# STW Integrated Care Board - Appendices

MEETING
25 September 2024 14:00 BST

PUBLISHED
20 September 2024

# Agenda

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

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Agenda Item

ICB 25-09.064

System Board Assurance Framework

(SBAF)

# NHS STW – SYSTEM BOARD ASSURANCE FRAMEWORK

# 2024/25

**Version 2 September 2024**

## Risk Matrix

| Consequence | | Likelihood | | | | |
|---|---|---|---|---|---|---|
| | 5 Catastrophic | 5 Low | 10 Moderate | 15 High | 20 Extreme | 25 Extreme |
| | 4 Major | 4 Low | 8 Moderate | 12 High | 16 High | 20 Extreme |
| | 3 Moderate | 3 Very Low | 6 Low | 9 Moderate | 12 High | 15 High |
| | 2 Minor | 2 Very Low | 4 Low | 6 Low | 8 Moderate | 10 Moderate |
| | 1 Negligible | 1 Very Low | 2 Very Low | 3 Very Low | 4 Low | 5 Low |
| | | 1 Rare | 2 Unlikely | 3 Possible | 4 Likely | 5 Almost Certain |

**Likelihood**

| | | |
|---|---|---|
| | 1 – 3 | Very Low risk |
| | 4 – 6 | Low risk |
| | 8 – 10 | Moderate risk |
| | 12 – 16 | High risk |
| | 20 – 25 | Extreme risk |

## NHS Shropshire, Telford and Wrekin Strategic Objectives:

1) **Reducing Health Inequalities:**

- **Wider determinants**

- **Tackling health inequalities**

2) **Improving population health**

- **Best start in life**

- **Healthy weight**

- **Alcohol drugs domestic abuse**

- **Mental health and wellbeing**

3) **Improving Health and Care**

- **Strengthen prevention, early detection and improve treatment outcomes – mental health, heart disease, diabetes, cancers and musculoskeletal disease**

- **Urgent and Emergency Care**

- **Integrated person-centred care within communities – strong focus on primary and secondary care**

| Objective: ALL | | Risk score<br>20 Extreme<br>4 likely x<br>5 catastrophic |
|---|---|---|
| Strategic Risk No.1: Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of integrated cares on priorities | | |
| *If* we are unable to develop and sustain a culture of collaborative working and build effective partnerships | *Then* we will not be able to achieve our aims, focus on our priorities or deliver our objectives. | *Resulting in* poor outcomes for our population, adverse impacts on our partner organisations and increased scrutiny of our effectiveness |

| | Consequence | Likelihood | Score | Risk Trend |
|---|---|---|---|---|
| Current | 5 catastrophic | 4 likely | 20 Extreme | ⟷ |
| Target | 4 major | 3 possible | 12 High | |

| Risk Lead | ICB Chief Executive Officer | Assurance committee | Board |
|---|---|---|---|

| System Controls | Assurances reported to ICB Board and committees |
|---|---|
| **Strategies and Plans**<br>• ICB Constitution<br>• ICP Terms of Reference<br>• Governance Handbook / Functions and Decisions Map<br>• System Development Plan<br>• Better Care Fund Plans<br>• Primary Care Strategy<br>• Clinical and Professional Leadership Programme<br>• Integrated Care Strategy<br>• Joint 5 year forward plan<br>• People Priorities<br><br>**Partnerships and Services**<br>• Integrated Care Partnership<br>• ICS Chief Executive Group<br>• ShIPP<br>• TWIPP<br>• Health and Wellbeing Boards<br>• ICS People Strategic Workstreams 2024- 2027<br><br>**Governance & Engagement Structures**<br>• Integrated Care Partnership; Board of the Integrated Care Board and Integrated Delivery Committee<br>• STW Mental Health Collaborative<br>• GGI Review of ICB/ICS governance structures<br>• ICB Strategic Partner on development of ICB version 3.0<br>• People Culture and Inclusion Committee | **First Line of Assurance**<br>• Monitoring and oversight at ICB Executive Group and ICS Chief Executive Group<br>• Provider Collaborative Committees in Common<br><br>**Second Line of Assurance**<br>• Population Health Board<br><br>**Third Line of Assurance**<br>• Integrated Care Partnership oversight<br>• National Health Service England Integrated Care Board Establishment Assessment and Establishment Order |

| Gaps in Controls and Assurances | Actions and mitigations to address control / assurance gaps |
|---|---|
| 1. Independent assessment (NHSE, CQC)<br><br>2. Development of provider collaborative and supporting governance structure | 1. Self-assessment against NHSE/CQC regulatory framework completed. NHSE Improvement Director attendance at CiC meetings<br>2a Interim ICS Director of Strategy leading development of STW Provider Collaborative<br>2b. Creation of dedicated Director level role to support development of Provider Collaborative.<br>2c. Finalising Provider Collaborative Committees in Common (CiC) ToR and Joint Working Agreement<br>2d CB CEO co-chair of HWBB's<br>2e Director of Partnerships and Place supporting delivery of JFP priorities and integrated place Working<br>2f Creation of PC CEOs group reporting to CiC<br>3. System Transformation Group working on collaborative workstreams to drive improvement in areas such as MSK, UEC and workforce. |

|  |  |
|---|---|

**Current Performance – Highlights**

Development of provider collaborative and partnerships is now progressing with some dedicated ICB capacity. CiC now in place and key priority areas of work agreed. Provider Collaborative CEOs Group in place. Work programme reporting is embedding Additional workstream areas are being considered. Focus on establishing appropriate resourcing, infrastructure and reporting for the Collaborative is underway. System Transformation Group in place with CEOs to aid drive in several system wide improvement programmes.

**Associated Risks on the System Strategic Operational Risk Register**

| Risk no. | Description |
|---|---|
|  | Non identified |

**Relevant risks on system partners risk registers**

Description

SaTH - BAF 12 - There is a risk of non-delivery of integrated pathways, led by the ICS and ICP
MPFT – BAF B8 - There is a risk to service stability and equity, due to the fragmentary influence of Place
Based Partnerships on service commissioning
Shropshire Council – Corporate Risk Register - Extreme pressures upon partners (social care, health, and criminal justice) within the system impacting on Shropshire Council through increased expectation, demand, need and complexity.

| Strategic Objective: ALL | Risk score 25 Almost Certain 5 x Catastrophic 5 |
|---|---|
| Strategic Risk No.2: Risk of not delivering sustainable services within available resources. | |

| *If* we are unable to adopt best practice and integrated modelling as rapidly as we need to | *Then* we will be unable to use our budgets and wider resources more effectively and efficiently and share risks and benefits | *Resulting in* challenges in service delivery for our population, poor health outcomes, and increased scrutiny of our effectiveness |
|---|---|---|

| | Consequence | Likelihood | Score | Risk Trend |
|---|---|---|---|---|
| Current | Almost certain 5 | Catastrophic 5 | 25 Extreme | ⟷ |
| Target | Possible 3 | Major 4 | 12 High | |

| Risk Lead | ICB Chief Finance Officer | Assurance committee | ICB Finance Committee |
|---|---|---|---|

| System Controls | Assurances reported to ICB Board and committees |
|---|---|
| **Strategies and Plans**<br>• System Financial Strategy, incorporating:<br>  o Healthcare Financial Management Association (HFMA) Financial sustainability checklist<br>  o Triple Aim framework through the Strategic Decision-Making Framework<br>  o Capital Prioritisation Framework<br>• Financial Revenue Plan<br>• Financial Capital Plan<br>• Joint 5 year forward plan<br>• Financial Recovery Plan inclusive of the Financial Improvement Programme and Efficiency, Productivity and Transformation Plans<br>• ICS Infrastructure Estates Strategy<br>• General Practice Estate Programme<br><br>**Partnerships and Services**<br>• ShIPP<br>• TWIPP<br>• ICS Digital Delivery Group<br>• Strategic Estates Board<br>• People Board<br>• Planned Care Board<br>• UEC Delivery Board<br><br>**Governance & Engagement Structures**<br>• Finance Committee<br>• Commissioning Working Group<br>• Strategic Commissioning Committee<br>• Audit Committee<br>• Provider Collaborative Committees in Common | **First Line**<br>• Monitoring delivery of System Financial Strategy and Financial Plan by CFO group<br>• Standing Orders, Standing Financial Instructions and Delegated Financial Limits<br>• Financial Accounting Performance Metrics<br>• HFMA Financial Sustainability Checklist<br>• NHSE Grip and Control Checklist<br>• Better Payment Practice Code<br>• Productivity review informed by:<br>  o Getting It Right First Time (GIRFT)<br>  o Model Health System<br>  o ICS Patient Level Information and Costing Systems (PLICS) dashboard<br>  o Health Expenditure benchmarking tool (HEB)<br><br>**Second Line**<br>• Finance Report to Finance Committee<br>• Integrated Performance Report to the Board<br><br>**Third Line**<br>• Monthly Integrated (Care System) Finance Return and Provider Finance Returns reporting to NHSE<br>• Quarterly NHSE Financial Stocktake<br>• NHSE Annual planning process (and triangulation of Finance, Activity and workforce planning) |
| **Gaps in Controls and Assurances** | **Actions and mitigations to address control / assurance gaps** |
| 1. Joint financial plan across ICS partners<br>2. Independent assessment (NHSE, CQC) | 1. Develop financial recovery plan<br>2. Complete self-assessment against NHSE/CQC regulatory framework |

| Current Performance – Highlights |
|---|

Long term system financial model submitted at a high level in line with NHSE regional planning deadlines (Sept 23) Refresh underway of Medium-Term Financial Plan; draft by September 2024.

Detailed long term demand and capacity model and medium-term financial plan based on 23/24 plan as starting point developed and presented to finance committee in November 23. Updated long term financial model by March 2025.

Longer term transformation to be developed as part of the strategy and embedded within the financial recovery plan, overseen through Financial Improvement Programme Board and Chief Executive Transformation Group.

Development of system financial strategy document underway to dovetail with medium-long term financial modelling update and development of ICB joint forward plan.

Contract rebasing exercise and IFR reversal completed for 24/25.

Establishment of Provider Collaborative which will both provide a future mechanism for commissioning on outcomes to support efficient, joined up service provision and service transformation and as a vehicle for Providers to collaborate on innovative ways to deliver services in a more sustainable way.

| Associated Risks on the System Strategic Operational Risk Register | |
|---|---|
| Risk no. | Description |
| System Risk 6 | Financial Plan 23/24 - Closed |
| System Risk 7 | Financial Sustainability |
| System Risk 21 | Financial Plan 24/25 – Revenue and Capital |

| Relevant risks on system partners risk registers |
|---|
| Description |

SaTH BAF 5 - The Trust does not operate within its available resources

RJAH BAF 8 – Adverse impact of system financial deficit

Shropcom BAF 8.1 – Costs exceed plan

MPFT BAF R1 - There is a risk to the financial sustainability of the Trust and Integrated Care System due to not delivering the future system and trust efficiency plans resulting in a deteriorating underlying deficit position

MPFT BAF R13 - There is a risk to the financial sustainability of the Trust and Integrated Care System due to not having an aligned financial strategy and implementation plan resulting in poor allocation of resources, financial restrictions and regulatory action

Telford & Wrekin Council – Corporate Risk Register R2 - Inability to:
a) Match available resources (both financial, people and assets) with statutory obligations, agreed priorities and service standards
b) deliver financial strategy including capital receipts, savings and commercial income
c) fund organisational and cultural development in the Council within the constraints of the public sector economy

Shropshire Council – Corporate Risk Register:

a) Extreme pressures upon partners (social care, health, and criminal justice) within the system impacting on Shropshire Council through increased expectation, demand, need and complexity.
b) Sustainable budget

| Strategic Aim: Objective 1 Reducing Health Inequalities | Risk score 20 Extreme Likely 4 x Catastrophic 5 |
|---|---|

**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 emergent health inequalities in every instance.

| *If* we are unable to find sufficient staffing or expert/technical resources in ICB and across all system partners | *Then* we will not be able to meet increase health inequalities in our services | *Resulting in* poorer outcomes for our population, adverse impacts on our partner organisations and increased scrutiny of our effectiveness |
|---|---|---|

|  | Consequence | Likelihood | Score | Risk Trend |
|---|---|---|---|---|
| Current | Catastrophic 5 | Likely 4 | Extreme 20 | ⬌ |
| Target | Major 4 | Possible 3 | High 12 | |

| Risk Lead | ICB Chief Nursing Officer | Assurance committee | ICB Quality and Performance Committee |
|---|---|---|---|

| System Controls | Assurances reported to ICB Board and committees |
|---|---|
| **Strategies and Plans**<br>• 5 Year Forward Plan<br>• System Development Plan<br>• Inequalities Implementation Operational Plan<br>• Primary Care Winter Plan<br>• Integrated Care Strategy<br><br>**Partnerships and Services**<br>• CEO Group<br>• Urgent and Emergency Care Delivery Group<br>• Planned Care Delivery Group<br>• Finance Advisory Board<br>• ShIPP<br>• TWIPP<br>• Mental Health Delivery Board<br>• Emergency Preparedness Resilience and Response Framework<br>• System People Board<br>• Local Maternity and Neonatal System<br>• Primary Care Networks<br>• System Quality Group<br>• ICS Digital Delivery Group<br><br>**Governance & Engagement Structures**<br>• Integrated Care System CEO Group<br>• ICB Board<br>• ICB Strategy Committee<br>• ICB Quality and Performance Committee<br>• ICB System People Culture and inclusion Committee<br>• ICB Strategy Committee<br>• Integrated Care System Health Inequalities Board<br>• Population Health Board | **First Line of Assurance**<br>• Routine Quality Monitoring and Triangulation by Quality Team<br>• General Practice Appointment Data Monitoring<br>• Performance Dashboard<br>• Monthly Key Lines of Enquiry for areas of underperformance / concern<br>• Monthly Oversight System Review Meetings<br>• Monitoring and oversight by command structure<br><br>**Second Line of Assurance**<br>• Cancer and Planned Care Report to ICB Quality Safety and Performance Committee<br>• Urgent and Emergency Care Report to ICB Quality and Performance Committee<br>• Integrated Performance Report to ICB Quality and Performance Committee<br>• Learning Disability and Autism Assurance Report to ICB Quality and Performance Committee<br>• Performance Report to ICB Quality and Performance Committee<br>• Annual Operating Plans to Finance Committee<br>• Local Maternity and Neonatal System Report to ICB Quality and Performance Committee primary<br>• Primary Care Quality reporting to Quality and Performance Committee<br>• Integrated Provider Report to ICB Quality and Performance Committee<br>• People Collaborative report to ICB Culture and Inclusion Committee<br>• Quarterly reporting to Board<br><br>**Third Line of Assurance**<br>• National System Oversight Framework<br>• NHSE Quarterly System Review Meetings<br>• Core 20 +5 reporting to regional NHSE |

| Gaps in Controls and Assurances | Actions and mitigations to address control / assurance gaps |
|---|---|
| 1. Independent assessment (NHSE, CQC) | 1. Complete self-assessment against NHSE/CQC regulatory framework - CQC - timeframe yet to be published nationally. |

| Current Performance – Highlights |
|---|
| • Health inequalities – Health Inequalities & Prevention group has established well, with executive and senior representation from across system partners. The work programme is focused on the 24/25 agreed objectives and priorities (as briefed at ICB in summer 24). Group reports to Strategic Commissioning Group.<br>• ICB Management of change has established substantive staff for health inequalities.<br>• Population Health Management – clear link with system Population Health Management group. Population Health Board also reports into Strategic Commissioning Committee to clarify assurance reporting lines.<br>• Work continues to describe the growing gap between healthy life expectancy/ overall life expectancy between different segments of our communities, and consider risk in context of multiple completing pressures whilst maintaining/enhancing focus on health inequalities. |

| Associated Risks on the System Strategic Operational Risk Register | |
|---|---|
| Risk no. | Description |
| Risk 1 | CYP Mental Health |
| Risk 3 | Palliative care/end of life |
| Risk 4 | Maternity services |
| Risk 5 | Urgent and Emergency Care |
| Risk 7 | Diabetes Management |
| Risk 15 | Acute Paediatric pathway |
| Risk 16 | C Diff |

| Relevant risks on system partners risk registers |
|---|
| Description |
| RJAH – BAF 3 - Failure to effectively promote equality, diversity and inclusion<br>MPFT – BAF B4 - The Trust in committed to embedding equality and inclusion in everything we do<br>Shropshire Council – Corporate Risk Register:<br>a) Critical skills shortage impacting on Retention, Recruitment & Succession Planning<br>b) Extreme pressures upon partners (social care, health, and criminal justice) within the system impacting on Shropshire Council through increased expectation, demand, need and complexity.<br>c) Sustainable Budget (i.e. budget will not keep track with current population projections overlaid with level of need to the demography of the population and long term investment in preventive/demand management approaches needed) |

| Strategic Objective: Objective 3 Improving health and care | Risk score 16 High Major 4 x Likely 4 |
|---|---|
| Strategic Risk No.4: Inability to recruit, retain and keep our ICS Workforce well. | |

| *If were are* unable to provide the workforce to deliver clinical and non-clinical services due to inability to recruit, retain and keep our workforce well | *Then* we will not develop our inclusive culture and effectively deploy a workforce with the necessary skills and expertise that meet service requirements | *Resulting* in a failure to deliver services to the population of STW. |
|---|---|---|

| | Consequence | Likelihood | Score | Risk Trend |
|---|---|---|---|---|
| Current | 4 major | 4 likely | 16 high | ⬆ |
| Target | 3 moderate | 3 possible | 9 moderate | |

| Risk Lead | ICS Chief People Officer | Assurance committee | System People Committee |
|---|---|---|---|

| System Controls | Assurances reported to ICB Board and committees |
|---|---|
| Strategies and Plans<br>• One People Plan Recommendations and Insights Report<br>• workforce information dashboards to consider workforce information (sickness, turnover, vacancies, staff in post, Agency and bank usage etc)<br>• 5 year Joint forward Plan<br><br>Partnerships and Services<br><br>• People related workstreams being led by the ICS People Team<br><br>Governance & Engagement Structures<br>• System People Committee provides oversight of the development of our system people strategy and annual programmes and strategic direction of travel<br>• System People Committee oversight of Annual operational workforce planning process to set direction of travel for next 12 months | First Line of Assurance<br>• Workforce information dashboards outputs<br><br>Second Line of Assurance<br>• People Plan Programme Progress Report to the People Committee of the Integrated Care Board |

| Gaps in Controls and Assurances | Actions and mitigations to address control / assurance gaps |
|---|---|
| Gaps in controls:<br><br>1 The System People Strategy and priorities are not agreed by system CEOs.<br>2 The System People Collaborative approach, including HRD SROs and refreshed operational delivery and oversight processes/meetings, is not agreed by system CEOs.<br>3 An appropriate and resourced structure – within the system People Team and through provider partner employers – is not agreed by system CEOs.<br>4 The system People Committee is not meeting regularly and its authority and remit requires a refresh – this gap is now completed and closed .<br>5 There is no consistent system oversight of workforce metrics, workforce supply or the | 1 Finalise our ICS People Strategy and priorities by September 2023 – completed<br>4 GGI Making Meetings matter review includes System People Committee – due to report in September 2023 –completed<br>1/2/3/CEO decisions on system people collaborative approach, structures and resources – following discussion papers taken to CEOs meetings and HRD meetings for consideration.<br><br>4. Refresh of the System People Committee as the oversight function – planned for September 24. |

| | |
|---|---|
| delivery of our People Strategy, or progress on the delivery of the 10 people outcomes – this gap is now completed and closed . | 5. Refresh of the People Delivery Committee as the operational delivery programme board – completed. |
| Gaps in assurances:<br>2) Regular minutes from the System People Committee – this gap is now closed | 2. see (4) above |

| Current Performance – Highlights |
|---|

A system workforce dashboard is now in place providing robust insights into NHSE workforce data intelligence and oversight to inform against the annual NHS workforce plan. There is a system workforce assurance and planning steering group chaired by the SRO for Reform from which workforce intelligence reports into several system committees and groups including System Transformation Committee, Quality Committe, Finance improvement committee, Agency workforce group, ICS People Culture and inclusion committee and ICS People collaborative. There is an agreed overarching STW ICS people strategy 2023- 2027 signed off at STW Strategy Committe 18th May 2023.

With this are an agreed suite of annual people delivery priorities and delivery against these can be seen on the 23/24 annual People Programmes report presented to ICB Board in June and resubmitted in September to afford the level of scrutiny this report attracts.

CEO's have agreed to the SRO leadership arrangements across the four strategic people programmes. This is further strengthened by the CEO SRO for people chairing sTW ICS People collaborative from August 24.

CEOs had not agreed to invest in the ICB people team infrastructure, further compounded by NHSE financial oversight scrutiny during 24/25. An external review of HR/people services and the ICB people team is commencing September 2024, expected to take around 8 weeks with anticipated recommendations for consideration.

System Commitee is now in place meeting quarterly across 2023/24. With renewed chairmanship from September 24 this will now meet bi-monthly. Whilst there has been no robust secretariat support to this Committe or to the People delivery collaborative and as of September 2024 which has now been addressed, there is evidence of minutes and actions from Committee, and it has been subject to a good governance review with positive feedback.

| Associated Risks on the System Strategic Operational Risk Register | |
|---|---|
| Risk no. | Description |
| Risk 10 | ICB Financial staff capacity |
| Risk 12 | Chief People Officer for the system |
| Risk 13 | Deputy Chief People Officer capacity |
| Risk 14 | Capacity to deliver 10 people pledge outcomes |

| Relevant risks on system partners risk registers |
|---|
| Description |

SaTH – BAF 3 - If the trust does not ensure staff are appropriately skilled, supported and valued this will impact on our ability to recruit/retain staff and deliver the required quality of care
SaTH BAF 4 - A shortage of workforce capacity and capability leads to deterioration of staff experience, morale, and well-being.
RJAH – BAF 1 – Lack of effective engagement with workforce
RJAH – BAF 2 - The workforce does not have the required capacity and capability
Shropcom – BAF 3.1 – Recruitment challenges
MPFT- BAF F1 - There is a risk to the health and wellbeing of staff due to existing workforce shortages, high acuity and demand, and the long-term effects of the pandemic; leading to staff burnout, absence and increased turnover.
MPFT – BAF F2 - There is a risk to the delivery of Trust services due to national workforce supply issues and skills shortages; leading to an inability to recruit and retain sufficient numbers of clinical, technical and managerial staff.

Telford & Wrekin Council – Corporate Risk Register – R3 - Losing skills, knowledge and experience (retention & recruitment) in relation to staffing.
Shropshire Council - Corporate Risk Register - Critical skills shortage impacting on Retention, Recruitment & Succession Planning

| Strategic Objective: ALL | Risk score 16 High Major 4 x Likely 4 |
|---|---|
| Strategic Risk No.5: Lack of capacity and strategy to develop and use digital and data systems to enable efficient and effective care across the ICS | |

| *If* we are unable to develop and use our digital and data systems | *Then* we will not be able to make informed decisions, develop integrated services that are digitally enabled and monitor their effectiveness against our aims | *Resulting in* challenges in service provision, staff dissatisfaction, and poorer health and care outcomes for our local population |
|---|---|---|

| | Consequence | Likelihood | Score | Risk Trend |
|---|---|---|---|---|
| Current | Major 4 | Likely 4 | High 16 | ⬆ |
| Target | Moderate 3 | Possible 3 | Moderate 9 | |

| Risk Lead | ICB Chief Medical Officer | Assurance committee | ICB Strategic Commissioning Committee |
|---|---|---|---|

| System Controls | Assurances reported to ICB Board and committees |
|---|---|
| **Strategies and Plans**<br>• Integrated Care Strategy<br>• Clinical Strategy<br>• Infrastructure and Estates Strategy<br>• Joint Forward Plan<br>• 10 Year Capital Plan<br>• ICS Green Plan<br>• Population Health Roadmap<br>• Joint Strategic Needs Assessments<br>• Local Operational Plan<br>• Big Conversation analysis<br>• ICS Digital Strategy and ICS Digital Portfolio Plan<br>• Health Inequalities Plan – KLOE for Digital Inclusion<br>• NHSE What Good Looks Like/Digital Maturity Assessment<br>• NHSE Digital Capability Framework for Electronic Patient Records<br>• NHSE GP IT Operating Model<br>• NHSE Cyber Assessment Framework<br><br>**Partnerships and Services**<br>• Population Health Management Board<br>• Telford & Wrekin Integrated Place Partnership (TWIPP)<br>• Shropshire Integrated Place Partnership (ShIPP)<br>• People's Network<br>• Shropshire Digital Inclusion Network<br>• MLCSU Contracted Technology Support Services – GPIT, Corporate IT, Cybersecurity, IG, Procurement, BI/Analytics<br>• ICB Senior Leadership Team<br>• ICB Digital Strategy Group<br>• Commissioning Working Group<br>• ICS Strategic Programme Boards<br>• ICS Climate Change Group<br>• ICS Digital Delivery Group<br>• ICB Operating Model | **First Line of Assurance**<br>• ICB Digital Operations Group reports to ICB Digital Strategy Group and ICB Digital Strategy Group report to ICS Digital Delivery Group<br>• ICB Digital involvement in ICB Senior Leadership Team<br>• Regular ICS partner portfolio updates including programmes, projects and group reports to the ICS Digital Delivery Group<br>• Regular involvement in the Commissioning Working Group<br>• Regular engagement and involvement in community and place-based partnership groups<br>• Regular engagement and involvement with clinical and care professional networks<br>• Routine progress reports from key workstreams<br>• Regular Population Health Management Workstream Update to the Population Health Board<br>• Regular Inequalities Workstream Update to the Population Board<br><br>**Second Line of Assurance**<br>• ICB Digital updates to SBAF and SSORR to Audit Committee<br>• IG updates on DSPT and Cybersecurity to Audit Committee<br>• ICS Digital Delivery Group report to Strategic Commissioning Committee<br>• Population Health Report to Integrated Delivery Committee<br>• Regular engagement via regional and sub-regional digital transformation and related national programme groups/networks<br><br>**Third Line of Assurance**<br>• Audit Committee on Cybersecurity and ICB IT to the Board |

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|---|---|
| • System Digital Governance Model (Recommended, not in place)<br><br>Governance & Engagement Structures<br><br>• Audit Committee (Cybersecurity, ICB IT)<br>• Strategic Commissioning Committee<br>• Integrated Care Board<br>• NHS Midlands Digital Transformation<br>• NHSE Programme Networks | • Strategic Commissioning Committee report on ICS Digital to the Board |
| **Gaps in Controls and Assurances** | **Actions and mitigations to address control / assurance gaps** |
| Gaps in controls:<br><br>1. ICB and ICS Executive roles - remit, authority/span of Data, Digital and Technology (DDAT) decision-making<br>2. Involvement and alignment of digital and technology requirements in prioritisation, funding allocation, organisational development e.g. workforce literacy, strategic programmes and functional operations and working groups for 2nd and 3rd line assurance<br>3. Single view of digital/technology spend within the ICB and across the system - BAF Risk 2<br>4. Insufficient ICS partner reporting into Digital Portfolio<br>5. Insufficient resources to support delivery of the Digital Portfolio<br>6. Unclear commitment to implement a Digital Inclusion framework<br>7. Aligned ICS Digital Procurement Framework and Plan<br>8. Unclear timeline for an information, data, analytics and intelligence strategy across ICP<br>9. Independent assessment (NHSE, CQC)<br>10. Lack of system policy on use of AI technologies and embedded solutions<br><br>Gaps in Assurances:<br><br>11. System data, digital and technology governance with aligned system digital operating model, evolving from ICB management of change programme | 1. Confirm approach and timeline to develop an information and data strategy across ICP<br>2. Clarify and agree the ICB and ICS Executive digital roles<br>3. Commit to a board development programme for data and digital<br>4. Update the Integrated Impact Assessment to include digital inclusion and digital sustainability<br>5. Incorporate Digital voice in prioritisation and decision-making - strategic commissioning, financial planning and budget allocation, service design, quality improvement, leadership development and public involvement for digital inclusion<br>6. Commit to specific funding principles for digital operations financial sustainability and digital inclusion services<br>7. Commit to a system funding allocation model to ensure adequate digital resources to support delivery of the agreed Digital Portfolio and management of operationalised services<br>8. Involve ICB Digital in Infrastructure and Estates programme design<br>9. Involve Digital in the design of the Provider Collaborative<br>10. Commit resources to a system digital operating model for controls that address assurance gaps |

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| **Current Performance – Highlights** |
| • ICS Digital Strategy approved by the Board March 2024 as a culture lever to enable change<br>• Delivered a restructured ICS Digital Portfolio to surface known priorities and show relationships amongst initiatives and programmes to inform gap analysis<br>• Met deadlines for system submission for NHSE What Good Looks like Digital Maturity Assessment for the ICS including Primary Care<br>• Identified key work on core digital and data capabilities and high priority STW ICS digital programmes - One Health & Care (our integrated care record), Digital Inclusion, Cybersecurity, while working within unclear, reduced financial envelope, increased delivery pressure and reduced workforce capacity<br>• <span style="color:red">Maintained ICB Digital during management of change programme and completed recruitment of substantive ICB Head of Digital role to support ICB and ICS digital priorities</span><br>• <span style="color:red">Raised awareness of key opportunities and challenges for ICB and ICS Digital through ICB prioritisation and strategic commissioning workshops</span> |

- Raised awareness of need for ownership of undocumented risks related to operating model design, capacity and experience challenges and prioritised mitigation of issue impacts related to finance/budgeted spend, unmanaged, contracted services and legacy projects/programmes with unclear ownership and reporting
- Raised awareness and shared opportunities for digital innovation and research
- Developed relationships across care setting and functional role specialisms to open doors for collaboration, innovation, and joint delivery with a focus on problem assessment, promoting the use of standards and good practice for inclusive engagement, options assessment before solution design and working within known financial and workforce constraints
- Established first iteration ICB Digital function and role protocols with a focus on service, continuous improvement, and risk management rigour, while ICB undertook management of change
- Actively practiced and advocated respectful check and challenge within existing governance structure to existing norms, transparent reporting, and continuous sharing of opportunities for learning and improvement

| Associated Risks on the System Strategic Operational Risk Register | | |
|---|---|---|
| Risk no. | Description | Current score |
| Risk 8 | Emergency Planning, Resilience and Response | 16 |
| Risk 14 | System Digital Operating Model | 16 |
| Risk 15 | Difficulty of finding patient information across different systems | 20 |
| Risk 16 | System digital inclusion framework | 16 |
| Risk 17 | System capacity and funding to support digital clinical risk management | 20 |
| Risk 23 | System-wide Cybersecurity Operating Model and Strategy | 16 |

| Relevant risks on system partners risk registers |
|---|
| Description |
| SaTH BAF 7A - Failure to maintain effective cyber defences impacts on the delivery of patient care, security of data and Trust reputation.<br>SaTH BAF 7B - The inability to replace implement modern digital systems impacts upon the delivery of patient care<br>RJAH BAF 6 - IT unable to support new ways of working<br>RJAH BAF 7 – Loss of data/unable to restore services following a cyber attack<br>MPFT BAF risk that the appropriate cyber security controls are not in place services following a cyber attack<br>Shropshire Council - Corporate Risk Register - Critical skills shortage impacting on Retention, Recruitment & Succession Planning |

| Strategic Objective: ALL | Risk score 16 High major 4 x likely 4 |
|---|---|
| Strategic Risk No.6: Inability to respond strategically to ICS objectives due to the impact of external factors beyond the influence of the ICS (e.g. Emergencies, Incidents and Disruptive Events such as: climate change, adverse weather, cyber-attack, utilities failure, transport accidents, malicious attacks, industrial action, infectious disease, economic and political changes). | |

| *If* we are unable to respond collectively to the external challenges facing our local area | *Then* we will not be able to, meet our ICS objectives to improve the health and wellbeing of our population. | *Resulting in* poorer outcomes for our population and with further pressure on health and care services. |
|---|---|---|

| | Consequence | Likelihood | Score | Risk Trend |
|---|---|---|---|---|
| Current | 4 - Major | 4 - Likely | 16 High | ⟷ |
| Target | 3 - Major | 3 - Possible | 9 Moderate | |

| Risk Lead | ICB Accountable Emergency Officer (AEO) | Assurance committee | ICB Board Audit Committee (EPRR Programme Group) |
|---|---|---|---|

| System Controls | Assurances reported to ICB Board and committees |
|---|---|
| **Strategies and Plans** <br> • Integrated Care Strategy <br> • Joint Forward Plan <br> • Health and Wellbeing Strategies <br> • Local Authority Strategies <br> • Civil Contingencies Act 2004 (CCA), NHS Act 2006, Health and Care Act 2022, NHS Standard Contract. <br> • NHS EPRR Framework <br> • NHS England Incident Response Plan <br> • Local Authorities EPRR Response Plans and Business Continuity Management Plans. <br> • ICB EPRR Policy, Incident Response Plan, Business Continuity Management Plans (Corporate & Directorate), EPRR Communications Plan <br> • ICB On-Call Policy <br> • STW Health Protection Strategy <br> • ICS Green Plan <br> • Individual NHS organisations EPRR Policies, Incident Response Plans, and Business Continuity Management Plans. <br> • Individual NHS organisations Green Plans <br> • ICB Risk Management Policy <br> • NHS Shropshire, Telford and Wrekin ICS West Mercia Local Resilience Forum Representation Agreement <br> • ICB EPRR Training and Exercise Programme (includes systemwide exercising) <br> • West Mercia Local Resilience Forum (LRF) response and recovery plans. <br><br> **Partnerships and Services** <br> • Integrated Care Partnership <br> • West Mercia Local Resilience Forum (LRF) <br> • West Mercia Local Health Resilience Partnership (LHRP) <br> • West Mercia Health Emergency Preparedness Operational Group (HEPOG) <br> • STW Health Protection Quality Assurance Board <br> • ICS IPC & AMR Group <br> • Population Health Board | **First Line of Assurance** <br><br> • Audit Committee <br><br> **Second Line of Assurance** <br><br> • ICB EPRR Programme Group. <br> • NHSE Annual Assurance Process of NHS Core Standards for EPRR. <br> • NHSE Quarterly Green meetings. |

- Shropshire Integrated Place Partnership (ShIPP)
- Telford and Wrekin Integrated Place Partnership (TWIPP)
- Primary Care Networks
- ICS Climate Change Group

Governance & Engagement Structures
- Integrated Care Partnership
- Health and Wellbeing Boards
- ICB EPRR Programme Group
- Individual NHS organisations EPRR committees/groups
- West Mercia Local Resilience Forum (LRF)
- West Mercia Local Health Resilience Partnership (LHRP)

| Gaps in Controls and Assurances | Actions and mitigations to address control / assurance gaps |
|---|---|
| 1. Limited ICB and individual NHS organisations EPRR resource.<br>2. No existing system level EPRR frameworks, policies, plans for organisations to align own policies and plans to enhance a coordinated response.<br>3. Lack of documented Standard Operating Procedures for the System Coordination Centre (SCC)<br>4. Low level of compliance with NHS Core Standards for EPRR.<br>5. Recent combining of STW LHRP & HEPOG and Herefordshire & Worcestershire LHRP & HEPOG to form the West Mercia LHRP and HEPOG. | 1. ICB EPRR work programme has actions to produce system level EPRR policies, frameworks and plans for organisations to align own policies and plans.<br>2. Individual NHS organisations EPRR work programmes.<br>3. LHRP work programme<br>4. ICB EPRR lead meets with provider EPRR leads monthly.<br>5. STW ICB EPRR lead to work closely with H&W ICB EPRR lead to drive the LHRP and HEPOG work programme ensuring links to system/locality risks, issues, and challenges.<br>6. Accountable Emergency Officers (AEO) for each NHS organisation to review EPRR resourcing to ensure it is adequate for the size, type, and services of their organisation and duties placed on them under the CCA, NHS Act 2006, Health and Care Act 2022, and the NHS Standard Contract.<br>7. Systemwide exercise schedule<br>8. Completion of NHS Core Standards for EPRR.<br>9. Complete self-assessment against NHSE/CQC regulatory framework |

| Current Performance – Highlights |
|---|
| - The ICB and individual NHS organisations have an annual EPRR work programmes in place to ensure there is a continuous cycle of improvement. These work plans cover review and updates of policies and plans, training, exercising, business continuity management systems and incident response arrangements.<br>- The ICB and individual NHS organisations submitted their annual self-assessment against the NHS Core Standards for EPRR at end of August 2024. These self-assessments will be reviewed by the ICB and NHSE during September with final outcomes of the assessment and assurance levels confirmed in early October 2024. Following the issuing of the final assurance levels, the ICB will work with all organisations to develop individual and systemwide improvement plans. These improvement plans will be overseen by the ICB EPRR Senior EPRR Lead reporting to the ICB Accountable Emergency Officer (AEO) via the West Mercia LHRP, ICB EPRR Programme Group through to Audit Committee and Board<br>- <span style="color:red">Detailed review of Greener NHS progress in STW against the NHSE national objectives and priorities carried out in Aug 24, and discussed with NHSE regional leads. Plan to enhance link to ICS Infrastructure group (chair – ICB Director of Finance). Follow up review with NHSE in late autumn 24, with objective of improving ICS rating.</span> |

| Associated Risks on the System Strategic Operational Risk Register | |
|---|---|
| Risk no. | Description |
| Risk 8 | EPRR |

| Relevant risks on system partners risk registers |
|---|
| Description |
| **NHS STW ICB** – SORR 24 – EPRR. |
| **ShropCom** – BAF 4.1 External pressures impact on capacity (wider system escalation or rising pandemic levels) |
| **Telford & Wrekin Council** – Corporate Risk Register – R4 - Significant business interruption affecting ability to provide priority services, e.g. critical damage to Council buildings, pandemic, etc. |
| **Telford & Wrekin Council** – Corporate Risk Register R7 - Inability to respond adequately to a significant emergency affecting the community and/or ability to provide priority services. |
| **Telford & Wrekin Council** – Corporate Risk Register R8 - Inability to respond to impact of climate emergency on severe weather events including heat, cold and flood. |
| **Shropshire Council** – Corporate Risk Register:<br>    a)   Responding and Adapting to Climate Change<br>    b)   Delivery of the Economic Growth Strategy<br>    c)   Sustainable Budget |

| Strategic Aim: ALL | Risk score 16 High Major 4 x Likely 4 |
|---|---|
| Strategic Risk No.7: Inability to contribute effectively as a system to support broader social and economic development | |

| *If* we are unable to respond collectively to the social and economic challenges facing our local area, | *Then* we will not be able to make a difference to wider economic growth across our system | *Resulting in* poorer longer-term outcomes for our local population in relation to health and wellbeing |
|---|---|---|

| | Consequence | Likelihood | Score | Risk Trend |
|---|---|---|---|---|
| Current | Major 4 | Likely 4 | 16 High | ⬆ |
| Target | Major 4 | Possible 3 | 12 High | |

| Risk Lead | ICB Chief Executive Officer | Assurance committee | Board |
|---|---|---|---|

| System Controls | Assurances reported to ICB Board and committees |
|---|---|
| Strategies and Plans<br><br>• Integrated Care Strategy<br>• 5 year Joint Forward Plan | First Line of Assurance<br>• Joint Strategic Needs Assessments<br>• Workforce mapping |

| | |
|---|---|
| • Health and Wellbeing Strategies<br><br>Partnerships and Services<br><br>• TWIPP<br>• ShIPP<br>• Provider Collaboratives<br>• ICS Chief Executives Group<br>• Networks<br><br>Governance & Engagement Structures<br><br>• Integrated Care Partnership and Integrated Care Board and associated committees<br>• ICB – agreed values and behaviours<br>• Health and Wellbeing Boards | Second Line of Assurance<br>• Population Health Board report to ICB Integrated Delivery Committee<br><br>Third line of Assurance<br><br>• Health and Wellbeing Boards |
| **Gaps in Controls and Assurances** | **Actions and mitigations to address control / assurance gaps** |
| Gaps in Controls:<br><br>   1. Strategic partnership focus on broader social and economic development of the area has been limited to date.<br><br>Gaps in Assurances:<br><br>   2. No clear committee that has this oversight in its remit. |    1. Population health management approach needs to be adopted.<br><br>   2. GGI review of meetings and governance structure – phase 1 October 2023 |

**Current Performance – Highlights**

- GGI review phase 1 due to report proposed revised governance structure for ICB/ICS in October 2023.
- Population Health - Population Health analysts capacity secured in Planning and Performance directorate. Population Health Board now reports into Strategic Commissioning Committee Committee to clarify assurance reporting lines.
- Initial meeting held in July 24 with Office of West Mids/Centre for Economic development to consider areas of development.
- ICB working to support major Local Authority-led initiative – Marches Forward Partnership (Shropshire, Powys, Monmouthshire and Hereford & Worcester). Range of workstreams inc health, housing, skills and energy, with focus on economic development.

**Associated Risks on the System Strategic Operational Risk Register**

| Risk no. | Description |
|---|---|
| | None identified |

**Relevant risks on system partners risk registers**

| Description |
|---|
| Shropshire Council – Corporate Risk Register:<br><br>a) Delivery of the Economic Growth Strategy<br>b) Extreme pressures upon partners (social care, health, and criminal justice) within the system impacting on Shropshire Council through increased expectation, demand, need and complexity. |

| Strategic Objective: ALL | Risk score 12 High Major 4 x Possible 3 |
|---|---|
| Strategic Risk No.8: Patient and Public Involvement | |

| | | |
|---|---|---|
| *If the ICB fails to meet its statutory duty to involve patients and the public in planning and commissioning arrangements, and in the development of proposals to change or cease existing services* | *Then services will not be tailored to local people's health and care needs* | *Resulting in potential judicial review and not meeting the population health needs and increasing health inequalities in the local population and leading to poorer health outcomes* |

| | Consequence | Likelihood | Score | Risk Trend |
|---|---|---|---|---|
| Current | Major 4 | Possible 3 | High 12 | |
| Target | Moderate 3 | Unlikely 2 | Moderate 8 | |

| Risk Lead | ICB Chief Business Officer | Assurance committee | Strategic Commissioning Committee Equality and Involvement Sub Committee |
|---|---|---|---|

| System Controls | Assurances reported to ICB Board and committees |
|---|---|
| **Strategies and Plans**<br><br>• Integrated Care Strategy<br>• 5 Year Forward Plan<br>• Big Health and Wellbeing conversation comms and engagement plan socialised and approved by Board<br>• Communications and Engagement Strategy for STW ICB approved by the Board<br><br>**Partnerships and Services**<br><br>• Presence of Healthwatch for both areas at Board meetings and Quality and Performance Committee<br>• System Involvement and Engagement Network established<br>• Communications and Engagement teams working jointly across ICB, ICS and Providers providing more capacity and expertise in planning and delivery<br>• Board meetings are held in public and board papers published to the ICB website to increase transparency.<br>• In house ICB Comms and Engagement team supplements capacity of partner organisations<br>• System-wide Integrated Impact Assessment (IIA) tool developed to streamline the way we identify the impact of change on equality groups<br><br>**Governance & Engagement Structures**<br>• Integrated Care Partnership and Integrated Care Board and associated committees<br><br>• Reports to Governing bodies/Committees require section completing on Patient involvement<br>• Equality and Involvement Sub-Committee as part of ICB Governance<br>• Non Executive Director for Inequalities in place on Board to act as specific check and balance with regard to patient involvement | **First Line of Assurance**<br><br>• Reporting on Engagement as part of wider reporting and decision making at SCC and Q&P Committee<br><br>**Second Line of Assurance**<br><br>• Reporting to Equality and Involvement Sub-Committee. EIC now receiving comms and engagement plans from commissioners and Integrated Impact Assessments (IIA), Chair provides reports to IDC<br><br>**Third Line Assurance**<br><br>• Health and Overview Scrutiny Committees (HOSC)<br>• NHSE review of ICB Annual Report which must include content on patient and public engagement over the period of reporting.<br>• NHSE Annual ICB assessment includes component on statutory responsibility to engage with the local population and partners. |
| **Gaps in Controls and Assurances** | **Actions and mitigations to address control / assurance gaps** |
| Gaps in Controls:<br><br>1) Limited engagement capacity within the comms and engagement team<br>2) Development of advice, guidance and training resources for commissioners, partner organisations<br><br>Gaps in Assurances:<br><br>None | 1a) CSU comms and engagement capacity is used when required.<br><br>1b) People's network needs focus to add in more diversity to enable ongoing engagement on a regular basis with a wide range of citizens.<br><br>1c) Need for ICB C&E team to focus on ICB prioritised areas of work (currently being undertaken by SLT and planning team)<br><br>2) ICB C&E team to develop guidance on statutory consultation and non statutory engagement and on managing media enquiries |

| | |
|---|---|
| 21 | |

**Current Performance – Highlights**

- Currently planning use of CSU resources for remainder of 24/25  - Quarter 2
- Starting to consider options for additional recruitment to the People's Forum, particularly focussing on groups that are under represented – currently we have low numbers of young people and men.  - Quarter ¾
- Will begin work on support resources to new commissioning teams and partners – end of quarter 2 and quarter 3.

**Associated Risks on the System Strategic Operational Risk Register**

| Risk no. | Description |
|---|---|
| 23 | Patient and Public Involvement  - risk of not meeting statutory duty. |

**Relevant risks on system partners risk registers**

| Description |
|---|
| MPFT – BAF P2 - There is a risk that the Trust will not be able to adequately measure and respond to the experiences of our service users due to the limitations of the current feedback systems and approaches. This may impact on the Trust reputation due to reduced confidence in the ability to learn, respond and improve services in response to customers voice / views |

Agenda Item

ICB 25-09.065

Chief Executive Report


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

# Shropshire Telford and Wrekin ICB

**Focused Governance Review Report – Final Draft**

**July 2024**

**Author: Maria Arthur for: NHS England**

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Glossary of terms

**Background**

In accordance with the NHS Oversight Framework 22/23, Shropshire Telford and Wrekin ICS entered segment 4 Recovery Support Programme (RSP) arrangements on 13th July 2021. Within the period July 22 to 31st March 23, Quality issues at local providers was one of three significant control issues identified.

In response, the Regional Chief Nurse from NHS England Midlands Region requested a supportive review looking at the effective function of quality governance arrangements in the Shropshire Telford and Wrekin ICS ("the ICS"). At the time of the review the CQC rating for all providers in the ICS was good except for Shrewsbury and Telford Hospitals NHS Trust (SaTH) that was rated inadequate.

**The scope**

The review sought to examine how ICB Serious Incident quality governance processes operate in practice, the robustness of the assurances they provide and to pinpoint areas where enhancements can be made. The influence of leadership, culture, teamwork and communication were not explicitly examined within this review.

Further to the work already underway with the Good Governance Institute to review governance arrangements in the ICS, and due to the timing of an organisaional MoC, it was negotiated with the ICB Interim Chief Nursing Officer in January 24, to keep the focus to the ICB (as opposed to ICS) and to the Quality Governance team's remit and specific processes (below) using SaTH as a reference point.

1. Governance - systems, process, and assurance (internal to the ICB and oversight of providers)
2. Incident Management – PSIRF process and transition (ie investigation, theme analysis, action follow up, learning and improvement evaluation).
3. Quality Governance Reporting - Effective function of meetings structures relative to the ICB role of oversight, monitoring, learning and improvement.

**The work activity and approach**

The formal project time for the review commenced wb 4/10/23; and as set out in the terms of reference, the work was carried out in three phases:

Phase 1 – Introduction, data provision and desktop review – 50+ documents reviewed including policies, meeting structures, meeting papers, TORs, BAF, Risk registers, internal audit, annual report, external reports etc.

Phase 2 - Meeting observations and Interviews – The Quality and Performance Committee (QPC), System Quality Group (SQG), and the Review and SaTH Learning from Incidents Groups (RALIG) were attended for observation. One to one interviews and follow up meetings were held with the ICB Interim Chief Nursing Officer, Interim Deputy Chief Nursing Officer/Patient Safety Specialist, Interim Deputy Chief Nursing Officer/Head of Quality

Phase 3 – Data analysis, report write up and publication – A spreadsheet of KLOEs was prepared for further exploration and for planned engagement meetings with ICB Quality Team members.

Consistent with the objectives of the review, the findings focus more on opportunities to enhance existing arrangements and provide less observational commentary. Review findings and recommendations are outlined below.

**Executive Summary**

ICB Quality Governance structure

The ICB Quality Governance structure contains two key meetings authorised to review, challenge and improve Quality across the ICS. The Quality and Performance Committee (QPC) is delegated by the Board to assure on regulatory compliance and effective quality governance performance and the System Quality Group (SQG) whose aim is to examine quality issues and associated risks, identifying opportunities for shared learning and develop system wide solutions to enhance quality. These essential meetings play a vital role in ensuring delivery of high quality and safe services. Geared towards this objective there were constructive and collaborative working relationships observed across all members.

The review identified opportunities to enhance clarity in the distinction of meeting purpose for QPC and SQG, review of agenda scheduling and structures, and report formats and conventions. The challenge of heavy agendas and detailed reports will be greatly helped by using templates that reduced long, sometimes duplicated narrative and quickly directs the focus on key exception highlights and risks with clear direction for members on required actions.

Where for example the underlying meeting distinctions are for QPC to oversee performance outcomes with evidence to assure the Board and that of SQG being to review more detailed/granular system intelligence and co-produce system solutions; then the format and content of reports presented at each level should be tailored to those specific remits to avoid duplication. Reporting templates should contain guidance that assist with interpretation and use of section heading. Acknowledging the GGI findings already shared, this review points to just a few supplementary adjustments to the TOR, agenda, business cycle and reports below.

ICB/Provider Oversight

The ICB Quality team undertake an essential quality performance oversight role. They operate as an interface, providing both challenge and support to providers in their delivery of continuous quality and safety improvements. The Quality Leads are the ICB's eyes and ears in providers. They sit on provider quality and safety meetings to understand progress and glean available assurance from internally reported data. The key meetings attended are:

At SaTH - QSAC, QOC, RALIG, IROG, Harm review for Ambulance waits, Mortality Review meeting (plus regular but informal 121's with providers)

These are a mix of weekly and monthly meetings where the ICB have regular invites and are included in some (eg RALIG) but not all meeting TORs (eg QSAC). Where the meeting does not allow time for more granular detail or assurance queries, these are raised at separate informal 121 meetings held monthly with provider executives and senior leaders.

Risk and issue logs are prepared/maintained by each Quality lead from meeting papers, items highlighted at the provider quality meetings, speaking with colleagues or from one to one meetings. It was explained in interviews that the risk and issue logs are a vehicle to transfer information between providers and the ICB and was discussed within the quality team to determine further communication/escalation to ICB structures or to the CRR. Logs are also discussed at the ICB Quality team huddles and reviewed at

121's between Quality leads and the Deputy Chief Nursing Officer/Head of Quality for action progress and closure. This review recommends documenting a formal process for the transfer/escalation of information from providers into the ICB. This should include recording, discussion/decision making and subsequent communication/escalation into the ICB Governance structures, Corporate Risk registers, Committee risk and issue logs etc.

In employing this oversight model to obtain assurance, it's important to ensure a strong and effective link exists between provider performance information and the ICB's defined reporting and escalation structures, particularly for the less formal one to one interaction. Implementing a standard operating procedure that allows for audit testing could be an advantageous step in strengthening assurance.

For assurance it was explained that provider quality meetings (QSAC and QOC) use 'triple and quadruple A' tools to assist escalation highlights and it was reported that good practice was observed in evaluating improvement outcomes via the provider transformation meetings (i.e. Maternity, Paeds, ED (ECTAC) with Medicine to start shortly.

In addition to the above outreach by Quality leads, additional approaches for assurance could be considered eg targeted penetration testing, proactive quality visit programmes, linking system priorities for QI into provider quality accounts and QI programmes.

<u>Risk register management</u>

There was good practice in the formula used for describing risks and interviews reported discussions underway to procure a risk register system to transfer from the current excel document in use. This will aid the redress of findings and recommendations in this report around the timely update of risks and the correlation of risks between different providers and the ICB's own corporate risk register (CRR).

Committee Risk and Issues log – It was reported that each Board Committee has a risk and issues log separate to the CRR. The review did not confirm a documented process (with risk threshold/tolerance) in existence for the transfer/escalation of risks between Committee logs and the ICB's CRR and has suggested a recommendation in this area as it poses a potential gap in the ICB's knowledge and oversight of system risks.

This review recommends that the ICB risk management document/process specify its expectation for providers to notify/escalate risks. The process should include principles for managing system risks and for transfer of risks to the BAF ie compound problem across the system, external causes out of ICB control with impacts across various providers.

<u>Patient Safety Incident Response Framework (PSIRF)</u>

The new PSIRF policy and plan is implemented in all NHS Trust providers) and incident review meetings within providers are attended by the ICB Quality team. There were co-operative working connections observed at both provider and ICB meetings, which is essential to successfully embedding the change. Plans for ICB to facilitate peer review of safety investigations and learning include a new Shared learning Insights forum (SLIF in development) which will inform thematic review reporting into the SQG and QPC meetings. Normalising systematic approaches for learning and quality improvements as commonplace is still an emergent area.

**Appendix 1** contains an outline of the review's findings in the context of their influence on the CQC's Well-Led KLOEs.

**Review Findings**

1. **Governance organisation – oversight and assurance**

**TOR and Business Cycles**

**QPC & SQG terms of reference** (TOR) were approved towards the end of 2023, and it's acknowledged that any new changes will be early into implementation at the time of the review. The need for meeting distinction and validation of purpose is already noted. The review of QPC and SQG meeting TOR and business cycles identified the following findings:

1. The TOR for the Quality and Performance Committee (QPC) and System Quality Group (SQG) could be clarified to better distinguish their respective remits. The SQG's role in doing more granular work on provider updates/progress, and offering challenge and support, should be made more distinctive from QPC. Reflecting remits in meeting names could help to anchor their purpose. Reports to these groups could then be shaped accordingly.
2. The QPC and SQG TORs and business cycles are not fully aligned in terms of reports to match their stated responsibilities. For example, health inequalities is not explicitly covered.
3. The SQG business cycle should include reporting on the new PSIRF arrangements, outcomes and oversight of PSIRP delivery.
4. A defined TOR and report scope should be agreed for subgroup/task and finish groups..
5. The QPC and SQG TORs refer to 'a defined escalation process for quality issues and reporting back on activities/improvement actions' but is not explicit on the how expected reporting from providers occur. The review could not confirm a documented ICB escalation or reporting process from providers to ICB. Although this may form part of other meeting forums such as CRM which has a designated quality segment of the agenda, routine update/redress reports from providers to respond to the data presented were not scheduled at SQG. Due to time the CRM was not observed, nor TOR considered in this review.

**QPC (29/2/24) and SQG (6/3/24) - Agenda, Reports** – Review Summary

1. The agendas for QPC and SQG do not state the required action/purpose for each report item. Sectioning the agenda to assign more time for items requiring assurance, updates, decisions or approvals versus items for information/noting could assist with time allocation.
2. The report templates used for QPC and SQG encourage long narratives, repetitive background/purpose information particularly for routine reports; and do not consistently use the 'triple or quadruple A' summaries to aid escalation. A standard (higher level) report template will improve consistent information provision and processing at QPC, along with guidance on interpreting the use of 'triple or quadruple A'.
3. A more granular level of report at SQG necessitates a swift transition to essential information (ie performance, risk escalations, progress actions) and to steer discussion/decisions/actions. To ensure the meeting regularly gets required information, a specific template could be developed for SQG to prompt the detail

considerations the meeting wishes to see – this could include proactive and reactive reporting on compliance outcomes (with national guidance and best practice), KPI, Audit, incident/harm events, themes/trends, learning and improvement and risk.

4. The conclusion and recommendation section of reports could be clearer in directing requirements from the report ie conclusions/recommendations in various reports state for noting/consideration/accepting the report.
5. SQG could consider a standing "items for escalation" section on its agenda, either summarising escalations at the end or after each agenda item.
6. The "Items for Escalation" agenda item at QPC, seemed to focus predominantly on risk escalations and could be broadened to include progress and positive assurance received/reviewed by the Committee.
7. There was a call at QPC and SQG to strengthen the monitoring and evaluation of action outcomes/impacts within reports. In addition to report updates, the meeting could identify specific priorities and themes for testing, linking them into eg Quality visit programme, Deep dive reviews, Audit programmes (ICB or provider led)
8. A recurring point was how to best glean and share learning across the system (see recommendation in section 3 below).
9. The Chairs report from SQG to QPC uses the 3As in a predominantly narrative fashion and could be strengthened with evidence of performance and assurance, a clear section to escalate risks and more specific recommendations/actions required from the committee. On the occasion observed the SQG Chair's report to QPC was taken with minimal discussion.
10. The ICB has a responsibility to assess providers against their Patient Safety Incident Response Framework (PSIRF) and plans, holding them to account for delivery. The review noted that relevant outcome measures are not yet confirmed and reporting not yet commenced at QPC or SQG level.

**Recommendations**

| Area/s reviewed | Recommendation | Action Update |
|---|---|---|
| TOR/Business cycles | 1. Review TORs and clarify meeting distinction for QPC and SQG to inform the content/style and level of reporting.<br>2. Configure cycle of business and agendas in sections that are matched with the TOR responsibilities.<br>3. Ensure that there is documented process whereby commissioned work through task and finish groups have a defined scope/TOR with regular reports back to parent group.<br>4. QPC or SQG TOR to include links to the ICB's quality visit programme arising from risks/priorities/themes raised at meetings.<br>5. Establish an annual survey to evaluate the effectiveness of the meetings in achieving its TOR. This should be done annually in conjunction with the TOR review and business cycle planning.<br>6. The ICB membership and role could be specified within provider TORs as a formally recognised way of working.<br>7. Review business cycles to include quality improvement, health inequalities, PSIRF reporting. | |
| Agendas and Reports | 1. Revise the report template for SQG and QPC to assist time management and report focus. Introduce guided templates to address the use of the 'triple, quadruple A' summaries, conclusion and recommendations in reports. In distinction, SQG template to contain prompts for core component reporting, whilst QPC will focus on high level assurance, evidence and outcome testing.<br>2. Add to QPC and SQG agendas as standard:- 'Items for escalation' and 'Evaluation of the meeting' | |

| | 3. A round up of actions/escalation could be assessed at the end of each item and/or confirmed at the end of the meeting using core questions around: any escalation issues/risk, learning to be shared, QI opportunity locally or across system. <br> 4. Agendas to identify the purpose of reports to aid time allocation. <br> 5. Review Chairs report format adding assurance evidence as adjustment is made to more granular evidence-based reports at SQG. | |
|---|---|---|

**2.** **Governance meeting - observations of reporting and assurance**

QPC - The meeting was welcoming and allowed space for open discussion. Members connection to the purpose of the meeting was evident through their check and challenge questioning and a good mix of exploratory discussion to get to the best assurance results.

A summary of findings from QPC papers review include:

1. Overall, there are opportunities to improve risk register processes, timeliness and mechanism for update, clarity around controls and assurances recorded.
2. Minutes and interviews suggest there are several risk logs owned by committees separate to the ICB corporate risk register (CRR). Its important to outline the working relationship (escalation and delegation) between the committee risk logs and the CRR. The SQG discussion on the risk register in November 23 minute was minimal.
3. The corporate risk register used good practice in describing risks with "if>then>resulting in" structure, although some controls were not measurable or targeted to reducing risk likelihood and/or impact.
4. Some risk summaries were noted as reviewed but did not reflect more recent developments (e.g. old updates on maternity incentive scheme). A process for timely risk review requires attention, to include updates from relevant providers and stakeholders. The current spreadsheet-based risk register could be maintained more efficiently in a risk management system. Issues with risk ownership were highlighted for redress, along with risk management training planned with GGI.
5. The risk register headings for key controls, existing assurance, and gaps were not always appropriately interpreted/used and could be simplified to represent controls, followed by results against those controls in the form of positive or negative assurance.
6. Some controls recorded could be strengthened to comprehensively mitigating/monitoring the risk eg. SQG 9 Acute paediatric pathway.
7. Some controls were action or reassurance statements that were not measurable, making it difficult to record outcome results.
8. The running of the ICB Board Assurance Framework (BAF)/corporate risk register relies on the effectiveness of its sub-committees in gaining assurance, assessing the strength of controls, identifying gaps, and monitoring the progress of actions. A beneficial approach could involve delegating BAF/corporate risks to Board sub-committees for more detailed scrutiny/challenge, evidence review and update. Defining risk appetite would aid risk management and tolerance at all levels.
9. There was limited deliberation on the System Quality metrics report at the February 2024 meeting and the cover report provided brief narrative/exception update on some but not all highlighted areas.
10. The System Quality metrics report adds support to risk register monitoring, however the absence of measurable controls for some risks prohibited this.

SQG - While the meeting had an engaged membership, the extremely heavy agenda, broad remit and level of scrutiny required could pose challenge in meeting its TOR. A means of balancing the level of detail and time dedicated to each item would help to work through the agenda with appropriate parity for discussions/decisions. Some reports, like the System Quality Report and risk register, could receive more substantive discussion/triangulation. Without standardised formats for executive summaries and the "3 As", there can be less decisive steer on which areas warrant deeper examination or action.

A summary of findings from SQG papers review include:

1. The risk register report at SQG had very high-level and generic discussion on each presented risk. A more focused approach to risk scrutiny could be considered.
2. There was little difference in the style, content, and review approach of the risk register report at SQG and QPC meetings – the levels of review and required outcomes should be distinguished for each meeting.
3. Some SQG risk updates were framed more as reassurance statements than assurance evidence and needed to provide more detail on the control outcome position (i.e. results of positive or negative assurance).
4. Aligning the System Quality metrics with the risk register was good practice. However, some risk measures did not appear in the quality metrics (e.g., Sepsis/ADHD).
5. The System Quality Metrics report did not use the "3 As" format and provided limited exception update on some quality KPIs only. Each graph should contain an exception account (e.g. slide 18 mentioned harm reviews but not the outcomes). The report could consider separate executive summaries for quality and for performance to direct further actions and escalations.
6. The need to apply quality improvement (QI) and share learning was discussed and accepted in relation to several papers. However, greater clarity is needed around what a coordinated process for learning looks like i.e. a Learning framework and process to identify/share/test applied learning (refer section 3).

**Recommendations**

| Area/s reviewed | Recommendation | Action Update |
|---|---|---|
| Governance Meeting – Reporting and Assurance | 1. Increase time and attention to report items such as the risk register, System Quality metrics.<br>2. Revise the risk register report template to suit the required focus for SQG and QPC and to assist time management. Risk updates at SQG may require either dedicated time scheduling in agenda or a separate meeting that allows time for more comprehensive deep dive review with stakeholders.<br>3. A SQG template is proposed for more granular reporting of subgroups ie specialist groups/leads reporting into SQG – the template will define expected content for performance update, risk escalation drawing from national guidance, KPI measures, alerts and other relevant standards or drivers. (QPC template will remain as is for assurance oversight, escalation etc).<br>4. ICB to develop or reinforce a formal risk management process (with risk tolerance/threshold) addressing:<br>  - The transfer/escalation from Committee risk and issue logs to the CRR<br>  - Requirements for risk notification from providers<br>  - The principles that determine system risks and its management on the ICB BAF<br>5. Define a risk appetite to support the devolved management of risks.<br>6. Define and confirm the use of Risk register headings for: | |

| | a. Controls – mitigations to manage the risk<br>b. assurance (existing, positive, negative) – results actualised from controls<br>c. actions – further intervention needed/planned to manage the risk<br>7. Align system quality priorities identified with ICB quality visit programme and provider Quality account and QI programmes. | |
|---|---|---|

### 3. Governance processes – Incident management – Patient Safety Incident Response Framework (PSIRF) transition

All NHS Trust Providers in the system implemented PSIRF and had an approved policy outlining the changes in meeting structures and incident management processes. A Patient Safety Incident Response Plan (PSIRP) outlines the safety priorities for each provider and the corresponding learning responses to be applied. The ICB continues to manage a parallel Serious Incident (SI) process for oversight of non-Patient Safety Incidents and for providers such as SCHT and independent provider that have not yet implemented PSIRF arrangements. SCHT implemented PSIF on 01/01/24 during the period of the review.

Under new PSIRF arrangements, the ICB has a responsibility to establish and maintain structures to support a coordinated approach to oversight of patient safety incident response in all services within their system (PSIRF  Oversight roles and responsibilities specification (NHSE, 2022). The ICB plans to facilitate 6 monthly thematic reviews on the PSIRF priorities to report to SQG; and will agree PSIRF measures to be written into provider contracts with quarterly oversight of performance and progress. These proposals are not in full operation and could not be assessed at the time of the review.

Arrangements for a new ICB meeting ie Shared learning Insights forum (SLIF), are under consultation to commence. In addition, the ICB Quality team attend the various provider Incident Surveillance groups that operate for the management of legacy SI, for decision making on PSIRF learning responses and for approval Patient Safety Incident Investigation (PSII). The SaTH Incident Surveillance group known as RALIG was observed as part of the review.

RALIG meeting – 26/3/24 - Well-ordered agenda covering several requirements under the new PSIRF as well as the old SI process (until completion). There were constructive discussions around the use of appropriate PSIRF learning responses. The distinct rationale behind the use of responses were discussed ie multi-disciplinary team (MDT) - multiple factors requiring specialist consideration and after-action reviews (AAR) – where process checks were needed around a delay but no new learning requiring a PSII. ICB attendance and input was value adding and there were open and transparent discussion and self-challenge. Although the specific ICB role at RALIG was not explicit in the TOR, it was explained at interview to include oversight of PSIRF implementation, advisory support and decision making but also freedom to challenge and not merely observe provider arrangements. Provider and ICB interaction with the new PSIRF process is still evolving.

Plans for Quality visits as a means of overseeing provider PSIRF implementation has not yet commenced. Currently oversight is occurring through monthly meetings with providers around their worry areas eg grade 3 PUs, commissioning decisions, PSII decisions, use of QI methodology etc.

A process for learning that leads to quality improvement is an important aspect of PSIRF. A systematic approach should be documented and communicated to include how lessons are identified, shared for implementation and evaluated. Some options being considered by ICB include:

- Each provider to host a learning event,
- Primary care to utilise existing Network/s.
- Triage process for safety concerns – selecting items for immediate response or for thematic response.

**Recommendations**

| Area/s reviewed | Recommendation | Action Update |
|---|---|---|
| Governance process - PSIRF incident management | 1. Establish SLIF meetings.<br>2. Agree PSIRF Performance measures to be reported to ICB Quality Governance meetings (QPC, SQG)<br>3. Establish Quality visits to test learning responses and key aspects of PSIRF that occur outside the Incident surveillance meetings ie RALIG)<br>4. Agree and develop a Learning Framework across the ICS (to include learning identification, sharing/publication/alert and testing). | |

**Other Incidental findings/observations**

- **Quality Team Safety huddle –** The meeting TOR did not clearly outline its full scope (incl risks and issue escalations from providers, assurance evidence) and suggested a narrower focus on incident review for redress actions. Although this was explained in interviews the meeting purpose/responsibilities could be more explicit outlining its notable work involving the review of intelligence, decision making and escalation to ICB structures. The huddle agenda could be ordered in alignment with the meeting scope (Incident, Risks, Quality concern, data/themes, provider meeting intel, learning assurance obtained or testing needed, quality visits outcomes etc) and the reporting remits identified for each Quality lead (Acute, MH, LD etc.). The rigour of reporting links between providers and the Quality team and between the Quality team and Exec safety huddle could be formally reinforced with an approved SOP.  This could include the scope of recording, reporting, review and update required by all quality team members including feedback from provider quality meetings attended for assurance and risk oversight.
- **ICB Policy Governance –** Policy documents submitted for approval highlighted the need for a standard format for policies and SOPs. ICB could review their process for communicating expected policy requirements with partners for transparency eg flowchart provided for update and escalation of risk, reporting of quality matters, performance update/accountability expectations. The communication section of the SOP should include internal and partner/provider communication.

**Recommendations**

| Area/s reviewed | Recommendation | Action Update |
|---|---|---|
| Incidental findings | 1. Establish internal policies/governance processes for internal incident reporting and management, quality concern escalations and oversight, national guidance/external visit report response etc.<br>2. Review the scope of the Quality Team Safety huddle TOR and agenda accordingly.<br>3. Develop a local SOP outlining the recording and reporting arrangements conducted by the Quality team in conjunction with provider and ICB processes and reporting structures. | |

**Conclusions**

The review identified some constructive and promising practices, including the ICB's evolving relationships with providers, positive collaboration and engagement between providers and the ICB during meetings, as well as effective outreach efforts by the ICB towards providers. The recommendations outline several areas for enhancing the governance arrangements, centred around strengthening evidence-based assurance mechanisms and the ICB's structures for obtaining and validating this assurance within its Quality Governance framework.

**Appendix 1 CQC Well Led Framework summary - Reference of findings (by KLOEs)**

Of the 8 CQC Well Led KLOE, the 4 most relevant to the review findings are outlined in brief below. The compliance gap assessments provided below should be considered as subjective recommendations for potential improvement, rather than definitive judgements. Noting the recent announcement that CQC assessment of ICSs has been put on hold to allow for further refinements on their approach – there is opportunity for redress in readiness for the new framework/methodology roll out.

| Theme | Well Led Framework KLOE | Review findings/recommendations affecting KLOE | Gap in compliance Yes/No/Potential |
|---|---|---|---|
| Clear Responsibilities and Accountabilities | 4. Are there clear responsibilities, roles and systems of accountability to support good governance and management? | • Clarity of meeting structure, purpose and outcomes.<br>• TOR, business cycle, reporting congruence<br>• Risk register management<br>• Evidence based assurance and testing | Yes |
| Structure Process | 5. Are there clear and effective processes for managing risks, issues and performance? | • Clarity of meeting structure, purpose and outcomes.<br>• Risk register management<br>• Documented ICB risk escalation processes<br>• Documented ICB operational processes eg Policy development and communication, Quality team assurance/oversight etc | Yes |
| Data systems and Reporting | 6. Is appropriate information being effectively processed, challenged and acted on? | • Reporting formats and data to be aligned with meeting purpose. | Potential |
| Learning and Improvement | 8. Are there robust systems and processes for learning, continuous improvement and innovation? | • A systematic and consistent approach to learning and improvement to be developed/embedded. | Potential |

**Glossary of Terms**

AAR – After action reviews

ADHD – Attention Deficit Hyperactivity Disorder

BAF – Board Assurance Framework

CRM – Contract Review Meeting

CRR – Corporate Risk Register

CQC – Care Quality Commission

ECTAC – Emergency Care Transformation meeting (SaTH meeting)

ICB – Integrated Care Board

ICS – Integrated Care System

IROG – Incident Review Oversight Group (SaTH meeting)

KLOE – Key lines of Enquiry

LD – Learning Disability

MDT – Multidisciplinary team

MH – Mental Health

MoC – Management of change

PSIRF – Patient safety Incident Response Framework

PSIRP – Patient Safety Incident Response Plan

QPC – Quality and Performance Committee

QSAC – Quality and Safety Assurance Committee (SaTH meeting)

QOC – Quality Oversight Committee (SaTH meeting)

RALIG - Review and Learning from Incidents Groups (SaTH meeting)

SaTH - Shrewsbury and Telford Hospitals NHS Trust

Shrop/Comm - Shropshire Community Health NHS Trust

SLIF - Shared learning Insights forum

SQG – System Quality Group

TOR Terms of Reference

QI – Quality Improvement

# Shropshire, Telford and Wrekin
# Joint Forward Plan 23/24 Progress Review

## May 2024

# Process undertaken

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
2. Actions that were completed in full during 23/24 were marked as completed and are summarised throughout these slides
3. Any action that was not completed in full during 23/24 was assessed to determine whether the action was still required or not
4. Any outstanding actions still required were rolled over to 24/25 year of the revised JFP

# Completed actions in 23/24

Overview of actions from the Joint Forward Plan that were completed during 23/24:

| Area | Completed actions |
|---|---|
| Person centred care | • Work started on prevention strategies, development of neighbourhood working and embedding social prescribing<br>• Person centred care Facilitation Team formed to co-ordinate and enable the approach in transformation programmes<br>• Person centred care formed core element of Women's Health Hubs |
| Reduce health inequalities | • Developed dedicated health inequalities roles within ICB<br>• Implemented regular health inequalities reporting including health inequalities dashboard |
| TWIPP | • Healthy weight strategy developed<br>• Three family hubs opened<br>• Perinatal mental health social prescribing in place via Public Health<br>• SEND and Alternative Provision Strategy published<br>• Autism Strategy co-produced with people with lived experience and launched<br>• "Celebrating later life in Telford and Wrekin: A proactive prevention approach to active aging" published |

# Completed actions in 23/24

| Area | Completed actions |
|---|---|
| SHIPP | • Children and Young People integration test and learn sites expanded to all age delivery<br>• Community and Family Hubs implemented |
| Primary care | • Action plan developed to deliver recovering access in primary care<br>• Recommendations of the Fuller Report included in action plans<br>• Prioritisation of primary care estates plan completed |
| Medicines Management | • Implementation of Antimicrobial Resistance Strategy<br>• Programme of local medicines focussed projects implemented –CV disease, respiratory disease<br>• Local commissioned service for medicines safety in primary care demonstrating improved safety monitoring of high risk drugs<br>• Discharge medicines scheme promoted and referrals increased significantly<br>• Promotion of use of community pharmacy to improve access to high quality services and advice |
| Voluntary and community services (VCS) | • VCS integrated into the approach at neighbourhood level<br>• VCS integrated into governance structures |

# Completed actions in 23/24

| Area | Completed actions |
|---|---|
| Elective care | • Elective hubs for dedicated planned care resource implemented<br>• Roadmap for health inequalities elective recovery principles developed<br>• First phase of MSK transformation implemented<br>• Community Diagnostic Centre implemented |
| Cancer | • Implemented FIT triage for patients referred on a 2ww colorectal pathways<br>• Implemented Teledermatology pilot |
| End of life care | • Increased people identified on palliative care register and increased people with a personalised care plan<br>• Established joint working arrangements with Hope House to support care for CYP with life limiting/threatening conditions |
| UEC | • Enhanced provision for high intensity users<br>• Initial review of pre-hospital urgent care services completed<br>• Expansion of the Integrated Delivery Team<br>• Developed anti-microbial therapy in the community |
| Mental health, LD and Autism | • New Talking Therapies service model implemented<br>• Updated CYP local transformation plan<br>• Developed action plan to increase dementia diagnosis rate<br>• Autism passport project implemented |

Agenda Item

ICB 25-09.068

Performance Report

(Finance, Performance, Quality & People)

# Integrated Performance Report

## September 2024

### Operational Performance

**The changeover of the Electronic Patient Record (EPR) at SaTH has had an impact on the systems ability to report our activity. This in turn has made it difficult to complete triangulation between activity, workforce and finance information. Work is ongoing to address these issues and minimise impact on future reporting.**

The validated activity data month for the purposes of this report is July 2024 however, where possible more current unvalidated data from providers has been included. Some Mental Health Indicators may lag behind the June data month.

This month, charts show performance against national targets using the Making Data Count (MDC) methodology: this uses Statistical Process Control (SPC) to better illustrate variation in performance over time and enable the identification of Special Cause Variation in performance data. SPC is far more useful at identifying significant changes than, for example, comparing year-on-year or month-on-month performance. Charts produced in this manner feature the following key:

| Variation | | | | Assurance | | |
|---|---|---|---|---|---|---|
| The default grey line is for common cause variation, with no significant change. | Variation points highlighted in orange: special cause of concerning nature or higher pressure due to values being H – higher or L – lower. | Variation points highlighted in blue: special cause of improving nature or lower pressure due to values being H - higher or L – lower. | Purple arrows represent special cause variation; neither a concern nor an improvement | A question mark indicates inconsistent performance, with indicator passing and failing target. | Charts with a blue P are those in which metrics consistently achieve target. Such charts will not normally feature in this report unless a significant risk is foreseen. | Where indicated with an orange F the target is consistently missed, and no assurance can be given based on past performance. |

The charts feature a black line to represent the mean, and a red line to indicate relevant targets.

Performance against the operational metrics using the MDC principles is summarised below in a matrix of assurance against current performance:

| SPC Matrix | | Assurance | | | Movement in Month |
|---|---|---|---|---|---|
| | | **Consistently Failing the Target** | **Inconsistently Achieving the Target/ No Target** | **Consistently Achieving the Target** | |
| **Variation** | **Concerning Variation** | ◆ Planned Care: Incomplete RTT pathways of 65+ weeks - STW<br>◆ Community: Community Waits of 52 or more weeks for adult services<br>◆ Diagnostics: All Diagnostics - < 6ww against target | ◆ Community: Community Waits of 52 or more weeks for CYP services<br>◆ Cancer: Waits >62 days for treatment (SaTH)<br>◆ Primary Care: Appointments Booked/Cancelled Online<br>◆ Primary Care: Practices with digital telephony | ◆ Mental Health: Patients accessing perinatal mental health | Metric Performance deteriorated from improving to normal variation or from normal to concerning variation |
| | **Normal Variation** | ◆ Diagnostics: Diagnostic waits of 13+ weeks<br>◆ Cancer: Diagnosis to First Treatment< 31 days<br>◆ Primary Care: No. of GP appointments attended within 2 weeks<br>◆ LDA: Adults with LDA in a MH Inpatient Unit (per million)<br>◆ LDA: CYP with LDA in a MH Inpatient Unit (per million)<br>◆ LDA: % Annual Health checks YTD per LD register aged 14 or over<br>◆ Mental Health: Adult CMH - number of people who receive 2+ contacts | ◆ UEC: Number of Super Stranded Patients<br>◆ UEC: System UEC attendances<br>◆ Primary Care: Total Primary care appointments<br>◆ Primary Care: GPs in Post (FTE)<br>◆ Cancer: 28 Day Faster Diagnosis Standard (STW)<br>◆ Primary Care: No. of GP appointments attended same or next day<br>◆ Primary Care: Practice with high quality online workflow tools<br>◆ Mental Health: Talking Therapies patients reliably improved after 2+ contacts | | Metric Performance improved from concerning to normal variation or from normal to improving variation |
| | **Improving Variation** | ◆ UEC: A&E 12 hour breaches<br>◆ UEC: A&E 4 hour performance achievement (Type 1&3) - STW<br>◆ Cancer: Referral to treatment < 62 days %<br>◆ Mental Health: Dementia diagnosis rate<br>◆ Mental Health: CYP - persons U18 supported with at least 1 contact<br>◆ Mental Health: Proportion of Adult SMI having Physical Health Checks | ◆ Planned Care: Incomplete RTT pathways of 78+ weeks - STW<br>◆ Primary Care: Direct Patient Care in Post (FTE)<br>◆ UEC: Cat 2 Response Mean time<br>◆ Primary Care: Patients enabled to manage appointments on-line<br>◆ Mental Health: Talking Therapies reliable recovery after 2+ contacts | | New metric for this report |
| **Insufficient data** | | | ◆ Mental Health: OAP - Active inappropriate out of area adult placements | | |

**1. Primary Care**

| KPI | Latest Month | Value | Target | Variation | Assurance | Mean |
|---|---|---|---|---|---|---|
| Primary Care: Total Primary care appointments | Jul 24 | 260537 | | ⊙ | | 249,124 |
| Primary Care: Practices with digital telephony | Jun 24 | 98% | | ⊙ | | 98% |
| Primary Care: Practice with high quality online workflow tools | Jun 24 | 100% | | ⊙ | | 100% |
| Primary Care: Patients enabled to manage appointments on-line | Jun 24 | 45.6% | | ⊙ | | 42.8% |
| Primary Care: No. of GP appointments attended within 2 weeks | Jul 24 | 83.0% | 88% | ⊙ | Ⓕ | 83.3% |
| Primary Care: No. of GP appointments attended same or next day | Jul 24 | 51.8% | 54% | ⊙ | ⓦ | 52.5% |
| Primary Care: GPs in Post (FTE) | Jul 24 | 308 | | ⊙ | | 302 |
| Primary Care: Direct Patient Care in Post (FTE) | Jul 24 | 166 | | ⊙ | | 154 |
| Primary Care: Appointments Booked/Cancelled Online | Jun 24 | 3516 | | ⊙ | | 3,561 |

1.1   STW ICB are working hard to minimise the impact of the BMA led collective action. All STW practices are supporting the action in some way, and we anticipate this will increase over the coming months. The ICB is working closely with regional colleagues as well as the local LMC and system health providers to mitigate the potential impact on patient care. The local system group is currently meeting weekly and the Regional Group weekly although daily operation sitreps continue every morning. We are monitoring activity in ED, UC and 111 to detect any increases. There have been none so far.

1.2   Practice Visits have commenced this month to the twelve practices chosen based on a range of data sets and local intelligence including those showing the lowest appointments per 1,000 patients and patient survey results. Discussions will cover general practice access, moving to a modern general practice, quality and performance, data, and medicine management with leads from the ICB in attendance.

1.3   PCNs continue to build on the progress made through 2023/24 working to improve access with the following three national measures being a priority under the Capacity Access Improvement Programme.

- patient experience of contact.
- ease of access and demand management; and
- accuracy of recording in appointment books.

1.4    The pharmacy workstreams within PCARP are progressing well with a strong Pharmacy First performance for STW and increases in delivery for the Pharmacy Contraception Service.

1.5    The digital telephony metric is 98% for the reportable month. However, we have received confirmation that the outstanding PCN has now transferred and this will be 100% in future reports

1.6    There is no significant variation for the metrics shown, with appointments same/next day, online workflow tools and GPs in post all perform within normal variation.

## 2.    Urgent Emergency Care

| KPI | Latest Month | Value | Target | Variation | Assurance | Mean |
|---|---|---|---|---|---|---|
| UEC: Total A&E attendances against plan | Aug 24 | 12401 | | | | 12,922 |
| UEC: Number of Super Stranded Patients | Aug 24 | 99 | | | | 105 |
| UEC: Cat 2 Response Mean time | Aug 24 | 00:24:07 | 00:30:00 | | | 00:43:18 |
| UEC: A&E 4 hour performance achievement (Type 1&3) - SATH | Aug 24 | 55.7% | 76% | | | 52.1% |
| UEC: A&E 12 hour breaches | Aug 24 | 2076 | 0 | | | 2,340 |
| Community: 2hr Urgent Community Response - SCHT | Aug 24 | 71.3% | 70% | | | 83.0% |

2.1    August has seen a reduction in front door demand, this combined with the improvement actions had led to improved 4-hour performance in both SaTH and STW, a reduction in the number of 12-hour breaches and Cat 2 response time achieving the 30-minute national target. Improvement has also been seen in ambulance offload delays.

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2.2 The impact from the UTC expansion has not had the expected impact on 4-hour performance. SaTH are currently working with the provider to agree an improvement plan.

2.3 Admission avoidance clinics went live in July and further work is required to optimise the usage of these. The work is planned to be carried out through September. The Alternatives to ED workstream identified pathways to review at a workshop in June and the impact of these is expected from October 2024.

2.4 There is no longer cause for concern in the number of super stranded patients within SaTH following internal improvements.

2.5 Pre-hospital 2-hour Urgent Care Response (UCR) rate consistently exceeds the 70% target following the recalculation of the process limits to reflect the counting and coding changes and shows normal variation.

## 3. Planned Care

| KPI | Latest Month | Value | Target | Variation | Assurance | Mean |
|---|---|---|---|---|---|---|
| Planned Care: VWA - STW | Mar 24 | 105% | 100% | | | 103% |
| Planned Care: Incomplete RTT pathways of 78+ weeks - STW | Jul 24 | 3 | 0 | ⊙ | ⊙ | 27.5 |
| Planned Care: Incomplete RTT pathways of 65+ weeks - STW | Jul 24 | 1228 | 0 | ⊙ | ⊙ | 851 |
| Diagnostics: Diagnostic waits of 13+ weeks | Jul 24 | 1823 | 0 | ⊙ | ⊙ | 1,308 |
| Diagnostics: All Diagnostics - < 6ww against target | Jul 24 | 63.9% | 85% | ⊙ | ⊙ | 70.8% |
| Community: Community Waits of 52 or more weeks for CYP services | Jul 24 | 73 | 0 | ⊙ | ⊙ | 41.9 |
| Community: Community Waits of 52 or more weeks for adult services | Jul 24 | 1079 | 0 | ⊙ | ⊙ | 472 |
| Cancer: Waits >62 days for treatment (SaTH) | Aug 24 | 436 | | ⊙ | | 353 |
| Cancer: Referral to treatment < 62 days % | Jul 24 | 54.4% | 85% | ⊙ | ⊙ | 50.4% |
| Cancer: Diagnosis to First Treatment< 31 days | Jul 24 | 81.4% | 96% | ⊙ | ⊙ | 85.0% |
| Cancer: 28 Day Faster Diagnosis Standard (STW) | Jul 24 | 71.2% | 77% | ⊙ | ⊙ | 70.0% |

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3.1 The number of 78-week waits shows improving variation although there are still 3 patients exceeding this. Early indications are that 78-week breaches may deteriorate over the coming months due to complex patients and challenged services (57 in August and 62 forecast for September). SaTH is being supported by NHSE to source mutual aid and support for ENT and T&O.

3.2 Patients breaching 65-weeks remain a concern. The system is not on track to meet the national target of zero >65 week waits by the end of September. The system remains under Tier 1 scrutiny by NHSE and is under significant pressure to improve its revised forecast.

3.3 Diagnostic standards show normal variation however patients being seen within six weeks has decreased and the number of patients waiting over 13 weeks has increased. The SaTH Endoscopy service has support from a leading provider of managed insourcing clinical service from June until October but will take several months to recover. Audiology remains a concern with the largest number of 13+ week waits. A proposal for audiology is currently being considered through the ICB Strategic Decision Making Framework.

3.4 Community waits exceeding 52 weeks are being reported to board for the first time. Waits for both CYP and adults show cause for concern. The ICB has requested recovery trajectories from SCHT.

3.5 The cancer Faster Diagnosis Standard (FDS) is showing normal variation but is below target and FIT performance continues to meet national standard

3.6 The backlog of patients waiting over 62 days has continued to increase but is still below the recovery trajectory. This has been affected by the loss of insourced service during Q1, the impact of the new SaTH EPR and unexpected workforce gaps. SaTH have revised their cancer improvement action plan to include detail by tumour site to show more targeted improvements and impact.

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**4.0** **Mental Health, Learning Disabilities and Autism**

| KPI | Latest Month | Value | Target | Variation | Assurance | Mean |
|---|---|---|---|---|---|---|
| Mental Health: Talking Therapies reliable recovery after 2+ contacts | Jul 24 | 47% | 48% | | | 46.8% |
| Mental Health: Talking Therapies patients reliably improved after 2+ contacts | Jul 24 | 74% | 67% | | | 69.7% |
| Mental Health: Proportion of Adult SMI having Physical Health Checks | Jul 24 | 55.9% | 75% | | | 52.8% |
| Mental Health: Patients accessing perinatal mental health | Jul 24 | 625 | 501 | | | 775 |
| Mental Health: OAP - Number of inappropriate bed days | Jul 24 | 330 | | | | 369 |
| Mental Health: OAP - Active inappropriate out of area adult placements | Mar 24 | 5 | 0 | | | 5 |
| Mental Health: Dementia diagnosis rate | Jul 24 | 61.3% | 66.7% | | | 60.1% |
| Mental Health: CYP - persons U18 supported with at least 1 contact | Jul 24 | 6105 | 8341 | | | 5,636 |
| Mental Health: Adult CMH - number of people who receive 2+ contacts | Jul 24 | 4250 | 4984 | | | 4,218 |
| LDA: CYP with LDA in a MH Inpatient Unit (per million) | Aug 24 | 30.1 | 10 | | | 28.4 |
| LDA: Adults with LDA in a MH Inpatient Unit (per million) | Aug 24 | 53.4 | 30 | | | 47.5 |
| LDA: % Annual Health checks YTD per LD register aged 14 or over | Jul 24 | 16.4% | 75% | | | 25.5% |

4.1 Talking Therapies performance against Reliable Improvement and Reliable Recovery continues to exceed target.

4.2 Dementia Diagnosis rate shows improving variation but is still significantly below target. A system wide task and finish group including primary care has been established to review proposal for service transformation and develop a detailed improvement plan as requested by NHSE as part of the 24/25 Operational Plan Closure.

4.3 Adults with SMI annual health checks performance shows improving variation at 55.9%. There is a local target of 67% by March 25 for this measure. There has been an increase in the number of health checks completed however performance has been affected by the increased number of patients that have been added to GP registers since April.

4.4      CYP access shows improved variation but remains below target. Access is expected to increase further with increased recruitment in line with the delivery plan in place. Demand is increasing, especially across Autism and other Neurodevelopmental pathways which is impacting on the ability to reduce waiting times and manage new referrals.

4.5      LD inpatients for adults and children are showing normal variation. There is a risk that adult inpatients will not achieve the planned target of a maximum of 17 by the end of Q2. Some of the adults have a length of stay exceeding 5 years which increases the challenges around appropriate discharge.

4.6      LD annual health checks exceeds the local plan and is expected to achieve the annual target by year end.

## 5     Quality

A summary of quality indicators is provided at Appendix B.

5.1      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.

5.2      The frailty programme includes establishment of a frailty assessment unit and undertaking the Clinical Geriatric Assessment in the highest attending care homes. Quality improvement objectives are underway, and progress will be reported.

5.3      A harm review process is in place with SaTH and the ICB as well as others as required.

5.4      Maternity metrics show an improving picture.

5.5      Smoking at Time of Delivery rates show a dip in compliance however this was due to data submission gaps, and this is now showing improvement.

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5.6 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.

5.7 Infection Prevention and Control – *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.

5.8 Promotion of Measles and whooping cough immunisations has been increased with both national and local campaigns in preparation for children returning to school after the summer break.

5.9 A System rapid response meeting is planned to ensure pathways are in place for possible Mpox cases within STW.

## 6.      Finance - Month 5 Financial Position

**Revenue:**

6.1 The ICS is reporting a £56.2m actual YTD system deficit, £4.7m adverse to plan YTD at M5. NHS STW ICS has submitted a 24/25 deficit plan of £89.9m.

6.2 Of note, the System is £0.1m below the agency expenditure plan at M5 and £2.0m below the agency cap value (£15.9m cap YTD)..

6.3 At Month 5 the ICB has a year to date favourable variance of £0.4m which is due to efficiency being delivered ahead of plan offset by additional NCA performance in Acute, Community and Mental Health services (NCA overspend is planned to be recovered in year).

6.4 At Month 5 SaTH are reporting a year to date adverse variance of £4.0m, £2.4m due to industrial action, £0.2m endoscopy, £0.7m agency and £0.7m additional escalation costs in M4

6.5 At Month 5 RJAH report a year to date adverse variance of £1.1m, £0.7m adverse due to Veterans service (NCA billing now implemented to resolve ongoing), £0.4m spec comm erf baseline issue awaiting NHSE resolution, Industrial Action

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impact of £0.3m assumed to be offset by NHSE support, £0.2m inflationary non-pay pressures, offset by favourable efficiency delivery and agency savings.

6.6     At Month 5 SCHT have a year to date favourable variance of £47k.  Pay underspends are partially offset by pressures across non-pay including support to community hospitals, RRUs and within the Prison healthcare service.

6.7     If all unmitigated risks were to materialise, the risk adjusted System deficit would be £130.5m.   Key areas of unmitigated risk are: HCA rebanding £17.9m, SaTH Non Recurrent Endoscopy income, Activity/income risk - SaTH Data Warehouse and RJAH following LLP contract.  All partners are working to de-risk their forecast assumptions and also seek further mitigations where risks might not be avoided.

6.8     There is a positive variance against the M5 YTD efficiency plan of £2.175m and our system is ahead of plan for both recurrent and non-recurrent savings. ICB efficiencies are £2.6m ahead of plan due to saving within the CHC Review programme and additional savings identified through running costs. SaTH are behind plan by £0.9m at M5 YTD, £1m recurrent schemes are planned to be recovered by the end of Q2. RJAH are reporting being £480k ahead of plan at M5 YTD due to increased (non-recurrent) private patient income and interest receivable. SCHT are £12k ahead of plan at M5 YTD with mitigations in development for recurrent slippage.

**Capital:**
6.9     Year to date system operational capital spend is £4.3m behind plan at month 5, although the full capital plan is expected to be delivered by the end of the financial year with schemes coming online in later months.  Slippage is predominantly within SaTH.

6.10    The total system capital plan including IFRS16, HTP and CRL is £12.4m behind plan at month 5, predominantly due to the phasing of the HTP plan as there was a delay in signing the contract.

6.11    Key Capital risks have been added to the ICB/System risk register:
- IFRS16 actual charges are circa £3.25m above the current funding envelope, of this the impact of Black Country leases within SCHT is £1.65m.
- SCHT Frontline Digitisation. Funding of £0.7m has not yet been approved by NHSE.
- RJAH Forecast Risk - overspend forecast on EPR programme £0.8m due to implementation slippage.

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## 7. Workforce

7.1 Our monthly ICS workforce dashboard enables us to track our trajectory of planned staff in post (WTE) and planned cost of that workforce against actual staff in post and actual cost, in addition to key workforce KPIs. Data is taken from the Provider Workforce Returns and Provider Financial Returns to NHSE. This report provides data for M5 of 2024/25.

The workforce dashboard does not contain Whole Time Equivalent (WTE) plan data for MPFT, and so it is therefore not possible to include MPFT in the actual vs plan part of the analysis.

7.2 **System:** The operational plan contains assumptions about activity, turnover and vacancy when developed. Workforce WTE and Cost variances from plan are influenced by several factors, including workforce unavailability, activity demands and workforce supply (recruitment and training).

- **Substantive WTE:** at the end of August 2024, RJAH, SaTH and SCHT are below plan for substantive workforce at –66wte and have been below plan each month since April 2024.
- **Bank WTE**: at the end of August 2024, RJAH, SaTH and SCHT are above plan for bank workforce at +57wte as reductions in bank workforce start to take effect in the planned position but are not achieved in the actual position. Higher than planned bank usage/spend is due to industrial action, vacancy cover, escalation, enhanced medical/locum rates and nursing bank rates. Mitigations for bank overspend include removal of enhanced bank rates, standardisation of rates through WM cluster alliance and focus on recruitment pipeline to reduce reliance on bank staff.
- **Agency WTE**: at the end of August 2024, RJAH, SaTH and SCHT are below plan for agency workforce by -75wte agency staff, overachieving against the planned agency workforce reductions of –125wte (Apr-Aug24). However, for RJAH, SaTH and SCHT despite WTE being below plan there is a corresponding £63k overspend for agency workforce in Aug24.
- **Workforce Costs:** When considering RJAH, SaTH and SCHT total workforce costs are above plan by £3.543M YTD the majority of which, £2.813M are above plan bank workforce costs (79%), £0.7M are above plan substantive workforce costs (19%) and £630k are above plan agency workforce costs (2%).

Run rate based on M5 indicates overall overspend at year end of £19.5m however workforce efficiency schemes in place value £40m of which £30m phased M6-M12. Of these schemes, £21.9m are high or medium risk.

Workforce reduction initiatives to get run rate back to plan include service reviews based on minimum safe staffing levels to reduce WTE; further analysis of unavailability to prioritise highest cost areas; improved job

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planning and e-rostering; system-wide and regional approach to negotiation of agency rates; continued recruitment to virtual wards and rehab & recovery wards; continued delivery of actions to mitigate off-framework agency usage; use of NHSP bank professionals; standardised bank rates via WM cluster alliance; final cohort of international recruitment – PIDs are in place

7.3    **SaTH** is below plan for substantive (-12wte in M5) and agency (-77wte in M5 and –334wte YTD), however have not achieved the planned bank workforce reductions in month resulting in being above plan for bank (+34wte) in Aug24 having been below plan for bank for each month prior Apr-Jul24. This may reflect an increased vacancy position from 2.1% in March 24 to 9% in M1-M5 and the impact of decisions made by the Trust vacancy control panel with 723 of 1,459 vacancy requests rejected since 9 December 2023.

7.4    **SCHT** is below plan for substantive (-47wte M5) and above plan for bank (+10wte) and agency (+2wte) although agency workforce is below plan YTD (-80wte YTD).  Again, this may reflect an impact of decisions made by the Trust vacancy control panel with 98 of 383 vacancy requests rejected since 9 December 2023.  SCHT is still seeing a reducing vacancy rate currently 11.8% (May 2024) down from 16.2% in January 2024 because of ongoing recruitment to the rehabilitation and recovery ward workforce.

7.5    **RJAH** is marginally below plan for substantive staff (-7wte), above plan for bank (+14wte) and below plan for agency (on plan 0wte variance in M5 and –20wte YTD). The Trust continues to implement higher levels of scrutiny on bank utilisation.  Whilst not captured in this data the Trust is also managing significant reduction in usage of the LLP workforce and has achieved the NHSE mandated zero target of off framework agency since end June 2024.  The Trust vacancy control panel at RJAH has rejected 55 of 281 vacancy requests since 9 December 2023.

**Vacancy Position**

7.6    In M5, the vacancy rate for the system overall is 8.9% (having seen an improving trend through 2023/24 and being at 5.6% in M12).  This is reflective of the operational workforce plan which planned to grow vacancies by 105wte. Discussions are currently taking place with regards to the development of Trust approaches and processes for the disestablishment of posts, enabling a true vacancy gap and addressing the planned growth in vacancies in the 24/25 workforce plan.

7.7    MPFT vacancy position in M5 is 177.97 WTE 15.49% which is a reducing trend.

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7.8　At a system level, data for RJAH, SaTH and SCHT shows vacancy controls have resulted in 876 vacancy control requests out of 2,123 being rejected since 9 December 2023.

7.9　The combined rate in March 2024 rose primarily due to the increased vacancy position at SaTH.  SaTH rates had reached a very low level of 2.1% in March 2024, but this has increased significantly to 9% since April 24 and is a direct result of the Trust's operational workforce plan planning growth in the funded establishment of 98wte whilst also planning a –644wte reduction in staff in post (predominantly bank and agency workforce).

**Sickness and Turnover Position**

7.10　Considering sickness and turnover (in-month, not 12-month average), all NHS employers are performing well. Each employer set targets in their operational plan and the average of these is our system target. For sickness absence, our system average target for Aug24 is 5.2% and for turnover is 10.5%. At M5, system sickness is at 5.2% on target, and turnover is at 10.6% marginally above target. Trajectories for SaTH, RJAH, MPFT and SCHT are consistently low.

7.11　MPFT annual sickness rate is 5.2%, in month for M5 is 4.85% which is above target rate of 4.5%.  MPFT turnover rate is 10.65% which decreased from last month but remains above the Trust's upper accepted threshold.

**Next Steps**

7.12　Discussions are taking place around the key areas of understanding and improving workforce unavailability, developing Trust approaches and processes for the disestablishment of posts following rejection through vacancy controls, a deep dive to understand bank workforce utilisation and drivers and developing a forecast out-turn trajectory for end of year position based on YTD trends and know interventions.

7.13　A System task & finish group has been convened to rapidly develop and deploy a system-wide approach to agency engagement including agreement of key principles and protocols for standardised rates across the system.

7.14　PIDs are being developed for system-wide adoption of NHSP bank. Opportunities for improved approach to e-rostering under development that may deliver additional efficiencies in 2025/26 particularly in relation to unavailability.

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7.15    Through our system People Culture and Inclusion Committee, workforce and agency steering groups there will be greater oversight of workforce monitoring of changing trends or trajectories against plan and cost, escalation of risk and any necessary early required intervention to ensure this year's workforce plan remains on plan.

7.16    Trust and System vacancy controls will remain in place.

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**Appendix A – Operational Metrics**

**Primary Care**



Primary Care: Practice with high quality online workflow tools

Primary Care: Practices with digital telephony

Primary Care: Total Primary care appointments

Primary Care: Patients enabled to manage appointments on-line

Primary Care: No. of GP appointments attended within 2 weeks

Primary Care: No. of GP appointments attended same or next day

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# Integrated Care System
### Shropshire, Telford and Wrekin

**NHS**
Shropshire, Telford and Wrekin

**Primary Care: GPs in Post (FTE)**



**Primary Care: Direct Patient Care in Post (FTE)**



**Primary Care: Appointments Booked/Cancelled Online**



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# Urgent & Emergency Care



UEC: Total A&E attendances against plan

UEC: Number of Super Stranded Patients

UEC: Cat 2 Response Mean time

UEC: A&E 4 hour performance achievement (Type1&3) - STW

UEC: A&E 12 hour breaches

Community: 2hr Urgent Community Response - SCHT

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# Planned Care – Elective

**Integrated Care System**
Shropshire, Telford and Wrekin

**NHS**
Shropshire, Telford and Wrekin



Diagnostics: All Diagnostics – < 6ww against target



Diagnostics: Diagnostic waits of 13+ weeks



Cancer: Diagnosis to First Treatment < 31 days

# Mental Health, Learning Disabilities & Autism



Mental Health: Talking Therapies reliable recovery after 2+ contacts

Mental Health: Talking Therapies patients reliably improved after 2+ contacts

Mental Health: Proportion of Adult SMI having Physical Health Checks

Mental Health: Patients accessing perinatal mental health

Mental Health: OAP - Active inappropriate out of area adult placements

Mental Health: Dementia diagnosis rate

![Integrated Care System - Shropshire, Telford and Wrekin logo]

![NHS Shropshire, Telford and Wrekin logo]

**Mental Health: CYP – persons U18 supported with at least 1 contact**



**Mental Health: Adult CMH – number of people who receive 2+ contacts**



**LDA: % Annual Health checks YTD per LD register aged 14 or over**

**LDA: CYP with LDA in a MH Inpatient Unit (per million)**



**LDA: Adults with LDA in a MH Inpatient Unit (per million)**



**Mental Health: Talking Therapies 1st–2nd Treatment >90 days**

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# Integrated Care System
Shropshire, Telford and Wrekin

**NHS Shropshire, Telford and Wrekin**

## Appendix B – Quality Metrics

| Area | Indicator *Please Note Indicators affected by changes to Occupied Bed Data For Detail See Reference Sheet | STW CCG - MZL0M Value | STW ICB - MZL0M Objective | Value | Reporting Period | Standard / England rate | SaTH Large acute trust Value | No of reponses | Trend | RJAH Acute specialist trust (including children) Value | No of reponses | Trend | MPFT Mental Health provider to STW only Value | No of reponses | Trend | SCHT Shropshire Community Value | No of reponses | Trend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IPC | C. difficile | | Awaiting 2024/25 Plans | 13 | Cumulative Apr 24 - Apr-24 | Awaiting 2024/25 Plans | 8 | | | 1 | | | | | | | | |
| | E.coli Bacteraemia | | Awaiting 2024/25 Plans | 43 | Cumulative Apr 24 - Apr-24 | Awaiting 2024/25 Plans | 18 | | | 0 | | | | | | | | |
| | Pseudonmonas aeruginosa Bacteraemia | | Awaiting 2024/25 Plans | 2 | Cumulative Apr 24 - Apr-24 | Awaiting 2024/25 Plans | 1 | | | 0 | | | | | | | | |
| | Klebsiella spp Bacteraemia | | Awaiting 2024/25 Plans | 6 | Cumulative Apr 24 - Apr-24 | Awaiting 2024/25 Plans | 1 | | | 0 | | | | | | | | |
| | MRSA Bacteraemia | | Awaiting 2024/25 Plans | 1 | Cumulative Apr 24 - Apr-24 | Awaiting 2024/25 Plans | 1 | | | 0 | | | | | | | | |
| | MSSA Bacteraemia | | Awaiting 2024/25 Plans | 13 | Cumulative Apr 24 - Apr-24 | No trajectory set | 4 | | | 0 | | | | | | | | |
| Maternity | Stillbirths per 1,000 total births | 3.3 | | | 2018 - 20 | England = 3.9 | | | | | | | | | | | | |
| | Neonatal deaths per 1,000 total live births | 3.2 | | | 2018 - 20 | England = 2.8 | | | | | | | | | | | | |

Clostridioides difficile continues to be above trajectory for SaTH and while RJAH is above annual objective they have regained monthly trajectory. Actions include review of antibiotic usage and deep clean as bed capacity allows. Gram negative and MRSA bacteraemia cases also remain higher than plan. Improvements to screening and Infection prevention and control practices are the areas of action.

Stillbirths are below the national average; however, the neonatal death rate is above the national average. An external review was commissioned by SaTH and undertaken in November 23 whilst the final report is awaited there are system workshops aimed at understanding key actions and work is ongoing. West Midlands Neonatal deaths are higher than the national average as a region.

| Area | Indicator *Please Note Indicators affected by changes to Occupied Bed Data For Detail See Reference Sheet | STW CCG - M2L0M | STW ICB - M2L0M | | | | SaTH Large acute trust | | | RJAH Acute specialist trust (including children) | | | MPFT Mental Health provider to STW only | | | SCHT Shropshire Community | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Value | Objective | Value | Reporting Period | Standard / England rate | Value | No of reponses | Trend | Value | No of reponses | Trend | Value | No of reponses | Trend | Value | No of reponses | Trend |
| CHC | % Referrals completed within 28 days | | | 59.7% | 2023/24 Qtr 4 | England = 72.9% | | | | | | | | | | | | |
| CHC | Incomplete Referrals delayed > 12 weeks | | | 1 | 2023/24 Qtr 4 | | | | | | | | | | | | | |
| Incidents | Number of Never Events | | | | Cumulative Apr 24 - Apr-24 | 0 | 0 | | | 0 | | | | | | | | |
| Incidents | Number/Trend Serious Incidents | | | | Monthly Apr 23 - Jun-23 | | 1452 | | | 133 | | | 1557 | | | 45 | | |
| Friends & Family Test | Friends & Family Test - Inpatient | | | | Apr-24 Public | Not applicable Higher is better | 98.4% | 1017 | | 99.1% | 343 | | | | | | | |
| Friends & Family Test | Friends & Family Test - Maternity (Birth) | | | | Apr-24 Public | Not applicable Higher is better | 0.0% | 4 | | | | | | | | | | |
| Friends & Family Test | Friends & Family Test - A&E | | | | Mar-24 Public | Not applicable Higher is better | 62.4% | 534 | | | | | | | | | | |
| Friends & Family Test | Friends & Family Test - Mental Health | | | | Mar-24 Public | Not applicable Higher is better | | | | | | | 87.87% | 338 | | | | |
| MSA | Mixed Sex Accommodation Breaches | | | | Apr-24 | Zero Lower is better | 98 | | | | | | | | | | | |

Information from the Serious Incidents website (NRLS) - We have currently paused the publishing of this data while we consider future publications in line with the introduction of the Patient Safety Incident Response Framework (PSIRF) and the Learning from Patient Safety Event platform (LFPSE).



STW ICB CDIFF - April 2024 - April 24 - Cumulative



Mixed Sex Accommodation Breaches

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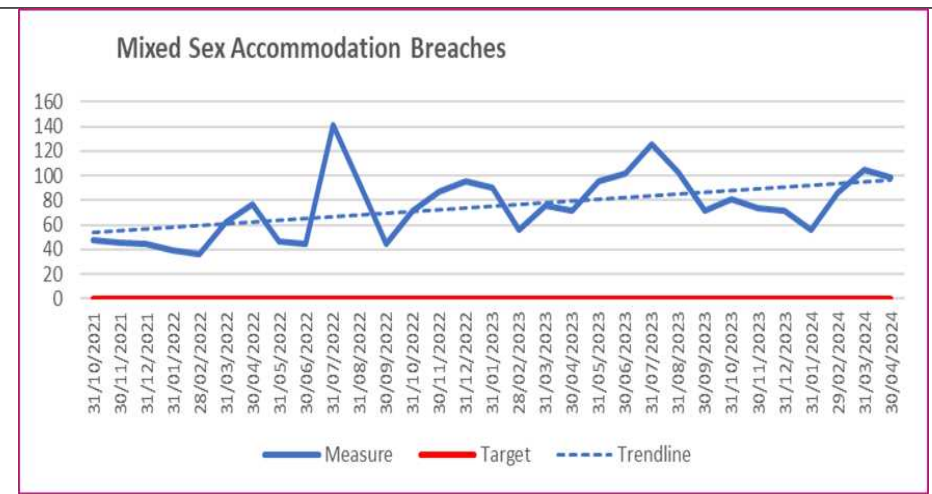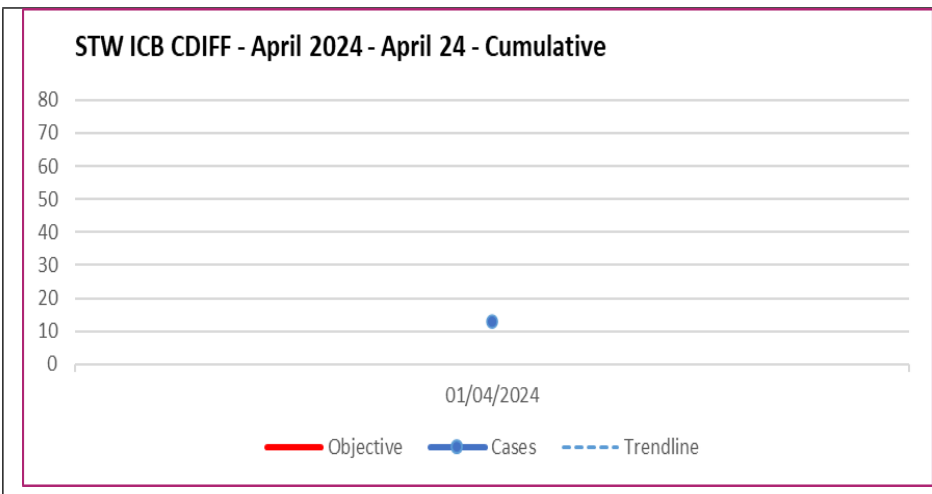
Overview:
- The Mixed sex accommodation breaches at SaTH follow an upward trendline. These remain high and the trust is taking action to reduce these further as part of an ongoing action

- Incidents of Clostridioides difficile (C diff) infection remain above the monthly trajectory for the system and all partner NHS organisations have breached their annual trajectories. A system action plan is in place and is reviewed monthly at the System IPC and Antimicrobial Resistance Group.

- There are no new never events to report in this period.

- Due to the implementation of the Patient Safety Incident Response Framework as part of the Patient Safety Strategy Serious Incidents have been replaced by Patient Safety Incident Investigations (PSII's). NHS STW ICS has transitioned to the new framework and partners are committed to embedding the changes outlined in the PSIRF Policy and Plan – future reporting to follow.

# Appendix C – Finance M2

| Financial Performance / Organisation | MONTH Plan Surplus/(Deficit) £000 | Actual Surplus/(Deficit) £000 | Variance to Plan £000 | YTD Plan Surplus/(Deficit) £000 | Actual Surplus/(Deficit) £000 | Variance to Plan £000 | FULL YEAR Plan Surplus/(Deficit) £000 | Forecast Surplus/(Deficit) £000 | Variance to Plan £000 | PRIOR YEAR Actual £000 | Prior Month FOT Actual £000 | Movement £000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Commissioners** | | | | | | | | | | | | |
| NHS Shropshire, Telford and Wrekin | (4,730) | (4,760) | (30) | (22,777) | (22,380) | 397 | (50,290) | (50,290) | 0 | (16,249) | (50,290) | 0 |
| **Total Commissioners** | **(4,730)** | **(4,760)** | **(30)** | **(22,777)** | **(22,380)** | **397** | **(50,290)** | **(50,290)** | **0** | **(16,249)** | **(50,290)** | **0** |
| **Providers** | | | | | | | | | | | | |
| The Shrewsbury and Telford Hospital NHS Trust | (5,124) | (5,524) | (400) | (30,240) | (34,229) | (3,989) | (44,327) | (44,327) | 0 | (54,582) | (44,327) | 0 |
| The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT | 47 | (243) | (290) | 1,014 | (104) | (1,118) | 2,909 | 2,909 | 0 | (1,867) | 2,909 | 0 |
| Shropshire Community Healthcare NHS Trust | 97 | 139 | 42 | 487 | 534 | 47 | 1,768 | 1,768 | 0 | 224 | 1,768 | 0 |
| **Total Providers** | **(4,980)** | **(5,628)** | **(648)** | **(28,739)** | **(33,799)** | **(5,060)** | **(39,650)** | **(39,650)** | **0** | **(56,225)** | **(39,650)** | **0** |
| | | | | | | | | | | | | |
| **Position Surplus/(Deficit)** | **(9,710)** | **(10,388)** | **(678)** | **(51,516)** | **(56,179)** | **(4,663)** | **(89,940)** | **(89,940)** | **0** | **(72,474)** | **(89,940)** | **0** |

Key Data

£56.2m actual YTD System deficit, £4.7m adverse to plan YTD at M5. NHS STW ICS has submitted a 24/25 deficit plan of £89.9m.

£0.1m below the agency expenditure plan at M5 and £2.0m below the agency cap value (£15.9m cap YTD) for the system.

ICB - Year to date favourable variance of £0.4m is due to efficiency being delivered ahead of plan offset by additional NCA performance in Acute, Community and Mental Health services (NCA overspend to be recovered in year).

SaTH - Year to date adverse variance of £4.0m, £2.4m due to industrial action, £0.2m endoscopy, £0.7m agency and £0.7m additional escalation costs in M4.

RJAH - Year to date adverse variance of £1.1m, £0.7m adverse due to Veterans service (NCA billing now implemented to resolve ongoing), £0.4m spec comm erf baseline issue awaiting NHSE resolution, Industrial Action impact of £0.3m assumed to be offset by NHSE support, £0.2m inflationary non-pay pressures, offset by favorable efficiency delivery and agency savings.

SCHT - Year to date favourable variance of £47k.  Pay underspends are partially offset by pressures across non-pay including support to community hospitals, RRUs nd within the Prison healthcare service.

# Financial Risk

| System Risk | 24/25 Gross Risk £'000 | Mitigation £'000 | Un-Mitigated Risk £'000 | Prior Month Un-Mitigated Risk £'000 | Movement from Prior Month |
|---|---|---|---|---|---|
| NHS Shropshire, Telford & Wrekin ICB | 29,173 | (24,973) | 4,200 | 9,200 | 5,000 |
| Robert Jones & Agnes Hunt Hospital | 16,685 | (9,491) | 7,194 | 3,450 | (3,744) |
| Shrewsbury & Telford Hospitals | 64,218 | (39,151) | 25,067 | 18,863 | (6,204) |
| Shropshire Community Hospital Trust | 8,234 | (4,136) | 4,098 | 4,683 | 585 |
| Grand Total | 118,310 | (77,751) | 40,559 | 36,196 | (4,363) |

Risk is monitored closely. Work is ongoing to identify further mitigations and reduce the risk pressure over the coming months. More detail is provided on the next slide and under each individual organisation's section of this report.

Movements in month relate to ICB reduction in gross risk following review, RJAH income/activity risk following the loss of LLP, SaTH endoscopy income.

If all unmitigated risks were to materialise, the risk adjusted System deficit would be £130.5m.

Key areas of unmitigated risk are:
- All providers HCA rebanding £17.9m - discussions underway to ascertain approaches taken in other systems to reduce the risk, will only be included if all key conditions for a provision are met;
- SaTH Non Recurrent Endoscopy income risk – discussions underway with NHSE/WMCA
- Activity/income risk - SaTH Data Warehouse (NHSE discussions underway) and RJAH capacity following LLP (additional 23/24 ERF income expected)

The ICB has included anticipated mitigations for expected Dental underspends and has reduced gross risk as the specialised commissioning reserves are included within the forecast outturn position.

# Efficiency Delivery  Month 5 Year to Date

| STW | 2024/25 Plan | Month 5 YTD Plan | M5 YTD Actual | M5 YTD Variance | Forecast | Low Risk | Medium risk | High Risk | Unidentified |
|---|---|---|---|---|---|---|---|---|---|
| SaTH | 44701 | 9078 | 8127 | -951 | 44701 | 21959 | 11766 | 10976 | |
| SCHT | 3588 | 656 | 668 | 12 | 3588 | 1604 | 1174 | 810 | |
| RJAH | 5589 | 1663 | 2143 | 480 | 5589 | 4922 | 493 | 174 | |
| ICB | 35787 | 11998 | 14632 | 2634 | 36701 | 22080 | 6211 | 8410 | 0 |
| Total | 89665 | 23395 | 25570 | 2175 | 90579 | 50565 | 19644 | 20370 | |
| Previous Month | | | | | | 45512 | 23461 | 21150 | 177 |
| Movement from M4 | | | | | | 5053 | -3817 | -780 | -177 |

- There is a positive variance against the month 5 YTD efficiency plan of **£2.175 m**
- Our system is ahead of plan for both recurrent and non-recurrent savings overall. Delivery varies between providers.
- ICB efficiencies are £2.6m ahead of YTD Plan. Over performance is due to savings within the CHC Review programme and additional savings identified through running costs which have increased recurrent delivery.
- SaTH are behind plan £0.9m at Month 5 YTD , £1m recurrent schemes are planned to be recovered by end of Q2.
- RJAH are reporting £480k ahead of plan at M5 YTD due to non-recurrent private patient income and interest receivable.
- SCHT £12k ahead of plan. Mitigations in development for recurrent slippage.



Month 5 YTD - Recurrent/ Non Recurrent Efficiency Delivery against Plan £000's



STW Monthly Delivery Profile £000's
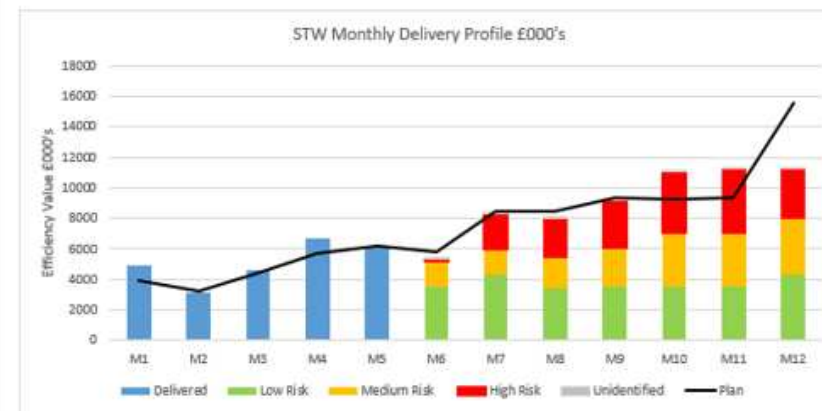
# Finance – Capital

| CAPITAL PROGRAMME | MONTH | | | YTD | | | FULL YEAR | | | PRIOR YEAR | Prior Month FOT | Movement |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Organisation | Plan £000 | Actual £000 | Variance to Plan £000 | Plan £000 | Actual £000 | Variance to Plan £000 | Plan £000 | Forecast £000 | Variance to Plan £000 | Actual £000 | Actual £000 | Actual £000 |
| **Total Charge against Capital Allocation (before impact of IFRS16)** | | | | | | | | | | | | |
| NH5 Shropshire, Telford and Wrekin | 0 | 0 | 0 | 0 | 0 | 0 | 883 | 883 | 0 | 801 | 883 | 0 |
| The Shrewsbury and Telford Hospital NHS Tr | 1,344 | 468 | (876) | 5,037 | 1,895 | (3,142) | 16,768 | 16,768 | 0 | 18,485 | 16,768 | 0 |
| The Robert Jones and Agnes Hunt Orthopae | 1,252 | 570 | (682) | 3,995 | 3,142 | (853) | 6,385 | 6,379 | (6) | 5,677 | 6,379 | 0 |
| Shropshire Community Healthcare NHS Trus | 195 | 172 | (23) | 578 | 232 | (346) | 2,250 | 2,250 | 0 | 2,396 | 2,250 | 0 |
| | | | | | | | | | | | | |
| **TOTAL SYSTEM** | 2,791 | 1,210 | (1,581) | 9,610 | 5,269 | (4,341) | 26,286 | 26,280 | (6) | 27,359 | 26,280 | 0 |
| **Total Charge against CRL including IFRS impact** | | | | | | | | | | | | |
| NH5 Shropshire, Telford and Wrekin | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,872 | 0 | 0 |
| The Shrewsbury and Telford Hospital NHS T | 6,136 | 1,988 | (4,148) | 18,824 | 7,453 | (11,371) | 92,483 | 92,483 | 0 | 78,668 | 92,483 | 0 |
| The Robert Jones and Agnes Hunt Orthopae | 1,502 | 1,085 | (417) | 4,820 | 4,043 | (777) | 7,585 | 7,579 | (6) | 12,504 | 7,579 | 0 |
| Shropshire Community Healthcare NHS Trus | 225 | 500 | 275 | 4,096 | 3,823 | (273) | 7,385 | 7,385 | 0 | 5,833 | 7,385 | 0 |
| | | | | | | | | | | | | |
| **TOTAL SYSTEM** | 7,863 | 3,573 | (4,290) | 27,740 | 15,319 | (12,421) | 107,453 | 107,447 | (6) | 98,877 | 107,447 | 0 |

- The System Capital Prioritisation and Oversight Group role is to ensure the management of system operational capital within CDEL inclusive of management of overspends where required, this is especially challenging with the 10% reduction as per the financial framework. The systems ability to consume IFRS16 lease additional costs in addition to the 10% reduction is limited and is being compounded by lack of sufficient frontline digital funding.

- YTD system operational capital spend is behind plan by £4.3m at month 5, although the full capital plan is expected to be delivered by the end of the financial year with schemes coming online in later months, slippage is predominantly within SaTH.

- The total system capital spend including IFRS16, HTP and CRL is £12.4m behind plan at month 5, predominantly as a result of the phasing of the HTP plan due to the delay in signing the contract.

- SCHT have undertaken a prioritisation of all capital schemes in the event that frontline digital capital funding is not made available.

## Key Capital Risks

- Key Capital risks have been added to the ICB/System risk register:
  - IFRS16 actual charges are circa **£3.25m** above the current funding envelope due to the impact of leases within SCHT. Of this, **£1.65m** is due to the transfer of services from the Black Country.
  - SCHT Frontline Digitisation. Funding of £0.7m has not yet been approved by NHSE, mitigation will be to defer schemes following a prioritised review. Business case to be resubmitted to NHSE alongside a description of the impact of deferring schemes.
  - RJAH Forecast Risk - overspend forecast on EPR programme £0.8m due to implementation slippage, discussions ongoing with Frontline Digitisation colleagues to identify support funding (unlikely to be resolved before Q4, NHSE business case submitted), the costs will need to be covered within the overall system CDEL limit.

## Other

- The Capital Prioritisation Oversight Group has agreed a Capital Strategy/Prioritisation Framework to support decision making within available capital funding.

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# Integrated Care System
Shropshire, Telford and Wrekin

## NHS
Shropshire, Telford and Wrekin

## Appendix D - Workforce

**11,328** WTE

**8.9%** Vacancy

**10.6%** Turnover

**5.2%** Sickness

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Operational Plan | 10,299 | 10,318 | 10,349 | 10,356 | 10,348 | 10,336 | 10,438 | 10,411 | 10,367 | 10,335 | 10,303 | 10,273 |
| Actual | 10,206 | 10,237 | 10,212 | 10,236 | 10,282 | | | | | | | |
| Variance | -93 | -81 | -136 | -120 | -66 | | | | | | | |



● Actual ━●━ Operational Plan

| Metric | Staff Group | Data Period | MPFT | | RJAH | | SaTH | | SCHT | | SYSTEM | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Value | Variation | Value | Variation | Value | Variation | Value | Variation | Value | Variation |
| Sickness % | Total | Aug 2024 | 5.11% | | 5.04% | | 5.24% | | 5.31% | | 5.21% | |
| Turnover % | Total | Aug 2024 | 10.2% | | 7.88% | | 11.0% | | 11.5% | | 10.5% | |
| Vacancy % | Total | Aug 2024 | 15.0% | | 5.20% | | 8.97% | | 11.9% | | 9.70% | |
| Vacancy WTE | Total | Aug 2024 | 258 | | 86.6 | | 699 | | 215 | | 1,258 | |

## System Overview – Staff Costs

| Expenditure (£000s) | M1 Actual | M2 Actual | M3 Actual | M4 Actual | M5 Actual | YTD Plan M5 | YTD Actual M5 | YTD Variance M5 | FY Plan 2024/25 | FY Forecast 2024/25 | FY Variance Plan vs Forecast 2024/25 | FY Run Rate 2024/25 | FY Variance Plan vs Run Rate 2024/25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Substantive | 44402 | 44426 | 44224 | 44079 | 44499 | 220964 | 221631 | -667 | 533127 | 531577 | 1550 | 531914 | 1213 |
| Bank | 4884 | 4762 | 5072 | 5219 | 5101 | 22225 | 25038 | -2813 | 48334 | 50556 | -2222 | 60091 | -11757 |
| Agency | 3172 | 2747 | 2759 | 2720 | 2305 | 13640 | 13703 | -63 | 24024 | 22629 | 1395 | 32887 | -8863 |
| TOTAL | 52458 | 51935 | 52055 | 52018 | 51905 | 256829 | 260372 | -3543 | 605485 | 604762 | 723 | 624892 | -19407 |

- Run rate based on M5 indicates overall overspend at year end of £19.5m however workforce efficiency schemes in place value £40m of which £30m phased M6-M12. Of these schemes, £21.9m are considered high or medium risk.
- Substantive workforce is £0.667M above plan at M5 YTD and accounts for 19% of total workforce overspend.
- Bank workforce accounts for the majority of workforce overspend at £2.813M (79%) at M5 YTD.
- Agency workforce slightly above plan at M5 YTD by £63k accounting for 2% of total workforce overspend.
- Mitigations for bank overspend include removal of enhanced bank rates, standardisation of rates through WM cluster alliance and focus on recruitment pipeline to reduce reliance on bank staff

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# Workforce KPIs by Provider

| Metric | Staff Group | Data Period | MPFT Value | MPFT Variation | RJAH Value | RJAH Variation | SaTH Value | SaTH Variation | SCHT Value | SCHT Variation | SYSTEM Value | SYSTEM Variation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Agency WTE | Total | Aug 2024 | 35.2 | | 18.3 | | 171 | | 46.7 | | 271 | |
| Agency WTE % | Total | Aug 2024 | 2.20% | | 1.08% | | 2.16% | | 2.72% | | 2.10% | |
| Bank WTE | Total | Aug 2024 | 106 | | 90.3 | | 653 | | 67.7 | | 916 | |
| Bank WTE % | Total | Aug 2024 | 6.60% | | 5.33% | | 8.24% | | 3.95% | | 7.09% | |
| Sickness % | Total | Aug 2024 | 5.11% | | 5.04% | | 5.24% | | 5.31% | | 5.21% | |
| Substantive WTE | Total | Aug 2024 | 1,460 | | 1,587 | | 7,095 | | 1,600 | | 11,741 | |
| Turnover % | Total | Aug 2024 | 10.2% | | 7.88% | | 11.0% | | 11.5% | | 10.5% | |
| Vacancy % | Total | Aug 2024 | 15.0% | | 5.20% | | 8.97% | | 11.9% | | 9.70% | |
| Vacancy WTE | Total | Aug 2024 | 258 | | 86.6 | | 699 | | 215 | | 1,258 | |

| Metric | Staff Group | Data Period | MPFT Value | MPFT Variation | RJAH Value | RJAH Variation | SaTH Value | SaTH Variation | SCHT Value | SCHT Variation | SYSTEM Value | SYSTEM Variation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Vacancy % | Total | Aug 2024 | 15.0% | | 5.20% | | 8.97% | | 11.9% | | 9.70% | |
| | Nursing, midwifery and health visiting | Aug 2024 | 17.1% | | 4.86% | | 4.71% | | 8.18% | | 7.02% | |
| | Infrastructure and Administration | Aug 2024 | 10.9% | | 5.18% | | 4.04% | | 14.1% | | 6.43% | |
| | HCSW | Aug 2024 | 14.0% | | 8.18% | | 12.1% | | 10.6% | | 11.6% | |
| | GP, Medical and dental | Aug 2024 | 29.0% | | 1.98% | | 6.68% | | 29.8% | | 7.81% | |
| | Allied Health Professionals | Aug 2024 | 41.8% | | 6.78% | | 22.7% | | 14.4% | | 20.4% | |
| Vacancy WTE | Total | Aug 2024 | 258 | | 86.6 | | 699 | | 215 | | 1,258 | |
| | Nursing, midwifery and health visiting | Aug 2024 | 81.4 | | 16.0 | | 99.4 | | 56.6 | | 253 | |
| | Infrastructure and Administration | Aug 2024 | 41.8 | | 31.3 | | 74.8 | | 63.4 | | 211 | |
| | HCSW | Aug 2024 | 26.1 | | 18.0 | | 141 | | 20.4 | | 205 | |
| | GP, Medical and dental | Aug 2024 | 20.9 | | 3.67 | | 63.4 | | 8.56 | | 96.5 | |
| | Allied Health Professionals | Aug 2024 | 52.6 | | 12.6 | | 115 | | 31.7 | | 212 | |

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Agenda Item

ICB 25-09.070.1

Minutes of Quality & Performance Committee

meetings held on 30 May and 27 June 2024

**NHS Shropshire Telford and Wrekin**
**ICS Quality & Performance Committee Meeting**

**Thursday, 30th May, 2024**

Via Microsoft Teams

**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 |

**1.0     Minute No.  QPC-24-05.65-  Welcome/Apologies by: Meredith Vivian**

1.1    The Chair of the Committee welcomed members and attendees to the meeting and introductions were made.

**Minute No.  QPC-24.05.66 Apologies:**

Meredith Vivian – part only
Liz Lockett - Sara Reeve Representing
Ruth Longfellow - RJAH
Paul Kavanagh Fields – RJAH – Kirsty Foskett representing

Lisa Rowley – Meeting Administrator

**3.0    QPC-24-05.67 - Members' Declarations of Interests**

3.1    No new declarations of interest were noted.


**4.0 Minute No. QPC-24-05.68 -  Minutes of Meeting held on 25th April 2024**

4.1    The minutes of the meeting held on 28th March 2024 were reviewed and accepted as an accurate record of the meeting.

**5.0    Minute No.  QPC-24-05.69 - Matters Arising and Action Log**

5.1    Actions have been updated and are outlined on the action log.

**6.0    Minute No QPC-24-05.70 – Performance Exception Report –**

The report was taken as read, a discussion with committee members ensued and Julie Garside highlighted the following key points: -


6.1    Year one of the PCARP (Primary Care Access Recovery Plan) has now been completed and work on the year two plan against the updated National Delivery Plan is underway.  The National Delivery Plan was published by NHSE on 9th April 2024.

6.2    Primary Care Networks (PCNs) have sent their reports against the Capacity Access Improvement Plans for 2023/2024.   An internal panel made up of relevant leads reviewed these on 8th May to assess what progress has been made by the year end around the three national measures (1) patient experience of contact; (2) ease of access and demand management; and (3) accuracy of recording in appointment books.

6.3    The panel were assured that each of the PCNs had achieved what was required for the first year of the PCARP programme and have made a recommendation that 30% of the CAP funding is withheld. Feedback is being provided to PCNs to ensure a continuation of progress is made.

6.4    Virtual ward remains underutilised, the system frailty and alternatives to ED workstreams within the Tier 1 have development plans which when put in place should help to address this.

6.5    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.  . Due to the recent switch to Careflow (the new Electronic Patient Record -EPR at SaTH the UEC data is limited this month. The Trust are confident this will be resolved and full reporting will be in place from June onwards. There are signs of improvement in the overall numbers of No Criteria to Reside patients but the average length of stay cannot be reported due to issue with the EPR change.   The Cat 2 response time for local

ambulances has also improved and is on track with the 24/25 plan agreed by the regional commissioner on behalf of all West Mids ICBs. The number of patients waiting over 12hrs in ED continues to be of serious concern and shows a deteriorating trend.

6.6    STW Planning & Performance team are also looking to align the reporting for UEC across the system using the Tier 1 reporting requirements which has been agreed by the UEC Delivery Group and the Committee are asked to support this change.

6.7    There were 7 >78 week breaches in March and 5 as at the end of April however the forecast for May is 0.

6.8    With regard to 65 week waits, the system is performing better than forecasted at the end of April 2024 these decreased from 1448 to below 1048 however it is forecasted that these will rise to 1723 for May due to the Careflow which went live mid April is to go live in SaTH who are already reporting a May cohort that is 133 less than planned.

6.9    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%.

6.10   The Endoscopy business case at SaTH has been agreed and has been included in the plan for 2024/2025, this will come into effect from June.

6.11   The Audiology service procurement which has been on hold and will be put through the new Strategic Decision Framework in May/June to prioritise this against financial pressures.

6.12   The Faster Diagnosis Standard (FDS) for cancer is now slightly below target 74.8% against a target of 75% (this data is unvalidated); FIT performance continues to meet national targets with at performance >85-90% against a target of 80%. The backlog of patients waiting over 62 days, having overachieved against the year-end fair shares target of 212 has increased to 240 as at 12th May and exceeded the 'fair shares' target of 205 as at the end of April, 2024. This has also been impacted by the move to Careflow and the loss of insourced endoscopy capacity in April & May. Shropshire Telford & Wrekin has now officially moved to Tier 2 for cancer.

6.13   For MH & LDA, most performance is improving but Talking Therapies remains an issue and the ICB had recently been notified in their latest quarterly National Oversight Framework assessment outcome letter from NHSE that we are in the lower quartile for Talking Therapies and the position is deteriorating. Sara Reeve referred to Talking Therapies and that MPFT have undertaken capacity & demand modelling with a view to improving performance against targets. This will be supported by the recruitment of additional administration staff which will release clinical capacity. There are also plans to recruit additional apprenticeships to improve pipeline recruitment to qualified posts. Julie Garside confirmed that the plans for

24/25 do show an improving position and achievement of the national targets by the year end. The ICB is also due to meet with MPFT to go through the detailed delivery plans for the key services for this financial year.

6.14    It was also noted that all measures in CHC were improving but that the key would be to maintain the improved position regarding backlogs,


**The Committee:**
• Noted the content of the report regarding performance of key metrics against national.
• standards and local targets. Where performance falls short of national standards and
• locally agreed targets,
• Noted actions being taken and that risks are being appropriately mitigated.
• Noted that the performance Report continues to evolve to improve the way that data and actions are presented to provide assurance to the Committee.
• Fed back on the report presentation to ensure the report meets the needs of
• the Committee.
• Considered a change in reported metrics for UEC as per the national core priorities and
• UEC Tier 1 expectations as described in Appendix 2.
• Agreed to the change in future reporting of UEC in line with recommendations.


**7.0    Minute No QPC-24-05.71 - System Risk Register**
**The papers were taken as read and Vanessa Whatley highlighted the following points:-**

7.1     Risk SQG1 – CYP Mental Health Services – this risk was last reviewed in March 2024. The risk is rated as a red risk with a score of 16.  Key actions remain around the section 31 action plan, the CAMHS waiting list and the review of governance around CYP services. Confirmation is awaited for the removal of the Section 31. Discussions are underway with regard to securing additional funding to reduce core CAMHS and ASD waiting lists. This risk is monitored through the monthly Contract Review Group.

7.2     Risk SQG3 – Safe and Effective maternity care – This risk has been reviewed by the LMNS Programme Manager.  This risk is rated as amber with a score of 10.  The Ockenden Report actions continue to progress with oversight through the Maternity Transformation and Assurance Committee. This service has been rated as good by CQC.  A recommendation has been put to the Quality & Performance Committee (QPC) to de-escalate this risk from the risk register to LMNS.  A quarterly report will be presented to QPC for oversight.

7.3     Risk SQG4 – Urgent and Emergency Care (UEC) – This remains an extreme risk and has a risk score of 20. Workstreams with SROs have been developed resulting from a GIRFT review; progress in workstreams are being monitored with NHSE and is overseen by the UEC Board.

7.4     Risk SQG8 Diabetes – This risk remains as extreme.  There are discussions as to how the risk is being addressed in the system.

7.5    Risk SQG9 Acute Paediatric Pathway – This risk remains a high risk with a score of 15.  This risk has been reviewed. The Paediatric Transformation Programme at SaTH continues to review and oversee actions, CQC have re-rated this service as good.  There is a lot of improvement work ongoing and ongoing quality measures in line with contract expected during June 2024.

7.6    SQG10 CDiff -This risk has been reviewed and remains rated as red with a score of 16. CDiff cases continue to be higher than trajectory to meet objectives.  System numbers were 100% over target and SaTH 203% over target. Action plans are in place within Trusts.  This is a national issue and a system wide IPC took place where this was discussed in detail.

7.7    SQG 11 - Adult ADHD waiting list and risk of harm – This risk has been reviewed The risk score has remained the same at a score of 16 and rated as red due to the lack of progress made in reducing waiting list.

7.8    SQG 12 Individual Commissioning – This risk has a score of 16 and rated as red.  The risk has been reviewed to a target score of 9 and is now rated as amber.  Following this a recommendation was made to QPC to de-escalate this risk from the system quality risk register and for QPC to receive Quarterly reports on progress.

7.9    SQG 13 Shared Care prescribing across Primary Care – This risk is rated as red with a score of 16.  The risk requires updating and metrics to support risk in development.   There are ongoing concerns relating to shared care prescribing across Primary Care.

**The Committee:**

- Had a detailed discussion around the risk relating to Diabetes and requested a paper with the approach that the system was taking to improving this areas of care.
- Received assurance to the Committee for the risks that fall within the Committee's remit, that the principal risks of the ICS not achieving the strategic and operational priorities have been accurately identified and actions taken to manage them.
- Accepted the proposal to de-escalate SQG3 to the LMNS Board to manage.
- There was discussion relating to TB which is still under development, more information was requested by the committee to understand the issue.

**8.0    Minute No QPC-24-05.72 - System Quality Metrics**
         The paper was taken as read and Vanessa Whatley highlighted the following points:-

8.1    The Committee accepted the report and had a discussion relating to the consistency of the metrics, they acknowledged that this data would be reviewed in line with the NOF4 quality criteria and would be combined with the performance report from July 24 to prevent duplication and enhance the quality of the report .

**The Committee:**

- Considered additional assurance required in relation to the metrics.

**9.0** **Minute No QPC-24-05.73 - System Quality Exception Report Chairs Report**

The paper was taken as read and Vanessa Whatley highlighted the following points:

9.1 CHC performance to meet the 28 day standard is sustained and it was agreed to review the risk score for the next meeting of SQG.

9.2 There are concerns regarding the quality and effectiveness of the national paediatric audiology service which has resulted in delayed identification of hearing loss during 2022/2023 and 2023/2024. The Paediatric audiology service leaders at Sath presented a progress report together with their action plan at the SQG meeting held on 5th June 2024.This plan is now closed and a sustainability plan has been put in place. It was agreed by SQG that the service will continue to report to SQG on a 6 monthly basis in line with the national EPRR requirement.

9.3 In relation to LeDeR cases, There were showed a reduced number of deaths reported in Quarter 4 with 3 deaths. The annual report is currently being developed.

9.4 The updated STW Medicines Safety Group TOR was received, and the Group has renamed Medicines Safety Officers which aims to allow effective triangulation between system partners to ensure the effective reporting of medication safety incidents and to promote discussion and share learning around medicines safety issues and risks.

**The Committee:-**
• Considered the alerts in this report and further assurance required.
• Accepted the report.

**10.0** **Minute No QPC-24-05.74 – Deep Dive, Primary Care – Nicola Williams**
The report was taken as read and the following key points were highlighted:-

10.1 Access to General Practices in Shropshire, Telford & Wrekin is improving however, there is a significant variation across practices and within PCNs where the reasons for this need to be explored and addressed.

10.2 The NHS made a commitment to make it easier and quicker for patients to see their GP and members of the wider general practice team in May 2023. The two year Delivery Plan for Recovering Access to Primary Care set out the plan to address the 8am rush and make it easier and quicker for patients to get the help they need from primary care.

10.3 The Fuller Stocktake built a broad consensus on the vision for integrating primary care with three essential elements: (1) streamlining access to care and advice; (2) providing a more proactive and personalised care plan from a multidisciplinary team of professionals; and (3) helping people stay well for longer. The Primary Care Access Recovery Plan's (PCARP) main focus is on the first element. Since the publication of PCARP, NHSE have reported nationally that a record number of GP appointments have been delivered with

more than 360 million appointments have been delivered in a 12 month period up to February 2024 equating to an additional 57.5 million appointments than prior to the COVID pandemic. This includes 3 in 5 GP appointments delivered face-to-face, over half booked and attended on the same or next day; 9 in 10 appointments attended within two weeks of booking. The biggest expansion of services has been seen in pharmacy, making it easier for patients to access treatment for common conditions.

10.4 Improvement to improve timely access to primary care remains an NHS priority and a core part of recovery in the NHS planning guidance for 2024/25. In 2023/24 Shropshire Telford & Wrekin TW delivered 2.96m general practice appointments; this fell 3% short of the PCARP plan of 3.05m appointments.

10.5 General Practice is under intense pressure. Where demand is greater than capacity, it means General Practice cannot always be effective and patient experience and access is negatively impacted.

**The Committee:-**
- Discussed the data provided in this report and agreed the next steps listed in section 2.8.
- Agreed to receive a quarterly update on the variation in the numbers of GP appointments per 1000 list size within the main performance report. This update would also include variation in usage of NHS111, ED and MIUs by practice.

**11.0 Minute No QPC-24-05-75 – Diabetes Programme Assurance Report – Fiona Smith**

This item was deferred due to ongoing discussions related to the diabetes programme management going forward.

**12.0 Minute No. QPC-24-05.76 – CYP Deep Dive – Vicki Jones**
The paper was taken as read and the following points were highlighted:

12.1 Nationally there has been an increase in referral to CAMHS and for CYP to have Neurodiversity assessments (ASD and ADHD).

12.2 There has been a 262% increase in the numbers of children and young people being referred to Shropshire, Telford and Wrekin's commissioned CYP Mental Health H support from 178 between April-July 2020 to 644 between September 2023-January 2024; There has been an increase of 169% in the number of active cases from 1,200 to 3,233. There has been a 767% increase in the number of children being referred to Neurodevelopmental Pathways in 2 years. From 15 per month to 130 per month.

12.3 The BeeU services have successfully developed a waiting well initiative with specific staff in post directly contacting those waiting the longest and reviewing circumstances, presentation and risk, this offers signposting, information and advice, and provides indicative waiting times. This initiative has received positive reviews from both parents and CYP.

12.4　CYP Access was 5,295 at the start of 2023/23 and has only slightly increased to 5,840 against target of 8,341 as at the end of March 2024.

12.5　The data quality issues around eating disorders has had an impact on the published performance rates in 2023/24. Against a 95% standard for both routine and urgent cases, there were a total of 88 routine cases and 9 urgent cases during 2023/24. Demand has increased this year; previously routine referrals averaged at 35-45 over a 12 month period.

12.6　Referrals to crisis teams were 288 across the year, and 264 of these were seen face to face or via telephone contact within 4 hours.

The Committee:

- Discussed the level of risk of the issues around neurodiversity and the significant increase in numbers of referrals to neurodevelopment pathways. Assurance was given that this is being manged with additional investment to improve waiting lists in core CAMHS as well as autism spectrum disorders.
- ADHD remains closely monitored but is a concern but more so in adults.
- Noted the contents of the report.
- Noted the significant investment and service improvement planned for 2024/25
- Supported the development to the future CAMHS plan

### 13.0　Minute NO QPC-24-05-77 – LeDeR Annual Report- Jennifer Morris

The paper was taken as read and Jennifer Morris highlighted the following points: -

13.1　The annual report is a comprehensive review of the year looking at lives and deaths of adults with those with a learning disability or autism. The year saw a significant challenge in getting consistent referrals into the review process with only 21 cases, this makes the data less reliable and is the first year these has been a decrease in the average age of death. A programme to increase the profile of LeDeR in the system is underway. However, the number of focussed reviews was 15, giving more detailed information for learning from people.

13.2 The learning highlighted the importance of engagement in the ReSPeCT processes and the use of hospital passports to communicate additional needs and reasonable adjustments.

**The Committee:**-

- Discussed the report and thanked Jennifer for the work to pull it together. They had had previous opportunity to comment in order to meet the national deadlines for submission and for the report to be presented to the ICB Board in June.
- It was recognised that annual health checks were 78% which is about the 75% expectation however many are done in the last months of the year and could be spread further.
- The report was recommended to progress to the ICB Board for approval.

### 14.0　Minute No 24-05.78　- Healthwatch Shropshire Update

A verbal Update was provided by Lynn Cawley and the Committee noted the comments made. No questions or comments were made by the Committee.

**The Committee:**

• Noted the verbal update.

**15.0   Minute No QPC-25-05.79 - Healthwatch Telford & Wrekin Update**

15.1   There was no representative from Healthwatch Telford & Wrekin present to provide an update.

**16.0 Minute No QPC-25-05-80 - Items for Escalation/Referral to Other Board Committees**

16.1   No items were requested to be referred or escalated to other Board Committees.

**17.0   Minute No. QPC-25-05.81 Any Other Business (AOB)**

17.1   No Other Business was raised

**Date and Time of Next Meeting**

The Next meeting is scheduled to be held on 27th June 2024 starting at 2.00pm to 4.00pm via Microsoft Teams

**SIGNED ……………………………………………**          **DATE ……………………………**

**NHS Shropshire Telford and Wrekin**
**ICS Quality & Performance Committee Meeting**

**Thursday, 27th June 2024**

Via Microsoft Teams

**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 |

### 1.0    Minute No.  QPC-24-06.82-  Welcome/Apologies by: Meredith Vivian

1.1    The Chair of the Committee welcomed members and attendees to the meeting and introductions were made.

### Minute No.  QPC-24.06.83 Apologies:

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

## 3.0     QPC-24-06.84 - Members' Declarations of Interests

3.1     No new declarations of interest were noted.

## 4.0 Minute No. QPC-24-06.85 -  Minutes of Meeting held on 30th May 2024

4.1     The minutes of the meeting held on 30th May 2024 were reviewed and
        accepted as an accurate record of the meeting.
4.2     The Chair requested prior to the meeting that the minutes reflected the
        discussion regarding escalation of the diabetes transformation and the growing
        the increase around TB within Shropshire.  The minutes were subsequently
        updated to correctly reflect those discussions.

## 5.0     Minute No.  QPC-24-06.86 - Matters Arising and Action Log

5.1     Actions have been updated and are outlined on the action log.

## 6.0     Minute No QPC-24-06.87 – Performance Exception Report –

The report was taken as read, a discussion with committee members ensued and
Angie Parkes highlighted the following key points:-

6.1     The assurance process for the PCN capacity, access and improvement plan are
        now in progress within primary care. This will be used to ensure that
        improvements are addressed across primary care access.
6.2     The Primary Care Access Recovery Plan (PCARP)  dashboard is now available in
        primary care which will prove useful to access information and to notice any
        changes.
6.3     UEC - the Electronic Patient Record/Patient Administration System (EPR/PAS)
        implementation at SaTH is likely to have had an impact on data quality over the
        past couple of months. Work is ongoing to ensure that staff get this data as
        robust as possible, the ICB are linked into this work and it is hoped that we will
        get to the point where there is a better understanding of some of the data for
        the first quarter and so that is a caveat for some of the data in the report
        presented this month.
6.4     The UEC tier one improvement plan has been developed; it will take time for
        those improvements to start having an impact on the data, therefore at this
        moment in time the system is still underperforming on UEC indicators.
6.5     Mental Health - the new metrics in talking therapy, previously known as IAPT
        are exceeding target, waiting lists are showing improvements.
6.6     Dementia diagnosis has dropped slightly in the first month of the year, following
        six months of sustained improvement.  There are proposals being developed
        for service transformation.

6.7    CYP access to mental health services is below target however is improving. An improvement plan is in place supported by additional funding to reduce waiting lists.

6.8    LD in-patients has been an area of focus this year, efforts are being made to reduce out of area in-patients; For adults is within plan however, children is above plan this is subject to a very small number of children with very complex needs. This is under review.

6.9    Planned Care – there is still a small number of 78-week breaches which is a concern, however the 65 week breaches are performing better than forecasted. This is due to the complexity of some in-patients causing those 78-week breaches. These are under review by the planned care team.

6.10   There have been issues with the diagnostic standards that were expected based on the planning work caried out earlier this year, however they have decreased, and it is hoped that improvements will be seen once the approved endoscopy business case is implemented.

6.11   Audiology is still underperforming and options for this are currently going through the ICB decision making process, this is linked to capacity issues.

6.12   Cancer backlogs for patients over 62 days have increased again due to loss of capacity for external endoscopy services. Once the endoscopy business case implemented it is hoped that it will have an impact on this measure.

6.13   CHC referrals, those processed within 28 days met target and the backlog beyond 12 weeks has reduced to 0.  There has been an increased number of appeals, which was expected following the work being undertaken on the backlog.

6.14   Clair Hobbs referred to unplanned care electives and asked if breaches in this area harm reviews had carried out on those patients by SaTH Angie Parkes confirmed that SaTH carry out regular reviews of the backlog as part of their MDT.

6.15   Christine Ashworth commented that in terms of the cancer performance, the endoscopy position is impacting on the colorectal backlog. However, there are a number of other specialties that do not fall into that category which are contributing to the backlog, which is increasing significantly, largely as a result of the lack of insourcing which ceased with the cessation of the RF funding at the end of April.

**The Committee:**
- Noted the content of the report regarding performance of key metrics against national
- Standards and local targets. Where performance falls short of national standards and locally agreed targets,
- Noted the actions being taken and that risks are being appropriately mitigated and provide the necessary assurance.
- Noted that the Performance Report continues to evolve to improve the way data and actions are presented to provide assurance to the Committee. The Committee is asked to feed back on the report presentation to ensure the report meets the needs of the Committee.

### 7.0 Minute No QPC-24-06.88 - System Risk Register
**The papers were taken as read and Sharon Fletcher highlighted the following points:-**

7.1 Risks have been reviewed, diabetes and urgent and emergency care remain the highest risks.

7.2 Paediatric Care, continuing healthcare and maternity are showing improvements in quality.

7.3 A discussion was held at the System Quality Group (SQG) in June regarding specialised medication and who will oversee this risk.

7.4 A discussion was also had at SQG about ensuring that risks are reviewed utilising Inequalities as well as quality improvement methodology. The quality improvement work for the risk register will be completed over the next two months and the new look risk register will be presented to QPC following completion of this work.

7.5 Vanessa Whatley highlighted that two recommendations were made at SQG to de-escalate two risks, the first being SQG3 – maternity to be de-escalated to the LMNS Programme Group to be managed, this risk has had a score of 9 for some time, however it was kept on the risk register due to the historical concerns around maternity. LMNS updates will continue to be presented to QPC with quarterly progress and assurance reports presented to SQG and secondly, individual commissioning risk which has been re- reviewed, this risk is now maintaining performance. As there is not a group that this risk sits in, it has been decided to have quarterly reports to the System Quality Group as a way of sustaining oversight.

7.6 Meredith Vivian asked if the Shared Care Prescribing risk had Chief Medical Officer oversight.

7.7 Sharon Fletcher advised that she had had conversations with both Doctor Chan and Doctor Ganesh regarding areas of ownership, and it is hoped that either one will support the sponsorship and ownership of this risk.

7.8 Dr Ganesh added that he is aware that Dr Ian Chan has been looking at this with a view to a decision being made soon.

7.9 Meredith Vivian referred to individual commissioning and asked whether one of the reasons this risk was reduced was due to having additional capacity for a set period of time and asked whether this area of work will be dependent on having that extra capacity and would that be maintained at an initial Additional investment. Vanessa Whatley stated that the reason for the risk being reduced was due to a change in leadership; the capacity is in the new structure. The additional post have not been advertised and filled due to MOC . Those posts are now ready to be advertised, all processes have been completed and are ready to be signed off at Executive level. The current capacity issue is being sustained and there has been a change in the processes within the team, providing assurance of oversight and escalation of any issues.

**The Committee:**
- Considered additional assurance required in relation to the risk register. agreed to de-escalate risk SQG 3 from Quality Risk Register to LMNS to manage specific risks and issues and report quarterly to QPC.
- Agreed to de-escalate SQG12 from system quality risk register and receive quarterly reports on progress and risks.
- Acknowledged that the System risk relating to lack of adequate TB control is in development

## 8.0    Minute No QPC-24-06.89 - System Quality Metrics
The paper was taken as read and Vanessa Whatley highlighted the following points:-

8.1    There has been good progress made on the Ockendon actions.

8.2    Progress has been made working with other systems to prevent a joint LMNS Provider situation. The children, the young people's metrics continue to be observed.  There are less bed days at SaTH being utilised due to mental health conditions, which is a positive step forward.

8.3    C diff numbers at SaTH declined during May, however, overall as a system  high numbers of C diff cases are being seen.  SaTH  have an action plan in place; UEC pressures are thought to be impacting on community with C diff by SaTH, these areas continue to cause ongoing challenges

8.4    There is no change UEC and diabetes risks this month which remain extreme though UEC actions continue to progress through UEC Board.

8.5    Clair Hobbs referred to the report and commented that SCHT are not featured in the narrative of the report nor in the charts and that they are above trajectory in relation to C diff, and said from an assurance perspective, it would be helpful to have narrative around the key actions being taken as a system.

8.6    Vanessa Whatley stated that as from the end of July 2024 there will be a combined performance and quality report and a discussion was held at the recent System IPC meeting regarding the recent dispatches programme which had significant infection Prevention & Control observations. The meeting had attendance of infection related practitioners from the health and Social care where it was felt that local infection prevention and  control is very much left to infection control specialists and that local leadership needs further reinforcing. There needs to be a concerted push from the very senior leaders within organisations that infection control is everybody's business and everybody's leadership responsibility.  The main aspects around C diff are controlling the environment, practice and antibiotic prescribing across the system.

8.8    The Chair suggested that QPC receive a deep dive report into IPC for the system,  i.e., not having an IPC lead, but having a senior leadership. led presentation not looking at specific issues, but looking at the cultural norms that need to be in place around IPC.

8.9    Vanessa Whatley said that she would be supportive of this as a tactical specialist report goes quarterly to the System Quality Group.

8.10    Kirsty Foskett commented that RJAH has been on a big improvement journey in relation to IPC over the last two, 2.5 years; and said that Sam would be happy to share the cultural piece of work that has been carried out in buy in and engagement from their staff.

8.11    The Chair suggested scheduling an IPC deep dive at a future QPC in early Autumn, either September or October 2024.

8.12    Laura Tyler asked whether there  would be an  opportunity to do something around the themes around IPC and whether something could be done with the general market, as there is an increase in issues with care homes, and asked whether there is as a system thought can be given to supporting the wider provider market as it is not just an issue within the acute system, it will be an issue within the care home sector and supported living environments.

**The Committee:**
- Considered additional assurance required in relation to the metrics.

## 9.0 Minute No QPC-24-06.90 - System Quality Exception Report Chairs Report

The paper was taken as read and Vanessa Whatley highlighted the following points:

9.1     The System Quality Group met on 6th of June, alerts were raised around the concern relating to children's initial health assessments. Children  going into care are required to have an initial health assessment within a timescale. However, compliance with this is decreasing due to a lack of notification and some children reach adoption without the health assessment which means their earlier health needs may not have been identified. This has been flagged by the operational teams with the local authorities and there has been education and training delivered to social care teams.  These have now been escalated to the two safeguarding boards and to their risk registers where they have got action plans in place which are being actively worked on.  This is being kept under review monthly at the children's safeguarding meetings.

9.2     Laura Tyler asked whether something as simple as a mandatory field that needs to be put into the system, so you can't go without it being completed. Laura said she would take this back and discuss it with Shropshire colleagues to see if that is something that they can get in place.

Action:  The chair requested an update is provided to QPC iSeptember 2024

**The Committee:-**
  - Noted the contents of the report.

## 10.0   Minute No QPC-24-06.91 – Deep Dive, Cancer Update  –
The report was taken as read, Christine Ashworth and Lorraine Mahachi highlighted the following key points:-

10.1    The Cancer programme team for STW NHS is in place for a fixed term of 15 months. The remit of our programme team is to support the system to try and deliver a sustainable whole pathway change, predominantly focusing on the interface between primary and secondary care in order to help the main provider deliver operational and constitutional standards.   The report has been divided into elements that form the strategic ambition.

10.2    The healthy lifestyles aspect of the delivery of cancer care is a reassuring position in STW. There are a range of initiatives which are operating within the county. There are several national screening programmes in place in terms of bowel cancer screening and cancer screening. The data to last year demonstrates that the uptake in STW is higher than the Midlands and the national averages.

10.3    Screening uptake is differentiated by certain demographics, insight from community groups is providing an understanding of  where to target communications and interventions, particularly key groups, especially ahead of the final age expansion, which is due to roll out at the end of March 2025.

10.4    Prevention  of cervical cancer, there is a vaccination programme and a screening programme in place if the uptake of the programme in STW exceeds the national average, particularly when people were offered 2 doses. There was an initiative introduced in September 2023 to refine that schedule to a single dose.

10.5   Cervical Cancer =  There are two different cohorts to which cervical screening is offered and that they are age differentiated; the performance in STW is good against the national and the Midlands averages. Although performance in Shropshire PCNs exceeds that of Telford and Wrekin PCNs.

10.6   Breast Screening -  Breast screening is available to all women up to the age of 70 from the age of 50 every three years, and the most recent data suggests that the screening uptake in STW does slightly exceed the minimum target of 70%, and again Shropshire has a slightly better uptake compared to Telford and Wrekin.

10.7   Concerns have been highlighted in STW about the lack of provision of a digital messaging service for those eligible for breast screening. The main provider is now committed to putting a suitable process in place.

10.8   Vanessa Whatley raised the question about the disparity between Telford & Wrekin and Shropshire regarding cancer screening and queried whether this more evident at a local neighbourhood level and hat level of input there was with health inequalities team. Christine Ashworth commented that early discussions have been held with the health inequalities team to try and understand what the inequalities like are at very basic level. It is known from the work of cancer champions that in some communities there are different uptakes of screening in comparison.  Local PCNs and local primary care practices understand their own position in terms of screening uptake and they will know their own communities best.

10.10  Dr Ganesh asked what the correlation is between vaccination uptake, cervical screening uptake and the incidents of cervical cancer in restricted Communities. Christine Ashworth agreed to take this as an action.

Action:  Christine Ashworth to take Dr Ganesh's question as an action to find out this information.

10.11  The main provider of a secondary cancer care within STW is at SaTH who made good progress in 23/2024 against many specialties, for example in the reduction of their cancer backlog. However, this progress has not been maintained, predominantly associated with the cessation of some elective recovery funding which ceased at the end of April 2024. In the lung specialty FDS in June 2024 is just under 50% against an expected standard of 75% and 77% by the end of March.

10.12  Colorectal cancer - An important element of the colorectal pathway is ensuring that referrals are associated or accompanied by  fit results, STW are  compliant with the process, the national benchmark is 80%, STW are significantly above that on a consistent basis, t referral rates into the urgent suspected pathway are increasing, however the conversion rates are static, they are not reducing and the clinical view is that appropriate numbers of patients are referred and there is an increasing Community prevalence of bowel cancer.

10.13  There are two subsidiary pathways associated with the colorectal urgent suspected pathway. One is referring patients directly to flexible sigmoidoscopy and that pathway is up and running. And the second is to introduce a nonspecific symptoms pathway which will capture patients who are fit negative. If a GP is concerned about the patient significantly enough to warrant an urgent suspected referral, approximately 30% of patients will fall into that category and therefore will be redirected into the NSS pathway when reintroduced in July.

10.14 Teledermatology has been introduced into STW with seven of out of a total of nine PCNS participating in this programme. There has been a reduction of nearly 40% in face to face consultant appointments as a result of this programme, those patients who are triaged using tele dermatology, 30% of them are discharged to the GP at the point of Telederm triage.

10.15 Gynaecology is below the national target and is currently at 50%. The referrals to gynaecology have increased significantly year on year since the Prego COVID baseline and in the past year there has been a sharp rise, However the increase of cancer has only decreased slightly and is in line with national levels which suggests that all referrals are appropriate.

10.16 Lynn Cawley commented that Healthwatch Shropshire have met with Christine and Lorraine and have talked about a piece of engagement work they have been carrying out with people living with cancer. Healthwatch have spoken to people across the provider trusts as well as speaking to over 240 people at support groups across Shropshire, resulting in a large amount of information to share. This will be collated into a report and will be able to shared.

10.17 The cancer team and the quality team will work together to get formulate a response to Healthwatch's report.

10.18 Anne Maclachlan commented that she is interested in the public health initiatives around prevention and the health impact of ultra-processed food resulting in a rise in bowel cancer, smoking cessation provision at place, and the prevention agenda for cancer. Christine Ashworth stated that within the oversight programmes there is good engagement from public health colleagues both in Shropshire and Telford & Wrekin who are focussed on improving healthy lifestyles, i.e., healthy eating, healthy weight

**Action:  Christine Ashworth to send further information to Anne Maclachlan In relation to healthy lifestyle programme.**

**Action :  A further update to be presented to QPC In November outlining quality outcome data,
what is the backlog?
What are the themes of incidents?**

The Committee:-
- .Acknowledged system risks, especially in respect of the operational performance against constitutional standards in secondary care.
- Agreed to provide ongoing support to embed a rigorous process for the assessment of the quality of cancer services across STW

12.0  **Minute No. QPC-24-06.92 – Managing Rises in TB – Health Protection Report**
The paper was taken as read and Vanessa Whatley highlighted the following points:-

12.1  There has been an incremental increase in TB cases in Shropshire due to changes in the population.

12.2  There is a capacity issue in the SaTH TB service for treatment and follow up. There is no further capacity in the Trust to undertake contract tracing.

The ICB has brought in third parties to undertake screening of cases and contacts where large numbers require contract screening .

12.3　The main issue is to increase the nursing provision in the team, which is currently less than two whole time equivalents to cope with the screening and requirements of when somebody has TB.

12.4　SaTH have been sent the national specification for TB and have now made comments. Vanessa will be replying and said that she would share with Dr Ganesh his thoughts would be really useful.

12.5　This Specification would need to have a supporting business case and put through SaTH's processes for the beginning of August in order for it to be put into the commissioning intentions for the year.

**Action:  Vanessa to share the TB Specification with Dr Ganesh for his comments.**

12.6　Vanessa Whatley commented that SaTH's screening of workforce for TB should be in SaTH's occupational health contract. Sara Bailey confirmed that it was and the Trust is addressing at their Optima contracts for vaccinations to identify gaps; Optima is the Trust's Occupational Health provider.

**The Committee:**
- **noted the contents of this report**
- **Agreed the risk register entry for TB treatment and screening**

### 13.0    Minute NO QPC-24-06-93 – Diabetes Position Statement – Fiona Smith

The paper was taken as read and Claire Parker and fiona Smith highlighted the following points: -

13.1　The diabetes risk has not changed; clinical support requires strengthening as there was concern that there are persistent issues to improvement.

13.2　It was discussed that providers need to work together to collaborate on the best outcomes for patients. A shift from acute services needs a strong focus and willingness at clinical and officer level to take forward.

13.3　A clinical director post for diabetes is currently advertised at SaTH which may provide further opportunity.

13.4　Prevention pathways need to run in parallel to clinical pathway, so there is a clear route for reducing diabetes prevalence and to address health inequalities. A jointly funded public health tole will be in place in the next 4-6 weeks to support this work.

13.5　The newly formed strategy and development directorate will have additional capacity to deliver the work as long as the risks and barriers are reduced to enable the work to move forward.

13.6　Prevention pathways need to run in parallel to clinical pathway, so there is a clear route for reducing diabetes prevalence and to address health inequalities. A jointly funded public health tole will be in place in the next 4-6 weeks to support this work.

13.7　The newly formed strategy and development directorate will have additional capacity to deliver the work as long as the risks and barriers are reduced to enable the work to move forward.

13.8  The proposal is to start and then pick some of the outcome data related to PCNS and practices and where we can offer the most targeted support.

13.9  A meeting is scheduled next week to look at the wider long term condition strategies so that a data-driven approach and outcome-based approach can be used.

13.10  Sara Bailey added that SaTH are focussing on improving care for their patients with diabetes and foot care which are two of their clinical quality priorities for this financial year and they will be closely monitoring and working with the ICB to make those improvements for patients because an amputation is not the right outcome for majority of these patients. STW are a national outlier for amputations.

**Action:  The Chair requested a position statement on diabetes around transformation and how diabetes is managed at the next QPC meeting in July  2024**

**The Committee:**-

- Noted the brief report and it is requested that this returns as an agenda item once the issues have been raised with the new medical directorate and public health support in  July 2024

## 14.0   Minute No 24-06.94   - Healthwatch Shropshire Update

14.1  Lynn Cawley had to leave the meeting and stated that she would provide an update at the meeting in July.

## 15.0   Minute No QPC-25-06.95 - Healthwatch Telford & Wrekin Update

15.1  There was no representative from Healthwatch Telford & Wrekin present to provide an update.

## 16.0 Minute No QPC-25-06-96 - Items for Escalation/Referral to Other Board Committees

16.1  No items were requested to be escalated or referred to other Board Committees.

## 17.0   Minute No. QPC-25-06.97 Any Other Business (AOB)

17.1  No Other Business was raised

## Date and Time of Next Meeting

The Next meeting is scheduled to be held on 25th July 2024 starting at 2.00pm to 4.00pm via Microsoft Teams.  Please note there will be no meeting in August and

following the July meeting the next scheduled meeting will take place on 25$^{th}$ July, 2024.


SIGNED ................................................... DATE .............................

Agenda Item

ICB 25-09.070.3

Minutes of Finance Committee

meetings held on 30 May and 27 June 2024

and revised Terms of Reference

**NHS Shropshire, Telford, and Wrekin**
**ICB Finance Committee (Section 1) Meeting**
**Thursday 30th May 2024, at 13.00,**
**Via Microsoft Teams**

**Present:**

| **Name** | **Title** |
|---|---|
| Trevor McMillan (Chair) | Non-Executive NHS STW |
| Claire Skidmore | Chief Finance Officer NHS STW |

**Attendees:**

| | |
|---|---|
| Gareth Robinson | Directory of Delivery and Transformation NHS STW |
| Kate Owen | Head of PMO NHS STW |
| Cynthia Fearon | Corporate PA NHS STW (Note taker). |

**Apologies:**

| | |
|---|---|
| David Bennett | Non - Executive NHS STW |
| Angela Szabo | Director of Finance NHS STW |

**1.0    Minute No. SFC-24-05.001 – Introduction and Apologies**

The Chair, **TMcM**, welcomed everyone to the meeting. **TMcM** stated apologies as noted for the meeting,

**2.0 Minute No.SFC-24-05.002 – Declarations of Interests**

2.1    No declarations of interest were noted.

**3.0 Minute No.SFC-24-05.003 – Minutes from the Previous Meeting held on:** 29th April 2024 were agreed as a true and accurate record.

**4.0 Minute No.  SFC-24-05.004 Matters Arising and Action List from Previous Meetings**

4.1    **TMcM** referred to the action list from the previous meeting:

Actions outlined on the action log, were reviewed, and updated accordingly.

**5.0 Minute No. SFC-24-05.005 - Financial plan 24/25**

**Report received as read.**

**5.1 CS** highlighted that following a meeting with national NHSE colleagues and CEO/DOF

discussions across the system, the final System agreed plan was submitted on 2nd May 2024 with a £99m system deficit.

The ICB share of the planned system deficit submitted for 2024/25 is £51m. **CS** explained that the figure included £5.9m to recognise the commissioning of additional endoscopy capacity as well as the ICB taking the full System stretch (£6.3m) that we added to the figures to reach a sub £100m position which was the request of the Integrated Care Board.

**CS** stated that the plan as submitted delivers mental health standards, Better Care Fund requirements and SDF though some slippage is assumed against SDF spend in-year. The plan does not include assumed dental or specialised services underspend as that was a national request.

**CS** highlighted that we currently have a £37.2m efficiency target for the ICB which includes the £6.3 m stretch.

**CS** mentioned that there is a net financial risk to delivery of the position which includes the fact that the additional £6.3m efficiency is yet to be identified.  This net risk is £35.7m. **CS** explained the component parts of the risk figure.

**CS** stated that a compliant capital plan was also submitted.

**CS** noted discussions with the NHSE national team regarding reducing the planned deficit from £99m to £90m. **CS** added that guidance had been received in the past couple of days.  A further submission of the plan is required on 12thJune 2024 which NHSE expect to contain a £90m deficit position for the System.

**CS** highlighted that a 10% reduction to the operational capital for 24/25 is expected which is linked to a new financial framework for this year.

**CS** emphasized that the big challenge now is to get to the £90m deficit position and also find, a route to deliver the £6.3m which is lodged with the ICB. **CS** explained that CEOs and DoFs were continuing discussions.

***Action: CS and GR to discuss offline next steps for CEOs, DoFs and COOs.***

**CS** emphasised that all partner organisations have been encouraged to look at de-risking the plans for their respective organisations as it is clear that there is significant risk to delivering the plan and organisations must hold a strong commitment to play their part.  **CS** added that an immediate action we are undertaking is to define how we can either reduce the risks we have or determine any mitigations available to us.

***The ICB Finance Committee:***

        o   Noted the final 24/25 financial plan submission for the ICB and associated risks.

**6.0   Minute No. SFC-24-05.006 - ICB M1 ICB Finance update**

     **Report received as read.**

6.1     **CS** highlighted that budgets have been issued to all budget holders on the basis of the

2nd May financial plan submission. **CS** added that budget upload guidance has now been received by NHSE with all budgets to be uploaded to the system in readiness for M2 reporting.

**CS** mentioned that the run rate reporting will be included in future reports to monitor monthly actuals against plan.

**CS** explained that as budgets are not yet uploaded to the ledger, a detailed M1 financial position cannot be reported. However, headline information has been compiled on key areas of expenditure risk within the current position.  These headlines were shared with the committee.

### *The ICB Finance Committee:*

o   Noted the M1 headlines around the ICB financial position ahead of any formal 24/25 financial reporting.

## 7.0 Minute No. SFC-24-05.007 – ICB M1 Efficiency update

**Report received as read.**

**7.1**   **KO** highlighted that ICB efficiency plans total £30.9m plus the additional £6.3m).  100% of the £30.9m has schemes identified.  The £6.3m was wholly unidentified at the time of the meeting.

**KO** highlighted that £7.8m of programmes are currently rated as 'high risk'. **KO** recognised the continued work to de-risk the plans by firming up project delivery plans.

**KO** shared that in month 1 there was a positive variance against plan (£1.37m) which is mainly due to the delivery of 'Full Year Effect' CHC Fast Track Review Programme and 'non-recurring' Local Authority discharge efficiencies.

**TMcM** asked **KO** to explain the low, medium, and high confidence risk categorisation. **KO** explained that the 'RAG' rating of red, amber, and green is based on a list of criteria. Low confidence programmes are categorised where there aren't robust plans built up or in place and risks have not been mitigated. Medium confidence reflects where there are some plans in place and some of the risks have been mitigated.  High confidence is where the plans are in place, there is minimal risk, and we can be confident that things will be achieved and delivered.

**TMcM** queried the £3.8m of opportunities with Local Authorities phased over the last six months. **KO** explained that Brett Toro-Pearce, Lead for Individual Commissioning is meeting with the Local Authority to review and tighten up existing policies.  This will take time to complete and for policies to be ratified and implemented.

**GR** stated that we are in a much better position this year than we were last year regarding readiness of efficiency savings.

> *The ICB Finance Committee:*

- o  Noted progress with the savings programme at month 1 and that delivery of efficiency programmes will enhance productivity and enable value for money within the ICB.

**8.0      Minute No. SFC-24-05.008 – Deep Dive Reports - Triple Lock**

**Report received as read.**

8.1     **CS** highlighted that the Finance Committee workplan includes provision for deep dives to support the committee to discharge its responsibilities in the Financial Monitoring section of the Terms of Reference. This will now be a standing agenda item.

**CS** stated that this month an update on the Triple Lock Process has been shared for Committee consideration.  This helps to provide assurance around financial controls that are in place.

**CS** highlighted pertinent points from the report and noted that it would also be considered at the system finance committee.  It was agreed that the triple lock process gives a helpful spotlight on non-pay expenditure and through its existence has prompted teams to stop and think before making purchases.

> *The ICB Finance Committee:*

- o  Received the updates as presented within the Deep Dive report for information and assurance.

**9.0      Minute No. SFC-24-05.009 – Committee Annual Report**

**Received as read.**

9. 1    **CS** explained that it is good practice for committees to draft an annual report and to reflect on whether the committee has discharged its responsibilities in accordance with its Terms of Reference (TOR).

**CS** highlighted that it can also be used as evidence if required to support achievement of the governance exit criteria relating to NOF4.

**CS** flagged that the draft shared for discussion included two areas that require review and update, these being the attendance table which contained inaccuracies and also the point on risk in the financial monitoring section which needed rewording.  She committed to updating these after the meeting.

The committee concluded that it had discharged its duties through its meeting cycle in 2023/24.

> *The ICB Finance Committee:*

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- Approved the annual report subject to the required amendments raised by CS.

*Action: CS/CF to review and update the attendance log.*

*Action: CS/AS to update the commentary in section 6.1.3 regarding financial monitoring information.*

**10.0    Minute No. SFC-24-05.10 – A.O.B**

 **10.1    TMcM** requested that the Glossary be reviewed and updated.

*Action: CF to review glossary with AS and Angus Hughes and update.*

**Date And Time of Next Meeting**

Thursday 27th June 2024, 14.00 via Teams

**NHS Shropshire, Telford and Wrekin**
**Integrated Care System Finance Committee (Section 2) Meeting**
**Thursday 30th May 2024 at 2.15pm**
**Via Microsoft Teams**

**Present:**

| Name: | Title: |
|---|---|
| Trevor J McMillian OBE (Chair) | Non-Executive Director NHS STW |
| Claire Skidmore | Chief Finance Officer NHS STW |
| Sarah Lloyd | Chief Finance Officer SCHT |
| Peter Featherstone | Non-Executive SCHT |
| Clair Young | Deputy Director of Finance - Strategy |
| Richard Miner | Non-Executive – SATH |
| Richard Peach | Group Accountant T & W Council |
| Glenn Head | Deputy Chief Finance Officer – MPFT |
| Craig MacBeth | Chief Finance Officer – RJAH |

**Attendees:**

| | |
|---|---|
| Gareth Robinson | Director of Delivery and Transformation NHS STW |
| Kate Owen | Head of PMO NHS STW |
| Cynthia Fearon | Corporate PA NHS STW (Note Taker) |

**Apologies:**

| | |
|---|---|
| David Bennett | STW Non-Executive Director NHS |
| Sarfraz Nawaz | Non-Executive – RJAH |
| Helen Troalen | Director of Finance SATH |
| Angela Szabo | Director of Finance NHS STW |

**1.0     Minute No. SFC-24-05.001 Introductions and Apologies**

1.1     The Chair, **TMcM,** welcomed everyone to the meeting and apologies were received as noted,

**2.0     Minute No. SFC-24-05.002 Members' Declarations of Interests**

2.1     Peter Featherstone declared that since the: 1st April 2024, he is a Non-Executive Director at Dudley Integrated Care Trust.

        *Action: **CF** to check with the Corporate Governance team where this needs to be recorded.*

**3.0     Minute No.SFC-24.05.003 Minutes of the Previous Meeting held:**
        Thursday 26th March 2024.

3.1     **TMcM** asked if there were any points to be raised on errors or accuracy within minutes of the previous meeting.  There being no amendments, the minutes were taken as a true and accurate record.

**4.0    Minute No. SFC-24.05.004 Matters Arising and Action List from
        Previous Meeting**

4.1    The action list from the previous meeting was reviewed and updated accordingly.


**5.0     Minute No. SFC-24.05.005 - ICS Financial Plan 24/25**


5.1     **Report received as read.**


**CS** highlighted that at the last Finance Committee meeting in March the committee were updated on the planned 24/25 financial plan submission of a £121m deficit. Following a meeting with national NHSE colleagues and CEO/DOF discussions across the system there was a shared commitment to submit a deficit plan of £99m. **CS** added that the final plan, agreed by individual Boards and the System, was submitted on 2nd May 2024 with a £99m system deficit.

**CS** emphasized the current position is a marked improvement on where were as a System last year. However, more needs to be done to get to a break-even position.

**CS** highlighted that the system had recognised Endoscopy investment in its plan (£5.9m recurrent from the ICB and £4m non-recurrent for which funding would need to be secured).  This will deliver 85% for the 6 weeks diagnostics DM01 target.

Regarding the System Efficiency Stretch Target, CEOs and DOFs agreed to include a £6.3m STW system efficiency stretch as a planning assumption to ensure submission of the STW £99m deficit position. A meeting was held on 15th May 2024 to identify a plan for this £6.3m.

**CS** stated that has a System we have met the core aims outlined in the planning guidance.  Which includes mental health investment and Beta Care health Fund. There are some assumptions on slippage in SDF.

**CS** highlighted as a System collectively, we have an efficiency target of £83.6m to reach the £99m deficit position (6.6%).

**CS** drew attention to the significant financial risks noted in the report and work to reduce or mitigate those risks.

**CS** stated that the final system capital plan was also submitted on the 2 May 2024. Which was a compliant capital plan within the system capital allocation limit.

**CS** notified the Committee that the national NHSE team have now requested a further improvement to the plan, to deliver a £90m deficit for 24/25. A further submission to NHSE is now required which will combine month two reporting with a further plan submission.

**CS** emphasised that the £90m deficit will be repayable and will be added to our historic debt. As a System we are spending beyond our fair share of the national allocation. This will attract a penalty that will be applied against the operational capital programme. **CS** added, that as a System we will have the highest penalty applied due

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to the scale of the System deficit. **CS** noted that we have been advised to set aside 10% out of our Capital Plan for the year for that.

**CS** stated that work is focused on the route to get to a £90m deficit over the next week prior to a further plan submission.

**TM** noted that we must all identify actions quickly in order to maximise the time we have to physically deliver savings.

**PF** queried what are we doing to identify CIPs across organisation as a System, rather than identifying them as single agencies. **GR** gave examples of where this was already happening, for example, the Workforce Programme, the Local Care Programme, Musculoskeletal Programme and the Urgent Emergency Care Programme.

**CS** stated that in addition to what **GR** as outlined, we also need to consider the governance that sits around the Programme Boards to ensure that their roles and responsibilities are clear, and they are held accountable for investment and cost improvement.

**The System Finance Committee noted:**

- o   the final 24/25 financial plan submission for the system and associated risks.
- o   The requirement for a further plan return and a request form NHSE that the System deficit be reduced from £99m to £90m.

**6.0      Minute No. SFC-24-05.006 ICS M1 ICS Finance update**

   **Report received as read.**

**6.1    CS** stated that there were no material concerns to report at month 1.

**CS** highlighted headline information on key areas of ICB expenditure, showing that both Individual Commissioning and Prescribing spend are in line with plan at Month 1. She drew attention to the key areas of risk noted in the report.

**CM** described how RJAH had not achieved plan in month 1 and stated that RJAH had significant challenge in month 1 with achieving a vacancy factor of 4.4%. **CM** added that RJAH don't get paid for activity above plan for commissioners that fall under the low volume activity payment regime. This had impacted on RJAH greatly in month one. This is particularly driven by their Veterans service which attracts people from all over the country and the team are raising this issue at a national level.

**CM** also mentioned that RJAH has an error in their ERF baseline which is recognised by the national team but not yet amended.  This has a value of £800k which will be a pressure for RJAH if not resolved.

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CY highlighted that the SaTH month 1 position was a deficit of £7.2m, which is broadly in line with plan. With the switch over to Care Flow during April SaTH have been unable to report all activity, thus activity income is assumed to be in line with plan for month 1.

SCHT are reporting a surplus of £69k in month 1 which is a small adverse variance to plan of £21k. **SL** noted that whilst month 1 had delivered close to plan, it will become more difficult to deliver each month as the phasing for cost reduction gets harder.

**Action: CS** to flag baseline error with NHSE regarding RJAH and SATH.

*The System Finance Committee noted:*

- That at M1, headline information for the ICS suggests that the month 1 plan has been met.
- That an estimated £121.8m risk exists alongside that position which will be monitored carefully, and mitigations will be sought and reported on in future months.

**7.0    Minute No. SFC-24-05.007 - 24/25 - M1 ICS Efficiency update**

**Report received as read.**

**7.1    KO** highlighted key information from the report.  In particular, that in month 1, delivery had exceeded plan.  She noted the level of high-risk schemes and described actions to reduce and mitigate the risk of non-delivery of efficiencies.

**SL** described how SCHT were holding weekly recovery group meetings, particularly in relation to CIP development and a few other areas that require attention. **SL** added that SCHT has seen significant improvement in the level of identified CIP, and she was hopeful that the programme would be fully identified within the next week.

**CM** acknowledged the risks associated with identifying savings programmes, especially where these involve workforce reduction. Which already features heavily in the efficiency plans of provider organisations.

He described how RJAH has undertaken an establishment review which has yielded a small value. Specifically in relation to 'back office' functions, **CM** noted that once we can agree a joint target operating model for the System, which may take many months to implement, that would help us to deliver workforce savings in that area.

**PF** queried, how deeply we are using benchmarking information to help inform us where we can identify efficiencies and narrate our collective position with NHSE. **GR** responded that **KO** has had strong links with NHSE historically regarding benchmarking. We have also had external support provided that have used their own benchmarking to identify a range of

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options. **KO** added that we also engage with NHSE working groups to look at benchmarking. One of the current opportunities in the System now is with MSK through the MSK transformation programme. This is overseen by the Planned Care Board.

**PF** suggested, that further discussion on benchmarking and similar topics would be helpful at future meetings. **CS** responded that as part of the new programme of Committee deep dives, the plan is to bring a range of Productivity information and insights into key subject areas. Benchmarking will feature in these presentations.

**TM** queried when the next update MSK would be going to the Integrated Care Board?

**Action: CF** to find out from Tracy-Eggby-Jones, when the next update on MSK will be going to the Integrated Care Board.

*The System Finance Committee noted:*

o the month 1 progress update which was provided for information and assurance.

**8.0      Minute No. SFC-24-05.008 - Deep Dive Reports – Triple Lock**

**Report received as read.**

8.1     **CS** explained that the plan is to bring a range of deep dive topics to this committee, with the Triple Lock Process being the first and the next one for July being CHC.

**CS** explained the process and how it had come about and described how a review had been undertaken to test that it was not too cumbersome and was adding value. With the evidence we have collated so far it is clear that the process will not prevent £m's of spend however it is enabling us to collect information that is helping to identify collective procurement opportunities and to support improvements in controls such as 'No Purchase Order No Pay'. This is recognised by NHSE.

**SL** supported **CS** and stated that she is supportive of the triple lock process as long as it continues to deliver some value to us.
**CY** noted that SATH had taken a paper on 'No PO, No Pay' to their Audit Committee and offered to share that with finance colleagues. She also noted that through using the process, it had raised awareness of where retrospective purchase orders were being placed and therefore highlighted areas of training need.

**Action: CY** to share No PO, No Pay Audit Committee paper with finance colleagues.

**PF** described the overall process as a 'no brainer' but queried whether there has been any negative impact, for example delays in spend due to the stop and check process.  **CS** replied no and that it was also a good reminder that good planning (where possible) will avoid delays.

**PF** asked about broader procurement and whether many contracts were being rolled over rather than procured.  What are the risks in this area?

**Action: CS** to provide a short briefing for Committee members.

The committee were invited to consider items for future deep dives.  One suggestion was to receive an update on vacancy control process (from individual organisations through to the system vacancy panel) and understand what contribution that is making to our financial recovery.

*The System Finance Committee:*

o   received the report for information and assurance.


**9.0      Minute No. SFC-24-05.009 - Committee Annual Report**

   **Report received as read.**


**9.1      CS** presented the report and its conclusion that over the past 12 months, the committee had discharged its duties.  She noted that updates were required to the attendance table and an item on risk which she would complete after the meeting.

   **Action: CS/CF** to review attendance log as there are some discrepancies.

   **Action: CS/AS** to update section 6.1.3 (financial monitoring information) to reference risk management.


   *The System Finance Committee:*

   - Noted the annual report and the final amendments to be made.  The committee did not require any further changes.
   - Approved the annual report subject to the final amendments agreed.


**10.0     Minute No. SFC-24-05.010 – Terms of Reference**


   **Report received as read.**

   **CS** outlined proposed changes to be made to the committee TOR for which the Committee were supportive.

**PF** noted the challenges presented with overlaps with other committees such as operations and performance and wondered if the attendance list for the committee should be broadened. **CS** pointed out provision in the TOR to bring in contributors to the meeting as and when required and this meant that colleagues could be brought into this meeting, for example, to present a deep dive.

*The System Finance Committee:*

- approved the updates made to the Finance Committee Terms of Reference

**Action: CF** to find out from Alison Smith/Tracy Eggby-Jones how the ToR should be presented to the Integrated Care Board for final sign off.

## 11.0 Minute No. SFC-24.05.011 Any Other Business

11.1 There were no items raised as AOB.

Meeting closed at 15.36pm

## Date and Time of Next Meeting

Thursday 27th June 2024, 15,15pm via Team

**NHS Shropshire, Telford, and Wrekin**
**ICB Finance Committee (Section 1) Meeting**
**Thursday 27th June 2024, at 14.00,**
**Via Microsoft Teams**

**Present:**

| Name | Title |
|---|---|
| Trevor McMillan (Chair) | Non-Executive NHS STW |
| Claire Skidmore | Chief Finance Officer NHS STW |

**Attendees:**

| | |
|---|---|
| Gareth Robinson (Part) | Directory of Delivery and Transformation NHS STW |
| Angela Szabo | Director of Finance NHS STW |
| Brett Toro-Pearce (Part) | Head of All Age Continuing Care and Individual Commissioning Freedom to Speak Up Guardian NHS STW |
| Cynthia Fearon | Corporate PA NHS STW (Note taker). |

**Apologies:**

| | |
|---|---|
| Kate Owen | Head of PMO NHS STW |

**1.0    Minute No. SFC-24-06.001 – Introduction and Apologies**

The Chair, **TMcM**, welcomed everyone to the meeting. **TMcM** stated apologies as noted for the meeting,

**2.0 Minute No.SFC-24-06.002 – Declarations of Interests**

2.1    No declarations of interest were noted.

**3.0 Minute No.SFC-24-06.003 – Minutes from the Previous Meeting held on:** 30th May 2024 were agreed as a true and accurate record.

**4.0 Minute No.  SFC-24-06.004 Matters Arising and Action List from Previous Meetings**

4.1    **TMcM** referred to the action list from the previous meeting:

Actions outlined on the action log, were reviewed, and updated accordingly.

**5.0 Minute No. SFC-24-06.005 - Financial plan 24/25**

**Report received as read.**

**5.1 AS** reported that the financial plan submission was made in line with the deadline of the 2nd May 2024. On the 2nd May the ICB was £50.9m of the £99m system deficit. This was updated on the 12th June 2024, the ICB financial plan deficit was £50.2m deficit as part of the overall System deficit of £90m.

**AS** highlighted, that at month 2, the ICB was reporting a £9.7m year to date deficit, which was a £276k favourable position compared to plan. **AS** explained that there were two main factors, there was delivery of efficiency ahead of plan for approximately £700k and £0.5m for an out of area unbudgeted mental health patient that needed to be funded.

**TMcM** queried the reason for funding an out of area patient. **AS** replied that the patient was from Powys, so care was not with our contracted provider MPUFT. **AS** added that it was for a long stay patient. The bill was received in year and processes had been put in place to track all out of area patients.

**CS** stated that, with the profile, particularly for some of the efficiency savings, delivery will get harder through the rest of the year, and that we still have some unidentified efficiencies to find. **CS** added the key thing that now needs to be addressed is how much net risk we are reporting without a route to mitigate.

**AS** mentioned, that there is work ongoing to de-risk the Efficiency Plan which **GR** is overseeing.

**TMcM** queried the profiling of savings and whether some would be put into the back end of this financial year. **CS** replied that some savings are profiled into the back end of this financial year. **AS** added that one of the biggest efficiencies they have is for CHC and that is profiled between month four and month nine. The up-front nature of CHC offsets the back end of unidentified efficiencies in terms of the profiling. Which has been adjusted in this year's plan. We are now looking at the pipeline for the remaining unidentified £3.1m.

**TMcM** queried the risk noted in the report regarding staffing shortfalls within the Commissioning Team. **CS** explained that was due to the timing of the management of change process. Currently, Gemma Smith is exploring options around Suitable Alternative Employment (SAE) and ECFs (Establishment Control Forms) have been submitted to the vacancy panel for review and sign off so that recruitment to some of the vacant positions can commence as soon as possible.

**AS** explained that month three figures would look different as the phasing profiles will be amended to match the 12th June 2024 submission.

*The ICB Finance Committee:*

o   Noted that the ICB is reporting a £9.7m year-to-date deficit at Month 2 which is a £0.3m favourable position against the year-to-date plan.

**6.0   Minute No. SFC-24-06.006 - ICB M2 Efficiency update**

**Report received as read.**

6.1 **GR** presented the report which outlines the current position for efficiency for the ICB and summarised that the ICB are in a better position this financial year, than we were this time last year. Although there are still some significant risks noted.

**GR** reported that the ICB have a planned efficiency target of £35.8m. At this point 91% of plans have been identified. This was 100% prior to the additional system efficiency stretch agreed in early June 2024.

**GR** highlighted that we still have £3.1m unidentified efficiency gap. Of those values that we have identified, £11.1m are high risk. A significant amount of the high-risk schemes sit within individual commissioning. **GR** added that a weekly meeting was in place to de-risk these efficiency schemes.

**GR** reported overall the efficiency target is 6% of the underlying ICB non system expenditure.

**GR** confirmed at the System Finance Group that morning, that external support is being secured to support a review of the system wide Financial Improvement Programme. **GR** added that this would review the system PMO (Programme Management Office) and provide support to identify plans to close the unidentified efficiency gap and de-risk the current plan.

**GR** expressed that he is still concerned about the level of assurance that NHSE are seeking in addition to the way that we are currently reporting our position. As a system we need to look at how we present this information, through the System Finance Committee, to provide greater assurance on deliverability. **GR** confirmed that the information in this report reflects an accurate and fair position.

**GR** concluded that most of the risks highlighted within the efficiency report are now mitigated.

*The ICB Finance Committee:*

o Noted the month 1 progress update that was provided for information and assurance.

**7.0 Minute No. SFC-24-05.007 – Deep Dive Report**

**Report received as read.**

**7.1 Continuing Health Care (CHC)**

**BT-P** highlighted a successful 2023/24 year in relation to delivery of CHCs efficiencies. The 2024/25 efficiency target is more challenging for CHC. However, overall performance with the national KPI targets has improved and work has been undertaken to align processes.

**BT-P** explained the interdependencies in the market management work which is reliant on collaborative working with our Local Authorities and System partners.

**BT-P** reported that the team currently have a caseload of 250 – 275 at any one time.

**BT-P** explained the end-of-life process (sometimes referred to as 'Fast Track') where care is rapidly put into place for someone entering their final phase of life. Unofficially this is recognised as the last twelve weeks of their lives in whichever setting is most appropriate i.e., home, nursing home or hospital.

**BT-P** mentioned if the patient is not eligible for CHC or end of life care, or where there is joint funding, some patients can commission a service through a Personal Health Budget through an independent service, family or friends.

**BT-P** explained the mental health aspect to the service, for people that have been detained under the Mental Health act, that have ongoing eligibility to access support for their mental health need, or where they have a specialist rehabilitation need, or the requirement for them to be detained in a variety of secured settings. At that point, the patient would be handed over to the NHS Specialised Commissioning Team.

**CS** queried if contact had been made with UEC (Urgent & Emergency Care) in relation to the work that they are currently undertaking given the interdependence with fast track cases. **BT-P** stated that he hadn't fed into the UEC programme, but he can arrange for that to be done.

**AS** asked the System Finance Committee to review the KLOEs (Key Lines of Enquiry), to confirm if they were happy with the report and that it did it answer the questions around financial performance and efficiency outlined in the KLOEs. The System Finance Committee responded that they were happy with what was outlined in the report and that it did meet this purpose.

**AS** asked if there needs to be risk noted on the risk register for CHC in relation to market management. **BT-P** explained that his team does not have a statutory responsible for market management, it's the Local Authority. **AS** confirmed that the financial risk was already covered on the risk register.


**7.2 Proposed Deep Dive Pipeline and KLOEs**

**AS** shared the Deep Dive schedule, which sets out the forward plan for the Deep Dive topics which will be discussed at future Section One and Section Two of the System Finance Committee meetings.

**AS** explained that the Deep Dive topics will include, HFMA Financial Sustainability Self-Assessment and Action Plan, Medicines, and Local Authority/Better Care Fund.

**CS** asked for feedback on the Deep Dive schedule to ensure that the information presented is what is required from the System Finance Committee.

**TMcM** queried how the Deep Dive topics relate to internal audit. **CS** stated that internal audit compliments what we do from a financial control perspective. The Deep Dive topics are not designed to replace the internal audit, they are designed to help the committee to be assured of financial monitoring and performance and the related actions taking place to ensure delivery of the overarching financial plan.

No further comments or queries were raised in relation to the deep dive schedule.

*The ICB Finance Committee:*

o Reviewed the CHC Deep Dive report in line with the KLOES provided and confirmed assurance was obtained from the report and associated discussion during the meeting.
o Did not request any further action or updates required based on the discussion.
o Reviewed and agreed the proposed Deep Dive Pipeline and topic and KLOEs for the July meeting.


**8.0    Minute No. SFC-24-06.008 – Recovery Plan and Medium-Term Financial Plan**

**Report received as read.**

8.1    **Finance Strategy/Medium Term Financial Plan**

**AS** explained that work started in July 2023, on a System Financial Framework and Financial Strategy.  **AS** is now in the process of refreshing both documents in line with best practice examples, incorporating the core components of the Recovery Plan. This Strategy will drive a set of planning assumptions, that will get modelled within the medium-term financial plan.

**AS** reported that starting from the £90m deficit plan for 2024/25, an initial efficiency trajectory would deliver £30m reduction per year until break-even is reached.

**AS** shared the draft timeline and noted that the System Financial Framework and Financial Strategy will go to the July 2024 System Finance Committee for approval. The Demand and Capacity model is expected to be completed by the end of July 2024. The Medium-Term Financial Plan modelling will take place in August/September 2024 and an update report will be brought back to the September System Finance Committee.

**CS** stated that there had been some planning conversations with the Local Authorities over the past couple of weeks and that Local Authorities will also be included within the System Financial Framework/Strategy.

*The ICB Finance Committee:*

o Received and noted the update on actions required to refresh the System's Financial Framework, Financial Strategy and Medium-Term Financial Plan,
o Noted work to update the system-wide demand and capacity model by the end of July with associated workforce and financial impacts to be modelled by the end of September.
o Noted the work ongoing within the Financial Improvement Programme which will include the full identification of 2024/25 efficiency plans and the pipeline for the 3-year FIP programme by the end of September.
o Noted the work ongoing to develop the high-level future years model to inform a trajectory to financial break even.

Further, after considering the above, the Committee also:

- o Tasked Directors of Finance with reviewing and refreshing the System Financial Framework and to bring a recommended final framework to the next meeting (July 2024).
- o Expect to sign off the refreshed financial framework and review an outline financial strategy at the July meeting and
- o Expect to review a first draft of the MTFP and agree next steps at the September meeting.
- o In supporting this timeframe, committee members also expect that individual organisation contributions to this process will have followed relevant internal governance prior to being presented to the System Committee.

## 9.0 Minute No. SFC-24-07.10 – A.O.B

There were no items noted for this agenda item.

Meeting closed at 14.47pm

## Date And Time of Next Meeting

Tuesday 30th July 2024, 14.00 via Teams

**NHS Shropshire, Telford, and Wrekin**
**Integrated Care System Finance Committee (Section 2) Meeting**
**Thursday 27th June 2024 at 3.15pm**
**Via Microsoft Teams**

**Present:**

| Name: | Title: |
|---|---|
| Trevor J McMillian OBE (Chair) | Non-Executive Director NHS STW |
| Claire Skidmore | Chief Finance Officer NHS STW |
| Jonathan Gould (for SL) | Deputy Director of Finance - SCHT |
| Clair Young (for HT) | Deputy Director of Finance - Strategy |
| Michele Brockway | Interim Director Finance & Human Resources T &W Council |
| Craig MacBeth | Chief Finance Officer – RJAH |
| Richard Peach | Group Accountant T & W Council |

**Attendees:**

| | |
|---|---|
| Gareth Robinson | Director of Delivery and Transformation NHS STW |
| Angela Szabo | Director of Finance NHS STW |
| Cynthia Fearon | Corporate PA NHS STW (Note Taker) |

**Apologies:**

| | |
|---|---|
| Sarfraz Nawaz | Non-Executive – RJAH |
| Helen Troalen | Director of Finance SATH |
| Sarah Lloyd | Chief Finance Officer SCHT |
| Peter Featherstone | Non-Executive SCHT |
| Richard Miner | Non-Executive – SATH |
| Glenn Head | Deputy Chief Finance Officer – MPFT |

**1.0    Minute No. SFC-24-06.001 Introductions and Apologies**

1.1    The Chair, **TMcM,** welcomed everyone to the meeting and apologies were received as noted,

**2.0    Minute No. SFC-24-06.002 Members' Declarations of Interests:** None.

**3.0    Minute No.SFC-24.06.003 Minutes of the Previous Meeting held:**
Thursday 30th May 2024.

3.1    **TMcM** asked if there were any points to be raised on errors or accuracy within minutes of the previous meeting.  There being no amendments, the minutes were taken as a true and accurate record.

**4.0    Minute No. SFC-24.05.004 Matters Arising and Action List from Previous Meeting**

4.1    The action list from the previous meeting was reviewed and updated accordingly.

**5.0     Minute No. SFC-24.06.005 – ICS M2 Financial Plan 24/25 Update**

5.1     **Report received as read.**

**CS** summarised that the final system revenue financial plan limit for 2024/25 as at June 2024 is a £90m deficit, a reduction from the £99m deficit at the beginning of May 2024.

**CS** reported that at month 2, we are not materially away from the plan overall - £0.2m adverse variance to plan. **CS** encouraged all System partners to view that with a level of caution, due to the plan phasing and noted that there is still a long way to go through this year for any risks to materialise and mitigation plans to be put in place.

**CS** highlighted that the gross risk for the 24/25 plan is high. Collectively as a System, the gross risk is just short of £130m.  There are some mitigations in place for that, but further work is required to reduce the net risk.

**CS** stated that we have very little to no flexibility within the budget this year. So, there is very little flexibility to mitigate if things move off track in year. Close monitoring is in place to ensure plans are on track.

**CS** shared the good news that we can now see the sustained improvement with agency spend. We are under the system agency cap, and we have complied with the national target to ensure all of our agency staff is through the framework Providers by the end of June 2024.

**The System Finance Committee noted:**

o    That the ICS is reporting a year-to-date deficit of £22.7m, which is £0.2m adverse to plan.

**6.0    Minute No. SFC-24-06.006 M2 ICS Efficiency update**

     **Report received as read.**

**6.1    GR** highlighted that we have planned efficiencies of £89.7m of which 89% (£79.5m) are identified. The System efficiency target totals 7.14% of underlying recurrent expenditure.

**GR** reported that teams are making significant headway in reducing the overall unidentified efficiency gap and reducing the level of risk.

**GR** reported that system overall efficiency is ahead of plan as at month 2, with a favourable variance of £1m driven by an early delivery of efficiency in the ICB.

**GR** flagged that there are two main risks that we need to focus on as a committee; the unidentified value of £10.1m and the high-risk efficiency schemes as outlined in the report.

**GR** explained that CEOs in conjunction with NHSE have agreed a specification of work to go out for external support to help with the Financial improvement Plan Programme. Once the Financial Improvement Plan is signed off, work will be tendered out for external support.

**The System Finance Committee noted:**

o   The month 2 Efficiency update for information and assurance.

**7.0       Minute No. SFC-24-05.007 - Deep Dive Reports**

**Report received as read.**

**7.1**   **BT-P** highlighted a successful 2023/24 year in relation to delivery of efficiencies. The 2024/25 efficiency target is even more challenging for CHC. However, overall performance with the national KPI targets has improved and work has been undertaken to align processes.

**BT-P** explained the interdependencies in the market management work which is reliant on collaborative working with our Local Authorities and System partners.

**BT-P** reported that the team have a caseload of 250 – 275 at any one time.

**BT-P** explained the end-of-life process (sometimes referred to as Fast Track). Where care is rapidly put into place for someone entering their final phase of life. This is unofficially recognised as the last twelve weeks of their lives in whichever setting is most appropriate i.e., home, nursing home or hospital.

**BT-P** mentioned if the patient is not eligible for CHC or end of life care, or where there is joint funding, some patients can commission a service through a Personal Health Budget through an independent service, family or friends.

**BT-P** explained the mental health aspect to the service, for people that have been detained under the Mental Health act, that have ongoing eligibility to access support for their mental health need, or where they have a specialist rehabilitation need, or the requirement for them to be detained in a variety of secured settings. At that point, the patient would be handed over to the NHS Specialised Commissioning Team.

**TMcM** asked about the number of appeals and whether they are upheld. **BT-P** stated that he has only had one decision overturned by an independent panel in the last six years.

**7.2 Proposed Deep Dive Pipeline and KLOEs**

**AS** shared the Deep Dive schedule, which sets out the forward plan for the Deep Dive topics which will be discussed at future meetings.

**AS** explained that the Deep Dive topics will include, HFMA Financial Sustainability Self-Assessment and Action Plan, Medicines, and Local Authority/Better Care Fund.

**CS** added that there will also be a Deep Dive session on Productivity.

It was agreed to review the Deep Topics periodically.

*The System Finance Committee:*

o   Reviewed the CHC Deep Dive report in line with the KLOES provided and confirmed that assurance was obtained from the report and associated discussion during the meeting.
o   Did not request any further action or updates required based on the discussion.
o   Reviewed and agreed the proposed Deep Dive Pipeline and topic and KLOEs for the July meeting.

**8.0   Minute No. SFC-24-06.008 - Recovery Plan and Medium-Term Financial Plan**

**Report received as read.**

8.1   **CS** highlighted that the report sets out the work plan for the upcoming 3 months.  She stated that the intention is to bring a first draft of the Recovery Plan/Medium Term Financial Plan to the System Finance Committee to its September 2024 meeting.

**CS** noted that the NOF (National Oversight Framework) exit criteria, reference the recovery plan requirements.

**CS** explained that work was very much underway building on the work from previous years, which includes the formal strategy document.

**CS** mentioned that she has been liaising with Local Authority colleagues to discuss what we can do collectively in regard to Medium Term Financial Plan planning assumptions.

**CS** explained that the Medium-Term Financial Plan will include the triangulation of finance activity, performance, and workforce.

**CY** stated that SATH completely agree with the approach to the Medium-Term Financial Plan and Recovery Plan approach noting the interdependencies to the HTP programme and modelling.

*The System Finance Committee:*

o   Received and noted the update on actions required to refresh the System's Financial Framework, Financial Strategy and Medium-Term Financial Plan.

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- o Noted work to update the system-wide demand and capacity model by the end of July with associated workforce and financial impacts to be modelled by the end of September.
- o Noted the work ongoing within the Financial Improvement Programme which will include the full identification of 2024/25 efficiency plans and the pipeline for the 3-year FIP programme by the end of September.
- o Noted the work ongoing to develop the high-level future years model to inform a trajectory to financial break even.

Further, after considering the above, the Committee agreed to:

- o Task Directors of Finance with reviewing and refreshing the System Financial Framework and to bring a recommended final framework to the next meeting (July 2024).
- o Expect to sign off the refreshed financial framework and review an outline financial strategy at the July meeting and,
- o Expect to review a first draft of the MTFP and agree next steps at the September meeting.
- o In supporting this timeframe, committee members also expected that individual organisation contributions to this process will have followed relevant internal governance prior to being presented to the System Committee.


**9.0      Minute No. SFC-24.06.09 Any Other Business**

There were no items raised as AOB.

Meeting closed at 15.36pm


**Date and Time of Next Meeting**

Tuesday 30th July 2024, 15,15pm via Teams
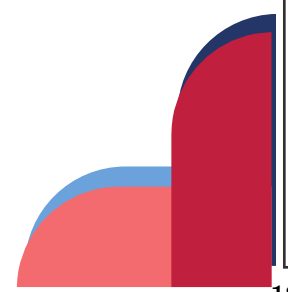
# NHS Shropshire, Telford and Wrekin

## Finance Committee
## Terms of Reference

## 1.    Constitution

1.1    The Finance Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

1.2    These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

1.3    The Committee is an executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

## 2. Authority

2.1 The Finance Committee is authorised by the Board to:

- Investigate any activity within its terms of reference

- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) as outlined in these terms of reference

- Commission any reports it deems necessary to help fulfil its obligations,

- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice

- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, Standing Orders and Scheme of Reservation and Delegation (SoRD) but may not delegate any decisions to such groups.

2.2    For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

## 3. Purpose

3.1 To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan. This includes:

- financial performance of NHS STW
- financial performance of NHS organisations within the NHS STW footprint

In doing so, the Committee will act with input and insight from Local Authority Partners.

3.2 The Finance Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

## 4. Membership and attendance

4.1 <u>Membership</u>

4.1.1 The Committee members shall be appointed by the Board in accordance with the NHS STW Constitution.

4.1.2 The Board will appoint no fewer than four members of the Committee including one who is an Independent Non-Executive Member of the Board. Other members of the Committee need not be members of the Board, but they may be.

4.1.3 In order to efficiently discharge the Committee responsibilities the Committee will subdivide its meeting into two parts; one looking at the responsibilities for NHS STW financial performance and the other looking at the responsibilities for the financial performance of the wider system.

Members for internal ICB responsibilities:

- ICB Chief Finance Officer
- ICB Director of Finance
- ICB ~~Executive Director of Strategy and Integration~~Chief Delivery Officer
- ICB Independent Non Executive Director (Chair)
- ICB Independent Associate Non Executive Director - Finance ~~Lay Advisor~~ (Vice Chair)

Members for external ICS system responsibilities:

- ICB Chief Finance Officer
- ICB Director of Finance
- ICB ~~Executive Director of Strategy and Integration~~Chief Delivery Officer
- ICB Independent Non Executive Director (Chair)
- ICB Independent Associate Non Executive Director - Finance ~~Lay Advisor~~ (Vice Chair)
- SaTH Non Executive Director

- SaTH Chief Finance Officer (or Deputy)
- MPFT Chief Finance Officer (or Deputy)
- Shropshire Community Health NHS Trust Non Executive Director
- Shropshire Community Health NHS Trust Chief Finance Officer (or Deputy)
- RJAH Non Executive Director
- RJAH Chief Finance Officer (or Deputy)
- Shropshire Council – Finance Lead (or Deputy)
- Telford and Wrekin Council – Finance Lead (or Deputy)

4.1.4    Members will possess between them knowledge, skills and experience in:

• accounting;
• risk management;
• technical or specialist issues pertinent to the ICB's business.

4.1.5    When determining the membership of the Committee, active consideration will be made to diversity and equality.

4.2    Chair and vice chair

4.2.1    In accordance with the constitution, the Committee will be chaired by an Independent Non-Executive Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

4.2.2    In the event of the chair being unable to attend, the ICB Lay Advisor who is Vice Chair will chair the meeting.

4.2.3 In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number Chair the meeting.

4.2.4 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.

4.3    Attendees

4.3.1    Only members of the Committee have the right to attend Committee meetings, however all meetings of the Committee may also be attended by other invited and appropriately nominated individuals who are not members of the Committee. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter, including representatives from the health and wellbeing board(s), secondary, mental health and community providers.

4.3.2    The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

4.3.3    The Chair of NHS STW may also be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.

4.4    Attendance

4.4.1 Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

## 5.    Meetings, quoracy and decisions

5.1    Meetings

5.1.1   The Finance Committee will meet at least 4 times annually, except for August and December.

5.1.2   Arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

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5.1.34 The Board, Chair or Chief Executive may ask the Finance Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

5.1.45 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

### 5.2    Quorum

5.2.1   For a meeting to be quorate a minimum of 50% members is required, including the Chair or Vice Chair (or their deputy).

5.2.2   If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

5.2.3   If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

5.2.4   Decisions deemed by the Chair to be 'urgent' can be taken outside of the meeting via email communication, and with the agreement of a quorate number of members.

### 5.3    Decision-making and voting

5.3.1   Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

5.3.2   Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

5.3.3   If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

5.3.4   Where any such action has been taken between meetings, then these will be reported to the next meeting.

5.3.5   The Committee may resolve to hold a meeting in confidential private session where:
- it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted; or
- voting members and non-voting attendees of the Committee have conflicts of interest with items on the agenda such, that they would be required to absent themselves from the meeting.

Where items are discussed in private confidential session a separate agenda with papers and minutes will be created. Distribution of agenda, papers and minutes will be limited to those that are voting members with no conflicts of interest and those specifically invited attendees which will be agreed with the Chair.

## 6.   Responsibilities of the Committee

6.1   The Committee's duties can be categorised as follows.

6.2   System financial management framework
- to set the strategic financial framework of NHS STW and monitor performance against it to develop NHS STW financial information systems and processes to be used to make recommendations to the Board on financial planning in line with the strategy and national guidance to ensure health and social inequalities are taken into account in financial decision-making

6.3   Resource allocations (revenue)
- Recommend allocation of strategic resources to deliver the plan across the system determining what resources should be available to meet population need in each place and setting principles for how they should be allocated across services and providers
- to develop an approach to distribute the resource allocation through commissioning and direct allocation to drive agreed change based on NHS STW strategy to advise on and oversee the process regarding the deployment of system-wide transformation funding
- to work with ICS partners to identify and allocate resources where appropriate to address finance and performance related issues that may arise
- to work with ICS partners to consider major investment/disinvestment outlined in business cases for material service change or efficiency schemes and to agree a process for sign off
- to develop standing financial instructions for approval by the Board.

6.4   National framework
- to advise NHS STW on any changes to NHS and non-NHS funding regimes and consider how the funding available to NHS STW can be best used within the system to achieve the best outcomes for the local population

- to oversee national ICB level financial submissions
- to ensure the required preparatory work is scheduled to meet national planning timelines

6.5     Financial monitoring information
- to develop a reporting framework for NHS STW as a statutory body, using the chart of accounts devised by NHSE and the integrated single financial environment (ISFE) and NHS STW as a system of bodies
- to articulate the financial position and financial impacts (both short and long-term) to support decision-making
- to work with ICS partners to identify and agree common approaches across the system such as financial reporting, estimates and judgements
- to work with ICS partners to seek assurance over the financial reports from system bodies and provide feedback to them (being clear on how this role interacts with that of the audit committee)
- to oversee the development of financial and activity modelling to support the ICB priority areas
- to oversee the development and delivery of the 'Recovery Plan'
- to develop a medium- and long-term financial plan which demonstrates ongoing value and recovery
- to develop an understanding of where costs sit across a system, system cost drivers and the impacts of service change on costs
- to ensure appropriate information is available to manage financial issues, risks and opportunities across the ICB
- to manage financial and associated risks by developing and monitoring a finance risk register
- To ensure risks associated with the remit of the Committee are incorporated in the System Board Assurance Framework and the Strategic Operational Risk Register as appropriate and oversight of mitigation and action on gaps in control is maintained.

6.6     Performance
- to oversee the management of the system financial target and NHS STW's own financial targets
- to agree key outcomes to assess delivery of NHS STW financial strategy to monitor and report to the Board overall financial performance against national and local metrics, highlighting areas of concern
- to monitor and report to the Board key service performance which should be taken into account when assessing the financial position.
- monitor arrangements for risk sharing or risk pooling with other organisations i.e. Section 75 arrangements NHS Act 2006, NHSE delegated specialised services and Pharmacy, Optometry and Dental.
- Recommend approval of healthcare contracts outside approved budgets to the Board.

6.7     Communication

- to co-ordinate and manage communications on financial governance with stakeholders internally and externally
- to develop an approach with partners, including NHS STW health and care partnership, to ensure the relationship between cost, performance, quality and environment sustainability are understood

6.8 People

- to develop a system finance staff development strategy to ensure excellence by attracting and retaining the best finance talent
- to ensure that suitable policies and procedures are in place to comply with relevant regulatory, legal and code of conduct requirements

6.89 Capital

- Recommend allocation of strategic resources to deliver the plan across the system determining what resources should be available to meet population need in each place and setting principles for how they should be allocated across services and providers
- to monitor the system capital programme against the capital envelope and take action to ensure that it is appropriately and completely used
- to gain assurance that the estates and digital plans are built into system financial plans
- to ensure effective oversight of future prioritisation and capital funding bids

6.910 The Committee has the authority to make the following decisions on behalf of NHS STW as set out in the Scheme of Reservation and Delegation:

- To approve policies and procedures specific to the Committee's remit which include, but are not limited to:

  a) Financial policies and procedures

## 7. Behaviours and conduct

7.1 ICB values

7.1.1 Members will be expected to conduct business in line with NHS STW values and objectives.

7.1.2 Members of, and those attending, the Committee shall behave in accordance with NHS STW's Constitution, Standing Orders, Conflicts of Interest Policy and Standards of Business Conduct Policy.

7.2 Conflicts of interest

7.2.1 In discharging duties transparently, conflicts of interest must be considered, recorded and managed.

7.2.2    Members should have regard to both the ICB's policies and national guidance on managing conflicts of interest.

7.2.3    All potential conflicts of interest must be declared and recorded at the start of each meeting. A register of interests must be maintained by the Chair and submitted to the Board. If the Chair considers a conflict of interest exists then the relevant person must not take part in that item, and the Chair may require the affected member to withdraw at the relevant point.

7.3    Equality and diversity

7.3.1    Members must demonstrably consider the equality and diversity implications of decisions they make.

## 8. Accountability and reporting

8.1    The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

8.2    The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders.

8.3    The Chair will provide assurance reports to the Board after each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

8.4    The Committee will provide an annual report to the Board to describe how it has fulfilled its terms of reference, details on progress and a summary of key achievements in delivering its responsibilities.

8.5    The following ~~sub Committees~~sub-committees and groups will report into this Committee:

- ~~Intelligent Fixed Payment Management Group~~
- Capital Prioritisation and Oversight Group
- ~~STW Finance Training & Development Council~~

## 9. Secretariat and administration

9.1    The Committee shall be supported with a secretariat function which will include ensuring that:

- the agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead
- attendance of those invited to each meeting is monitored and those that do not meet the minimum attendance requirements are highlighting to the Chair

- records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary
- preparation, collation and circulation of papers in good time
- good quality minutes are taken in accordance with the standing orders and agreed with the chair so that a record are kept of matters arising, action points and issues carried forward
- the Chair is supported to prepare and deliver reports to the Board
- the Committee is updated on pertinent issues/ areas of interest/ policy developments action points are taken forward between meetings and progress against those is monitored.

## 10. Review

10.1   The Committee will review its effectiveness at least annually. These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.


Date of approval:

Date of review: 21 April 2024

Agenda Item

ICB 25-09.070.5

Agenda and Minutes of

System Transformation Group

meeting held on 31 July 2024

# AGENDA

| Meeting Title | System Transformation Group | Date | Wednesday 31st July 2024 |
|---|---|---|---|
| Chair | Simon Whitehouse | Time | 09:30-12:00 |
| Minute/Action Taker | NHS STW Corporate PA | Venue/ Location | The Presidents Suite Shrewsbury Town Football Club SY2 6ST |

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

| Reference | Agenda Item | Presenter | Purpose | Paper | Time |
|---|---|---|---|---|---|
| STG 31-07-01 | **Welcome and Apologies** | Chair | N/A | N/A | 09:30 |
| STG 31-07-02 | **Declarations of Interest** | Chair | N/A | N/A | 09:33 |
| STG 31-07-03 | **Previous Meeting**<br>• Minutes of the previous meeting<br>• Actions from the previous meeting | Chair | S | Enc 1 Enc 2 | 09:35 |
| STG 31-07-04 | **NHS England Oversight Arrangements:**<br>• National SaTH STW RSP Meeting Action Log<br>• Regional Delivery & Oversight Meeting Action Log | Chair | S | Enc 3 Enc 4 | 09:40 |
| STG 31-07-05 | **Operational Plan**<br>• STW Close Down Letter<br>• Operational Plan Commitments Performance Report | Chair/ Julie Garside | S/A | Enc 5 Enc 6 | 09:55 |
| STG 31-07-06 | **Recovery Support Programme**<br>• STW RSP Funding Response Letter<br>• STW Integrated System Improvement Plan Development | Chair/ Julie Garside | D/A | Enc 7 to follow. Enc 8 | 10:15 |
| STG 31-07-07 | **Deep Dive:**<br>• Financial Improvement Programme – with a focus on PWC project | Angela Szabo/ PwC | D | Enc 9 | 10:40 |
| STG 31-07-08 | **For Information Programme Highlight Reports (no discussion):**<br>• Finance Improvement Programme<br>• Workforce & Our People Programme<br>• UEC Programme | Chair | I | Enc 10 | 11:40 |

Ambition       Compassion       Optimism       Focus

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| | | | | | |
|---|---|---|---|---|---|
| | • Elective Care and Diagnostics Programme<br>• MSK programme<br>• Hospital Transformation Programme<br>• Children & Young People Programme<br>• Mental Health, LD & A Programme | | | | |
| STG 31-07-09 | **Any Other Business:**<br>• Chair to be informed of future deep dive item. | Chair | N/A | N/A | 11:55 |
| **Next Meeting Details** | | | | | |
| Wednesday 28th August 2024 | | | | | |

Deep dive items to be confirmed for future meetings:

August 2024 – Workforce
September 2024 – Mental Health
October 2024 – UEC with a focus on the Winter Plan
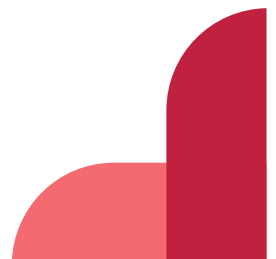
**NHS Shropshire Telford and Wrekin**
**System Transformation Group**

**Minutes of Meeting held in on**
**Wednesday 31 July 2024 at 09:30 pm**
**The Presidents Suite Croud Meadow, Oteley Road Shrewsbury**

## 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) |
| Beth Emberton | Business and Programme Manager - Shaping the STW ICB |
| Danielle Haywood | GMTS Trainee – Shadowing Simon Whitehouse |
| Jayne Knott | Corporate PA and minute taker |

## 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 |

Ambition     Compassion     Optimism     Focus

**Minute No. STG 31.07-01 Welcome and Apologies**

01.1    The Chair welcomed everyone to the meeting an introduced Danielle Haywood as a Graduate Management Trainee Scheme (GMTS) currently working at Shrewsbury and Telford Hospital NHS Trust (SaTH).  Danielle is attending today shadowing the Chair. The Chair asked the System Transformation Group (STG) if they were content with this. Group members were all in agreement.

01.2    There were round table introductions, with Price Waterhouse Coopers (PwC) introducing Tom Mullaney who was shadowing PwC Colleagues.

01.3    Apologies were noted as above.

**Minute No. STG 31.07-02 Declarations of Interest**

02.1    Members' interests, previously declared, are listed on the Integrated Care Boards (ICB's) Register of Interests available on the website at:

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

02.2    Mr Gareth Robinson declared that he needed to update his Declaration of Interest (DoI) stating that Mrs  Robinson worked for PwC.

**Minute No. STG 31.07-03 Minutes and actions of the previous meeting**

03.1    The minutes of the meeting held on were approved as accurate.

**Resolve The System Transformation Group approved the minutes of the meeting held on 29 May 2024.**

03.2    Actions were noted as complete or on-going.

**Minute No. STG 31.07-04 NHS England Oversight Arrangements – Action Logs**

04.1    The Chair commented that the title of the SaTH and Shropshire, Telford & Wrekin (STW) Recovery Support Programme (RSP) Escalation Meeting was slightly misleading as all system partners are involved. The Chair asked Mrs Sarah Dixon going forward to ensure the meeting title is reviewed to reflect the system representation.

04.2    For actions due for the end of July, a letter is due to be submitted to NHS England by the end of the week with an update on the actions.

- A018 - By the end of July '24, the system must set out the workforce plan for the year broken down by staff group, by month, and by organisation. It needs to address both the volume and value challenge. Actual delivery against this will be reported monthly to regional teams. - *Complete* - *Workforce plan versus actuals and run-rate template developed - to be shared ahead of 31/07.*

- A019 - By the end of July '24, the system will confirm to Nikhil Khashu /CFO Julian Kelly (cc'd Regional DOF /RSP) which efficiency schemes will be reducing the expenditure run rate from month 4 onwards, demonstrating deliverability

against planned expenditure outturn. – *Complete - Efficiency scheme slides developed - note - awaiting confirmation from SaTH re: £7m unidentified.*

- A020 – Dispatches action plan, updated with NHSE colleagues last week, *on track to deliver.*

- A021 - The updated plans shared at the end of July 2024 should also include clear mitigations to ensure that delivery against the financial plan is not at the expense of patient safety and performance. – *Complete - Presentation has been included in the draft to be sent to NHSE.*

  o The Chair asked Mrs Stacey Keegan, Mrs Inese Robotham and Mrs Claire Horsfield if they wanted to check that CIPs and efficiencies are being done against quality and against delivery and performance, and that they have their own assurance processes, so internally quality is not being compromised. It was noted that MPFT would be reporting into the Staffordshire system.

- A022 - By the end of July '24, the system needs to appoint senior clinical leaders in both the ICB and trust who will drive improvement from the front and ensure its visibility in all areas of the organisations, in particular in the ED department and on the ground clinical governance. – *Complete - 3 PA's (clinical lead,ED, Acute Med) in place.*

- A023 - By end of July '24, SaTH will have outline plans to identify the £7M that is currently unidentified. These plans will be worked up in full by the end of Q2 at the latest. To undertake a board discussion with clear governance of decisions required to meet the commitments previously made by the board. - *Complete - Development of plans underway.*

- A025 - SaTH to provide an update that immediate actions have been completed at the next Tier 1 Meeting (Monday 15th July), Chaired by Sarah-Jane Marsh. – *Complete - Action completed at tier 1, 15th July*

04.3    The Chair assured members that all this will be confirmed in the letter to NHSE. Letter to be drafted and shared with Chief Executive colleagues.

04.4    It was noted that the only action at risk was A017, although plans are in place and on track for September- *The system's financial plan of a £89.9m deficit needs to be on track to be delivered in full alongside operational improvement and delivery of safety objectives.*

04.5    There is now a revised action log for the Delivery Group and Oversight meeting, which will be circulated after this meeting.

**Action: Beth Emberton to revise action log with updates and circulate.**

**Minute No. STG 31.07-05 Operational Plan**

05.1    Mrs Julie Garside introduced the papers and highlighted the following.

*Close down letter*

05.2    The letter was noted as read but need to ensure we deliver our commitments in the plan. Improvement plan for Dementia diagnosis rate, no date has been given but

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discussions are being had with NHS England. We have plateaued around 62%, Julie will update this group with the progress. All items listed in the letter are in hand.

*Operational Plan Commitments Performance Report*

05.3 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.  There have been a few issues with data, but updates will be shared. Some risks associated with this, relying on SaTH colleagues for the delivery of the  47% but need to see the full picture before full view given, will update next time.

*Quarter one*

05.4 There is underlying risk that we know about linked to the escalation capacity at SaTH and the planned reduction of further escalation capacity in July.
Urgent Care is forming better and showing signs of improvement but needs to be sustained.

05.5 At the end of quarter one, workforce is on track with the maximum achievement around agency spend.  Working with NHSE to reduce this. What are the key measures.

05.6 Mrs Sarah Dixon commented that as we go through the integrated system improvement plan process, we can pull everything together in one place so there is one set of metrics which we are all monitoring. Following the Delivery meeting a piece of work is being undertaken to review the number of meetings and the type of information being asked for, so this can potentially be streamlined.

*Performance*

05.7 Dealing well with our category two response locally and as part of the region, which is a result of our improving position of our ambulance handovers.

The Chair asked if we are cited on the increased financial cost that is likely to come to us linked to our performance?

Mr Gareth Robinson was not aware of any of any agreement between us operationally that would allow WMAS to pass that cost to us.

05.8 The Chair added that WMAS have stated that they have three buckets of spend:

- CIP
- National ask that was made for them to get to a certain level of performance that we said was unaffordable to us as a group of ICBs. National funding needed to sit alongside this.
- Additional resource that they want to put on the road to comply with their CQC. The need for this resource links to poor handover performance time.

**Action: Mr Gareth Robinson to contact Mr Jason Evans from Black Country ICB to discuss whether we are fully engaged in the ambulance commissioning.**

05.9 Mrs Julie Garside stated that we are seeing small improvements in our four-hour performance. Plenty of good work happening around long stay patients. Good response from both local authorities and no criteria to reside.

05.10   We have received month three for GP and at month two we were at around 5,500 over plan, and almost 3,000 under plan at month three.

05.11   We are struggling with appointments within two weeks.
There is still no dental activity that has been reported by regional team and nothing has been released for 24/25, but this is continually being chased.

*Elective and Cancer*

05.12   There is still a risk around our over 65 weeks and NHSE are asking that we go back to tier one for elective.

05.13   The unknown risk for September is the risk with SaTH and the validation and data. Money available for third party to come and do the validation, but the timing needs to be right.

05.14   Mrs Stacey Keegan commented that a conversation was held at the Planned Care Board around validation.

05.15   Mrs Claire Skidmore asked if we set a split programme of work?

05.16   The Chair commented that there was some nervousness around heading into a national target in September given the focus on this and the responses and being unsure of numbers.

05.17   Mrs Stacey Keegan mentioned that at RJAH there were 240 patients at risk at the end of  September. NHS England have given the same list as independent sector providers. It was noted that this was all LLP impact. August activity stood down due to annual leave etc.

05.18   Mrs Keegan to pick up a conversation with SaTH Consultants that are doing work at Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) around how the capacity is being used. RJAH Chief Operating Officer to pick up with SaTH Chief Operating Officer and Consultants.

05.19   Mrs Garside asked if we needed to re-energise a single Patient Tracking List (PTL) for Orthopaedics. Mrs Keegan agreed.

**Action: Stacey Keegan and Inese Robotham to consider and bring update on what a single PTL for Orthopaedics might look like or reasons against it to future meeting.**

05.20   Simon asked for a regular reporting and updates to be shared at the ICB Executive Team and Senior Leadership Team meetings on: on the following:

- Use of Resource
- Urgent and Emergency Care (UEC)
- Primary & Community Services
- Elective Care
- Cancer
- Diagnostics
- Mental Health
- Learning Disability and Autism (LD&A)
- Prevention

*Cancer*

05.21   We continue to do well with our Fit Testing and 62-day standard.
Striving to achieve our faster diagnosis standard. Over 62-day backlog not a formal measure this year but clearly going in the wrong direction, there is a dedicated team and resource from NHS England coming into SaTH to help with developing capacity modelling and planning for Cancer.
Two recovery trajectories have been submitted but not hitting the second one.

05.22   The Chair asked why we are not delivering the recovery trajectories.

05.23   Mrs Inese Robotham stated that with colorectal there was a lot of unexpected sickness with a loss of capacity. Diagnostics should help, Inese to check with Sheila Fryer that the backlog will reduce by September.

**Action: Julie Garside to update on trajectories/improvement plans at next meeting**.

*Diagnostics*

05.24   No formal deadline around getting to zero over 13 weeks. Trajectories of getting to 13 weeks have not been seen. Risk around Endoscopy and Audiology. Started insourcing with Endoscopy. Cannot see residual risk with Audiology.

*Mental Health*

05.25   Projections are good for performance. New model around Severe Mental Illness (SMI) health checks have started well. We are where we need to be with talking therapies. There is an issue with out of area placements, data has been delayed due to National data quality concerns, due date early August.

*Learning Disabilities*

05.26   LD health checks there are consistent issues to get year-end focus but ahead of plan at quarter one. Adults are better than planned but over target. Negotiated different target for Children's but waiting for confirmation.

05.27   Mr Neil Carr commented about Dementia and the high numbers of people aged 75 and over who reside in this part of the world, and with a lot of effort should be able to achieve targets. Concerns were raised around the new anti-dementia drugs that we need to be mindful of. These are fortnightly infusions that cause issues. A new range of drugs are coming on the market. We need to get dementia assessments.

05.28   Mr Carr commented that nationally he was disappointed that in Accident and Emergency (A&E) most people waiting over 72 hours have all got the mental health label on them these include domestic violence, and intoxication.

**Minute No. STG 31.07-06 Recovery Support Programme**

06.1    Mrs Julie Garside presented the paper, and the following key points were made.

*STW RSP Funding Plan*

06.2    Letter is in draft, but Chief Executive Officers (CEOs) have had sight of the letter and was discussed at previous CEO meeting. Response will be in by the end of this week.

*STW Integrated System Improvement Plan Development*

06.3    As agreed at the system CEO meeting held on Wednesday 10th July 2024, the system will take a three-step approach to finalising the RSP exit criteria metrics and co-developing the Integrated System Improvement Plan.

06.4    Engagement Sessions: We will run four engagement sessions for each section of the Integrated System Improvement Plan. These sessions will focus on agreeing the metrics we will track to demonstrate delivery against the agreed RSP exit criteria. Attendees will be the CEO lead, Executive lead, Programme lead, ICB support, Provider representatives, NHS England National Recovery Support Team and NHS England Regional Team.  We would also like to agree the proposed governance for each section of the Integrated System Improvement Plan at this session.

06.5    Chief Executive Integrated System Improvement Plan Development Workshop: The main aim of this session is for the Chief Executive group to reaffirm commitment to the system strategy, key drivers for improvement against exit criteria and agree the principles for how we want to lead the improvement. We are proposing that this session is externally facilitated.

06.6    Integrated System Improvement Plan Development Workshop: We will run a full day externally facilitated workshop with all relevant stakeholders to co-design the Integrated System Improvement Plan. Each of the four areas of the Integrated System Improvement Plan will present their initial high-level thoughts on the plan including  milestones, tasks, risks, issues, interdependencies and governance for colleagues to comment on. We will also consider capacity, capability and any support that might be  required to deliver.

06.7    Following the above plans will be finalised, gain Board approval and shared with all relevant stakeholders.

**Minute No. STG 31.07-07 Deep Dive: Financial Improvement – PwC programme**

07.1    Mrs Angela Szabo introduced the item and gave a short briefing.

07.2    Mrs Szabo attended to present the scope that PwC have brought in, to look at from a financial improvement programme perspective.

07.3    There are three core elements of the scope.

- To look at our grip and control, we have an NHSE checklist called grip and control which covers areas like governance, financial controls, workforce, estates, procurement and financial management.
- Looking at efficiencies and are on target. We have a level of risk, it is about £30m in terms of the high-risk schemes that are within the plan.
- We have governance from a PMO perspective in terms of the management of the financial improvement programme and financial recovery actions.

07.4    There is a four-week investigation phase as part of the external support, and we are in week three.

07.5    We have shared key areas where we would expect in terms of an assessment of our internal grip and control, the high-risk efficiency schemes, and key challenges around escalation.

07.6   We have asked PwC to look at options for the system to consider in terms of how the PMO is discharged.

07.7   Mrs Szabo introduced Mr David Morris from PwC to present to the group.

07.8   Mr Morris stated that the key activities this week is to feedback the findings to this group.
Get to individual Organisations to start to validate some observations and pull together a report that will be sent over by the end of next week.
Meetings have taken place with different forums and groups within finance teams.

07.9   There is a lack of clarity as to where the responsibilities of all the financial performance sits.

07.10  A PMO would enable the system to track financial performance and individual responsibilities.

07.11  A PMO office if designed correctly across the system, would illuminate where responsibilities sit.

07.12  It was noted that there were numerous plans within the system.

07.13  Mrs Claire Skidmore asked Mr Morris if he thought as part of his reflections, are we getting the outputs that we need from these groups, to be assured as a group of Chief Executives that we are working to plan.

07.14  Mr Nigel Lee also commented that one of the key areas of work with the STG is making sure that if we only took a financial lens on our improvement programmes, what would this mean for quality.

07.15  Mr Gareth Robinson commented that we need a better understanding of the overall position.

07.16  Mrs Sarah Dixon mentioned the Organisational Development (OD) work and how it would be useful if the people piece of work could feed into the OD programme.

07.17  Mr Morris went on to discuss the review of the Cost Improvement Plans and stated that currently we are £1.1m ahead of plan at month three and all forecasting to hit revised target of £89.9m except for RJAH.

07.18  There is a lot of backloading in schemes - £78m is phased between months four and twelve and 67% is phased between quarter three and quarter four.

07.19  Approximately £7m that has not been identified. There is a significant risk of between £18m-£36m against £89.9m CIP.

07.20  Mrs Szabo mentioned that the £30m does correlate with the high-risk schemes and the £7m has been identified so there is an outline plan that has been shared from SaTH.

07.21  Closing the gap in terms of the schemes.

07.22  Workforce dashboard is up and running for the monitoring.

07.23  David Morris commented that there needs to be clear milestones that each Organisation can deliver.

07.24   Nigel Lee mentioned that the UEC Board have a range of different measures that they will be most concerned about. We need to identify measures of effectiveness that are critical to the UEC Board.

07.25   David Morris went on to explain Grip and Control and stated that ICB self-assessed between 60%-70% implemented on the check list of grip and control.  This is broadly in the right place.

07.26   Next Steps will be to validate with each Organisation before NHS England meeting.

07.27   Nigel Lee asked if there were any useful lessons that we could learn from any other systems.

07.28   David Morris responded by saying there was a meeting with NHS England to talk about lessons learnt across other systems. PwC internally are consolidating lessons learnt between the four systems they are working with and will share this information.

**Action: PwC project to be invited to Chief Executives meeting on 14 August as this will be the end of week 4 of the project to discuss areas of support and next phase.**
- **Strengthening existing CIPs – looking at stretch**
- **UEC**
- **CHC**
- **Medicines Management**
- **Work through where the greatest return on investment is.**
- **Phase two – scope and final sign off**

**Directors of Finance also to be invited to CEO meeting on 14 August.**

**Action: Sarah Dixon and Simon Whitehouse to discuss phase two funding outside of this meeting.**

**Resolve It was agreed that the scope of the work and the specification of phase two will be circulated and agreed with colleagues before the CEO meeting on 14 August.**

**Minute No. STG 31.07-08 Highlight Reports – for information**

08.1   The reports were noted as read.

08.2   After a short discussion, Gareth Robinson and the Chair commented on how we hold to account with the correct information for delivery and that transacts.

**Minute No. STG 31.07-09 Any Other Business**

09.1   Gareth Robinson and Sarah Dixon agreed to discuss RSP funding offline.


The Chair closed the meeting.

Agenda Item

ICB 25-09.070.6

Agenda and Minutes of

Strategic Commissioning Committee

meetings held on 12 June and 10 July 2024

# AGENDA

| Meeting Title | Strategic Commissioning Committee | Date | 12th June 2024 |
|---|---|---|---|
| Chair | Cathy Purt | Time | 14:00 – 16:00 |
| Minute Taker | Corporate PA | Venue/ Location | Via Microsoft Teams |

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

| Reference | Agenda Item | Presenter | Purpose | Paper | Time |
|---|---|---|---|---|---|
| SC-12-06.01 | Introduction and Apologies: | Cathy Purt | I | Verbal | 14:00 |
| SC-12-06-02 | Minutes and action list from the meetings held on 13th March 2024 | Cathy Purt | A | Enc.1/1a | |
| SC-12-06-03 | Declarations of Interest: To declare any new interests or interests that conflict with an agenda item. Register of Interests NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk) | Cathy Purt | I | Verbal | 14:10 |
| SC-12-06-04 | Strategic Commissioning Committee Terms of Reference and Membership | Cathy Purt | R | Enc 2 | 14.15 |
| SC-12-06-05 | Joint Forward Plan | Claire Parker/Angie Parkes | A/R | Enc 3 | 14.25 |
| SC-12-06-06 | Prevention and Health Inequalities Group - update | Helen Onions/Tracey Jones | S/I | Enc 4 and presentation on the day | 14.55 |
| SC-12-06-07 | NHS Shropshire, Telford and Wrekin ICB Choice Policy | Maureen Wain/Imogen Darbhanga | A/R | Enc 5 | 15.20 |
| SC-12-06-08 | NHS Shropshire, Telford and Wrekin System Elective Access Policy | Maureen Wain/Imogen Darbhanga | A/R | Enc 6 | 15.30 |
| SC-12-06-09 | Commissioning Working Group TOR | Gemma Smith/Julie Garside | R | Enc 7 | 15.40 |
| SC-12-06-10 | Strategy Updates • Progress on updating the system's Integrated Care Strategy • Emerging Estates Strategy • Development of a Rural health and wellbeing strategy | Nigel Lee/Claire Parker | I | Verbal | 15.45 |
| SC-12-06-11 | Any Other Business (To be notified to the Chair in advance) | Cathy Purt | D | | 15:55 |

**Date and Time of Next Meeting**
Wednesday 10th July 2024
14.00pm – 16.00pm
Via Teams

**NHS Shropshire Telford and Wrekin**
**ICB Strategic Commissioning Committee Inaugural Meeting**
**Wednesday 12 June 2024 at 2pm.**
**Via Microsoft Teams**

| **Present:** | |
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| --- | --- |
| 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 Ganesh | Medical Director Shropshire Community Health Trust and Interim ICB Chief Medical Officer NHS STW |
| Rachel Robinson | Executive Director of Health Shropshire Council |

| **In Attendance:** | |
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| --- | --- |
| 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 |

| **Recorded 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 |

**Minute No. SCC-12-06.01 Introduction and Apologies:**

01.1    The Chair opened this inaugural meeting of the STW Strategic Commissioning Committee and welcomed everyone. The Chair introduced Joanna Watson from GGI

and said that a survey would be circulated after this meeting to Committee members for them to complete.

01.2    The Chair also mentioned that Dr Niti Pall has agreed to be the vice chair of this Committee and commented that we are continuing to have good clinical engagement with the Committee.

01.3    The Chair also congratulated both Dr Ian Chan and Dr Mahadeva Ganesh on securing the interim role of ICB Chief Medical Director.

**Minute No. SCC-12-06.02 Minutes and action list from the meeting held on 13 March 2024**

02.1    The minutes were approved as an accurate record of the meeting.

**Action List**

02.2    All actions noted as closed.

**Minute No. SCC-12-06.03 Declarations of Interest:**

03.1    Members were asked to confirm any new interests that needed declaring or any existing conflicts of interest that they had relating specifically to the agenda items.

*The Chair noted that her husband had been appointed as Interim Chair of Shrewsbury and Telford Hospital until the new Chair in common is appointed.*

The Register of Board Members Interests can be found at:  Register of Interests - NHS Shropshire Telford and Wrekin (shropshiretelfordandwrekin.nhs.net)

**Minute No. SCC-12-06.04 Strategic Commissioning Committee Terms of Reference and Membership**

04.1    Mrs Gemma Smith introduced the paper and highlighted keys points.

- In terms of the Strategic Commissioning Committee, there is now a role around the commissioning function, which was previously undertaken between the Integrated Delivery committee and the Primary Care commissioning committee, both of which no longer feature in our revised ICS governance.

- Everything that was done previously in the strategy committee in terms of oversight, assurance, approval of system strategies will be retained but it will also undertake some of the commissioning work that is a part of our IC BS statutory duty.

- To recognise that this Committee may need to be split into a part A and a Part B. Part B will need to be our core commissioning decision making where there are things such as procurement decisions that need to be undertaken, any individual provider, contractual or CV or funding issues and anything that's commercially confidential or anything that is commercially sensitive.

- We now have a number of groups reporting into this committee and a workplan is currently being developed.

- There will be a section where we have ICS strategies, discussions, decisions, ICB, what can be done within the Strategic commissioning committee, then a set of standing agenda items which will be reports from the groups that feed in and also a standing agenda item around the strategies under development across the system which Nigel Lee or Claire Parker will present.

- Feedback has been received from Telford and Wrekin Council, around health inequalities.

- An email has been circulated to Committee members to ensure that the correct people are now on this Committee.

**Action: Committee members to confirm with Gemma Smith that they are the appropriate people for this Committee and that it has been agreed with Organisations.**

04.2   Mrs Claire Skidmore noted three minor improvements to the paper:
- Page 12 System Oversight Framework (SOF) should read NHS Oversight framework (NOF)
- Page 16 in the estates and procurement section, there is a reference to the Healthier Together programme HTP, but this is the Hospital's Transformation Programme.
- Page 21 references this committee's input to the financial strategy.  Mrs Skidmore requested that once the terms of reference have been agreed she would like a brief paper that can be taken to the Finance Committee so that members are aware of the collective role that the Committees have.

04.3   Mr Nigel Lee commented that in common with other colleagues from other partners, it is important to reflect that there could be other attendees that would be relevant, either from the ICB or other partners when different topics are discussed.

04.4   Mrs Gemma Smith mentioned that there will be a further group reporting in, we now have an Integrated Strategic Commissioning group across the local authorities and the ICB, which will include attendees from both adult services and children's services.

04.5   Mrs Julie Garside highlighted that page 7 of the TOR (page 18 of the pack) that some of the job titles would need to be updated due to management of change.

04.6   Mrs Nia Jones asked how we might be commissioning in the future to do something related to the provider collaborative work.

04.7   Mrs Smith responded by adding that it would be useful if a few of us get together and pull something together as a proposal that could go to each of the SHIPP and TWIPP committees around how our co relationship works.

04.8   The Chair asked how primary care fits into strategic commissioning as primary care commissioning will part of SCC too, and how do we make sure that there is not a conflict there?

04.9   Mrs Smith responded to the question by saying that there is a primary care transformation group which will be pulled into this commissioning committee. This includes primary care plan, dentistry etc and is wider than general practice. And this

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committee will receive monthly updates for information and assurance, however, the contracting commercially sensitive element will be managed in part A. As these arrangements mature, there will be more clarity.

04.10   Mr Nigel Lee stated that this was a good starting point, and as we go forward, we could adapt different elements within them in due course.

04.11   Dr Ian Chan stated that we need to think about what the strategy is and the system maturity in the ICS.

04.12   Mr Nigel Lee suggested using part of the Board development session in July to focus on general practice and primary care.

**Actions:**
- **Mr Nigel Lee and Dr Ian Chan to work together on primary care elements for Board development session in July.**

- **Mrs Gemma Smith to make any amendments to the TOR and re-circulate to members for approval. SaTH, SCHT And T&W Council have confirmed membership.**

## Minute No. SCC-12-06.05 Joint Forward Plan

05.1   Ms Angie Parkes introduced the paper and highlighted key points.

- The JFP was presented at this Committee in March 2024, comments from the group have now been incorporated in the document.

- Originally due to publish the JFP in March but have been asked by NHSE to delay that until June.  But now due to pre-election this will be delayed.

- Due to the delay the JFP is bought here not for approval but for discussion and an opportunity to make any adjustments.

- JFP to go to Health and Wellbeing Board once date has been arranged for July.
- JFP to come back to this Committee for final approval in July.

05.2   Mrs Lisa Keslake suggested making some amendments to the narrative around Local Care to bring it up to date.

05.3   Mrs Julie Garside assured the Committee that the JFP will cover all of the key programmes of work that are under way in our system.

**Action: Mrs Keslake to forward amendments to Ms Parkes for inclusion in the JFP**

## Minute No.SCC-12-06.06 Prevention and Health Inequalities Group – update

06.1   Mrs Tracey Jones introduced the presentation and after discussions it was highlighted that.

- Digital inclusion/exclusion this needs further discussion because offering a service in a digital/non digital mode does not address some of the issues that are at the fundamental root of digital exclusion. If there was focus on digital literacy, individuals would have the opportunity to access digital services.

- There is also work around the access to hardware in terms of having laptops as access to the actual cost of data.

- One of the achievements that we have had in 23/24 is coming together much more with both of our local authorities. Our prevention and health inequalities board is chaired by the DPH for Telford.

- Some of the more successful projects that we have around early cancer diagnosis, our cancer champions, we have been able to do that through the joint working with the local authorities and working with their knowledge of communities.
  The same has been done with our hypertension detection in our communities that are not presenting.

- We are going to be looking at a piece of work where we are going to be reaching out and having a different level of connection with primary care this year, as we recognise that last year, we have not had the capacity, to engage more fully with primary care. This one of the aims in the 24/25 plan.

**The Committee is asked to:**
**Approve the paper for it to be presented at the ICB Board on 26 June.**

**Committee members APPROVED the paper.**

## Minute No.SCC-12-06.07 NHS Shropshire Telford and Wrekin ICB Choice Policy

07.1    Mrs Gemma Smith introduced the paper and highlighted the following points.

- 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.

**The Committee is asked to:**
**SUPPORT and APPROVE the development of the STW Choice Policy Statement for the continuation of its presentation at formal governance committees to result in its publication for patient awareness.**

**Committee members APPROVED the Policy.**

## Minute No.SCC-12-06.08 NHS Shropshire Telford and Wrekin System Elective Access Policy

08.1    Mrs Gemma Smith introduced the paper and highlighted 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 on 14th September 2022. This is adhered to by all the main local NHS providers and clinical referrers as well as NHS STW.

- 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, including the change around cancer performance standards.

- The updated STW Access Policy has been approved by the policy author and provider trust stakeholders involved in the update, and is presented here for support and approval, as part of the formal governance and approval process so that it can be implemented to replace the current version.

- 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.

08.2    Mrs Nia Jones commented on the technicality on the active monitoring that NHSE have changed the guidance on another refresh update. Mrs Jones recommended to add in some bullet points directly from the national guidance.

**The Committee is asked to:**
**Note the annual update of the STW Access Policy, and support & approve for onward approval following appropriate governance process so that it can be implemented to replace the current version.**

**Committee members AGREED to approve the policy once amendments had been done.**

**Minute No.SCC-12-06.09 Commissioning Working Group TOR**

9.1      Mrs Gemma Smith and Mrs Julie Garside introduced the paper and highlighted the following.

9.2     The purpose of the Commissioning Working Group (CWG) is to provide oversight and scrutiny of commissioning and provider transformation projects to ensure they align with the ICB's commissioning intentions, strategic intent, and available resources and on this basis to provide recommendations and advice to the Strategic Commissioning Committee and the emerging Provider Collaborative and Place infrastructure as they develop their formal decision-making governance.
The CWG will provide recommendations, advice, and scrutiny on:
- Service reviews,
- Developing strategies
- Developing PIDs
- ICB polices and operating procedures e.g strategic decision-making framework.
- ICS policies that require a commissioning lens in advance of system wide signoff

- Governance structures to support decision making and accountability.
- System alignment of service reviews strategies, PIDs, policies and procedures
- Delegated Primary Care and Specialised commissioning services/developments.
- Oversight of the integrated commissioning plans/arrangements

9.3    The Commissioning Working Group (CWG) provide recommendations and advice on how commissioning / provider transformation programmes of work may proceed. It also provides advice, scrutiny and input into ICB /ICS policies and procedures.

9.4    Members of the CWG will endeavour to scrutinise all projects/papers from multiple perspectives, clinical, financial, quality, performance and try to anticipate how changes to one part of the system may affect other parts of the system and are committed to ensuring appropriate impact assessments are completed and agreed before any formal changes take place.

9.5    The CWG has delegated authority to approve budgeted expenditure up to £250k, providing the appropriate budget holder is in attendance for the decision. The Chair's report will go to the Strategic Commissioning Committee summarising any decisions taken and recommendations/advice.

9.6    Mrs Claire Skidmore clarified that delegated responsibility sits with individuals as it is a roles-based sum for accountability, as long as an individual is present at that meeting who has that delegated responsibility then they will agree with the group.

9.7    Mrs Smith commented that it is a 2.5-hour monthly meeting.

**The Committee is asked to:**
**APPROVE The Commissioning Working Group TOR.**

**Committee members approved TOR**

**Minute No.SCC-12-06.10 Strategy Updates**

10.1    Mr Nigel Lee introduced the papers.

*Progress on updating the system's Integrated Care Strategy*

- Draft version in development there are plans to work through it over the next few months with the Health and Wellbeing Boards and this Committee and present at the ICP later this year when a date has been set.

**Action: Mrs Smith to add this to the Committee workplan**

*Emerging Estates Strategy*

- This piece of work has been led by NHS Property Services, and the Director of Delivery and transformation is looking at the final draft which includes the strategy, analysis, and plan.

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- A good quality summary document has been requested. This is expected within the next month, which will then be shared with different partners who have been involved in discussions.

- Continuing to support and be an enabler to integration is one of key principles within the proposed strategy.

10.2    Mrs Claire Skidmore mentioned that she would be taking over as Executive lead for the Estates Strategy in the near future and is keen to get some governance in place both locally around the NHS work and getting the right people together.

*Development of a Rural Health and Wellbeing Strategy*

- This is a mature piece of work, and an update was planned for the next few weeks but this has been paused due to pre-election.

- The Good Governance institution have been commissioned to support on this so this is independently facilitated. We have worked closely with the Local Authorities to plan this and have had strong collaboration. Hopefully this will be ready by September.

10.3    The Chair mentioned that the end of this committee is to give people an update on the good strategies that are coming forward, and to forewarn members, so questions can be ready, but also to do some thinking around it.

**Minute No.SCC-12-06.11 Any Other Business**

11.1    Mrs Julie Garside wanted to inform the Committee that we have a finalised set of five exit criteria for the ICB and for SaTH colleagues to exit NOF 4 and their read across into Robert Jones and Shropcom for their NOF 3.  We are at a point now where we have to work up our integrated system improvement plans to deliver on those exit criteria and to work up those key deliverables and milestones.

**Action: Mrs Garside to give verbal update at Julys meeting and formally update at our August meeting.**

11.2    Mrs Gemma Smith mentioned that everything needs to come through strategic commissioning committee before it goes to board, however, there is a slight issue with one of the pieces of work that needs to be submitted to NHS England, which is on the three-year mental health inpatient strategy.  An extraordinary 30-minute commissioning committee is needed before the next board in July.   Mrs Smith asked for Committee members support around attendance.

**Actions:**
**Mrs Gemma Smith to link in with Mrs Jayne Knott to secure a date for extraordinary meeting before 31 July.**

11.3 The Chair reminded Committee members to complete the questionnaire from GGI.


Meeting closed at 4:05pm

# AGENDA

| Meeting Title | Strategic Commissioning Committee | Date | 10th July 2024 |
|---|---|---|---|
| Chair | Cathy Purt | Time | 14:00 – 16:00 |
| Minute Taker | Corporate PA | Venue/ Location | Via Microsoft Teams |

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

| Reference | Agenda Item | Presenter | Purpose | Paper | Time |
|---|---|---|---|---|---|
| SCC-10-07-012 | Introduction and Apologies: | Cathy Purt | I | Verbal | 14:00 |
| SCC-10-07-013 | Minutes and action list from the meetings held on 12th June 2024 | Cathy Purt | A | Enc.1/1a | |
| SCC-10-07-014 | Declarations of Interest:<br>To declare any new interests or interests that conflict with an agenda item.<br>Register of Interests<br>NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk) | Cathy Purt | I | Verbal | 14:10 |
| SCC-10-07-015 | Updates on Developing Strategies | Nigel Lee Claire Parker | I | Verbal | 14.15 |
| **Reports from Sub-Groups** | | | | | |
| SCC-10-07-016 | Commissioning Working Group Chairs Report | Julie Garside | S/I | Enc 2 | 14.30 |
| SCC-10-07-017 | Primary Care Access and Transformation Group | Nicola Williams | S/I | Enc 3 to follow | 14.40 |
| SCC-10-07-018 | Strategic Digital Group | Nigel Lee | S/I | Verbal | 14.50 |
| SCC-10-07-019 | Workforce Transformation Group | Ali Trumper Simon Balderstone Nichola Bradford | S/I | Enc 4 Appendix 1 & 2 | 15.00 |
| SCC-10-07-020 | Estates and Infrastructure Strategy | Gareth Robinson Angela Szabo | A | Enc 5 Appendix 1& 2 | 15.15 |
| SCC-10-07-021 | Any Other Business (To be notified to the Chair in advance) | Cathy Purt | D | | 15.30 |

**Date and Time of Next Meeting**
11 September 2024

**NHS Shropshire Telford and Wrekin**
**ICB Strategic Commissioning Committee Meeting**
**Wednesday 10 July 2024 at 2pm.**
**Via Microsoft Teams**

| **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 |
| 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 |

| Recorded Apologies: |  |
| --- | --- |
| David Brown | Non-Executive Director, Shrewsbury and Telford Hospital NHS Trust |
| Gemma Smith | ICB Director of Strategic Commissioning NHS STW |
| Dr Mahadeva Ganesh | Medical Director Shropshire Community Health Trust and Interim ICB 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 |

**Minute No. SCC-10-07.012 Introduction and Apologies:**

12.1 The Chair welcomed everyone to the meeting, with a special welcome to Niti Pall who is attending her first meeting as the Committee deputy Chair. The Chair also welcome Tracey Slater as interim deputy Chief Nurse and Lynn Cawley Chief Officer, Healthwatch Shropshire, Simon Fogell Chief Executive, Healthwatch T&W and Minesh Parbat, ICB Chief Pharmacist.
The Chair also congratulated Nigel Lee on his appointment of ICB Chief Strategy Officer.

12.2 The Chair informed the Committee that there would be no Committee meeting in August, however there are a large number of items coming through in August from other Committees so these will be sent to members to look at and comment on at the September meeting.

12.3 Nia Jones mentioned that RJAH were waiting for confirmation on a Non-Executive representative.

**Minute No. SCC-10-07.013 Minutes and action list from the meeting held on 12 June 2024**

The minutes were approved as an accurate record of the meeting, with the exception of Nigel Lees full job title, which will be amended.

**Action List**

All actions noted as on-going or closed.

It was noted that Lisa Keslake had left her post as Local Care Director and the Chair wanted to pass on the Committees best wishes and thanked her for her hard work.

**Minute No. SCC-10-07.014 Declarations of Interest:**

Members were asked to confirm any new interests that needed declaring or any existing conflicts of interest that they had relating specifically to the agenda items.

No new declarations noted.

The Register of Board Members Interests can be found at:  Register of Interests - NHS Shropshire Telford and Wrekin (shropshiretelfordandwrekin.nhs.net)

**Minute No. SCC-10-07.015 Updates on Developing Strategies**

15.1    Nigel Lee and Claire Parker introduced the item and highlighted the following:

- Significant work being done on the Estates Strategy, this is for discussion further on today's agenda.

- Nigel mentioned cybersecurity strategy and said that work had started and looking at the commissioning of some work from the CSU.

- Claire Parker mentioned that Emma Pyrah had done some stocktaking on the various strategies.  There will be a strategy development role within the Directorate to ensure that the strategies are deliverable and that they are aligned to the integrated strategy, joint forward plan and priorities that we have.

- Within our new operating model, we need to look at the deliverables within our strategies and what impact it is having on improving healthcare.

15.2    Nigel Lee suggested bringing the draft Integrated Care Strategy to this Committee meeting either in September or October.

15.3    Dr Ian Chan mentioned that there are other waiting lists for different services and asked if these were visible to the system and how those waiting lists are informing the next step of decisions and informing the next step of the strategy?

**Minute No. SCC-10-07.016 Commissioning Working Group Chairs Report**

16.1    Julie Garside presented the paper, and the following key points were noted.

- Progress around our cancer priority, the targeted lung health check procurement.

- The outcome of the procurement will be presented to Part B of the Strategic Commissioning Committee in November 2024 due to its commercially confidential nature.

- We are trying to get a consistent approach to how business cases are received from our providers and how that is built into our annual planning process.

- The independent prescribing pharmacy project has been held up due to the lack of digital solutions.

- A letter has been received this week confirming the feedback from NHSE about our operational plan for 24/25. A request has been made to update our dementia diagnosis recovery plan.

- CWG were asked to approve the funding to move the final general practise over to EMIS from Vision.

- The Group received the proposal to extend the British Red Cross Positive Lives Service and it was confirmed that this was within budget.

16.2    Peter Featherstone asked if we were leveraging enough support from the voluntary sector?

16.3    Claire Parker stated that within the Strategy Directorate there is a role that will be able to do the Community/Voluntary sector facilitation. There are a number of meetings with the voluntary sector set up over the next few months. There will be discussions with them about what difference we can make at a system level and at a place level. Sustainability for the voluntary community sector is also part of the joint forward plan.

16.4    Lynn Cawley commented that the voluntary sector needs to be invested in, in order to get a strong and stable workforce. They need consistent funding to enable the retention of experienced skills and maintaining of projects.

16.5    The Chair wanted it noting that all GP practises are now on EMIS, (Medical Information Systems), which will make a big difference to the intelligence and data flows that we can see across STW.

16.6    Nigel Lee commented that we are really committed on looking closely and carefully at the challenges we face. It is important that primary care, secondary care, community services as well as local authorities are involved.  Together we have that in the intelligence and the opportunity to make that difference and we what we are aiming to do is make sure that our all of our sectors are involved then in how then we both design and achieve the changes we need to make across the system.

16.7    Nia Jones asked about prevention and whether we need to pull together, have a prevention strategy that makes it transparent? Or do we need to change an existing strategy to bring it out? And the same with the voluntary sector?

**Action: Nigel Lee and Claire Parker give some thought to the point made by Nia Jones around prevention strategy and update Committee members at next meeting.**

**Minute No. SCC-10-07-017   Primary Care Access and Transformation Group**

17.1    Nicola Williams introduced the paper and highlighted the following key points.

Significant changes have been made about how the group operates, mainly to take on board our responsibilities around the three additional areas of Primary Care that we are responsible for, pharmacy, optometry and dentistry. We are trying to refocus the group so that all the four pillars of primary care are looked at, not just General Medical practise.

17.2    **Pharmacy**
A new service Pharmacy First started in February 2024. This provides access to advice and support for seven common conditions without having to see a GP.
- All community pharmacies in STW have signed up to be part of the scheme.
- At the same time two existing schemes (BP monitoring and oral contraception) are being promoted to increase public awareness and increase uptake.
- All these initiatives aim to provide alternatives for patients to having to attend their GP practice. Promoting access for patients and reducing demand on GPs.
- We are in the process of deploying some new roles focussing on engagement between PCNs and community pharmacies to exploit all opportunities for shared working.

17.3    **Optometry**

Electronic eye Referral Scheme (EeRS)

- EeRS is an up-to-date digital platform for all Eyecare referrals and communications between Optometrists, RAS and TRAQs, secondary care and Eyecare Providers.
- NHSE commissioned Cinapsis to provide the EeRS platform across the Midlands Region, covering 11 ICB's,
- STW was put forward as an early adopter of EeRS and have led the way across the region, being the first to go live.

17.4 **Dental**

Oral Health Profile of Shropshire Telford and Wrekin ICB

- A Dental Service Equity Audit identifies how dental services are distributed relative to the oral health needs of the population.
- The NHS England 2023/24 priorities and operational planning guidance reconfirms the ongoing need to recover services to deliver the NHS Long Term Plan (NHSE, 2023). It includes an ambition to recover dental activity, towards pre-pandemic levels and to ensure fair allocation and distribution of resources towards those most in need. A Dental Service Equity Audit supports this ambition.
- The aim of this audit is to assess levels of access to NHS primary care dental services across
- Shropshire Telford and Wrekin ICB at ward level and review available oral health and deprivation data for those wards.
- The most recent oral health data is that collected during the 2021/2022 National Dental

17.5 Claire Skidmore pointed out that as the papers were not circulated before the meeting it was hard for people to digest all the information and requested that papers for future meetings were circulated in advance.

**Action: Nicola Williams to circulate papers after the meeting for Committee members to read and comment back ahead of Septembers meeting.**

17.6 Niti Pall asked what the solutions were rather than highlighting the problems.

17.7 Rachel Robinson thought this would be a good topic for an ICP/development session.

17.8 Nicola Williams stated that there was a 40-minute session at the next Health and Wellbeing Board meeting.

**Minute No. SCC-10-07-018 Strategic Digital Group**

18.1 Nigel Lee introduced the item, and the keys points were noted:

- The Digital delivery group has representation from all partners.
- The portfolio of work includes a set of information across seven themes e.g. the different improvement work on different systems, Integrated health records, digital exclusion.
- We are starting to see greater opportunities and work going on in the collaborative space.

- We are looking at the joint procurement of some areas.
- Advert is now out for the Head of digital, this is a key role within the MOC.

18.2    Nigel Lee also mentioned that he thought AI should be a discussion point at Board to make sure people understand what it is and what our approach is.

18.3    As Tristi Tanaka leaves her role as Head of Digital, she thanked everyone in STW for their support throughout her time here and said it had been a pleasure to work here.

18.4    The Chair thanked Tristi for all her hard work and her input into the digital space for us.

18.5    The Chair recommended that Nigel Lee looks to Mark Large for his expertise in this field.  Nigel Commented that the Executive lead for Digital is the Chief Medical Officer.

18.6    After discussions the Chair commented that there is a clear willingness from this Committee to ensure strategically digital is an enabler and will need to feature a major part in all of our strategies going forward.  As a committee we will need to ensure that digital and health inequalities are things that are run through.

## Minute No. SCC-10-07-019   Workforce Transformation Group

19.1    Alison Trumper introduced the paper and highlighted the following.

- There is still no Chief People Officer for STW
- Stacey Keegan CEO for RJAH has agreed to be the Chair of the People Delivery Collaborative.
- The annual report is included in the papers and Alison mentioned the following.
    o   as a system we embarked upon a system approach to attracting recruiting healthcare support workers together.
    o   this resulted in around circa 900 head count people being appointed into healthcare support worker roles which brought our vacancies down.
    o   quarter three last year the NHS providers stopped recruiting and vacancies went up and parallel to that, so did agency utilisation.
    o   We have now got that centralised healthcare support worker Academy.
    o   Perceptionship programme is integrated now. It's a system approach and helps keep our newly qualified multi professionals in AHP and nursing. This is considered to be the best in the region.
    o   our turnover has been the most improved in the region, the number of people leaving has gone down from 10% down to 6.9% at the end of last year.

19.2    The Chair asked how we are ensuring that our workforces are digitally competent or is going to be using digital to help the transformation.

19.3    Alison Trumper commented that the digital learning requirements of our workforce, has not been scoped so we are unaware at what levels of attainment or competency our workforce currently have. Telford College are ready to deliver digital training to meet the needs of our workforce.

19.4    Peter Featherstone said that this was a good report but would like to see some trajectories in terms of what are our targets, what are our numbers, to see how it all comes together.

19.5    Alison Trumper responding by saying that a piece of work has been done, and the long-term plan has been looked at and we have projected the growth that we need to do across our multiple professions to meet the workforce requirements to meet the population requirements for 2030/32. We have projected that, and we need to grow our workforce by around 2.6% a year.

19.6    Claire Skidmore commented that we need to make sure that we have triangulated workforce activity and finance across all areas.

**Minute No. SCC-10-07-020   Estates and Infrastructure Strategy**

20.1    Gareth Robinson and Angela Szabo introduced the item and highlighted the following.

- during the quarter three of last year, we determined the need to develop an ICS wide estates strategy.
- in the absence of an ICB estate's function, we secured the expertise and capacity of NHS property services to complete that for us. They carried out an impressive piece of work, that engaged with multiple stakeholders in all organisations through the system.
- this has been through various forums and now to this Committee before going to Board for approval.

20.2    Gareth Robinson introduced Zoe Watts from NHS Property Services to present the Shropshire Telford and Wrekin Infrastructure Estate Strategy to the Committee.

20.3    Minesh Parbat asked how the strategy include Community Pharmacy in estates as well as infrastructure as well.

20.4    Zoe Watts responded by saying that it will incorporate all of the pharmacy element.

20.5    Peter Featherstone asked do we have sufficient capacity and have we got our resources in place to deliver that implementation plan?

20.6    Zoe Watts explained that a proposal has been put in with the ICS which is now under review.

20.7    Angela Szabo mentioned that further discussions have taken place with NHSE. There is a need for a separate capital prioritisation framework in terms of how we would look at the mandatory requirements, equipment replacements of the capital priorities and how we do capital prioritisation.  The document was written before NHSE released the guidance on what the good infrastructure strategy should look like.

20.8    There is a separate toolkit called the Adept Toolkit, which is an estate strategic options appraisal toolkit, but we have not opted to trial and test that. We have agreed to set up a Strategic Estates Review Group, which will be the group that will oversee strategic estate with all of the system partners and oversee the delivery of the strategy in action.

20.9 The Chair asked Claire Skidmore if we have the finance in place or are we bringing it down from NHSE so we can start the implementation.

20.10 Claire Skidmore responded by saying there is still a lot to be worked through. We need to be clear on what is needed over the 5-10-year period. We need to work out how we resource that whether that be via the money to pay for the capital, the revenue consequences.

20.11 Jonathan Gould commented that it would be useful to understand how the Estates strategy group reports up or how does it fit in and where its proposals and recommendations are going out of that group. He also mentioned the recognition for an ICS lead which he thought should be explored further, should a rotation of leads be considered for all ICS partners.

20.12 Angela Szabo stated that there is a need to ask for system providers to confirm that we have not got the capacity within the system in terms of taking on the role. If we have not, then we need to look at seeking some external support, either from NHPS or another ICB.

20.13 Claire Skidmore commented that along with Angela Szabo the governance needs to be built and start to deploy the recommendations. We need to understand what resource there is available in the system but potentially look at getting external expertise to get the best advice and support.

20.14 The Chair asked if this Strategy had been tested with members of the public.

20.15 Gareth Robinson responded saying that it had not been yet but will be working with Comms and Engagement to consider how we go to the public with it.

20.16 Mark Large commented on slide 38 about freeing up storage space from physical records, and asked how long it would take as it was thought it would take a few years.

**Action: Gareth Robinson to liaise with NHSPS and find out the timescale.**

20.17 Dr Ian Chan stated that there is a need to focus on the deprivation element in the strategy.

**Strategic Commissioning Committee is asked to approve the Shropshire, Telford and Wrekin Infrastructure (Estate) Strategy ahead of going to ICB Board for approval.**

**Minute No. SCC-10-07-021   Any Other Business**

21.1 The Chair on behalf of Gemma Smith mentioned about meeting papers always being late. The Chair asked for all papers to be in for processing and circulating in a timely manner to enable Committee members to read and digest ahead of meetings.

21.2 The Chair closed the meeting and mentioned that the next meeting would be on 11 September. Gemma Smith will send items through to members during August. Any queries to go through to Gemma and Nigel Lee.

Meeting closed at 16:00hrs