STW Integrated Care Board

MEETING
26 June 2024 14:00 BST

PUBLISHED
24 June 2024

AGENDA (PART 1)

Meeting Title	Integrated Care Board	Date	Wednesday 26 June 2024
Chair	Sir Neil McKay	Time	2.00pm
Minute Taker	Board Secretary	Venue/ Location	Seminar Rooms 1&2, Shropshire Education & Conference Centre (SECC), Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury, SY3 8XQ

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

Reference	Agenda Item	Presenter	Purpose	Paper	Time
OPENING MATTERS (approximately 30 minutes: 2.00pm – 2.30pm)					
ICB 26-06-041	Apologies and Introductory comments by the Chair	Sir Neil McKay	I	Verbal	2.00
ICB 26-06-042	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 (shropshiretelfordandwrekin.nhs.uk)	Sir Neil McKay	S	Verbal	
ICB 26-06-043	Minutes from the previous meeting held on Wednesday 24 April 2024	Sir Neil McKay	A	Enc	
ICB 26-06-044	Matters arising and action list from previous meetings	Sir Neil McKay	A	Enc	
ICB 26-06-045	Questions from Members of the Public: Guidelines on submitting questions can be found at: https://stwics.org.uk/get-involved/board-meetings	Sir Neil McKay	I	-	
ICB 26-06-046	Resident's Story: Equality, Diversity & Inclusion (EDI) – a staff story of two halves *(Staff Members to attend)*	Vaness Whatley	S	Verbal	2.10

	STRATEGIC SYSTEM OVERSIGHT (approximately 50 minutes - 2.30pm – 3.20pm)				
ICB 26-06-047	ICB Chief Executive (CEO) Report: • Shaping the STW ICB Programme • Infected Blood Enquiry Report • SaTH CQC Report • 'Open Up' Campaign • Urgent Decision regarding Operational Plan 2024/25	Simon Whitehouse	S	Enc	2.30
ICB 26-06-048	Perceptions and experience of racism in the workplace by health and social care staff & Staff Survey (ICB and System Partners) *(Alison Trumper/Emma Wilkins to attend)*	Vanessa Whatley	S	Enc	2.45
ICB 26-06-049	Health and Healthcare Inequalities *(Tracey Jones to attend)*	Nigel Lee	S	Enc	3.10
	SYSTEM GOVERNANCE AND PERFORMANCE (approximately 55 minutes – 3.30pm – 4.15pm)				
ICB 26-06-050	Integrated Care System Performance Report: • Finance • Performance • Quality • People	Claire Skidmore	S	Enc	3.30
ICB 26-06-051	ICB Annual Reports and Accounts 2023/24 – for approval	Claire Skidmore	A	Enc	3.45
ICB 26-06-052	Review of Primary Care Access Recovery Plan (PCARP) 2023/24 and Planning for 2024/25	Ian Chan	A/D/S	Enc	4.00
ICB 26-06-053	Learning Disability Mortality Review (LeDeR) Annual Report	Vanessa Whatley	S	Enc	4.15
	BOARD COMMITTEE REPORTS (approximately 10 minutes - 4.30pm - 4.45pm)				
ICB 26-06-054	**Assurance**				4.30
ICB 26-06-054.1	Quality and Performance Committee Chair's Report for meetings held on 28 March and 25 April 2024	Meredith Vivian	S	Enc	
ICB 26-06-054.2	Audit & Risk Committee Chair's Report	Roger Dunshea	S	Enc	
ICB 26-06-054.3	Finance Committee Chair's Reports for meetings held on 26 March and 29 April 2024.	Professor Trevor McMillan	S	Enc	
ICB 26-06-054.4	Remuneration Committee Chair's Report – 31 May 2024	Professor Trevor McMillan	S	Enc	

		Strategy				
ICB 26-06-054.5	Strategy Committee Chair's Report – no report	Cathy Purt	S	Verbal	
ICB 26-06-054.6	People Culture and Inclusion Committee Chair's Report	Dr Catriona McMahon	S	Enc	
		Delivery				
ICB 26-06-054.7	Integrated Delivery Committee Chair's Report – no report	Harry Turner	S	Verbal	

ANY OTHER BUSINESS (approximately 5 minutes - 4.55pm - 5.00pm)					
ICB 26-06-055	Any Other Business *(To be notified to the Chair in advance)*	Sir Neil McKay	D	Verbal	4.55
	Date and time of next meeting: • Wednesday 25 September 2024 - Telford (including Annual General Meeting)				

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.)*

Sir Neil McKay
Chair
NHS Shropshire, Telford and Wrekin

Mr Simon Whitehouse
Chief Executive
NHS Shropshire, Telford and Wrekin

NHS Shropshire Telford and Wrekin
Integrated Care Board

Minutes of Meeting held in public on
Wednesday 24 April 2024 at 14:00 pm
The Reynolds Suite Holiday Inn Telford International Centre,
St. Quentin Gate, Telford TF3 4EH

Present:

Sir Neil McKay	Chair and Non-Executive Director, NHS STW
Professor Trevor McMillan	Deputy Chair and Non-Executive Director, NHS STW
Meredith Vivian	Non-Executive Director, NHS STW
Roger Dunshea	Non-Executive Director, NHS STW
Simon Whitehouse	Chief Executive, NHS STW
Claire Skidmore	Chief Finance Officer, NHS STW
Nicholas White	Chief Medical Officer, NHS STW
Vanessa Whatley	Chief Nursing Officer, NHS STW
Gareth Robinson	Executive Director of Delivery and Transformation, NHS STW
Dr Julian Povey	Primary Care Partner Member for Shropshire
Stacey-Lee Keegan	Foundation Trust Partner Member and Chief Executive, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Louise Barnett	Trust Partner Member and Chief Executive, Shrewsbury and Telford Hospital NHS Trust
Patricia Davies	Trust Partner Member and Chief Executive Shropshire Community Health NHS Trust
Neil Carr	Chief Executive, Midlands Partnership University Foundation Trust
David Sidaway	Chief Executive, Telford and Wrekin Council

In Attendance:

Alison Smith	Director of Corporate Affairs, NHS STW
Dr Catriona McMahon	Chair, Shrewsbury and Telford Hospital NHS Trust
Harry Turner	Chair, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Tina Long	Chair, Shropshire Community Health NHS Trust
Cllr Paul Watling	Cabinet Member for Adult Social Care and Health Systems Telford and Wrekin Council (representing Shaun Davies)
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Jan Suckling	Lead Officer, Healthwatch Telford & Wrekin (representing Simon Fogell)
Cllr Simon Jones	Councillor, Shropshire Council (representing Lezley Picton)
Helen Onions	Interim Director of Health & Wellbeing, Telford & Wrekin
Lorna Gibson	NHS England
Jo Burrows	NHS England
Tracy Eggby-Jones	Corporate Affairs Manager, NHS STW
Claire Colcombe	Corporate Personal Assistant, NHS STW

Minute No. ICB 24-04-029 Introduction and Apologies

029.1   The Chair opened the meeting and noted the following apologies: ⌸

- Andy Begley   Local Authority Partner Member and Chief Executive, Shropshire Council
- Simon Fogell   Chief Executive, Healthwatch Telford & Wrekin
- Jackie Jeffrey   Vice Chair Shropshire, VCSA
- Cllr Lezley Picton   Leader, Shropshire Council
- Niti Pall   Non-Executive Director, NHS STW
- Cllr Shaun Davies   Leader, Telford & Wrekin Council
- Dr Ian Chan   GP Partner Member
- Cathy Purt   Non-Executive Director, Shropshire Community Health NHS Trust
- Cllr Cecilia Motley   Portfolio Holder for Adult Social Care, Public Health and Communities, Shropshire Council

Minute No. ICB 24-04-030 Declarations of Interest

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

Register of Interests - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

Minute No. ICB 24-04-031 Minutes from the previous meeting held on 24 March 2024

031.1   The minutes of the meeting held on 24 March 2024 were presented for approval.

RESOLVE: **The minutes of the ICB Board meeting held on 24 March 2024 were approved.**

Minute No. ICB 24-04-032 Matters arising and action list from previous meetings.

032.1   The Chair referred to the Action List and noted that outstanding actions from previous Board meetings would be covered in the rest of the agenda.

RESOLVE: **The outstanding actions from previous Board meetings would be covered in the rest of the agenda.**

Minute No. ICB 24-04-033 Questions from Members of the Public:

033.1   The Chair noted 46 questions had been raised from one member of the public, which will be responded to in the normal manner.

RESOLVE: **NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED that there were no questions from the previous meeting held on 24 March 2024.**

Minute No. ICB 24-04-034 Resident's Story: Knee Surgery Patient Experience

034.1   Miss Stacey Keegan introduced the item and stated that the story highlighted the value of having a revision hub and veteran services within Shropshire, Telford and Wrekin. Miss Keegan further highlighted that the video presented would show the journey of a veteran who had knee surgery, the complications and challenges faced following the surgery, and the importance of the support received throughout the recovery journey.

034.2 Following the presentation Miss Keegan informed the Board that this story had triggered conversations with the National Orthopaedic Alliance.

034.3 Mr Neil Carr commented about the need for completeness in health and social care focussing on all aspects of the service user (i.e. physical, mental, and emotional).

034.4 Miss Lynn Cawley commented about the need for information around all conditions to be easily accessible for everyone and to make sure that service users understand the information shared with them.

034.5 Dr Julian Povey asked about the MSK transformation work developing an online resource, where service users could gain access to information to help them make personalised informed decisions about operations. Miss Keegan responded by saying that the digital aspect of the project was currently being rolled out and the 'waiting well' work with the Local Authorities was also working well.

034.6 Mr Roger Dunshea asked whether the trend for MSK infections was rising or falling and how available was that information to patients in terms of the rates and risks. Miss Keegan responded by saying that the data suggested infections were not rising and the information was available and updated quarterly.

034.7 The Chair commented on the MSK programme of work for standardising and improving the quality of service provision and requested a progress report at the end of the first quarter.

ACTION: Miss Keegan to provide a progress report of the MSK programme at the end of the first quarter.

Minute No. ICB 24-04-035 Chief Executive (CEO) Report

035.1 Mr Simon Whitehouse introduced the report and highlighted the following:

- Shaping the STW ICB Update – This section set out the work carried out to shape the ICB, where they were in the timeline of moving the organisation to make it fit for purpose, whilst delivering the 30% cost reduction, including the relocation of the offices. Mr Whitehouse added he was grateful to Telford and Wrekin Council for enabling the relocation. He acknowledged that this process was still impacting on staff and that support was being put in place via HR.

- Perceptions and experience of racism in the workplace by health and social care staff, including NHS Staff Survey – This section provided an update on the programme of work in relation to racism in the workplace and the staff survey results. The staff survey had provided useful insight into the work required to further support staff and to make the ICB a desirable place to work. the pressures of workload and burn out were noted. There was a need for an organisational development plan, and it needed to be put in place to respond to the challenges across the system. It was noted that the ICB had attempted to recruit a CPO on two occasions and had been unsuccessful on each occasion. This was a gap for the ICB and for the system.

In regard to the perception of racism report, Mr Whitehouse confirmed that the Board Development Session would be used to enable a more considered and deeper dive into this issue. This session would also then help to set and agree the mandate, leadership drive, and how it would be monitored and reported. Mr Whitehouse was clear that each proivder took this issue seriously but that there was more to do to support our health and care workforce on this agenda.

He set out clearly that there was no place for racism, or any other form of discrimination, in Shropshire, Telford and Wrekin. This was as important between staff as it was for staff experiencing discrimination from residents and patients. The report was one aspect of the information available to the local system about staff experience and this needed to be considered carefully alongside the staff survey results and the WRES data.

- Mr Sidaway suggested an action plan was urgently required to tackle this issue.
- Mr Vivian commented it would be beneficial to know the work that was being undertaken to tackle this issue.
- Dr Povey commented work was being done in the Primary Care area to drive out the racism that staff faced.
- Mr Dunshea asked when they would see the action plan.
- Miss Patricia Davies commented that they need to look at the tools and support that was offered to victims, as well as the action taken towards perpetrators. Miss Davies recognised the need for change in Shropshire, Telford and Wrekin across the Equality, Diversity and Inclusion element on a whole.

- Cllr Paul Watling commented that the figures were unacceptable, and an action plan would be of utmost importance.
- Ms Cawley informed the Board that Healthwatch had recently added information about Freedom To Speak Up Guardians that are within the organisations. Ms Cawley asked the Board to consider the caring treatment of non-white patients, residents and carers that are experiencing caring treatment in Shropshire, Telford and Wrekin.

- Mr Whitehouse commented that the providers and the ICB were actively working to tackle this issue and recognised that there was a gap in the Primary Care Network that needed to be addressed. He pointed out that 70% of the concerns raised were 'staff on staff' issues. He suggested that during the development session they should bring to the surface the approaches and actions put in place and how it is being monitored and measured at each level of the system. he stated that there are action plans in place and that this issue is on each Providers agenda and workplan.

- Dr Povey asked whether they could get members of staff who have had real life experiences in this area to come and talk to the Board about their experiences.

- The Chair was grateful that this area of concern had been raised and looked forward to a deeper discussion about it at the Board Development Day and then a future public Board discussion.

- Sexual Safety Charter
  This section reported on the ICB's commitment to the pledges outlined within the Sexual Safety Charter. Mr Whitehouse thanked Ms Vanessa Whatley for taking the lead in this area.

- Martha's Rule
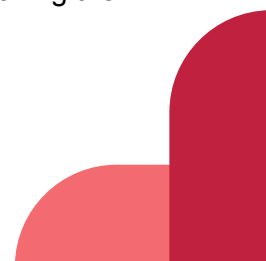
This section introduced Martha's rule and explained how it would be implemented in the NHS from April 2024.

- Priorities and Operational Planning Guidance for 24/25
  This section gave a high-level summary of the operational planning guidance.

- STW System Oversight Arrangements
  This section reported on the refreshed oversight arrangements to move from NOF4 to NOF3. Ms Lorna Gibson and Ms Jo Burrows from NHSE supported the Integrated Care Board with the refreshed exit criteria, improvement plan, frequency of meetings, and responsiveness of these.

- Emergency Preparedness, Resillience and Response (EPRR) Update

  This section reported on the completed review and action plan that had been implemented. The detailed plan will be brought to the audit committee in June 2024.

RESOLVE: **NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the updates relating to:**

- **Shaping the STW ICB Update**
- **Perceptions and experience of racism in the workplace by health and social care staff, including NHS Staff Survey**
- **Sexual Safety Charter**
- **Martha's Rule**
- **Priorities and Operational Planning Guidance for 24/25**
- **STW System Oversight Arrangements**
- **Emergency Preparedness, Resilience and Response (EPRR) Update**

Minute No. ICB 24-04-036 ICB Operating Model and Meeting Structures

036.1 Mr Whitehouse introduced the paper and highlighted the following:

- Update on ICB Operating Model – The paper summarised the Operating Model that had been influenced by the national context for integrated care and how Shropshire, Telford and Wrekin health and care system responded to it. It gave a background of the initial thinking behind the formation of the ICB.

  The operating model had been rethought and refreshed as a necessary step before undertaking the management of change. The model discussed the direction of travel without an end point to allow for continual development.

- Amendments to Governance Handbook following Good Governance Institute (GGI) governance review – The report presented the amendments required to enact the changes to the ICB governance meeting structure proposed in the Good Governance Institute's Making Meetings Matter review. The governance had been aligned to enable the delivery of the Operating Model.

036.2 Mr Harry Turner commented that the System Transformation Group (STG) did not exist when the Provider Collaborative was formed and, therefore, the relationship between them needed to be considered. Mr Whitehouse responded by saying the STG was

transitional and that he recognised that the groups would need to work together to prevent duplication.

036.3 Ms Tina Long suggested the creation of a set of common values for the Integrated Care Board that all members sign up to. Mr Whitehouse responded by saying there was value to having core values as a system that each organisation responded to. The ICB, like other organisations, had gone through a process to agree its values and set out the behaviours expected form all staff in the ICB.

036.4 Cllr Watling commented the need to focus on the right language as a system, as sometimes the language of the documents presented at the Board meetings make them NHS based as opposed to being about all of the partners, including the Local Authority. Mr Whitehouse responded by saying the paper was written whilst undertaking the NHS management of change which is why the language was NHS focussed, but recognised the language will change as the place-based partnerships strengthen, and the provider collaborative matures.

036.5 Mr Dave Bennett commented that when looking at the paper it was difficult to ascertain how it would be used to help to get things done and suggested getting into a position where the paper shows the priorities of the system, and how they would be delivered. Mr Whitehouse responded by saying that fundamentally, the paper sets out everyone's responsibilities at the different stages of the commissioning cycle, and how NHS Shropshire, Telford and Wrekin Integrated Care Board operate as the strategic commissioner. He added that the paper was never intended to set out the workplan or the priorities.

036.6 Mr Dunshea commented that there was a next step to this paper around engagement and communication. He asked what the paper would mean for a GP practice, or social worker etc. as it was not clear. He added that there was no timeline within the paper and that it should be revisited at least twice a year.

036.7 The Chair asked what would be done with the paper if approved by the Board. Dr Povey responded by saying it was useful to see the structure but was concerned about there still being much discussion and no delivery.

036.8 Ms Davies commented that the paper was a step forward in a positive direction and provided greater clarity around larger programmes of work. She added the paper identifies Chief Executive Officer leading the work which was also helpful.

036.9 Mr Vivian commented that the paper was helpful and clear from an Operating Model level, but going forward was concerned about the lack of sufficient progress around place-based arrangements. He added that he would like to see a more overall health focus, not necessarily just healthcare, within the paper. He further added that he was concerned that ICB structure might not be fit for purpose as the Operating Model changes. Mr Whitehouse responded by saying the paper provided a framework for delivery that could be revisited every six months.

036.10 Dr Povey commented that more prominence of Primary Care and General Practice was needed in the paper. He added that there were missed opportunities with not having GP's involved in the core of paper. Mr Whitehouse responded by saying that he accepted this and looked forward to working with Dr Povey to enable this.

036.11 Dr McMahon asked whether the paper was affirmed or still in consultation in the ICB. Mr Whitehouse responded by saying the structure of the ICB had been consulted on, agreed, and was being implemented.

RESOLVE: NHS Shropshire, Telford and Wrekin Integrated Care Board APPROVED and COMMITTED to the proposed NHS STW operating model.

NHS Shropshire, Telford and Wrekin Integrated Care Board SUPPORTED an initial annual review to capture and propose suggestions for improvements to the operating model.

NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the content of the paper and Appendices 1, 2 and 3 outlining the proposed changes to the Governance Handbook draft version 8 to enact the Good Governance Institute's recommendations in its Making Meetings Matter review.

NHS Shropshire, Telford and Wrekin Integrated Care Board APPROVED the proposed amendments to the Governance Handbook draft version 8 outlined in the report and Appendices 1, 2 and 3.

Minute No. ICB 24-04-037.1 Quality and Performance Committee Chair's Report for meeting held on 29 February 2024

037.1   The Board noted the papers as read and agreed nothing to discuss.

RESOLVE: NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the report.

Minute No. ICB 24-04-37.2 Audit Risk Committee Chairs Report for meetings held on 17 January and 17 April 2024

037.2   The Board noted the papers as read and agreed nothing to discuss.

RESOLVE: NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the report.

Minute No. ICB 24-04-37.3 Finance Committee Chair's Report for the meeting held on 22 February 2024

037.3   The Board noted the papers as read and agreed nothing to discuss.

RESOLVE: NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the report.

Minute No. ICB 24-04-37.4 Remuneration Committee Chair's Report for meeting held on 28 March 2024

037.4   The Board noted the papers as read and agreed nothing to discuss.

RESOLVE: NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the report.

Minute No. ICB 24-04-37.5 Strategy Committee Chair's Report for meeting held on 13 March 2024

037.5   The Board noted the papers as read and agreed nothing to discuss.

RESOLVE: **NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the report.**

Minute No. ICB 24-04-37.6 People Culture and Inclusion Committee Chair's Report for meeting held on 20 March 2024

037.6   Dr McMahon asked the Board to note that due to the short notice, some of the critical items will be carried over to June's Board meeting.

RESOLVE: **NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the report and the highlighted area from Dr McMahon.**
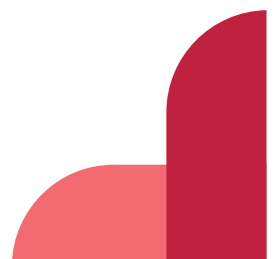
Minute No. ICB 24-04-37.7 Integrated Delivery Committee Chair's Report – No report

037.7   The Board noted nothing to discuss.

Minute No. ICB 24-04-38 Any other business

038.1   No other business raised.

The Chair closed the meeting at 15:30

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 24-04-034 Resident's Story	Miss Keegan to provide a progress report of the MSK programme at the end of the first quarter.	Miss Stacey Keegan	**July**	

Meeting Name:	Integrated Care Board
Agenda item no.	ICB 26-06-047
Meeting Date:	26 June 2024
Report title:	Chief Executive Report
Report presented by:	Simon Whitehouse, Chief Executive
Report approved by:	Simon Whitehouse, Chief Executive
Report prepared by:	Tracy Eggby-Jones, Corporate Affairs Manager
Meeting report previously presented:	N/A

Action Required (please select):							
A=Approval		R=Ratification		S=Assurance	X	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 (CEO Business Update), which is set out in full in the main body of the report.

- Shaping the STW ICB Programme
- Infected Blood Enquiry Report
- SaTH CQC Report
- 'Open Up' Campaign
- Urgent Decision regarding Operational Plan 2024/25

Recommendation/Action Requested:

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

- Shaping the STW ICB Programme
- Infected Blood Enquiry Report
- SaTH CQC Report
- 'Open Up' Campaign
- Urgent Decision regarding Operational Plan 2024/25

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	Yes
Tackle inequalities in outcomes, experience, and access	Yes
Enhance productivity and value for money	Yes
Help the NHS support broader social economic development	Yes

Conflicts of Interest

Ambition   Compassion   Optimism   Focus

None.			
Implications			
Engagement with Shropshire, Telford & Wrekin residents, and communities	Yes		
Resource and financial	Yes		
Quality and safety	Yes		
Sustainability	Yes		
Equality, Diversity and Inclusion	Yes		
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 (CEO Business Update), which is set out in full in the main body of the report.

- Shaping the STW ICB Programme
- Infected Blood Enquiry Report
- SaTH CQC Report
- 'Open Up' Campaign
- Urgent Decision regarding Operational Plan 2024/25

2. Shaping the STW ICB Programme

2.1 NHS Shropshire, Telford & Wrekin is currently in the process of transitioning to a new operating model and staff structure. This strategic shift aims to enhance our efficiency, adaptability, and overall performance.

2.2 Additionally, we are developing a comprehensive organisational development programme designed to transform our culture, fostering greater collaboration, innovation, and engagement among our staff. These initiatives are critical to our long-term success and will enable us to deliver on the Integrated Care System (ICS) aims.

2.3 As we transition to our new operating model some portfolios, programmes, projects, teams, and individuals will be moving directorates, along with some transitions in our Executive Team members statutory duties. Once all Executive Team member statutory Duties and functions are confirmed we will provide an update on this information to our stakeholders. Most of our staff have retained their job roles with either no change to their job title and job description or with only minor amendments to their job title or job description, and we have several staff members commencing 4-week trail periods in suitable alternative roles.

2.4 I want to extend my heartfelt thanks to all NHS STW staff for their incredible engagement and dedication throughout the management of the change process. I understand that this period has been challenging for many and continues to be difficult

for some. Staff resilience and adaptability during these times have not gone unnoticed and are deeply appreciated.

3. Infected Blood Enquiry Report

3.1 On 20 May 2024 the Infected Blood Inquiry published its final report. Since 1991, all blood donated in the UK is screened and distributed by NHS Blood and Transplant following rigorous safety standards and testing to protect both donors and patients.

3.2 Since testing has been introduced, the risk of getting an infection from a blood transfusion or blood products is very low. All blood donors are screened at every donation and every donation is tested before it is sent to hospitals. Blood services and blood safety has been transformed, not only in terms of technological advances in testing but also in the way donors are recruited and checked they are safe to donate.

3.3 Given the time that has elapsed since the last use of infected blood products, most of those who were directly affected have been identified and started appropriate treatment. However, there may be a small number of patients where this is not the case, and particularly where they are living with asymptomatic hepatitis C. Today, blood is distributed to NHS hospitals by NHS Blood and Transplant (NHSBT), which was established in 2005 to provide a national blood and transplantation service to the NHS.

3.4 The full inquiry report and supporting information can be found on the Infected Blood Inquiry website. Useful support and advice:

- NHS England have set up a new online resource for patients and the public to find help and support: https://nhs.uk/infected-blood-support
- Patients who want more details about the safety of blood from donations in England can find more information here: https://www.blood.co.uk/the-donation-process/further-information/your-safety/
- The Haemophilia Society website has detailed information about the Infected Blood Inquiry and links to helpful resources for support.
- NHS Blood and Transplant sets out how it has supported the Inquiry and has answers to common questions about the Infected Blood Inquiry.
- The Red Cross provides a confidential support service to people affected by telephoning: 0800 458 9473 or 020 3417 0280.
- The HBCDA (Haemophilia and Bleeding Disorders Counselling Association) charity offers online support and counselling specifically for people with bleeding disorders who have been infected through treatment for their bleeding disorder.
- Members of the public can directly order hepatitis C self-testing kits online: hepctest.nhs.uk.

4. SaTH CQC Report

4.1 The Care Quality Commission (CQC) has noted advancements in several key areas and services at The Shrewsbury and Telford Hospital NHS Trust (SaTH), elevating the Trust's overall rating from 'inadequate' to 'requires improvement'.

4.2 Following inspections in October and November 2023, the Trust is now rated as 'good' for 'caring'. The 'safe' and 'responsive' domains have been upgraded from 'inadequate' to 'requires improvement', while the 'effective' and 'well-led' domains remain 'requires improvement'. However, there are still areas needing attention, such

as urgent and emergency care, patient privacy and dignity in escalation areas, patient flow, waiting times, and overall progress in the Trust's improvement efforts.

4.3   The report highlights the Trust's significant progress in key areas, noting:

- The Children and Young People service is now rated 'good' in all five domains, a substantial improvement from its previous 'inadequate' rating.
- End of Life Care at both hospitals improved to an overall rating of 'good', with dedicated end-of-life care champions on every ward providing daily specialist support.
- Maternity services achieved an overall rating of 'good', with friendly and helpful staff collaborating for the benefit of women, birthing people, and babies.
- An improving culture of high-quality, sustainable care.
- The Trust actively listens to and learns from feedback across various services.
- The Trust demonstrates a strong understanding of quality improvement methods.
- The CQC observed a long-term commitment to improvement, with patient experience being a clear priority.

4.4   The report acknowledges the progress made but emphasises the need for further improvements, especially within urgent and emergency care (UEC) services. Significant enhancements are required across the UEC pathway to better patient experience, as several areas still hold 'requires improvement' and 'inadequate' ratings.

4.5   The CQC also noted the Trust's awareness of its significant operational and financial challenges and the importance of continuing its improvement journey in collaboration with partners.

5.   'Open Up' Campaign

5.1   To coincide with Loneliness Awareness Week (10-16 June), NHS Shropshire, Telford and Wrekin has launched the 'Open Up' campaign aimed at addressing the issue of loneliness among children in the region.
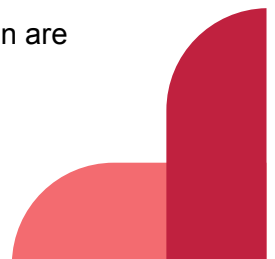
5.2   The 'Open Up' campaign highlights the growing concern of loneliness in children and young people and that signs can be hard to spot. The campaign aims to empower parents and carers (of children aged 7- 13), and children (aged 11-13) with practical tools and support to prevent loneliness, encouraging children to open up to a trusted adult about how they are feeling.

5.3   This integrated campaign has been developed in partnership with the local NHS and both local authorities in Shropshire, Telford and Wrekin, and will run across a range of channels including out-of-home advertising, social media, radio, and media.

6.   Urgent Decision regarding Operational Plan 2024/25

6.1   The ICB submitted its operational plan for 2024/25 as required on the national deadline 2nd May. All ICBs were subsequently notified of the need to improve their financial positions, which resulted in a full national resubmission on the 12th June. The new NHS STW plan achieved the revenue financial plan limit of £90m deficit set by NHS England (NHSE).

6.2   The amendments from the 2nd May submission to the 12th June resubmission are outlined below.

Return	Amendment
Finance	• Revenue finance plan deficit amended from (£99m) to (£90m) in line with the Revenue financial plan limit • Capital Spend will be capped at 90% of the 24/25 capital financial plan limit as per the updated 24/25 Capital Financial Framework
Activity / Performance	• Increased day cases at SaTH by 627. This made a small improvement to the value weighted activity measure but no impact on finance or workforce. • Value weighted activity improved from 106.5% to 106.8% • Diagnostics endoscopy modality split was amended due to an error in the original submission. Overall performance is not affected. • Primary care seasonal variation was added to the primary care activity profile. • The number of children and young people waiting over >52 week at the of March 25 has reduced from 61 to zero.
Workforce	• No changes to the workforce submission

6.3 A summary of the changes in the financial plan required to achieve the new revenue limit is as follows:-

STW	ICB	SATH	RJAH	SCHT	Totals
24/25 Financial Plan 02/05/24	**-51.0**	**-51.3**	**2.1**	**1.3**	**-98.9**
Removal of STW system unidentified efficiency as at 02/05	-6.3				-6.3
UEC Black Country additional costs	-1.7				-1.7
Additional efficiency stretch	4.9	7		0.5	12.4
Reduced Costs	3.9				3.9
LVA Income			0.8		0.8
24/25 Financial Plan 12/06/24	**-50.3**	**-44.3**	**2.9**	**1.8**	**-89.9**

6.4 A significant amount of work is still required by all system partners to produce the detailed plans to achieve these additional efficiency stretches and de-risk our system plan.

6.5 All other queries based on the original 2nd May submission received from NHSE, both regional and national teams, were also answered by the system as part of the resubmission.

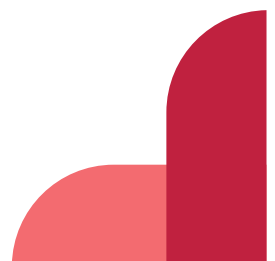6.6 All contracts with the main providers within the system have also been signed by the national deadline 14th June.

7.   Recommendations

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

- Shaping the STW ICB Programme
- Infected Blood Enquiry Report
- SaTH CQC Report
- 'Open Up' Campaign
- Urgent Decision regarding Operational Plan 2024/25

8.   Appendices

8.1   None.

Meeting Name:	NHS Shropshire Telford and Wrekin Board
Agenda item no.	ICB 26-06-048
Meeting Date:	Wednesday 26th June 2024
Report title:	Perceptions and experience of racism in the workplace by health and social care staff in Shropshire Telford and Wrekin , actions and next steps
Report presented by:	Vanessa Whatley, Chief Nursing Officer NHS STW
Report approved by:	Simon Whitehouse CEO NHS STW
Report prepared by:	Vanessa Whatley Chief Nursing Officer NHS STW
Meeting report previously presented:	People Culture and Inclusion Committee 19th June 2024

Action Required (please select):							
A=Approval	X	R=Ratification		S=Assurance		D=Discussion	X	I=Information	

Executive Summary

Shropshire Telford and Wrekin has relied on the recruitment of international health and care staff, especially nurses, as part of the workforce strategy over several years. This has added to the diverse NHS workforce which has been a feature of the NHS since its creation. We are proud of our diverse workforce and see examples of how staff of different ethnicities are thriving every day and we are dedicated to seeing this continue.

In 2021 a study was commissioned to understand further the experience of international staff in health and care in Shropshire Telford and Wrekin. In January 2023 the final report from the work, entitled Perceptions and Experience of Racism in the Workplace by Health and Social Care Staff in Shropshire Telford and Wrekin, was received, and shared widely across organisations in the system. A system level group co-ordinated actions held by providers and at system level.

This report brings the findings, actions completed and proposed next steps for Board discussion on race and how non-white staff are supported and how white staff are empowered to enable them to support their colleagues to thrive and enable Shropshire Telford and Wrekin to be welcoming for all.

Recommendation/Action Requested:

- Discuss the key areas identified in section 6 of this report and the report findings as part of future development.
- Note the actions to date and agree the approach to the continuous improvement of the experience of non-white members of staff.
- Commit to the strategic actions identified and highlight any others as required.

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: Strategic Risk No.4: Inability to recruit, retain and keep our ICS Workforce well.

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

Ambition   Compassion   Optimism   Focus

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 strategy on EDI interfacing with health inequalities is recommended.
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 information gained from health and care staff some of which will be part of our local 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.
Sustainability	Provides information which will help with sustaining the workforce to provide safe services into the future.
Equality, Diversity and Inclusion	The report provides insight into our workforce and actions required 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	

Perceptions and experience of racism in the workplace by health and social care staff, actions and next steps

1. **Background**

1.1. Shropshire Telford and Wrekin Integrated Care System (STW ICS) is fully committed to racial equality, diversity, and inclusion and making Shropshire Telford and Wrekin welcoming and inclusive for all. We believe all forms of racism and discrimination are unacceptable and must not be tolerated. We recognise and value difference and aim to create a working culture and practices that recognise, respect, and value difference for the benefit of the organisation and the individual.

1.2. During 2020-2021 a significant workforce strategy for the ICS was attracting and recruiting international staff, especially nurses. At this time three hundred and twenty international nurses were already in post with plans to attract and recruit further international colleagues.
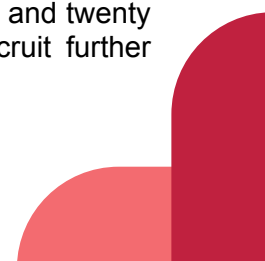
1.3.   Feedback from international colleagues, as well as others, through our EDI networks highlighted concerns about cultural awareness and integration, with racism being experienced within the care settings as well as outside in the local community.

1.4.   In October 2021 an academic piece of work to understand the issues facing international staff, especially nurses, was funded by Health Education England West Midlands as a co-creation project between the University of Wolverhampton and diverse stakeholders (NHS Trusts, Shropshire Wrekin and Telford System partners and Health Education England).

1.5.   In January 2023 the final report, entitled Perceptions and Experience of Racism in The Workplace by Health and Social Care Staff in Shropshire Telford and Wrekin, was received (please see appendices for the full report). Please note this report has also been referred to as the Rural Racism report. Going forward we will refer to it as its proper title.

1.6.   The report was circulated widely between health and care organisations and discussed at a variety of meetings, including those with ICB Board and system partner executive members present. Several action plans were then progressed and these delivered actions to improve the experiences of those who participated in the report.

1.7.   However, we recognise that the level of public visibility of this report could have been improved. It is important to note though, that this has not stopped the actions progressing to help further ensure all our staff thrive and are welcomed across Shropshire Telford and Wrekin.

1.8.   A Board Development session was held on 29th May 2024 on equality diversity and inclusion with a focus on the issues of race and racism.

2. Findings in the study report

2.1. The study included 177 responses to an electronic survey and 22 semi structured interviews. Most responses came from people working in the hospitals (44 responses), followed by 33 in social care, and 24 in mental health. The International Nurses at SaTH were encouraged to complete the survey.

2.2. The study highlights shared below reflect the findings of national surveys (Church and Devereux 24) and National Workforce Race Equality Standards.

- 51% of participants had experienced racism in the workplace on average between 1 and 5 times.
- Non-white participants were 3 times as likely as white participants to have experienced racism directed at themselves.
- 85% of non-white participants agreed racism from patients and families is a problem.
- 79% agreed racism between colleagues is a problem.
- 46% had experienced intentional exclusion from work or work-related social events.
- 27% found that as they became more senior, they were subjected to less racism.
- The study acknowledged that acculturation of international workforce takes a long time, the increasing number of international nurses, following acculturation sessions. who are experiencing a more proactive approach to career progression

appears to have led to a greater proportion of internationally recruited nurses successfully progressing in their careers than in the past.

- Overall, both non-white and white members of staff across STW experience more racism that the national average for the West Midlands.
- Members of staff still tend to do nothing about it not even addressing issues with the person concerned.

3. Key improvements and actions progress to date

3.1. The findings and recommendations of the report were shared widely amongst system partners, following the report's receipt in January 2023, and continue to be discussed extensively as part of action plans and progress updates. System-wide key improvements and actions to date include those below.

    3.1.1. Anti-racism staff education including training on induction, allyship and unconscious bias training.

    3.1.2. NHS STW commissioned Northern Care Alliance NHS Foundation Trust to deliver a programme of leadership sessions on Leadership and management of equality-related workforce issues which were well attended.

    3.1.3. Updated policies and processes.

    3.1.4. Nudge posters.

    3.1.5. Review and refresh of staff networks.

    3.1.6. Acculturation sessions for internationally educated colleagues.

    3.1.7. Managers training to proactively support internationally educated colleagues.

    3.1.8. Proactive inclusion of international colleagues in activities.

    3.1.9. Strengthened systems to support colleagues speaking out including freedom to speak up.

    3.1.10. Use of digital, for example the 'Improve well' app for real time feedback from staff.

3.2. The updated action plan is included in the appendices to this report.

4. Measurement of Progress

4.1. The measurement of progress equality, diversity and inclusion is available through a range of nationally led surveys in the NHS. Along with our local key performance data such as demographic data of our workforce, qualitative data collected through engagement with colleagues via our staff networks and local engagement conversations wider than the NHS.

4.2. The results of these surveys show progress and improvements but there is much more to be done. The Workforce Race Equality Standards (WRES) data is provided in 4.4 and 4.3. gives and the updated position.

4.3. Since 2021 there has been:

    4.3.1. A 25.3% improvement in non-white staff experiencing bullying, harassment or abuse from patients, relatives of the public (2021- 2023). It is of note that SATH has the greatest improvement (21.5%) and has the largest number of internationally recruited staff across the providers (WRES 5).

    4.3.2. A 16.1% improvement in non-white staff experiencing harassment, bullying or abuse from other staff (WRES 6).

4.3.3. A 6.3% improvement in non-white staff believing the organisation they work in provides equal opportunities for career progression or promotion (WRES 7).

4.3.4. An 18.7% improvement in non-white staff experiencing less discrimination at work from a manager, team leader or other colleague (WRES 8).

4.3.5. A 28% improvement in non-white staff saying they or a colleague reported it the last time they experience bullying or harassment at work.

4.3.6. A 9.7% decrease in non-white staff who identified they experienced discrimination that said it was on the basis of their ethnic background, highlighting the need for ongoing pace of work to address these issues.

4.4   WRES data 2023

	WRES Indicator 5 – Percentage of staff experiencing harassment, bullying, or abuse from patients, relatives, or the public in the last 12 months	WRES Indicator 6 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	WRES Indicator 7 – Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	WRES Indicator 8 – Percentage of staff experiencing discrimination at work from a manager / team leader or other colleagues in the last 12 months	% of non-white staff saying they or a colleague reported it the last time they experienced harassment, bullying or abuse at work	% of non-white staff who answered yes to 16a and or 16b and then identified they experienced discrimination that said it was on the basis of their ethnic background
System (ICS)	**23.48%**	**24.30%**	**46.66%**	**17.94%**	**48.24%**	**90.21%**
Shropshire Community	25.71%	8.57%	65.71%	5.88%	54.55%	-
The Robert Jones and Agnes Hunt	17.46%	30.16%	41.27%	20.97%	50%	85%
Shrewsbury and Telford Hospital	24%	28.46%	46.08%	18.33%	47.73%	91.30%
System improvement	**25.3% better than 2021**	**16.1% better than 2020**	**6.3% better than 2020**	**18.7% better than 2021**	**28% better than 2020**	**9.7% worse than 2020**

4.5 The results of these surveys show progress and improvements but there is much more to be done. Therefore, there will be a refreshed action plan for 2024-2025.

5. Resources

5.1 Individual partner organisations have EDI leadership at executive level and operational leads working to locally devised strategies. A distributed leadership model is agreed across NHS providers, this may need to be reviewed to ensure we all commit to supporting the resources needed to deliver further recommendations.

6. Next steps for discussion

6.1 On Wednesday 29th May 2024 an ICB Board development day on EDI, with a focussed discussion on race, was held with system partners. Strategic actions and Board oversight were discussed to advance this agenda further and at pace through the following proposed actions.

6.1.1. A serious commitment to resourcing a system development programme is required.

6.1.2. The ICB Board will sponsor the development of an Equality Diversity and Inclusion Strategy 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.

6.1.3. A further system away day for EDI leadership to support strategy development.

6.1.4. The ICB Board will identify a partner to assist with a development for the Board to equip it to continuously develop this vital area and be clear on their role and the governance going forward.

6.1.5. 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.

6.1.6. 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).

7. Conclusion

7.1. Shropshire Telford and Wrekin aims to be a welcoming place for all its staff. The study and reported outcomes of the Perceptions and Experience of Racism in the Workplace by Health and Social Care Staff in Shropshire Telford and Wrekin have been acted on, some actions are completed, and others have made good progress requiring review or inclusion in future plans. There will be a refreshed action plan for 2024/25 and key strategic actions will be implemented to bring the system working together on equality diversity and inclusion with race as a priority.

8. Recommendations

The Board is asked to:

8.1. Discuss the key areas identified in section 6 and discuss the report findings as part of future development.
8.2. Note the actions to date and agree the approach to the continuous improvement of the experience of non-white members of staff.
8.3. Commit to the strategic actions identified and highlight any others as required.

9. Appendices

9.1. The Report: Perceptions and experience of racism in the workplace by health and social care staff.
9.2. The updated action plan.
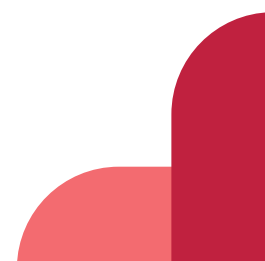
Meeting Name:	ICB Board
Agenda item no.	ICB 26-06-049
Meeting Date:	26th June 2024
Report title:	Health Inequalities 23/24 review and 24/25 Focus
Report presented by:	Tracey Jones ICB lead Health Inequalities
Report approved by:	Tracey Jones ICB Lead Health Inequalities
Report prepared by:	Evaluation Led by Alexandra Mace Project Manager Health Inequalities Tom Astley Project Support Officer health Inequalities
Meeting report previously presented:	Prevention and Health Inequalities Group Strategic Commissioning Committee

Action Required (please select):						
A=Approval		**R=Ratification**	**S=Assurance**	**D=Discussion**	**X**	**I=Information**

Executive Summary

This report seeks to inform Board of the systems collective efforts to deliver against the operating plan requirements in relation to Healthcare Inequalities and share the areas of focus for addressing health inequalities in 24/25 which are informed by the 23/24 evaluation, system SRO discussions and available inequalities data.

The Operating Planning Guidance details specific areas of intervention that every ICS should seek to undertake to address healthcare inequalities across their system. These five key areas were introduced in the Planning Guidance in 22/23 and remain in the 24/25.

- Restoring NHS services inclusively after Covid
- Mitigating against digital exclusion
- Ensuring data sets are timely and complete
- Accelerating prevention programmes to proactively target those at greatest risk of poor outcomes
- Strengthen leadership and accountability

In addition to the five key areas, NHSE have also developed a programme of programme of work referred to as CORE20PLUS5.

- Core20 – those living in the 20% most deprived areas as defined by the Indices of Multiple Deprivation (IMD).
- PLUS – population groups identified by local intelligence such as people with Learning Disabilities or Autism, Drug and Alcohol users, people experiencing homelessness or those living in rural areas.
- 5 – key clinical areas which require accelerated improvement for adults and 5 key clinical areas for Children and Young People.

Smoking is a leading cause of preventable mortality and a leading modifiable cause of health inequalities amongst Core20PLUS communities. Smoking cessation is therefore highlighted in the Core20PLUS5 as a key area of improvement which, if addressed, can lead to a positive impact across all 5 key clinical areas of the Core20PLUS5 in adults.

Ambition   Compassion   Optimism   Focus

The evaluation found progress against all the recommendations advised in the previous 2022/23 report. This has included securing additional fixed term capacity to drive progress, the development of a refreshed high-level implementation plan aligned to Core20PLUS5 and the establishment of a Prevention and Health Inequalities Board (post GGI review known as Prevention and Health Inequalities Group) with Health Inequalities Senior Responsible Officer representation. A further aim was to further integrate the partnership working between the ICB and Local Authorities and this has resulted in the director of Public Health for Telford chairing the Prevention and Health Inequalities Group. The work to develop the intelligence led approach recommended in 22/23 report has been ongoing over 23/24, including seeing an increase in local analytical capacity which has led to the development of multiple dashboards with an inequalities lens to enable priority clinical programmes to analyse and identify targeted actions.

The 23/24 evaluation of current programme has found that of the 37 programmes or projects listed within the plan, 8 completed all set deliverables, 14 made significant progress, 7 have made some progress and 5 have made limited progress with regard to the health inequalities dimension of their work.

Key examples of programmes where progress is more limited are Mitigating Digital Exclusion, reducing inequalities in respiratory care (service other than vaccinations) and Inclusive Recovery. When reviewing common themes amongst these programmes, reasons for delays to progress are closely linked to barriers such as changes in workforce mid-year, a lack of understanding and awareness of how to consider health inequalities within current work and limited availability of funding or data informed intelligence.

Three distinctive trends have been identified when reviewing programmes which have successfully implemented planned deliverables:

1) Programmes reported or evidences a relationship with most or all of the enabling factors listed in section 4.3 of the report, especially strong partnership-based working with Local Authority, VCSE and communities.
2) Additional capacity had been secured to support and drive implementation (ICB or Provider).
3) Programmes received increased levels of involvement from ICB Health Inequalities Team roles.

The report details the training and support needs of those individuals involved in the programmes of work and the need for support to ensure health inequalities remains a priority against the known financial pressures of the Shropshire Telford and Wrekin system. It concludes with the review of the governance and programme arrangements to further improve these in 24/25.

Collectively this evaluation, the outputs of the system workshop in November and the metric data in the statement of information have been used to develop 5 key area of focus for the newly established Health Inequalities team in the ICB during 24/25.

Appendices
1   Objectives End of year ratings
2   Enablers and Barriers identified in the 23/24 review
3   Examples of Best Practice in Shropshire Telford and Wrekin in addressing healthcare Inequalities
4.   Statement of Information: Health Inequalities

Recommendation/Action Requested:
Note the contents of the report and provide feedback and support for the approach and areas of focus for 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**	Health inequalities is one of the core aims of the ICS and therefore this work contributes to achievement of our deliverables across the system board Assurance framework.

How does this report support the ICB's core aims:	
Improve outcomes in population health and healthcare	Report details an evaluation of health inequalities and therefore supports this area
Tackle inequalities in outcomes, experience, and access	Report details an evaluation of health inequalities and therefore supports this area
Enhance productivity and value for money	Reports details ambition to consider health inequalities through a financial impact lens
Help the NHS support broader social economic development	Reports details ambition to assess and progress NHS anchor institution role across the system.

Conflicts of Interest
None

Implications	
Engagement with Shropshire, Telford & Wrekin residents, and communities	In delivering the areas of focus in 24/24 there may be implications in these areas
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 Integrated Impact Assessment been undertaken?			x
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?			x

Evaluation of Shropshire, Telford & Wrekin's Healthcare Inequalities Implementation Plan for 2023/24

1. Introduction

1.1 Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. They arise because of the conditions in which we are born, grow, live, work and age. These conditions influence how we think, feel and act and can impact both our physical and mental health and wellbeing. Within this wider context, healthcare inequalities are about the access people have to health services and their experiences and outcomes.

1.2 The Operating Planning Guidance indicates specific areas of intervention that every ICS should seek to undertake to address healthcare inequalities across their system. These five key areas were introduced in the Planning Guidance in 22/23 and remain in the 24/25.

- Restoring NHS services inclusively after Covid
- Mitigating against digital exclusion
- Ensuring data sets are timely and complete
- Accelerating prevention programmes to proactively target those at greatest risk of poor outcomes
- Strengthen leadership and accountability

1.3 In addition to the five key areas, NHSE have also developed a programme of programme of work referred to as CORE20PLUS5.

- Core20 – those living in the 20% most deprived areas as defined by the Indices of Multiple Deprivation (IMD).
- PLUS – population groups identified by local intelligence such as people with Learning Disabilities or Autism, Drug and Alcohol users, people experiencing homelessness or those living in rural areas.
- 5 – key clinical areas which require accelerated improvement.

1.4 Smoking is a leading cause of preventable mortality and a leading modifiable cause of health inequalities amongst Core20PLUS communities. Smoking cessation is therefore highlighted in the Core20PLUS5 as a key area of improvement which, if addressed, can lead to a positive impact across all 5 key clinical areas of the Core20PLUS5.

1.5 This report evaluates the systems collective efforts to deliver against the operating plan requirements and further builds on the learning of the previous years (2022/23) evaluation report in the formulation of the objectives for 2024/25.

1.1   The key aims of the evaluation were to:

1.   To evaluate the extent to which the recommendations from the 2022/23 evaluation had been delivered in 2023/24.
2.   To evaluate progress against planned actions and deliverables set out in the 2023/24 Health Inequalities Implementation Plan.
3.   To identify enablers and barriers to health inequalities project delivery.
4.   To understand and identify current levels of awareness, understanding and skill in relation to using inequalities-based approaches to service design and improvement
5.   To assess and test the effectiveness of the governance arrangements put in place for 2023/24 to track progress and provide assurance on system-level health inequalities initiatives (including monitoring and reporting, accountability, escalation and feedback mechanisms).

2.2   In Scope

- Evaluation of system-level NHS-led work programmes identified within the 2023/24 implementation plan with aims to reduce healthcare inequalities (total 37 projects):

	Objective	Work Programme / Project		Objective	Work Programme / Project
1	KLOE1: Restore NHS Services Inclusively	Elective restoration programme	13	Core20PLUS5 ADULT 3: COPD	Spirometry Services
					Delivery of Flu and Covid-19 Vaccinations
2	KLOE 2: Mitigate Against Digital Exclusion	2023/24 Digital Strategy	14	Core20PLUS5 ADULT 4: Early Cancer Diagnosis	STW Cancer Strategy Early Cancer Diagnosis Objectives
3	KLOE 3: Datasets are Complete and Timely	System-wide data-sharing			Early Cancer Diagnosis Improvement Plan
		Provision of baseline data and intelligence to support objectives (using a PHM approach)			PCN Cancer DES
		Improved ethnicity recording			Core20PLUS Connectors (Cancer Champions)
4	KLOE 4: Acceleration of preventative programmes are reported via objectives 6 – 20		15	Core20PLUS5 ADULT 5: Hypertension and Lipids	Targeted secondary prevention Lipid Management
5	KLOE 5: Leadership and Accountability	Established senior roles across all organisations			InHIP Hypertension Community Case-finding – Telford
		Improved governance (system-level and Provider)			InHIP Hypertension Community Case-finding – Shropshire
		Improved HI awareness and training			Hypertension Treatment to Target
		Standardised approach to assessing impact	16	Core20PLUS5CYP 1: Asthma	CYP transformation for Asthma
		Equality, Diversity and Inclusion (EDI)			
6	LTP 1: Alcohol Care Teams	Implementation of Alcohol Care Teams	17	Core20PLUS5CYP 2: Diabetes	Diabetes Transformation for CYP
7	LTP 2: Tobacco Dependency	Implementation of Tobacco Dependency Teams	18	Core20PLUS5CYP 3: Epilepsy	CYP Transformation for epilepsy
8	LTP 3: Obesity/Weight Management	NHS Digital Weight Management Programme	19	Core20PLUS5CYP 4: Oral Health	Oral Health workforce training
9	Core20PLUS Group 1: Learning Disabilities	LD Physical Health Checks			Provision of toothbrushes and toothpaste
		LeDeR Action Plan			Supervised toothbrushing for early years
10	Core20PLUS Group 2: People Living in Rural Areas	Exploration of the impact of rurality			Data analysis and audits of current waiting lists
11	Core20PLUS5 ADULT 1: Maternity	LMNS Equity and Equality Action Plan	20	Core20PLUS5 CYP 5: Mental Health	Data analysis and audits of CYP MH access
					National Mental Health Support Teams in Schools
12	Core20PLUS5 ADULT 2: Severe Mental Illness	SMI Health Checks			Education and awareness of childhood trauma

2.3 Out of scope

- The evaluation of parallel, complimentary programmes delivered alongside and in collaboration with our wider system partners (Local Authority and VCSE).
- The implementation and monitoring of PCN Health Inequalities Plans. also supports the delivery of system-wide strategies but currently sits outside the NHS STW high level implementation plan.

3. Methodology and Response Rates

3.1 The 2023/24 Evaluation was undertaken throughout Quarter 4 2023/24 using a range of methods to engage with project leads. These methods included:

- Inviting project leads to an Evaluation Launch webinar hosted by the Health Inequalities Team to share the aims of the evaluation with the approach clearly explained as supportive in its intention to identify successes, barriers, and examples of good practice in addressing health inequalities across the system, whilst being realistic about challenges and suggesting future support needs.
- Distribution of a Microsoft Forms Survey to project leads to collate feedback on key domains, including governance, successes and enablers, challenges and barriers and education and awareness needs.
- Review by health Inequalities team of the quarterly returns reporting on progress made against actions and deliverables agreed during Quarter 1 2023/24.

3.2 Survey Responses

- A total of 26 project leads were identified across all 38 programmes, with some leads holding responsibility for more than one area. In the interest of efficiency and avoidance of duplication, some project leads submitted a single consolidated response with regard to 2-3 projects within a work programme.
- 25 survey responses were received, referring to 37 of 38 work programmes and a separate report was received by way of update on the 38th programme area (*'Core20PLUS Group 2: People living in Rural Areas')*. As such, there was a 100% response rate overall.

3.3 Quarter 4 Stocktake Returns

Responses providing updates on progress made against 2023/24 actions and deliverables were received for 34 out of 38 work programmes. Not all responses were received as a result of local changes in workforce. These returns were then assessed against the initial plans/deliverables set out at the start of the year, and conclusive progress has been organised into three categories:

1) Deliverables complete or significant progress made
2) Some progress made
3) Limited progress made
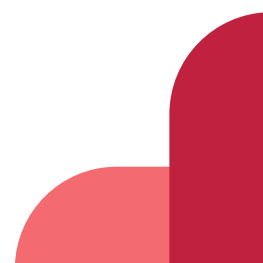
4.   Findings

4.1   To evaluate the extent to which the recommendations from 2022/23 evaluation had been delivered in 2023/24

The evaluation found progress against all the recommendations advised in the previous 2022/23 report. This has included securing additional fixed term capacity to drive progress, the development of a refreshed high-level implementation plan aligned to Core20PLUS5 and the establishment of a Prevention and Health Inequalities Group with Health Inequalities Senior Responsible Officer representation across all local NHS organisations.
Some areas continue to make progress leading into the forthcoming year, such as the development of collective local intelligence, board-level dashboards and work with the NHSE Regional Team to develop shared resources. Although it is noted that significant work has taken place in 2023/24, including seeing an increase in local analytical capacity which has led to the development of multiple dashboards with an inequalities lens to enable priority clinical programmes to analyse and identify targeted actions.
In addition to this, significant work has taken place to develop system-wide Population Health Management Dashboard Tool for the purpose of identifying need, however, further work is planned to build on this in 2024/25 to develop our collective intelligence and strengthen our approaches to population health management.

The development of a high-level implementation plan. The plan identifies 20 local priority objectives and 37 programmes of work or projects.
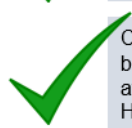
Coordinated applications for external funding from NHS England to support targeted inequalities-based initiatives within the plan. STW ICS has been successful in all applications to date and awarded funds have supported the establishment of our successful Core20PLUS Connectors, Hypertension Community Case-finding and reducing health inequalities in Cardiovascular Disease.

A newly established Prevention and Health Inequalities Board chaired by the Director of Health and Wellbeing, Telford & Wrekin Council, with membership from Healthcare Inequality Senior Responsible Officers from health sector organisations.

The development of a robust reporting and monitoring framework to provide oversight of progress made against actions and deliverables outlined in the high-level implementation plan, relevant risks and mitigations but also key highlights of best practice and successes taking place across the system to celebrate achievements.

Improved collaboration and joint-working between NHS and Public health analytical departments to strengthen and develop local intelligence.

4.2   To evaluate progress against planned actions and deliverables set out in the 2023/24 Health Inequalities Implementation Plan

A review of progress shows that considerable progress has been made across the majority of programmes included within the 2023/24 Health Inequalities Implementation Plan.
Of contextual importance is that project leads have been asked to apply a RAG rating to their progress by the end of each quarter, reflecting the following categories:

1)   Green – project is on track to deliver identified actions and deliverables.
2)   Amber – project is experiencing, or at risk of experiencing delay.
3)   Red – project has stalled and requires escalation.

To accurately represent the complete progress made within each work programme by year-end, these categories have been amended slightly in line with the following:

1) Deliverables complete or significant progress made
   (where only one or two actions remain outstanding).
2) Some progress made.
3) Limited progress made.
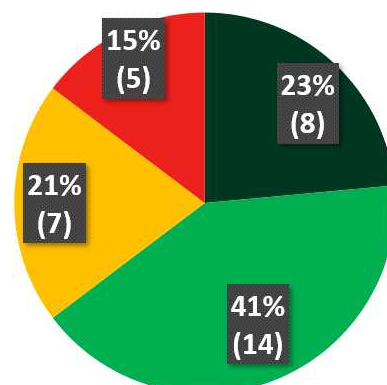
Of the 37 programmes or projects listed within the plan:
- 8 completed all set deliverables.
- 14 made significant progress.
- 7 have made some progress.
- 5 have made limited progress

Key examples of programmes which have not made as much progress in 2023/24 against are Mitigating Digital Exclusion, reducing inequalities in respiratory care (service other than vaccinations) and Inclusive Recovery. When reviewing common themes amongst these programmes, reasons for delays to progress are closely linked to barriers such as changes in workforce mid-year, a lack of understanding and awareness of how to consider health inequalities within current work and limited availability of funding or data informed intelligence.

Please see **Appendix 1** for the year-end evaluation of progress achieved.

4.3 To identify enablers and barriers to health inequalities projects delivery

When reviewing all factors which contributed to the success or delay of progress in 2023/24, 5 key enabling factors and 5 key barriers were identified which were common across most programmes.

Enablers	Barriers
Working collaboratively	Lack of Capacity and workforce
Leadership, accountability and planning	Lack of Ownership and focus
Training, education and shared learning	Utilising and or availability Data and intelligence
Strong approaches to comms. & engagement	Lack of available funding
Use of I.T. and digital	Governance

A key reflection on barriers is the evident relationship between issues of capacity and a lack of ownership and focus. The majority of programmes reported limited capacity as a key barriers, both in terms of management to lead and manage work but also capacity across the system to deliver. However, it is clear that many people still consider inequalities as something to think about 'in addition to' their work, as opposed to being part of or embedded within the work they are already doing. As a result of this, when staff are faced with a long list of priorities and high work demands, inequalities is falling lower on the list.

The evaluation indicated that there is still work to do to ensure all staff in the system understand that considering health inequalities within the work being undertaken is a collective responsibility, and that by doing so, can simultaneously have a positive impact on other priorities such as sustainability through tackling the inequalities crisis and the demand this places on our healthcare services.
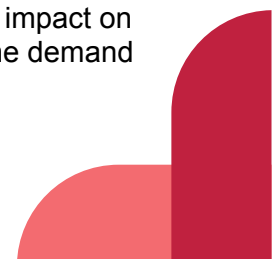
A full account of the main findings and context behind enabling factors and barriers can be found in **Appendix 2.**

4.3.1 Examples of Best Practice

Three distinctive trends have been identified when reviewing programmes which have successfully implemented planned deliverables:

- Programmes reported or evidences a relationship with most or all of the enabling factors listed in section 4.3, especially strong partnership-based working with Local Authority, VCSE and communities.
- Additional capacity had been secured to support and drive implementation (ICB or Provider).
- Programmes received increased levels of involvement from ICB Health Inequalities Team roles.

Key examples of projects considered as best practice examples of progress made in 2023/24 can be seen in **Appendix 3.**

4.4 To understand and identify current levels of awareness, understanding and skill in relation to using inequalities-based approaches to service design and improvement

As part of the evaluation survey, specific feedback was requested from project leads around learning and development opportunities. Survey participants were asked to:

1) Rate how they would describe the health inequalities learning and development opportunities they took part in during 2023/24.
2) Rate how useful and enabling a list of defined opportunities would be for their project for 2024/25.

What is positive is that most project leads indicated they had taken part in a wide range of educational and learning offers throughout 2023/24.

What learning and development opportunities in relation to health inequalities did you attend in 2023-24?

a) NHS STW staff briefing about health inequalities
b) Meetings with members of the STW health inequalities team
c) Meetings to discuss the use of data with PHM analysts
d) Local webinars about health inequalities
e) Regional/National webinars about health inequalities
f) Participation in local/regional Community of Practice on health inequalities
g) Participation in regional/national Health Inequalities Conferences
h) Other
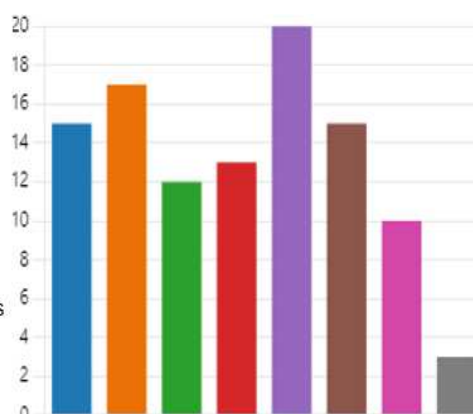
Participants demonstrated a value for the opportunities offered to them, with 14 participants rating opportunities as excellent or good, and no participants providing a rating of poor. Those who have indicated 'other' are due to being new in post, offering additional compliments with regard to the conferences they had attended and also reflecting on the lack of discussion regionally about the impact of rurality.

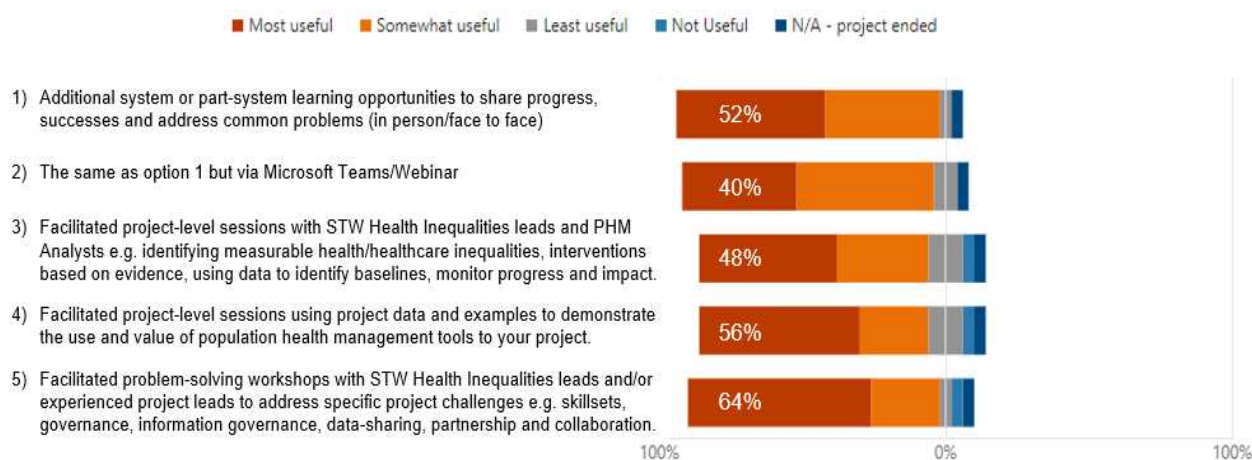How would you describe the health inequalities learning and development opportunities you took part in during 2023 and so far in 2024?

|	
● Excellent	6
● Good	8
● Fair/ OK	8
● Poor	0
● Other	3
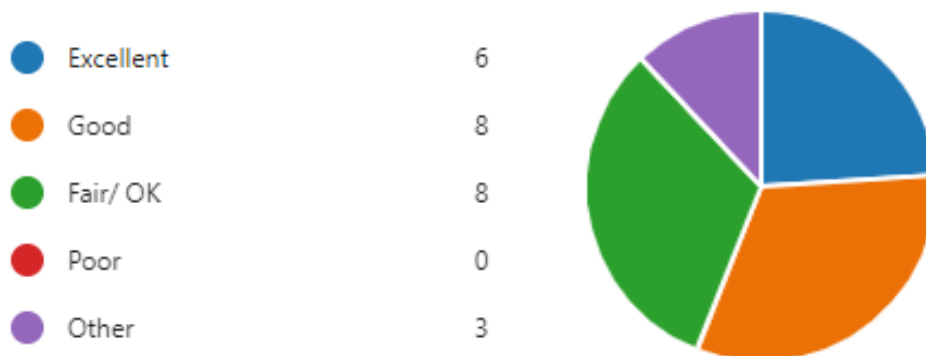
Project leads were specifically asked what type of peer development or support offers they would like to see more of in 2024/25. What is abundantly clear is that many people want more facilitated opportunities to come together, with peers, to problem solve inequalities-based topics and to receive additional training on how to use population health management tools and resources to help them target inequalities in their own work.

What future health inequalities learning, and development opportunities would you find useful in 2024-2025

■ Most useful ■ Somewhat useful ■ Least useful ■ Not Useful ■ N/A - project ended

1) Additional system or part-system learning opportunities to share progress, successes and address common problems (in person/face to face) — 52%

2) The same as option 1 but via Microsoft Teams/Webinar — 40%

3) Facilitated project-level sessions with STW Health Inequalities leads and PHM Analysts e.g. identifying measurable health/healthcare inequalities, interventions based on evidence, using data to identify baselines, monitor progress and impact. — 48%

4) Facilitated project-level sessions using project data and examples to demonstrate the use and value of population health management tools to your project. — 56%

5) Facilitated problem-solving workshops with STW Health Inequalities leads and/or experienced project leads to address specific project challenges e.g. skillsets, governance, information governance, data-sharing, partnership and collaboration. — 64%

Lastly, we asked participants to provide their feedback with the view that it helps to shape and inform our approach to health inequalities implementation in 2024/25. The information shared by participants mirrors themes outlined earlier in this report in that there remains a perception across the system that health inequalities is something to be considered 'in addition to' rather than 'within' current work. This means that the prioritisation of health inequalities objectives and the Core20PLUS5 approach within current work programmes is particularly challenging.

Further to this, there are definitive requests for more in-depth advice, guidance and involvement of specialist health inequalities input within project and programme areas that are not directly led by health inequalities roles. This is with the aim that programme leads, and health inequalities leads work more closely together to share appropriate experience and advice on how programmes might specifically target improvements for Core20PLUS

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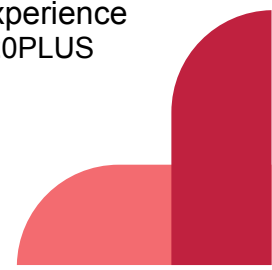
populations within their own work area, as well as build joined-up and comprehensive action plans between services to improve integration.

4.5   To assess and test the effectiveness of the governance arrangements put in place for 2023/24 to track progress and provide assurance on system-level health inequalities initiatives (including monitoring and reporting, accountability, escalation and feedback mechanisms)

The outcome of this evaluation shows that the ICB have made really positive steps in establishing governance and assurance arrangements in 2023/24. This includes the introduction of:

- Regular monitoring
- Increased oversight
- Improved accountability
- Clear opportunities for escalation to Health Inequality Senior Responsible Officers
- A mechanism to capture best practice and what's going well – something that has led to Shropshire, Telford & Wrekin being recognised by NHS England for making considerable progress this year and a subsequent vast number of opportunities for staff across our system to showcase their work at regional and national conferences.

However, despite this progress, the process of the evaluation itself and the feedback provided by project leads indicates that there are further opportunities for improvement. This includes:

- Having more focused actions and deliverables within the Health Inequalities Implementation Plan.
- Having additional sections in the reporting templates to capture evidence of public involvement and more detailed accounts of context and steps being taken to address delays for areas indicating limited progress.
- Development of system programme risk registers
- Opportunities to work with transformation programme SROs for formalised support of the project managers in addressing healthcare inequalities

5   Conclusions

- Significant progress has been made against 2023/24 actions and deliverables, particularly with regard to improved governance and additional fixed term capacity to drive targeted projects and additional data expertise.

- Further work is needed to develop implementation plans for 2024/25 to fully address operational planning requirements, ensure planned actions and deliverables are focused and embed health inequalities into mainstream programmes.

- Despite the positive progress in some priority areas, prevention and health inequalities are perceived as an 'addition to' what services are doing, and the system needs to mature to ensure it is an integral part of how services are developing their delivery models.

- Staff are positive and eager to take advantage of the support and training on offer to improve their knowledge, understanding, awareness and approaches.

- The role of leadership and ambassadorship has an important part in ensuring that we work collaboratively as a system to address the challenges of limited capacity and funding availability. Further work is needed to support the case for return on investment in tackling inequalities – work that needs to be seen as integral to the health inequalities agenda.

6   Recommendations taken into consideration for 24/25 plan

Based on this evaluation, the learning gathered, and the key conclusions outlined in section 5, six key recommendations have been proposed to drive progress to address healthcare inequalities in 2024/25.

1. To improve understanding and awareness of the importance of health inequalities as a core business function.

2. To build on our current strengths and further improve integration and partnership working.

3. To understand the impact of changing the lens on funding and investment related to health inequalities.

4. To expand current peer support and development offers to implement a peer development programme throughout 2024/25 focused on increasing the proportion of local Ambassadors and empowering staff to apply inequalities-based approaches to their own work.

5. To review the current reporting and monitoring framework to adapt and improve (where required) reporting templates, frequency and governance routes through established programme boards and within Provider's internal governance (as per Schedule 2N of the NHS Standard Contract).

6. To develop evidence-based strategic objectives for 2024/25.

7   Next Steps

Based on the recommendations of the 23/24 evaluation report, NHS Shropshire, Telford & Wrekin intends to propose five key focus areas which will steer local implementation.

These are also informed by the learning identified throughout 2023/24, where data suggests the need for focused improvement and the 'building blocks for collective Health Inequalities Action' framework (developed locally in December 2023) as seen in Figure 2 below.
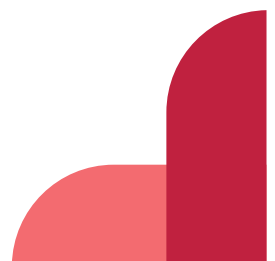
Figure 2

Building blocks for collective Health Inequalities Action

Collective intelligence To enable us to fully understand our population.	**Inclusive community engagement** Local intelligence tells us 'what', engagement tells us why.	**Measuring the right impact** To ensure we are making the right difference to people.	**Wider Determinants** Using our role as Anchor Institutions to support people's wider needs, which impact health.
Good governance Tracking our success and challenges to continually improve	**Re-framing the narrative** Through embedded knowledge and awareness and championing the case for change.	**Collaborative Partnerships** Utilising our individual strengths as a collective alliance.	**Connecting Pathways** Understanding and utilising the vast work already taking place across our system.

7.1 5 Key Areas of Focus for Health Inequalities Team

1) Architecture for Successful Delivery

1. Strengthen inequalities leadership and capacity through recruitment to substance posts to drive leadership and delivery.
2. Apply learning from 2023/24 process evaluations to develop a renewed and integrated **high-level system plan** to address **all CORE20PLUS5 and operational planning requirements.**
3. Embed operational planning requirements into Schedule 2N of the NHSE Standard Contract.
4. Strengthen the consistency of governance arrangements for reporting HI through to ICB and Provider Trust Boards.
5. Work with regional leads and internal BI resources to develop dashboards which demonstrate impact across the population and Core20PLUS.

2) Focused Interventions Based on Evidence

1. Improve ethnicity coding through Data Quality Improvement Plans.
2. Continue targeted work to increase hypertension detection and overall improvement to CVD management in CORE20PLUS populations.
3. Target increased levels of vaccination and screening uptake in our LD&A PLUS group and inclusion health groups.
4. Monitor and support delivery of agreed trajectories for physical health checks for SMI and LD&A.
5. Fully establish a local Alcohol Care Team within Acute settings and prepare business case for investment panel.

3) Improved Integration and Partnerships

1. Assess our systems maturity as an anchor institution.
2. Develop a programme of work to increase anchor impact as an ICP.
3. Embed systematic approaches to prevention/lifestyle management, commencing with waiting well initiatives to improve health and wellbeing, particularly relating to those waiting for MSK interventions.
4. Target increased quit rates through the integration of smoking cessation across primary care pharmacists, local authorities and secondary care utilising person centred and neighbourhood teams approaches.

5. Working with the Population Health Management Group, develop our system wider knowledge and intelligence to agree further focused areas of intervention.

4) Return on Investment

1. Evaluate opportunities for ROI through targeted work in key ICS pieces of work commencing with local care and MSK programmes.
2. Evaluate current weighting and process of allocations in relation to addressing health inequalities and make recommendations for strengthening integration of Health inequalities into all financial decisions.
3. Research and identify ranked programmes of interventions to make recommendations for 25/26 health inequalities investment schemes)

5) Ambassadorship

1. Develop and deliver development sessions at Board level.
2. Develop and implement a peer support programme that accelerates out ambition to normalise health inequalities into our everyday business.
3. Develop team to function as expertise and advice to other teams/functions.
4. Focus offer of leadership and support to Primary Care Networks and Local Care programmes in tackling inequalities during 24/25.
5. Listen and learn from our communities and partners.
6. Embed the importance of health inequalities within staff induction processes.

8 Appendices

1 Objectives End of year ratings
2 Enablers and Barriers identified in the 23/24 review
3 Examples of Best Practice in Shropshire Telford and Wrekin in addressing healthcare Inequalities
4. Statement of Information: Health Inequalities
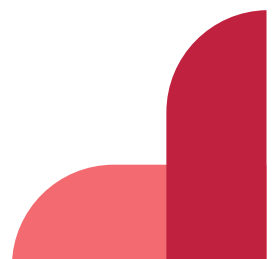
Meeting Name:	ICB Board meeting
Agenda item no.	
Meeting Date:	**26th June 2024**
Report title:	**Integrated Performance Report – June 2024**
Report presented by:	**Claire Skidmore, Chief Finance Officer**
Report approved by:	**Claire Skidmore, Chief Finance Officer**
Report prepared by:	**Julie Garside, Director 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 two significant performance pressures, Urgent and Emergency Care (UEC) and Finance.

Headlines of note for this report are as follows:

- The Month 2 system financial position deficit is £22.7m; this is close to plan (£0.2m adverse).
- There has been an improvement in Cat 2 response time in line with regional commissioning plan.
- The system has received formal notification of exit from Tier 1 for Cancer.
- There has been good progress against target for the MH/LDA measures and community.
- SaTH, RJAH and SCHT collectively have performed better than plan year to date for bank, agency and substantive workforce. MPFT appear over plan and this position is being investigated.

- There has been a continued deterioration in 4hr A&E and patients >12hrs in the department measures. Development of the UEC Improvement Plan continues.
- There has been an increase in the number of Cancer patients waiting over 62 days since March.
- The Electronic Patient Record (EPR) change has impacted on both Cancer and long wait backlogs.
- The IPC metrics are exceeding national target, and quality assurance actions are in place to manage the risk.

SaTH completed their Electronic Patient Record (EPR) changeover during April. The initial transfer went well but there remain some reporting issues that the Trust is working hard to resolve in June and July. The Trust prioritised national reporting and therefore some local reporting is not yet flowing as before. At this point we are unable to report on system activity, Value Weighted Activity and estimated associated Elective Recovery Fund income. SaTH are working hard to improve their data and are hopeful that full reporting will resume from July.

Due to national workforce reporting being stood down in M1 and M2 it has proved difficult to gather a local view and it has not been possible to report sickness and turnover for this month's

Ambition   Compassion   Optimism   Focus

report. The Planning and Performance Team will work with the People Team to ensure full monthly local reporting going forward to inform future IPRs regardless of the national schedule.

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?			
No		Yes	**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

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
Resource and financial	The system in £0.2m adverse variance to the financial plan as at Month 2 and is ahead of plan for efficiency.
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

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

NB. where the target is highlighted blue, this indicates that at the point of writing the report no 24/25 plan has been established for the metric, so formatting is measured against target.

Integrated Care System — Shropshire, Telford and Wrekin — Oversight Performance Indicators 2024/25		Key: Better than Target / Within 10% of target / Greater than 10% off Target	24 25 target	24/25 Achievement - Monitored against Plan Q1		
				Apr	May	Jun
Cancer Waiting Times	28 Faster Diagnosis Standard		75%	74.5%	-	
	Suspected lower GI cancer referrals with FIT result		80%	81.7%	92.6%	
	Referral to treatment within 62 days		85%	58.5%	-	
RTT and Diagnostic Waits	All diagnostics within 6 weeks		85%	73.1%	-	
	Referral to Treatment waits <18 weeks		92%	51.5%	-	
	Referral to treatment waits 52 weeks+		0	4563	-	
	Referral to treatment waits 52 weeks+ aged <18		0	436	-	
	Referral to treatment waits 65 weeks+		0	929	-	
	Referral to treatment waits 78 weeks+		0	4	-	
Community	2-hour Urgent Community Response		70%	79.6%	-	
	NCTR - Not Discharged			17	14	
	NCTR - Average LOS on List			9.1	7.6	
Mental Health (MH) and Learning Diabilitiy (LDA)	LDA patients aged 14+ having annual health check, cumulative YTD			70	250	
	LDA patients aged 18+ inpatient in MH ward, per million		30	46	48	
	LDA patients aged <18 inpatient in MH ward, per million		10	40	40	
	Reliable Recovery after Talking Therapies		48%	52.0%	-	
	Talking Therapies (reliable improvement)		67%	75.0%	-	
	Dementia diagnosis rate		67%	60.8%	-	
	SMI patients having core health checks (rolling year)		53%	63.6%	-	
UEC	SaTH ED type 1/3 <4 hours		76%	49.9%	48.4%	
	4-hour performance, all providers, departments type 1 and 3 (STW)		76%	60.2%	59.1%	
	SaTH ED attenders > 12 hours in department		0	2524	2635	
	SaTH Amulance handovers within 60 mins %		100%	64.8%	62.4%	
	SaTH ED attenders have initial assessment within 15 minutes		50%	45.5%	47.7%	
	Emergency Ambulance category 2 mean response in minutes (STW)		30	38.17	39.20	
Discharge	SaTH NCTR patients not discharge		57	127	111	
	SaTH NCTR – avg. LOS		2	3.0	3.4	

2.1. Operational Performance

2.1.1 The new GP contract has been published and practices will be required to report 8 key metrics from October 24. Year one of the National Primary Care Access Recovery Program (PCARP) is complete, each Primary Care Network (PCN) has successfully been awarded their final payment. Each PCN is required to continue to build on the progress made through 2024/25.

2.1.2 The UEC tier 1 improvement programme continues to gain momentum with a robust performance management framework in place. Whilst none of the primary drivers (with

the exception of cat 2 response mean time and number of super stranded patients) are achieving the locally agreed plans, many of the actions were not expected to improve the performance of the services until June. It is likely that there are still data quality issues surrounding the implementation of SaTH's new EPR system, and the ICB is assured that this is being worked on.

2.1.3 The Operational Plan for 24/25 sets a target of zero patients waiting more than 65 weeks by September 24. Patients waiting over 65weeks rose to 934 at the end of April, as anticipated due to a new EPR implementation. Generally, all waits are continuing to reduce, with a small number of breaches over 78 weeks at the end of April. In Diagnostics, numbers waiting over 13 weeks has continued to reduce; risk remains around Audiology. The issues and potential solutions are to be considered using the ICB Strategic Decision-Making Framework in June as a priority area.

2.1.4 The Cancer backlog of patients waiting over 62-days is achieving above the fair shares target and has increased to 301 patients in May. The Cancer Faster Diagnosis Standard (FDS) within 28 days and Lower GI referrals with a FIT result have exceeded the target now for several months. Despite ongoing challenges around Cancer services, the system has received formal notification of exit from Tier 1 and work is ongoing to meet the exit criteria for Tier 2 during 2024/25.

2.1.5 In both Adult and CYP Mental Health services there has been sustained improvement towards targets, over several metrics. New metrics with a focus on outcomes (recovery and improvement) are now reported for Talking Therapies and are exceeding target. Dementia Diagnosis rates have plateaued for a couple of months at just below 61% in April but are expected to improve towards target (66.7%) during 2024/25.

2.2 **Finance**

2.2.1 At Month 2 the system has a year-to-date deficit of £22.7m, which is only £0.2m adverse to plan.

2.2.2 Efficiency delivery at Month 2 of £8.1m is £1m ahead of plan due to earlier delivery in the ICB compared to the plan phasing. The remaining unidentified efficiency is £10.1m in the annual efficiency plan (total £89.7m) at the time of writing the report.

2.3 **Quality**

2.3.1 Incidents of Clostridioides difficile (C diff) infection were above expected objective for SaTH, RJAH and SCHT as well as the system. A system action plan is in place. Actions include review of antibiotic usage and deep clean as bed capacity allows.

2.3.2 In response to the higher than the national average neonatal deaths SaTH has commissioned an external Neonatal Mortality Review from the Royal College of Physicians to review neonatal deaths occurring in the calendar years 2021-22, which was completed in November 23. The final report is still awaited but there are system workshops already in place.

2.3.3 Mixed sex accommodation breaches at SaTH continue to be a focus of oversight. These remain high and the trust is taking action to reduce these further as part of an ongoing action plan.

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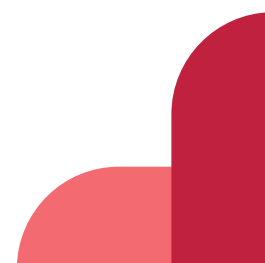
2.3.4 Serious Incident data reporting is now suspended due to the full implementation of the Patient Safety Incident Response Framework (PSIRF). No new never events to report in this period.

2.3.5 A Continuing Healthcare recovery plan and trajectory is in place to improve compliance with the 28 day standard and the back log.

2.4 **Workforce**

2.4.1 SaTH, RJAH and SCHT have collectively performed better than plan year to date for bank, agency and substantive workforce. MPFT appear over plan and this position is being investigated.

2.4.2 SaTH workforce costs are over plan which appears inconsistent with the workforce numbers and this is being investigated.

2.4.3 We are unable to fully report on sickness and turnover this month. The system position for sickness is 5.4% and the system position for turnover is 10.6%. The Planning and Performance Team will work with the People Team to ensure full monthly local reporting in the future.

3 Conclusion

3.1 Finance and performance continue to be the two significant performance pressures for the System.

4 Recommendations

4.1 To note the contents of the report.

5 Appendices

5.1 Integrated Performance Report June 2024 (Final)

Integrated Care Board

Agenda item no.	ICB 26-06-051
Meeting date:	26ʰ June 2024
Paper title	Annual Report and Accounts (including Annual Governance Statement) for NHS Shropshire, Telford and Wrekin 2023/24
Paper presented by:	Claire Skidmore, Chief Finance Officer
Paper approved by:	As above
Paper prepared by:	Alison Smith – Director of Corporate Affairs Angus Hughes – Head of Finance
Signature:	
Committee/Advisory Group paper previously presented:	A draft Annual report for the ICB was presented to the Audit Committee in April with a brief summary of progress with the accounts audit. Final version of both annual report and accounts was presented to the Audit Committee at its meeting on 19th June.

Action Required (please select):							
A=Approval	X	R=Ratification		S=Assurance	X	D=Discussion		I=Information	X

Previous considerations:	n/a

1. Executive summary and points for discussion

1.1 The ICB is required to produce an annual report and accounts (including Annual Governance Statement) in line with NHS England and Department of Health and Social Care guidance for the financial year 2023/24.

Attached are:
- NHS Shropshire, Telford and Wrekin Annual report 2023/24, which includes the Annual Governance Statement (appendix 1);
- the Annual Accounts 2023/24 (appendix 2); and
- a Letter of Representation (appendix 3).
- The Audit Findings Reports as prepared by Grant Thornton – External Auditors is attached for information (appendix 4)**.**

Annual Accounts

1.2 The annual accounts are for a full 12 month period ending 31st March 2024, with comparatives for a nine month period to 31st March 2023 (following the creation of the ICB on 1st July 2022).

1.3 The accounts have been reviewed by Grant Thornton auditors. No adjustments are required to the accounts which are submitted for review. Any minor presentational adjustments identified during the course of the audit have been actioned.

Annual Report

1.4   The NHS Manual for accounts 2023/24 sets out the minimum content requirement for the Annual Report for ICBs. However, the Annual Report should provide additional information to give an overview of the NHS body and to facilitate local accountability.

1.5   The ICB Annual Report (including the Annual Governance Statement) 2023/24 is presented for consideration and approval by the ICB Board, prior to submitting as the final version for signing by the ICB's Accountable Officer and then to the ICB's external auditors Grant Thornton, with final submission to NHS England in line with the annual audit timetable deadline.

Annual Governance Statement

1.6   The Government Financial reporting manual requires ICBs to also prepare a Governance Statement as part of the Annual Accounts and this are contained in appendix 1. The Statement reflects the financial year being reported on for the organisation and the period up to the signing of the Annual Report and Accounts by the Accountable Officer.

Audit Findings Reports

1.7   This report is prepared by Grant Thornton to provide their overall audit opinion and highlight areas of work performed during the audit process.

1.8   Audit opinion for the ICB entity is unqualified.

1.9   This report has been presented to Audit Committee and assurance provided that no further adjustments are required to the accounts arising from any of the audit findings disclosed in their report. Audit Committee have also been assured of the management control recommendations and responses included, and are satisfied that the appropriate mitigating controls will be in place going forward.

Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	X
Enhanced engagement and accountability	X
Creating system sustainability	
Workforce	

2. Recommendation(s)

The Board is asked to:
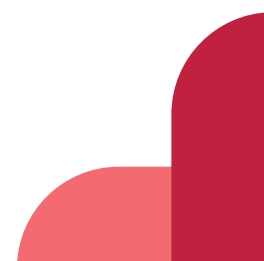
1) Assure itself that the content of the **draft NHS Shropshire, Telford and Wrekin Annual Report and Accounts** (including the Annual Governance Statement) for 2023/24, is accurate and sufficiently reflects the position of NHS Shropshire, Telford and Wrekin.
2) To approve **final version of NHS Shropshire, Telford and Wrekin Annual Report and Accounts** 2023/24 and Annual Governance Statement 2023/24 of NHS Shropshire, Telford and Wrekin prior to submission to the external auditor and NHS England.
3) To approve the **Letter of Representation** for the organisation.
4) To note the content of the **Audit Findings Report** for the organisation.

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

None identified.

4. Appendices

Appendix 1 – Final Annual Report and Accounts (including Annual Governance Statement) for NHS Shropshire, Telford and Wrekin 2023/24
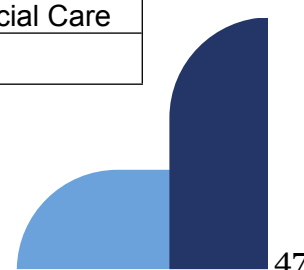
Appendix 2 – Final Accounts 2023/24

Appendix 3 – Letter of Representation
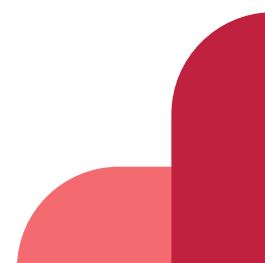
Appendix 4 – Audit Findings Report

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	None identified
Quality and Safety	There is a section of the annual report that details a quality assessment of commissioned services by the organisation over the reporting period.
Equality, Diversity, and Inclusion	There is a section of the annual report that details the action taken to address equality issues by the organisation over the reporting period.
Finances and Use of Resources	In addition to final accounts there is a section of the annual report that details action taken to address financial challenges by the organisation over the reporting period.
Regulation and Legal Requirements	The ICB is required to produce an annual report by NHS England and the Department of Health and Social Care
Conflicts of Interest	None identified

Data Protection	None identified
Transformation and Innovation	There is a section of the annual report that details transformation of commissioned services by the organisation over the reporting period.
Environmental and Climate Change	There is a section of the annual report that details action taken to address the challenges arising from climate change by the organisation over the reporting period.
Future Decisions and Policy Making	None identified
Citizen and Stakeholder Engagement	There is a section of the annual report that details engagement with our local population over the reporting period.

Meeting Name:	Integrated Care Board
Agenda item no.	ICB 26-06-052
Meeting Date:	26 June 2024
Report title:	Review of Primary Care Access Recovery Plan (PCARP) 2023/24 and Planning for 2024/25
Report presented by:	Nicola Williams
Report approved by:	Gareth Robinson
Report prepared by:	Nicola Williams
Meeting report previously presented:	N/A

Action Required (please select):

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

Executive Summary

Since the launch of the Primary Care Access Recovery Plan (PCARP) program in May 2023 there have been significant improvements across the county in digital telephony, the expansion of ARRs roles, engagement with the General Practice Improvement Program and better mapping and understanding of appointments in general practice.

At the same time, we have seen two practices merge and one PCN change into two PCNs meaning that across STW we now have 50 practices across 9 PCNs.

This is a two-year program so this reviews progress in year one (Appendix 1 – table 2) and outlines the ICB planning for year two (Appendix 1).

Amanda Doyle has outlined the plans for year two in a letter including changes to funding (Appendix 2).

Funding changes for 24/25 are outlined in Appendix 3.

Moving forward the reporting will also start to include the functions delegated to the ICB in 2023, pharmacy, optometry, and dentistry.

Recommendation/Action Requested:

To note the progress in year one made across STW in improving patient access as part of the national PCARP program and the plans for year two of the program.

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:

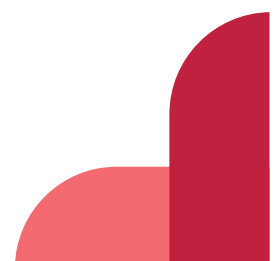| Improve outcomes in population health and healthcare	Increased access to Primary Care Services should contribute to an increase in health outcomes for the population.

Tackle inequalities in outcomes, experience, and access	The PCARP program was launched to improve patient access to appointments in general practice.
Enhance productivity and value for money	To increase the number of appointments available to patients in the same core contract hours
Help the NHS support broader social economic development	N/A

Conflicts of Interest
None.

Implications	
Engagement with Shropshire, Telford & Wrekin residents, and communities	The review of year one of the PCARP program has been shared with SHiPP.
Resource and financial	
Quality and safety	
Sustainability	The expansion of the ARRs scheme and the role out of the GPiP program both aim to increase and expand staffing in Primary Care increasing sustainability.

Equality, Diversity and Inclusion			
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

2

Meeting Name:	Integrated Care Board
Agenda item no.	ICB 26-06-053
Meeting Date:	26th June 2024
Report title:	LeDeR Annual Report 2023-2024
Report presented by:	Vanessa Whatley Chief Nursing Officer
Report approved by:	Tracey Slater LAC LeDeR Programme STW
Report prepared by:	Jen Morris Deputy LAC LeDeR Programme STW
Meeting report previously presented:	LeDeR Steering Group System Quality Group Quality Performance Committee.

Action Required (please select):									
A=Approval		**R=Ratification**	x	**S=Assurance**		**D=Discussion**		**I=Information**	

Executive Summary

Learning from lives and deaths - People with a learning disability and autistic people (LeDeR) is a service improvement programme for people with a learning disability and autistic people established in 2017.

The programme seeks to:

• Improve care for people with a learning disability and autistic people.
• Reduce health inequalities for people with a learning disability and autistic people.
• Prevent people with a learning disability and autistic people from early deaths

Throughout 2023-24, Shropshire Telford & Wrekin Integrated Care Board (NHSSTW) has worked with a range of stakeholders to continue delivery of the LeDeR programme across our county. This has been done by carrying out a review after the notification of the death of any individual with a learning disability and/or autistic people then using the learning from each review to drive improvements in care for our people.

Each LeDeR review we have completed during 2023-24 has looked at key episodes of the individual's life and death to identify any challenges in access, provision, and delivery of care. Understanding the lived experience of people with learning disabilities and/or autistic people is central to the LeDeR programme, and our reviewers have actively sought to engage with family members and carers in each of the reviews they have carried out.

During 2023-24 NHS STW was notified of 21 adult deaths of people with a learning disability and or/ autistic people who lived in Shropshire Telford & Wrekin. A total of 21 LeDeR reviews were progressed during the year. The median adult age of death was 50 years, a reduction from 2022/23. The report also shows a reduction in LeDeR notifications received compared to 2022-23. It should be kept in mind that a referral to the LeDeR programme, although strongly recommended, is not mandatory so does not have complete coverage of all deaths of people with a learning disability and autistic people and the numbers are small so must be interpreted with caution; findings and comparisons must be considered indicative rather than conclusive. A priority for the LeDeR programme for 2024-25 is to work with system partners, parents and carers groups and the voluntary sector to increase the number of notifications.

Ambition   Compassion   Optimism   Focus

Findings from 2023/24 shows the lead cause of death as aspiration pneumonia, this accounts for 19% of all deaths reviewed. 14% of deaths were linked to bronchopneumonia, 9% of deaths linked to epilepsy and 9% linked to cancer. Level of disability linked to reviews showed 16% of individuals had a mild learning disability, 37% a moderate learning disability, 32% a severe learning disability, 10% profound learning disability and 5% the level was not documented. Ethnicity linked to reviews shows 90% of individuals were white British, 5% Bangladeshi and 5% Chinese.

During 2023/24 we have continued to work with a range of partners to co-produce activities that respond to the learning from reviews, and this is set out in the sections below. During 2023-24 we have worked with system partners to collate a systemwide action plan for the Clive Treacey recommendations, further detail is in the slides below and Clive Treacey recommendations are aligned to our local priorities and will continue to be a focus for 2024-25.

We can demonstrate the ongoing commitment from the STW Integrated care system to learn from LeDeR reviews and implement meaningful change and improvement initiatives to meet the aim of the LeDeR programme through quality improvement evidenced in the annual report. The aim remains for people with a learning disability and autistic people across STW to enjoy good health and good care, and to no longer experience health inequalities or die from preventable causes.

Recommendation/Action Requested:
The ICB Board to approve this report for submission to NHS England and publication on the ICB website.

Does the report provide assurance or mitigate any of the strategic threats or significant risks in the System Board Assurance Framework?			
No	x	Yes		If yes, please detail:

How does this report support the ICB's core aims:	
Improve outcomes in population health and healthcare	By highlighting what we need to do as a system to make noticeable changes to reduce health inequalities for individuals with a learning disability and or an autistic people.
Tackle inequalities in outcomes, experience, and access	By detailing that any reasonable adjustments are always identified, flagged, and implemented to reduce barriers that individual experience to access all aspects of health and social care.
Enhance productivity and value for money	It recommends the need to improve system wide joint working to achieve priority health/social care goals
Help the NHS support broader social economic development	The early deaths record is not improving for individuals with a learning disability or autistic people; therefore, consideration needs to be made to address these concerns system wide to achieve change and improvement.

Conflicts of Interest
None

Implications	
Engagement with Shropshire, Telford & Wrekin residents, and communities	The annual report has been reviewed by LeDeR panel members with lived experience
Resource and financial	No
Quality and safety	No
Sustainability	No
Equality, Diversity and Inclusion	No

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 The learning from deaths – people with a learning disability and autistic people (LeDeR) programme was set up as a service improvement programme to look at why people are dying and what we can do to change services locally and nationally to improve the health of people with a learning disability and autistic people and reduce health inequalities.

2. Main Report/Information

2.1 By finding out more about why people died we can understand what needs to be changed to make a difference to people's lives. The report includes the following sections.

- LeDeR process/reviews/governance
- Equality impact and demographic data
- Comparison data
- Quality of care
- Availability & effectiveness of services
- Improving care
- Learning opportunities
- Positive Practice
- Key themes
- LeDeR Priorities plan
- Clive Treacey
- Oliver McGowan
- Annual Health Checks
- Updates & key progress from 2022-23
- Challenges
- STW priorities for 2023-24

3. Conclusion

3.1 The LeDeR programme in Shropshire Telford and Wrekin has seen strong engagement with stakeholders across the system who are committed to achieve the aims and objectives of the LeDeR programme. We have identified a number of areas where there are opportunities for quality improvement, and we continue to see examples of good practice within our reviews which demonstrate positive learning and our drive to improve at all times.

3.2 This year has seen the age of death decrease, but this is against a backdrop of lower notifications. Previous years have been comparable to nationally published data which is available each September. We will commit to driving up the profile of LeDeR to get as many notifications as possible to strengthen our data and drive our improvements.

4. Recommendations

- Target the promotion of LeDeR to increase the number of LeDeR notifications utilising our LeDeR Steering Group members.
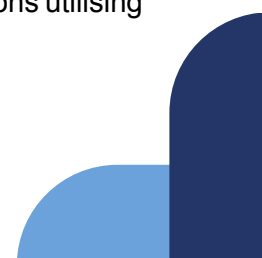
- To promote the appropriate completion of DNACPR's and ReSPECT documents, liaising with the ReSPECT Lead for SaTH.
- Improve joint working to achieve priority health/social care goals for example Clive Treacey
- Agree a smaller number of high priority goals to deliver in 24/25 and discuss and receive informed updates for all at The LeDeR Steering Group monthly.
- Continue to utilise opportunities to promote learning from all LeDeR reviews.
- The implementation of a communications plan and user friendly ICB website incorporating resources and links associated with LeDeR and the learning disability and autism programme.
- Putting learning from reviews into action and undertake quality improvement projects linked to our LeDeR priorities to ensure we make tangible changes for individuals with a learning disabilities and autistic people across STW.

5. Appendices

Appendix 1: LeDer Annual Report 2023/24

Meeting Name:	NHS Shropshire Telford and Wrekin Board
Agenda item no.	ICB 26-06-054.1
Meeting Date:	Thursday 26th June 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**	**x**	**D=Discussion**		**I=Information**	

Executive Summary

The purpose of the paper is to provide a summary of NHS STW Quality and Performance Committee meeting held on 26th March 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.

The minutes of the meeting are appended.

Recommendation/Action Requested:

Accept the report.
Consider the alerts for further action.

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

No	X	Yes		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.

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 though 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.

2. Main Report/Information

   2.1. **Alerts**
      2.1.1. Urgent and emergency care - the number of patients in escalation areas and associated number of patients in EDs for over 12 hours and the four-hour performance is not improving.
      2.1.2. Improving communication of performance data to primary care and the avoidance of unnecessary referrals to secondary care.
      2.1.3. *Clostridioides difficile* (C diff) numbers continued to be high at SaTH and in the system, SaTH colleagues outlines support from the regional NHSE IPC specialist who has made a number of suggestions. Urgent care pressures are impacting on the ability to effectively carry out a deep cleaning programme.

   2.2. **Assurance**
      2.2.1. Plans were in place to improve GP access, the use of digital telephony is a key determinant to drive long-term improvement.
      2.2.2. There was assurance that the system was on track to meet the target to provide annual health checked to those with Learning Disabilities.
      2.2.3. >78wks waits are forecast to be ~4 by the year end.
      2.2.4. The reduction in the over 65 weeks target is going to be over-achieved.
      2.2.5. The risk register was discussed, there were no changes to risk scores in month,
      2.2.6. There had been improvement in the 62-day cancer backlog which was down to 187 against a target of 212 as at end of March 24.

2.2.7. 84.7% suspected lower GI cancers had a FIT test. The impact on the number of referrals is an area for further investigation.

2.2.8. Harm reviews of those with the longest waits in ED have been underway for 3 months and are showing trends around frailty and timely medication.

2.2.9. The previous falls prevention and response pilots are progressing to longer term services. Admissions due to falls remain lower than previous years.

2.2.10. A quality improvement project is underway to increase the quality and quantity of childrens annual asthma reviews,

2.3. **Advise**

2.3.1. Healthwatch Shropshire suggested joining insight into the formal reporting process relating to insight of people's experience of health and care.

2.3.2. The Committee recommended a targeted piece of comms work be undertaken with the residents of STW regarding the improvements planned in primary care access and the improved digital telephony systems.

2.3.3. The Committee is seeking assurance from secondary care and community providers that any changes to clinical pathways that have an impact on primary care are taken through the new Primary Care Transformation and Delivery Group to seek their support and approval before any such changes are implemented.

3. **Recommendations**

3.1. Accept the report.
3.2. Consider the alerts for further action.

4. **Appendices**

4.1. Minutes of QPC 28th March 2024.

Meeting Name:	NHS Shropshire Telford and Wrekin Board
Agenda item no.	ICB 26-06-054.1
Meeting Date:	Thursday 25th April 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**	**x**	**D=Discussion**		**I=Information**	

Executive Summary

The purpose of the paper is to provide a summary of NHS STW Quality and Performance Committee meeting held on 25th April 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.

The minutes of the meeting are appended.

Recommendation/Action Requested:

Accept the report.
Consider the alerts for further action.

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

No	X	Yes		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 though 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.

2. Main Report/Information

   2.1. **Alerts**
      2.1.1. Urgent and Emergency Care performance continues to show pressure and is not reaching performance targets. The improvement in time to initial assessment was being maintained but both the four hour and number of patients in the ED over 12 hours metrics are in an adverse position and are consistently failing. The Tier 1 and GIRFT improvement plan is needed to improve this position and are in process of implementation. However, flow metrics continue to show signs of improvement in terms of variation and intermittently achieving the target for No Criteria to Reside (NCTR).

      2.1.2. A comprehensive set of projects has commenced based on findings from a GIRFT visit at the end of 2023.

      2.1.3. Virtual ward is seeing low numbers with 50-55% occupancy in March. A focussed paper provided a range of actions and assurances with current improved levels of occupancy expected in April's data. Medical oversight had been strengthened and there were direct links between SCHT and SaTH medical directors to increase confidence in discharging to the virtual ward.

      2.1.4. There were 5 patients over 78 weeks at the end of March 24, appropriate validation is in place to prevent this happening again in 2024/25.

2.1.5. Attention deficit hyperactivity disorder (ADHD) was reviewed in detail, while the committee revied some assurance that the risk of harm while no the waiting list is partially mitigated the waiting list remain too long this is a national issue and the Committee continues to seek assurance on this risk.

2.1.6. A new risk was discussed around shared care agreements, particularly in relation to ADHD and mental health, this is when the responsibility for care is shared between a constant and the persons GP. With the numbers of people requiring care, medicines and complexity increasing methods of communication require review to ensure that care is safe and communications with primary care are accessible.

2.1.7. Immunisation for HPV in both Shropshire and in Telford are both low Shropshire 79.50% and Telford & Wrekin 71.4%, there are a range of action in place, particularly around vaccination uptake in boys. HPV is the primary case of cervical cancer but also includes less discussed other male and female genital and head and neck cancers.

2.2. **Assurance**

2.2.1. In Q4 there has been improvement in LDA and SMI health checks with the target being met. Work continues to ensure that people receive their health checks in a timely way.

2.2.2. There was an over achievement against the over 65-week backlog which continues to decrease, the aim is to get to 0 by September. Monitoring of this metric continues to ensure it remains on track.

2.2.3. Just over 80% achievement in the diagnostics DM01 target was met in 2023/24 against a target of 85%. Obtaining funding for the endoscopy business case which, would get an indicative system achievement of DM01 levels of approx. 87% for 24/25. Over 13-week waits are also decreasing well, these need to be eliminated by the end of March 25.

2.2.4. Continuing Healthcare (CHC) is showing statistically significant improvement in meeting its aim of people being assessed within 28 days of referral supported by a recovery plan. Improvement is expected to be sustained following changes in working practices.

2.2.5. The full ICB risk register was reviewed by the committee for completeness as well as quality and performance risks.

2.2.6. The Local Maternity and Neonatal System (LMNS) provide a paper with positive assurance regarding midwifery care. This included that SaTH has fully met its Clinical Negligence Scheme for Trusts (CNST) maternity standards. This is now renamed the Maternity Incentive Scheme from 24/25 and is a financial incentive programme to enhance maternity safety within NHS Trusts consisting of 10 complex safety actions, run by NHS Resolution.

2.3. **Advise**

2.3.1. Healthwatch Shropshire are focusing on cancer care and encouraged the Committee members to contribute to their priorities for the coming year.

3. **Recommendations**

3.1.   Accept the report.

3.2.   Consider the alerts for further action.

4. Appendices

4.1.   Minutes of QPC 25th April 2024.

Integrated Care Board

Agenda item no.	ICB 26-06-054.2
Meeting date:	26 June 2024
Paper title	Audit Committee Chair's Report for the meeting held on 19th June 2024
Paper presented by:	Roger Dunshea
Paper approved by:	Roger Dunshea
Paper prepared by:	Roger Dunshea

Action Required (please select):							
A=Approval		R=Ratification		S=Assurance	X	D=Discussion		I=Information	

1. Executive Summary and Points for Discussion

1.1 The prime purpose of the paper is to recommend to the Board the approval of the Annual report and accounts for 2023-24.

1.2 The meeting was quorate, and no conflicts of interest were declared.

1.3 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:

ALERT: Matters of concerns, gaps in assurance or key risks to escalate to the Board.	**1. Emergency Preparedness, Resilience and Response.** The committee was briefed that a full progress report will be received at the next meeting in September. **2. System Board Assurance Framework and Strategic Risk Register. The Internal Auditors (IA)**, after their recent review, consider the risk management process, BAF and SRR are not utilised effectively. Their opinion, for the 2023-24 annual report, is that the ICB can only have **limited assurance about its management of risk.** The May meeting of ICB executives and NEDS agreed that urgent action is now needed to ensure the BAF and SORR are managed effectively within the ICB governance structure and process. Most of the risks are assessed as red (high risk) with **two extremely high risks** as listed below:

	• **Strategic Risk No.1: Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of ICS priorities.** • **Strategic Risk No.2: Risk of not delivering sustainable services within available resources across the ICS.**
ADVISE: Area's that continue to be reported on and/or where some assurance has been noted/further assurance sought.	**1. Internal audit plan 2024-25** is now in progress. The audits are: • Governance- Risk Management and new Committee Structure Implementation. • Partnership Place Committee- Governance. • Fit and proper persons test (NHSE mandated) • Conflicts of Interest • Financial systems • Grant Certification [DofE] • Additional Roles Reimbursement Scheme [ARRS] Payments- PCN • Structure and Governance-PCNs • Capacity and Access Improvement Payments - PCNs • Delegated Directed Commissioning (POD self-assessment or Specialised Commissioning) • Continuing Healthcare (CHC) Complaints- engagement patients/families • Data security and protection toolkit (NHSE mandated) **3. Funding of the STW GP Board**. The delayed IA review report has now been drafted and is with the executive for fact checking and writing their response. The committee stipulated a series of questions that warranted inclusion in the response notably covering conflicts of interest, accountability and benefit to patients.
ASSURE: Positive assurances and highlights of note for the Board	The Annual Report and Accounts 2023-24 received an unqualified audit opinion of the financial accounts. Concerns were raised regarding financial sustainability and value for money. This highlights the urgency to develop a financial plan that delivers financial sustainability. The committee was informed this is being actioned. The Governance statement clearly signals the Limited Assurance regarding the Board Assurance Framework, management of risk generally and delay in following up audit recommendations. The committee was informed these concerns would be addressed in 2024-25.

	The Annual Counter Fraud report 2023-24 was accepted. No major issues were noted.
Changes to the BAF Risk(s) and Directorate Risk Register Risk(s) agreed.	Not considered at the meeting
ACTIONS to be addressed at the September meeting: Significant follow up action commissioned (including discussions with other Board Committees, changes to Work Plan)	1. The committee requested a joint paper with the Finance Committee on the interdependencies of contracting and commissioning. 2. The committee has requested for 2025-26 an independent assurance review of ICB data sources and analysis.
ACTIVITY SUMMARY: Presentations/reports / items of note received including those approved.	The committee noted the: • IA progress report • IG DSPT bi-monthly service report.
Matters presented for information or noting.	External and Internal audit professional briefings.
Committee self evaluation of effectiveness/ Terms of Reference Review/ Future Work Plan	The meeting finished on time.

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is recommended to approve the Annual Report and Accounts 2023-24.

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail.

Not yet

Appendices: April 2024 Audit Committee minutes.

Request of Paper:	To note recommendation to approve ARA 2023-24	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:	*RM Dunshea*	**Date:**	19 June 2024

		Integrated Care Board **26th June 2024** **Key Issues Report**
Report of:		*Chair of the Finance Committee*
Last meeting details:		Date: 26th March 2024 Attendees: per the minutes attached Apologies: per the minutes attached Quoracy: Yes - met for both sections of the meeting No conflicts of interest were declared in either meeting section.
Agenda:		**Section 1 (ICB)** • ICB Month 11 Finance Update • ICB Month 11 Efficiency Update • ISFE and No PO No Pay **Section 2 (System)** • ICS Month 11 Finance Update • ICS Month 11 Efficiency Update • ISFE and No PO No Pay
1a	**Alert** *Matters of concern, gaps in assurance or key risks to escalate*	**Section 1 (ICB)** Nothing specific to report from this meeting though see notes on risk below. **Section 2 (System)** Nothing specific to report from this meeting though see notes on risk below.
1b	**Assure** *Positive Assurances and highlights of note*	**Section 1 (ICB)** The committee noted continued confidence in delivery of the revised forecast for the ICB and the over achievement of efficiencies compared to plan. A new 'No Purchase Order, No Pay' Policy was presented to the committee and was signed off at the meeting for immediate publication and use. The policy is designed to strengthen compliance with the ICB's standing financial instructions and will underpin controls in the new national finance ledger that all ICBs are implementing. **Section 2 (System)** The committee noted that the System remained on track to meet its revised forecast outturn position.
1c	**Advise** *Areas that continue to be reported on and/or where*	**Section 1 (ICB)** The committee heard about distribution of national funds to offset planned deficits which results in the reported deficit for the ICB now being a variance from break even rather than the total deficit. The forecast deficit thus now being reported as

Ambition   Compassion   Optimism   Focus

	some assurance has been noted/further assurance sought.	£16.2m. The committee were briefed on an £11.8m year to date deficit for the ICB at month 11 with drivers of the deficit against plan remaining in line with those reported in previous months. **Section 2 (System)** A deficit to plan at month 11 of £71.1m was reported to the committee with a forecast outturn of £72.7m. This is reduced from the previously reported £129.8m as a result of the receipt of the national allocation to fund the planned deficit. The efficiency programme was reported as being off track by around £10m in total; this is, in the main, as a result of underperformance against plans to reduce escalation costs in SATH.
1d	**Review of Risks** *Provide a brief update on any risk that needs to be escalated*	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. The significant underlying financial deficit of the system features in the Board Assurance Framework and therefore this report describes the work of the committee in overseeing financial recovery and presents any conclusions that it may draw about risks to the delivery of the financial plan. The topics discussed at the meeting and resulting conclusions did not materially change the existing assessment of risk.
1e	**Sharing of Learning** *Provide details of key points of learning that could be shared across the organisation*	N/A
2	**Actions** ***to be considered*** *follow up actions or actions you require colleague support. (Including discussions with other committees or groups, changes to the work plan)*	**Section 1 (ICB)** Nothing to highlight. **Section 2 (System)** Nothing to highlight.
3	**Recommendations**	NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report.
Report compiled by:		Claire Skidmore, Chief Finance Officer

Date report compiled:	4th June 2024
Report approved by:	Trevor McMillan, ICB Non Executive Member and Chair of the Finance Committee
Minutes/action log available from:	26 March 2024

		Integrated Care Board
		26th June 2024
		Key Issues Report

Report of:	*Chair of the Finance Committee*
Last meeting details:	Date: 29th April 2024 Attendees: per the minutes attached Apologies: per the minutes attached Quoracy: Yes - met for section 1; section 2 was cancelled. No conflicts of interest were declared in either meeting section.
Agenda:	**Section 1 (ICB)** • Finance Risk Register/BAF Review • ICB Month 12 ICB Finance Update • ICB Month 12 Efficiency Update • Terms of Reference Review

1a	**Alert** *Matters of concern, gaps in assurance or key risks to escalate*	**Section 1 (ICB)** The committee noted a reported late submission of invoices from the two Local Authorities relating to jointly funded packages. Assurance was sought, and given at the meeting, that actions were underway to prevent this in the future and to improve forecasting, working with our Local Authority colleagues. **Section 2 (System)** This meeting was cancelled due to not being quorate. Full papers were circulated to committee members for information. There were no pressing decisions to be made and therefore items and information requiring further scrutiny and action were carried forward to the next meeting.
1b	**Assure** *Positive Assurances and highlights of note*	**Section 1 (ICB)** The committee received the latest Board Assurance Framework (BAF) and Strategic Operational Risk Register and discussed the entries within them. Updates to items relating to the work of the finance committee were shared and clarity was sought on certain items. The committee was pleased to hear that the ICB had achieved its reforecast position of a £16.2m deficit (after funding of the planned deficit). £26.7m efficiency savings were delivered in the year which is an improvement on the planning target of £25.9m. **Section 2 (System)** N/A

Ambition   Compassion   Optimism   Focus

1c	**Advise** *Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.*	**Section 1 (ICB)** The committee heard that the 2022/23 historic System deficit had been assigned to the ICB in month 12 which resulted in an allocation reduction of £65.2m. This figure will be captured and reported in the year end accounts in addition to the in-year deficit. The committee reviewed suggested changes to its Terms of Reference, in line with recommendations from the review by the Good Governance Institute. It approved these changes which were then scheduled to be shared at the Section 2 System meeting for final sign off. **Section 2 (System)** N/A
1d	**Review of Risks** *Provide a brief update on any risk that needs to be escalated*	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. The significant underlying financial deficit of the system features in the Board Assurance Framework and therefore this report describes the work of the committee in overseeing financial recovery and presents any conclusions that it may draw about risks to the delivery of the financial plan. The topics discussed at the meeting and resulting conclusions did not materially change the existing assessment of risk.
1e	**Sharing of Learning** *Provide details of key points of learning that could be shared across the organisation*	N/A
2	**Actions** ***to be considered*** *follow up actions or actions you require colleague support. (Including discussions with other committees or groups, changes to the work plan)*	**Section 1 (ICB)** • Questions were raised about two of the non finance risks in the BAF which were shared with the Director of Corporate Affairs after the meeting. **Section 2 (System)** Nothing to highlight.
3	**Recommendations**	NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report.
	Report compiled by:	Claire Skidmore, Chief Finance Officer

Ambition   Compassion   Optimism   Focus

Date report compiled:	4th June 2024
Report approved by:	Trevor McMillan, ICB Non Executive Member and Chair of the Finance Committee
Minutes/action log available from:	29 April 2024

Ambition   Compassion   Optimism   Focus

Integrated Care Board

Agenda item no.	ICB 26-06-054.4
Meeting date:	26 June 2024
Paper title	Remuneration Committee Chair's Report
Paper presented by:	Trevor McMillan, Non-Executive Director & Chair of Remuneration Committee
Paper approved by:	Simon Whitehouse, Chief Executive
Paper prepared by:	Lisa Kelly, Senior HR Business Partner

Action Required (please select):							
A=Approval		R=Ratification		S=Assurance	X	D=Discussion	I=Information

1. Executive Summary and Points for Discussion

1.1   The purpose of the paper is to provide a summary of NHS STW Remuneration Committee meeting held on 31 May 2024 for noting.

1.2   The meeting was quorate.

1.3   A summary of the report is outlined below for the Board's consideration:

      1.3.1   There was one agenda item as outlined below: -

- Interim Chief Medical Officer Remuneration

      1.3.2   The papers presented were approved by the Remuneration Committee

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to:

2.1   Note the business completed at the Remuneration Committee on 31 May 2024.

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

N/A

4. Appendices

None

Request of Paper:	To note.	Action approved at Board:	
		If unable to approve, action required:	
Signature:		Date:	

STW INTEGRATED CARE BOARD

Agenda item no.	ICB 26-06-054.6
Meeting date:	26 June 2024
Paper title	2023-2024 People programmes Annual Report NHS STW Integrated Care System (ICS) People Culture and Inclusion Committee
Paper presented by:	Dr Catriona McMahon, Chair ICS People Culture, and Inclusion Committee
Paper approved by:	Dr Catriona McMahon, Chair ICS People Culture, and Inclusion Committee
Paper prepared by:	Alison Trumper Head of ICS People Programmes
Signature:	
Committee/Advisory Group paper previously presented:	STW ICS People Culture and Inclusion Committee

Action Required (please select):									
A=Approval	x	R=Ratification		S=Assurance	x	D=Discussion	x	I=Information	x

This paper seeks to provide assurance on progress against STW ICS People Strategy 2023-2028.

Previous considerations:	

1. Executive summary and points for discussion

1.1. The upcoming People, Culture, and Inclusion Committee meeting is scheduled for June 19th, which has not allowed the Board sufficient time to receive a detailed and comprehensive report.

1.2. Consequently, the Committee wishes to present the 2023/24 People Programmes Annual Report for the Board's review to highlight the successes of the past year.

1.3. The annual report summarizes the activities of the People, Culture, and Improvement Committee, providing assurance that the Committee has fulfilled its responsibilities in line with its Terms of Reference and the 2022 work programme.

1.4 STW ICS People Strategy is underpinned by four key programmes of work: ATTRACT, and TRAIN, RETAIN, REFORM TRANSFORM aligned to the core aims of the NHSE People Plan and Promise and NHS Long Term Workforce Plan , guidance and priorities set out in each NHSE Annual Operating Priorities and Guidance and NHSE Oversight Exit criteria.

1.5 Whilst our People Strategy is drawn from NHS national guidance, it also includes the principals of Local Government Partners in Health strategy (2022)

1.6 Governance and delivery infrastructure key points: -

- **Senior leadership** - despite two recruitment efforts, the position of Chief People Officer (CPO) remains vacant. The absence of senior leadership is partially offset by the Deputy CPO role, who commenced an external secondment in September 2023 and was succeeded by an interim ICS Lead for People Programmes and the commencement of the SRO roles in September 2023 who have headed up each of the four strategic people delivery portfolio priorities: ATTRACT& TRAIN/ RETAIN/ REFORM/ TRANSFORM

- **Governance, reporting and delivery** - the Committee became fully established and operational in September 2023 with agreed governance reporting structures via the ICS people Collaborative to Committee.

1.7 This is subject to review at the June Committee and will set out opportunities to strengthen the portfolio leadership at SRO level to provide greater assurance and oversight of:

a)   workforce metrics
b)   workforce supply
c)   progress on delivery of 2023-2028 ICS People Strategy
d)   progress on delivery of the 10 people outcomes

1.8 It also sets our opportunities for Executive Leadership at the system People Collaborative providing greater second line assurance reporting to the People Culture and Inclusion Committee; subcommittee of the ICB Board.

1.9 The June committee is also expected to agree proposed arrangements as follows:

1. CEO Stacey Keegan will chair the STW ICS People Collaborative.

2. SROs will further strengthen their leadership roles by utilizing established forums for portfolio oversight and subsequent reporting to the People Collaborative.

3. The frequency of meetings for both the Collaborative and Committee will increase to monthly. The People culture and Inclusion Committee date to allow preparation of Board papers.

1.10 As of March 2024, the current delivery infrastructure retains a headcount of eight people within the People team. The NHSE workforce development investment, which initially funded the delivery infrastructure, has ceased. However, like last year, there may be opportunities to bolster the delivery infrastructure with short-term investment from NHSE; this is still uncertain from the regional team's perspective.

1.11 Discussions to enhance the infrastructure are ongoing across the system. In the interim, priorities for 2024/25 are being developed, mindful of available resources and expertise.

1.12 The annual report is split into two parts. The first part illustrates what we set out to do with impact / outcomes, the second part is a more visual showcase of the activities and outcomes.

1.13 Summary of content from the 2023/24 annual report

- **People Strategy Overview**:
  The report highlights significant achievements by the core people team, despite challenges like turnover due to short-term funding. It emphasizes the importance of a positive, compassionate, and inclusive culture.
  Workforce Challenges: Shropshire faces additional challenges in attracting and retaining health and care workers due to national occupational shortages and geographic disparities, impacting the delivery of optimal health outcomes, not least in local authority and the independent care sector with average 34% workforce turnover.
  Strategic enablers: The People Promise Priorities for 2023-2024 are designed as a strategic enablers to improve the offer for current and future diverse workforces.

- **Portfolios**
  Train | Growing for The Future: Focuses on developing a sustainable diverse workforce pipeline aligned with local needs, strengthening partnerships with schools and educational institutions, promoting diverse career opportunities within the Integrated Care System (ICS).

  Reform: Discusses the coordination and implementation of investments in training to meet workforce needs, developing a transferable workforce.
  Retain: Covers strategies for retaining the current workforce, including the Springboard Preceptorship program and monthly retention data snapshots.
  Transform: Highlights initiatives for organizational development, leadership, culture, and Equality Diversity and Inclusion (EDI), with events and programs aimed at fostering an inclusive and diverse work environment.

1.14 AOB and Date of Next meeting

- The date of the next meeting is June 19th, 2024, at Chester University Campus, Shrewsbury. Committee meetings are held face to face.

1.15   The meeting will focus on Governance, reporting and delivery of the People agenda and a longer session for EDI.

2.   Which of the ICB Pledges does this report align with?

Improving safety and quality	X
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	X
Climate change	
Leadership and Governance	X
Enhanced engagement and accountability	X
Creating system sustainability	
Workforce	X

3.   Recommendation(s)

3.1. **NHS Shropshire Telford and Wrekin Integrated Board is asked to:**

- Note assurances offered within the 2023/24 annual report regarding progress of STW ICS People priorities.

4.   Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail.

Yes

Overarching Strategic Risk No.4: Inability to recruit, retain and keep our ICS Workforce well.

- SaTH – BAF 3 - If the trust does not ensure staff are appropriately skilled, supported and valued this will impact on our ability to recruit/retain staff and deliver the required quality of care.
- SaTH BAF 4 - A shortage of workforce capacity and capability leads to deterioration of staff experience, morale, and well-being.
- RJAH – BAF 1 – Lack of effective engagement with workforce
- RJAH – BAF 2 - The workforce does not have the required capacity and capability.
- Shropcom – BAF 3.1 – Recruitment challenges
- MPFT- BAF F1 - There is a risk to the health and wellbeing of staff due to existing workforce shortages, high acuity and demand, and the long-term effects of the pandemic; leading to staff burnout, absence, and increased turnover.
- MPFT – BAF F2 - There is a risk to the delivery of Trust services due to national workforce supply issues and
- skills shortages: leading to an inability to recruit and retain enough clinical, technical, and managerial staff.
- Telford & Wrekin Council – Corporate Risk Register – R3 - Losing skills, knowledge, and experience (retention & recruitment) in relation to staffing.
- Shropshire Council - Corporate Risk Register - Critical skills shortage impacting on Retention, Recruitment & Succession Planning
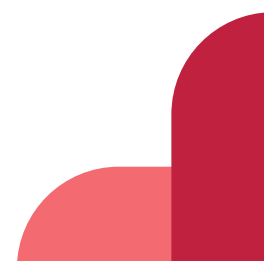
5.   Appendices

2023-2024 STW People Programmes Annual Report

Action Request of Paper:	Note assurances offered regarding progress of STW ICS People priorities.
Action approved at Board:	
If unable to approve, action required:	
Signature:	**Date:**