 2.3.6. A System rapid response meeting is planned to ensure pathways are in place for possible Mpox cases within ST&W.

2.4 Workforce

- 2.4.1 The run rate for pay costs based on M6 suggests an overall overspend at year end of £13.4m however workforce efficiency schemes are in place to the value £40.3m of which £28m is phased in M7-M12.
- 2.4.2 The vacancy rate for the system is 8.8% which is reflective of the workforce plan.
- 2.4.3 The in-month system sickness absence rate (5.3%) is on target. The staff turnover rate at 10.2% and is better than plan (11.9%).

3 Conclusion

- 3.1.1 Improvements in performance metrics can be seen across a number of areas including UEC and Mental Health, but there remain areas of concern within UEC (4hr and patients>12hrs) and Planned Care (long waits, diagnostics and cancer). Many of these metrics are still below target so continued monitoring is required to ensure planned improvements continue and are sustainable. The system continues to be in Tier 1 for UEC, Elective Care and Cancer receiving the corresponding support from NHSE.

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4 Recommendations

4.1 To note the contents of the report.

5 Appendices

5.1 Integrated Performance Report November 2024.

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Meeting Name:	ICB Public Board
Agenda item no.	ICB 27-11.088
Meeting Date:	28 th November 2024
Report title:	System Level Access and Improvement Plan STW ICB November Update
Report presented by:	Dr. Lorna Clarson, Chief Medical Officer
Report approved by:	Dr. Lorna Clarson, Chief Medical Officer
Report prepared by:	Nicola Williams, Interim Associate Director of Primary Care
Meeting report previously presented:	
Action Required (please select):	
Information X	
Executive Summary	
<p>Amanda Doyle wrote to ICBs in April 2024 and asked that as part of the second year of the Primary Care Access Recovery Program (PCARP) they report progress at their public board meeting in October/November. This should include local plans to improve access, progress against the primary and secondary care interface, and:</p> <ul style="list-style-type: none"> • a breakdown of the use of the funding streams for primary care in 2023/24 • projected use in 2024/25, including for service development funding (SDF) for high quality online consultation software and transformation funding • an update on how many PCNs have claimed the 30% Capacity Access Improvement Plan (CAIP) payments. 	
Recommendation/Action Requested:	
The Board is asked to note the information provided about the SLAIP/PCARP program and progress in 23/24 and YTD 24/25.	
Does the report provide assurance or mitigate any of the strategic threats or significant risks in the System Board Assurance Framework?	
No	Yes
If yes, please detail:	
How does this report support the ICB's core aims:	
Improve outcomes in population health and healthcare	The PCARP program objectives are to increase population access to General Medical Practice over a two-year period reducing variation across the county. General Practice is mainly the first point of contact for patients seeking medical attention.
Tackle inequalities in outcomes, experience, and access	The PCARP program objectives are to increase population access to General Medical Practice over a two-year period reducing variation across the county.
Enhance productivity and value for money	Increasing Access to GP services through additional routes and appointments.
Help the NHS support broader social economic development	N/A
Conflicts of Interest	
None	
Implications	
Engagement with Shropshire, Telford & Wrekin residents, and communities	

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Resource and financial			
Quality and safety		X	
Sustainability			
Equality, Diversity and Inclusion		X	
Impact Assessments	Yes	No	N/A
Has a Data Protection Impact Assessment been undertaken?			X
Has an Integrated Impact Assessment been undertaken?			X
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?			X

1. Introduction

- 1.1 In May 2023 the government announced a two-year recovery plan for Primary Care (General Practice) that was titled the Primary Care Access Recovery Plan (PCARP).
- 1.2 Since the launch of the PCARP program there have been significant improvements across the county in digital telephony, the expansion of ARRs roles, engagement with the General Practice Improvement Program, movement towards a modern general access model and better mapping and understanding of appointments in general practice.
- 1.3 At the same time, we have seen two practices merge and a new PCN created meaning that across STW we now have 50 practices across nine PCNs.
- 1.4 The 2023/24 STW Primary Care Access Improvement Plan set out our ambition to improve local access to general practice, maintain and improve patient satisfaction and streamline access to care and advice.

The targets for 2023/24 are shown in Appendix 1 alongside the end of year position against the national targets.

- 1.5 The second year of the program has been renamed to reflect the position that increasing access to general practice is more than a primary care responsibility and will require action from the whole system. The program is now known as the System Level Access Improvement Program (SLAIP). On 9th April 2024 Amanda Doyle wrote to all ICBs setting out the intentions for the second year of the PCARP program and providing 10 Delivery Actions for 2024/25.¹
- 1.6 These were still framed around the four areas from the 23/24 plan:
 - A) Empowering Patients
 - B) Implementing Modern General Practice
 - C) Building Capacity
 - D) Cutting Bureaucracy

¹ [NHS England » Delivery plan for recovering access to primary care: update and actions for 2024/25](#)

Table of 2024/25 delivery actions including YTD position and anticipated year end position.

A. Empower patients			Local Target	YTD / Latest Month	YE avg. PCM <i>Linear / seasonal trends where appropriate based on avg. from Apr-23</i>
1	Increase use of NHS App and other digital channels to enable more patients to access to their prospective medical records (including test results) and manage their repeat prescriptions.	Increase NHS App record views from 9.9m to 15m per month by March 2025.	N/A	NHS App record views PCM avg. = 234,612* Increase of 260% on previous YTD *Value likely to be an undercount as big drop MoM suggesting a data quality issue.	(23/24 per month = 85,076) 24/25 per month = 220,789** Forecasted Increase of 160% **using Apr-23 to Jun-24 only
		Increase NHS App repeat prescription numbers from 2.7m to 3.5m per month by March 2025.		NHS App repeat prescriptions PCM avg. = 44,554 Increase of 58% on previous YTD	(23/24 per month = 30,367) 24/25 per month = 46,447 Forecasted Increase of 53%
2	Continue to expand Self-Referrals to appropriate services.	Increase number of self-referrals across appropriate pathways by a further 15,000 per month by March 2025.	887 PCM	July 2024 (latest figures) 862/887	> 887pcm
3	Expand uptake of Pharmacy First services.	Increase PF pathways consultations per month by at least 320,000 by March 2025.	No Local Targets	PF consultations PCM avg. YTD to Sep = 1,814	New service, Dec 2024 new resource to focus on area, 24/25 PCM = 226 based on Apr-24 onwards 24/25 per month = 1,742
		Increase oral contraceptive		Oral Contraception consultations PCM	

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		n prescriptions coming directly from a Community Pharmacy by at least 25,800 by March 2025.		avg. YTD to Sep = 168	
		Increase Community Pharmacy Blood Pressure check appointments by at least 71,000 per month by March 2025 as part of our ambition to deliver a further 2.5 million blood pressure checks in community pharmacy.		Blood Pressure consultations per month avg. YTD to Sep = 1,588	
B. Implement Modern General Practice Access					
4	Complete implementation of better digital telephony.	Percentage of PCN practices meeting CAIP payment criteria (>90%).	90%	4 PCNs have claimed to date (44%)	100%
5	Complete implementation of highly usable and accessible online journeys for patients.	Percentage of PCN practices meeting CAIP payment criteria (>90%).	90%	3 PCNs have claimed to date (33%)	90%
6	Complete implementation of faster care	Percentage of PCN practices	90%	3 PCNs have claimed to date (33%)	90%

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	navigation, assessment, and response.	meeting CAIP payment criteria (>90%).			
7	National transformation/improvement support for general practice and systems.	Programme milestones including sharing evidence, standards, best practice and support tools; which in turn enhance system-led targeted support to practices and PCNs.	Available to all practices	All 50 practices have received T&TS funding. 3 practices engaging in the new 2024/25 national GP Support Offer. Additional Local Support Offer in place with 13 practices supported to-date (2023-25)	N/A
C. Build capacity					
8	Continue with expansion and retention commitments in the Long-Term Workforce Plan (LTWP).	As per the LTWP .	No local targets.	See report.	
D. Cut bureaucracy					
9	Make further progress on implementation of the four Primary Care Secondary Care Interface Arm recommendations	Baseline in April 2024 using assessment tool and monitor ICB progress against implementation of AoMRC recommendations based on NHS Trust provider returns every 6/12.		There was a self-assessment in April/May by all four provider trusts and all rated themselves 0 against all four areas. This was repeated in October 2024 (see report) and ratings have improved.	

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10	Make online registration available in all practices.	More than 90% of practices using the on-line registration system by 31 December 2024.	90%	Sept 2024 100%	100% by September so this will remain the position at year end.
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2. Main Report/Information

2.1 Increased use of NHS App and other digital channels

2.1.1 National and local promotion of the NHS App continues. National promotional material shared via social media to encourage take-up, as well as via the in-practice waiting room calling boards. October 2024 national dashboard statistics show just over 500,000 logins to the NHS App within Shropshire, Telford & Wrekin.

2.2 Continue to expand Self-Referrals to appropriate services

2.2.1 The self-referral programme was limited to seven core services namely: -

- Community Musculoskeletal Services
- Audiology for older people including hearing aid provision
- Weight Management Services (Tier 2)
- Community Podiatry
- Wheelchair Services
- Community Equipment Services
- Falls service

2.2.2 The purpose of the self-referral programme was to relieve the pressure on primary care services. When this programme commenced there was no capacity in commissioning to lead this programme of work. Therefore, commissioners and providers and primary care to date have not come together to address what would be the most impactful services that could be targeted.

2.2.3 NHSE set a monthly target for STW of 887 self-referrals per month. The commissioner reviewed the current returns to NHSE, and it appears that the services that are being reported on by SCHAT at present exceed the list above but by default enable STW to meet the targets set.

2.2.4 NHSE has expanded the list of services for self-referral from 7 to 57 service lines.

2.2.5 Following the Management of Change the commissioning team has been increased and a dedicated member of the team will now lead on this work in partnership with primary care colleagues.

2.2.6 Before STW considers the services now in scope the following actions will need to be undertaken:

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- Commissioner to ask SHT for a list of services patients can self-refer to and compare against what has been reported against so far.
- Commissioner to speak to NHSE for more information behind the service lines where they are non-specific.
- Primary Care to review the list and consider which would mostly reduce pressure on primary care.
- Primary Care to advise if care navigators could support self-referral for those who require additional help.

2.3 Expand uptake of Pharmacy First services

2.3.1 This delivery action requires the ICB to expand use of Pharmacy First Services including Clinical Pathways, Blood Pressure Checks and Oral Contraception via Community Pharmacies.

2.3.2 Launching in January 2023, Shropshire Telford and Wrekin were the first Midlands ICS to achieve 100% sign up to the Pharmacy First service which incorporates Clinical Pathways. Collaborative working relationships between the ICB Primary Care Team, Medicines Management Team, Comms Team and Local Pharmaceutical Committee has enabled a strong roll out for the first 6 months of service provision with STW being consistently in the top 5 performing ICSs nationally for clinical pathway activity per 100k population.

2.3.3 While the Community Pharmacy Blood Pressure Check Service has been active since 2019, the Delivery Plan for Recovering Access to Primary Care relaunched and refocussed this service with a view to expanding the volume of checks undertaken. Shropshire Telford and Wrekin pharmacies have built on a strong foundation to incrementally increase the number of blood pressure checks undertaken from less than 1000 checks per month up to 2500 checks per month. This increase has been supported by utilising a making every contact count approach in pharmacies and linking in with a variety of outreach health check projects carried out by charities and local authorities.

2.3.4 Initial implementation support for the three Pharmacy Services was focussed on Pharmacy First Clinical Pathways and the Blood Pressure Check Service. While delivery of the expanded Pharmacy Contraception Service was originally slow, increased public comms and awareness campaigns along with training and development support offered to pharmacies has seen confidence grow in the service.

2.3.5 Currently over 200 women a month are now accessing oral contraception through STW pharmacies without a prescription. These are women who would have otherwise needed an appointment at general practice or sexual health service, or at be at risk of an unintended pregnancy. The expansion of this service represents a significant move forward in improving access to women's health services across STW.

2.3.6 Overall STW is progressing well with expanding the uptake of Pharmacy First services, with an expectation that we are meeting current trajectories for ICS contributions to national ambitions. Work will continue, with additional ICB resource and recruitment of a Community Pharmacy PCN Engagement Lead to allow a greater focus on delivery over the coming six months.

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2.4 Implement Modern General Practice Access

2.4.1 Modern general practice is the foundation of a transformation journey to better align capacity with need, improve patient experience and improve the working environment for general practice staff. The principles of modern general practice have been set out in NHS England's [Delivery plan for recovering access to primary care](#) and also form part of the Capacity and Access Payment (CAP) under the [PCN Network Contract DES 2024/25](#).

Appendix 2 sets out the Modern General Practice Model.

2.5 Complete implementation of better digital telephony

2.5.1 As part of the PCARP funding 16 practices qualified for funding support to move away from a traditional analogue phone system to a cloud-based platform. Financial support was provided for these practices with exit costs of their existing supplier as well as implementation costs for the incumbent.

2.5.2 As other practices reach the end of their existing contracts there is a requirement to procure via the national 'Better Purchasing Framework'. Over a dozen practices have been through this process to date.

2.5.3 On 10 November 2024 three of the nine STW PCNs have claimed against the Better digital telephony CAIP requirement giving assurance that all their practices have achieved the below requirements.

Better digital telephony	Digital telephony solution implemented, including call back functionality; and each practice has agreed to comply with the Data Provision Notice so that data can be provided by the supplier to NHS England. Digital telephony data is routinely used to support capacity/demand service planning and quality improvement discussions.
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2.6 Complete implementation of highly usable and accessible online journeys for patients

2.6.1 All practices within Shropshire, Telford & Wrekin have access to an Online Consultation Tool, and this is promoted through their practice website as well as the messaging on their telephony systems.

2.6.2 On 10 November 2024 three of the nine STW PCNs have claimed against the simpler online requests CAIP requirement giving assurance that all their practices have achieved the below requirements.

Simpler online requests	Online consultation (OC) is available for patients to make administrative and clinical requests at least for the duration of core hours. Practices have agreed to the relevant data provision notice (DPN) so that data can be provided by the supplier to NHS England as part of the ' submissions via online consultation systems in general practice ' publication.
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2.7 Complete implementation of faster care navigation, assessment, and response

2.7.1 On 10 November 2024 four of the nine STW PCNs have claimed against the Faster Care Navigation, Assessment, and Response CAIP requirement giving assurance that all their practices have achieved the below requirements.

Faster care navigation, assessment, and response	<p>Consistent approach to care navigation and triage so there is parity between online, face to face and telephone access, including collection of structured information for walk-in and telephone requests.</p> <p>Approach includes asking patients their preference to wait for a preferred clinician if appropriate, for continuity.</p>
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2.7.2 It should be noted that from 1st August 2024 practices have been taking collective action following a national ballot called by the BMA over the summer. The GPCE have made some recommendations about the actions, and this affects the number of practices who have signed the declarations for payment of the CAIP payments so far this year. We do not believe that this is an accurate position of achievement for PCNs to a record of those who have self-declared.

2.7.3 GPCE's recommendation:

Practices should defer signing declarations of completion for "better digital telephony" and "simpler online requests" until further GPC England guidance is issued in early 2025.

Better digital telephony: Practices who have not declared or received monies need not agree to share call volume metrics before October 2024, beyond which NHS England has signalled its intention to issue a contract variation notice to make the sharing of the eight call data metrics they have identified as contractual within / PMS.

Simpler Online Requests: Practices who have not declared or agreed to share data as part of the "online consultation systems in general practice" publication, nor received monies, may continue to switch off their online triage tool during core hours, when they have reached their maximum capacity.

2.8 National transformation/improvement support for general practice and systems

2.8.1 The [Transition and Transformation support funding](#) is a nationally allocated funding stream linked to the Delivery plan for recovering access to primary care aiming to support practices with some of the costs associated to making the change to a Modern General Practice Access Model.

2.8.2 The Transition and Transformation support funding was available to all STW practices during 2023-2025 to help clear backlogs or work before making the change to a Modern General Practice Access Model.

2.8.3 STW ICB was able to draw down a maximum payment of £760,000 over the two-years with a national average payment guide of £13,500. per practice.

- 2.8.4 All 50 practices have applied for and been successful in securing payment. This work continues throughout 2024/25 with funding being used to provide additional phone functionality, improve practice websites in line with the national toolkit, implement and improve new triage models, improve care navigation processes, and clear backlogs of work.
- 2.8.5 The national General Practice Improvement Programme (GPIPI) was introduced as part of the Delivery Plan for recovering access to primary care and included support to:
- better align capacity with demand
 - improve the working environment for staff
 - improve patient experience
 - build their capacity to sustain improvement
- 2.8.6 During 2023/24 eight practices completed the intermediate offer and two practices the intensive offer, with 10 practices completing the Support Level Framework diagnostic tool as part of this.
- 2.8.7 During year two, three additional practices have taken up the revised Practice Level Support Offer working with the national team.
- 2.8.8 Alongside the national offer, STW ICB commission the GP Support Team to provide a more tailored and flexible local support offer. Over the two years the team have worked with 13 practices.
- 2.8.9 Effective care navigation is a key enabler of a modern general practice access model, with benefits for both practices and patients. Whilst end of year national care navigation training data has not been made available, February 2023 data showed that over 40 practices nominated staff to attend, with 78 modules completed.
- 2.8.10 A local offer was also provided through the Training Hub with 30+ practice staff attending.
- 2.9 Continue with expansion and retention commitments in the Long-Term Workforce Plan (LTWP)**
- 2.9.1 The ICB Primary Care Team continues to work collaboratively with system partners on all relevant aspects of the LTWP. This includes providing data and narrative around workforce plans and working to join-up various retention initiatives across system providers.
- 2.9.2 The number of staff employed/engaged by PCNs under the ARRS increased during 2023/24 with a total of 375 (headcount) and 295 (WTE) in post at the end of March 2024, across 20 different roles. All PCNs were able to spend nearly up to their full allocation with some significant increased recruitment towards the end of the financial year. The projection for 2024/25 is that, as with 2023/24, PCNs will spending up to, or at, their full allocation with headcount and WTE numbers like last year.
- 2.9.3 One of the key ARRS changes this year was the introduction of GPs to the ARRS from October 2024. The ICB has worked closely with PCNs to both ensure that the

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eligibility rules are fully understood and to work with local GP networks to identify potential GP recruits. It is likely that all nine PCNs will have recruited at least one GP under this new scheme by the end of March 2025, but it is unlikely that the full allocation will be used – this is due to the very late notification from NHSE of the scheme rules and funding.

- 2.9.4 The STW Primary Care Training Hub and Clinical Facilitators work closely with all PCNs supporting these areas providing access to preceptorship programmes, advanced practice training, CPD, peer support and clinical supervision, all which support recruitment and retention and increase capacity and capability of MDTs.

2.10 Make further progress on implementation of the four Primary Care/Secondary Care Interface Arm recommendations

- 2.10.1 The NHSE ambition is to reduce time spent by practice teams on lower-value administrative work and work generated by issues at the primary-secondary care interface. Practices estimate they spend 10% to 20% of their time on this.
- 2.10.2 ICB chief medical officers are required to establish a local mechanism, which will allow both general practice and consultant-led teams to raise local issues, to jointly prioritise working with Local Medical Committees, and to tackle the local high-priority issues.
- 2.10.3 In the 2023/24 contract NHSE significantly streamlined the PCN contract financial incentive targets from 36 to 5 indicators to enable practices to focus on improving patient experience and to create the capacity to deliver the changes in the plan.
- 2.10.4 In November 2023, STW launched a Primary Care/Secondary Care Interface Group (PCITG) chaired by the Chief Medical Officer with membership from Medical Directors of all four local secondary care providers, the GP Board and the Local Medical Committee. Meeting monthly, a key priority of the group is to develop a joint plan to address:
1. *Onward referrals*: if a patient has been referred into secondary care and they need another referral, for an immediate or a related need, the secondary care provider should make this for them, rather than sending them back to general practice
 2. *Complete care*
 - a. fit notes and
 - b. discharge letters: trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need, rather than leaving patients to return prematurely to their practice
 3. *Call and recall*: for patients under their care, NHS trusts should establish their own call/recall systems for follow-up tests or appointments.
 4. *Clear points of contact*: single routes for general practice and secondary care teams to communicate rapidly: e.g., single outpatient department email for GP practices or primary care liaison officers in secondary care.

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2.10.5 Systems have been asked to self-assess progress against these four actions in acute settings on a bi-annual basis. The most recent assessment took place in September 2024 and is tabled below.

Priority	SaTH	RJAH
Onward Referrals	Level 1 - Widespread and consistent use of onward referrals for immediate needs e.g. two weeks referral	Level 2 - Level 1 + widespread and consistent use of onward referrals for a need related to the condition for which they had been originally referred (*non urgent)
Complete Care – Fit Notes	Level 1 - Fit notes (handwritten or electronic) are routinely issued for outpatients and inpatients, for the full appropriate estimated time period. There is guidance for healthcare professional (HCPs) on appropriate time-periods and types of sick leave for specific conditions	Level 1 - Fit notes (handwritten or electronic) are routinely issued for outpatients and inpatients, for the full appropriate estimated time period. There is guidance for healthcare professional (HCPs) on appropriate time-periods and types of sick leave for specific conditions
Complete Care – Discharge Summaries	Level 0 - No 'GP Actions' section on the front page of discharge letters and 'GP Actions' not clearly listed under a separate headed section on outpatient letters	Level 0 - No 'GP Actions' section on the front page of discharge letters and 'GP Actions' not clearly listed under a separate headed section on outpatient letters
Call and Recall	Level 1 - Manual processes (e.g. letter sent to patient) is in place for checking appointment dates and times e.g. patient calls to check details, and for booking follow-up tests	Level 1 - Manual processes (e.g. letter sent to patient) is in place for checking appointment dates and times e.g. patient calls to check details, and for booking follow-up tests
Clear Points of Contact	Level 0 - No single email or phone number, or agreed alternative, for practices to rapidly contact and resolve issues across all departments/specialities within the trust	Level 1 - Single email or phone number, or agreed alternative, for practices to rapidly contact each department/speciality in the trust, with messages promptly responded to

NB: Results are based on the lowest scoring department to produce a trust-wide assessment.

2.10.6 Key challenges and barriers include developing a trust / system-wide set of professional standards, clinical and operational leadership and a lack of linked digital solution and support across STW.

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2.10.7 Changes in Medical Director Leadership at the ICB since the group inception has hampered progress, with STW considerably under-developed compared to other systems in the region.

2.10.8 A system-wide consensus document is due for imminent final sign-off by Dr Clarson before agreeing how to embed this across the system. The draft document has been included alongside this paper.

2.10.9 The Interface Group will take on a strategic and oversight function, with task and finish groups created to deliver the actions.

2.11 Make online registration available in all practices

2.11.1 *Register for a GP Surgery Service* aims to make registration simpler, easier, and more inclusive for both patients and practices, whilst reducing the administrative time required to complete the process.

2.11.2 All 50 Practices were enrolled prior to the 31 October 2024 deadline. STW were second in the region to achieve this.

2.12 Finance

Summary of Finance/Spend in 23/24

Funding Stream	£ Allocation 23-24	£ Expenditure 23-24
PCN Capacity and Access Payment	1,968,960	1,968,960
Practice Transformation and Transition Funding	379,000	379,000
Practice Digital Telephony Funding	459,000	459,000
Practice Digital Tools Funding	488,000	488,000
<u>System Development Fund (SDF)</u>		
GP Fellowships	302,000	-
GP Retention	98,000	51,000
Supporting GP Mentors	63,000	-
Practice Nurse Measures	25,000	-
PCN Transformation	152,000	152,000
Community Pharmacy expansion	60,000	60,000
Primary Care Training Hub	103,000	99,960
PCN Additional Roles Reimbursement Scheme	10,800,000	10,800,000
Grand total	14,897,960	14,457,920

Predicted Spend in 24/25

Funding Stream	£ Allocation 24-25	£ FOT 24-25
PCN Capacity and Access Payment	2,000,000	2,000,000
Practice Transformation and Transition Funding	381,333	381,333
Practice Digital Telephony Funding	-	-
Practice Digital Tools Funding	398,092	398,092
System Development Fund (SDF)		
GP Fellowships	302,000	302,000
GP Retention	92,000	92,000
Supporting GP Mentors	-	-
Practice Nurse Measures	25,000	25,000
PCN Transformation	167,000	167,000
Community Pharmacy expansion	10,000	10,000
Primary Care Training Hub	103,000	103,000
PCN Additional Roles Reimbursement Scheme	12,244,757	12,244,757
Grand total	15,723,182	15,723,182

2.12.1 Figures above are based on information available as at 24/25 and are subject to change as the year progresses and, particularly when operating within a volatile financial environment and being subject to wider ICB and NHS direction. *Allocations* are anticipated, but not yet finalised. We are forecasting to spend all allocations in full.

2.13 Communications Plan

2.13.1 The ambition for communications and engagement has been to make navigation clearer and easier for patients and staff, and to effectively signpost to proactive and personalised care - linking with our neighbourhood approach for the county.

2.13.2 Activity has included a mix of methods to promote key messages and calls to action around multi-disciplinary teams (MDTs), community pharmacy, NHS 111 and the NHS App, as well as helping people to stay well for longer via self-care messaging.

2.13.3 A sustained communications and social media campaign has been launched on each of the PCARP elements, with resources shared with GP colleagues and key stakeholders for use across their own channels to raise awareness with a broader audience.

2.13.4 Locally developed graphics and high-quality written copy have been designed and shared with stakeholders, as part of communication toolkits, to build understanding, use across practice channels, and to empower colleagues to hold conversations with patients; helping them to understand what different healthcare services do; what different members of the General Practice team can help with; how practices are moving towards more digital access routes; and why they may be seen by someone other than a GP.

2.13.5 To publicise these communications as widely as possible, all usual online and offline distribution routes have been utilised, plus contacts within the local media have been

leveraged to secure regular special features. This has included a series on Modern General Practice and MDTs within local print publications, online sources, as well as broadcast channels.

- 2.13.6 The insight used to inform the campaign, collected via continuous engagement activities across the county, involvement from the People’s Network (the online engagement platform for NHS STW), as well as the data collected during the county’s Big Health and Wellbeing Conversation, has helped to structure messaging and allowed us to be highly targeted in addressing the concerns and interests for each audience, as well as the channels used to communicate.
- 2.13.7 Specific to community pharmacy, the national launch of the Pharmacy First scheme has been utilised in STW to heighten messages through a separate communication campaign. Activity included an interview on the launch of the service, and its benefits to residents, alongside the second phase of the Think Which Service campaign in January which adapted our ‘Think’ messaging to ‘Think Pharmacy First’.
- 2.13.8 Working with local authority colleagues, we also produced information videos and photography assets with local pharmacy colleagues to trial a hyperlocal approach to communications and to add more personality to our digital assets. We have also utilised awareness dates and national campaigns, such as Pharmacy24, to share local successes alongside PCARP messaging.
- 2.13.9 Much of our communications work for PCARP has tied in with the winter campaign for STW – ‘Think Which Service’ – an integrated PR and marketing campaign aimed to alleviate winter pressures. This multimedia promotion work has been informed by local research to understand the most effective approaches to building confidence in local health and care services, to educate on how and when to use services, and to showcase the benefits of doing so.
- 2.13.10 As part of the winter campaign, a four-part podcast series was commissioned on specific topics of interest and presented an opportunity to involve GP colleagues to discuss important issues within healthcare, as well as personal experiences of working in our local services. These topic areas included self-care, MDTs and children’s health, all linking into PCARP key messages. In three out of the four podcasts, General Practice was represented, providing an opportunity to cut through to different audiences and articulate how people can self-care and access the right help/services at the right time.
- 2.13.11 Finally, and in response to the GP Access Report, compiled by Healthwatch Telford and Wrekin, a collaborative communications approach was developed with key partners to provide reassurance to patients and residents. As we know, there are understandable concerns around accessing a GP appointment for patients and the public, which is felt locally as well as nationally. Therefore, the statement drafted (Appendix 4) was aimed to convey compassion and acceptance of the difficulties currently faced, outlining actions that have already been undertaken as part of the plan to improve issues, as well as next steps and key actions in line with the report’s recommendations.

3. Conclusion

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- 3.1 From the information provided in this report it can be demonstrated that there have been significant improvements made by practices across the county in both the first and second years of the program. Appointment numbers have increased, more, different staff are available to patients and patients can use different ways of accessing and managing their care.
- 3.2 The areas that we now need to apply more focus to are the self-referral pathway expansion and promotion and the relationship and interface between Primary and Secondary services to facilitate easier patient journeys for our population.

4. Recommendations

- 4.1 The Board are asked to note the results and successes from the first year of the PCARP program, the change to this being a System Level Access Improvement Plan in the second year, the YTD position against the 24/25 Ten Delivery Actions and the expected position at the end of the year.

5. Appendices

- 5.1 Appendix 1 - STW GP Access Recovery Delivery Plan 2023-24 End of Year position

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Meeting Name:	NHS Shropshire Telford and Wrekin Board	
Agenda item no.		
Meeting Date:	Wednesday 27 th November 2024	
Report title:	Maternity and Neonatal Annual Position Statement	
Report presented by:	Vanessa Whatley, NHS STW Chief Nursing Officer	
Report approved by:	Simon Whitehouse, NHS STW Chief Executive Officer	
Report prepared by:	Vanessa Whatley, NHS STW Chief Nursing Officer	
Meeting report previously presented:	SaTH Board 14.11.24/ QPC 31/10/24	
Action Required (please select):		
A=Approval	R=Ratification	S=Assurance <input checked="" type="checkbox"/> D=Discussion <input checked="" type="checkbox"/> I=Information
Executive Summary		
Maternity and Neonatal care are key areas of care requiring oversight by the ICB Board. This paper provides the current position against key deliverables to provide assurance to the Board including progress with the maternity review and a recent Invited mortality review on the Neonatal unit.		
Recommendation/Action Requested:		
Accept the report as an annual position of Maternity and Neonatal Services in Shropshire Telford and Wrekin.		
Does the report provide assurance or mitigate any of the strategic threats or significant risks in the System Board Assurance Framework?		
No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please detail:
How does this report support the ICB's core aims:		
Improve outcomes in population health and healthcare	Safe and effective maternity and neonatal care.	
Tackle inequalities in outcomes, experience, and access	Maternity and neonatal care is underpinned by the Local Maternity and Neonatal Network System inequalities plan.	
Enhance productivity and value for money	Safe and effective care for people who birth and their families.	
Help the NHS support broader social economic development	N/A	
Conflicts of Interest		
None.		
Implications		
Engagement with Shropshire, Telford & Wrekin residents, and communities	The report provides progress on areas that can improve engagement of our residents and communities.	
Resource and financial	Implications to deliver safe and effective care	
Quality and safety	The report provides information to support safety and quality of maternity and neonatal care.	
Sustainability	N/A	



Ambition



Compassion



Optimism



Focus

Equality, Diversity and Inclusion		The report provides update on strategic direction to ensure STW ICS has equitable maternity and neonatal services.	
Impact Assessments	Yes	No	N/A
Has a Data Protection Impact Assessment been undertaken?		x	
Has an Integrated Impact Assessment been undertaken?		x	
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?		x	

Maternity and Neonatal Annual Position Statement

1. Introduction

- 1.1. Maternity and Neonatal services are provided to the population in Shropshire, Telford and Wrekin Integrated Care System (STW ICS) by Shrewsbury and Telford Hospital NHS Trust (SaTH).
- 1.2. SaTH delivers circa 4000 births per year (2023 figures).
- 1.3. The Local Maternity and Neonatal System (LMNS) supports the co-ordinated, integrated approach to providing maternity and neonatal care within STW ICS. It involves the collaboration of various health and social care providers and voluntary and community services to ensure that expectant mothers, newborns, and families receive high-quality, personalised care throughout pregnancy, childbirth, and the neonatal period (the first 28 days of life).
- 1.4. The Independent Maternity Review at SaTH undertaken by Donna Ockenden produced two reports, with actions specifically for SaTH and actions to be undertaken by other NHS Trusts. The review, and its reports, were published in response to concerns about poor care and a high number of avoidable baby and maternal deaths at the Trust and were published in December 2020 (interim report) and March 2022 (final report).
- 1.5. This report provides an annual summary of the position of maternity and neonatal care in STW ICS.

2. Local Maternity and Neonatal System (LMNS)

- 2.1. The LMNS oversees implementation of the Three-Year Delivery Plan for Maternity and Neonatal Services (published by the UK government in March 2023) which outlines a strategy for improving maternity and neonatal care across the National Health Service. The Plan aims to address the shortcomings in maternity and neonatal care in the UK by implementing systemic changes that focus on safety, workforce support, personalised care, leadership, and the reduction of inequalities. The overall goal is to create a safer, more efficient, and more compassionate maternity and neonatal system for women, babies, and families. It has 8 workstreams which are now replicated in STW with involvement from partners including public health and the neonatal network.
- 2.2. There are four themes to the plan: 1) Listening to and working with women and families with compassion 2) Growing, retaining and supporting our workforce 3) Developing and sustaining a culture of safety, learning and support 4) Standards and structures that

underpin safer, more personalised and more equitable care each with a work plan to align priorities. and the LMNS has organised its work into aligning workstreams. Key local areas of focus are in 2.3-2.4.

2.3. Ensuring there is engagement and learning from lived experience is key to the development of maternity and neonatal services. Two key areas of work of the LMNS facilitate this:

- The introduction of Maternity and Neonatal Independent Senior Advocates (MNISA) is an NHSE pilot to develop an independent role to support birthing people and their families. This independent support aims to address a range of concerns regarding care, complaints processes and feed learning back into the system via the LMNS and senior leadership. The MNISA has commenced in STW November 2024.
- The Maternity and Neonatal Voices Partnership (MNVP) is an initiative that aims to empower service users to have a direct say in the design and delivery of maternity and neonatal services. It focuses on improving care, reducing inequalities, and ensuring that maternity services are truly responsive to the needs of the people they serve. This has previously been volunteer led. However, approval to employ a permanent MNVP lead (22.5 hours per week) in the new structure of the LMNS is now progressing. This will ensure capacity to perform this vital role and will provide stability for the system and the individual.

2.4. Antenatal education provision following cessation of routine access during to the COVID19 pandemic. Discussions and projects are commencing to progress implementation of antenatal education across STW, these include:

- The introduction of parentcraft classes.
- Volunteer peer support training for antenatal education.
- Working with the NSPCC to produce a local guide for expectant parents.
- Extending the mini first aid pilot project to include all of STW in 2024/25.

2.5. As STW only has one maternity provider in SaTH the LMNS is classed as a single provider LMNS. This is not recommended best practice and is an action from the Independent Maternity Review to address. The LMNS is therefore working towards a shared LMNS Programme Board with Staffordshire and Stoke on Trent ICB. Initially this is taking place in shared learning events in agreement with NHS England.

3. Maternity Care

Progress on the Independent Maternity Review Report actions

3.1. The combined independent maternity review reports provided a total of 210 actions for SaTH to undertake. The below chart shows the current position.

3.2. 183 Actions have been completed with evidence of implementation.

3.3. 15 actions have been completed and await evidence of implementation.

3.4. A further 12 actions have not been completed.

- 8 of these have been de-scoped from SaTH actions as these are recommendations for organisations outside SaTH However, the ICB is now tracking these in collaboration with NHSE.
- 4 actions have not yet met the deadline for implementation but are progressing towards their completion date. These have been supported by a business case in 24/25.

- Full details are available in a monthly report to the SaTH Board www.sath.nhs.uk/wp-content/uploads/2024/11/165.24-Integrated-Maternity-Report.pdf

3.5. A robust governance process tracks the monitoring of these actions through to implementation. Outcome data is provided monthly to the LMNS Programme Board as assurance and areas of priority. ICB teams are included in the governance structure as are other partners such as the West Midlands Neonatal Operational Delivery Network (ODN).

Saving babies lives care bundle

3.6. The Saving Babies' Lives Care Bundle (SBL) is a set of evidence-based practices and guidelines aimed at reducing stillbirths and improving the care provided to expectant mothers during pregnancy. It was introduced in the UK by the National Health Service (NHS) in 2016 as part of a national initiative to reduce stillbirth rates by 50% by 2025.

3.7. The care bundle is now composed of six key elements that focus on improving prenatal care, early identification of risks, and timely intervention to improve maternal and fetal outcomes.

3.8. SaTH have declared and evidenced compliance with all 6 key elements.

NHS Resolution's Maternity (and Perinatal) Incentive Scheme (Clinical Negligence Scheme for Trusts - CNST)

3.9. Ten safety actions are set out by NHS Resolution in order to drive safety and reduce obstetric claims. SaTH has declared and evidenced compliance in its annual declaration which includes oversight by Maternity and Neonatal Safety Champions (includes exec and NED champion), the LMNS and ICB Senior Responsible Officer.

4. Neonatal Care

4.1. Neonatal care also is overseen by SaTH Board and the LMNS at system level.

4.2. The Neonatal care unit at SaTH provides Level 2 care and is a designated Local Neonatal Care Unit (LNU). For Level 3 care (Intensive care) babies are managed through the Operational Delivery Network and receive care in an appropriate location.

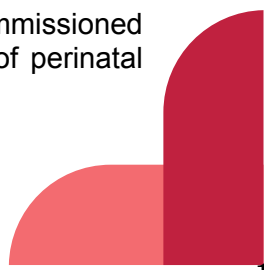
4.3. The key focus is on ensuring a positive experience, supporting babies and families and reducing neonatal mortality.

4.4. Shropshire Telford and Wrekin ICS were identified as outliers for neonatal mortality rates according to MBRRACE-UK (latest available data for 2022, was published in 2024) with a rate of stabilised and adjusted neonatal mortality rate of 1.39 per 1000 live births. This is more than 5% higher than the average for similar trusts and Health Boards in England and Wales. This is similar to several other ICS areas in the West Midlands who also exceed the >5% over the national average. The West Midlands region as a whole is also an outlier.

Neonatal Invited Review

4.5. In response to the MBRRACE-UK report an external neonatal review was commissioned by SaTH in November 2023 to provide an independent and expert view of perinatal

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mortalities, focusing on two consecutive years, 2021 and 2022 (latest published data). This was undertaken by the Royal College of Physicians.

- 4.6. SaTH reported to their Board in November 2024 and the report is appended in appendix 1.
- 4.7. The ICB/LMNS is supporting the action plan to address the recommendations in the invited review.
- 4.8. The ICB LMNS also has an action plan to support the SaTH action plan, through convening system partners to address aspects of some of the recommendations. There is ongoing presence through SaTH governance and oversight by the LMNS Programme Board.
- 4.9. The statutory Child Death Overview Process (CDOP) and resulting learning from the CDOP panel, provides insight into learning from deaths at system level providing public health focus.

5. Regulation

- 5.1. The CQC undertook a full inspection of SaTH in October 2023 including the core services of Maternity and Services for Children and Young People. Overall, the rating for the Trust increased from inadequate to Requires Improvement.
- 5.2. The rating for the core service of Maternity increased from Required Improvement to Good.
- 5.3. The rating for the core service of Services for Children and Young People (includes neonatal unit care) increased from Inadequate to Good.

6. ICB Oversight

- 6.1. The ICB has a nominated Senior Responsible officer for Maternity and Neonatal care in the ICS. This is the Chief Nursing Officer. In addition, the Chief Medical Officer chairs the LMNS Programme Board.
- 6.2. On-site visits to maternity and neonatal services are undertaken by the ICB with input from external partners (including NHSE and external experts) and the MNVP to gain closer understanding and insight of quality and safety in maternity and neonatal care. These are referred to as insight visits, they include progress updates from SaTH service leaders, walking the floor and speaking to people who birth and families as appropriate, speaking to staff across the multidisciplinary team. A report is provided to SaTH and shared with the LMNS.
- 6.3. Visits provide assurance that key actions are in place and develop understanding in the system of key risks and issues which need to be addressed. But also promote a culture of openness, shared learning and support.
- 6.4. The below insight visits have been undertaken in 2023/24:
 - June 24 – Maternity Insight Visit themed on Family Engagement and Feedback
 - July 24 – Maternity Insight Visit themed on Birth Choices
 - November 24 – Neonatal Insight Visit themed on the Neonatal Invited Review Action implementation.
- 6.5. A report is provided to SaTH and shared with the LMNS following each visit.

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7. Conclusion

- 7.1. This annual position statement provides evidence of continuously improving maternity and neonatal services in Shropshire Telford and Wrekin fostering a culture of system learning and support.

8. Recommendations

- 8.1. Accept the report as an annual position of Maternity and Neonatal Services in Shropshire Telford and Wrekin.

9. Appendices

- 9.1. SaTH Board report on the Invited Royal College Physicians Neonatal Mortality Review.

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Meeting Name:	NHS Shropshire Telford and Wrekin Board		
Agenda item no.	27-11.090		
Meeting Date:	Wednesday 27 th November 2024		
Report title:	Quality and Performance Committee Chair's Report		
Report presented by:	Meredith Vivian, Non-Executive Director NHS STW		
Report approved by:	Meredith Vivian, Non-Executive Director NHS STW		
Report prepared by:	Vanessa Whatley, Chief Nursing Officer		
Meeting report previously presented:	N/A		
Action Required (please select):			
A=Approval	R=Ratification	S=Assurance	D=Discussion
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Executive Summary			
<p>The purpose of the paper is to provide a summary of NHS STW Quality and Performance Committee meeting held on <u>25th July 2024</u>. The meeting was quorate, and no conflicts of interest were declared. A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration.</p> <p>The minutes of the meeting are appended.</p>			
Recommendation/Action Requested:			
<p>Accept the report. Consider the alerts for further action.</p>			
Does the report provide assurance or mitigate any of the strategic threats or significant risks in the System Board Assurance Framework?			
No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
If yes, please detail:			
How does this report support the ICB's core aims:			
Improve outcomes in population health and healthcare	Provides assurance of quality and performance risks escalated to the committee		
Tackle inequalities in outcomes, experience, and access	Provides oversight of key quality and performance issues		
Enhance productivity and value for money	Provides areas where quality and performance is assured and therefore enhancing productivity and value for money		
Help the NHS support broader social economic development	N/A		
Conflicts of Interest			
None			
Implications			



Ambition



Compassion



Optimism



Focus

Engagement with Shropshire Telford & Wrekin residents, and communities		N/A	
Resource and financial		Provides assurance of value for money in relation to quality and performance.	
Quality and safety		Provides assurance of quality and safety	
Sustainability		N/A	
Equality, Diversity and Inclusion		EDI is considered in risks.	
Impact Assessments	Yes	No	N/A
Has a Data Protection Impact Assessment been undertaken?		x	
Has an Integrated Impact Assessment been undertaken?		x	
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?		x	

Quality and Performance Committee Chair's report

1. Introduction

- 1.1. The Quality and Performance Committee provides assurance to the ICB Board that regulatory elements of quality are being met as set out in the Health and Care Act 2022 and in line with The National Quality Board, Shared Commitment to Quality (2022). It assures the Board that there is an effective system of quality governance and internal control that supports the development and delivery of sustainable, high-quality care. This is demonstrated through oversight of data and identification of risks and potential inequalities.
- 1.2. The Committee assures the Board that all system providers have oversight of their key performance indicators and/or oversight frameworks and are reporting to the national/required standards. Intelligence with forecasting against demand across the providers and appropriate plans to meet that demand provides assurance that our system providers are utilising performance reporting to for the purposes of quality improvement (QI). Oversight of performance risks is undertaken.
- 1.3. This report provides key points from the Quality and Performance Committee meeting.

Main Report/Information

2. Alerts

- 2.1. For UEC, the number of patients with LoS >21days is above plan and action is being taken by SaTH to bring this back down. The 4hr and patents over 12

measures also continue to be considerably off target but both metrics have improved from a concerning level back to normal variation.

- 2.2. Elective and cancer metrics had deteriorated in SaTH and RJAH with the elective long wait position for over 65 weeks deteriorating from 1272 to 1417. Ongoing data warehouse issues at SaTH were identified as a contributing factor. The impact of the loss of the Limited Liability Partnership (LLP) at RJAH was causing variation.
- 2.3. There was emphasis on harm reviews for cancer care and delays due to emergency care, processes are in place, however there was some backlog at SaTH which is being supported by the ICB.
- 2.4. Progress with the diabetes risk continues to be of concern with detailed outline of planning requested by the chair.
- 2.5. The risk in relation to adult attention deficit hyperactivity disorder (ADHD) waiting list was of increasing concern due to the growth in the waiting list. This is a national and regional issue with a task and finish group in place.
- 2.6. High levels of vacancies in in the Community Trust at 15.8% in May 2024, were escalated by the System Quality Group, mitigations are in place.
- 2.7. High numbers of safeguarding referrals are made by WMAS in quarter four 23/24 there were 830 adult referrals and 229 children's referrals, however these are not all held up. Quality improvement work is needed to understand these further.
- 2.8. The dementia diagnosis rate improved in May to 61.2% but remains below the 66% target, a task and finish group is to lead improvement.
- 2.9. Concerns regarding data quality of Neonatal data are being address with BI team support.

3. Assurance

- 3.1. The compliance with meeting the 28-day standard for continuing healthcare has increased to 86% in June 24 which is over the 80% national standard. The backlog has also been cleared. As a consequence of this there is an increase in appeals, however this is being managed.
- 3.2. For UEC the community urgent care response (UCR) continues to achieve the 70% contact within 2hrs target.
- 3.3. Frailty assessment units were reported as having opened on both SaTH sites.
- 3.4. Talking therapies 'reliable recovery' and 'reliable improvement' have improved above targets at 52% and 72% respectively.

3.5. The NHS 111 mental health option which will include the crisis text service was being implemented.

3.6. The Local Maternity and Neonatal System (LMNS) data has shown a decrease in smoking at time of delivery in May 24 to 6.6% compared to April 24 which was 7.4%. this remains above the target of 6% and the actions remain under evaluation.

4. Advise

4.1. The system insight report is being revised to reflect PSIRF priorities.

5. Recommendations

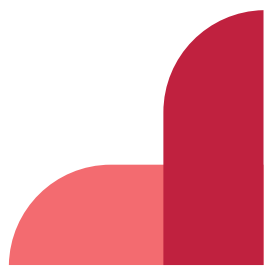
5.1. Accept the report.

5.2. Consider the alerts for further action.

6. Appendices

6.1. Minutes of QPC 25th July 2024.

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Meeting Name:	NHS Shropshire Telford and Wrekin Board
Agenda item no.	27-11.090
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Report title:	Quality and Performance Committee Chair's Report
Report presented by:	Meredith Vivian, Non-Executive Director NHS STW
Report approved by:	Meredith Vivian, Non-Executive Director NHS STW
Report prepared by:	Vanessa Whatley, Chief Nursing Officer
Meeting report previously presented:	N/A
Action Required (please select):	
A=Approval	R=Ratification
S=Assurance	x D=Discussion
I=Information	
Executive Summary	
<p>The purpose of the paper is to provide a summary of NHS STW Quality and Performance Committee meeting held on 26th September 2024. The meeting was quorate, and no conflicts of interest were declared. A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration.</p> <p>The minutes of the meeting are appended.</p>	
Recommendation/Action Requested:	
<p>Accept the report. Consider the alerts for further action.</p>	
Does the report provide assurance or mitigate any of the strategic threats or significant risks in the System Board Assurance Framework?	
No	Yes
<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, please detail:	
How does this report support the ICB's core aims:	
Improve outcomes in population health and healthcare	Provides assurance of quality and performance risks escalated to the committee
Tackle inequalities in outcomes, experience, and access	Provides oversight of key quality and performance issues
Enhance productivity and value for money	Provides areas where quality and performance is assured and therefore enhancing productivity and value for money
Help the NHS support broader social economic development	N/A
Conflicts of Interest	
None	
Implications	
Engagement with Shropshire Telford & Wrekin residents, and communities	N/A
Resource and financial	Provides assurance of value for money in relation to quality and performance.
Quality and safety	Provides assurance of quality and safety
Sustainability	N/A
Equality, Diversity and Inclusion	EDI is considered in risks.



Ambition



Compassion



Optimism



Focus

Impact Assessments	Yes	No	N/A
Has a Data Protection Impact Assessment been undertaken?		X	
Has an Integrated Impact Assessment been undertaken?		X	
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?		X	

Quality and Performance Committee Chair's report

1. Introduction

- 1.1. The Quality and Performance Committee provides assurance to the ICB Board that regulatory elements of quality are being met as set out in the Health and Care Act 2022 and in line with The National Quality Board, Shared Commitment to Quality (2022). It assures the Board that there is an effective system of quality governance and internal control that supports the development and delivery of sustainable, high-quality care. This is demonstrated through oversight of data and identification of risks and potential inequalities.
- 1.2. The Committee assures the Board that all system providers have oversight of their key performance indicators and/or oversight frameworks and are reporting to the national/required standards. Intelligence with forecasting against demand across the providers and appropriate plans to meet that demand provides assurance that our system providers are utilising performance reporting to for the purposes of quality improvement (QI). Oversight of performance risks is undertaken.
- 1.3. This report provides key points from the Quality and Performance Committee meeting.

Main Report/Information

2. Alerts

- 2.1. Lack of progress on the diabetes risk continues to be of concern with a lack of progress on strategic direction, this has been highlighted to senior leaders and the new chief medical officer and remains a focus for the Committee.
- 2.2. UEC performance data has shown improvement associated with a drop in demand in August, including improved 4-hour compliance, ambulance offload and Category 2 ambulance response, however over 12-hour waits remains concerning with over 2,000 patient delays reported. The committee has requested further detail.
- 2.3. Elective care – increasing concern over the number of >78wk waits 57 at the end of August and there were 1249 >65wks and the system will now not achieve the national target of zero over 65wks by the end of September and therefore remains in Tier 1 support with NHSE.
- 2.4. SaTH continue to fail the FDS targets for cancer.
- 2.5. Although increasing, there is a concern that the Serious Mental Illness physical health annual health checks in STW won't meet the target of 75% of registered patients receiving the check due to an increase in registered patients in the year. The reported

figure was 55.9% in July 24. Action includes revision of the service specification to engage a consistent provider.

2.6. SaTH had received the final CQC report in May 24 with UEC core service at Princess Royal Hospital being rated inadequate. An action plan is in place to monitor, there had also been the subsequent Dispatches television programme on 24th June highlighting similar themes, the committee considered both of these findings and the required support. The current plan to address UEC system pressures has been re-assessed as the correct plan and an audit programme at SaTH and regular quality visits led by the ICB are now in place.

2.7. There were 9 child deaths in Q1 of 24/25, this is similar to same period in 23/24. The collaboration between public health and the ICB continue, 6 of these deaths were in under 1-year olds and this are remaining a key area of focus.

3. Assurance

3.1. The number of stranded patients had reduced and no longer a cause for concern supporting flow through acute services.

3.2. For Cancer SaTH have revised their cancer improvement action plan which is now detailed by tumour site with improvements and associated impact and has been shared with NHSE and ICB. They are on track with their reforecast >62 day backlog in August and continuing to achieve the FIT performance target.

3.3. Both safeguarding partnerships are on track to meet the initial requirements of the revised Working together 2023. This includes system governance.

3.4. The KC chair of the Independent Inquiry in the Child Sexual Exploitation in Telford and Wrekin has published his review findings 2 years after the initial report and commended NHS actions.

3.5. A spotlight paper was requested for assurance in the initial health assessments (IHA) for children entering care. These assessments are undertaken by paediatricians at SCHAT and co-ordinated by the LAs. The committee was assured that backlogs had been caught up and children in STW were receiving timely IHAs following a quality improvement project with partners. This is to be commended as many systems have significant issues with these processes.

4. Advise

4.1. GP Collective action commenced in August 2024, the impact on referrals and UEC pressures are being monitored as potentially high impact areas.

5. Recommendations

5.1. Accept the report.

5.2. Consider the alerts for further action.

6. Appendices

6.1. Minutes of QPC 26th September 2024.

Extraordinary Audit Committee 15th November 2024 Key Issues Report	
Report of:	Prof. Trevor McMillan, Audit Chair
Last meeting details:	Date: 15 th November 2024 – Extraordinary meeting Attendees: Prof. Trevor McMillan and Meredith Vivian Apologies: Dr Niti Pall Quoracy (Y/N): Y Any conflicts of interest declared and how these were managed: None declared that required managing
Agenda:	Extraordinary meeting called to consider a proposed Update to the ICB’s Standing Financial Instructions and Financial Scheme of Delegation
1a Alert <i>Matters of concern, gaps in assurance or key risks to escalate</i>	There were no matters of concern or gaps in assurance that were identified in the meeting.
1b Assure <i>Positive Assurances and highlights of note</i>	The Audit Committee noted the following: <ul style="list-style-type: none"> • Additions and amendments have been made to the documents to strengthen their content and, in particular for the SoD, to reflect the amended structures and responsibilities post management of change. In making proposals to update the SFIs and SoD, a review of similar documents published by other ICBs was also undertaken in order to identify areas of good practice. • Changes are highlighted in yellow in the updated documents which are included as appendices with this report in addition to the covering report to Audit Committee. • For the SFI’s, of particular note are proposed changes to the tendering and procurement thresholds. Specifically, the limit at which quotes are formally required has been reduced from £25,000 to £10,000 and the requirement for a tender process to be pursued has been reduced from £75,000 to £50,000. These changes are in line with our internal triple lock process and with limits used in other ICBs.



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		<ul style="list-style-type: none"> Other changes relate to updating role titles, names, references to external bodies or strengthening narrative in existing areas. The Financial Scheme of Delegation document has been expanded to provide greater clarity of responsibility. It incorporates additional staff banding levels in line with the management of change exercise, and also incorporates the new Specialised Commissioning activity transferred to the ICB. This should make the SoD more resilient and robust for any future changes to staffing structures. <p>The Audit Committee were supportive of the proposed changes and recommend that the Board approves the changes shown in the appended documents.</p>
1c	Advise <i>Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.</i>	None identified.
1d	Review of Risks <i>Provide a brief update on any risk that needs to be escalated</i>	No risks were identified.
1e	Sharing of Learning <i>Provide details of key points of learning that could be shared across the organisation</i>	None identified
2	Actions to be considered <i>follow up actions or actions you require colleague support. (Including discussions with</i>	None identified



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	<i>other committees or groups, changes to the work plan)</i>	
3	Recommendations	The Audit Committee recommends that the Board approve the draft Standing Financial Instructions which are appended to this report for consideration.
Report compiled by:	<i>Alison Smith, Chief Business Officer</i>	
Date report compiled:	<i>18th November 2024</i>	
Report approved by:	<i>Prof. Trevor McMillan</i>	
Minutes/action log available from:	<i>Alison Smith, Chief Business Officer</i>	



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Integrated Care Board 27th November 2024 Key Issues Report	
Report of:	<i>Chair of the Finance Committee</i>
Last meeting details:	Date: 30th July 2024 Attendees: per the minutes attached Apologies: per the minutes attached Quorate: Yes – requirements met for sections 1 and 2 No conflicts of interest were declared in either meeting section.
Agenda:	<p>Section 1 (ICB)</p> <ul style="list-style-type: none"> • Finance Risk Register/BAF Review • ICB Month 3 Finance Update • ICB Month 3 Efficiency Update • Deep Dive – HFMA Financial Sustainability Self-Assessment and Action Plan • Capital Plan Update • Financial Improvement Programme – External Support <p>Section 2 (System)</p> <ul style="list-style-type: none"> • Finance Risk Register/BAF Review • ICS Month 3 Finance Update • ICS Month 3 Efficiency Update • Deep Dive – HFMA Financial Sustainability Self-Assessment and Action Plan • Financial Improvement Programme – External Support Scope • Capital Plan Update
1a	<p>Alert <i>Matters of concern, gaps in assurance or key risks to escalate</i></p> <p>Section 1 (ICB) As part of a discussion about the efficiency programme, the committee were reminded of the required ramp up in efficiency savings in the latter part of the year though noted the good progress to identify schemes and de-risk plans (see Assure section).</p> <p>Section 2 (System) The committee discussed the significant risks to delivery of the annual plan for both revenue and capital, which mean that we cannot be complacent.</p> <p>Whilst delivery against the total system efficiency plan year to date was positive, the committee discussed the risks to delivery of the full year plan and considered the 8% of unidentified schemes, other high risk schemes and the backloading of efficiencies into the second half of the year.</p>



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<p>1b</p>	<p>Assure <i>Positive Assurances and highlights of note</i></p>	<p>Section 1 (ICB) The committee noted that the efficiency plan was now fully scoped with no 'unidentified' balance of schemes. Work to date had also reduced the value of schemes categorised as high risk (to £8.2m and continuing to reduce). This was agreed to be a better place than we were a year ago with our efficiency programme.</p> <p>Section 2 (System) The committee were given opportunity to learn more about use of the HFMA's checklist to test the adequacy of financial grip and controls in organisations.</p>
<p>1c</p>	<p>Advise <i>Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.</i></p>	<p>Section 1 (ICB) The committee reviewed the System BAF and SORR entries related to finance. It was reported that at month 3, the ICB had met plan, with a small (£0.2m) favourable variance against plan. Whilst some early cost pressures were noted, these had been more than covered by delivery of efficiencies ahead of plan.</p> <p>The committee were briefed on the work of PWC as part of the national Investigation and Intervention (I&I) Programme. Early findings from the first phase of the work ('Investigation' phase) have highlighted areas for improvement and an action plan will be constructed based on recommendations at the conclusion of the phase 1 work.</p> <p>A capital prioritisation framework for the System was supported by the committee as part of a discussion about the System Capital Strategy. The ICB elements of an outline future capital plan were also agreed.</p> <p>Section 2 (System) The committee considered the System BAF and SORR and agreed amendments to the content. It was also agreed that consideration should be given to harmonising the overall risk scores across System organisations.</p> <p>The committee noted that at month 3, the System position was a deficit of £33.7m which was £2m adverse to plan.</p> <p>The Section 2 meeting were also briefed on the I&I work and considered the outputs of work in the provider teams to update the previously completed HFMA checklists to test grip and control. It was agreed that further updates would follow as the work progressed.</p> <p>At the Section 2 meeting, the committee agreed the capital prioritisation framework for the System as part of a discussion about the System Capital Strategy.</p>



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1d	Review of Risks <i>Provide a brief update on any risk that needs to be escalated</i>	<p>The Finance Committee is established to provide oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan.</p> <p>A number of significant risks remain that could impact on delivery of the planned deficit with mitigations still to be secured. These will continue to be evaluated by the finance committee through the year, recognising that the task to recover any deviation from plan gets more difficult as the year progresses. At this point there is no material change to the existing assessment of risk.</p> <p>The significant underlying financial deficit of the system features in the Board Assurance Framework and through this it is reported to the Board.</p>
1e	Sharing of Learning <i>Provide details of key points of learning that could be shared across the organisation</i>	N/A
2	Actions to be considered <i>follow up actions or actions you require colleague support. (Including discussions with other committees or groups, changes to the work plan)</i>	<p>Section 1 (ICB) Nothing to highlight</p> <p>Section 2 (System) Nothing to highlight</p>
3	Recommendations	NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report.
Report compiled by:		<i>Claire Skidmore, Chief Finance Officer</i>
Date report compiled:		<i>6th November 2024</i>
Report approved by:		<i>Dave Bennett; NHS STW Associate Non-Executive Director, and interim Chair of the Finance Committee</i>
Minutes/action log available from:		<i>Appendix pack</i>



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NHS Shropshire, Telford & Wrekin Integrated Care Board	
Wednesday 27 th November 2024	
Key Issues Report	
Report of:	Chair of the Finance Committee
Last meeting details:	Date: 26th September 2024 Attendees: per the minutes attached Apologies: per the minutes attached Quorate: Yes – requirements met for sections 1 and 2 No conflicts of interest were declared in either meeting section.
Agenda:	<p>Section 1 (ICB)</p> <ul style="list-style-type: none"> • Finance Risk Register/BAF Review • ICB Month 5 Finance Update Including Efficiency • Deep Dive Forward Plan • Finance Strategy • Medium Term Financial Plan Update <p>Section 2 (System)</p> <ul style="list-style-type: none"> • Finance Risk Register/BAF Review • ICB Month 5 Finance Update Including Efficiency • Deep Dive Forward Plan • Finance Strategy • Medium Term Financial Plan Update
1a	<p>Alert <i>Matters of concern, gaps in assurance or key risks to escalate</i></p> <p>Section 1 (ICB) The committee were briefed on the Data Warehouse issues that SATH are experiencing and the risk this poses to the ICB position. For the ICB specifically, if a payment variation cannot be agreed, there is a risk that the aggregated system position for ERF earnings will fall short of plan which would impact on the ICB FOT. In the reported position for month 5 it is assumed that the payment variation will be agreed (ie the risk is mitigated).</p> <p>Section 2 (System) The committee discussed the significant risks to delivery of the annual plans for revenue and capital. At month 5, the collective unmitigated revenue risk position was reported to be in the region of £40m. For the next meeting, committee members were asked to provide more clarity on actions to manage risk, deliver the FOT plan and also to share their confidence in delivery.</p>
1b	<p>Assure <i>Positive Assurances and highlights of note</i></p> <p>Section 1 (ICB) The committee were pleased to see the continued overachievement of the efficiency programme year to date and, in particular, the high percentage of recurrent efficiencies was commended. Also, it was recognised that the assessment of overall unmitigated risk had fallen since the previous report (to £4.2m). Consideration was given to the certainty of mitigations and reference was made to the work that PWC are doing as part of the Investigation and Intervention (I&I) Phase 2 work in support of ‘derisking’ the position.</p> <p>Section 2 (System)</p>



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<p>1c Advise <i>Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.</i></p>		<p>Section 1 (ICB) It was reported that at month 5, the ICB had met plan, with a small (£0.4m) favourable variance against plan. The committee considered the expenditure run rate, noting the expected profile of spend and, in particular, the expectation of an increase in pay costs in the latter part of the year as posts created as part of the Management of Change process are recruited to. The committee received an early draft of a refreshed System Finance Strategy and items for inclusion in future iterations were discussed. Headlines from a refreshed medium term financial plan were also shared and it was noted that further work to develop the model, and, in particular scenarios for financial recovery, is planned that will include clinical, operational and workforce colleagues.</p> <p>Section 2 (System) The committee noted that at month 5, the System reported a year to date deficit of £56m which was £4.7m adverse to plan. The Section 2 meeting also received updates on the Financial Strategy and Medium Term financial Plan. Members were invited to take these back to their organisations for review and comments to feed further iterations. The requirement for input from clinical, operational and workforce colleagues over coming months was recognised in order to ensure alignment of finance with performance and quality. It was noted that delivery of break even within three years would be unrealistic if we continue to work in the way we are doing today. In particular, we need to look at improving our collective problem solving across the System.</p>
<p>1d Review of Risks <i>Provide a brief update on any risk that needs to be escalated</i></p>		<p>The Finance Committee is established to provide oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan. A number of significant risks remain that could impact on delivery of the planned deficit with mitigations still to be secured. These will continue to be evaluated by the finance committee through the year, recognising that the task to recover any deviation from plan gets more difficult as the year progresses. At this point there is no material change to the existing assessment of risk. The Committee have asked that for future meetings, System partners provide more clarity on actions to manage risk, deliver the FOT plan and also to share their confidence in delivery. The significant underlying financial deficit of the system features in the Board Assurance Framework and through this it is reported to the Board.</p>
<p>1e Sharing of Learning <i>Provide details of key points of learning that could be shared across the organisation</i></p>		<p>N/A</p>
<p>2 Actions to be considered <i>follow up actions or actions you require colleague support. (Including discussions with</i></p>		<p>Section 1 (ICB) Nothing to highlight</p> <p>Section 2 (System) Nothing to highlight</p>



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	<i>other committees or groups, changes to the work plan)</i>	
3	Recommendations	NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report.
	Report compiled by:	<i>Claire Skidmore, Chief Finance Officer</i>
	Date report compiled:	<i>6th November 2024</i>
	Report approved by:	<i>Dave Bennett; NHS STW Associate Non-Executive Director, and interim Chair of the Finance Committee</i>
	Minutes/action log available from:	<i>Appendix Pack</i>



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NHS Shropshire, Telford & Wrekin Integrated Care Board Wednesday 27th November 2024 Key Issues Report	
Report of:	Remuneration Committee
Last meeting details: <i>(if applicable)</i>	Date: 17 October 2024 Attendees: Professor Trevor McMillian (NEM and Chair), Meredith Vivian (NEM), Niti Pall (NEM), Sir Neil McKay (ICB Chair). In attendance – Lisa Kelly, Senior HR Business Partner, Simon Whitehouse, Chief Executive Officer and Nicola Willams, Associate Director of Primary Care Apologies: N/A Quoracy (Y/N): Yes Any conflicts of interest declared and how these were managed: None
Agenda: <i>(if applicable)</i>	The group meets on an ad hoc basis as and when meetings are required
1a Alert <i>Matters of concern, gaps in assurance or key risks to escalate</i>	<ul style="list-style-type: none"> • None applicable
1b Assure <i>Positive Assurances and highlights of note</i>	<ul style="list-style-type: none"> • All agenda items approved by the committee
1c Advise <i>Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.</i>	<ul style="list-style-type: none"> • None applicable

1d	Review of Risks <i>Provide a brief update on any risk that needs to be escalated</i>	<ul style="list-style-type: none"> None applicable in relation to the agenda items
1e	Sharing of Learning <i>Provide details of key points of learning that could be shared across the organisation</i>	<ul style="list-style-type: none"> None applicable
2	Actions to be considered <i>follow up actions or actions you require colleague support. (Including discussions with other committees or groups, changes to the work plan)</i>	<ul style="list-style-type: none"> None applicable
3	Recommendations	<ul style="list-style-type: none"> Recommendations approved by the committee
Report compiled by:	<i>Lisa Kelly, Senior HR Business Partner</i>	
Date report compiled:	<i>14 November 2024</i>	
Report approved by: <i>meeting chair/Senior Leader</i>	<i>[insert name and job role]</i>	
Minutes/action log available from:	<i>[insert link]</i>	



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NHS Shropshire, Telford & Wrekin Integrated Care Board Wednesday 27th November 2024 Key Issues Report System Transformation Group held on Wednesday 30th October 2024	
Last meeting details: <i>(if applicable)</i>	Present: Simon Whitehouse (Chair), Chief Executive Officer, NHS Shropshire, Telford and Wrekin Jo Williams, Chief Executive Officer, The Shrewsbury and Telford Hospital NHS Trust Stacey Keegan, Chief Executive Officer, The Robert Jones and Agnes Hunt Orthopaedic Hospital Neil Carr, Chief Executive Officer, Midlands Partnership University NHS Foundation Trust Patricia Davies, Chief Executive Officer, Shropshire Community Health NHS Trust Claire Skidmore, Chief Finance Officer, NHS Shropshire, Telford and Wrekin Nigel Lee, Chief Strategy Officer, NHS Shropshire, Telford and Wrekin In Attendance Julie Garside, Director of Planning and Performance, NHS Shropshire, Telford and Wrekin Gareth Wright, Head of Clinical Operations, Urgent and Emergency Care (UEC) and Emergency Preparedness, Resilience and Response (EPRR), NHS Shropshire, Telford and Wrekin Bethan Emberton, Business and Programme Manager, NHS Shropshire, Telford and Wrekin Ash Patel, PricewaterhouseCoopers International Limited (PwC) Philip Cockayne, PricewaterhouseCoopers International Limited (PwC) Jayne Knott, Corporate Executive Assistant, NHS Shropshire, Telford and Wrekin Apologies Ian Bett, Chief Delivery Officer, NHS Shropshire Telford and Wrekin Andy Begley, Chief Executive Officer, Shropshire Council David Sidaway, Chief Executive Officer, Telford and Wrekin Council Quoracy (Y/N): Yes Any conflicts of interest declared and how these were managed: None
Agenda: <i>(if applicable)</i>	Agenda: The group meets: Monthly
1a Alert <i>Matters of concern, gaps in assurance or key risks to escalate</i>	<ul style="list-style-type: none"> No matters of concern, gaps in assurance or key risks were identified for escalation to Board.



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1b	<p>Assure <i>Positive Assurances and highlights of note</i></p>	<ul style="list-style-type: none"> • System Chief Executive Officers went through the Recovery Support Programme presentation that had been prepared for the national meeting on Wednesday 20th November. This demonstrated collaborative working and decision making. • The System Integrated Improvement Plan was presented to the Group and all System Chief Executive Officers were in agreement with the timescales for approval and endorsed the governance and oversight arrangements.
1c	<p>Advise <i>Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.</i></p>	<ul style="list-style-type: none"> • Finance: Assurance was provided that the priority was to get the medium-term financial recovery plan signed off by all partners. • Workforce: Assurance was provided that support had been sought to address concerns around the disestablished posts. • UEC: Assurance was provided that winter schemes had been funded and an additional delivery group meeting had been arranged to explore further winter mitigations projects. • Governance: Governance programme agreed and work to be done to ensure that performance against metrics, milestones and evidence is reported on for the next meeting. • Leadership: Dr Lorna Clarson was agreed as the Leadership Transition Criteria Executive Lead. • Elective: The Group supported a new project where complaints and incidents from all providers are to be pulled tother in one place as there were concerns that these are not being shared across the system.
1d	<p>Review of Risks <i>Provide a brief update on any risk that needs to be escalated</i></p>	<ul style="list-style-type: none"> • No risks identified for escalation to Board.
1e	<p>Sharing of Learning <i>Provide details of key points of learning that could be shared across the organisation</i></p>	<ul style="list-style-type: none"> • Inclusive and co-produced approach to development and sign off for the System Integrated Improvement Plan. • Focus on ensuring a cohesive plan to deliver both System and individual organisational aims. • Actions detailed within both NHS Shropshire, Telford and Wrekin (NHS STW) and The Shrewsbury and Telford Hospital NHS Trust (SaTH) undertakings are included.
2	<p>Actions to be considered <i>follow up actions or actions you require colleague support. (Including discussions with other committees or groups, changes to the work plan)</i></p>	<ul style="list-style-type: none"> • No actions identified for other sub-committees of the Board.



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3	Recommendations	<ul style="list-style-type: none"> No recommendations were identified for Board.
Report compiled by:	Bethan Emberton, Head of Governance and Corporate Affairs	
Date report compiled:	Friday 8 th November 2024	
Report approved by: <i>meeting chair/Senior Leader</i>	Simon Whitehouse, Chief Executive Officer	
Minutes/action log available from:	Minutes: Action log:	



NHS Shropshire Telford & Wrekin Integrated Care Board Wednesday 27th November 2024 Key Issues Report	
Report of:	STW ICS People Culture and Inclusion Committee
Last meeting details: <i>(if applicable)</i>	<p>Date: Monday 14th October 2024</p> <p>Attendees:</p> <p>Harry Turner: Chair / Chairman RJAH Trust Board</p> <p>Stacey - Lea Keegan: STW ICS Chief Executive SRO for People/Workforce/ CEO RJAH</p> <p>Sarah Allan: SRO growing for the future/ train people portfolio/</p> <p>Matthew Laws: Vice Principal Shrewsbury college</p> <p>Ian Turner: Director of nursing MPUFT</p> <p>Rhia Boyode: STW ICS Executive SRO reform people portfolio/</p> <p>Alex Brett: STW ICS Executive SRO Transform people portfolio/ Chief people officer MPUFT.</p> <p>Vanessa Whatley: Chief Nurse STW ICB</p> <p>Emma Wilkins: Interim Director of People SaTH</p> <p>Meredith Vivian: Non-Executive Director STW ICB</p> <p>Teresa Boughy: Non-Executive Director SaTH</p> <p>Martin Evans: Non-Executive Director RJAH</p> <p>Sarah Davies: Director health and sciences, Telford College</p> <p>Felicity Begley: Workforce Transformation Manager NHSE</p> <p>Jan Heath: Workforce Transformation Lead STW ICB</p> <p>Ruth Field: STW ICS partners T-level lead</p> <p>Andrew Morgan: Chair in common Shropshire Community Health Trust</p> <p>Paule Birch: Executive Director Telford College</p> <p>Carol Bagnall: People Transformation lead STW ICB</p> <p>Maria Doherty: Head of School of Nursing and Midwifery Keele university</p> <p>Apologies:</p> <p>Lawrence Wood: Principal CEO Telford College</p> <p>Tanya Miles: Director Telford Wrekin Local Authority</p> <p>Cathy Purt: Non-Executive Director SCHAT</p> <p>David Crosby CEO Partners in Care</p> <p>Trevor Purt: Non-executive Director SaTH</p> <p>Alison Trumper: STW ICS head of People programmes</p> <p>Quoracy Yes:</p> <p>Any conflicts of interest declared and how these were managed:</p> <p>No declarations received.</p>
Agenda: <i>(if applicable)</i>	<p>Appendix A</p> <p>The group meets monthly.</p>
1a Alert <i>Matters of concern,</i>	<ul style="list-style-type: none"> STW does not have a sustainable people function. The CEO SRO for people/workforce and the ICB CEO have commissioned a high-level



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	<i>gaps in assurance or key risks to escalate</i>	review of people services. The scope of the review including RJAH, SCHAT, SaTH and the ICB. The review is expected to be completed end of December following which a suite of recommendations will be presented to NHS system CEO's and the ICS People Culture and Inclusion Committee.
1b	Assure <i>Positive Assurances and highlights of note</i>	<ul style="list-style-type: none"> • ICB Chief Nurse presented a system EDI update. A refreshed system group has been convened with a planned workshop event on 24th October to develop strategic aims and objectives of the group. An EDI update will also be tabled at November's Board meeting. It was agreed that the NHSE EDI framework, including actions and timescales be used to inform STW local EDI strategic plan. • The draft plan to deliver the people/workforce key performance deliverables required as part of the NHSE system recovery support programme was presented. The final plan is to be tabled at the next appropriate Committee where Committee will approve the plan and SRO leads will be accountable for delivery.
1c	Advise <i>Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.</i>	<ul style="list-style-type: none"> • Current new chair is taking planned leave and will be temporarily replaced by a new chair. STW ICS People Culture and Inclusion Committee is not yet working as members would wish and is subject to a refresh led by Committee Chair and CEO SRO for People / workforce. • Terms of reference for both STW ICS Committee and People Collaborative are subject to review, including membership and how each group is synchronised with each other and are expected to be approved in November. • Governance reporting arrangements have been reviewed and ready for final sign off in November. • The annual workplan is in development but will be further shaped following review or ToR and risks. • Due to timings of meetings Committee received two chairs' reports from STW ICS People Collaborative: 20th August and 26th September 2024. Alerts and actions from both reports are now resolved or nearly resolved. • T-levels featured as this month's people story led by Ruth Field STW T-level provider partner co-ordinator. This is one of the growing for the future people portfolio and highlights work being undertaken through collaboration between provider partners across the ICS and Telford/Shrewsbury colleges (link for more information on what a T-level is https://youtu.be/hjSiVGLXUSg). T-levels are attracting a diverse group of young people from all heritages. Committee was assured T-level placements are expanding across the care sector as well as NHS providers. • At M5, overall system wte is reducing and remains within plan. Workforce unavailability is above plan creating demand for temporary staffing. Expenditure is over plan by 3.5m. Committee requested oversight and assurance of mitigations where workforce is off planned trajectory were presented to Committee.



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1d	Review of Risks <i>Provide a brief update on any risk that needs to be escalated</i>	<ul style="list-style-type: none"> There has not been a local central risk register for people/workforce risks. Risks have been threaded across people portfolio updates. This is now being addressed with development of a local risk register that will be aligned to the system Board Assurance framework.
1e	Sharing of Learning <i>Provide details of key points of learning that could be shared across the organisation</i>	<ul style="list-style-type: none"> T-Level student evaluation and developing opportunities across all providers/organisations within the system.
2	Actions to be considered <i>follow up actions or actions you require colleague support. (Including discussions with other committees or groups, changes to the work plan)</i>	<ul style="list-style-type: none"> Committee Terms of Reference under review Committee workplan in development Risk register development
3	Recommendations	<ul style="list-style-type: none"> Note the Chairs report
Report compiled by:		<i>Alison Trumper – STW ICS Head of People Programmes</i>
Date report compiled:		<i>29th October 2024</i>
Report approved by: <i>meeting chair/Senior Leader</i>		
Minutes/action log available from:		<i>On request</i>



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NHS Shropshire, Telford & Wrekin Integrated Care Board Wednesday 27th November 2024 Key Issues Report																			
Report of:	Shropshire Integrated Place Partnership Committee Meeting																		
Last meeting details: <i>(if applicable)</i>	<p>Date: 17th October 2024</p> <p>Attendees: Andy Begley (Chair), Charlotte Hart, Deborah Shepherd, Jess Harvey, Julian Birch, Julie Mellor, Lynn Cawley, Lucy Wilkinson, Steve Ellis, Tanya Miles, Sharon Fletcher, Claire Parker, Rachel Robinson, Carla Bickley, Penny Bason, Vicki Jones, Jess Edwards, Charlotte Saywell, Sue Chalk, Anne-Marie Speke</p> <p>Apologies: Cllr Cecilia Motley, Colin Anderson, Emma Pyrah, Gemma Smith, Jane Trethewey, Laura Fisher, Patricia Davies, Paul Bowers, Simon Whitehouse</p> <p>Quoracy (Y/N): Y</p> <p>Any conflicts of interest declared and how these were managed: None</p>																		
Agenda: <i>(if applicable)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Welcome and Apologies, Notes from the last meeting and Actions</td> <td style="width: 20%;">Chair Andy Begley</td> <td style="width: 20%;">A</td> </tr> <tr> <td>ShIPP Terms of Reference</td> <td>Penny Bason</td> <td>A</td> </tr> <tr> <td>Healthwatch – Cancer Care Report</td> <td>Lynn Cawley</td> <td>D</td> </tr> <tr> <td>Children & Young People’s mental health update</td> <td>Vicki Jones</td> <td>S</td> </tr> <tr> <td>Continued Funding for VCS Grants – Hearing & Sight Loss Service</td> <td>Sue Chalk & Ness Hicken</td> <td>D</td> </tr> <tr> <td>Data and Outcomes for Community and Family Hubs and Integration</td> <td>Jess Edwards/ Mel France</td> <td>S</td> </tr> </table> <p>The group meets bi-monthly</p>	Welcome and Apologies, Notes from the last meeting and Actions	Chair Andy Begley	A	ShIPP Terms of Reference	Penny Bason	A	Healthwatch – Cancer Care Report	Lynn Cawley	D	Children & Young People’s mental health update	Vicki Jones	S	Continued Funding for VCS Grants – Hearing & Sight Loss Service	Sue Chalk & Ness Hicken	D	Data and Outcomes for Community and Family Hubs and Integration	Jess Edwards/ Mel France	S
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Data and Outcomes for Community and Family Hubs and Integration	Jess Edwards/ Mel France	S																	
1a Alert <i>Matters of concern, gaps in assurance or key risks to escalate</i>	<p>New Terms of Reference for ShIPP Committee were approved:</p> <ul style="list-style-type: none"> ○ Revised Terms: the revised terms of reference were presented, noting the alignment with the Integrated Care Board and the inclusion of new members such as the Deputy Director of Quality from the ICB and Dr. Deborah Shepherd as GP partner member. The terms also included representatives from primary care networks and the strategy team within the ICB. ○ Meeting Frequency: The group discussed the meeting frequency, deciding to move to bimonthly meetings starting from November. 																		



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		<ul style="list-style-type: none"> ○ Approval: The terms of reference were approved by the Committee, with the understanding that they are live documents and will be revisited as needed, at least within six months. <p>Additionally: Prevention needs to be embedded in commissioning intentions, including the recommissioning of the CYP Mental Health Service. A paper will come to the next ShIPP meeting outlining concerns regarding the number of looked after children in Shropshire and the need for rapid action to improve this position.</p>
<p>1b</p>	<p>Assure <i>Positive Assurances and highlights of note</i></p>	<p>Hearing and Sight Loss Service Presentation: Community Resource presented the support provided by Community Resource for people with sensory impairments, including hearing loss hubs, home visits, and site loss groups. The presentation highlighted the impact of the service and the need for sustainable funding. A fruitful discussion was had regarding commissioning and provider collaboratives, with specific actions.</p> <p>Integrated Neighbourhood Teams and Community and Family Hubs Head of Partnerships and Intelligence Lead provided an update on the development of integrated multi-agency teams and community and family hubs. They discussed the core offer, financial and non-financial benefits, and the importance of data and outcomes to measure success.</p> <p>Healthwatch update: Healthwatch described the important work of Healthwatch in listening to and understanding need within vulnerable populations in Shropshire, including Stoke Heath Prison. Lynn described the social prescribing offer and requested that the system consider the needs of those in the judicial system, particularly on discharge from prison.</p> <p>Children’s Mental Health Update ICB provided an update on the recommissioning of children's mental health services, including the needs assessment, engagement with professionals, and the market engagement event. It was outlined that the next steps and the establishment of a CYP Mental Health Partnership group. Rachel Robinson highlighted that Shropshire Council would provide a response to the commissioning specification and that it would focus on prevention.</p>
<p>1c</p>	<p>Advise <i>Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.</i></p>	<ul style="list-style-type: none"> ○ As above.



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1d	Review of Risks <i>Provide a brief update on any risk that needs to be escalated</i>	<ul style="list-style-type: none"> None
1e	Sharing of Learning <i>Provide details of key points of learning that could be shared across the organisation</i>	<ul style="list-style-type: none"> As above and below.
2	Actions to be considered <i>follow up actions or actions you require colleague support. (Including discussions with other committees or groups, changes to the work plan)</i>	<p>In relation to developing provider collaboratives with the VCSE the actions were:</p> <ul style="list-style-type: none"> Provider Collaborative: Coordinate the provider collaborative work and outcomes piece with Gemma Smith and other relevant stakeholders. (Claire Parker) Inequalities funding - Discuss the health inequalities element and funding for the hearing and sight loss service. (Claire Parker) Voluntary Sector Contracts: Review the process for voluntary sector contracts to ensure timely planning and support for continuity. (Claire, Rachel Robinson, partners) <p>In relation to the INT and C&F Hubs:</p> <p>Actions</p> <ul style="list-style-type: none"> SEND Community Involvement: Ensure the SEND community is involved in the integration work and clarify how they can contribute as partners. (Penny Bason) Social Care Prevention Paper: Prepare and bring a paper to SHIPP Committee on the work needed to prevention children and young people entering social care in Shropshire. (Tanya Miles) <p>In relation to involvement update:</p> <p>Actions:</p> <ul style="list-style-type: none"> Cancer Care Report: The Healthwatch Cancer Care report will be published by Monday next week and will come to the next SHIPP Committee meeting. (Lynn Cawley)
3	Recommendations	<ul style="list-style-type: none"> Approve the Terms of Reference as endorsed by the ShIPP Committee (terms of reference attached) Note the contents of the report Consider Provider Collaboratives with regard to the VCSE
Report compiled by:		<i>Penny Bason, Head of Service, Joint Partnerships</i>
Date report compiled:		<i>4th November 2024</i>

Report approved by: <i>meeting chair/Senior Leader</i>	<i>Andy Begley, Chief Executive, Shropshire Council</i>
Minutes/action log available from:	<i>Louisa Jones Louisa.jones@shropshire.gov.uk</i>

Shropshire, Telford & Wrekin Integrated Care Board

Wednesday 27 November 2024

Key Issues Report

Report of:	Telford & Wrekin Integrated Place Partnership
Last meeting details:	<p>Date: 07 November 2024</p> <p>Attendees: David Sidaway, Cllr Paul Watling, Fliss Mercer, Simon Froud, Helen Onions, Louise Cross, Claire Parker, Dr Nitin Gureja, Carla Bickley, Steve Ellis and David Crosby</p> <p>Apologies: Cllr Shirley Reynolds, Jo Britton, Simon Fogell, Gemma Smith, Lorna Clarson, Dr Ian Chan, Cathy Riley and Mike Carr.</p> <p>Quoracy (Y/N): Y</p> <p>Any conflicts of interest declared and how these were managed: None</p>
Agenda:	<p>The group meets bi-monthly, next meeting scheduled for 9 January 2025.</p> <p>The agenda for the meeting is attached as Appendix A</p>
1a Alert <i>Matters of concern, gaps in assurance or key risks to escalate</i>	<ul style="list-style-type: none"> The involvement of all partners is key to ensuring the development, and subsequent delivery, of the new TWIPP strategic plan. Whilst quoracy has been achieved in the meetings, further work is needed to ensure that all key partners are able to attend every meeting. As part of the meeting, TWIPP received a report on the Telford and Wrekin Ageing Well Partnership which also highlighted the involvement of all partners. TWIPP members agreed that all partners should be engaged in this partnership to ensure the delivery of its plan.
1b Assure <i>Positive Assurances and highlights of note</i>	<ul style="list-style-type: none"> TWIPP is moving through its evolution into a Committee of the ICB and agreed its new Terms of Reference in September. Please see Appendix B. TWIPP has agreed 3 priority areas to focus on for the next 18 – 24months. These areas are: <ol style="list-style-type: none"> Supporting General Practice by working together to reduce and manage demand for GP services/appointments Improving all-age mental health services and support (prevention, early intervention and specialist services) Healthy Ageing - preventing, reducing and delaying frailty <p>These areas have been identified through a review process, please see Appendix C for further details.</p> Whilst the areas have been identified, TWIPP is currently moving through a process of scoping each priority and agreeing the key deliverables to include in the revised TWIPP Strategic Plan. This will be completed in readiness for the new financial year. The scoping approach enables TWIPP to ensure its principles are met and that TWIPP adds value to the priority areas. The priority areas are aligned to the STW Joint Forward Plan and will support the delivery of the Integrated Care Strategy. The priorities are also aligned to the findings from the Independent



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		<p>Investigation of the NHS in England (Darzi Report, September 2024).</p> <ul style="list-style-type: none"> Engagement activity around TWIPP and its new priorities is ongoing. Most recent engagement includes the Telford and Wrekin Health Scrutiny Committee, GP Informal Board and South East Telford Primary Care Network Neighbourhood Steering Group. Upcoming engagements in November include NHS Shropshire, Telford and Wrekin Staff Update Session (Virtual Huddle) and Lunch and Learn Session, Telford & Wrekin Health and Wellbeing Board and the ICB.
1c	Advise	<ul style="list-style-type: none"> GP Out of Hours Procurement updates continue to be provided to enable all members to seek assurance on the impact on residents as and when needed.
1d	Review of Risks	<ul style="list-style-type: none"> Following the National Budget announcement in October, the impact of the increases in National Minimum Wage and National Insurance on the health and care sector was raised. In particular, the financial impact on the provider care market and local authorities. Local conversations are underway to understand the full impact of these changes and national lobbying is also taking place. The risk remains at present and should be understood by all ICS Partners.
1e	Sharing of Learning	<ul style="list-style-type: none"> Throughout the meeting learning was shared about the current position on Health Ageing, what has worked and what the opportunities are. The presentations have been shared with all members.
2	Actions to be considered follow up actions or actions you require colleague support.	<ul style="list-style-type: none"> TWIPP discussed the gaps and opportunities within the Healthy Ageing priority and agreed priority actions as part of meeting. These will be agreed by TWIPP and be incorporated into the revised Strategic Plan. Ongoing discussions with the Good Governance Institute through their Committee Review are underway and will inform the terms of reference, and the role of TWIPP in relation to the ICB moving forward.
3	Recommendations	<p>That the ICB:</p> <ul style="list-style-type: none"> Reviews and approves the new Terms of Reference for Telford & Wrekin Integrated Place Partnership acknowledging further developments are underway as part of the Good Governance Institute Committee Review. Notes the new priorities for Telford & Wrekin Integrated Place Partnership and its approach to developing a new strategic plan. Agrees to receive the new Strategic Plan for Telford & Wrekin Integrated Place Partnership for approval in Quarter 1 of 2025/26. And its members supports the Telford and Wrekin Ageing Well Partnership review of membership and engages in its priorities.
Report compiled by:		Sarah Downes, Assurance and Integration Programme Manager and Telford and Wrekin Place Lead, Telford & Wrekin Council
Date report compiled:		14 th November 2024
Report approved by:		Fliss Mercer, Vice-Chair of TWIPP and Interim Executive Director for Adult Social Care, Housing and Customer Services
Minutes/action log available from:		Sarah Downes via TWintegratedplacepartnership@telford.gov.uk

BRIEFING PAPER

DATE: December 2024

PAPER TITLE: Delegation of additional specified Specialised Acute Services and Mental Health, Learning Disability and Autism specialised services and associated workforce.

PURPOSE: INFORMATION DECISION

EXECUTIVE SUMMARY: This paper provides a summary of the process for the delegation of additional specialised acute services, and Mental Health, Learning Disability and Autism (MHLDA) services and the corresponding staff resources in ICB's in 2025/26.

1. INTRODUCTION AND PURPOSE OF THE PAPER

- 1.1 The purpose of this paper is to update Boards on the next phase of specialised service delegation to ICBs to be undertaken by April 25, and the aligned transfer of staffing resource.
- 1.2 ICB Boards approved the delegation of 59 Acute Specialised Services on 1 April 2024. The next phase of delegation includes the following:
- i. An additional number of acute specialised services
 - ii. Mental health Learning Disability and Autism (MHLDA) specialised services
- 1.3 In line with nationally agreed processes, the staffing resource to support the on-going commissioning responsibilities for these services will transfer on 1 July 2025. The team is currently hosted by NHS England (NHSE) and working on behalf of the ICBs supported by the arrangements of the current delegation agreement.
- 1.4 A small number of acute and MHLDA specialised services will remain commissioned through NHSE.
- 1.5 ICB Boards will need to be assured and approve the final elements of the specialised services delegation prior to April 25.

2. BACKGROUND AND CONTEXT

- 2.1 ICBs were set up to work with all partners to create a system where decisions are taken as locally as possible, with frontline clinicians and professionals at the centre of driving change and supporting patients and communities having a say on how the changes are being proposed.
- 2.2 However, at the inception of ICBs a significant proportion of the population's care was managed outside of the ICS through NHSE as specialised services
- 2.3 In December 2023, the NHSE Board approved the 11 Midlands ICBs' applications for the delegation of an initial 59 specialised acute services to the Midlands ICBs. In Spring 2024, the Board reviewed the remaining services and determined the final list of specialised services to be either retained by NHSE or delegated to ICBs across all parts of the country on 1st April 2025.

- 2.4 Although NHSE remains accountable to the Secretary of State for the services, under delegation the responsibility for all decision relating to the planning, design, quality, finance, and delivery, transfer to ICBs this includes:
- i. Decisions in relation to the commissioning and management of the delegated services
 - ii. Planning delegated services for the population, including carrying out needs assessments
 - iii. Undertaking reviews of delegated services in respect of the population
 - iv. Supporting the management of the specialised commissioning budget for delegated services
 - v. Co-ordinating a common approach to the commissioning and delivery of delegated services with other health and social care bodies in respect of the population where appropriate
 - vi. Such other ancillary activities that are necessary to exercise the specialised commissioning functions.
- 2.5 Whilst national specifications and standards remain for Specialised Services, delegation provides the opportunity to ensure that planning is based on the needs of local populations, and that value is realised across pathways.
- 2.6 The responsibility for delivery of Specialised Services sits collectively with the Multi-ICB partnership (East and West Joint Committees) and this multi-ICB arrangement is a formal requirement of delegation. Therefore, if a service in one ICB is having issues then is it the multi-ICB partnership who will have oversight and the responsibility through the hosted Specialised Commissioning team to resolve.
- 2.7 The multi-ICB commissioning footprints for the Midlands are:
- East Midlands (Notts and Nottinghamshire ICB, Derby and Derbyshire ICB, Lincolnshire ICB, Leicester, Leicestershire and Rutland ICB, and Northamptonshire ICB)
 - West Midlands (Birmingham & Solihull ICB, the Black Country ICB, Shropshire, Telford and Wrekin ICB, Staffordshire & Stoke-on-Trent ICB, Herefordshire and Worcestershire ICB, Coventry and Warwickshire ICB).

3. THE DELEGATION PROCESS

- 3.1 A Delegation Agreement currently exist between individual ICBs and NHS England. This arrangement was agreed in relation to the 59 services delegated in April 2024. Therefore, a new delegation agreement will be required to reflect the additional service responsibilities and any agreed developmental arrangements from April 2025. The agreement will be presented to the ICB Board for approval in early 2025.
- 3.2 In addition to the new Delegation Agreement, a hosting agreement and new ICB Joint Working Agreement will be required to support the staff transition and management of services through the host ICB on behalf of the 11 ICB's and the retained functions of NHS England. As previously agreed, the host ICB will be BSOL ICB.
- 3.3 The current programme infrastructure to oversee the delegation process has relevant representation from the 11 ICB's and is managed through 6 key workstreams: - Governance, BI, Workforce and People, Finance & Contracting, Quality and Comms & Engagement.

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- 3.4 An executive leadership function has been agreed to provide strategic direction to the delegation programme. The Executive Leadership Group (ELG) is co-chaired by David Melbourne, CEO lead from the West Midlands Joint Committee and Caroline Trevithick, CEO lead from the East Midlands with Roz Lindridge as Executive lead from NHSE.
- 3.5 The work programme and associated governance has been reviewed considering lessons learnt from earlier delegations. This includes clearer accountability, focus on communications and engagement and a jointly owned work plan.

4. BENEFITS OF MHLDA DELEGATION

- 4.1 The delegation of MHLDA specialised provision will include the majority of CAMHS inpatient services, Adult Low and Medium secure provision, Adult ED inpatient beds and Perinatal (Mother and Baby) Units. Some services, including high secure services, will remain commissioned by NHSE.
- 4.2 Currently these services are commissioned through formal Provider Collaborative arrangements. NHSE will novate contracts with 8 lead providers who are supported by provider collaborative agreements.
- 4.3 The provider collaborative model in MHLDA has already impacting on how ICB populations access care, ensuring a reduction in OOA placements, reduced LOS and improved quality frameworks for example. The delegation of the services to ICBs will ensure further opportunity to drive pathway improvements to ensure that population needs are met in the least restrictive environment and realising value through early intervention and/or safe and responsive discharge.
- 4.4 Expected benefits are summarised below:

 <p>Moving services to community</p> <p>Opportunities for pathway redesign at local level to transform services to meet the needs of the local population.</p> <ul style="list-style-type: none"> • Reduce dependence on secure inpatient provision and providing care closer to home • Reduce distance travelled • Reduce out of area placements • Reduce length of stay • Reduce restrictive practice 	 <p>Shifting focus to prevention</p> <p>Build on the successes of Specialised MHLDA Provider Collaboratives</p> <p>Investing surplus to strengthen community services.</p> <ul style="list-style-type: none"> • Reduce referrals to inpatient services • Reduce admissions & Occupied bed days • Expedite discharges 	 <p>Innovation</p> <p>Improve quality of patient care through joined up, holistic, whole pathway approach.</p> <p>Drive transformation across population groups.</p> <ul style="list-style-type: none"> • Reduce dependence on secure inpatient provision • Reduce health inequalities • Improve outcomes • Collaboration with expert clinical teams and experts by experience to shape services for the future.
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5. FINANCE

- 5.1 The budget for all delegated services will be transferred to ICBs upon delegation. ICB Directors of Finance and NHSE, through the finance and contracting specialised services subgroup, are developing mechanisms for financial governance, building on those developed for the delegation of acute specialised services in April 2024.
- 5.2 Although there is already a financial risk framework within the provider collaboratives, consideration needs to be given to a process for managing financial risk exposure between ICBs. These will be developed through the finance and contracting subgroup as part of the 2025/26 planning process.

6. THE WORKFORCE

- 6.1 There is a dedicated specialised services workforce currently employed and hosted within NHSE which will be transferred to BSOL ICB. The hosted team will work on behalf

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of all 11 ICBs to commission delegated specialised services, working with the retained team in NHSE.

- 6.2 A national process for transfer has been agreed with a single date for transfer on 1st of July 2025.
- 6.3 The TUPE consultation on transfer will take place between April – June 2025.
- 6.4 To continue to develop our joint working and approach to integrated commissioning, there will still be functions that the ICB hosted team and the NHSE retained teams work on together and functions that each team will undertake on behalf of the other; these functions will be described in the agreements between the ICBs and NHSE.

7. REQUIREMENTS OF ICB BOARDS

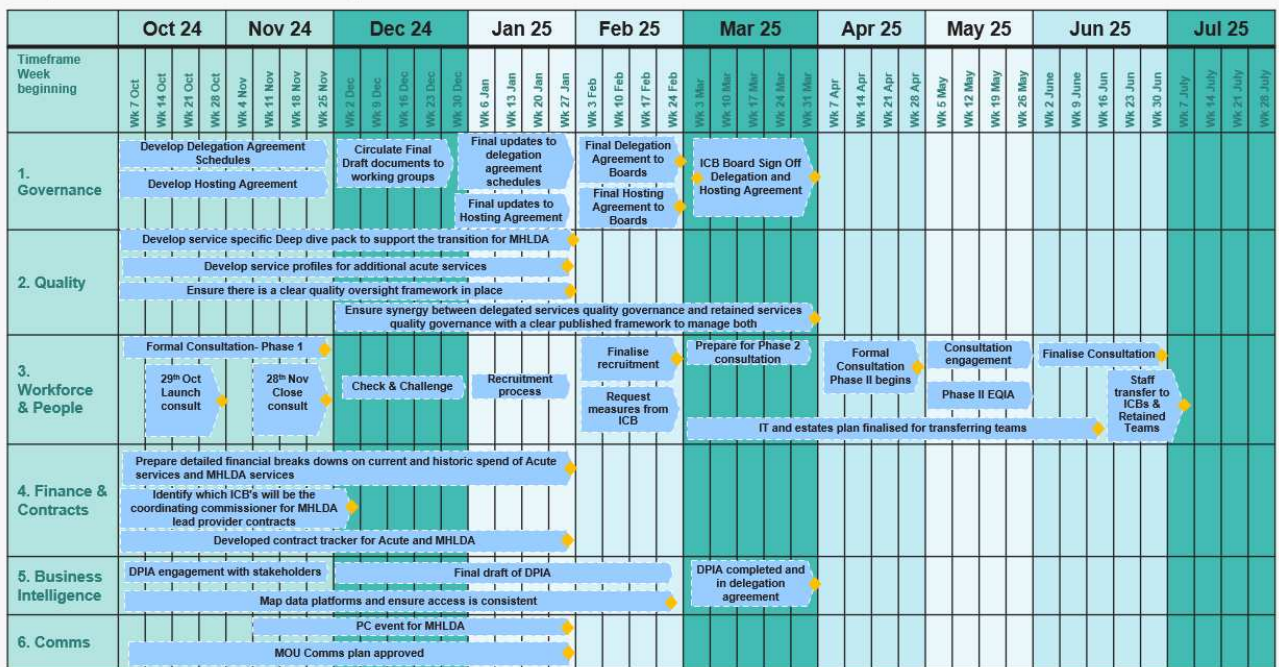
7.1 In summary ICB boards will receive the following document for approval:

Item	Action	Date
Delegation Agreement	Approval	Feb/March Boards
Hosting Agreement	Approval	June Boards
Joint Working Agreement	Approval	Feb/March Boards

APPENDICES

1. HIGH LEVEL TIMELINE FOR DELEGATION PROGRAMME

Updated Road Map 2024/25



2. LIST OF SERVICES FOR DELEGATION

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
2	Adult congenital heart disease services	13X	Adult congenital heart disease services (non-surgical)
		13Y	Adult congenital heart disease services (surgical)
3	Adult specialist pain management services	31Z	Adult specialist pain management services
4	Adult specialist respiratory services	29M	Interstitial lung disease (adults)
		29S	Severe asthma (adults)
		29L	Lung volume reduction (adults)
		29V	Complex home ventilation (adults)
5	Adult specialist rheumatology services	26Z	Adult specialist rheumatology services
6	Adult secure mental health services	22S(a)	Secure and specialised mental health services (adult) (medium and low) – excluding LD/ASD/WEMS/ABI/DEAF
		22S(c)	Secure and specialised mental health services (adult) (Medium and low) – ASD MHLDA PC
		22S(d)	Secure and specialised mental health services (adult) (Medium and low) – LD MHLDA PC

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
7	Adult Specialist Cardiac Services	13A	Complex device therapy
		13B	Cardiac electrophysiology & ablation
		13C	Inherited cardiac conditions
		13E	Cardiac surgery (inpatient)
		13F	PPCI for ST- elevation myocardial infarction
		13H	Cardiac magnetic resonance imaging
		13T	Complex interventional cardiology
		13Z	Cardiac surgery (outpatient)
8	Adult specialist eating disorder services	22E	Adult specialist eating disorder services MHLDA PC
9	Adult specialist endocrinology services	27E	Adrenal Cancer (adults)
		27Z	Adult specialist endocrinology services
11	Adult specialist neurosciences services	08O	Neurology (adults)
		08P	Neurophysiology (adults)
		08R	Neuroradiology (adults)
		08S	Neurosurgery (adults)
		08T	Mechanical Thrombectomy
		58A	Neurosurgery LVHC national: surgical removal of clival chordoma and chondrosarcoma
		58B	Neurosurgery LVHC national: EC-IC bypass (complex/high flow)
		58C	Neurosurgery LVHC national: transoral excision of dens
		58D	Neurosurgery LVHC regional: anterior skull based tumours
		58E	Neurosurgery LVHC regional: lateral skull based tumours
		58F	Neurosurgery LVHC regional: surgical removal of brainstem lesions
		58G	Neurosurgery LVHC regional: deep brain stimulation
		58H	Neurosurgery LVHC regional: pineal tumour surgeries - resection
58I	Neurosurgery LVHC regional: removal of arteriovenous malformations of the nervous system		

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
	Adult specialist neurosciences services (continued)	58J	Neurosurgery LVHC regional: epilepsy
		58K	Neurosurgery LVHC regional: insula glioma's/complex low grade glioma's
		58L	Neurosurgery LVHC local: anterior lumbar fusion
		58M	Neurosurgery LVHC local: removal of intramedullary spinal tumours
		58N	Neurosurgery LVHC local: intraventricular tumours resection
		58O	Neurosurgery LVHC local: surgical repair of aneurysms (surgical clipping)
		58P	Neurosurgery LVHC local: thoracic discectomy
		58Q	Neurosurgery LVHC local: microvascular decompression for trigeminal neuralgia
		58R	Neurosurgery LVHC local: awake surgery for removal of brain tumours
		58S	Neurosurgery LVHC local: removal of pituitary tumours including for Cushing's and acromegaly
12	Adult specialist ophthalmology services	37C	Artificial Eye Service
		37Z	Adult specialist ophthalmology services
13	Adult specialist orthopaedic services	34A	Orthopaedic surgery (adults)
		34R	Orthopaedic revision (adults)
15	Adult specialist renal services	11B	Renal dialysis
		11C	Access for renal dialysis
		11T	Renal Transplantation
16	Adult specialist services for people living with HIV	14A	Adult specialised services for people living with HIV
17	Adult specialist vascular services	30Z	Adult specialist vascular services
18	Adult thoracic surgery services	29B	Complex thoracic surgery (adults)
		29Z	Adult thoracic surgery services: outpatients
29	Haematopoietic stem cell transplantation services (adults and children)	02Z	Haematopoietic stem cell transplantation services (adults and children)
		ECP	Extracorporeal photopheresis service (adults and children)

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
30	Bone conduction hearing implant services (adults and children)	32B	Bone anchored hearing aids service
		32D	Middle ear implantable hearing aids service
32	Children and young people's inpatient mental health service	23K	Tier 4 CAMHS (general adolescent inc eating disorders) MHLDA PC
		23L	Tier 4 CAMHS (low secure) MHLDA PC
		23O	Tier 4 CAMHS (PICU) MHLDA PC
		23U	Tier 4 CAMHS (LD) MHLDA PC
		23V	Tier 4 CAMHS (ASD) MHLDA PC
35	Cleft lip and palate services (adults and children)	15Z	Cleft lip and palate services (adults and children)
36	Cochlear implantation services (adults and children)	32A	Cochlear implantation services (adults and children)
40	Complex spinal surgery services (adults and children)	06Z	Complex spinal surgery services (adults and children)
		08Z	Complex neuro-spinal surgery services (adults and children)
45	Cystic fibrosis services (adults and children)	10Z	Cystic fibrosis services (adults and children)
54	Fetal medicine services (adults and adolescents)	04C	Fetal medicine services (adults and adolescents)
58	Specialist adult gynaecological surgery and urinary surgery services for females	04A	Severe Endometriosis
		04D	Complex urinary incontinence and genital prolapse
58A	Specialist adult urological surgery services for men	41P	Penile implants
		41S	Surgical sperm removal
		41U	Urethral reconstruction
59	Specialist allergy services (adults and children)	17Z	Specialist allergy services (adults and children)
61	Specialist dermatology services (adults and children)	24Z	Specialist dermatology services (adults and children)
62	Specialist metabolic disorder services (adults and children)	36Z	Specialist metabolic disorder services (adults and children)

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
63	Specialist pain management services for children	23Y	Specialist pain management services for children
64	Specialist palliative care services for children and young adults	E23	Specialist palliative care services for children and young adults
65	Specialist services for adults with infectious diseases	18A	Specialist services for adults with infectious diseases
		18E	Specialist Bone and Joint Infection (adults)
72	Major trauma services (adults and children)	34T	Major trauma services (adults and children)
78	Neuropsychiatry services (adults and children)	08Y	Neuropsychiatry services (adults and children)
83	Paediatric cardiac services	23B	Paediatric cardiac services
94	Radiotherapy services (adults and children)	01R	Radiotherapy services (Adults)
		51R	Radiotherapy services (Children)
		01S	Stereotactic Radiosurgery / radiotherapy
98	Specialist secure forensic mental health services for young people	24C	FCAMHS MHLDA PC
103A	Specialist adult haematology services	03C	Castleman disease
105	Specialist cancer services (adults)	01C	Chemotherapy
		01J	Anal cancer (adults)
		01K	Malignant mesothelioma (adults)
		01M	Head and neck cancer (adults)
		01N	Kidney, bladder and prostate cancer (adults)
		01Q	Rare brain and CNS cancer (adults)
		01U	Oesophageal and gastric cancer (adults)
		01V	Biliary tract cancer (adults)
		01W	Liver cancer (adults)
		01X	Penile cancer (adults)
		01Y	Cancer Outpatients (adults)
01Z	Testicular cancer (adults)		

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
		04F	Gynaecological cancer (adults)
		19V	Pancreatic cancer (adults)
		19C	Biliary tract cancer surgery (adults)
		19M	Liver cancer surgery (adults)
		19Q	Pancreatic cancer surgery (adults)
		24Y	Skin cancer (adults)
		29E	Management of central airway obstruction (adults)
		51A	Interventional oncology (adults)
		51B	Brachytherapy (adults)
		51C	Molecular oncology (adults)
		61M	Head and neck cancer surgery (adults)
		61Q	Ophthalmic cancer surgery (adults)
		61U	Oesophageal and gastric cancer surgery (adults)
		61Z	Testicular cancer surgery (adults)
		33C	Transanal endoscopic microsurgery (adults)
		33D	Distal sacrectomy for advanced and recurrent rectal cancer (adults)
106	Specialist cancer services for children and young adults	01T	Teenage and young adult cancer
		23A	Children's cancer
106A	Specialist colorectal surgery services (adults)	33A	Complex surgery for faecal incontinence (adults)
		33B	Complex inflammatory bowel disease (adults)
107	Specialist dentistry services for children	23P	Specialist dentistry services for children
108	Specialist ear, nose and throat services for children	23D	Specialist ear, nose and throat services for children
109	Specialist endocrinology services for children	23E	Specialist endocrinology and diabetes services for children
110	Specialist gastroenterology, hepatology and nutritional support services for children	23F	Specialist gastroenterology, hepatology and nutritional support services for children

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
112	Specialist gynaecology services for children	73X	Specialist paediatric surgery services - gynaecology
113	Specialist haematology services for children	23H	Specialist haematology services for children
114	Specialist haemoglobinopathy services (adults and children)	38S	Sickle cell anaemia (adults and children)
		38T	Thalassemia (adults and children)
115	Specialist immunology services for adults with deficient immune systems	16X	Specialist immunology services for adults with deficient immune systems
115A	Specialist immunology services for children with deficient immune systems	16Y	Specialist immunology services for children with deficient immune systems
115B	Specialist maternity care for adults diagnosed with abnormally invasive placenta	04G	Specialist maternity care for women diagnosed with abnormally invasive placenta
118	Neonatal critical care services	NIC	Specialist neonatal care services
119	Specialist neuroscience services for children	23M	Specialist neuroscience services for children
		07Y	Paediatric neurorehabilitation
		08J	Selective dorsal rhizotomy
120	Specialist ophthalmology services for children	23N	Specialist ophthalmology services for children
121	Specialist orthopaedic services for children	23Q	Specialist orthopaedic services for children
122	Paediatric critical care services	PIC	Specialist paediatric intensive care services
124	Specialist perinatal mental health services (adults and adolescents)	22P	Specialist perinatal mental health services (adults and adolescents) MHLDA PC
125	Specialist plastic surgery services for children	23R	Specialist plastic surgery services for children
126	Specialist rehabilitation services for patients with highly complex needs (adults and children)	07Z	Specialist rehabilitation services for patients with highly complex needs (adults and children)

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
127	Specialist renal services for children	23S	Specialist renal services for children
128	Specialist respiratory services for children	23T	Specialist respiratory services for children
129	Specialist rheumatology services for children	23W	Specialist rheumatology services for children
130	Specialist services for children with infectious diseases	18C	Specialist services for children with infectious diseases
131	Specialist services for complex liver, biliary and pancreatic diseases in adults	19L	Specialist services for complex liver diseases in adults
		19P	Specialist services for complex pancreatic diseases in adults
		19Z	Specialist services for complex liver, biliary and pancreatic diseases in adults
		19B	Specialist services for complex biliary diseases in adults
132	Specialist services for haemophilia and other related bleeding disorders (adults and children)	03X	Specialist services for haemophilia and other related bleeding disorders (Adults)
		03Y	Specialist services for haemophilia and other related bleeding disorders (Children)
134	Specialist services to support patients with complex physical disabilities (excluding wheelchair services) (adults and children)	05C	Specialist augmentative and alternative communication aids (adults and children)
		05E	Specialist environmental controls (adults and children)
		05P	Prosthetics (adults and children)
135	Specialist paediatric surgery services	23X	Specialist paediatric surgery services - general surgery
136	Specialist paediatric urology services	23Z	Specialist paediatric urology services
139A	Specialist morbid obesity services for children	35Z	Specialist morbid obesity services for children
139AA	Termination services for patients with medical complexity and or significant co-morbidities requiring treatment in a specialist hospital	04P	Termination services for patients with medical complexity and or significant co-morbidities requiring treatment in a specialist hospital
ACC	Adult Critical Care	ACC	Adult critical care

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