STW Integrated Care Board

MEETING
25 September 2024 14:00 BST

Agenda

Location	Date	Time
Meeting Room 1, Larkin Way, Tan Bank, Wellington, TF1 1LX	25 Sep 2024	14:00 BST

Contents

AGENDA (PART 1)

Meeting Title	Integrated Care Board	Date	Wednesday 25 September 2024
Chair	Sir Neil McKay	Time	2.00pm
Minute Taker	Board Secretary	Venue/ Location	Meeting Room 1, Wellington Civic Offices, Larkin Way, Tan Bank, Wellington, TF1 1LX

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

Reference	Agenda Item	Presenter	Purpose	Paper	Time
OPENING MATTERS (approximately 40 minutes: 2.00pm – 2.40pm)					
ICB 25-09.057	Apologies	Sir Neil McKay	I	Verbal	2.00
ICB 25-09.058	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	Sir Neil McKay	S	Verbal	
ICB 25-09.059	Minutes from the previous meeting held on Wednesday 26 June 2024	Sir Neil McKay	A	Enc	
ICB 25-09.060	Matters arising and action list from previous meetings	Sir Neil McKay	A	Enc	
ICB 25-09.061	Chair's Report • ICB Committee Chairs Appointments for approval	Sir Neil McKay	A/S	Enc	
ICB 25-09.062	Questions from Members of the Public: Guidelines on submitting questions can be found at: Submitting Public Questions - NHS Shropshire Telford and Wrekin	Sir Neil McKay	I	-	

ICB 25-09.063	Resident's Story - STW Discharge to medicines service In attendance: • Minesh Parbat, ICS Chief Pharmacist • Hayley Pearson, Deputy Chief Pharmacis,t SATH • Caroline Jenkins, Deputy Chief Pharmacist, RJAH • Peter Prokopa, Chief Officer, Community Pharmacy Shropshire	Lorna Clarson	S	Presentation	2.20
STRATEGIC SYSTEM OVERSIGHT (approximately 55 minutes - 2.40pm – 3.35pm)					
ICB 25-09.064	System Board Assurance Framework (SBAF)	Simon Whitehouse	A/S	Enc	2.40
ICB 25-09.065	ICB Chief Executive (CEO) Report: For decision: • Process for Managing Public Questions at ICB Board Meetings For information: • Darzi Review 2024 • Shaping the STW ICB Programme • Urgent Decision for the approval of Specialised Commissioning Delegation Agreement Variation • Financial Improvement Programme – Investigation and Intervention Phase 1 and 2 • Healthwatch Telford and Wrekin - GP Access Summary Report 2024 • Quality Governance Review • Joint Forward Plan - update	Simon Whitehouse	A/S	Enc	2.50
ICB 25-09.066	Joint Forward Plan – approval of refreshed plan	Nigel Lee	S	Enc	3.05
ICB 25-09.067	Update on Quality oversight of Emergency Departments at SATH and Dispatches Action	Vanessa Whatley	S	Enc	3.20

SYSTEM GOVERNANCE AND PERFORMANCE (approximately 25 minutes – 3.35pm – 4.00pm)					
ICB 25-09.068	Integrated Care System Performance Report: • Finance • Performance • Quality • People	Claire Skidmore	S	Enc	3.35
ICB 25-09.069	Amendments to ICB Constitution and Governance Handbook	Simon Whitehouse	A	Enc	3.50
BOARD COMMITTEE REPORTS (approximately 10 minutes - 4.00pm - 4.10pm)					
ICB 25-09.070	**Assurance**				4.00
ICB 25-09.070.1	Quality and Performance Committee Chair's Reports for meetings held on 30 May and 27 June 2024	Meredith Vivian	S	Enc	
ICB 25-09.070.2	Audit & Risk Committee Chair's Report meeting held on 18 September 2024	Roger Dunshea	S	Enc	
ICB 25-09.070.3	Finance Committee Chair's Reports for meetings held on 30 May and 27 June 2024 – *including approval of revised Terms of Reference*	Professor Trevor McMillan	S	Enc	
ICB 25-09.070.4	Remuneration Committee Chair's Report for meeting held on 30 July 2024	Professor Trevor McMillan	S	Enc	
	Strategy				
ICB 25-09.070.5	System Transformation Group Chair's Report for meeting held on 31 July	Simon Whitehouse	S	Enc	
ICB 25-09.070.6	Strategic Commissioning Committee Chair's Report for meetings held on 12 June and 10 July 2024	Cathy Purt	S	Enc	
ICB 25-09.070.7	People Culture and Inclusion Committee Chair's Report – no report	Harry Turner	S	Verbal	
	Partnership				
ICB 25-09.070.8	Shropshire Integrated Place Partnership Committee Chair's Report – no report	Andy Begley	S	Verbal	
ICB 25-09.070.9	Telford and Wrekin Integrated Place Partnership Committee Chair's Report – no report	David Sidaway	S	Verbal	

	ASSURANCE – REVIEW OF RISKS (approximately 5 minutes - 4.10pm - 4.15pm)				
ICB 25-09.071	Review and reflection of new or amended risks following discussions at Board Meeting	Sir Neil McKay	S	Verbal	4.10
	ANY OTHER BUSINESS (approximately 5 minutes - 4.15pm - 4.20pm)				
ICB 25-09.072	Any Other Business *(To be notified to the Chair in advance)*	Sir Neil McKay	D	Verbal	4.15
	Date and time of next meeting: • Wednesday 27 November 2024 – Wellington Civic Offices				

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 26 June 2024 at 14:00
Seminar Rooms 1&2, Shropshire Education & Conference Centre
(SECC), Royal Shrewsbury Hospital, Mytton Oak Road,
Shrewsbury, SY3 8XQ

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
Niti Pall	Non-Executive Director, NHS STW (via MS Teams)
Simon Whitehouse	Chief Executive, NHS STW
Claire Skidmore	Chief Finance Officer, NHS STW
Gareth Robinson	Executive Director of Delivery and Transformation, NHS STW
Louise Barnett	Trust Partner Member and Chief Executive, Shrewsbury and Telford Hospital NHS Trust
Stacey Keegan	Foundation Trust Partner Member and Chief Executive Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Patricia Davies	Trust Partner Member and Chief Executive Shropshire Community Health NHS Trust
Dr Julian Povey	Primary Care Partner Member for Shropshire
David Sidaway	Chief Executive, Telford and Wrekin Council
Andy Begley	Chief Executive, Shropshire Council
Dr Ian Chan	Interim Chief Medical Officer, NHS STW and GP Partner Member
Dr Mahadeva Ganesh	Interim Chief Medical Officer, NHS STW
Vanessa Whatley	Chief Nursing Officer, NHS STW

In Attendance:

Alison Smith	Director of Corporate Affairs, NHS STW
Dave Bennett	Associate Non-Executive Director, NHS STW (via MS Teams)
Dr Catriona McMahon	Chair, Shrewsbury and Telford Hospital NHS Trust
Cathy Riley	Midlands Partnership Foundation Trust (representing Neil Carr)
Harry Turner	Chair, Robert Jones and Agnes Hunt
Cathy Purt	Non-Executive Director, Shropshire Community Health NHS Trust
Pauline Gibson	Non-Executive Director, Midlands Partnership University NHS Foundation Trust
Lezley Picton	Leader, Shropshire Council (via MS Teams)
Nigel Lee	Director of Strategy and Partnerships
Alison Trumper	Head of Peoples Programmes, ICS
Simon Fogell	Chief Executive, Healthwatch Telford & Wrekin (via MS Teams)
Richard Nuttall	Joint Chair, Telford & Wrekin COG (via MS Teams)
Tracey Jones	Director of Mental Health and Learning Disability, NHS STW

| Julie Garside | Director of Planning and Performance, NHS STW |
| Claire Colcombe | Corporate Personal Assistant, NHS STW |

Minute No. ICB 26-06.041 Introduction and Apologies

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

Neil Carr	Chief Executive, Midlands Partnership University Foundation Trust
Cllr Shaun Davies	Telford and Wrekin Council
Tina Long	Chair, Shropshire Community Health NHS Trust
Peter Featherstone	Non-Executive Director, Shropshire Community Health NHS Trust

041.2   The Chair's introductory comments addressed the upcoming general election, issues that have been raised relating to the handling of the Perceptions and Experiences of Racism in the Workplace Report (in which the Chair emphasised how seriously the Board was taking this), a misleading and incorrect Health Service Journal article on ICB leadership, and the issues relating to the Channel 4 Dispatches documentary, where he emphasised the importance of a coordinated response and the collective Trust Board responsibility.

041.3   The Chair reported leadership changes within the ICB: Dr. Ian Chan and Dr. Ganesh were welcomed as interim Medical Directors, Dr. Lorna Clarson would start as Chief Medical Officer on 1 September 2024, Dr. Julian Povey's term had ended, Dr. Nicholas White had left, and it was Dr. Catriona McMahon's last meeting before leaving SATH in June.

Minute No. ICB 26-06.042 Declarations of Interest

042.1   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 26-06.043 Minutes from the previous meeting held on Wednesday 24 May 2024

043.1   The minutes of the meeting held on 24 March 2024 were approved.

RESOLVE: The NHS Shropshire, Telford and Wrekin Integrated Care Board APPROVED the minutes of the Integrated Care Board meeting held on 24 May 2024.

Minute No. ICB 26-06.044 Matters arising and action list from previous meetings.

044.1   The Chair reported that the outstanding actions from previous Board meetings would be covered within the agenda.

RESOLVE: The outstanding actions from previous Board meetings would be covered within the agenda.

Minute No. ICB 26-06-045 Questions from Members of the Public:

045.1   The Chair advised that responses had been sent to the 46 questions raised by a member of the public at May's meeting.

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

Minute No. ICB 26-06.046 Resident's Story: Equality, Diversity & Inclusion (EDI) – a staff story of two halves

046.1 A staff member, a registered nurse from Nigeria, shared her experience of working in the NHS. She spoke honestly and frankly about some of the workplace issues that she had experienced and faced. These included issues such as cliques, being addressed by skin colour rather than name, mispronunciation of names, and unequal treatment compared to white colleagues. She also noted difficulties in asking UK staff questions and the lack of support for international staff. This was an impactful personal account of some of the experiences that she wanted to share with Board members. However, she also went on to explain how she now works in a significantly more positive environment, demonstrating that a happy, integrated workforce is achievable with the right focus and leadership. She wanted to ensure that Board members were sighted on what success could and should look like and what was possible when the right focus was brought to this important agenda.

046.2 The Board discussion that followed emphasised the importance of listening to issues, learning from experiences, providing support, and engaging with communities. Additional points included addressing unethical behaviour, confronting racism, and recognising the cultural aspect of Board responsibilities. Board members restated their commitment to adopt a zero-tolerance approach to racism across Shropshire, Telford and Wrekin.

046.3 The Chair, on behalf of all Board members, thanked the staff nurse for her bravery and honesty in telling her story to the Board. The Chair recognised how honest she had been but equally the importance of all Board members hearing the difficulties and racism that is faced by our colleagues.

046.4 Several agreed recommendations were set out and these included identifying ways in which cultural barriers could be removed, unconscious bias training and education, and changes to family visas and band thresholds.

ACTION: **Mrs Whatley to consider these actions as part of the refreshed EDI action plan, how it should be part of the change and update on the progress being made in this area.**

Minute No. ICB 26-06.047 ICB Chief Executive Officer (CEO) Report

047.1 The Board was asked to note the updates in the report. The paper provided an update to Board members on Shaping the STW ICB, the infected blood enquiry report, the SaTH CQC report, the 'Open Up' campaign and the urgent decision regarding the Operational Plan 2024-25. The paper was taken as read and noted.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the updates in the Chief Executive report.**

Minute No. ICB 26-06.048 Perceptions and experience of racism in the workplace by health and social care staff & Staff Survey (ICB and System Partners)

048.1   The Chair introduced this agenda item before handing over to the CNO. He set out the importance of this agenda item which was even more the case now after the staff story at the start of the Board meeting. He reinforced the learning from this report but emphasised the importance of collective action to make a positive difference.

048.2   The paper was taken as read. The Chair encouraged members to consider if all the recommendations would be supporting in bringing us closer to the culture we are aspiring to. Members of the Board added that there was a need to address all protected characteristics to improve our workplaces. It was acknowledged that there were a wide range of colleagues from across the system, including both local authorities, represented at the steering group from the outset of this work. Members shared their support in the development of a new action plan but encouraged that the plan detailed outcomes, deadlines and owners.

048.2   Other key discussion points included, ensuring people with lived experience are engaged with to co-design actions and monitor their impact. Members raised the importance of themselves taking ownership and responsibility for their actions and taking collective action to improve the culture of our workplaces.

048.3   Recommendations included closing the current action plan, creating a new one to maintain progress, providing regular updates, engaging organisational leaders, using experts from progressive organisations for development sessions, updating the Board at every second public meeting, developing a mentoring scheme to stay informed, and forming a subgroup of EDI representatives to guide this crucial work.

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

- **DISCUSSED the key areas identified in section 6 of the report and the report findings as part of future development.**
- **NOTED the actions to date.**
- **AGREED the approach to the continuous improvement of the experience of non-white members of staff.**
- **COMMITTED to the strategic actions identified and highlighted as required.**
- **AGREED that the action plan would be monitored through the People, Culture and Inclusion subcommittee but that regular detailed reports would be brought back to the full Board to ensure visibility and to monitor the progress being made on this issue.**

ACTION: Mrs Whatley to develop a set of actions, that need to be taken, and circulate to Board Members.

Minute No. ICB 26-06.049 Health and Healthcare Inequalities

049.1   The Board was asked to note the contents of the report and provide feedback and support for the approach and areas of focus for 2024/25.

049.2   In discussion key points included ensuring health inequalities is an element in all programmes of work and the importance of data quality.

RESOLVE: NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the contents of the report and SUPPORTED the approach and areas of focus for 2024/25.

Minute No. ICB 26-06.050 Integrated Care System Performance Report

050.1 The system continued to face two major performance pressures: Urgent and Emergency Care (UEC) and Finance, with a Month 2 financial deficit of £22.7 million , £0.2m adverse to plan. Improvements were noted in Category 2 response times, and the system received formal notification of exiting Tier 1 for cancer. Progress against targets for mental health, learning disabilities, and community measures was good. SaTH, RJAH, and SCHT collectively outperformed plans for bank, agency, and substantive workforce, although MPUFT was over plan. However, there was ongoing deterioration in 4-hour A&E waits and patients spending over 12 hours in the department, prompting continued development of the UEC Improvement Plan. Additionally, the number of cancer patients waiting over 62 days increased since March, partly due to changes in the Electronic Patient Record (EPR), which also affected cancer and long wait backlogs.

050.2 A key discussion point included the assurance that no patients were lost during the transition to the new SaTH administration system.

ACTION: **SaTH Chair to confirm which Royal College was engaged in undertaking the review and the timeline for the publication.**

Data to be checked data around waiting times for first time outpatients and provide timeline for communicating the report to GPs.

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

Minute No. ICB 26-06.051 ICB Annual Reports and Accounts 2023/24

051.1 The ICB's Annual Report (including the Annual Governance Statement) and Annual Accounts for the full 12 month period ending 31st March 2024 were presented for consideration and approval by the 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.

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

- **ASSURED itself that the content of the draft NHS Shropshire, Telford and Wrekin Annual Report and Accounts (including the Annual Governance Statement) for 2023/24, was accurate and sufficiently reflected the position of NHS Shropshire, Telford and Wrekin.**
- **APPROVED the 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.**
- **APPROVED the Letter of Representation for the organisation.**
- **NOTED the content of the Audit Findings Report for the organisation.**

Minute No. ICB 26-06-052 Review of Primary Care Access Recovery Plan (PCARP) 2023/24 and Planning for 2024/25

052.1 The paper was taken as read and the Board was asked to note the progress in year one made across STW in improving patient access as part of the national PCARP programme and the plans for year two of the programme.

052.2 In discussion the key points included the development of the Primary Care and Secondary Care interface, and the deliverability of the self-referral pathways.

RESOLVE: **NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the progress in year one made across STW in improving patient access as part of the national PCARP programme and the plans for year two of the programme.**

ACTION: **Report to be amended to reflect the roll out date of the Primary Care and Secondary Care interface.**

Minute No. ICB 26-06.053 Learning Disability Mortality Review (LeDeR) Annual Report

053.1 The paper was taken as read and the Board was asked to approve the report for submission to NHS England and publication on the NHS STW website.

053.2 In discussion the key topic was around whether the numbers shown for Shropshire were correct and whether they reflect the national and regional numbers.

RESOLVE: **NHS Shropshire, Telford and Wrekin Integrated Care Board APPROVED the report for submission to NHS England and publication on the ICB website.**

ACTION: **Data quality of the LeDer for Shropshire to be accuracy checked and reported on.**

Minute No. ICB 26-06.054.1 Quality and Performance Committee Chair's Report for meetings held on 28 March and 25 April 2024

054.1 The paper was taken as read.

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

Minute No. ICB 26-06.054.2 Audit & Risk Committee Chair's Report

054.2 The paper was taken as read.

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

Minute No. ICB 26-06.054.3 Finance Committee Chair's Reports for meetings held on 26 March and 29 April 2024

054.3 The paper was taken as read.

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

Minute No. ICB 26-06.054.4 Remuneration Committee Chair's Report – 31 May 2024

054.4 The paper was taken as read.

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

Minute No. ICB 26-06.054.5 Strategy Committee Chair's Report – no report

054.5   A verbal update was provided to the Board informing that the first meeting of the new Strategic Commissioning Committee had taken place, and Dr Niti Pall was confirmed as the Deputy Chair of the committee. It was also highlighted that the ICB Choice Policy and Elective Access Policy to be presented at the next meeting for approval.

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

Minute No. ICB 26-06-054.6 People Culture and Inclusion Committee Chair's Report

054.6   The paper was taken as read.

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

Minute No. ICB 26-06.054.7 Integrated Delivery Committee Chair's Report – no report

054.7   No report.

Minute No. ICB 26-06.055 Any Other Business

055.1   No other business was raised.

The Chair closed the meeting.

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 26-06-053 Learning Disability Mortality Review (LeDeR) Annual Report	Data quality of the LeDer for Shropshire to be accuracy checked and reported on.	Vanessa Whatley		Completed
Minute No. ICB 26-06-052 Review of Primary Care Access Recovery Plan (PCARP) 2023/24 and Planning for 2024/25	Report to be amended to reflect the roll out date of the Primary Care and Secondary Care interface.	Ian Bett (transferred from Gareth Robinson)		Primary Care now sits in the ICB's CMO portfolio. Primary Care Secondary Care Interface Group initiated July 2024, meeting monthly. CMO undertaking review of progress against 4 areas with system Medical Directors/GP Board in preparation for self assessment in October/November
Minute No. ICB 26-06-050 Integrated Care System Performance Report	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. SaTH Chair to confirm which Royal College was engaged in undertaking the review and the timeline for the publication.	Trevor Purt (transferred from Catriona McMahon)		The Royal College of Paediatrics and Neonatology were involved in undertaking the review. Final version awaited by SaTH, who plan to present at their November 2024 Board meeting.

	Data to be checked around waiting times for first time outpatients and provide timeline for communicating the report to GPs.	Nigel Lee / Lorna Clarson		Waiting time data remains unavailable due to issue with SaTH data warehouse. Update on the reason for this delay, along with indicative timeline will be provided to practices via the GP e-mail Bulletin.
Minute No. ICB 26-06-048 Perceptions and experience of racism	Mrs Whatley to develop a set of actions, that need to be taken, and circulated to Board Members.	Vanessa Whatley		Completed and in progress. Circulated to Board Members 25 September 2024.
Minute No. ICB 26-06-046 Resident's Story: Equality, Diversity & Inclusion (EDI)	Mrs Whatley to consider these actions as part of the refreshed EDI action plan, how it should be part of the change and update on the progress being made in this area.	Vanessa Whatley		Noted. Tactical action plan in development with steering group and following away day. Update planned for ICB Board in November 2024.
Minute No. ICB 24-04-034 Resident's Story	Miss Keegan to provide a progress report of the MSK programme at the end of the first quarter.	Stacey Keegan	July	The timeline for the MSK programme is being reviewed. Further updates will be brought to a future Board meeting.

Meeting Name:	Integrated Care Board
Agenda item no.	ICB 25-09.061
Meeting Date:	25 September 2024
Report title:	ICB Committee Chairs Appointments
Report presented by:	Sir Neil McKay, NHS STW Chair
Report approved by:	Alison Smith, Chief Business Officer
Report prepared by:	Tracy Eggby-Jones, Corporate Manager
Meeting report previously presented:	Not applicable

Action Required (please select):

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

Executive Summary

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

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

The Board is asked to approve and reaffirm the Chairs of the ICB's established committees.

Recommendation/Action Requested:

The Board is asked to:

- **APPROVE** the appointment of the Chairs for the following committees:
    - Shropshire Integrated Place Partnership – Mr Andy Begley
    - Telford and Wrekin Integrated Place Partnership – Mr David Sidaway
    - System People Inclusion and Culture Committee – Mr Harry Turner
- **REAFFIRM** the Chairs of the other ICB established committees:
    - Finance Committee – Professor Trevor McMillan
    - Quality and Performance Committee – Mr Meredith Vivian
    - Strategic Commissioning Committee – Mrs Cathy Purt
    - System Transformation Group – Mr Simon Whitehouse
    - Audit Committee – Mr Roger Dunshea
    - Remuneration Committee – Professor Trevor McMillan

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

No	X	Yes		If yes, please detail:

Ambition   Compassion   Optimism   Focus

How does this report support the ICB's core aims:	
Improve outcomes in population health and healthcare	By appointing Chairs to the Shropshire Integrated Place Partnership and the Telford and Wrekin Integrated Place Partnership, the report supports localised leadership, ensuring tailored and cohesive efforts in improving health outcomes across different areas.
Tackle inequalities in outcomes, experience, and access	The appointment of Chairs from across the system reflects a commitment to tackling inequalities by fostering an inclusive culture within the system, ensuring equitable access and experiences for staff and service users alike.
Enhance productivity and value for money	The reaffirmation of committee Chairs, such as Professor Trevor McMillan for the Finance and Remuneration Committees, promotes consistent leadership in financial oversight, ensuring that resources are used efficiently and delivering better value for money across the ICS.
Help the NHS support broader social economic development	The appointment and reaffirmation of Chairs across various committees supports the ICS's goal of creating strong governance structures, which will enable the NHS to actively contribute to local economic growth and social development through well-coordinated system transformation efforts led by Mr. Simon Whitehouse.

Conflicts of Interest	
None	

Implications	
Engagement with Shropshire, Telford & Wrekin residents, and communities	None
Resource and financial	None
Quality and safety	None
Sustainability	None
Equality, Diversity and Inclusion	None

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	

Meeting Name:	NHS Shropshire, Telford & Wrekin Integrated Care Board
Agenda item no.	ICB 25-09.064
Meeting Date:	Wednesday 25th September 2024
Report title:	System Board Assurance Framework (SBAF)
Report presented by:	Simon Whitehouse, NHS STW Chief Executive Officer
Report approved by:	Simon Whitehouse, NHS STW Chief Executive Officer
Report prepared by:	Alison Smith, NHS STW Chief Business Officer
Meeting report previously presented:	SBAF has previously presented at the meeting held on 24th April 2024

Action Required (please select):

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

Executive Summary

The purpose of this report is to present to the Board the updated System Board Assurance Framework (SBAF). The SBAF has been reviewed and updated by ICB Executives during August and September .Changes made in the document are shown as coloured tracked changes. The Board is asked to review the current content and identify any additional assurances required or additional risks that are not currently reflected on the SBAF and to be assured that the SBAF provides oversight of the strategic risks to the ICS meeting the strategic objectives.

Recommendation/Action Requested:

NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to:
- **REVIEW** the current System Board Assurance Framework (SBAF) and consider:
  - that the risks to the system's strategic objectives, are being properly managed;
  - if there are any additional assurances are necessary; and
  - if any additional risks or amendments to risks are required following discussions in this Board meeting or in other forums i.e. recent committee or group meetings.
- Be **ASSURED** that the SBAF provides oversight of the strategic risks to the Integrated Care System (ICS) meeting the strategic objectives.

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

Ambition   Compassion   Optimism   Focus

	the local area, fostering collaboration across public services and improving community wellbeing.
Conflicts of Interest	
None	
Implications	
Engagement with Shropshire, Telford & Wrekin residents, and communities	No implications identified
Resource and financial	No implications identified
Quality and safety	No implications identified
Sustainability	No implications identified
Equality, Diversity and Inclusion	No implications identified

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

1.   Executive summary and points for discussion

1.1   The purpose of this report is to present to the Board the System Board Assurance Framework (SBAF).

1.2   The SBAF is presented to the ICB tier 1 Committees/group for detailed scrutiny.

1.3   Changes made in the document is shown in coloured tracked changes.

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

2.   System Board Assurance Framework

2.1   The SBAF has been reviewed during July and August by NHS Shropshire, Telford and Wrekin (STW) Executive Directors and Directors, drawing on discussions and assurances provided at relevant committees and updating with new or amended narrative which is shown in red text.

2.2   Summary of the changes:

Risk 1 - unable to sustain a culture of collaboration and partnership working and secure delivery of integrated care against priorities.

- Additional information on current performance in amended highlights.

Risk 2 – Risk of not delivering sustainable services within available resources.

- Additional and amended information on current performance in amended highlights.

Risk 3 – Reducing Health Inequalities

- Additional information on current performance in amended highlights

Risk 4 – Inability to recruit, retain and keep our ICS Workforce well.

- Additional and amended information on the workforce position in amended highlights.

Risk 5 – Lack of capacity and strategy to develop and use digital and data systems to enable efficient and effective care across the ICS.

- Additional information on Digital Strategy and governance developments in amended highlights section.

Risk 6 – Inability to respond strategically to ICS objectives due to the impact of external factors beyond the influence of the ICS.

- Additional information on current performance in amended highlights.

Risk 7 - Inability to contribute effectively as a system to support broader social and economic development

- Additional information on current performance in amended highlights

Risk 8 - Patient and Public Involvement

- Additional updated information in highlights section together with amendments in the controls and assurances sections.

3. Recommendations

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

- **REVIEW** the current System Board Assurance Framework (SBAF) and consider:
  o that the risks to the system's strategic objectives, are being properly managed;
  o if there are any additional assurances are necessary; and
  o if any additional risks or amendments to risks are required following discussions in this Board meeting or in other forums i.e. recent committee or group meetings.

- Be **ASSURED** that the SBAF provides oversight of the strategic risks to the Integrated Care System (ICS) meeting the strategic objectives.

Meeting Name:	Integrated Care Board
Agenda item no.	ICB 25-09.065
Meeting Date:	25 September 2024
Report title:	Chief Executive Report
Report presented by:	Simon Whitehouse, NHS STW Chief Executive
Report approved by:	Simon Whitehouse, NHS STW Chief Executive
Report prepared by:	Tracy Eggby-Jones, NHS STW Corporate Affairs Manager Bethan Emberton, NHS STW Business and Programme Manager
Meeting report previously presented:	N/A

Action Required (please select):

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

Executive Summary

The purpose of this paper is to share with Board members an update across several business areas that are not reported elsewhere on the agenda. The paper provides a generic update on activities at both a national and local level.

Recommendation/Action Requested:

NHS Shropshire, Telford and Wrekin (STW) Integrated Care Board (ICB) is asked to:

- **NOTE** the updates in relation to:
  - Darzi Review 2024
  - Shaping the STW ICB Programme
  - Urgent Decision for the approval of Specialised Commissioning Delegation Agreement Variation
  - Financial Improvement Programme – Investigation and Intervention Phase 1 and 2
  - Healthwatch Telford and Wrekin - GP Access Summary Report 2024
  - Quality Governance Review
  - Joint Forward Plan Delivery

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:** The strategic objectives contained within the System Board Assurance Framework have been informed by the Joint Forward Plan. Therefore, the action update provides assurance and mitigations to all risks detailed within the System Board Assurance Framework.

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

Improve outcomes in population health and healthcare	The independent Healthwatch GP Access Summary Report identifies key areas for improving access to primary care services, such as increasing appointment availability and enhancing staff training, supporting better population health outcomes by addressing patient concerns and access disparities.
Tackle inequalities in outcomes, experience, and access	The recommendations from the Healthwatch GP Access Summary Report focus on reducing barriers to healthcare access, promoting equity in service delivery, and ensuring that all population groups, particularly those experiencing difficulties, receive appropriate care, contributing directly to tackling health inequalities.

Ambition   Compassion   Optimism   Focus

Enhance productivity and value for money	The Financial Improvement Programme aims to optimise resource use through cost reduction strategies like "No Purchase Order, No Pay" and workforce efficiency measures, ensuring that NHS Shropshire, Telford & Wrekin delivers more effective services within reduced budgets, thereby enhancing value for money.
Help the NHS support broader social economic development	The Shaping the STW ICB Programme and its successful redeployment of staff displaced by organisational changes demonstrate how the NHS is contributing to local employment stability, supporting broader social and economic development within the community.

Conflicts of Interest
None.

Implications

Engagement with Shropshire, Telford & Wrekin residents, and communities	The process for managing public questions at Board meetings, along with the collaboration with Healthwatch on GP access, enhances transparency and engagement, ensuring that community voices are heard and incorporated into decision-making and service improvements.
Resource and financial	The Financial Improvement Programme's focus on reducing operational costs and improving financial governance, such as implementing "No Purchase Order, No Pay," will optimise resource allocation and support the sustainability of the NHS Shropshire, Telford & Wrekin's financial health in the long term.
Quality and safety	By addressing access issues highlighted in the GP Access Summary Report and implementing the recommendations, the NHS will improve service quality, particularly in primary care, ensuring that patients receive timely, safe, and effective healthcare services.
Sustainability	The reduction in running costs through the STW ICB programme and efficiency measures from the Financial Improvement Programme will ensure that services are delivered sustainably, balancing short-term cost reductions with long-term service viability.
Equality, Diversity and Inclusion	The recommendations from the GP Access Summary Report focus on improving equitable access to healthcare, particularly for underserved groups, which will promote inclusivity and ensure that services are more responsive to the diverse needs of the local population.

Impact Assessments	Yes	No	N/A
Has a Data Protection Impact Assessment been undertaken?			X

Has an Equality Impact Assessment been undertaken?			X
Has a Quality Impact Assessment been undertaken?			X

Chief Executive Report

1.   Introduction

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

2.   Darzi Review 2024

2.1.   On 12 September 2024, the Rt Hon. Professor the Lord Darzi of Denham published the findings of his investigation of the NHS in England. The investigation was commissioned by Wes Streeting, Secretary of State for Health and Social Care, on 11 July 2024.

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

2.3.   It recognises that many of the factors that have contributed to the NHS's current challenges are outside of its direct control. There is a spotlight placed on several significant issues facing the NHS now: finances (with a specific focus on the lack of capital), staff experience and the lack of management capacity.

2.4.   The report offers clear illustrations of the key systemic and structural issues beyond NHS leaders' control that, if perpetuated, will continue to set the service up to fail. These include the failure to divert resources into more preventative care, the failure to move to a digital approach, the pressure on primary care, an oversized centre (including regulators) with a heavy burden of regulation and inspection, and a lack of consistency and clarity around the role of integrated care boards (ICBs).

2.5.   It concludes that a top-down reorganisation of NHS England and ICBs would be neither necessary nor desirable in supporting recovery.

3.   Shaping the STW ICB Programme

3.1.   As shared at the September 2023 Board Meeting, we have been conducting major organisational change of NHS STW to ensure that running cost reductions are achieved. On 3 March 2023 NHS England wrote to Integrated Care Boards (ICBs) informing that running cost allowances for all ICBs would be subject to a 30% real terms reduction by 2025/26, with at least 20% being delivered in 2024/25.

3.2.   Following the management of change consultation, final structures were shared with NHS STW staff on Friday 5th April. Outcome letters were shared with staff on Friday 12th April 2024.

3.3.   Of the 26 colleagues displaced via management of change, 21 colleagues have secured suitable alternative employment, and some colleagues are within a trial period. We will

continue to work with our system partners to identify suitable alternative employment for colleagues who remain displaced.

3.4. There is now a process underway to recruit into those posts that are vacant and to complete the process.

4. Urgent Decision for the approval of Specialised Commissioning Delegation Agreement Variation

4.1. At the Board meeting held on Wednesday 24th March 2024, the Board agreed the preferred option (Option 3) for the delegation of specialised services including the relevant formal documentation consisting of the Delegation Agreement, Collaboration Agreement and Joint Controllers Agreement.

4.2. Post the delegation of specialised services on Monday 1st April 2024, a small number of variations were proposed jointly by both NHSE and the collective West Midlands ICB's which did not materially change what had been previously agreed by the ICB Board but provided additional clarity on several sections within the documentation.

4.3. The Board received and considered the variation agreements and approved sign off. This has now been completed and documentation returned to NHS England.

5. Financial Improvement Programme - Investigation and Intervention Phase 1 and 2

5.1. Phase 1 Investigation and Intervention work completed with PricewaterhouseCoopers (PwC) (4 weeks), final report issued on Monday 19th August 2024 with key findings and priority recommendations to support the delivery of the 2024/25 financial plan.

5.2. Phase 1 action plan developed aligned to the key priority interventions with executive leads, timelines, and weekly tracking through the Programme Management Officer (PMO). Key actions include full No Purchase Order (PO) No Pay implementation, a review of the vacancy panel criteria, efficacy and benefit measurement, improvement actions through PMO finance governance to support the de-risking of 2024/25 cost improvement plans and the development of mitigations and pipeline for the 2025/26 cost efficiency programme.

5.3. Phase 2 scope commenced Monday 9th September 2024 with PWC (12 weeks) to support delivery of the priority interventions from Phase 1, including de-risking high risk efficiency schemes, delivery of reduced escalation costs, delivery against the planned workforce Whole Time Equivalent (WTE) reductions, and development of a system PMO proposal.

6. Healthwatch Telford and Wrekin - GP Access Summary Report 2024

6.1. An independent survey conducted by Healthwatch Telford and Wrekin between August to December 2023, which was driven by resident's feedback expressing difficulties in accessing GP appointments, with some reporting of negative experiences when attending local practices. The survey aimed to explore patient satisfaction at GP practice-level. The survey consisted of 21 questions exploring: methods for accessing appointments, ease of access, suitability of appointments offered, experiences with, and confidence in clinical and non-clinical staff, general perceptions of general practice and ideas for service improvement. Overall, 9,203 people completed the survey (circa **4%** of our population).

6.2. On conclusion of the survey, Healthwatch Telford and Wrekin have made 15 recommendations shaped by the survey response insight**,** including suggestions on how to tackle barriers to access, methods to improve equitable access to services, options for

increasing the availability and flexibility of appointments, developing skills among non-clinical staff, and community engagement and opportunities for co-production.

6.3. A joint presentation will be delivered at the Telford & Wrekin Health and Well Being Board, and regular meetings have been arranged between NHS STW, Healthwatch and Telford and Wrekin Council to assess current projects and develop a robust action plan for further improvement.

7. Quality Governance Review

7.1. On Wednesday 7th August 2024 the NHS England Regional Chief Nurse shared the Quality Governance Review Final Report. The report recognises the positive work that is taking place to embed quality governance at system level.

7.2. The report recommends several key governance enhancements for the Integrated Care Board (ICB) to undertake to improve quality governance. Firstly, the roles and responsibilities between the Quality and Performance Committee (QPC) and the System Quality Group (SQG) need clearer distinction, particularly in their reporting structures. To streamline meeting effectiveness, the report suggests revising report templates to reduce narrative length and focus on key risks, escalations, and necessary actions. Additionally, it recommends aligning the Terms of Reference (TORs) with specific business cycles and ensuring clarity in the process of escalating quality issues from providers to the ICB. There is also a recommendation to formalise the risk transfer process from committee logs to the Corporate Risk Register (CRR), with a defined risk appetite to guide risk management across the system.

7.3. Another significant recommendation centres on strengthening the ICB's assurance framework. This includes developing a formal standard operating procedure (SOP) for transferring provider performance information to ICB structures, particularly in the Patient Safety Incident Response Framework (PSIRF). The report also advises the establishment of a Shared Learning Insights Forum (SLIF) to facilitate peer review of safety investigations and ensure systematic learning across the system. The ICB is encouraged to conduct quality visits to test learning responses and foster proactive quality improvements. Finally, the report highlights the need for enhanced monitoring and evaluation of actions within reports and suggests a stronger focus on risk management training and timely updates across risk registers.

7.4. Our Chief Nursing Officer's teams will work closely with regional colleagues to deliver against the recommendations and will provide progress updates at our oversight meetings as and when required with oversight from the Quality and Performance Committee. The report will also be taken through our own governance routes and ensure the recommendations are visible to our NEDs and partners. A full copy of the report can be found as Appendix 1 to this report.

8. Joint Forward Plan Delivery

8.1. All actions that were due for completion in year one of the Joint Forward Plan (JFP) were individually reviewed to determine progress made during 23/24. Actions that were completed in full during 23/24 were marked as completed. Any action that was not completed in full during 23/24 was assessed to determine whether the action was still required or not. Any outstanding actions still required were rolled over to 24/25. Detail of the action updates can be found as Appendix 2 to this report.

9. Recommendations

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

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

10. Appendices

10.1. Appendix 1 – Quality Governance Review Report
Appendix 2 - Joint Forward Plan 2023/24 Progress Review

Meeting Name:	Integrated Care Board
Agenda item no.	ICB 25-09.065
Meeting Date:	25 September 2024
Report title:	Process for Managing Public Questions at ICB Board Meetings
Report presented by:	Simon Whitehouse, NHS STW Chief Executive
Report approved by:	Simon Whitehouse, NHS STW Chief Executive
Report prepared by:	Alison Smith, NHS STW Chief Business Officer / Tracy Eggby-Jones, NHS STW Corporate Manager
Meeting report previously presented:	Not applicable

Action Required (please select):

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

Executive Summary

The purpose of this paper is to inform the Board of the options for managing public questions at Board meetings and review of the current Integrated Care Board (ICB) process.

This report provides context of how other organisations within the NHS manage public questions at meetings of their Board, and prompts discussion to make a recommendation on the best way for NHS Shropshire, Telford & Wrekin (STW) to manage public questions at Board meetings, whilst continuing to balance the need for the organisation to make decisions in a transparent and open way, but ensuring the functions supporting Board meetings remain efficient and effective.

Recommendation/Action Requested:

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

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	None
Tackle inequalities in outcomes, experience, and access	None
Enhance productivity and value for money	The Board must balance the needs of transparency with those of transacting its business in a timely manner.
Help the NHS support broader social economic development	None

Conflicts of Interest
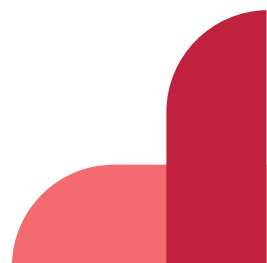
None

Implications

Ambition   Compassion   Optimism   Focus

Engagement with Shropshire, Telford & Wrekin residents, and communities	The ICB needs to ensure that people have the opportunity to attend Board meetings in public. It is good practice to allow questions from members of the public with regard to items on the Board agenda, but there is no prescribed way of doing this and is up to each organisation to determine it's own process.		
Resource and financial	None		
Quality and safety	None		
Sustainability	None		
Equality, Diversity and Inclusion			
Impact Assessments	**Yes**	**No**	**N/A**
Has a Data Protection Impact Assessment been undertaken?		X	
Has an Equality Impact Assessment been undertaken?		X	
Has a Quality Impact Assessment been undertaken?		X	

Process for Managing Public Questions at ICB Board Meetings

1.   Context

1.1   There are no legal requirements for determining how NHS organisations should manage questions from the public on issues being dealt with in a Board meeting held in public. Different NHS organisations have adopted different approaches.

1.2   NHS Shropshire, Telford and Wrekin (STW) Integrated Care Board (ICB) accepts written questions only, to both allow more time for Board discussion and debate on agenda items and to ensure that members of the public have an opportunity to raise their questions without being stymied by the normal time limits a Board agenda would impose.

1.3   The ICB has not imposed a maximum number of questions that one individual can raise in order to encourage more people to engage with its Board meetings and to demonstrate that it is open and transparent. However, this approach does rely on members of the public using their own judgement as to what is a reasonable number of questions in the circumstances.

1.4   The Board is asked to consider reviewing its current process for managing public questions at its meetings held in public. This has been prompted by the recent experience of members of the public submitting a large number of public questions with multiple supplementary questions that relate not only to ICB business and the information it holds, but in some instances for other Integrated Care System (ICS) partner organisations, which has proved difficult to manage and respond to within the timeframe outlined in the guidelines for submitting questions. At the meeting in April a total number of 121 questions were submitted by one individual and for which the Chair decided to accept only a small number of these based upon the amount of officer time it would take to respond and collate them all. In light of this experience the ICB needs to consider how it can balance the limitations on officer time to support questions from the public with the need to maintain an acceptable level of opportunity for members of the public to ask questions and receive prompt responses.

1.5   The report seeks to:

- provide context of how other organisations within the NHS manage public questions at meetings of their Board; and
- prompt discussion on the best way for NHS STW to manage public questions at Board meetings, whilst continuing to balance the need for the ICB to make decisions in a transparent and open way, and ensure decision making at Board meetings remains streamlined.

2.   Existing NHS STW process

2.1   The current process used by the NHS STW is described in Table 1 below:

Table 1

• NHS STW ICB accepts written questions only.
• Members of the public are requested to submit questions in writing prior to the Board meeting. The deadline by which written questions need to be submitted is 12.00noon on the Monday prior to the meeting.

> - Question will be accepted as long as it relates to the commissioning of health services in Shropshire, Telford and Wrekin and they are relevant to the meeting's agenda.
> - Any interest in the question's subject must be declared.
> - If the question is complex, needs particular research, or data retrieval or analysis, the question may be deferred. Depending on the detail of information required, the member of public may be asked to submit it as Freedom of Information (FOI) request.
> - The Chair of the Board's decision to accept a question, and how it should be answered, is final. Grounds for not accepting public questions include, but are not limited to:
>   - It would be too expensive or would take too much staff resource to deal with the question.
>   - The question would cause distress or is offensive.
>   - The question has previously been answered in the last six months and placed in the public domain.
>   - The answer could prejudice a criminal investigation or commercial confidentiality.
>   - The answer relates to personal data, which if released would be contrary to the Data Protection Act.
> - The questions and answers are sent to the individual asking the question and published three weeks after the meeting.
> - The questions and answers are also included in the agenda papers for the next scheduled meeting.

3. Summary of how other NHS organisations manage public questions

3.1 The following table (Table 2) summarises the main approaches taken by other NHS organisations to manage public questions at their Board meetings held in public.

Table 2

Ref.	Approach for Managing Public Questions at ICB Board Meetings by other NHS organsiations
1.	- Written questions to be submitted two days prior to the meeting. - Pre-submitted questions answered at the meeting, where possible (25 minutes allocated on agenda, which includes Patient Story). - All questions and responses published within the relevant meeting minutes and made available on the website.
2.	- Registration form required to be completed 48 hours prior to the meeting in order to request to attend the meeting in person or join online. - Verbal questions taken at the meeting. - Written questions to be submitted by midday on the day before the meeting date. - Questions must relate directly to the agenda. - Pre-submitted questions answered at the meeting (5 minutes allocated on agenda). - All questions and responses published within the relevant meeting minutes and made available on the website.
3.	- Written questions to be submitted by midday three days ahead of the date of the meeting. - Questions submitted after the deadline will not be considered during the meeting, but a written response prepared and published on the website.

	• Questions must relate directly to the agenda. • Every effort will be made to include and answer as many public questions as possible at each meeting, however time dedicated to answering questions will need to be balanced with the time needed for considering all items on the meeting agenda. • No specific agenda item, questions noted under 'Closing Remarks, review of the meeting and communications from it'. • All questions and responses published within the relevant meeting minutes and made available on the website.
4.	• Written questions to be submitted three days prior to the meeting. • Pre-submitted questions answered at the meeting, where possible (5 minutes allocated on agenda, which includes Any Other Business and Reflections of the Meeting). • All questions and responses published within the relevant meeting minutes and made available on the website.
5.	• Written questions to be submitted 48 hours prior to the meeting. • Questions taken on any areas of ICB work and responsibility from the public it serves. • Pre-submitted questions answered at the meeting (10 minutes allocated on agenda) • All questions and responses published within the relevant meeting minutes and made available on the website.
6.	• Written questions to be submitted by midday the day prior to the meeting. • Pre-submitted questions answered at the end of the meeting, if time permits (5 minutes allocated on the agenda). • Questions submitted after the deadline, or about matters not linked to the agenda, will not be considered during the meeting, and a written response provided. • All questions and responses published within the relevant meeting minutes and made available on the website.
7.	• Request to attend the meeting by public is required by email by Tuesday evening, ahead of the Thursday meeting. • Written questions to be submitted by Tuesday evening, ahead of the Thursday meeting. • Questions must relate directly to the agenda. • Pre-submitted questions answered at the end of the meeting (5 minutes allocated on agenda, which includes Any Other Business and Risks Identified during the Meeting). • Responses provided following the Board meeting directly within 20 working days. • All questions and responses published within the relevant meeting minutes and made available on the website.
8.	• Written questions to be submitted two days prior to the meeting. • Questions must relate directly to the agenda. • Pre-submitted questions answered at the end of the meeting (5 minutes allocated on agenda, which includes Any Other Business and Risks Identified during the Meeting). • All questions and responses published within the relevant meeting minutes and made available on the website.
9.	• Where possible, prior notification of intention to attend the meeting to be given via email. • Written questions to be submitted at least three days (by 12 noon on the Monday before the Thursday meeting).

	• Questions must relate directly to the agenda. • Pre-submitted questions answered at the start of each meeting (5 minutes allocated on agenda). • All questions and responses published within the relevant meeting minutes and made available on the website.
10.	• Written questions to be submitted at least three days (by 5pm on the Monday before the Thursday meeting). • Questions must relate directly to the agenda. • Pre-submitted questions answered at the start of each meeting (10 minutes allocated on agenda). • All questions and responses published within the relevant meeting minutes and made available on the website.

3.2 In summary, the key approaches for managing public questions adopted by the NHS organisations reviewed above are:

- Only written questions will be accepted.
- Written questions to be submitted at least 48 hours prior to the date of the meeting.
- Questions must relate directly to the agenda and the responsibilities of the ICB.
- Questions submitted after the deadline, or about matters not linked to the agenda, will not be considered at the meeting.
- Pre-submitted questions will be answered at the meeting, where possible, and only if time allows.
- The Chair of the Board's decision to accept a question, and how it should be answered, is final.
- All questions and responses are published within the relevant meeting minutes and made available on the website.

3.3 In addition to the general approaches outlined above, some ICBs have published protocols or guidance for members of the public who wish to attend Board meetings to use.

3.4 The elements of these guidance documents is summarised below:

- Sets out the difference between a meeting in public and a public meeting.
- Sets out any timeframes for submission of questions before the meeting and an email and postal address to send them to.
- Questions must relate to the statutory duties which the ICB has responsibility for.
- Questions should relate to items on the meeting agenda.
- Where the person is not in attendance at the meeting answers to written questions will be sent via email or post.
- Questions and answers, whether read out or not, verbal or written, will be included in the minutes of the meeting and published on the website.
- Where a number of people are attending from the same group then one spokesperson is nominated to ask a question.
- Clarifies the basis for the Chair to reject a question at their discretion, which can include:
  - It would be too expensive or would take too much staff resource to deal with the question
  - It is not a matter for which the ICB has responsibility or hold the information that a response would be based upon.
  - It is not related to an item on the agenda

- It is vexatious
- It is defamatory, libelous, frivolous, offensive or inappropriate
- It is substantially the same question as one received at a previous meeting within past 6 months and place in the public domain
- Answering requires disclosure of commercially confidential information
- It is politically motivated
- Each question will be put and answered without discussion and an answer may take the form of – a direct oral, a reference to a publication in which the information is contained or a written response following the meeting.

- Only questions can be asked, no statements should be made. If they are, the Chair will ask the person to stop, and they will not be asked to take any further part in the meeting.
- Outlines other conduits through which the public can feed into the ICB:
  - Patient Advice Liaison Service
  - Complaints Services
  - Communications and Engagement Team
  - Healthwatch in England
  - In writing to the Chair / Non-Executive Director for Patient & Public involvement
  - Community Events

4. Conclusion

4.1 It can be concluded that the current ICB process for managing public questions at ICB Board meetings is in line with the approach of other NHS organisations and the most comprehensive in terms of access and openness for the public to ask questions. However, there has been a series of Board meetings where a significantly large number of public questions have been submitted, which has proved difficult to manage and respond to within the timeframe outlined in the guidelines for submitting questions. It has also taken a significant amount of time and staff resource to deal with the questions and collate the information requested.

4.2 The ICB has not imposed a maximum number of questions that one individual can raise in order to encourage more people to engage with our Board meetings and to demonstrate that we wish to be open and transparent. However, this approach does rely on members of the public using their own judgement as to what is a reasonable number of questions in the circumstances. The decision of the Chair whether to accept a question, and how it should be answered is final.

4.3 The Board is asked to consider whether the ICB needs to adopt a different approach to managing public questions, whilst being mindful to maintain the transparency at meetings that people living in the area are accustomed to but helps the Chair to effectively manage public questions at Board meetings. On balance the recommendation is to retain the current approach outlined in section 2.1 above, which is in line with other ICBs and is flexible to both the ICB and members of the public. The alternative approach would be to look at limiting the number of questions per person, but this would not be in line with other ICBs and could be perceived as the ICB not being open and transparent to its local population.

4.4 The Board is also asked to approve the development of a protocol/guidance document for members of the public to refer to on attendance and interaction at Board meetings based upon section 3.4 in the report.

5. Recommendation

5.1   The Board is asked to:

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

Meeting Name:	Integrated Care Board
Agenda item no.	ICB 25-09.066
Meeting Date:	25 September 2024
Report title:	Joint Forward Plan (JFP) Refresh
Report presented by:	Nigel Lee, NHS STW Chief Strategy Officer
Report approved by:	Simon Whitehouse, NHS STW Chief Executive Officer
Report prepared by:	Claire Parker, NHS STW Director of Strategy and Development Angie Parkes, NHS STW Head of Planning and Performance
Meeting report previously presented:	Joint Health Overview and Scrutiny Committee (JHOSC)

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

Executive Summary

The purpose of this paper is to seek approval from the Board on the refreshed Joint Forward Plan (JFP). The refreshed JFP was presented to the Joint Health Overview and Scrutiny Committee (JHOSC) in May 2024 prior to the announcement of the General Election. Once in the pre-election period the JFP was not presented to the Board for approval. The refreshed JFP will be presented to Telford and Wrekin and Shropshire Health and Well-Being Board's in September 2024.

A copy of the refreshed version of the JFP can be found on the website via the following link:
STW-24-29-Joint-Forward-plan-version-5.pdf (shropshiretelfordandwrekin.nhs.uk)

Once approval on changes detailed within the report is gained, the approved JFP will be published on the NHS Shropshire, Telford and Wrekin website.

Recommendation/Action Requested:

NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to:
- **APPROVE** the changes to the Joint Forward Plan, which will then be published on the website.

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:** The strategic objectives contained within the System Board Assurance Framework have been informed by the Joint Forward Plan. Therefore, the refreshed plan provides assurance and mitigations to all risks detailed within the System Board Assurance Framework.

Ambition   Compassion   Optimism   Focus

How does this report support the ICB's core aims:	
Improve outcomes in population health and healthcare	The Joint Forward Plan supports improving population health and healthcare outcomes by expanding community-based services and offering alternatives to hospital-based care, such as virtual wards and integrated discharge teams, focusing on early intervention and proactive care.
Tackle inequalities in outcomes, experience, and access	The plan aims to address health inequalities by prioritising population health management and identifying health inequalities, with a proactive prevention approach that involves delivering services closer to home through integrated neighbourhood teams and addressing inequalities in areas such as diabetes and cardiovascular disease.
Enhance productivity and value for money	Productivity is enhanced through the transformation of outpatient services to ensure patients are seen in the right place, at the right time, and by the right healthcare professional, while optimising the use of resources and technology, reducing unnecessary hospital visits.
Help the NHS support broader social economic development	By integrating health and care services at a local level and focusing on community assets, the plan supports social and economic development, empowering communities and utilising non-clinical resources to address the wider determinants of health.
Conflicts of Interest	
None	
Implications	
Engagement with Shropshire, Telford & Wrekin residents, and communities	The plan emphasises continuous and meaningful engagement with local communities, ensuring services reflect residents' needs and aspirations through initiatives like the "Big Health and Wellbeing Conversation" and co-production efforts involving seldom-heard groups to inform service delivery and transformation.
Resource and financial	Given financial constraints, the plan focuses on improving financial sustainability by prioritising resource allocation based on health value, optimising service delivery through place-based care, provider collaboratives, and innovative funding mechanisms to ensure efficient use of limited resources.
Quality and safety	The plan commits to enhancing quality and safety by streamlining care pathways, reducing unwarranted variation, and embedding integrated multidisciplinary teams, ensuring that care is timely, coordinated, and tailored to patients' needs, with a focus on improving CQC ratings across services.
Sustainability	Sustainability is achieved through the plan's emphasis on reducing hospital admissions by expanding community-based services and virtual wards,

	fostering local care transformation, and ensuring that services are adaptable and financially viable over the long term.		
Equality, Diversity and Inclusion	The plan addresses equality, diversity, and inclusion by focusing on tackling health inequalities through initiatives like Core20PLUS5, prioritising marginalised and deprived communities, and integrating equity considerations into all aspects of service design and delivery to ensure fair access for all residents.		
Impact Assessments	**Yes**	**No**	**N/A**
Has a Data Protection Impact Assessment been undertaken?	Impact assessments are being updated in line with the refreshed plan		
Has an Integrated Impact Assessment been undertaken?	Impact assessments are being updated in line with the refreshed plan		
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?	Impact assessments will be reviewed once updated		

1. Background

1.1 In June 2023 the Integrated Care Board (ICB) published the first 5-year Joint Forward Plan (JFP) following a process of co-production with system partners. The plan sets out how ICBs and their partner agencies propose to exercise their functions over the next five years.

1.2 The ICB has an obligation to review and revise the JFP as part of the annual planning process and publish before the start of the financial year.

2. Report

2.1 The ICB has undertaken a process to review and revise the JFP since the publication of the national guidance in late December 2023.

2.2 If there are significant revisions to the JFP the ICB has an obligation to consult with key stakeholders. This year the revisions have not materially affected the direction of travel outlined in the JFP, so consultation has not been undertaken. The ICB will build consultation requirements into the Planning Framework for future years to ensure we meet our statutory obligations.

2.3 Across the JFP the actions have been reviewed and updated to reflect the work being planned in each area.

2.4 The following areas have been added to the JFP to reflect the changing nature of the organisation:
- Progress of Joint Forward Plan in 23/24

- ICB Operating Model
- Our approach to commissioning intentions

2.5 The following areas were added or improved to better reflect the ICBs position:
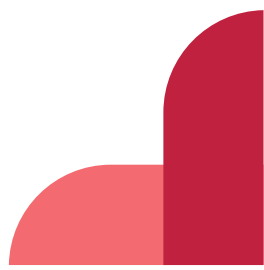- Our approach to engagement with communities – to include detail of the Big Health and Wellbeing Conversation and how we have used this to influence the plan.
- Our approach to tackling inequalities and duty to reduce health inequalities – to provide further detail on the ICB plans in relation to identifying and managing health inequalities.
- Duty to offer patient choice – to clearly outline how the ICB ensures patients are offered choice where applicable.
- People – to provide clarity on plans for workforce including our commitment to training and education.
- Financial sustainability and productivity – to further outline the current position and plans to address.
- Actions by year – to clearly show what actions are planned for each year of the plan which will enable improved monitoring of progress.

3. Recommendations

3.1 NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to:
- **APPROVE** the changes to the Joint Forward Plan, which will then be published on the website.

Meeting Name:	Integrated Care Board
Agenda item no.	ICB 25-09.067
Meeting Date:	25 September 2024
Report title:	Update on Quality oversight of Emergency Departments at SATH and Dispatches Action
Report presented by:	Vanessa Whately, NHS STW Chief Nursing Officer
Report approved by:	Simon Whitehouse, NHS STW Chief Executive Officer
Report prepared by:	Vanessa Whatley, NHS STW Chief Nursing Officer
Meeting report previously presented:	Full paper to System Quality and performance committee 26th September 2024, Separate papers to SaTH Board 12.09.24 and System Delivery Group 06.09.24. SaTH action plan at UEC Board 27.08.24

Action Required (please select):

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

Executive Summary

Quality concerns in the Emergency Departments (ED) at the Shrewsbury and Telford Hospital NHS Trust which were previously identified by Care Quality Commission (CQC) (Oct 23 report May 24), and largely related to long lengths of stay were highlighted in the Channel 4 Dispatches programme filmed at Royal Shrewsbury Hospital (RSH) ED and aired on 24th June 2024. Particular concerns were around unconventional care areas including corridors and ambulance receiving areas. The fit to sit area was also a focus.

Since the CQC report and Dispatches programme the Trust has published the CQC action plan to address the required areas of action. Furthermore, an immediate action plan and daily and weekly audit programme is being used to monitor the outcome of actions. The Integrated Care Board (ICB) has ongoing oversight through live ED data from the System Command Centre and escalation to the Quality Team who liaise with Trust executives to gain assurance on actions where there are challenges.

Onsite Quality Insight Visits have shown that these are in progress. A retrospective harm review process is in place; however, it is difficult to accurately identify harms such as decompensation in the frail/elderly as this may not be evident in the immediate environment.
This report brings the findings, actions completed and proposed next steps for quality improvement in the emergency departments for discussion with system partners at the ICB Board.

- Figure 1 – Governance Structure

Recommendation/Action Requested:

NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to:
- **DISCUSS** the report findings
- **NOTE** the actions to date and support the future development of actions

Ambition   Compassion   Optimism   Focus

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:** The report addresses the challenge of delivering sustainable urgent and emergency care. UEC is on the system BAF.

How does this report support the ICB's core aims:	
Improve outcomes in population health and healthcare	The report outlines immediate actions taken to address urgent care pressures, including improving infection prevention, patient flow, and reducing ambulance offload delays. These measures are directly aimed at improving health outcomes by ensuring safer, faster, and more effective emergency care services, reducing patient harm and increasing the overall quality of care.
Tackle inequalities in outcomes, experience, and access	The involvement of Healthwatch and other public engagement efforts helps to ensure that patient feedback is incorporated into service improvements, making care more accessible and equitable. By monitoring the care in areas such as corridors and fit-to-sit spaces, and addressing safeguarding issues, the system ensures that vulnerable groups are not disproportionately affected by care shortcomings.
Enhance productivity and value for money	The report highlights the introduction of initiatives such as virtual wards, frailty assessment units, and additional rehabilitation beds, which reduce unnecessary ED stays and acute care. This enhances resource utilisation, improves patient throughput, and reduces costs associated with delayed discharges, making the system more efficient and sustainable.
Help the NHS support broader social economic development	The investment in community health and social care capacity not only reduces hospital bed occupancy but also strengthens the overall health and social care system. By collaborating with local agencies and increasing engagement with public and patient advocacy groups, the report reflects efforts to create a healthier population, which supports broader societal development.

Conflicts of Interest
None

Implications	
Engagement with Shropshire, Telford & Wrekin residents, and communities	Increasing the confidence in local ED provision
Resource and financial	Effective use of resources to deliver safe emergency services. Minimising care in temporary settings such as corridors.
Quality and safety	Ensuring safe equitable access to emergency services.
Sustainability	Learning lessons to inform future provision and delivery of services and removing environmental issues in the development of HTP.
Equality, Diversity and Inclusion	Ensuring equitable access to emergency services for the whole population.

Impact Assessments	Yes	No	N/A
Has a Data Protection Impact Assessment been undertaken?		x	
Has an Integrated Impact Assessment been undertaken?		x	

| Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?		x	

1. Background

1.1. On Monday 24th June 2024, a Channel 4 Dispatches programme aired titled 'Undercover: A&E in Crisis', focussing on Urgent and Emergency Care (UEC) pressures and quality of care. Undercover footage was filmed in the Emergency Department (ED) at The Royal Shrewsbury Hospital (RSH). It particularly focused on duration of time in the ED, privacy and dignity, infection prevention and control, care provision in the fit to sit area and care delivered in additional spaces (including corridors, and the ambulance offload area).

1.2. Prior to this, in October 2023, the Care Quality Commission (CQC) undertook an inspection of the Trust. The report was published on Wednesday May 15th, 2024, CQC assessed that the Trust had improved its overall rating from Inadequate to Requires Improvement. However, the core service of Emergency Care at Princess Royal Hospital (PRH) was rated Inadequate with RSH core service of Emergency Care rated as Requires Improvement.

2. Findings from the Dispatches Programme

2.1. The programme contents included apparent failures in areas such as infection prevention and control, privacy and dignity, observation of patients, nutrition and hydration and safety of ambulance transfers. There were also concerns about safeguarding vulnerable people, supervision of new starters and leadership, as well as an acceptance of the current position.

2.2. The programme also criticised the West Midlands Ambulance Service (WMAS) rapid offload process.

2.3. The programme had a significant impact on staff and a staff psychological support package was provided by the Trust.

3. Immediate response

3.1. On 25th June 2024 a Shrewsbury and Telford Hospital NHS Trust (SaTH)/Integrated Care Board (ICB) executive meeting (ICB Chief Nursing Officer, Chief Delivery Officer and Chief Medical Offers and SaTH Chief Operating Officer, Director of Nursing and Medical Director met and confirmed the following:
- SaTH put in immediate actions and a significant programme of staff support.
- CQC actions and Dispatches findings largely mirrored and would be in one action plan.
- Immediate actions would be progressed urgently.
- An extraordinary UEC Board on Friday 28th June to receive and discussion action plan from SaTH and impact of wider system actions.
- Quality Insight visits would be arranged in July including shared progress with CQC actions.
- The existing UEC improvement programme remained appropriate.
- SaTH's CQC action plan had existing mechanisms to the Trust Board but was not yet visible in the system, this was accelerated.
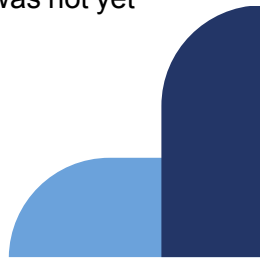
- The Dispatches footage would be reviewed to indicate safeguarding concerns would be undertaken with ICB support.

3.2. In addition, two extraordinary Joint Safeguarding Adults Board (Shropshire and Telford and Wrekin) were held where potential safeguarding adult concerns were explored.

3.3. SaTH invited the NHS England Infection Prevention and Control (IPC) Lead in to review both EDs and how the IPC team can be more effective. This has now been completed on each site and fed back to the Trust.

3.4. Healthwatch Shropshire and Healthwatch Telford and Wrekin have both completed enter and view visits at their respective ED and have been supportive in joining ICB Insight Visits. Overall patient feedback was positive in the EDs. Healthwatch Telford and Wrekin have also undertaken a survey of experience of the EDs which is awaiting publication.

3.5. A multiagency team undertook insight visits to RSH ED on 12/07/24 and PRH on 31/07/24. Key findings are below
- Safeguarding processes and staff knowledge were assured.
- The rapid handover process was assured with WMAS crews as a signed handover takes place.
- Not all nursing documentation is competed on hourly comfort (quality of care) rounds, and this is being monitored daily for improvement.
- The supervision of people waiting in the waiting room was of a high standard in PRH.
- Infection prevention and control procedures were being strengthened.
- Increasing access to food and drink was a priority and signage required improvement in the fit to sit areas.
- Ambulance off load areas (ARA) were areas less likely not to have standards fully met at the time.
- Patient reported kind and compassionate care.
- Flow of patients to leave the ED required strengthening as patens were in the ED for longer than expected.
- Supervision of new staff is for a short period and SaTH staff were reviewing the supervision period of new staff.

4.   Improvement

4.1. There have been a range of enablers within the system to improve flow which are listed below. The full benefit of the above is still to be realised.
- 52 new rehabilitation and recovery beds within the system to provide further capacity for patients not requiring acute care.
- Investment in community health and social care capacity that has reduced the patients waiting for discharge in hospital beds by two-thirds.
- The provision of 167 virtual ward beds aimed at accelerating patient discharge from hospital and preventing admission.

4.2. Since the Dispatches programme there has been some improvement in ED performance metrics including improvement in ambulance offload delays and less use of corridor care. However there remains longer than acceptable waits in the department and waits to be seen which is the focus of ongoing workstreams.

4.3. The opening of two Frailty Assessment Units, one on each hospital site and each with 4 chairs and 4 beds. These are reducing the length of time frail elderly people are in the

ED and promoting earlier discharge and there is work in progress to scale the number of patients who can access these units.

4.4. Corridors and other unconventional care areas have been actively closed and open less often however 18% of patients (July 24) remain in the department 12 hours or more and this must reduce to allow for efficient and effective emergency care.

4.5. Fit to sit areas have been improved with repurposing of physical spaces in and adjacent to EDs.

4.6. There is access to drinks in many areas especially waiting areas and Fit to Sit.

4.7. Regular (daily/weekly/monthly) metrics are being used to improve quality, finance and performance. Escalation beds use are now monitored monthly against an improvement trajectory and corridor care is tracked throughout the day when open.

5. Further Actions

5.1. SaTH has internal governance to their Trust Board where they reported in September 24.

5.2. The ICB, SaTH execs and both Healthwatch's have increased the frequency of visits to the EDs working together to ensure progress is overseen at regular intervals. These visits are supported by a variety of representatives including Healthwatch, NHSE, and ICB medical, nursing and specialist staff.

5.3. SaTH are now monitoring the CQC action plan monthly and the ICB Quality Team are represented in SaTH's internal governance meetings and arrangements. In addition, the immediate action plan is monitored weekly internally, and monitoring is through a series of metrics monitored daily and weekly which are demonstrating progress.

5.4. The UEC Board reviews action plans and monitors UEC performance monthly. The five UEC workstream leads meet weekly to review impact.

5.5. ICB oversight is through regular visits to the EDs, dialogue with the Trust, harm review weekly meetings, Urgent and Emergency Care Board and NHSE Delivery meetings (see appendix 1). The contract review meeting keeps a month oversight of the CQC action plan, and the Quality and Performance Committee will see regular progress reports.

5.6. NHS fortnightly Delivery Groups also monitor progress and hold the system to account.

5.7. SaTH and ICB executives attended the Joint Health Overview Scrutiny Committee (JHOSC) to discuss the CQC action plan and Dispatches on 7th August 24.

5.8. Increase public engagement with the emergency services through ongoing work with public groups such as the Telford Making it Real Board and the 2 Healthwatch.

6. Conclusion

6.1 The Dispatches programme highlighted concerning practices and examples where CQC had previously identified action. The Trust have processed to monitor and measure improvements at pace with ICB and regional oversight Both Healthwatch organisations are engaged and are supporting visits and engagement. There is important ongoing work to assure the public of safe and quality services.

The Board is asked to:

- **DISCUSS** the report findings.
- **NOTE** the actions to date and support the future development of actions.

Figure 1 - ICB Governance Oversight structure.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin
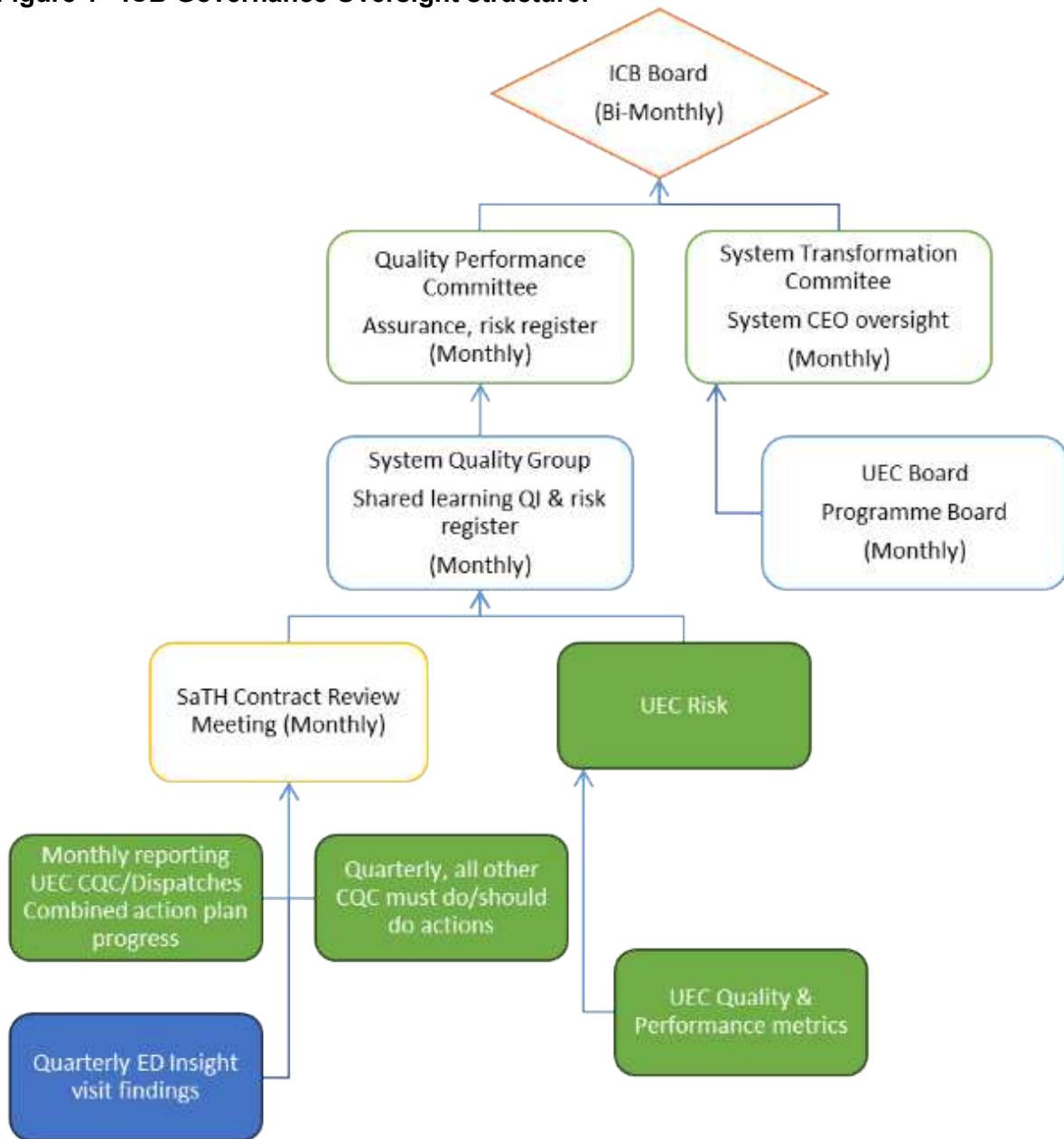
Meeting Name:	Integrated Care Board meeting
Agenda item no.	ICB 25-09.068
Meeting Date:	25 September 2024
Report title:	Integrated Performance Report – September 2024
Report presented by:	Claire Skidmore, NHS STW Chief Finance Officer
Report approved by:	Claire Skidmore, NSH STW Chief Finance Officer
Report prepared by:	Angela Parkes, NHS STW Head of Performance and Planning
Meeting report previously presented:	None

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

Executive Summary

The System continues to have two significant performance pressures, Urgent and Emergency Care (UEC) and Finance.

Key points from report:

- The system financial position deficit is £56.2m at month 5, this is £4.7m adverse to plan. The current forecast is for an £89.9m deficit which is in line with plan. The system has reported risk for which no mitigation is currently available to the value of £40.6m and efforts continue to either reduce risk or find alternate mitigations if costs in excess of plan were to materialise
- There has been an improvement in 4-hour A&E, 12-hour breaches, ambulance offload delays, super stranded patients and Category 2 response time
- There is improving performance across mental health metrics
- Long waits are an issue. The system is not on track to deliver 65 week waits by the September 2024 deadline. Early indications are that the 78 week wait position has also deteriorated
- Community waits exceeding 52 weeks are reported for the first time and the ICB has requested recovery trajectories from SCHT
- Cancer backlogs continue to increase
- The run rate for pay costs based on M5 suggests an overall overspend at year end of £19.5m however workforce efficiency schemes are in place to the value £40m of which £30m is phased in M6-M12
- The vacancy rate for the system is 8.9% which is reflective of the workforce plan.
- The in-month system sickness absence rate (5.2%) is on target. The staff turnover rate at 10.6% is marginally above target of 10.5%
- Quality remains a priority focus across the System including UEC oversight. Maternity shows an improving picture and stillbirth reported rates remain below the national average. The neonatal death rate remains above the national average and action plans are related to the invited external review commissioned by SaTH. Clostridium difficile remains over the expected trajectory and MRSA remains a challenge, action plans are in place and work with NHSE continues.

The Board is asked to note that the current data reporting issues at SaTH are having an impact on the ICB's ability to report activity and model the associated effect on our reported system level of Value Weighted Activity vs plan and anticipated Elective Recovery Fund (ERF) income. SATH are working to remedy the issues and also with the ICB to seek options to mitigate the income risk.

Ambition   Compassion   Optimism   Focus

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**	X	**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 has a £4.7m adverse variance against year-to-date plan which requires action if we are to meet our planned deficit position at year end
Quality and safety	See Quality section
Sustainability	Delivery of the financial plan and efficiency plan targets support financial recovery and sustainability.
Equality, Diversity and Inclusion	None

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

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, no 24/25 plan has been established for the metric, so formatting is against target.

Integrated Care System — Shropshire, Telford and Wrekin

Key:
Better Than Plan
Within 10% of Plan
Greater than 10% off plan

Oversight Performance Indicators 2024/25

24/25 Achievement - Monitored against Plan

		24 25 target	Q1 Apr	May	Jun	Q2 Jul	Aug
Cancer Waiting Times	28 Faster Diagnosis Standard	75%	74.5%	69.1%	66.4%	71.2%	
	Suspected lower GI cancer referrals with FIT result	80%	81.7%	92.6%	87.4%	89.6%	89.3%
	Referral to treatment within 62 days	85%	58.5%	60.4%	58.2%	54.4%	
RTT and Diagnostic Waits	All diagnostics within 6 weeks	85%	73.1%	71.4%	66.0%	63.9%	
	Referral to Treatment waits <18 weeks	92%	51.5%	53.4%	51.3%	51.7%	
	Referral to treatment waits 52 weeks+	0	4581	4914	5851	5768	
	Referral to treatment waits 52 weeks+ aged <18	0	491	564	541	481	
	Referral to treatment waits 65 weeks+	0	929	1097	1438	1228	
	Referral to treatment waits 78 weeks+	0	4	3	3	3	
Community	2-hour Urgent Community Response	70%	79.6%	82.3%	76.5%	72.7%	
	NCTR - Not Discharged		16.6	14.1	20.7	22.1	20.5
	NCTR - Average LOS on List		9.1	7.6	6.6	7.3	7.6
Mental Health (MH) and Learning Diabilitiy (LDA)	LDA patients aged 14+ having annual health check, cumulative YTD		70	187	299	443	
	LDA patients aged 18+ inpatient in MH ward, per million	30	46	46	46	48	
	LDA patients aged <18 inpatient in MH ward, per million	10	40	40	40	30	
	Reliable Recovery after Talking Therapies	48%	52.0%	52.0%	51.0%	47.0%	
	Talking Therapies (reliable improvement)	67%	75.0%	77.0%	75.0%	74.0%	
	Dementia diagnosis rate	67%	60.8%	61.2%	61.2%	61.3%	
	SMI patients having core health checks (rolling year)	53%	63.6%	60.4%	55.2%	55.9%	
UEC	SaTH ED type 1/3 <4 hours	76%	49.9%	48.4%	52.0%	54.7%	55.7%
	4-hour performance, all providers, departments type 1 and 3 (STW)	76%	60.2%	59.1%	61.8%	64.6%	64.9%
	SaTH ED attenders > 12 hours in department	0	2524	2679	2308	2103	2076
	SaTH Amulance handovers within 60 mins %	100%	64.8%	64.9%	70.3%	76.9%	82.9%
	SaTH ED attenders have initial assessment within 15 minutes	50%	42.4%	47.7%	54.1%	60.0%	62.0%
	Emergency Ambulance category 2 mean response in minutes (STW)	30	38.17	39.20	34.30	28.04	24.07
Discharge	SaTH NCTR patients not discharge	57	127	111	114	106	92
	SaTH NCTR – avg. LOS	2	3.0	3.4	3.6	3.4	3.1

2.1. Operational Performance

2.1.1 Within Primary Care practice visits commenced this month for 12 practices with discussions including a focus on quality and performance. The Pharmacy First performance within PCARP is showing increased delivery of Pharmacy Contraception Service. Confirmation has been received that digital telephony will reach 100% in the next report as all PCNs have now been transferred. All practices are supporting the BMA collective action in some way and STW ICB are working to minimise any impact.

2.1.2 In UEC there has been improvement in performance across a range of metrics including 4-hour A&E, 12-hour breaches, ambulance offload delays, super stranded patients and category 2 response times which has achieved the national standard. Work on the Alternatives to ED workstream is expected to have a positive impact from October 2024. An improvement plan for the UTC expansion impact on 4-hour performance is in development.

2.1.3 The Operational Plan for 24/25 sets a target of zero patients waiting more than 65 weeks by September 24. The system is not on track to deliver this standard. 78 week waits

show improvement in this reporting period however early indications are that this position has deteriorated (62 forecast for September). SaTH is being supported by NHSE to source mutual aid in ENT and T&O. SaTH endoscopy is being supported by an insourcing clinical service provider between June and October, but recovery will take time. The system remains under Tier 1 scrutiny.

2.1.4 Community waits exceeding 52 weeks are being reported for the first time and there is cause for concern for both children and adults. The ICB has requested recovery trajectories from SCHT.

2.1.5 The cancer backlog of patients waiting over 62 days has continued to increase but is still below the national recovery trajectory. The cancer Faster Diagnosis standard (FDS) with 28 days is below target. Lower GI referrals with a FIT result continue to exceed target. SaTH have revised their cancer improvement action plan to include detail by tumour site to show more targeted improvements and impact.

2.1.6 In both Adult and CYP Mental Health services a number of metrics show improving performance including dementia diagnosis, adults with SMI annual health checks and CYP access. While improving these metrics are still below target and are subject to mitigating actions. LD inpatients for adults and children show normal variation but are subject to small number issues and complexity of patients so performance could be negatively impacted quickly.

2.2 **Finance**

2.2.1 At Month 5 (M5) the system has a year-to-date deficit of £56.2m, £4.7m adverse to plan.

2.2.2 The current forecast is for an £89.9m deficit which is in line with plan. The system has reported risk for which no mitigation is currently available to the value of £40.6m and efforts continue to either reduce risk or find alternate mitigations if costs in excess of plan were to materialise

2.2.3 Efficiency delivery at M5 is £2.175m ahead of plan.

2.2.4 Year to date system operational capital spend is £4.3m behind plan at M5 although the full plan is expected to be delivered by the end of the financial year with schemes coming online in later months.

2.2.5 The total system capital plan is £12.4m behind plan predominantly due to the phasing of the HTP plan as there was a delay in signing contracts.

2.3 **Quality**

2.3.1 UEC oversight remains a priority following the CQC inspection and the more recent Channel 4 Dispatches programme and there is an action plan and quality oversight dashboard to monitor and ensure improvements. Both of SaTH's ED sites have been visited.

2.3.2 Stillbirths reported are below the national average; however, the neonatal death rate remains above the national average. An external review was commissioned by SaTH and undertaken in November 23. This report is now shaping the improvement work. Whilst the final report is awaited, there are system workshops aimed at understanding key actions and work is ongoing.

4

2.3.3 *Clostridium difficile* remains over the expected trajectory and MRSA bacteraemia remains a challenge. SaTH has an action plan in place following a review of practice against national guidance. This has been developed with NHSE support.

2.3.4 A System rapid response meeting is planned to ensure pathways are in place for possible Mpox cases within ST&W.

2.4 **Workforce**

2.4.1 The run rate for pay costs based on M5 suggests an overall overspend at year end of £19.5m however workforce efficiency schemes are in place to the value £40m of which £30m is phased in M6-M12.

2.4.2 The vacancy rate for the system is 8.9% which is reflective of the workforce plan.

2.4.3 The in month system sickness absence rate (5.2%) is on target. The staff turnover rate at 10.6% is marginally above target of 10.5%.

3 Conclusion

3.1 Improvements in performance metrics can be seen across a number of areas including UEC and Mental Health. Many of these metrics are still below target so continued monitoring is required to ensure the improvements continue and are sustainable.

4 Recommendations

4.1 To note the contents of the report.

5 Appendices

5.1 Integrated Performance Report September 2024.

Meeting Name:	NHS Shropshire, Telford & Wrekin Integrated Care Board
Agenda item no.	ICB 25-09.069
Meeting Date:	Wednesday 25th September 2024
Report title:	Amendments to the Constitution and Governance Handbook
Report presented by:	Simon Whitehouse, NHS STW Chief Executive Officer
Report approved by:	Simon Whitehouse, NHS STW Chief Executive Officer
Report prepared by:	Alison Smith, NHS STW Chief Business Officer
Meeting report previously presented:	N/A

Action Required (please select):

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

Executive Summary

This report presents a number of amendments required by NHS England to the Integrated Care Board's (ICB's) Constitution as a result of a revised template and guidance document issued by NHS England to ICB's in July 2024. The report also outlines some additional changes to the Constitution and Governance Handbook that the Chief Executive Officer wishes to propose which have been highlighted by the Chief Business Officer to support the effective and efficient discharge of ICB functions. A summary of the changes is outlined in the report. Copies of the draft versions of both documents are available on our website via the following link Our Constitution - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk). The Board is asked to consider the proposed amendments and approve draft version 4 of the Constitution for onward recommendation to NHS England for final approval and to approve draft version 9 of the Governance Handbook.

Recommendation/Action Requested:

NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to:
- **APPROVE** the proposed amendments to the Constitution draft version 4 outlined in the report for onward recommendation to NHS England for final approval; and
- **APPROVE** the proposed amendments to the Governance Handbook draft version 9 outlined in the report.

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: The report seeks to provide assurance that NHS Shropshire, Telford and Wrekin has a robust Constitution and Governance Handbook in place which aligns to legislative requirements and supports the effective and efficient discharge of the Integrated Care Board's (ICB's) statutory duties.

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

Improve outcomes in population health and healthcare	The proposed amendments to the ICB Constitution and Governance Handbook ensure the Board operates effectively and in line with NHS England's updated guidance, supporting the ICS's ability to deliver better health outcomes and improved healthcare services to the population.
Tackle inequalities in outcomes, experience, and access	By ensuring the governance structure of the ICB remains compliant and adaptive, the amendments help the ICS maintain a robust system that can focus on addressing health inequalities and ensuring equitable access to services across the system.

Ambition   Compassion   Optimism   Focus

Enhance productivity and value for money	The proposed changes aim to enhance the efficiency of ICB functions, supporting streamlined decision-making and governance processes, which in turn contribute to better resource management, improving productivity and value for money within the ICS.
Help the NHS support broader social economic development	The amendments, by improving governance and ensuring alignment with national standards, help the ICB contribute to the broader social and economic development of the region, enabling a well-governed, collaborative system that strengthens local communities and supports wider societal goals.

Conflicts of Interest
None

Implications	
Engagement with Shropshire, Telford & Wrekin residents, and communities	The amendments to the ICB Constitution and Governance Handbook will ensure clearer governance processes, which can lead to more transparent decision-making and better engagement with local residents and communities in shaping health and care services.
Resource and financial	By streamlining governance and enhancing operational efficiency, the proposed changes will support the effective use of resources and financial management, reducing administrative burdens and ensuring better allocation of funds across the ICS.
Quality and safety	The updated governance framework will strengthen oversight and accountability within the ICB, helping to ensure that the quality and safety of healthcare services provided to the population are maintained and improved.
Sustainability	The governance amendments will contribute to long-term system sustainability by optimising decision-making processes, supporting more effective service delivery, and ensuring the ICB can meet future challenges in a sustainable manner.
Equality, Diversity and Inclusion	The revised governance structure will promote equality, diversity, and inclusion by embedding these principles in decision-making processes, ensuring that the ICB remains focused on reducing health inequalities and providing fair and inclusive services across the community.

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.   Background

1.1   This report presents several amendments required by NHS England to the Integrated Care Board's (ICB's) Constitution because of a revised template and guidance document issued by NHS England to ICB's in July 2024. The report also outlines some additional changes to the Constitution and Governance Handbook that the Chief Executive Officer wishes to propose which have been highlighted by the Chief Business Officer to support the effective and efficient discharge of ICB functions.

2.   Report

2.1   A summary of the changes are outlined in the report showing whether these are being proposed by NHS England (NHSE) or the ICB. Copies of the draft versions of both documents are available to view here Our Constitution - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

No.	Proposed amendments	Reference
	CONSTITUTION	
1	NHSE Delete paragraph relating to requirements set out on establishment which is now no longer required.	Page 4 section 1.5.2
2	NHSE Add that one of the non executive members to be appointed as deputy chair and one as the Senior Independent Member	Page 9 section 2.2.3
3	NHSE Amend "willing" to "committed" regarding Nolan Principles	Page 10 section 3.1.1
4	NHSE Amend definition of "Healthcare Professional"	Page 11 section 3.2.7
5	NHSE Change term of Chair to express tenure as a maximum rather than a definitive period.	Page 13 section 3.3.4
6	NHSE Add new section describing the roles of Deputy Chair and Senior Independent Non Executive Member	Page 13 section 3.4
7	NHSE Change section from lowercase to uppercase	Page 14 section 3.6.1
8	ICB Amend NHS Trust Partner tenure from 2 to 3 years to align with tenures of Chair and Non Executive Members	Page 15 section 3.6.6
9	ICB Amend Primary Care Partner tenure from 2 to 3 years to align with tenures of Chair and Non Executive Member	Page 17 section 3.7.7
10	ICB Amend Local Authority Partner tenure from 2 to 3 years to align with tenures of Chair and Non Executive Members	Page 19 section 3.8.6
11	ICB	Page 21 section 3.12

	Delete reference to Senior Independent Non Executive Member as now covered in section 3.4 – see reference above in line 2.	
12	NHSE Delete references to making arrangements on establishment of the ICB as no longer required	Page 24 section 3.15
13	NHSE Add that Deputy Chair cannot be the same person holding the role of Audit Committee chair	Page 28 section 4.6.8 (a)
14	NHSE Additional reference to Joint Forward Plan and to specific content on Health and wellbeing Strategies, children and young people and victims of abuse.	Page 36 section 7.3.8
15	NHSE Delete reference to existing procurement rules	Page 36 section 7.4.2
16	NHSE Amend reference to section 2 to part 1.3 of the Constitution	Page 41 section appendix 1
17	NHSE Add reference to the Forward Plan Condition and Level of Services Provided Condition set out in new regulations that determines which NHS organisations are invited by ICBs to make nominations for NHS Trust and Foundation Trust appoints to partner roles on the Board	Page 41 and 42 section appendix 1
18	NHSE Add reference in standing orders to Deputy Chair and Senior Independent Non Executive Member	Page 45 sections 4.2.2 and 4.2.3 in appendix 1
19	ICB Amend so that Executive Director can nominate deputies who can both speak and vote on their behalf at Board meetings to ensure that the Board meeting has the requisite clinical attendance at meetings by the Chief Nursing Officer and Chief Medical Officer	Page 46 section 4.5.1
20	NHSE Add statement of clarity that deputies for the Executive Director voting members do count towards quoracy to ensure that the Board meeting has the requisite clinical attendance at meetings by the Chief Nursing Officer and Chief Medical Officer	Page 47 section 4.7.2
	GOVERNANCE HANDBOOK	
22	ICB Scheme of Reservation and Delegation Amend Remuneration committee terms of reference to include oversight of arrangements for the Fit and Proper Person Test processes for Board members.	Page 24
23	ICB Add into Terms of Reference for appropriate Committees ability to substitute voting members who have a conflict with items of business that need to recuse themselves from the meeting. This has recently become an issue in Strategic Commissioning Committee with a particular decision, where the number of members who were conflicted meant the meeting was not and could not be quorate. In order to address this issue the same	

	paragraphs have been added into the following terms of reference to allow alternative decision making solutions to be used where a meeting cannot be quorate due to conflicts of interest that require members to recuse themselves from the decision: Finance Committee Quality and Performance Committee Strategic Commissioning Committee System Transformation Group People, Culture and Inclusion Committee	 Page 91 section 5.2.4 Page 104 section 5.2.2 Page 118 section 5.2.4 Page 129 section 5.2.4 Page 162 section 5.2.4
24	ICB Audit Committee – additional responsibility added regarding oversight of EPRR and Business Continuity to align with existing delegated decision making from Board of approval of EPRR and business continuity plans	Page 139 section 6.7 of Terms of reference
25	ICB Remuneration Committee – additional responsibility added regarding oversight for Fit and Proper Person Test process for Board members	Page 148 section 6.1.5 of Terms of Reference

2.1 In section 1.6.1 and 1.6.2 of the ICB Constitution where the ICB Chief Executive Officer is proposing amendments to the content of the Constitution, it requires the Chief Executive Officer to consult on the proposed changes with the Chair and one Non Executive Member and one Partner Member and that any feedback is included in the covering report presented to the Board. Sir Neil McKay, Dr Ian Chan and Mr Roger Dunshea were consulted on the proposed changes to the Constitution being proposed by the ICB. The feedback was positive support for the proposed changes, with one addition to the text in relation to item 19 above, to add that that Executives and their deputies should have agreed understanding on key issues on the respective board agenda. This has been added into the text on page 50 section 4.5.1.

2.2 The Board is asked to consider the proposed amendments and approve draft version 4 of the Constitution and draft version 9 of the Governance Handbook.

3. Recommendation(s)

3.1. NHS Shropshire, Telford and Wrekin is asked to:

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

Quality & Performance Committee	
30 May 2024	
Key Issues Report	
(This report should be a maximum of 2 sides of A4, font Arial, size 11)	
Report of:	Quality & Performance Committee
Last meeting details: *(if applicable)*	**Date:** 30 May 2024

Present:

Meredith Vivian	Chair & Non-Executive Director, NHS STW (part only)
Vanessa Whatley	Interim CNO NHS STW (Part Chair)
Julie Garside	Director of Performance and Delivery, NHS STW
Jill Barker	Associate Non-Executive Director, SCHT
Sara Reeve	Deputy Director of Quality, MPFT
Sharon Fletcher	Interim Deputy Chief Nurse & Patient Safety Specialist NHS STW
Tracey Slater	Interim Deputy Chief Nurse/Local Area Contact (LAC) STW LeDeR programme
Angie Parkes	Deputy Director of Planning
Mahadeva Ganesh	Medical Director SCHT
Anne Maclachlan	Clinical and Care Director, Shropshire Care Group, MPFT
Clare Hobbs	Director of Nursing, Clinical Delivery & Workforce, SCHT
Hayley Flavell	Director of Nursing – SaTH
Helen Onions	Public Health Consultant, Telford LA

Attendees:

Holly Grainger	Specialist Practise Student for District Nursing – attending as an observer
Sara Bailey	Deputy Director of Nursing SaTH

Apologies:

Meredith Vivian	Chair & Non-Executive Director, NHS STW (part only)
Liz Lockett	Sara Reeve Representing
Ruth Longfellow	RJAH
Paul Kavanagh Fields	RJAH – Kirsty Foskett representing
Lisa Rowley	Meeting Administrator

Quoracy (Y/N): Yes

Any conflicts of interest declared and how these were managed:
No new declarations of interest were noted.

Agenda:	The group meets monthly.

Ambition   Compassion   Optimism   Focus

	(if applicable)	
1a	**Alert** *Matters of concern, gaps in assurance or key risks to escalate*	• Virtual ward remained underutilised, the committee heard that the system frailty programme and alternatives to ED workstreams within the Tier 1 have development plans which when put in place should help to address this. • The Committee heard that due to the recent switch to Careflow (the new Electronic Patient Record -EPR at SaTH the UEC and various other data was limited this month though this was expected to resolve within one month. • The System Operational Plan for 2024/2025 does not achieve the national target for A&E 12-hour, the plan is for SaTH to achieve 70.3% vs target of 78% by March 25. • The diabetes risk was discussed as an area of concern and requiring assurance of actions being taken to address the risk. • The number of LeDeR notifications was significantly down in year and a campaign to increase awareness of voluntary reporting of deaths of people with LD or autism was required. MPFT LD team was the highest reporter.
1b	**Assure** *Positive Assurances and highlights of note*	• Each of the PCNs had achieved what was required for the first year of the Primary Care Access Recovery Programme (PCARP). Improvement is expected to be sustained following changes in working practices. • There were signs of improvement in the overall numbers of No Criteria to Reside patients • The Cat 2 response time for local ambulances had also improved and is on track with the 24/25 plan agreed by the regional commissioner on behalf of all West Midlands ICBs. The number of patients waiting over 12hrs in ED continued to be of serious concern and shows a deteriorating trend. • There has been a sustained improved variation for Diagnostic standards for patients seen within 6 weeks, and patients waiting over 13 weeks with a reported year end position of 76.1% against a target of 85%. • CHC measures, particularly patients assessed within 28 days were improving with lower backlogs. • The paediatric hearing loss action plan at SaTH has been completed and closed. This was following concerns in services nationally, SaTH had minimal actions to take and will continue to report to SQG 6 monthly in line with national recommendations. • A Primary Care Deep Dive was received mainly focussed on the improving access, further updates on the GP survey are expected in September 24. • A Children and Young People Deep Dive was received with focus on children and young people's mental health investment and improvement, A children's system group is being established to have oversight of key system level children's health and care issues with Place-based contribution. • BeeU had developed a waiting well initiative which was positively received by parents and redirected some of those on waiting lists to other relevant services. • Additional funding was now in place to reduce waiting lists for children for BeeU services.

Ambition   Compassion   Optimism   Focus

1c	**Advise** *Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.*	• System quality metrics would be incorporated in the performance metrics to make it a combined quality and performance report. • The updated STW Medicines Safety Group TOR was received and accepted. • The LeDeR annual report was presented to and accepted by the Committee.
1d	**Review of Risks** *Provide a brief update on any risk that needs to be escalated*	• 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. • 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.
1e	**Sharing of Learning** *Provide details of key points of learning that could be shared across the organisation*	No learning to note.
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)*	Consider the alerts for further action.
3	**Recommendations**	Accept the report. Consider the alerts for further action.
Report compiled by:		Vanessa Whatley, Chief Nursing Officer

Ambition   Compassion   Optimism   Focus

Date report compiled:	13 September 2024
Report approved by: *Meeting Chair*	Meredith Vivian, Non-Executive Director NHS STW
Minutes/action log available from:	Appendix 1

Quality & Performance Committee
27 June 2024
Key Issues Report
(This report should be a maximum of 2 sides of A4, font Arial, size 11)

Report of:	Quality & Performance Committee
Last meeting details: *(if applicable)*	**Date:** 27 June 2024

Present:

Meredith Vivian	Chair & Non-Executive Director, NHS STW (part only)
Vanessa Whatley	CNO NHS STW
Sharon Fletcher	Interim Deputy Chief Nurse & Patient Safety Specialist NHS STW
Mahadeva Ganesh	Interim CMO NHS STW & Medical Director SCHT
Anne Maclachlan	Clinical and Care Director, Shropshire Care Group, MPFT (Part only)
Clare Hobbs	Director of Nursing, Clinical Delivery & Workforce, SCHT
Laura Tyler	Assistant Director for Joint Commissioning, Shropshire Council
Lynn Cawley	Chief Officer, Healthwatch Shropshire

Attendees:

Sara Bailey	Deputy Director of Nursing- SaTH (representing Hayley Flavell) (Part only)
Christine Ashworth	Cancer programme Lead, NHS STW
Kirsty Foskett	Assistant Chief Nurse & Patient Safety Officer, RJAH (Representing Paul Kavanagh-Fields)
Lorraine Mahachi	Senior Quality Lead For Cancer Programme NHS STW
Angie Parkes	Deputy Director of Planning NHS STW (Representing Julie Garside)
Lisa Rowley	PA to CNO and minute taker
Maureen Wain	Director of Elective Care NHS STW
Claire Parker	Deputy Director of Planning, NHS STW

Apologies:

Hayley Flavell	SaTH
Paul Kavanagh-Fields	RJAH
Julie Garside	NHS STW
Helen Onions	Telford and Wrekin Council
Rosie Edwards	NED SaTH
Sara Reeve	MPFT
Jill Barker	SCHT

Quoracy (Y/N): Yes

Ambition   Compassion   Optimism   Focus

		Any conflicts of interest declared and how these were managed: No new declarations of interest were noted.
Agenda: *(if applicable)*		The group meets monthly.
1a	**Alert** *Matters of concern, gaps in assurance or key risks to escalate*	• There continued to be an issue with data reporting from SaTH following the Careflow system implementation. • Healthcare associated Infections continue to be above where they should be if using last years objectives. 24/25 objectives had not been published. A focus on *Clostridioides difficile* infection and other health care associated infection was requested for a meeting in Quarter 3. • There has been an incremental rise in TB cases in STW due to population changes over several years. Nursing provision in the TB team requires review to ensure national guidance is consistently followed, there is a plan to address the contract and the ICB are supporting TB incidents to ensure sufficient resource to manage them until the service is reviewed. • The diabetes risk does not have sufficient actions to make a significant difference to patient outcomes and reduce the risk and monthly updates to QPC are required to progress. This is currently under the responsibility of the Chief Strategy Director for the ICB for strategic planning.
1b	**Assure** *Positive Assurances and highlights of note*	• Talking therapy waiting lists were showing improvement. • Risk SQG12 relating to previous poor CHC compliance with national standards has now decreased there has been 3 months of activity above national expectations and a sustainability plan. Quarterly updates will continue to System Quality Group. • Risk SQG03 – Safe and Effective maternity care was deescalated to the LMNS to manage with a score of 9. The Committee were assured that the risk was reduced and CQC had rated the service Good across all domains and overall in the report published in May 24. • Progress was reported to wards a collaborative LMNS with another system. Updates are expected as this is a key Ockenden action which has been challenging to completed. • Concerns had been raised at System Quality Group around the backlog in childrens initial health assessments, this was mainly due to administrative pressures at the local authorities and there was a plan with both to progress. Further assurance was requested for September 2024 meeting. • A cancer deep dive was received relating to healthy lifestyles, screening, and treatment in secondary care. Relevant screening and vaccination were generally above or equal to national average. The cancer back log in secondary care has ben addressed however it was reported difficult to sustain. • Teledermatology has been introduced n STW with 7/9 PCNs participating currently.

Ambition   Compassion   Optimism   Focus

1c	**Advise** *Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.*	• Learning Disability inpatients is an area of focus, adults are within plan, but children are above plan by 1 case. The service has moved under the leadership of the CNO in the recent management of change and is being reviewed. • Cancer backlogs for patients over 62 days are showing further increase due to loss of capacity for external endoscopy services. The endoscopy business case is expected to have an impact on this measure. • Healthwatch Shropshire have undertaken engagement work with people living with cancer and will be publishing the report but are keen to engage in improvement work with SaTH/ICB colleagues.
1d	**Review of Risks** *Provide a brief update on any risk that needs to be escalated*	• 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. • 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.
1e	**Sharing of Learning** *Provide details of key points of learning that could be shared across the organisation*	No learning to note.
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)*	Consider the alerts for further action.
3	**Recommendations**	Accept the report. Consider the alerts for further action.

Ambition   Compassion   Optimism   Focus

Report compiled by:	Vanessa Whatley, Chief Nursing Officer
Date report compiled:	13 September 2024
Report approved by: *Meeting Chair*	Meredith Vivian, Non-Executive Director NHS STW
Minutes/action log available from:	Appendix 1

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Audit Committee
18ᵗʰ September 2024
Key Issues Report

Report of:	Audit Committee

Last meeting details:
(if applicable)
	Date: 18ᵗʰ September 2024
	
	Present: Roger Dunshea Meredith Vivian Trevor McMillan
	                Claire Skidmore Alison Smith Angela Szabo
	                Sarah Swan Terry Tobin
	
	Apologies: Niti Pall Trevor Purt Paul Westwood
	                Angus Hughes Lisa O'Brien
	
	Quoracy (Y/N): Yes
	
	Any conflicts of interest declared and how these were managed: No conflicts of interest declared.

Agenda: *(if applicable)*	The Committee meets quarterly.
1a	**Alert** *Matters of concern, gaps in assurance or key risks to escalate*	**1. Emergency Preparedness, Resilience and Response.** The committee received a progress report. The gap in reaching compliance standards has narrowed and the expectation is that the remaining actions will be addressed in quarter 3. Roll out of training and test exercises are now in hand. **2. System Board Assurance Framework and Strategic Risk Register.** The BAF and SRR has now been completed but gaps <u>still</u> remain identifying mitigating actions, responsibilities, and dates. Most of the risks are assessed as red (high risk). The committee remains very concerned about the frequency and depth of executive supervision of the BAF and SORR. Thus far it remains to be seen whether the revised (August 2024) BAF and SORR governance arrangements will ensure the ICB avoids a repeat limited audit opinion. **3. The Internal Auditors (IA)**, The internal audit plan 24-25 is in progress. There has been delays implementing previous audit recommendations and this needs attention. The internal audit reports would benefit from greater clarity on the management response, actions, and timetables. The advisory reports on the Better Care Fund and establishing the GP Board have been received with follow up queries remaining. The delegation of Pharmacy, Optician and Dentistry commissioning data remains problematic.
1b	**Assure** *Positive Assurances and highlights of note*	**1. Assurances** were received regarding: • Information Governance • Data Security and Protection

Ambition   **Compassion**   **Optimism**   **Focus**

		• Additional Roles Reimbursement Scheme • Freedom to speak up procedures.
1c	**Advise** *Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.*	1. **Internal audit plan 2024-25** summary of topics is listed below. The audits are on track for completion March 2025. • Governance- Risk Management and new Committee Structure Implementation. • Partnership Place Board- 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 • Delegated Directed Commissioning (POD self-assessment or Specialised Commissioning) • Continuing Healthcare (CHC) Complaints - engagement patients/families • Data security and protection toolkit (NHSE mandated)
1d	**Activity Summary** *Presentations/reports / items of note received including those approved.*	1. The committee received updates on: • Counter fraud and the plan for 2024-25 • Losses and waivers etc 2. Matters presented for noting: • External and Internal audit professional briefings. 3. Committee self-evaluation of effectiveness: • The meeting finished on time. The agenda 720 pages meant committee members wasted valuable time in ascertaining key issues. The Executive is asked to address this long standing concern.
1e	**Review of Risks** *Provide a brief update on any risk that needs to be escalated*	**The priority remains to secure ownership and actions from the BAF and SRR across the ICS.**
1f	**Sharing of Learning** *Provide details of key points of learning that could be shared across the organisation*	None.

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)*	1. The committee awaits 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.
3	**Recommendations**	NHS Shropshire, Telford, and Wrekin Board is asked to consider the following recommendations arising from the meeting which require a decision: *The Board is recommended to give the BAF and SORR a high agenda priority.*
	Report compiled by:	Roger Dunshea, Chair – Audit Committee
	Date report compiled:	19th September 2024
	Report approved by: *meeting chair/Senior Leader*	Roger Dunshea, Chair – Audit Committee
	Minutes/action log available from:	

Ambition   Compassion   Optimism   Focus

Integrated Care Board **25th September 2024** **Key Issues Report**	

Report of:	*Chair of the Finance Committee*
Last meeting details:	Date: 30th May 2024 Attendees: per the minutes attached Apologies: per the minutes attached Quorate: Yes – requirements met for sections 1 and 2 No conflicts of interest were declared in either meeting section. In section 2, Peter Featherstone declared a new entry for the System's Register of Interests relating to his new Non Executive role at Dudley Integrated Care Trust.
Agenda:	**Section 1 (ICB)** • Financial Plan 24/25 • ICB Month 1 Finance Update • ICB Month 1 Efficiency Update • Deep Dive – Triple Lock Process • Committee Annual Report **Section 2 (System)** • Financial Plan 24/25 • ICS Month 1 Finance Update • ICS Month 1 Efficiency Update • Deep Dive – Triple Lock Process • Committee Annual Report • Committee Terms of Reference
1a **Alert** *Matters of concern, gaps in assurance or key risks to escalate*	**Section 1 (ICB)** The committee received an update on work to deliver the ICB's efficiency plan for 24/25 showing a strong start to delivery in month 1. Further work however was noted as being required to 'derisk' red rated schemes, totalling £7.8m of the £30.9m in-year programme. **Section 2 (System)** In feeding back on the month 1 position, an £800k error in the nationally reported ERF baseline for RJAH was noted which the Trust and ICB are pursuing with NHSE. This will be a pressure to manage for RJAH if it cannot be resolved.
1b **Assure** *Positive Assurances and highlights of note*	**Section 1 & 2 (ICB & System)** The committees commenced a new programme of deep dives with a report on the non pay triple lock process that was introduced in early 2024. It was agreed that the triple lock process gives a helpful spotlight on non pay expenditure and is prompting teams to stop and think before making purchases.

Ambition   Compassion   Optimism   Focus

		The System committee noted the fact that whilst the process in itself would not save £m's, it has enabled the identification of collective procurement opportunities and is also highlighting where improvements in controls can be made. The committees both signed off their annual reports for 2023/24, concluding that they had discharged their duties through the in-year meeting cycle. **Section 2 (System)** No material concerns were raised at month 1 with provider and ICB positions reported as being near plan. Known variances were highlighted.
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 considered the ICB plan submitted on 2nd May and the challenges and risks associated with it. It was noted that since submission, NHSE had requested a further reduction to the planned deficit which System leaders were working on. **Section 2 (System)** The committee noted the plan submitted on 2nd May and discussed the request from NHSE to revisit the deficit plan in readiness for a further return in June.
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. There are clearly a number of significant risks that could impact on delivery of the planned deficit with mitigations still to be secured. These will continue to be evaluated by the finance committee through the year, recognising that the task to recover any deviation from plan gets more difficult as the year progresses. At this point there is no material change to the existing assessment of risk. The significant underlying financial deficit of the system features in the Board Assurance Framework and through this it is reported to the Board.
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)** The committee approved updates suggested to its Terms of Reference and these are shared with this paper for ratification by the Integrated Care Board. These are summarised as follows: • Updates suggested as a result of the Good Governance Institute Review • Amendments to reflect changes after the delegation of services from NHSE

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		• Changes to the membership to reflect updated roles as a result of the ICB's management of change process • Removal of two subcommittees which were deemed to be management groups rather than sub committees of the Finance Committee (these groups remain in operation in the management structure).
3	**Recommendations**	NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report. The Board is also asked to ratify the suggested amendments to the Terms of Reference for the Finance Committee.
Report compiled by:		*Claire Skidmore, Chief Finance Officer*
Date report compiled:		*4th September 2024*
Report approved by:		*Trevor McMillan, ICB Non Executive Member and Chair of the Finance Committee*
Minutes/action log available from:		*Appendix*

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board
25th September 2024
Key Issues Report

Report of:	*Chair of the Finance Committee*
Last meeting details:	Date: 27th June 2024 Attendees: per the minutes attached Apologies: per the minutes attached Quorate: Yes – requirements met for sections 1 and 2 No conflicts of interest were declared in either meeting section.
Agenda:	**Section 1 (ICB)** • ICB Month 2 Finance Update • ICB Month 2 Efficiency Update • Deep Dive – CHC (and future workplan/KLOEs) • Recovery Plan and Medium Term Financial Plan **Section 2 (System)** • ICS Month 2 Finance Update • ICS Month 2 Efficiency Update • Deep Dive – CHC (and future workplan/KLOEs) • Recovery Plan and Medium Term Financial Plan
1a **Alert** *Matters of concern, gaps in assurance or key risks to escalate*	**Section 1 (ICB)** As part of a discussion about the month 2 position, the committee noted the ramp up in efficiency savings in the latter part of the year and therefore the forecast becomes more challenging to deliver. Risks to delivering the FOT were considered. **Section 2 (System)** Whilst the month 2 reported position was not materially different to plan, the committee discussed the fact that there are significant risks to delivery of the annual plan, for example back loaded efficiency delivery and other identified risks, which meant that we cannot be complacent. The committee heard that at the point of reporting, £10.1m of the £89.7m efficiency programme remained unidentified. In addition, that there were still a number of schemes categorised as 'high risk.'
1b **Assure** *Positive Assurances and highlights of note*	**Section 1 (ICB)** Assurance was given that whilst the efficiency scheme for the ICB is material, at the time of reporting, 91% of schemes were identified. Whilst there is a risk in this area, it was noted that this is a better position in terms of readiness for delivery than in previous years.

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		The committee were given opportunity to learn more about CHC and successes in 2023/24 that have contributed to improved performance and resulted in strong efficiency delivery. **Section 2 (System)** Sustained improvement in the reduction of agency spend was noted in the meeting. This also results in the costs to date being below the System's agency cap. The committee were also given opportunity to learn more about CHC.
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 noted that at month 2, the ICB had met plan, with a small (£276k) favourable deficit against plan. A paper was presented to the committee that set out a proposal for development of the System's financial framework, financial strategy and medium term financial plan. Future updates are planned. **Section 2 (System)** The committee noted that at month 2, the System was close to meeting plan (reporting an adverse variance of only £200k). A paper was presented to the committee that set out a proposal for development of the System's financial framework, financial strategy and medium term financial plan. Future updates are planned.
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. There are clearly a number of significant risks that could impact on delivery of the planned deficit with mitigations still to be secured. These will continue to be evaluated by the finance committee through the year, recognising that the task to recover any deviation from plan gets more difficult as the year progresses. At this point there is no material change to the existing assessment of risk. The significant underlying financial deficit of the system features in the Board Assurance Framework and through this it is reported to the Board.
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*	**Section 1 (ICB)** Nothing to highlight **Section 2 (System)**

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	colleague support. (Including discussions with other committees or groups, changes to the work plan)	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 September 2024*
	Report approved by:	*Trevor McMillan, ICB Non Executive Member and Chair of the Finance Committee*
	Minutes/action log available from:	*Appendix*

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Remuneration Committee
30 July 2024
Key Issues Report
(This report should be a maximum of 2 sides of A4, font Arial, size 11)

Report of:	Remuneration Committee
Last meeting details: *(if applicable)*	Date:30 July 2024 Attendees: Professor Trevor McMillian (Chair), Meredith Vivian. In attendance – Lisa Kelly, Senior HR Business Partner, Simon Whitehouse, Chief Executive Officer and Alison Smith, Chief Business Officer Apologies: Sir Neil McKay, Niti Pall Quoracy (Y/N): Yes Any conflicts of interest declared and how these were managed: None
Agenda: *(if applicable)*	The group meets on an ad hoc basis as and when meetings are required
1a Alert *Matters of concern, gaps in assurance or key risks to escalate*	• None applicable
1b Assure *Positive Assurances and highlights of note*	• All agenda items approved by the committee
1c Advise *Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.*	• None applicable
1d Review of Risks *Provide a brief update on any risk that needs to be escalated*	• None applicable in relation to the agenda items

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1e	**Sharing of Learning** *Provide details of key points of learning that could be shared across the organisation*	• None applicable
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)*	• None applicable
3	**Recommendations**	• Recommendations approved by the committee
	Report compiled by:	Lisa Kelly, Senior HR Business Partner
	Date report compiled:	5 September 2024
	Report approved by: *meeting chair/Senior Leader*	
	Minutes/action log available from:	

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Integrated Care System
Shropshire, Telford and Wrekin

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System Transformation Group 31st July 2024 Key Issues Report	
Report of:	System Transformation Group
Last meeting details: *(if applicable)*	Date: 31st July 2024 Present: Simon Whitehouse Chair and ICB Chief Executive Officer, NHS STW Stacey-Lea Keegan Chief Executive Officer, RJAH Neil Carr Chief Executive Officer, MPFT In Attendance: Claire Skidmore ICB Chief Finance Officer, NHS STW Gareth Robinson ICB Chief Delivery Officer, NHS STW Nigel Lee ICB Chief Strategy Officer, NHS STW Julie Garside ICB Director of Planning and Performance, NHS STW Angela Szabo ICB Director of Finance NHS STW Inese Robotham Deputy Chief Executive SaTH (representing Louise Barnett) Claire Horsfield SCHT (representing Patricia Davies) Sarah Dixon Improvement Director NHSE David Morris Price Waterhouse Coopers (PwC) Ash Patel Price Waterhouse Coopers (PwC) Hadi Raza Price Waterhouse Coopers (PwC) Tom Mullaney Price Waterhouse Coopers (PwC) Bethan Emberton Business and Programme Manager Danielle Haywood GMTS Trainee – Shadowing Simon Whitehouse Apologies: Andy Begley Chief Executive Officer, Shropshire Council David Sidaway Chief Executive Officer, Telford and Wrekin Council Louise Barnett Chief Executive Officer, SaTH Patricia Davies Chief Executive Officer, SCHT Claire Parker ICB Director of Strategy and Development, NHS STW Apologies: Quoracy (Y/N): Yes Any conflicts of interest declared and how these were managed: Mr Gareth Robinson declared that his wife works for PwC.
Agenda: *(if applicable)*	*Appendix 1* The group meets monthly.
1a **Alert** *Matters of concern, gaps in assurance or key risks to escalate*	Finance performance against plan at month 4 Outpatient measure missing, which is the new measure this year, we are expected to have 47% of our overall outpatient activity needs to be first outpatient or an outpatient followed by a procedure.
1b **Assure** *Positive Assurances and highlights of note*	Recovery Support Programme (RSP) actions following the Monday 8th July 2024 National Oversight meeting were progressing well and those due for completion by the end of July were on track to be delivered.

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1c	**Advise** *Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.*	PwC phase 1 project on track for completion within the deadline with proposal for phase 2 project in development. These projects will support in the delivery of our National Oversight Framework Segments 3 and 4 transition criteria.
1d	**Review of Risks** *Provide a brief update on any risk that needs to be escalated*	No risks for escalation to Board.
1e	**Sharing of Learning** *Provide details of key points of learning that could be shared across the organisation*	Development of a system improvement plan using engagement workshops with all stakeholders.
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)*	Continue to develop our System Integrated Improvement Plan. Continue to develop the programme management approach of the programmes that report into the group.
3	**Recommendations**	No recommendations to Board.
Report compiled by:		*Bethan Emberton, NHS STW Business & Programme Manager*
Date report compiled:		*16th August 2024*
Report approved by: *meeting chair/Senior Leader*		*Simon Whitehouse, NHS STW Chief Executive Officer*
Minutes/action log available from:		*Appendix 2 and Appendix 3*

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Strategic Commissioning Committee
12 June 2024
Key Issues Report
(This report should be a maximum of 2 sides of A4, font Arial, size 11)

Report of:	Strategic Commissioning Committee
Last meeting details: *(if applicable)*	12 June 2024 Present: Cathy Purt — Chair and Non-Executive Director, Shropshire Community Health NHS Trust Mark Large — Non-Executive Director, Midlands Partnership NHS Foundation Trust Partnership Foundation Trust David Brown — Non-Executive Director, Shrewsbury and Telford Hospital NHS Trust Peter Featherstone — Non-Executive Director, Shropshire Community Health Trust Nigel Lee — Interim Director of Strategy and Partnerships Shrewsbury and Telford Hospital NHS Trust Gemma Smith — ICB Director of Strategic Commissioning NHS STW Claire Skidmore — ICB Director of Finance NHS STW Dr Ian Chan — Clinical Director of TELDOC PCN and Interim ICB Chief Medical Officer NHS STW Dr Mahadeva — Medical Director Shropshire Community Health Trust and Interim ICB Ganesh Chief Medical Officer NHS STW Rachel Robinson — Executive Director of Health Shropshire Council In Attendance: Julie Garside — ICB Director for Planning and Performance NHS STW Angie Parkes — Deputy Director of Planning NHS STW Lisa Keslake — Local Care Programme Director, Shropshire Community Health Trust Nia Jones — Managing Director for Planning and Strategy, Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Jonathan Gould — Interim Head of Finance Shropshire Community Health Trust Tracey Jones — ICB Lead Health Inequalities and LTP prevention NHS STW Joanna Watson — Senior Consultant Good Governance Improvement Jackie Robinson — Associate Director Communications and Engagement NHS STW Jayne Knott — Corporate PA and Minute taker NHS STW Apologies:

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		Simon Whitehouse	ICB Chief Executive NHS STW
		Edna Boampong	ICB Director of Communications and Engagement NHS STW
		Craig MacBeth	Finance Director Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
		Niti Pall	ICB Non-Executive Director NHS STW

Quoracy (Y/N): Yes
Any conflicts of interest declared and how these were managed: Cathy Purt, Chair, noted that her husband had been appointed as Interim Chair of Shrewsbury and Telford Hospital until the new Chair in common is appointed.

Agenda: *(if applicable)*	Appendix 1 The group meets monthly.
1a **Alert** *Matters of concern, gaps in assurance or key risks to escalate*	• Nothing to note.
1b **Assure** *Positive Assurances and highlights of note*	**Strategic Commissioning Committee Terms of Reference** The Committee noted the following: • The Committee now undertakes a role around the commissioning function, which was previously undertaken between the Integrated Delivery committee and the Primary Care commissioning committee and will also continue its previous functions in terms of oversight, assurance, approval of system strategies. • The Committee also noted that the Strategic Commissioning Committee will also be split into a part A and a Part B to ensure that core commissioning decisions can be undertaken, and Conflicts of Interest managed alongside ensuring decisions can be made on commercially confidential or commercially sensitive matters. • It was also noted that there will also be several groups reporting into this Committee for assurance and oversight. • The action of amending the TOR was agreed to be undertaken outside of the meeting with the final version approved by Committee members via email. This action was completed and the TOR are now finalised. • The Committee also requested that the Primary Care elements were collated as part of the July Board Development session presentation. **Joint Forward Plan** The Committee received the Joint Forward Plan for discussion and noted the following: • The JFP was presented to the Committee in March 2024 and comments from members have now been incorporated in the document.

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- The ICB were originally due to publish the JFP in March but there was a request by NHSE to push this back to June. However, due to the pre-election period this will be delayed.
- Due to the delay the JFP was presented to the Committee as an opportunity to make any adjustments or additions.
- Small amendments were suggested and on the back of this, the Committee were happy with the content of the plan.

Prevention and Health Inequalities Group Update

The Committee received the update from the group and recognised the significant work ongoing within this area including:

- The challenges around digital inclusion/exclusion.
- Achievements from 23-24 across the system in addressing health inequalities and prevention.
- Success in relation to early cancer diagnosis, hypertension and our cancer champions through the joint working with the local authorities and working with their knowledge of communities.
- Plan around further enhanced work with Primary Care during 2024-25.

The Committee approved the report.

NHS Shropshire Telford and Wrekin ICB Choice Policy

The Committee received the paper and noted the following:
- The ICB has mandated statutorily to have a choice policy. This needs to set out our rights, responsibilities in ensuring that patients have choice in terms of access to services.
- In 2022, there was a choice policy statement that was published, and the requirement was for us to all have individual ICB choice policies.
- The paper has already been presented at an internal ICB governance committee where it was noted that as part of the action plan and future review of this choice policy statement, a further understanding of health inequalities can have an impact on patient choice must be explored. This work is already currently underway.

On the basis of the above, the Committee approved the policy.

NHS Shropshire, Telford and Wrekin Elective Access Policy

The Committee received the paper and noted the following:

- As a key enabler of collaborative system working and service delivery models & pathways, a pan-system Shropshire Telford and Wrekin (STW) Access Policy was first implemented in 2022.
- The process of a collaborative routine review and annual update has now been completed with provider partner and ICB colleagues. The review of the policy also reflects any changes in national guidance.

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		• The updated STW Access Policy has been approved in principle by the policy author and provider trust stakeholders involved in the update • The paper has already been presented at an internal ICB governance committee where it was noted that a focus should be made on health inequalities and further information may be included on how the access rules considers health inequalities. The recommendation of a summarised version of this access policy, in a patient friendly format was also made. Work on these recommendations from the committee is underway. The Committee noted the above and requested that a final check against national guidance was undertaken but approved the policy once complete. **Commissioning Working Group TOR** The Committee received the CWG TOR and request for delegation in rlation to commissioning decisions within individual financial sign off limits to ensure business could be undertaken and the Committee utilised for larger commissioning decision and wider system work. These were approved by Committee members. **Strategy Updates** The Committee received a verbal update on the Rural Health and Wellbeing Strategy, ICP Strategy and Estates Strategy and noted the progress against these with the intention to add to the Committees workplan.
1c	**Advise** *Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.*	**Activity Summary** • Strategic Commissioning Committee Terms of Reference • Joint Forward Plan • Prevention and Health Inequalities Group – update • NHS Shropshire, Telford and Wrekin Choice Policy • NHS Shropshire, Telford and Wrekin Elective Access Policy • Commissioning Working Group Terms of Reference • Strategy Updates
1d	**Review of Risks** *Provide a brief update on any risk that needs to be escalated*	• The topics discussed at the meeting and resulting conclusions did not impact upon any of the existing risks.

1e	**Sharing of Learning** *Provide details of key points of learning that could be shared across the organisation*	• No learning to be shared.
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)*	• The Committee noted that the System Exit Criteria would be presented for information at a future meeting.
3	**Recommendations**	• NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report.
Report compiled by:		Gemma Smith, Director of Commissioning
Date report compiled:		September 2024
Report approved by: *Meeting Chair/Senior Leader*		Cathy Purt; Non Executive Director
Minutes/action log available from:		Appendix 2

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Strategic Commissioning Committee 10 July 2024 Key Issues Report *(This report should be a maximum of 2 sides of A4, font Arial, size 11)*	
Report of:	Strategic Commissioning Committee
Last meeting details: *(if applicable)*	10 July 2024 Present: Cathy Purt — Chair and Non-Executive Director, Shropshire Community Health NHS Trust Niti Pall — Deputy Chair/ICB Non-Executive Director NHS STW Mark Large — Non-Executive Director, Midlands Partnership NHS Foundation Trust Peter Featherstone — Non-Executive Director, Shropshire Community Health Trust Nigel Lee — ICB Chief Strategy Officer NHS STW/Director of Strategy and Partnerships Shrewsbury and Telford Hospital NHS Trust Claire Skidmore — ICB Director of Finance NHS STW Dr Ian Chan — Clinical Director of TELDOC PCN and Interim ICB Chief Medical Officer NHS STW Craig MacBeth — Finance Director Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Rachel Robinson — Executive Director of Health Shropshire Council Minesh Parbat — ICB Chief Pharmacist NHS STW In Attendance: Julie Garside — ICB Director for Planning and Performance NHS STW Nia Jones — Managing Director for Planning and Strategy, Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Jonathan Gould — Interim Head of Finance Shropshire Community Health Trust Alison Trumper — ICB Associate Director of Quality NHS STW Emma Pyrah — ICB Associate Director of Primary Care NHS STW Tristi Tanaka — ICB Head of Digital Innovation and Transformation NHS STW Colin Anderson — Associate Director Strategy & Commercial Development Midlands Partnership NHS Foundation Trust (deputising for Steve Grange) Stacey Norwood — Group Manager, ICS Joint Commissioning Place Based Commissioning, Procurement & Care Provider Quality Telford & Wrekin Council

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		Lynn Cawley	Chief Officer, Healthwatch Shropshire
		Claire Parker	ICB Director of Strategy and Development NHS STW
		Nicola Williams	ICB Interim Associate Director of Primary Care NHS STW
		Laura Tyler	Assistant Director Joint Commissioning Shropshire Council and NHS Shropshire Telford and Wrekin ICS
		Simon Fogell	Chief Executive Healthwatch Telford and Wrekin
		Tracey Slater	ICB Interim Deputy Chief Nursing Officer NHS STW (deputising for Vanessa Whatley)
		Gareth Robinson	ICB Director of Delivery and Transformation NHS STW
		Angela Szabo	ICB Director of Finance NHS STW
		Zoe Watts	Senior Estates Strategy Manager NHS Property Services Ltd
		Jayne Knott	Corporate PA and Minute taker NHS STW

Apologies:

		David Brown	Non-Executive Director, Shrewsbury and Telford Hospital NHS Trust
		Gemma Smith	ICB Director of Strategic Commissioning NHS STW
		Dr Mahadeva	Medical Director Shropshire Community Health Trust and Interim ICB Ganesh Chief Medical Officer NHS STW
		Ben Rogers	Director of Psychological Services, Midlands Partnership NHS Foundation Trust
		Helen Onions	Interim Director of Health & Wellbeing Telford and Wrekin Council
		Vanessa Whatley	ICB Chief Nursing Officer NHS Shropshire Telford and Wrekin

Quoracy (Y/N): Yes
Any conflicts of interest declared and how these were managed: No new conflicts of interest declared.

Agenda: *(if applicable)*		Appendix 1 The group meets monthly.
1a	**Alert** *Matters of concern, gaps in assurance or key risks to escalate*	• Nothing to note.
1b	**Assure** *Positive Assurances and highlights of note*	**Updates on Developing Strategies** The Committee received a short verbal update and noted the following: • Stocktake of all system and individual organisation strategies was being undertaken and would be presented to the Committee in September. • The ICP Strategy refresh was underway and would be presented to the Committee over the next few months. **Commissioning Working Group Chairs Report**

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The Committee received the paper and noted the following:

- Progress being made against the Targeted Lung Health Check procurement noting that this was a live procurement and award would be discussed at part B of a future Strategic Commissioning Committee.
- Aligned approach to how we consider business cases was under development.
- Noted a number of commissioning decision within delegated limits.
- The Committee discussed how we as a system could undertake further work with the VCSE, Primary Care, Community and Prevention on the back of the report and an action was noted regarding consideration of an Integrated Prevention Strategy.

Primary Care Access and Transformation Group Report

The Committee received the report and noted as follows:

- The refocus of the group to recognise the role that the ICB has over the delegated functions of Dentistry, Optometry and Pharmacy alongside General Practice.
- The Committee noted that there was a lot of detail to understand and requested that this topic was presented as a future key item at the Committee with a focus on mitigations and solutions to some of the challenges which was collectively agreed.

Strategic Digital Group update

The Committee received the report and noted the updates against the programme and were assured of the cross system working in this space.

Workforce Transformation Group update

The Committee received the report and noted the following:

- Key themes from the Annual Report and the positive nature of a number of these.
- The Committee asked for assurance on the use of digital and also workforce trajectories and also hw we as a system triangulate workforce, activity and finance. Discussion was held and a number of actions were agreed.

Estates and Infrastructure Strategy

The Committee received the strategy and discussed the following key areas:

- Ensuring inclusion of pharmacy in the strategy which was confirmed.
- The availability of capacity and resource in place to deliver the strategy and a number of solutions were discussed in relation to resource, estates prioritisation and use of a planning tool recognising that this is a long term piece of work and a lot more needs to be done in terms of clarity on how this will be delivered in terms of resource for both capital and revenue.

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		• The Committee also asked for assurance on the system governance in relation to estates and it was agreed that this would be reworked on the back of the asks in the strategy. • The Committee queried public engagement and it was confirmed that work was underway with communications and engagement in developing a communication plan. • The Committee also requested that consideration as to deprivation was also given within the strategy. Based on the discussion and presentation, the Committee approved the strategy ahead of this being presented to the ICB Board for final sign off.
1c	**Advise** *Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.*	**Activity Summary** • Updates on Developing Strategies • Commissioning Working Group Chairs Report • Primary Care Access and Transformation Group • Strategic Digital Group update • Workforce Transformation Group update • Estates and Infrastructure Strategy
1d	**Review of Risks** *Provide a brief update on any risk that needs to be escalated*	• The topics discussed at the meeting and resulting conclusions did not impact upon any of the existing risks.
1e	**Sharing of Learning** *Provide details of key points of learning that could be shared across the organisation*	• No learning to be shared.
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)*	• None to note.
3	**Recommendations**	• NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report.

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Report compiled by:	Gemma Smith, Director of Commissioning
Date report compiled:	September 2024
Report approved by: *Meeting Chair/Senior Leader*	Cathy Purt; Non Executive Director
Minutes/action log available from:	Appendix 2

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