

NHS STW Integrated Care Board - Appendices

MEETING
29 January 2025 14:00 GMT

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24 January 2025

Agenda

Location

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

Date

29 Jan 2025

Time

14:00 GMT

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Agenda Item

ICB 29-01.109

System Board Assurance Framework (SBAF &
SORR)

Appendix 1 – NHS STW System Board Assurance
Framework Report

Appendix 2 – System SORR

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Appendix 4 – Risk Management Matrix SORR

NHS STW – SYSTEM BOARD ASSURANCE FRAMEWORK

2024/25

Version 4 January 2025

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.

Risk Matrix

Consequence	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				

Objective: ALL			Risk Score 20 Extreme 4 likely x 5 catastrophic	
Strategic Risk no.1: Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of integrated care priorities				
<i>If we are unable to develop and sustain a culture of collaborative working and build effective partnerships</i>	<i>Then we will not be able to achieve our aims and focus on our priorities and deliver our objectives</i>	<i>Resulting in poor outcomes for our population, adverse impacts on our partner organisations and increased scrutiny of our effectiveness</i>		
	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 <ul style="list-style-type: none"> ICB Constitution ICP Terms of Reference Governance Handbook / Functions and Decisions Map System Development Plan Better Care Fund Plans Primary Care Strategy Clinical and Professional Leadership Programme Integrated Care Strategy Joint 5 year forward plan People Priorities Partnerships and Services <ul style="list-style-type: none"> Integrated Care Partnership ICS Chief Executive Group ShIPP TWIPP Health and Wellbeing Boards ICS People Strategic Workstreams 2024- 2027 Governance & Engagement Structures <ul style="list-style-type: none"> Integrated Care Partnership; Board of the Integrated Care Board and Integrated Delivery Committee STW Mental Health Collaborative GGI Review of ICB/ICS governance structures ICB Strategic Partner on development of ICB version 3.0 People Culture and Inclusion Committee 			First Line of Assurance <ul style="list-style-type: none"> Monitoring and oversight at ICB Executive Group and ICS Chief Executive Group Provider Collaborative Committees in Common Second Line of Assurance <ul style="list-style-type: none"> Population Health Board Third Line of Assurance <ul style="list-style-type: none"> Integrated Care Partnership oversight 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	
<ol style="list-style-type: none"> Independent assessment (NHSE, CQC) Development of provider collaborative and supporting governance structure 			<ol style="list-style-type: none"> Self-assessment against NHSE/CQC regulatory framework completed. NHSE Improvement Director attendance at CiC meetings Interim ICS Director of Strategy leading development of STW Provider Collaborative Creation of dedicated Director level role to support 	

	<p>development of Provider Collaborative.</p> <p>2c. Finalising Provider Collaborative Committees in Common (CiC) ToR and Joint Working Agreement</p> <p>2d CB CEO co-chair of HWBB's</p> <p>2e Director of Partnerships and Place supporting delivery of JFP priorities and integrated place Working</p> <p>2f Creation of PC CEOs group reporting to CiC</p> <p>3. System Transformation Group working on collaborative workstreams to drive improvement in areas such as MSK, UEC and workforce.</p>
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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

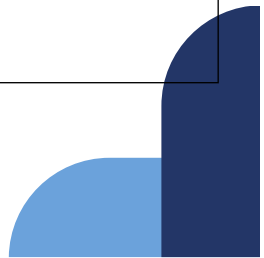
Relevant risks on system partners risk registers


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 20 Major 4 x Almost Certain 5
Strategic Risk No.2a: Risk of not achieving underlying financial balance (ICB and System)			
<i>If we are unable to adopt best practice and integrated modelling as rapidly as we need to</i>	<i>Then we will be unable to use our budgets and wider resources more effectively and efficiently and share risks and benefits</i>	<i>Resulting in long term financial instability and challenges in service delivery for our population, poor health outcomes, and increased scrutiny of our effectiveness</i>	
	Consequence	Likelihood	Score
Current	Major 4	Almost Certain 5	20 Extreme
Target	Major 4	Possible 3	12 High
Risk Trend  (aligned with system provider scores)			
Risk Lead	ICB Chief Finance Officer	Assurance committee	ICB and ICS Finance Committee
System Controls		Assurances reported to ICB Board and committees	
Strategies and Plans <ul style="list-style-type: none"> System Financial Strategy, incorporating: <ul style="list-style-type: none"> Healthcare Financial Management Association (HFMA) Financial sustainability checklist Strategic Decision-Making Framework Capital Prioritisation Framework Financial Revenue Plan Financial Capital Plan Joint 5 year forward plan Financial Recovery Plan inclusive of the Financial Improvement Programme and Efficiency, Productivity and Strategic Transformation Plans ICS Infrastructure Estates Strategy General Practice Estate Strategy System Digital Strategy System Workforce Strategy Partnerships and Services <ul style="list-style-type: none"> ShIPP TWIPP ICS Digital Delivery Group Strategic Estates Group People Board Strategic Transformation Group supported by delivery boards for all major programmes e.g. Planned Care Board, UEC Delivery Board Governance & Engagement Structures <ul style="list-style-type: none"> Finance Committee Commissioning Working Group Strategic Commissioning Committee Audit Committee 		First Line <ul style="list-style-type: none"> Monitoring delivery of System Financial Strategy and Financial Plan by System Finance Group and System Finance, Planning and Performance Group Second Line <ul style="list-style-type: none"> Finance Report to Finance Committee Integrated Performance Report to the Board Third Line <ul style="list-style-type: none"> Monthly Integrated Finance Return (IFR) and Provider Finance Returns (PFR) reporting to NHSE Quarterly NHSE Financial Stocktake NHSE Annual planning process (and triangulation of Finance, Activity and workforce planning) 	

<ul style="list-style-type: none"> Provider Collaborative Committees in Common 	
Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps
<ol style="list-style-type: none"> Long term financial plan and strategy now out of date System transformational projects in place but at varying stages of maturity. -Existing transformation plans do not fully address the target savings position. 	<p>Action 1) Refresh and agree with System partners the System financial strategy by Mar 25 aligned to the SIIP delivery action timescale - ASz.</p> <p>Action 2) System partners will agree the detail of the three to five-year strategic transformation plans (quality and inequality impact assessments will be carried out on the impact of equality of population health outcomes and health inequalities as a result of any transformation plans) - to be reported through Financial Improvement Programme Board, known as 'the Recovery Plan', by Mar 25 aligned to the SIIP delivery action timescale - IB.</p> <p>Action 3) Refresh the medium and long-term financial plan for latest financial projections and HTP by Mar 25. (Including developing the 25/26 operational plan inclusive of efficiency plans (quality and inequality impact assessments will be carried out to confirm the impact to equality of population health outcomes and on health inequalities as a result of any efficiency plans). [Links to SBAF entry 2b] - ASz.</p>

Current Performance – Highlights

Updates as of 31st December 2024

- Action 1) Draft System financial strategy presented to Finance Committee in September 2024, detail of the Recovery Plan through Strategic Transformation Programmes to address key system excess cost drivers to be updated in the document for approval by Mar 25.
- Action 2) High level strategic transformation programmes are actively under discussion through the Financial Improvement Programme with allocated Senior Responsible Officers and Executive Directors to lead development, Finance, BI and System PMO resource to support development has been allocated.
- Action 3) A system medium-term demand and capacity model has been built and is being refined following discussions with system providers. A first draft of the MTFP was presented to Finance Committee in September 24. The MTFP includes providers MTFP modelling including SaTH's MTFP as per the HTP business case financial model.

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 20	Financial Plan 24/25 – Revenue and Capital
System Risk 24	Risk to System ERF Income

Relevant risks on system partners risk registers

Description
SaTH BAF 5 - The Trust does not operate within its available resources (as per Board papers – November 2024 – 4 Consequence and 4 Likelihood)
RJAH BAF 3 - Delivering the financial plan (as per Board Papers - September 2024 (latest) - 5 Consequence and 4 Likelihood)

Shropcom BAF 8.1 – Costs exceed plan (as per Board papers December 2024 - 4 x 3 = 12)
MPFT BAF IB01 – Financial sustainability (as per board papers November 2024 - 4 x 5 = 20)

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: ALL		System Risk Score 20 Major 4 x Almost Certain 5
Strategic Risk No.2b: Failure to deliver the System and ICB Revenue and Capital Resource Limit Plans for 2024/25. **NEW Sub-Risk**		
<i>If we are unable to adopt best practice and integrated modelling as rapidly as we need to</i>	<i>Then we will be unable to use our budgets and wider resources more effectively and efficiently and share risks and benefits</i>	<i>Resulting in challenges in service delivery for our population, poor health outcomes, and increased scrutiny of our effectiveness</i>

SYSTEM	Consequence	Likelihood	Score	Risk Trend
Current	Major 4	Almost Certain 5	20	Risk Trend (aligned with system provider scores) 
Target	Major 4	Possible 3	12 High	
ICB	Consequence	Likelihood	Score	Risk Trend
Current	Major 4	Possible 3	12 High	Risk Trend 
Target	Major 4	Unlikely 2	8 Moderate	

Risk Lead	ICB Chief Finance Officer	Assurance committee	ICB/ICS Finance Committee
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System Controls	Assurances reported to ICB/S Board and committees
<p>Revenue and Capital</p> <ul style="list-style-type: none"> System financial principles and risk management framework in place across the system as part of development of system financial recovery plan approach as set out within the financial strategy. System governance arrangements in place through finance committee and system strategic committee and commissioning working group to ensure that new investments are not made unless recurrent resource is available. <p>Revenue</p> <ul style="list-style-type: none"> Financial Improvement Programme and System Transformation Group in place. Provider Vacancy Panels, ICB Establishment Control Panel and System vacancy assurance panel in place. Workforce monitoring of vacancies in place. System workforce programme and agency reduction group implemented, weekly agency reporting and action plan to reduce agency expenditure in line with system cap. Discretionary spend controls in place in all partners Organisation self-assessments of plan conditions/financial controls in place - Triple Lock, vacancy controls, HFMA sustainability and NHSE Grip and Control. <p>Capital</p>	<p>First Line</p> <ul style="list-style-type: none"> Monitoring of financial performance by System Finance Group and System Finance, Planning and Performance Group Standing Orders, Standing Financial Instructions and Delegated Financial Limits Financial Accounting Performance Metrics HFMA Financial Sustainability Checklist NHSE Grip and Control Checklist Better Payment Practice Code System productivity and FIP group in place for efficiency. FIP reports into System Transformation Group which provides Assurance to the Board. System agency reduction group implemented, weekly agency reporting and action plan to reduce agency expenditure in line with system cap. System Vacancy Assurance Panel in place. Triple Lock for non-pay expenditure in place. <p>Second Line</p> <ul style="list-style-type: none"> Regular Finance Report and Efficiency Report to Finance Committee Integrated Performance Report to the Board <p>Third Line</p> <ul style="list-style-type: none"> Monthly Integrated (Care System) Finance Return and Provider Finance Returns reporting to NHSE External review of HFMA financial sustainability and NHSE Grip and Control self-assessments.

<ul style="list-style-type: none"> Capital Prioritisation Oversight Group 	
Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps
<p>£90m revenue deficit plan in year with a forecast that does not have risks fully mitigated. This means that there is limited assurance that the financial forecast can be met.</p> <p>Current risks are as follows:</p> <ol style="list-style-type: none"> 1. Efficiency delivery – risk of not delivering to plan; 2. Escalation costs not reducing as planned due to UEC pressure and links to discharge; 3. Costs and inflation pressures beyond what was anticipated during budget setting; 4. New NICE appraisals with significant implementation costs; 5. Income Risk if income assumptions in the forecast are not supported by NHSE. 	<p>Revenue Financial Plan/Limit</p> <p>Efficiency: Action 1) Review of most likely expected FOT on a regular basis through financial governance, specifically for high risk and medium risk schemes to identify potential slippage, mitigation actions/schemes. [In place] - ASz Action 2) Ensure sufficient PMO capacity is allocated to support recovery of medium/high risk efficiency schemes and the development of the pipeline mitigation schemes to support de-risking the overall efficiency programme. [In place] - IB Action 3) Support the implementation of the actions recommended in the System PMO report including changes to financial governance, efficiency documentation and processes and the utilisation of PMO resources across the System. [In progress] - IB</p> <p>Cost: Action 1) As part of the Monthly Financial Review processes interpret current financial performance: 1a) analyse special variation changes in the run-rate trend of spend for Pay and Non-Pay. 1b) analyse key drivers of overspends and underspends. This will inform accurate forecasting and identification of risks and risk mitigations. [In place] - ASz Action 2) Review all requests for pay through the existing Vacancy Control Panels ensuring the completion of the benefits/benefit realisation supports financial delivery and recovery. [In place] ASz Action 3) Review all discretionary non-pay over £10k through the existing financial governance processes including the Triple Lock and reduce discretionary spend. [In place] - CS Action 4) Review all contingencies, provisions and prior year accruals. [In place] - ASz</p> <p>Income: Action 1) ICB/SaTH formally requested a National Payment Variation from NHSE in October 2024. Agreed in principle, awaiting formal written confirmation. - ASz Action 2) ICB to support providers to recover all income paid under previous income agreements/arrangements or where funding may be accessed. [In place] - ASz Action 3) System providers to maximise all commercial income and non NHS income opportunities. [In progress] – HT/SL/CM</p> <p>Capital Financial Plan/Limit Action 1) All organisations review their priorities in line with current agreed strategies for estates, digital, clinical, workforce etc. Ongoing monthly review is undertaken through the Capital Prioritisation Oversight Group (CPOG) and reported to the System Finance Committee as appropriate. – HT/SL/CM/CS Action 2) Use the System prioritisation framework to prioritise requirements based on key system criteria</p>

	<p>including equality of population health outcomes, value for money, broader socio-economic factors and health inequalities including Equality Diversity and Inclusion (e.g. DDA compliance and digital inclusion IT software and hardware). Initially completed July 2024 and updated as at Month 8 FOT by all organisations. Review of prioritisation at CPOG continues as required. - ASz</p> <p>Action 3) Complete business case requests for NHSE approval as required ensuring full system governance and sign off is applied. - ASz</p> <p>Action 4) All organisations to review IFRS16 operating lease commitments with a view to reducing the overcommitment in year – reviewed monthly at CPOG. - ASz</p> <p>Action 5) If required - Agree mitigations for potential overspends with budget holders - i.e., deferral of uncommitted capital scheme expenditure. Organisational senior finance team and CPOG to review monthly. – HT/SL/CM/CS</p> <p>Action 6) If required - Agree mitigations for potential underspends with budget holders -i.e. bring forward pipeline schemes - reviewed monthly by organisational senior finance team with budget holder and via CPOG. – HT/SL/CM/CS</p> <p>Action 7) Submit business case proposals for replacement capital schemes to NHSE asap as required - organisational senior finance team review/CPOG review monthly. – ASz</p>
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<p>Current Performance – Highlights</p>
<p>Updates as of 31st December 2024</p> <p>Revenue: At Month 8 the System reported an unmitigated risk against SaTH of £24.3m, RJAH/SCHT and the ICB reported fully mitigated risk. SCHAT and the ICB have identified mitigations to partially offset the unmitigated risk at SaTH. SaTH continue to deploy their Task Force and Financial Recovery Group, supported by the System Investigation and Intervention Partner, to continue to identify and deliver mitigations in year.</p> <p>Capital: All organisations reviewed most likely capital forecasts in line with planned spend as at Month 8 forecast outturn, all providers and the ICB are expected to deliver in line with the agreed capital plan. IFRS16 operating leases overall across the system exceed the level of system IFRS16 uplift allocation by £2.1m (original plan was £3.2m above available allocation), STW and NHSE are reviewing potential options for the remaining IFRS16 overspend pending the outcome of the national review of the Month 8 forecast. As reported alongside the Month 8 returns, SaTH have requested a reprofiling of the HTP capital budget, if this is not agreed the system will end the year with a significant capital underspend.</p>

<p>Associated Risks on the System Strategic Operational Risk Register</p>	
<p>Risk no.</p>	<p>Description</p>
<p>System Risk 7 System Risk 20 System Risk 24</p>	<p>Financial Sustainability Financial Plan 24/25 – Revenue and Capital Risk to System ERF Income delivery.</p>

<p>Relevant risks on system partners risk registers</p>	
<p>Description</p>	
<p>SaTH BAF 5 - The Trust does not operate within its available resources (as per Board papers - November 2024 - 4 Consequence and 4 Likelihood = 16)</p>	

RJAH BAF 3 - Delivering the financial plan (as per Board Papers - September 2024 (latest) - 5 Consequence and 4 Likelihood = 20)

Shropcom BAF 8.1 – Costs exceed plan (as per Board papers December 2024 - 4 x 3 = 12)

MPFT BAF IB01 – Financial sustainability (as per board papers November 2024 - 4 x 5 = 20)

Telford & Wrekin Council – Corporate Risk Register R2 - Inability to:

- Match available resources (both financial, people and assets) with statutory obligations, agreed priorities and service standards
- deliver financial strategy including capital receipts, savings, and commercial income
- fund organisational and cultural development in the Council within the constraints of the public sector economy

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.
- Sustainable budget

Strategic Aim: Objective 1 Reducing Health Inequalities			Risk score 20 Extreme Likely 4 x Catastrophic 5
<p>Strategic Risk No.3 Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. There is a risk that with competing priorities in a challenged system, insufficient focus is given to targeted interventions for populations identified as experiencing the greatest levels of inequality i.e. CORE20+ populations</p>			
<i>If we do not ensure sufficient priority and allocation of resources across all system partners to develop capacity and capabilities to identify and target interventions to reduce inequalities</i>	<i>Then we collectively will not be addressing known and emerging avoidable differences in access, experience and outcomes as per section 14Z35 of the NHS Act 2006.</i>	<i>Resulting in poorer outcomes which will disproportionately impact our Core20+populations. Additionally, it will result in poorer outcomes for all our population due to avoidable additional financial costs and increased demand pressures across the system</i>	

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

Risk Lead	ICB Chief Strategy Officer	Assurance committee	ICB Quality and Performance Committee
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System Controls	Assurances reported to ICB Board and committees
<p>Strategies and Plans</p> <ul style="list-style-type: none"> 5 Year Forward Plan System Development Plan Integrated Care Strategy System Healthcare Inequalities Operational Plan HWBB Strategies Place based Committee Strategies Clinical Condition Strategies System Digital Strategy 	<p>First Line of Assurance</p> <ul style="list-style-type: none"> ICB Health Inequalities Team review of commissioning projects and business case proposals impact on Core20+5 via Commissioning Working Group ICB Health Inequalities Team oversight of system performance of related objectives in system plans <p>Second Line of Assurance</p>

<ul style="list-style-type: none"> • Individual Partner Health Inequality and EDI Strategies • ICB Inclusion and Health Inequality Strategy • Strategic Decision-Making framework <p>Partnerships and Services</p> <ul style="list-style-type: none"> • CEO Group • Urgent and Emergency Care Delivery Group • Planned Care Delivery Group • Finance Advisory Board • ShIPP • TWIPP • Mental Health Delivery Board • Emergency Preparedness Resilience and Response Framework • System People Board • Local Maternity and Neonatal System • Primary Care Networks • System Quality Group • ICS Digital Delivery Group <p>Governance & Engagement Structures</p> <ul style="list-style-type: none"> • Integrated Care System CEO Group • ICB Board • ICB Strategy Committee • ICB Quality and Performance Committee • ICB Strategy Committee • ICB Prevention and Health Inequalities Group • ICB Service Review Group • Equality and Inclusion Committee 	<ul style="list-style-type: none"> • Monthly reporting of the ICB Prevention and Health Inequalities Group to the Strategic Commissioning Committee. • Cancer and Planned Care Report to ICB Quality and Performance Committee • Urgent and Emergency Care Report to ICB Quality and Performance Committee • Integrated Performance Report to ICB Quality and Performance Committee • Learning Disability and Autism Assurance Report to ICB Quality and Performance Committee • Performance Report to ICB Quality and Performance Committee • Annual Operating Plans to Finance Committee • Local Maternity and Neonatal System Report to ICB Quality and Performance Committee • Primary Care Quality reporting to Quality and Performance Committee • Integrated Provider Report to ICB Quality and Performance Committee • Quarterly reporting to Board via Strategic Commissioning Committee <p>Third Line of Assurance</p> <ul style="list-style-type: none"> • National System Oversight Framework • NHSE Quarterly System Review Returns • Core 20 +5 reporting to regional NHSE • In person/ onsite Regional NHSE review meetings
<p>Gaps in Controls and Assurances</p>	<p>Actions and mitigations to address control / assurance gaps</p>
<ol style="list-style-type: none"> 1. Independent assessment (NHSE, CQC) 2. Development of advice, guidance and training resources for ICB and subcommittees to ensure ongoing prioritisation alongside financial and performance risks. 3. Quantitative Health Inequalities Metric Reporting to demonstrate reduction across healthcare inequalities contributing to gap in Life and Health Life Expectancy 	<ol style="list-style-type: none"> 1. Complete self-assessment against NHSE/CQC regulatory framework - CQC - timeframe yet to be published nationally. 2. Complete self-assessment using Confederation Board Assessment Framework built on the Care Quality Commission's (CQC) well led domain eight key lines of enquiry measures (KLOEs) and the five national priorities for tackling health inequalities Develop and implement action plan to increase board and subcommittee maturity to increase assurance of actions to address health inequalities. 3. Complete User Testing of PHM /health inequalities dashboard Incorporate metric reporting into performance dashboard to Quality and Performance Committee.

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.
- ICB Management of change has established substantive staff for health inequalities.
- 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.
- 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 competing pressures whilst maintaining/enhancing focus on health inequalities.
- Implementation of strategic decision-making framework including prioritisation of impact of decisions on reducing health inequalities
- Agreement of reporting requirements for Schedule 2N in contracts
- Health Inequalities dashboard developed by ICB BI and PHM analysts entered User Assessment Testing Phase

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
<p>RJAH – BAF 3 - Failure to effectively promote equality, diversity, and inclusion</p> <p>MPFT – BAF B4 - The Trust is committed to embedding equality and inclusion in everything we do</p> <p>Shropshire Council – Corporate Risk Register:</p> <p>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.</p> <p>b) 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)</p>



1
2
3
4
5
17

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.			
<i>If</i> we were unable to provide the workforce to deliver clinical and non-clinical services due to inability to recruit, retain and keep our workforce well	<i>Then</i> we will not develop our inclusive culture and effectively deploy a workforce with the necessary skills and expertise that meet service requirements	<i>Resulting</i> 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
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System Controls	Assurances reported to ICB Board and committees
<p>Strategies and Plans</p> <ul style="list-style-type: none"> One People Plan Recommendations and Insights Report workforce information dashboards to consider workforce information (sickness, turnover, vacancies, staff in post, Agency and bank usage etc) 5-year Joint forward Plan <p>Partnerships and Services</p> <ul style="list-style-type: none"> People related workstreams being led by the ICS People Team <p>Governance & Engagement Structures</p> <ul style="list-style-type: none"> System People Committee provides oversight of the development of our system people strategy and annual programmes and strategic direction of travel System People Committee oversight of Annual operational workforce planning process to set direction of travel for next 12 months 	<p>First Line of Assurance</p> <ul style="list-style-type: none"> Workforce information dashboards outputs <p>Second Line of Assurance</p> <ul style="list-style-type: none"> 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
<p>Gaps in controls:</p> <ol style="list-style-type: none"> The System People Strategy and priorities are not agreed by system CEOs. The System People Collaborative approach, including HRD SROs and refreshed operational delivery and oversight processes/meetings, is not agreed by system CEOs. An appropriate and resourced structure – within the system People Team and through provider partner employers – is not agreed by system CEOs. The system People Committee is not meeting regularly, and its authority and remit requires a refresh – this gap is now completed and closed. 	<ol style="list-style-type: none"> Finalise our ICS People Strategy and priorities by September 2023 – completed A refreshed People strategy is required as part of NHS Oversight Exit criteria for 24/25. There is leadership and a delivery plan to meet this KPI GGI Making Meetings matter review includes System People Committee – due to report in September 2023 –completed CEO decisions on system people collaborative approach, structures and resources – following discussion papers taken to CEOs meetings and HRD meetings for

<p>5 There is no consistent system oversight of workforce metrics, workforce supply or the delivery of our People Strategy, or progress on the delivery of the 10 people outcomes – this gap is now completed and closed.</p> <p>Gaps in assurances: 2) Regular minutes from the System People Committee – this gap is now closed</p>	<p>consideration. An external review of HR/people function across NHS partners (except MPUFT) is concluded Dec 24 with recommendations presented to CEO's for consideration. Current available people infrastructure continues to deliver the current people strategy within the constraints of resources available.</p> <p>4. Refresh of the System People Committee as the oversight function – in progress from September 24. This continues to be in progress with recent changes in chair and is expected to be completed February 25.</p> <p>5. Refresh of the People Delivery Committee as the operational delivery programme board – completed. There is now a consistent suite of workforce metrics providing oversight across NHS partners across the system. There has been an amalgamation of three workforce related groups into one for strategic leadership, oversight, and accountability</p> <p>2. see (4) above</p>
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<p>Current Performance – Highlights</p>	
<p>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 Committee, Finance improvement committee, Agency workforce group, ICS People Culture and inclusion committee and ICS People collaborative.</p> <p>The workforce assurance group has now merged with the agency workforce reduction group which has Director chair. This aims to bring together workforce planning, monitoring, finance and productivity leads from across the system.</p> <p>Workforce data dashboard has enabled greater visibility of fragile workforce groups against 24/25 plan and there are greater opportunities to undertake targeted actions to attract and train fragile workforce groups.</p> <p>There is an agreed overarching STW ICS people strategy 2023- 2027 signed off at STW Strategy Committee 18th May 2023.</p> <p>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 24.</p> <p>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.</p> <p>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.</p> <p>System Committee was meeting quarterly and from October 24/25 is now meeting monthly and has renewed chairmanship Whilst there has been no robust secretariat support to this Committee 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.</p>	

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
<p>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</p> <p>SaTH BAF 4 - A shortage of workforce capacity and capability leads to deterioration of staff experience, morale, and well-being.</p> <p>RJAH – BAF 1 – Lack of effective engagement with workforce</p> <p>RJAH – BAF 2 - The workforce does not have the required capacity and capability</p> <p>Shropcom – BAF 3.1 – Recruitment challenges</p> <p>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.</p> <p>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.</p> <p>Telford & Wrekin Council – Corporate Risk Register – R3 - Losing skills, knowledge and experience (retention & recruitment) in relation to staffing.</p> <p>Shropshire Council - Corporate Risk Register - Critical skills shortage impacting on Retention, Recruitment & Succession Planning</p>



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

	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
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System Controls	Assurances reported to ICB Board and committees
<p>Strategies and Plans</p> <ul style="list-style-type: none"> • Integrated Care Strategy • Clinical Strategy • Infrastructure and Estates Strategy • Joint Forward Plan • 10 Year Capital Plan • ICS Green Plan • Population Health Roadmap • Joint Strategic Needs Assessments • Local Operational Plan • Big Conversation analysis • ICS Digital Strategy and ICS Digital Portfolio Plan • Health Inequalities Plan – KLOE for Digital Inclusion • NHSE What Good Looks Like/Digital Maturity Assessment • NHSE Digital Capability Framework for Electronic Patient Records • NHSE GP IT Operating Model • NHSE Cyber Assessment Framework <p>Partnerships and Services</p> <ul style="list-style-type: none"> • Population Health Management Board • Telford & Wrekin Integrated Place Partnership (TWIPP) • Shropshire Integrated Place Partnership (ShIPP) • People's Network • Shropshire Digital Inclusion Network • MLCSU Contracted Technology Support Services – GPIT, Corporate IT, Cybersecurity, IG, Procurement, BI/Analytics • ICB Senior Leadership Team • ICB Digital Strategy Group • Commissioning Working Group • ICS Strategic Programme Boards • ICS Climate Change Group 	<p>First Line of Assurance</p> <ul style="list-style-type: none"> • ICB Digital Operations Group reports to ICB Digital Strategy Group and ICB Digital Strategy Group report to ICS Digital Delivery Group • ICB Digital involvement in ICB Senior Leadership Team • Regular ICS partner portfolio updates including programmes, projects and group reports to the ICS Digital Delivery Group • Regular involvement in the Commissioning Working Group • Regular engagement and involvement in community and place-based partnership groups • Regular engagement and involvement with clinical and care professional networks • Routine progress reports from key workstreams • Regular Population Health Management Workstream Update to the Population Health Board • Regular Inequalities Workstream Update to the Population Board <p>Second Line of Assurance</p> <ul style="list-style-type: none"> • ICB Digital updates to SBAF and SSORR to Audit Committee • IG updates on DSPT and Cybersecurity to Audit Committee • ICS Digital Delivery Group report to Strategic Commissioning Committee • Population Health Report to Integrated Delivery Committee • Regular engagement via regional and sub-regional digital transformation and related national programme groups/networks

<ul style="list-style-type: none"> ICS Digital Delivery Group ICB Operating Model System Digital Governance Model (Recommended, not in place) <p>Governance & Engagement Structures</p> <ul style="list-style-type: none"> Audit Committee (Cybersecurity, ICB IT) Strategic Commissioning Committee Integrated Care Board NHS Midlands Digital Transformation NHSE Programme Networks 	<p>Third Line of Assurance</p> <ul style="list-style-type: none"> Audit Committee on Cybersecurity and ICB IT to the Board Strategic Commissioning Committee report on ICS Digital to the Board
<p>Gaps in Controls and Assurances</p>	<p>Actions and mitigations to address control / assurance gaps</p>
<p>Gaps in controls:</p> <ol style="list-style-type: none"> ICB and ICS Executive roles - remit, authority/span of Data, Digital and Technology (DDAT) decision-making 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 Single view of digital/technology spend within the ICB and across the system - BAF Risk 2 Insufficient ICS partner reporting into Digital Portfolio Insufficient resources to support delivery of the Digital Portfolio Unclear commitment to implement a Digital Inclusion framework Aligned ICS Digital Procurement Framework and Plan Unclear timeline for an information, data, analytics and intelligence strategy across ICP Independent assessment (NHSE, CQC) Lack of system policy on use of AI technologies and embedded solutions <p>Gaps in Assurances:</p> <ol style="list-style-type: none"> System data, digital and technology governance with aligned system digital operating model, evolving from ICB management of change programme 	<ol style="list-style-type: none"> Confirm approach and timeline to develop an information and data strategy across ICP Clarify and agree the ICB and ICS Executive digital roles Commit to a board development programme for data and digital Update the Integrated Impact Assessment to include digital inclusion and digital sustainability 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 Commit to specific funding principles for digital operations financial sustainability and digital inclusion services 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 Involve ICB Digital in Infrastructure and Estates programme design Involve Digital in the design of the Provider Collaborative Commit resources to a system digital operating model for controls that address assurance gaps

<p>Current Performance – Highlights</p>
<ul style="list-style-type: none"> ICS Digital Strategy approved by the Board March 2024 as a culture lever to enable change Delivered a restructured ICS Digital Portfolio to surface known priorities and show relationships amongst initiatives and programmes to inform gap analysis Met deadlines for system submission for NHSE What Good Looks like Digital Maturity Assessment for the ICS including Primary Care 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. 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.

- Raised awareness of key opportunities and challenges for ICB and ICS Digital through ICB prioritisation and strategic commissioning workshops.
- 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.
- ICB Head of Digital commenced in post which completes full recruitment to the digital structure
- Has undertaken stocktake of digital workstreams and achievements and identified challenges and opportunities, based on ICS Digital Strategy (approved March 2024)
- Annual work plan for 25/26 under construction based on the 7 strategic areas of focus in the Strategy

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

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

	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)
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System Controls	Assurances reported to ICB Board and committees
<p>Strategies and Plans</p> <ul style="list-style-type: none"> • Integrated Care Strategy • Joint Forward Plan • Health and Wellbeing Strategies • Local Authority Strategies • Civil Contingencies Act 2004 (CCA), NHS Act 2006, Health and Care Act 2022, NHS Standard Contract. • NHS EPRR Framework • NHS England Incident Response Plan • Local Authorities EPRR Response Plans and Business Continuity Management Plans. • ICB EPRR Policy, Incident Response Plan, Business Continuity Management Plans (Corporate & Directorate), EPRR Communications Plan • ICB On-Call Policy • STW Health Protection Strategy • ICS Green Plan • Individual NHS organisations EPRR Policies, Incident Response Plans, and Business Continuity Management Plans. • Individual NHS organisations Green Plans • ICB Risk Management Policy • NHS Shropshire, Telford and Wrekin ICS West Mercia Local Resilience Forum Representation Agreement • ICB EPRR Training and Exercise Programme (includes systemwide exercising) • West Mercia Local Resilience Forum (LRF) response and recovery plans. • Winter Plan 24/25 <p>Partnerships and Services</p> <ul style="list-style-type: none"> • Integrated Care Partnership • West Mercia Local Resilience Forum (LRF) 	<p>First Line of Assurance</p> <ul style="list-style-type: none"> • Audit Committee • UEC Board/STG <p>Second Line of Assurance</p> <ul style="list-style-type: none"> • ICB EPRR Programme Group. • NHSE Annual Assurance Process of NHS Core Standards for EPRR. • NHSE Quarterly Green meetings. • Board – Winter pressures • NHSE – Winter pressures

<ul style="list-style-type: none"> West Mercia Local Health Resilience Partnership (LHRP) West Mercia Health Emergency Preparedness Operational Group (HEPOG) STW Health Protection Quality Assurance Board ICS IPC & AMR Group Population Health Board Shropshire Integrated Place Partnership (ShIPP) Telford and Wrekin Integrated Place Partnership (TWIPP) Primary Care Networks ICS Climate Change Group <p>Governance & Engagement Structures</p> <ul style="list-style-type: none"> 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) UEC Board 	
Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps
<ol style="list-style-type: none"> Limited ICB and individual NHS organisations EPRR resource. No existing system level EPRR frameworks, policies, plans for organisations to align own policies and plans to enhance a coordinated response. Lack of documented Standard Operating Procedures for the System Coordination Centre (SCC) Low level of compliance with NHS Core Standards for EPRR. Recent combining of STW LHRP & HEPOG and Herefordshire & Worcestershire LHRP & HEPOG to form the West Mercia LHRP and HEPOG. 	<ol style="list-style-type: none"> ICB EPRR work programme has actions to produce system level EPRR policies, frameworks and plans for organisations to align own policies and plans. Individual NHS organisations EPRR work programmes. LHRP work programme ICB EPRR lead meets with provider EPRR leads monthly. 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. 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. Systemwide exercise schedule Completion of NHS Core Standards for EPRR. Complete self-assessment against NHSE/CQC regulatory framework

Current Performance – Highlights
<ul style="list-style-type: none"> 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. 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
- 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.
 - Reporting on Winter Pressures to Board in its meeting in January 2025

Associated Risks on the System Strategic Operational Risk Register	
Risk no.	Description
Risk 8 System SORR	EPRR
Risk 3 System SORR	Delays in UEC

Relevant risks on system partners risk registers
<p>Description</p> <p>NHS STW ICB – SORR 24 – EPRR.</p> <p>ShropCom – BAF 4.1 External pressures impact on capacity (wider system escalation or rising pandemic levels)</p> <p>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.</p> <p>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.</p> <p>Telford & Wrekin Council – Corporate Risk Register R8 - Inability to respond to impact of climate emergency on severe weather events including heat, cold and flood.</p> <p>Shropshire Council – Corporate Risk Register:</p> <ol style="list-style-type: none"> Responding and Adapting to Climate Change Delivery of the Economic Growth Strategy Sustainable Budget <p>The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust – BAF 7 – <i>if the Trust does not have adequate plans in place to respond to a significant disruptive event beyond the control of the Trust, such as a pandemic, or cyber-attack, then it will be unable to provide an adequate response to the immediate need and/or maintain other key services due to unavailability of the required resources/staff, resulting in potential patient harm, increased waiting times etc.</i></p>



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

	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
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System Controls	Assurances reported to ICB Board and committees
Strategies and Plans <ul style="list-style-type: none"> Integrated Care Strategy 5-year Joint Forward Plan Health and Wellbeing Strategies Partnerships and Services <ul style="list-style-type: none"> TWIPP ShIPP Provider Collaboratives ICS Chief Executives Group Networks Governance & Engagement Structures <ul style="list-style-type: none"> Integrated Care Partnership and Integrated Care Board and associated committees ICB – agreed values and behaviours Health and Wellbeing Boards 	First Line of Assurance <ul style="list-style-type: none"> Joint Strategic Needs Assessments Workforce mapping Second Line of Assurance <ul style="list-style-type: none"> Population Health Board report to ICB Integrated Delivery Committee Third line of Assurance <ul style="list-style-type: none"> Health and Wellbeing Boards
Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps
Gaps in Controls: <ol style="list-style-type: none"> Strategic partnership focus on broader social and economic development of the area has been limited to date. Gaps in Assurances: <ol style="list-style-type: none"> No clear committee that has this oversight in its remit. 	<ol style="list-style-type: none"> Population health management approach needs to be adopted. GGI review of meetings and governance structure – phase 1 October 2023

Current Performance – Highlights
<ul style="list-style-type: none"> 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 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.

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- ICB working to support major Local Authority-led initiative – Marches Forward Partnership (Shropshire, Powys, Monmouthshire, and Hereford & Worcester). Range of workstreams including 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: a) Delivery of the Economic Growth Strategy 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		
<i>If</i> the ICB fails to meet its statutory duty to involve patients, the public, marginalised groups and to consider the 9 protected characteristics in planning and commissioning arrangements, and in the development of proposals to change or cease existing services	<i>Then</i> services will not be tailored to local people's health and care needs	<i>Resulting</i> in potential judicial review, discrimination, not meeting the population's health needs, increasing health inequalities 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
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System Controls	Assurances reported to ICB Board and committees
<p>Strategies and Plans</p> <ul style="list-style-type: none"> Integrated Care Strategy 5 Year Forward Plan Big Health and Wellbeing conversation communications and engagement plan socialised and approved by Board Communications and Engagement Strategy for STW ICB approved by the Board – outlines how we will involve, engage and consult including focussing on health inequality groups and the Equality Act 2010 - 9 protected characteristic groups as part of any activity. The Gunning Principles <p>Partnerships and Services</p> <ul style="list-style-type: none"> Presence of Healthwatch for both areas at Board meetings and Quality and Performance Committee System Involvement and Engagement Network established which assesses engagement and adherence to the Equality Act 2010 requirements. Communications and Engagement teams working jointly across ICB, ICS and Providers providing more capacity and expertise in planning and delivery Board meetings are held in public and board papers published to the ICB website to increase transparency. 	<p>First Line of Assurance</p> <ul style="list-style-type: none"> Reporting on Engagement as part of wider reporting and decision making at SCC and Q&P Committee on commissioning decisions <p>Second Line of Assurance</p> <ul style="list-style-type: none"> Reporting to Equality and Involvement Sub-Committee. EIC receives comms and engagement plans from commissioners and Integrated Impact Assessments (IIA), Chair provides reports to SCC EIC also have a role in scoring Equality Delivery System 2 self-assessment for domain 1 - commissioned services. <p>Third Line Assurance</p> <ul style="list-style-type: none"> Health and Overview Scrutiny Committees (HOSC) NHSE review of ICB Annual Report which must include content on patient and public engagement over the period of reporting. NHSE Annual ICB assessment includes component on statutory responsibility to engage with the local population and partners.

<ul style="list-style-type: none"> In house ICB Comms and Engagement team supplements capacity of partner organisations System-wide Integrated Impact Assessment (IIA) tool developed to streamline the way we identify the impact of change on equality groups (9 protected characteristics) which are then presented to the ICB's Equality and Involvement Sub-committee for scrutiny. <p>Governance & Engagement Structures</p> <ul style="list-style-type: none"> Integrated Care Partnership and Integrated Care Board and associated committees Reports to Governing bodies/Committees require section completing on patient involvement Equality and Involvement Sub-Committee as part of ICB Governance Non-Executive Director for Inequalities in place on Board to act as specific check and balance with regard to patient involvement 	
Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps
<p>Gaps in Controls:</p> <ol style="list-style-type: none"> Limited engagement capacity within the ICB comms and engagement team Development of advice, guidance and training resources for commissioners, partner organisations <p>Gaps in Assurances:</p> <p>None</p>	<p>1a) CSU comms and engagement capacity is used when required.</p> <p>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.</p> <p>1c) Need for ICB C&E team to focus on ICB prioritised areas of work (currently being undertaken by SLT and planning team)</p> <p>2) ICB C&E team to develop guidance on statutory consultation and non-statutory engagement and on managing media enquiries</p>

Current Performance – Highlights
<ul style="list-style-type: none"> Currently planning use of CSU resources for remainder of 24/25 - Quarter 4 Additional recruitment to the People's Forum has started, particularly focussing on groups that are under-represented – currently we have low numbers of young people and men. - end of Quarter 3/ start quarter 4 Work on support resources to new commissioning teams and partners delayed due to need for ICB to prioritise commissioning objectives via Senior Leadership team – early quarter 4 ICB Communications and Engagement Team have started to collate existing guidance resources and information and identifying gaps to then develop new resources to communicate out to Senior Leadership team and ICB generally via staff huddle. Quarter 4

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



- 1 Improve outcomes in population health and healthcare
- 2 Tackle inequalities in outcomes, experience and access
- 3 Enhance productivity and value for money
- 4 Help the NHS support broader social and economic development

Risks scoring 15+

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Risk ID	sr gaS epP l t t ouce r	Opened / added by	Risk and description	Opportunity	Existing key controls	Existing sources of assurance	Gaps in controls or assurances	Risk score (consequences x likelihood)	Risk score trend	Action plan / cost / action lead / (target date) / sufficient mitigation	Target risk score for end of financial year	Director or Risk Owner	Risk Owner	Committee/ICB oversight	Last Review name and date	Amendments: name and date	Rationale for amendments/increasing or decreasing risk levels
1	1, 2, 3	Angela Szabo, Director of Finance	Financial Sustainability Failure to deliver long term system financial sustainability and exit NOF4 arrangements	Opportunity to create a financially sustainable system	Strategies and Plans - System Financial Strategy, incorporating: Healthcare Financial Management Association (HFMA) Financial sustainability checklist, Triple Aim framework through the Strategic Decision Making Framework, Capital Prioritisation Framework, Financial Revenue Plan, Financial Capital Plan, Joint 5 year forward plan, Financial Recovery Plan inclusive of the Financial Improvement Programme and Efficiency, Productivity and Strategic Transformation Plans, ICS Infrastructure Estates Strategy, General Practice Estate Strategy / Programme, Partnerships and Services - SHIPP, TWIPP, ICS Digital Delivery Group, Strategic Estates Group Board, People Board, Strategic Transformation Group supported by delivery boards for all major programmes e.g. Planned Care Board, UEC Delivery Board, Governance & Engagement Structures - Finance Committee, Commissioning Working Group, Strategic Commissioning Committee, Audit Committee, Provider Collaborative Committees in Common.	First Line - Monitoring delivery of System Financial Strategy and Financial Plan by System Finance Group and System Finance, Planning and Performance Group GFO group, Standing Orders, Standing Financial Instructions and Delegated Financial Limits, Financial Accounting Performance Metrics, HFMA Financial Sustainability Checklist, NHSE Grip and Control Checklist, Better Payment Practice Code, Productivity review informed by: Getting it Right First Time (GIRFT), Model Health System, ICS Patient Level Information and Costing Systems (PLICE) dashboard, Health Expenditure Benchmarking tool (HEB), Second Line - Finance Report to Finance Committee, Integrated Performance Report to the Board, Third Line - Monthly Integrated (Care System) Finance Return and Provider Finance Returns reporting to NHSE, Quarterly NHSE Financial Stocktake, NHSE Annual planning process (and	Gaps in assurances: Long term financial plan and system financial strategy now out of date System transformational projects ('big ticket items') in place but at varying stages of maturity. Existing transformation plans do not fully address the target savings position. Lack of overarching system financial strategy Gaps in assurances: None	Almost Certain 5 x Major 4 = Extreme 20	↓	Action 1) Refresh and agree with System partners the System financial strategy by Mar 25 aligned to the SIIP delivery action timescale - ASz. Action 2) System partners will agree the detail of the three to five-year strategic transformation plans (quality and inequality impact assessments will be carried out on the impact of equality of population health outcomes and health inequalities as a result of any transformation plans) - to be reported through Financial Improvement Programme Board, known as 'the Recovery Plan' by Mar 25 aligned to the SIIP delivery action timescale - IB. Action 3) Refresh the medium and long-term financial plan for latest financial projections and HTP by Mar 25. (Including developing the 25/26 operational plan inclusive of efficiency plans (quality and inequality impact assessments will be carried out to confirm the impact to equality of population health outcomes and on health inequalities as a result of any efficiency plans). [Links to SBAF entry 2b] - ASz.	Possible 3 x Major 4 = High 12	Claire Skidmore	Angela Szabo	Finance Committee	27/12/2024 Angela Szabo	27/10/23 Laura Clare 17/01/2024 Laura Clare 22/04/2024 Angela Szabo 23/07/2024 Angela Szabo 21/10/2024 Angela Szabo 20/11/2024 Angela Szabo - No Change 27/12/2024 Angela Szabo	Alignment of risk scores across the system, system integrated improvement plan in place. No change to risk score and risk score trend changed to same 20/11/24 - Angela Szabo
13	3	A Smith	NHS STW Digital Programme - Primary Care and Corporate If STW do not implement the required digital work programme/actions due to lack of capacity then this may lead to increased cyber security risk, particular cyber around delays in implementation of domains in primary care resulting in illegal release of patient information, diminishing trust in the local NHS and ICO fine.	Opportunity to work collaboratively across the system with an integrated digital strategy	Annual ICB Digital Strategy in place Annual workplan for corporate and primary care IT capacity Regular reviews of risk and re prioritising capacity and budgets ICB Digital Strategy Group used for sharing prioritisation proposals Short term Senior Digital Lead in place until June 2024 to provide leadership.	Weekly digital operational group and monthly digital strategy group in place Links into system digital meetings and audit committee. Cyber training for all staff now in place.	Gaps in assurances: 1) ICB IT/digital strategy and work programme in place but delivery of deadlines at risk 2) very limited internal ICB IT resource currently being supplemented by short term digital leadership by using non recurrent funding which ends at teh end of September 2023 3) Unclear reporting lines from DSG Gaps in Controls: None	Possible 3 x Major 4 = 16 High	↔	1 and 2) Continue to have project capacity via non recurrent funding for 2023/24 to provide operational support to projects. 3) Clarify reporting lines to the Executive group.	Unlikely 2 x Major 4 = 8 Moderate	Loma Clarkson CMO	David Maruta	SLT	08/01/2025 David Maruta	Alison Smith 11/03/24 David Maruta 08/01/2025	RECOMMEND RISK IS TAKEN OFF THE ICB SORR. The risk is about STW's inability to implement the digital programme for Primary Care and ICB due to lack of resources. Seconded posts were secured and the Head of Digital post filled. As things stand, the programme of works has been in progress since, with implementations remaining on track.
24	1, 2, 3	Stuart Allen, Senior EPRR Lead	Emergency Preparedness, Resilience and Response (EPRR) If the ICB does not have plans in place to respond to emergencies, incidents, or disruptive events (e.g. adverse weather, cyber-attack, utilities failure, transport accidents, malicious attacks, industrial action, etc) impacting on the ICB and/or local healthcare system, the ICB will not meet its statutory obligations and therefore fail in the duties placed on the organisation under the Civil Contingencies Act 2004 (CCA), NHS EPRR Framework, NHS Act 2006, Health and Care Act 2022, and the NHS Standard Contract.	Opportunity to work collaboratively across the STW ICS and the West Mercia LHRP footprint in our approach to Emergency Preparedness, Resilience and Response (EPRR), and with West Mercia Local Resilience Forum (LRF) partners.	*ICB EPRR Programme Group (with oversight of EPRR related risk register). *ICB EPRR work programme. *ICB EPRR Training and Exercise Programme. *Reporting to ICB Audit Committee and Board. *Civil Contingencies Act 2004 (CCA), National NHS EPRR Framework, NHS Act 2006, Health and Care Act 2022, and the NHS Standard Contract. *West Mercia Local Health Resilience Partnership (LHRP) with oversight of EPRR and health related risk register. *West Mercia Health Emergency Preparedness Operational Group (HEPOG) reporting to LHRP. *LHRP and HEPOG work programme. *Risks and risk registers linked to National Risk Register (NRR) and LRF Community Risk Register (CRR).	*Review of risk registers as a standing agenda item at every meeting for ICB EPRR Programme Group, LHRP, HEPOG. *Annual assurance of NHS Core Standards for EPRR. *Regular review of progress of work programmes at every meeting for ICB EPRR Programme Group, LHRP, HEPOG. *The ICB does not currently have a permanently employed EPRR Practitioner in post; role is currently provided by an Interim on a fixed term contract to end September 2024. *ICB exercising schedule. *Systemwide exercising schedule. *ICB holds monthly meetings with EPRR leads for each organisation.	Gaps in controls: *Very limited ICB EPRR resource. *Lack of documented Standard Operating Procedures (SOPs) for the System Coordination Centre (SCC). Gaps in assurance: *Rated non-compliant with NHS Core Standards for EPRR. *Recent combining of STW LHRP & HEPOG and Herefordshire & Worcestershire LHRP & HEPOG to form the West Mercia LHRP and HEPOG. *The ICB does not currently have a permanently employed EPRR Practitioner in post; role is currently provided by an Interim on a fixed term contract to end September 2024.	Consequence: 4 (Major) x Likelihood: 5 (Almost Certain) = 20 EXTREME RISK	↓	1. Continue with newly established ICB EPRR Programme Group to provide strategic level oversight of EPRR function and compliance with NHS Core Standards for EPRR. 2. Recently reviewed and updated key EPRR policy and plans; consulted with NHSE, Providers, and reviewed as part of annual assurance of NHS Core Standards for EPRR. 3. ICB EPRR work programme has actions to further develop existing policy and plans and introduce new documentation to improve compliance with NHS Core Standards for EPRR. 4. ICB EPRR work programme has actions to produce system level EPRR policies, frameworks and plans for organisations to align own policies and plans. 5. ICB to continue with monthly meetings with EPRR leads for each organisation. 6. STW ICB EPRR lead to work closely with H&W ICB lead to drive the LHRP and HEPOG work programme ensuring links to system/locality risks, issues, and challenges. 7. Continue with ICB and systemwide exercising schedule. 8. Accountable Emergency Officer (AEO) to review EPRR resourcing to ensure it is adequate for the size, type, and services of the ICB and duties placed on the organisation under the CCA, NHS EPRR Framework, NHS Act 2006, Health and Care Act 2022, and the NHS Standard Contract. 9. Accountable Emergency Officer (AEO) to undertake recruitment campaign for a permanent EPRR Practitioner; and extend current Interim to cover recruitment and onboarding/handover period.	Consequence: 3 (Moderate) x Likelihood: 3 (Possible) = 9 MODERATE RISK	Ian Bett, Interim Executive Director - Director of Delivery and Transformation / Accountability Emergency Officer (AEO) (NHS STW ICB)	Ian Bett, Interim Executive Director - Director of Delivery and Transformation / Accountability Emergency Officer (AEO) (NHS STW ICB)	ICB EPRR Programme Group - Audit Committee - Board.	07/01/2025 - Gareth Wright, Head of Clinical Ops / EPRR	13/09/2024 - Stuart Allen, Senior EPRR Lead (NHS STW ICB) (Approved by Ian Bett 17/09/2024).	
27 NEW	1,2,3	#REF!	Risk to System ERF Income. Data Warehousing Data Reporting, Data Quality Issue - Elective data reported below planned levels due to Data Quality issues.	Opportunity to create a financially sustainable system	Monthly Contract Review Meetings Weekly SaTH/ICB operational meetings Monthly data reporting meeting	Fortnightly System Delivery Meetings Monthly Finance Committee Meetings	Gaps in controls: None Gaps in assurances: None	Almost Certain 5 x Major 4 = Extreme 20	↔	Action 1) Investigation into the cause of the Data Warehouse failure - completed by SaTH August 2024. Action 2) Options appraisal into replacement options for the Data Warehouse - completed by SaTH September 2024. Action 3) Project Plan put in place with detailed actions to restore the Data Warehouse and Data reporting for 2025/26 - Completed by SaTH with some resource support from NHSE September/October 2024. Action 4) Ongoing informal and formal reporting of progress against the Data Warehouse replacement project - September 24-June 25 - SaTH/ICB. Action 5) SaTH to update the data impact assessments to include the current 2024/25 impact assessments and confirmation that the new 2025/26 data warehouse reporting solution data impact assessments in specific relation to health inequalities requirements to ensure Equality Diversity and Inclusion - in specific relation to performance reporting by patient ethnicity and the indices of multiple deprivation (IMD), data reporting to mitigate against digital exclusion by mode, age, ethnicity, disability status, condition and IMD quintile, ensuring datasets are complete and timely and improving data collection on ethnicity across A&E, outpatients and other acute services including specialised commissioning. In Progress Jan 25. Action 6) ICB/SaTH formally requested a National Payment Variation from NHSE in October 2024. Update as at December 2024: National payment variation approved in principle by NHSE on 20/11, awaiting formal written confirmation before risk rating is reduced.	Possible 3 x Major 4 = High 12	Claire Skidmore	Angela Szabo	Finance Committee	27/12/2024 Angela Szabo	20/11/2024 Angela Szabo 27/12/2024 Angela Szabo	Alignment to RSP/Finance Risk Reporting Separate New Risk added 27/12/24 - Risk score maintained until formal payment variation letter is received from NHSE. Angela Szabo
28 NEW	1,2,3	Gemma Smith	Provider Accreditation - Independent Sector. There are existing national statutory duties around Patient Choice set down by the DoHSC, with a growing emphasis on patient choice, empowering patients and expanding the range of options available to patients, which all forms part of enabling elective recovery through accessing additional capacity. In parallel there is a growing need for greater provider accreditation and listing of additional providers, which all presents a complex and changing financial and sustainability landscape for the ICB.	Reduction of waiting times, improved choice and access.	At present, the legal guidance in relation to choice provides significant challenge in being able to put controls in place as providers can be accredited should they be able to meet the ICB service specification. Where they are also commissioned and hold an NHS contract via another ICB, they can also accept referrals for consultant led services from any ICB in the country. Legal advice has been sought.	West Midlands discussion in relation to collective management. Escalation of the issue to SLT. Active discussions with NHSE in relation to the parameters of accreditation.	Gaps in controls 1) At present, the ICB does not have service specifications for each of the services that providers are requesting accreditation for. 2) Financial Risk due to additional providers and capacity entering the system which the ICB does not have additional funding for. 3) Changes to ERF and any further changes within the Operational Planning Guidance. 4) No Accreditation policy in place. Gaps in Assurance	Possible 4 x Major 4 = 16 High	↔	1) Service specifications for all elective pathways to be written and signed off by February's CWG. These will be all age and reflect all conditions which are currently commissioned via our acute contracts. This will ensure that high cost, low complexity procedures cannot be cherry picked by the independent sector. 2) Legal advice from Mills and Reeves to be finalised so that the ICB has a clear position in terms of accreditation and the Independent Sector. 3) Accreditation Policy and Process to be drafted and submitted to February's CWG for review and subsequent sign off via SCC. 4) Continue to work with the wider West Midlands ICB's in terms of a wider approach to managing this challenge. 5) Paper to be prepared in terms of the potential options for the ICB to consider in how to manage the risks associated with this challenge.	Possible 3 x Major 4 = High 12	Gemma Smith	Barrie Reis Seymour and Meryl Flaherty	SLT Strategic Commissioning Committee	Gemma Smith 8-1-2025	Gemma Smith 08/01/25	

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RISK MANAGEMENT MATRIX

Consequence	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
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 – 3	Very Low risk
4 – 6	Low risk
8 – 10	Moderate risk
12 – 16	High risk
20 – 25	Extreme risk

Domains	Consequence score (severity levels) and examples of descriptions				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Extreme
Impact on the safety of patients, staff or public (physical/psychological harm).	Minimal injury or illness, requiring no/minimal intervention or treatment. No time off work.	Minor injury or illness, requiring minor intervention. Requiring time off work for >3 days. Increase in length of hospital stay by 1-3 days.	Moderate injury requiring professional intervention. Requiring time off work. Increase in length of hospital stay by 4-15 days. RIDDOR/agency reportable incident. An event which impacts on a small number of patients.	Major injury leading to long-term incapacity/disability. Requiring time off work for >14 days. Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality/complaints/audit	Peripheral element of treatment or service suboptimal. Informal complain/injury.	Overall treatment or service suboptimal. Formal complaint. Local resolution. Single failure to meet standards. Minor implications for patient safety unresolved. Reduced performance rating if unresolved.	Treatment or service has significantly reduced effectiveness. Formal complaint. Local resolution (with potential to go to independent review). Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	Non compliance with national standards with significant risk to patient if unresolved. Multiple complaints/independent review. Low performance rating. Critical report.	totally unacceptable level or quality of treatment/ services. Gross failure of patient safety if findings not acted upon. Inquest/ombudsman inquiry. Gross failure to meet national standards.
Human resources/organisational /development/staffing/ competence	Short term low staffing that temporary reduces services quality (1< day).	Low staffing level that reduces the services quality.	Late delivery of key objectives/service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training.	Uncertain delivery of key objective/service due to lack of staff. Unsafe staffing level or competence (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/key training.	Non-delivery of key objectives/service due to lack to staff. On-going unsafe staffing levels or competence. Loss of several key staff. No staff attending mandatory training /key training on an on-going basis.
Statutory duty/inspections	No or minimal impact or breach or guidance/statutory duty.	Breach of statutory legislation. Reduced performance rating if unresolved.	single breach in statutory duty. Challenging external recommendation/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severity critical report.
Adverse publicity	Rumours. Potential for public concern.	Local media coverage. Short term reduction in public confidence. Elements of public expectation not being met.	Local media coverage - long-term reduction in public confidence.	National media coverage with >3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions raised in the House). Total loss of public confidence.
Business objectives/projects	Insignificant cost increase/schedule slippage	<5 per cent over project budget. Schedule slippage.	5-10 per cent over project budget. Schedule slippage.	Non-compliance with national 10-25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Financial Risk in relation to CCGs	Insignificant cost increase	1-2% over plan/target	2-5% over plan/target	5-10% over plan/target	>10% over plan/target
On assessing impact, consideration will also be given to other key financial objectives including but not limited to cash management and receivables/payables control					
Service/business interruption/environmental impact	Loss/interruption of >1 hour. Minimal or no impact on the environment.	Loss/interruption of >8 hours. Minor impact on environment.	Loss/interruption of >1 day. Moderate impact on environment.	Loss/interruption of >1 week. Major impact on environment.	Permanent loss of service or facility. Catastrophic impact on environment.

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Agenda Item

ICB 29-01.110

Primary Care Delivery and Planning

Appendix 1 – Pharmacy, Optometry and Dental
Board Report

Appendix 2 – STW ICB Dental Services Equity Audit

Pharmacy, Optometry and Dental Board Report

10.0 Appendices

Appendix 1: POD Delegated Responsibilities

POD commissioning roles and responsibilities under delegation

National	Regional	ICS/ICB	Where does this sit
National contract negotiations.	Accountability for overall delivery of services.	From April 23, take on delegated responsibility for commissioning of POD services.	ICB, supported by OWM
Oversight of primary care financial allocations.	Oversight of POD commissioned services, promote transformation, improvement and provide assurance.	Liability for the commissioning and effective delivery of POD services.	ICB
Development of national programmes in support of NHS LTP and other national programmes/initiatives.	Retain regional finance and clinical oversight and capability.	Employment of staff who carry out commissioning functions.	Hosted by BSol ICB for the West Midlands ICBs
Review and update policy guidance.	Assist in development of integrated care models.	Assess needs, plan and arrange services taking consideration of financial obligations and patient choice.	ICB, supported by OWM
Policy, support and governance of decisions, relating to performers list management and responding to performer concerns.	Assist in advancing health inequalities agenda.	Integration of POD commissioning within wider commissioning services at ICB level.	ICB
Management of FOI, PQs, media enquiries in respect of national policy.	Support capability and capacity building in ICB-led commissioning.	Advance personalised care agenda.	ICB
Distribute national pilot funding.	Transformation and improvement support to commissioned services.	Ensure quality and assurance processes are embedded in all activity.	ICB, supported by OWM
		Work across ICBs to drive integration of services and local decision making.	ICB

Appendix 2: Dental access and Equity Audit Feb 2024 – see attached PDF document

Dental Service Equity Audit for Primary Care Dental Services across Shropshire, Telford & Wrekin ICB

Introduction

A Dental Service Equity Audit identifies how fairly 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. Information from the local Dental Advice Line and Healthwatch will provide insights from the public, and current and planned housing developments will help to identify areas with anticipated population growth. This information will support the identification of initial priority areas for those with the poorest oral health, who also have the lowest levels of access to services. This will inform the dental commissioners when prioritising targeted action to improve access to dental services and help reduce inequities in access to dental services across the ICB.

The decision making process in regard to NHS dental service commissioning is undertaken against a backdrop of differential population growth and a growing private dental sector. In addition, the public can access NHS dental care wherever they choose as there is no 'catchment' area for dental practices, unlike for general medical practices. These factors create a very dynamic environment for dental commissioning, and this dental service equity audit should therefore be reviewed and updated regularly to evaluate the impact of commissioning dental services and to identify new priority areas for future commissioning.

Oral Health Profile of Shropshire Telford and Wrekin ICB

The most recent oral health data is that collected during the 2021/2022 National Dental Epidemiology Programme survey of 5 year old children. Data on adult oral health is limited and have not been included in this report.

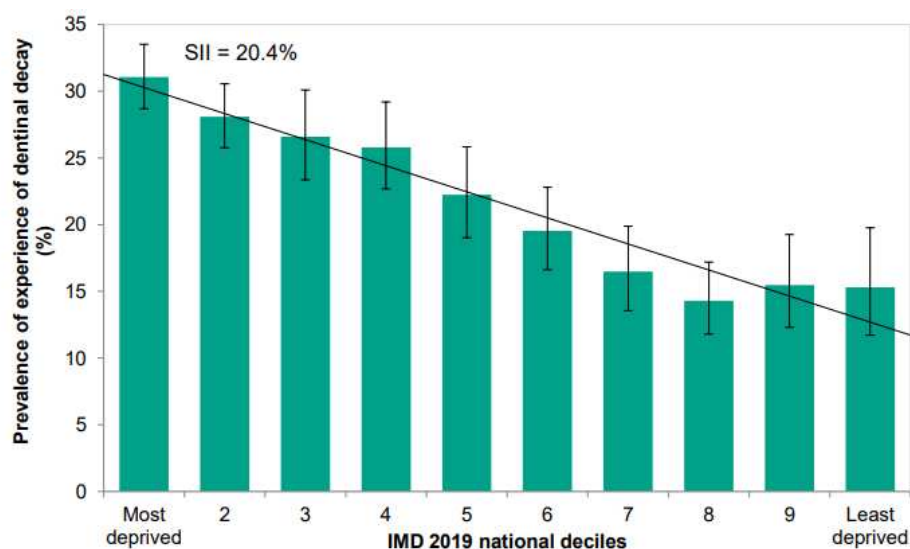
The percentage of children found to have experienced decay into dentine by the age of 5 years was 17% for the ICB (OHID, 2023). This is lower than the average across the West Midlands (23.8%) and England (23.7%) (OHID, 2023).

However, the average of 17% masks variations in dental decay across the area. Graph 1 shows that children living in the most deprived 20% of areas of the country are 2.5 times more likely to have experienced tooth decay (35.1%) than those living in the least deprived 20% of areas (13.5%)..

Each 5 year old child examined who had experienced tooth decay had an average of just over 3 teeth affected by tooth decay. It is likely that this will have caused pain and for some will have resulted in tooth extractions under general anaesthetic. Indeed, during 2022/23, 565 children living in Shropshire, Telford and Wrekin received a general anaesthetic for tooth extractions. [Hospital tooth extractions in 0 to 19 year olds: 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/hospital-tooth-extractions-in-0-to-19-year-olds-2023)

Disparities are also evident in the experience of dental decay by ethnic group, which was significantly higher in the other ethnic group (44.8%) and the Asian or Asian British ethnic group (37.7%).

Figure 1: Slope index of inequality in the prevalence of experience of dental decay in 5 year olds in the West Midlands



Note: error bars represent 95% confidence limits.

[National Dental Epidemiology Programme \(NDEP\) for England: oral health survey of 5 year old children 2022 - GOV.UK](https://www.gov.uk/government/news/national-dental-epidemiology-programme-ndep-for-england-oral-health-survey-of-5-year-old-children-2022)
(www.gov.uk)

Dental decay (caries) data is currently only available at local authority level for Shropshire, Telford and Wrekin. The dental epidemiology team (Shropshire Community NHS Trust) and the local authorities are currently working to improve dental survey consent rates to enable more granular information to be collected in the future.

Water Fluoridation in Shropshire, Telford and Wrekin

All water contains the element fluoride. Fluoridation of water supplies at the level of 1 part fluoride in 1 million parts of water protects teeth from tooth decay and reduces inequalities in dental health.

Around 22 000 people in the south-eastern corner of Shropshire bordering Wolverhampton and Staffordshire benefit from fluoridated water which was introduced in the mid to late 1980s as part of the Worcestershire fluoridation scheme. Communities receiving fluoridated water include Bridgnorth, Eardington, Quatford, Claverley, Badger, Albrighton, Cosford and Boningale. The positive impact of water fluoridation on oral health should be taken into consideration when prioritising areas for investment in dental services.

Figure 2: Extent of water fluoridation in Shropshire



Deprivation in the Shropshire, Telford and Wrekin ICB area

Given the clear association between deprivation and dental caries, the use of the Index of Multiple Deprivation (IMD) aids identification of those communities where the burden of dental decay is likely to be most significant. IMD is a combined measure of deprivation based on a total of 37 separate indicators, grouped into 7 domains.

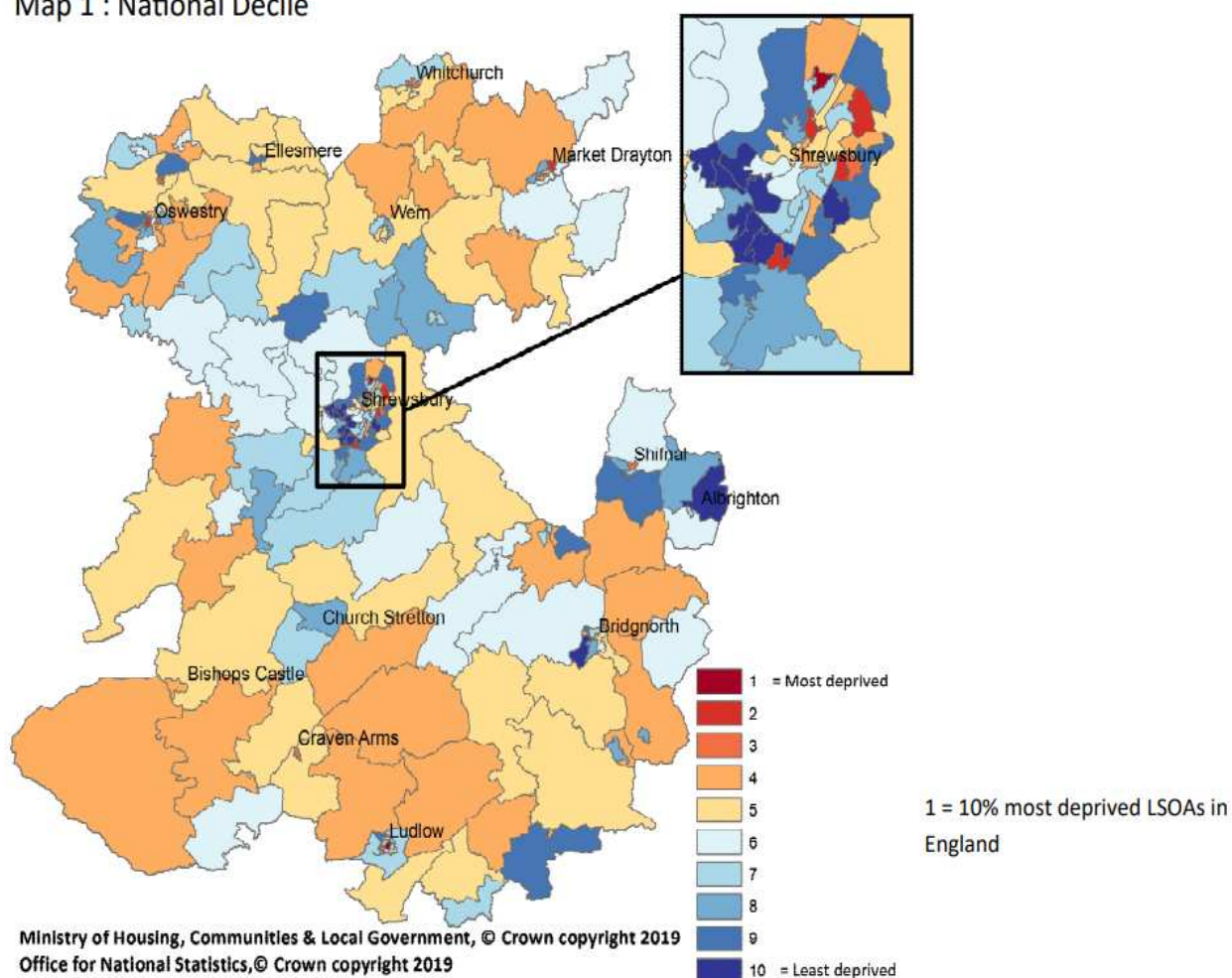
IMD is a measure of relative deprivation for areas called, Lower Super Output Areas (LSOAs) and is used to quantify deprivation. LSOAs are small geographical areas, with an average of approximately 1,500 residents or 650 households which are then grouped into wards (PHE, 2018). IMD indices relatively rank each LSOA area in England from most deprived to least deprived and is split into deciles, with IMD 1 and 2 referring to the most deprived 20% of the population.

This report focuses on IMD 1&2 areas to align with Core20PLUS5, the national approach which targets the most deprived 20% of the population as identified by IMD (NHSE, 2022). This supports the reduction of health inequalities at both national and system level.

Across the ICB, there are 588 LSOAs (324 in Telford and Wrekin and 264 in Shropshire). Of these LSOAs, 41 are IMD 1&2.

Maps 1 & 2 illustrate the IMD deciles of deprivation across Shropshire, and Telford and Wrekin and respectively. Shades of red indicate the most deprived LSOAs.

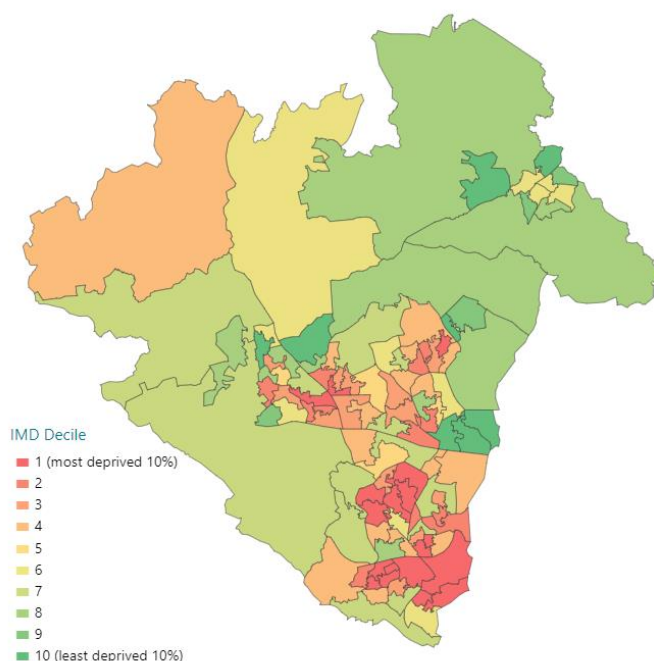
Map 1 : National Decile



Wards which include the 20% most deprived communities in Shropshire are: Castlefields and Ditherington, Harlescott, Monkmoor, Sundorne, Ludlow East, Market Drayton East, Market Drayton West, Oswestry South, Oswestry West and Meole.

Map 2

Overall Deprivation in Telford and Wrekin



Ministry of Housing Communities and Local Government © Crown Copyright 2019
Office for National Statistics © Crown Copyright 2019

Wards which include the 20% most deprived communities in Telford and Wrekin are: Woodside, Madeley and Sutton Hill, Malinslee and Dawley Bank, Donnington, Dawley and Aqueduct, College, Brookside, Donnington, Hadley and Leegomery, The Nedge, Arleston, Haygate, Park, Wrockwardine Wood and Trench, and St Georges

Access to NHS dental services for residents of Shropshire, Telford and Wrekin

The COVID-19 pandemic resulted in a significant reduction in access to dental care across the UK. Dental practices were closed from 25th March -7th June 2020, with access for urgent dental conditions only via Urgent care hubs. Thereafter a very gradual relaxing of infection prevention rules occurred which continued to limit the number of patients that dental services could see each day. 'Normal' activity targets were not reinstated until July 2022. Dental service access has still not fully 'recovered' compared with the last full year of data at 31st March 2019.

At 31st March 2019 61% of resident children had seen an NHS dentist in the previous 12 months.

At 31st March 2022 50% of resident children had seen an NHS dentist in the previous 12 months.

At 31st March 2023 58% of resident children had seen an NHS dentist in the previous 12 months.

This demonstrates good recovery towards the pre pandemic access levels. However there is variation in access at ward level from 32.4% in Oswestry West ward, which includes the most deprived communities in England to over 90% in Ercall ward a less deprived ward.

At 31st March 2019 51% of resident adults had seen a dentist in the previous 2 years.

At 31st March 2022 37% of resident adults had seen a dentist in the previous 2 years.

At 31st March 2023 43% of resident adults had seen a dentist in the previous 2 years.

This demonstrates some recovery post the COVID-19 pandemic. However there are variations in access at ward level from 28% in Oswestry South ward, which includes the most deprived communities in England, to 59% in Ercall ward.

Whilst the current NHS England ambition is to restore activity levels to pre pandemic levels, it is important to be aware that these levels do not necessarily indicate a satisfactory level of NHS dental service access locally. However, using 31st March 2019 data provides an initial benchmark for measuring access to dental services.

Table 1 illustrates access to NHS dental services at 31st March 2023, for children and adults respectively, by ward, based on data provided by the NHS BSA.

For children, the figure represents the percentage of children who had seen a dentist within the previous 12 months (Column C). For adults, the figure represents the percentage of adults who had seen a dentist within the previous 24 months (Column D).

Column G indicates the total number of additional residents who would need to be seen by an NHS dentist to bring the access level in that ward up to the ICB average of 53% (for adults and children) at March 2019 (Column G=Column E + Column F).

Column H indicates the estimated number of additional Units of Dental Activity (UDAs) which would need to be provided to bring the access rate per ward up to the child and adult ICB average 53% (Column H = Column G x3 {average no. of UDAs required per patient})

Shaded rows indicate those wards containing the 20% most deprived areas in the country.

Wards highlighted orange contain 4-6 LSOAs in deciles 1 and 2.

Wards highlighted yellow contain 1-3 LSOAs in deciles 1 and 2.

Table 1: Access to NHS dental services by ward within the Shropshire, Telford and Wrekin ICB area

Ward Name	Patient Local Authority Name	Access rate child March 2023	Access rate adult March 2023	Number of additional children who would need to be seen to bring the access rate per ward up to the 2019 ICB average 61%	Number of additional adults who would need to be seen to bring the access rate per ward up to the 2019 ICB average 51%	Total no. of additional people who would need to be seen to bring the access rate per ward up to the child and adult ICB average 53% (2019)	Estimated no. of additional UDAs which would need to be provided to bring the access rate per ward up to the child and adult ICB average 53% (2019) (based on average of 3 UDAs per patient)
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Oswestry East	Shropshire	44.2	34.9	326	1230	1555	4666
Bridgnorth East and Astley Abbotts	Shropshire	56.3	33.3	46	1040	1086	3259
Bridgnorth West and Tasley	Shropshire	49.1	36.1	162	875	1037	3110
Market Drayton West	Shropshire	65.3	36.4	0	1024	1024	3071
Market Drayton East	Shropshire	53.2	30.6	79	921	1000	3001
Quarry and Coton Hill	Shropshire	47.6	29.9	85	901	986	2957
Oswestry South	Shropshire	44.6	28.2	121	859	980	2941
Oswestry West	Shropshire	34.7	30.1	205	695	900	2700
Madeley & Sutton Hill	Telford & Wrekin	54.2	42.5	160	699	858	2575
The Nedge	Telford & Wrekin	51.7	43.8	228	559	787	2362
Wem	Shropshire	60.5	40.2	8	778	786	2358
St. Oswald	Shropshire	51.3	33.4	88	672	759	2278
Porthill	Shropshire	44.2	36.7	195	533	728	2184
Shifnal South and Cosford	Shropshire	68.5	36.9	0	723	723	2168
Gobowen, Selattyn and Weston Rhyn	Shropshire	49.4	41.1	172	547	719	2156
Belle Vue	Shropshire	49.3	35.3	95	599	693	2080
Woodside	Telford & Wrekin	49.9	42.9	273	411	684	2053
Ludlow North	Shropshire	50.3	32.4	43	630	673	2019
Bowbrook	Shropshire	51.2	35.7	75	575	650	1949
Hodnet	Shropshire	50.1	37.4	83	560	643	1928
Brown Clee	Shropshire	50.6	34.6	72	556	628	1885
The Meres	Shropshire	50.5	38.6	104	507	612	1835
Llanymynech	Shropshire	58.8	34.7	16	591	607	1820
Ludlow East	Shropshire	40.1	37.4	155	449	605	1815

Ward Name	Patient Local Authority Name	Access rate child March 2023	Access rate adult March 2023	Number of additional children who would need to be seen to bring the access rate per ward up to the 2019 ICB average 61%	Number of additional adults who would need to be seen to bring the access rate per ward up to the 2019 ICB average 51%	Total no. of additional people who would need to be seen to bring the access rate per ward up to the child and adult ICB average 53% (2019)	Estimated no. of additional UDAs which would need to be provided to bring the access rate per ward up to the child and adult ICB average 53% (2019) (based on average of 3 UDAs per patient)
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Highley	Shropshire	47.3	34.7	96	498	594	1782
Cheswardine	Shropshire	55.6	35.9	51	530	581	1742
Alveley and Claverley	Shropshire	54.8	35.6	41	539	580	1740
Ludlow South	Shropshire	44.5	38.1	123	449	572	1716
Ellesmere Urban	Shropshire	54.3	36.7	58	492	550	1649
St. Martin's	Shropshire	55.2	37.3	48	498	546	1639
Worfield	Shropshire	55.8	34.3	30	502	532	1596
Burnell	Shropshire	38.0	44.0	256	274	530	1591
Shawbury	Shropshire	59.7	38.5	13	506	519	1557
Dawley & Aqueduct	Telford & Wrekin	60.5	44.3	9	503	512	1535
Clee	Shropshire	54.8	39.0	47	452	499	1498
College	Telford & Wrekin	46.2	37.6	114	385	499	1497
Ruyton and Baschurch	Shropshire	51.9	40.0	85	381	466	1398
Underdale	Shropshire	45.3	42.8	167	281	448	1344
Meole	Shropshire	51.2	41.6	98	333	431	1293
Shifnal North	Shropshire	76.5	41.6	0	430	430	1290
Loton	Shropshire	52.8	40.2	70	359	429	1288
Castlefields and Ditherington	Shropshire	46.6	43.4	135	285	421	1262
Whitchurch South	Shropshire	52.3	41.5	72	346	417	1252
Haygate	Telford & Wrekin	54.1	39.4	61	354	415	1244
Copthorne	Shropshire	58.1	39.5	28	386	414	1241
Whittington	Shropshire	51.4	41.4	84	321	405	1215
Broseley	Shropshire	63.9	41.4	0	394	394	1182
Tern	Shropshire	62.8	41.3	0	386	386	1157
Edgmond & Ercall Magna	Telford & Wrekin	67.7	44.2	0	376	376	1128

Ward Name	Patient Local Authority Name	Access rate child March 2023	Access rate adult March 2023	Number of additional children who would need to be seen to bring the access rate per ward up to the 2019 ICB average 61%	Number of additional adults who would need to be seen to bring the access rate per ward up to the 2019 ICB average 51%	Total no. of additional people who would need to be seen to bring the access rate per ward up to the child and adult ICB average 53% (2019)	Estimated no. of additional UDAs which would need to be provided to bring the access rate per ward up to the child and adult ICB average 53% (2019) (based on average of 3 UDAs per patient)
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Abbey	Shropshire	60.6	40.9	2	369	372	1115
Malinslee & Dawley Bank	Telford & Wrekin	59.5	44.5	26	325	352	1055
Donnington	Telford & Wrekin	54.7	46.5	106	242	348	1044
Clun	Shropshire	44.4	43.9	111	236	347	1040
Brookside	Telford & Wrekin	52.3	47.1	163	183	345	1036
Prees	Shropshire	59.9	42.2	8	336	344	1032
Harlescott	Shropshire	53.2	44.7	91	242	334	1002
Cleobury Mortimer	Shropshire	62.4	46.5	0	286	286	858
Whitchurch North	Shropshire	55.9	47.6	75	211	286	857
Severn Valley	Shropshire	63.1	43.3	0	279	279	838
Corvedale	Shropshire	56.6	43.1	25	246	271	812
Battlefield	Shropshire	55.3	45.7	61	204	265	796
Hadley & Leegomery	Telford & Wrekin	59.3	48.7	45	181	226	678
Radbrook	Shropshire	73.7	45.2	0	225	225	674
Chirbury and Worthen	Shropshire	54.0	44.3	34	172	205	615
Much Wenlock	Shropshire	72.4	45.5	0	186	186	557
Monkmoor	Shropshire	53.3	48.1	78	101	179	537
Ironbridge Gorge	Telford & Wrekin	66.1	43.8	0	174	174	521
Longden	Shropshire	66.2	46.0	0	168	168	504
Rea Valley	Shropshire	56.8	47.5	37	128	165	495
Church Stretton and Craven Arms	Shropshire	50.8	53.0	145	0	145	434
St. Georges	Telford & Wrekin	71.8	48.5	0	118	118	354
Oakengates & Ketley Bank	Telford & Wrekin	62.1	49.5	0	108	108	323
Shawburch	Telford & Wrekin	59.5	47.9	9	73	83	248

Ward Name	Patient Local Authority Name	Access rate child March 2023	Access rate adult March 2023	Number of additional children who would need to be seen to bring the access rate per ward up to the 2019 ICB average 61%	Number of additional adults who would need to be seen to bring the access rate per ward up to the 2019 ICB average 51%	Total no. of additional people who would need to be seen to bring the access rate per ward up to the child and adult ICB average 53% (2019)	Estimated no. of additional UDAs which would need to be provided to bring the access rate per ward up to the child and adult ICB average 53% (2019) (based on average of 3 UDAs per patient)
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Muxton	Telford & Wrekin	57.3	51.9	65	0	65	196
Church Aston & Lilleshall	Telford & Wrekin	51.1	51.5	65	0	65	194
Sundorne	Shropshire	55.3	51.1	61	0	61	184
Wrockwardine Wood & Trench	Telford & Wrekin	58.5	50.5	30	22	53	158
Apley Castle	Telford & Wrekin	62.1	49.3	0	46	46	139
Newport North & West	Telford & Wrekin	58.1	53.0	40	0	40	121
Albrighton	Shropshire	56.9	53.8	33	0	33	100
Priorslee	Telford & Wrekin	73.6	50.5	0	29	29	87
Bishop's Castle	Shropshire	57.0	54.4	25	0	25	76
Bagley	Shropshire	58.0	51.7	24	0	24	71
Arleston	Telford & Wrekin	59.6	51.6	16	0	16	47
Bayston Hill, Column and Sutton	Shropshire	76.0	50.9	0	8	8	23
Dothill	Telford & Wrekin	65.7	51.8	0	0	0	0
Ketley & Overdale	Telford & Wrekin	71.3	53.0	0	0	0	0
Admaston & Bratton	Telford & Wrekin	67.4	53.0	0	0	0	0
Wrockwardine	Telford & Wrekin	74.6	53.8	0	0	0	0
Newport South & East	Telford & Wrekin	68.1	54.2	0	0	0	0
Park	Telford & Wrekin	67.2	54.7	0	0	0	0
Horsehay & Lightmoor	Telford & Wrekin	87.1	58.7	0	0	0	0
Ercall	Telford & Wrekin	106.1	58.7	0	0	0	0

Insights gained from the public

Healthwatch

Healthwatch Shropshire reported in November 2023 that access to dental services across the county remained a concern with a higher number of contacts from the Shrewsbury, Oswestry and NE part of the county. This resonates with the dental service access data.

Healthwatch Telford and Wrekin did not report any specific data re dental access, but concerns are expressed generally that it is not possible to ‘register’ with an NHS dentist locally.

Call to the local Dental Advice Line

The community dental service of Shropshire Community Health NHS Trust, is commissioned to provide a Dental Advice Line in order to signpost local residents to an appropriate dental provider as well as providing advice re self-care. The advice line has been operational June 2022. Whilst the extent to which the Dental Advice Line is known across the ICB area may not be uniform, it can provide intelligence to triangulate with the dental access rates identified in Table 1, as it demonstrates an expressed need for routine or urgent dental care or dental advice.

Analysis of the calls by ward of residence of caller for the 12 month period ending December 31st 2023 shows a range from 0.1% of the population from Cleobury Mortimer ward calling the Dental Advice Line to 5.6% of the population from Woodside ward. Overall, the highest proportion of calls come from those areas with the lowest access to NHS dental services, as illustrated in Table 1. In addition, 11 of the ‘top’ 15 wards include the most deprived areas (IMD 1 and 2).

Table 2: Extract from the Shropshire Telford & Wrekin Dental Advice Line call data

Ward Name	2223 Q4	2324 Q1	2324 Q2	2324 Q3	Total	%age of resident population calling Dental Advice Line over 12 months to 31 December 2023
Woodside	109	123	100	92	424	5.6
Harlescott	63	54	51	57	225	4.5
Quarry and Coton Hill	70	57	42	41	210	4.3
Oswestry West	60	38	39	34	171	4.2
Oswestry East	95	83	110	80	368	3.8
Castlefields & Ditherington	31	47	49	52	179	3.8
Arleston	33	38	44	19	134	3.7
Monkmoor	37	40	48	38	163	3.6
Oswestry South	30	43	37	39	149	3.3
Sundorne	39	34	33	35	141	3.3
Malinslee & Dawley Bank	57	54	50	44	205	3.0
Bowbrook	38	34	32	29	133	2.9
Madeley & Sutton Hill	85	65	84	68	302	2.8
Rea Valley	37	41	28	22	128	2.8
Haygate	25	22	39	25	111	2.8

Source Shropshire Community NHS Trust

Population changes

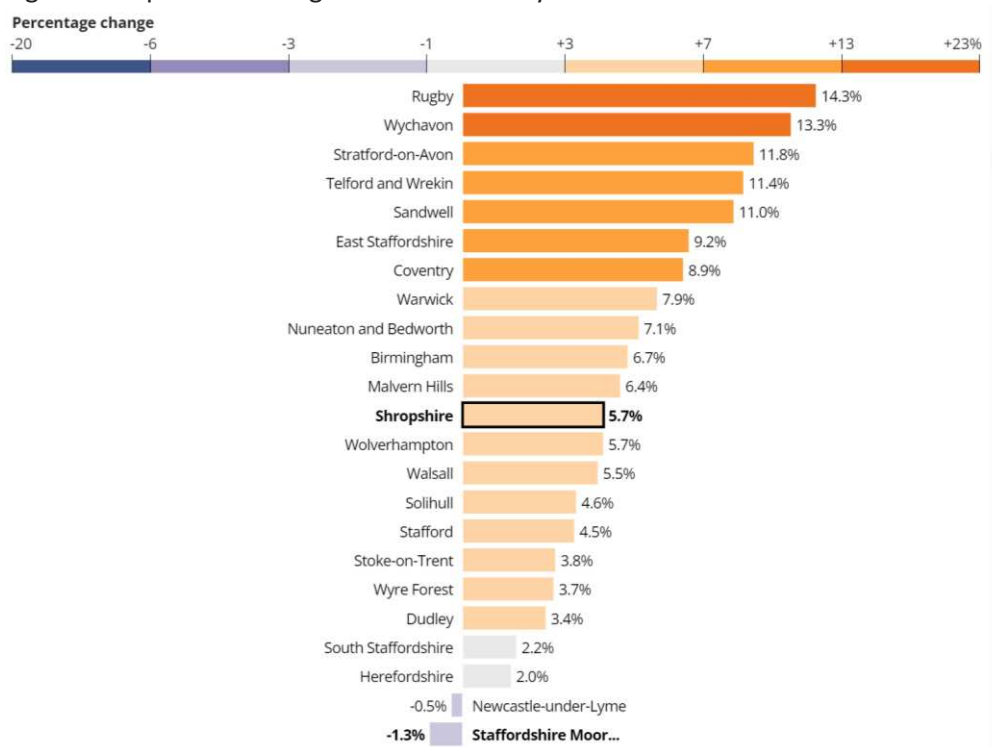
This section provides a high level summary of the changes to the population in England and locally between 2011 and 2021, and should be taken into account when making commissioning decisions.

Between the 2011 and 2021 Censuses the population of England grew by 6.6% to 56.5 million people.

Between 2011 and 2021, the population of Shropshire increased by 5.7% to 324 000.

Between 2011 and 2021, the population of Telford & Wrekin increased by 11.4% to 167 000

Figure 3: Population change of local authority areas in the West Midlands between 2011 and 2021



[Shropshire population change, Census 2021 – ONS](#)

Overall, in England, there has been:

- an increase of 20.1% in people aged 65 years and over,
- an increase of 3.6% in people aged 15 to 64 years, and
- an increase of 5.0% in children aged under 15 years.

In Telford and Wrekin there has been:

- an increase of 35.7% in people aged 65 years and over,
- an increase of 7.0% in people aged 15 to 64 years, and
- an increase of 8.3% in children aged under 15 years.

In Shropshire there has been:

- an increase of 29.5% in people aged 65 years and over,
- an increase of 0.1% in people aged 15 to 64 years, and
- a decrease of 2.5% in children aged under 15 years.

The population of England continues to age with more people than ever aged 65 years and older. The increases in this age group across Shropshire, Telford and Wrekin are even higher.

Housing developments

All local authorities have a local development plan with an overall target for housing development to meet the increased demands for homes due to population growth and changes in our social structure. The plans include recently completed developments, those in development and those to be developed in the future.

The local plans should be taken into account by dental service commissioners when considering priorities for investment as they provide insights in regard to the location of population growth within the ICB area.

Housing Development in Telford and Wrekin

(with thanks to the Insight Team at Telford & Wrekin Council for the following information)

Currently there are several significant housing developments under construction in the borough, with a number of properties already completed. Once fully completed the most sizeable developments will have added circa 1,150 new homes (approx. 2,750 people*) to the eastern urban fringe of the borough (Muxton and Priorslee Wards), 375 new homes (approx. 900 people) on the northern urban fringe (Apley Ward), 500 homes (approx. 1,200 people) in Newport and 270 homes (approx. 650 people) to the rural western area (Wrockwardine Ward).

Consultation is currently underway on the Telford and Wrekin draft local plan to 2040. This plan includes provision for the delivery of 20,200 homes between 2020 and 2040. This equates to an increase in population of approximately 48,500 people. Of these new homes, around 55% have already been completed, are under construction (as per the previous paragraph) or have planning permission, meaning that the Council is planning on a further 8,800 net new homes up to 2040.

Development in Telford urban area

Within the Telford urban area, a total of 17,400 homes (approx. 41,750 people) are planned for this part of the borough between 2020 and 2040. This includes 9,450 homes already consented or part the small sites allowance. The majority of the housing growth is planned to be on the edge of the existing urban area with sizeable developments on the edge of Ercall, Lawley and Horsehay & Lightmoor Wards.

There is less development planned in the urban centre and south of the borough where the bulk of the borough's 18 Core 20 LSOAs are located, therefore future population growth in these areas of greatest deprivation is likely to be lower than in those areas on the fringe of the urban area.

The most significant proposals for the urban area in the plan are for 3 Sustainable Urban Extension Sites (detailed in Table 2). If these developments proceed as planned this could result in 7,900 dwellings and approximately 19,000 people on the northern edge of the current urban area.

*Based on an occupancy of 2.4 people per dwelling rounded to the nearest 50.

Table 2

Sustainable Urban Extension	Wards	Approx. number of dwellings	Approx. number of people
Land North of A442 Wheat Leasows	Apley Castle, Ercall Magna	3,100	7,450
Land North East of Muxton	Church Aston & Lilleshall, Donnington, Muxton	2,700	6,500
Bratton & Shawbirch	Admaston & Bratton, Shawbirch & Dothill	2,100	5,050

Development in rural areas

The draft local plan includes planning for around 1,200 new homes (approx. 2,900 people) in the rural area of the borough of which around 800 have already been completed or have planning permission.

The most significant growth under this plan is within Wrockwardine Ward on the west of the borough with 780 homes (approx. 1,850 people) and a further 360 (approx. 850 people) in the east in Edgmond Ward.

Development in Newport

Over the course of the plan period the Council are planning for around 1,600 new homes (approx. 3,850 people) in Newport, of which around 1,000 homes have already been completed or have planning permission.

Details of proposed site allocations can be viewed on the Local Plan interactive map at the following link. <https://www.arcgis.com/apps/webappviewer/index.html?id=809829a12c194bd1947cd4fd0fda1a>

Housing Development in Shropshire

(with thanks to the Planning Policy Team at Shropshire Council for the following information)

The draft Shropshire Local Plan has proposed a housing requirement across Shropshire of some 30,800 dwellings between 2016/17 to 2037/38. The draft Shropshire Local Plan is available to view on the Council website at: <https://shropshire.gov.uk/media/21100/sd002-draft-shropshire-local-plan.pdf>

Within the draft Shropshire Local Plan, Shrewsbury is proposed to be identified as a 'strategic' centre and a **focus for development**. Specifically it is proposed that between 2016/17 and 2037/38 some **8,625 dwellings** will be built.

The other larger settlements in Shropshire are proposed to be identified as **Principal and Key Centres**, where **significant levels of growth** will occur.

The draft Shropshire Local Plan also proposes two new **Strategic Settlements**. These are:

- The Former Ironbridge Power Station, where **1,000 dwellings** will occur over the period to 2038 (planning permission now granted).
- Clive Barracks, Tern Hill, where a total of **750 dwellings** are proposed - of which 350 dwellings are expected to be completed by 2038.

Rural Areas

Recognising the rurality of much of Shropshire and the importance of ensuring the long-term sustainability of rural communities, growth in urban areas will be complemented by appropriate new development within **Community Hubs** (significant rural service centres), and to a lesser extent **Community Clusters** (settlements with aspirations to enhance sustainability).

Table 3 summarises the location of proposed settlements across Shropshire 2016-2038 which illustrates the variation across the County.

Table 3: Summary table of the location of proposed settlements across Shropshire

Broad Location	Settlement Area	Strategic Centre	Principal & Key Centres	Strategic Settlements	Community Hubs	Estimated total additional population - based on 2.4 persons per dwelling	
North	Whitchurch		1600			3840	
	Whitchurch rural		170			408	
	Market Drayton		1200			2880	
	Market Drayton rural				344	826	
	Wem		600			1440	
	Wem rural				305	732	
	Clive Barracks			350		840	
					Total for area	10966	
North West	Ellesmere		800		60	2064	
	Oswestry		1900			4560	
	Oswestry rural				1326	3182	
					Total for area	9806	
	Shrewsbury	8625				20700	
	Shrewsbury rural				1280	3072	
						Total for area	23772
Central	Minsterley and Pontsburry rural					Total for area	330
East	Albrighton		500			1200	
	Shifnal		1500			3600	
	Broseley		250			600	
	Bridgnorth		1800			4320	
	Bridgnorth rural				195	468	
	Much Wenlock		200			480	
	Much Wenlock rural				80	192	
	Highley		250			600	
	Ironbridge			1000		2400	
					Total for area	13860	
South/South East	Cleobury Mortimer		200			480	
	Ludlow		1000			2400	
	Ludlow rural				265	636	
					Total for area	3516	
South West	Craven Arms		500			1200	
	Bishops Castle		150			360	
	Bishops Castle rural				305	732	
	Church Stretton		200			480	
					Total for area	2772	

The location of proposed allocations for all settlements across Shropshire is illustrated on the interactive policies map, available at:

<https://shropshire.maps.arcgis.com/apps/webappviewer/index.html?id=9a700832bbf04b1db2179445e624c198>

Recommendations for future dental service commissioning

The Shropshire, Telford and Wrekin ICB geography includes some large towns as well as several market towns of varying sizes. These market towns provide a focus for rural communities to access a range of services, so it is important to ensure access to NHS dental services particularly in the larger market towns. Wherever possible NHS dental services should also be sustained in the smaller market towns.

Given the NHS commitment to reducing inequalities, initial priority should be given to improving access to NHS dental services for the residents of those wards containing the poorest areas, with the lowest dental access rates.

The proposed Priority Areas based on the dental attendance data at March 31st 2023 provided by the NHS BSA and ward deprivation levels are as follows:

Priority Area 1: Telford

This area includes the wards with the most deprived areas as well as wards in close geographical proximity which are also deprived. The numbers in parentheses indicate the location of the ward on the map in Appendix 1.

Madeley and Sutton Hill (17)
 Woodside (28),
 Dawley and Aqueduct (7),
 Malinslee and Dawley Bank (18),
 Brookside (4),
 The Nedge (27)

Priority Area 2: Market Drayton West & East wards

Priority Area 3: Oswestry South & Oswestry West wards

Priority Area 4: Ludlow East ward

Priority Area 5: Telford: College (6), Haygate (13), Hadley and Leegomery (12) wards

Priority Area 6: Telford: Donnington (8), St Georges (26), Oakengates and Ketley Bank (22), Wrockardine Wood and Trench (30) wards

Priority Area 7: Shrewsbury

Castlefields and Ditherington, Harlescott, Monkmoor and Sundorne wards

As the latest dental service activity data is currently only available to March 31st 2023, it is important to consider the impact of any changes to dental service delivery which have taken place since then which may affect this initial prioritisation.

Given the fact that there is no catchment area for dentistry and the need to provide access for the whole population, it is important to consider how to ensure that those most in need of services are able to access them, and that the service model suits their needs.

The following needs to be considered to support the final identification of priority areas for this iteration of the Shropshire, Telford and Wrekin Dental Service Equity Audit:

NHS dental activity handbacks:

A number of dental service providers have handed back NHS dental activity in recent months and the impact of this needs to be factored into the prioritisation process. In addition, the NHS dental commissioning team has procured a new dental practice in Oswestry and the impact of this on access in that area should be factored in.

NHS dental contract under delivery:

Some dental contracts are under delivering against their contracted NHS activity for a variety of reasons. Current levels of NHS dental service delivery and practices' plans to improve delivery should be taken into account. If this activity were delivered it would improve access rates without additional funding in that area.

Securing access for the local population:

The public is able to access primary care dental services anywhere in England – there is no catchment as per GP practices. With the increasing challenges in accessing NHS dental services it is being reported, anecdotally, that some sections of the population are now prepared to travel longer distances to access NHS dental treatment, which may displace the local population. It is therefore important to work with local partners and agencies to facilitate dental service access for the intended population rather than those residing many miles away. There may also be a need to engage with neighbouring ICBs when a population would naturally focus on a nearby area for services which are outside their resident ICB area – e.g. residents of Church Stretton may choose to access services in nearby Kidderminster (Hereford and Worcestershire ICB area) given that this is the nearest town.

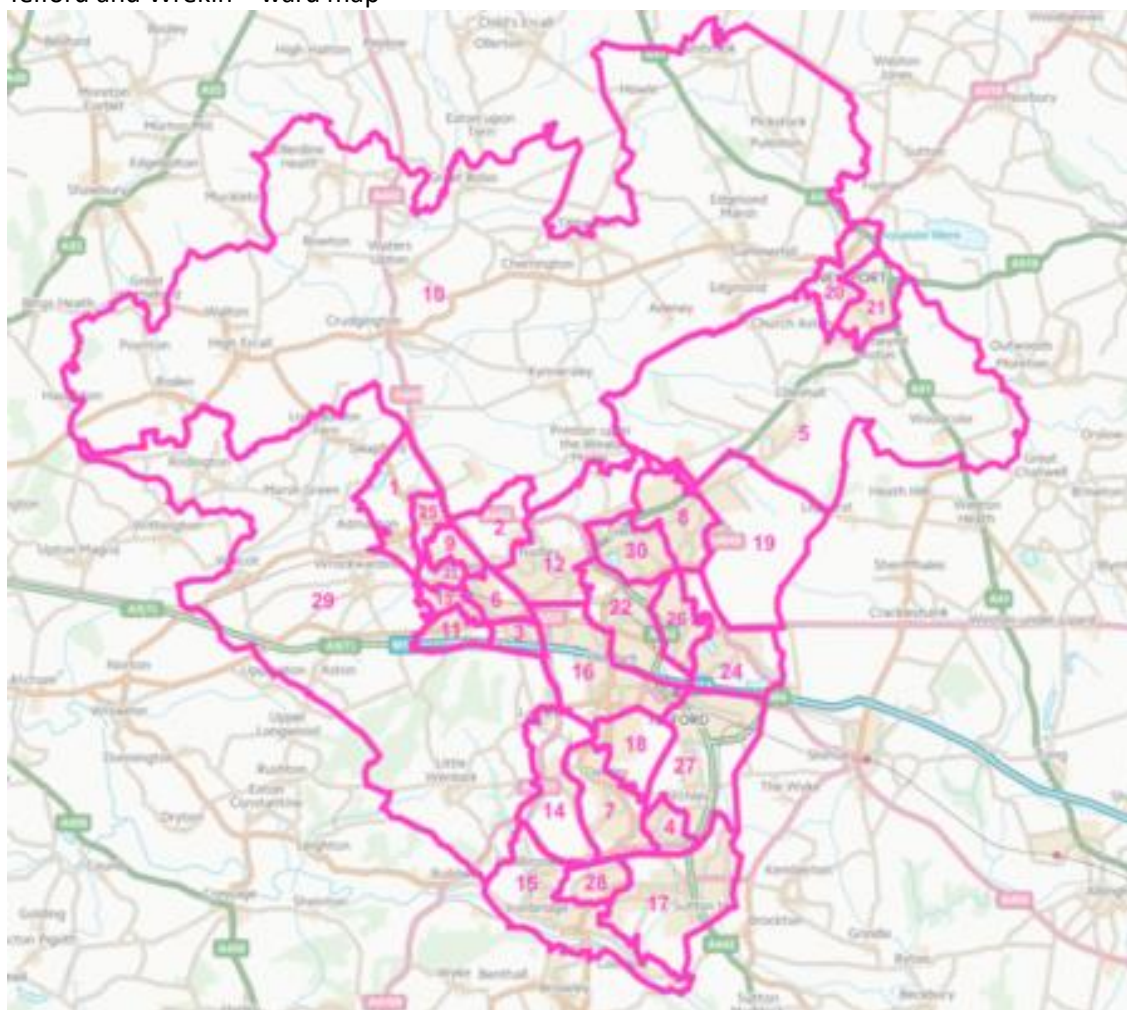
Commissioning dental services suitable for the local population

In order to provide access to dental services for the whole population it is important that commissioned services are people-centred, providing care that responds to individual preferences, needs and values. This may necessitate different models of care. Commissioners should work with the local population and advocacy groups to co-design and co-produce solutions to ensure acceptable care for all.

Prepared by Kate Taylor-Weetman
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NHS England Midlands
21/02/24

Appendix 1

Telford and Wrekin – ward map



Key to map

1 - Admaston and Bratton	16 - Ketley and Overdale
2 - Apley Castle	17 - Madeley and Sutton Hill
3 - Arleston	18 - Malinslee & Dawley Bank
4 - Brookside	19 - Muxton
5 - Church Aston and Lilleshall	20 - Newport North and West
6 - College	21 - Newport South and East
7 - Dawley and Aqueduct	22 - Oakengates and Ketley Bank
8 - Donnington	23 - Park
9 - Dothill	24 - Priorslee
10 - Edgmond and Ercall Magna	25 - Shawburch
11 - Ercall	26 - St Georges
12 - Hadley and Leegomery	27 - The Nedge
13 - Haygate	28 - Woodside
14 - Horsehay and Lightmoor	29 - Wrockwardine
15 - Ironbridge Gorge	30 - Wrockwardine Wood and Trench

5. Committee (Assurance and Decision Making) Terms of Reference

- Strategic Commissioning and Productivity Committee
- System Finance Committee
- System Quality and Performance Committee
- System ~~Strategy and Prevention ie Commissioning~~ Committee
- System Transformational and Digital Group
- Audit Committee
- Remuneration Committee [not included – no changes proposed]
- Shropshire Place Partnership Committee [not included – no changes proposed]
- Telford and Wrekin Place Partnership Committee [not included – no changes proposed]
- System People, Culture and Inclusion Committee [not included – no changes proposed]
- Joint Committees: Integrated Care Partnership

NHS Shropshire, Telford and Wrekin

Strategic Commissioning and Productivity Committee

Terms of Reference

1. Constitution

1.1 The Strategic Commissioning and Productivity Committee ('the Committee') is established by the Board of NHS Shropshire, Telford and Wrekin (the Board or NHS STW) as a Committee of the Board in accordance with its Constitution

1.2 These Terms of Reference (ToR), which must be published on NHS STW 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's members, including those who are not members of the Board, are bound by the Standing Orders and other policies of NHS STW.

2. Authority

2.1 The 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 NHS STW (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 NHS STW 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 NHS STW's constitution, Standing Orders and Scheme of Reservation and Delegation (SoRD) but may not delegate any decisions to such groups.
- For the avoidance of doubt, the Committee will comply with NHS STW Standing Orders, Standing Financial Instructions and the SoRD

3. Purpose

3.1 Exercise the ICB's duties and powers to commission certain health services, as set out in sections 3 and 3A of the NHS Act 2006 (as amended by the Health and Care Act 2022), other than those explicitly delegated elsewhere.

3.2 Discharge in accordance with section 65Z5 of the NHS Act the relevant requirements as set out within the Delegation Agreement between NHS England and the ICB (Primary Medical Services), insofar as they relate to the planning, design and commissioning of primary medical services.

3.3 Provide oversight and approval of contracting within approved budgets for all health and care commissioned services by the ICB/ICS, including Primary General Medical Services. (Contracting for Pharmacy, Optometry, Dentistry and Specialised Commissioned services will be via the Joint West Midlands ICBs Committee).

3.4 Provide oversight to the Strategic Decision making Framework and ensure rigorous evaluation of benefits realisation and return on new investment.

3.5 Provide oversight to the productivity of the system.

3.6 Provide oversight and approval of decisions related to internal functions that support the effective operation of the ICB as a corporate body and the discharge of its statutory duties.

~~3.6~~3.7 Provide oversight and assurance in the development and delivery of a robust, viable and sustainable system financial plan specifically for the element of NHS STW financial performance.

~~3.7~~3.8 The duties of the Committee will be driven by NHS STW's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however this will be flexible to new and emerging priorities and risks.

4. Membership and attendance

4.1 Membership

4.1.1 The committee members will be appointed by the Board in accordance with NHS STW Constitution.

4.1.2 The Board will appoint no fewer than 4 members of the Committee. Other members of the Committee need not be members of the Board.

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

4.1.4 The Membership of the Committee is:

- The ICB Chair
- Four ICB Non Executive Directors
- The ICB Associate Non Executive Director - Finance
- ICB CEO
- ICB Chief Strategy Officer or deputy
- ICB Chief Finance Officer or deputy
- ICB Chief Medical Officer or deputy
- ICB Chief Nursing Officer or deputy
- ICB Chief Delivery Officer or deputy

4.1.5 If a member is unable to attend then they may nominate a deputy. The deputy shall be treated as a full member, and count toward quoracy.

4.1.7 The chairs of any Operational Groups/sub committees that report into the Committee will be responsible for escalating issues or risks to the Committee.

4.2 Chair and Vice Chair

4.2.1 In accordance with the Constitution, the Committee will be chaired by either the ICB Chair or an ICB Non Executive Director or the Associate Non Executive Director, appointed on account of their specific knowledge, skills and experience making them suitable to chair the Committee.

4.2.2 The Vice Chair of the Committee shall be the ICB Chair, another ICB Non Executive Director or the Associate Non Executive Director.

4.2.3 In the event that the Chair is unavailable, the Vice Chair will chair the meeting. Where the Chair and Vice Chair are not in attendance, committee members may appoint a temporary Chair who is qualified and appropriate to lead the meeting in their absence.

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 the meetings of the Committee may be attended by individuals who are not members of the committee.

4.3.2 Additional attendees shall be invited as required at the discretion of the Chair and specifically the following:

- Clinical representatives - on the advice of the ICB Chief Medical Officer and Chief Nursing Officer.

- ICB Chief Business Officer
- ICS Head of Digital
- ICB Director of Planning and Performance
- ICB Director of Finance
- ICB Director of Commissioning
- ICB Head of Primary Care
- ICB Director of Strategy and Development
- ICS Chief Pharmacist
- ICS People Officer
- MLCSU HR Business Partner

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

4.4 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 attendee may be agreed with the Chair.

5. Meetings, quoracy and decisions

5.1 Meetings

5.1.1 The Committee will meet remotely, members attending using electronic means will be counted towards the quorum.

5.1.2 Meetings will take place in private.

5.1.3 The Committee shall meet a minimum of four times per year.

5.1.4 Due to the nature of the item on an agenda the Chair may direct that items are taken in confidential session where this is in the public interest; this includes but not limited to, award of contracts and other commercially sensitive contractual discussions or intent to award via Provider Selection regime. Only voting members will be invited to this part of a meeting. The Chair may invite attendees to the meeting where they are contributing specific knowledge of the items under discussion. This part of the meeting will be minuted separately and approval of the minutes will be by voting members present at the next confidential meeting.

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 a deputy elected from the voting members present) and at least 1 Non-Executive Director and 1 Executive Director.

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.

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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 Where the meeting is unable to maintain the quoracy stipulated for the meeting due to the number of members required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.

5.2.5 In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the ICBs standing orders/terms of reference. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the Chief Executive Officer and Chief Business Officer of the ICB on the action to be taken.

5.2.6 In these circumstances the ICB may adopt one of the following actions:

- requiring another of the ICB's committees/group or sub-committees/sub-groups which can be quorate to progress the item of business,
- where the initial responsibility for the decision does not rest with the Board, refer the decision to the Board and exclude any Board members with an interest from the decision-making process,
- Subject to the provisions of clause 5.2.7, inviting on a temporary basis one or more of the following individuals who are not conflicted shall act as members for the duration of the relevant meeting, in order to make up the quorum so that the ICB can progress the item of business:
 - I. a voting member of the Board;
 - II. a voting member of a committee/group, sub committee or sub-group of the ICB;
 - III. a voting member of the Shropshire, Telford and Wrekin Integrated Care Partnership;
 - IV. a voting member of an NHS Trust/ Foundation Trust Board of those organisations listed in section 3.5.1 of the Constitution.

These arrangements must be recorded in the minutes.

5.2.7 In choosing which of the four categories of individual to invite as outlined in 5.2.6(c) above, the Chair and Chief Executive Officer will consider the need for the relevant individual to have either clinical knowledge, patient experience knowledge, and/or locality knowledge and the independence that the proposed individual may bring, in the circumstances and in relation to the item which is to be subject to discussion and decision making at the meeting.

5.2.8 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 making decisions. 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 matters. 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 the telephone, email or other electronic communication.

5.3.4 Where any such action has been taken in 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 Group have conflicts of interest with items on the agenda such, that they would be required to absent themselves from the meeting.

6 Responsibilities of the Committee

6.1 Commissioning and Contracting Functions

The Committee will provide strategic oversight of commissioning of health and care services by the ICB/ICS, which includes Primary General Medical services (GMS) delegated to the ICB from NHS England. This includes approval of clinical and non clinical commissioning policies and approval of contracting decisions within approved budgets to include:

- Approval of contracts/contract variation for any healthcare services within approved budgets
- Approval that NHS STW proceeds to procurement for healthcare services which will include the approval of the timeline for procurement, the proposal for procurement and the service specification.

- Approval of the award of healthcare services procurement
- Approval of extension of healthcare contracts, where provision for an extension has been made within the contact terms.
- Approval of the policies and procedures to support the arrangements for discharging the statutory and delegated duties associated with its clinical and non clinical commissioning functions.
- Approval of the ICB's Commissioning Intentions and proposed plans for service change or decommissioning provided these are within the scope of the Joint Forward Plan and Operational Planning Guidance.
- Recommend the ICB's commissioning Intentions to the Board for approval where these are out of scope of the Joint Forward Plan.
- Arranging for the provision of health services in line with allocated resources across the ICS by putting contracts and agreements in place to secure delivery of its plan by providers.
- Co-ordinating a common approach to the commissioning and delivery of Primary General Medical Services with other health and social care bodies in respect of the area where appropriate.
- Such other ancillary activities that are necessary in order to exercise the Primary General Medical delegated functions.
- Arranging for the provision of health services in line with allocated resources across the ICS by supporting the development of primary care networks (PCNs) as the foundations of out of hospital care and building blocks of place based partnerships including through investment in PCN management support, data and digital capabilities, workforce development and estate.
- Decisions in relation to the commissioning and management of Primary General Medical Services.
- Approval of budget plan for managing Primary General Medical Service delegated funds in respect of the area and strategic management of funds outside approved budget.
- Overseeing reviews of Primary General Medical Services in respect of the area.
- Arranging for the provision of health services in line with allocated resources across the ICS by working with local authority and voluntary, community and social enterprises sector (VCSE) partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care and agreeing personal health budgets and direct payments for care.
- Provide oversight and approval of the arrangements for managing exceptional individual funding requests.
- Provide oversight, assessment and approval of business cases/PID for both revenue and capital investment that include, but not limited to:
 - Commissioned services – health and non health
 - Estates
 - Data and Digital
 - Workforce

6.2 Provide oversight to the Strategic Decision Making Framework and ensure that that investment decisions across the ICS remain compliant with the requirements of the national Recovery Support Programme and adhere to the agreed System process.

6.3 Provide oversight and assurance on the productivity of the system.

6.4 To consider the commissioning prioritisation framework at least annually.

6-46.5 The Committee will provide oversight and ensure alignment of service reviews, business cases/PIDs, policies and procedures to the strategic framework.

6-56.6 The Committee will provide oversight of integrated commissioning plans and arrangements.

6-66.7 ICB People Functions

The Committee will approve arrangements and related strategies, plans, policies and procedures on behalf of the Board to ensure that the ICB discharges its statutory and mandated responsibilities and duties as an employer for the following functions:

- Human Resources
- Health and Safety
- Equality and Inclusion
- Health and wellbeing of staff

6-76.8 ICB Operational Support Functions

The Committee will approve arrangements and related strategies, plans, policies and procedures on behalf of the Board to ensure that the ICB discharges its statutory and mandated responsibilities and duties with respect to the following operational functions:

- Emergency Preparedness Resilience and Response (EPRR) and Business Continuity
- Freedom to Speak Up
- Information Governance
- Risk Management
- Individual Funding Requests
- Security Management
- Policy management
- IT/Digital – corporate and GP primary care
- Management of estate leased by the ICB

6-86.9 ICB Performance Management

The Committee will provide oversight of and approve arrangements to support the performance management of the ICB as a corporate body, which will include but not

limited to; NHS England ICB Performance Framework and CQC Well Led Inspection,

6.7 ICB Financial Management

The Committee will 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 ICB finance plan that includes financial performance of NHS STW as a corporate body. This will include:

Developing a reporting framework for NHS STW as a statutory body, using the chart of accounts devised by NHS England and the integrated single financial environment (ISFE)

- Develop standing financial instructions for approval by the Board
- Responsibility for scrutiny of and recommendation to the System Finance Committee and the Board of the final draft ICB budget prior to the overall budget being presented to the Board.
- Oversight of the management of NHS STW's financial target as a corporate body.
- Monitor arrangements for risk sharing or risk pooling with other organisations i.e. section 75 arrangements NHS Act 2006.
- Recommend approval of healthcare contracts outside of approved budgets to the Board.
- To approve financial arrangements that comply with relevant regulatory, legal and code of conduct requirements and to approve on behalf of the Board strategies, plans, policies and procedures related to the financial management of the ICB as a corporate body.

6.8 Patient Involvement Functions

The Committee will oversee and assure at least annually that the ICB is discharging its statutory responsibilities for involvement of its population in service planning and decision making and that this is meeting the Public Sector Equality Duty under the Equalities Act 2010.

6.9 The Committee will approve arrangements and related strategies, plans, policies and procedures on behalf of the Board related to patient involvement, engagement and consultation.

6.10 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.

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 shall report to the Integrated Care 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 at 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 and groups will report into this Committee:

- Commissioning Working Group
- Primary Care Access and Transformation Group
- Equality and Involvement Assurance Sub Committee (annually)
- Digital Strategy Group
- Information Governance Sub Committee
- Contract review meetings with providers – by exception
- Strategic Decision-Making Group

9. Secretariat and administration

7.1 Agenda and Papers

9.1.1 The Agenda for each meeting shall be approved by the Chair.

9.1.2 Final agendas and relevant papers will be circulated electronically to members in advance of each meeting.

7.2 Secretariat

7.2.1 The production of papers, agendas and minutes shall be supported by a secretariat provided by the STW ICB which will ensure 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 highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- 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 actions 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 NHS STW for approval.

NHS Shropshire, Telford and Wrekin

System Finance Committee

Terms of Reference

1. Constitution

- 1.1 The System 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 System 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 System 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 Membership

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.~~

Commented [AS1]: Sub division of the meeting no longer required as focus on ICB finance position has moved to the Strategic Commissioning and Productivity Committee

Members for internal ICB responsibilities:

- ~~ICB Chief Finance Officer~~
- ~~ICB Independent Non-Executive Director (Chair)~~
- ~~ICB Independent Associate Non-Executive Director – Finance (Vice Chair)~~

Members of the Committee for external ICS system responsibilities:

- ICB Chief Finance Officer
- ICB Independent Non Executive Director (Chair)
- ICB Independent Associate Non-Executive Director – Finance (Vice Chair)
- SaTH Non Executive Director
- SaTH Chief Finance Officer (or Deputy)

- MPUFT 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, ICB Independent Associate Non Executive Director 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 least 4 times per year, but with the expectation that the meetings take place monthly 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.

5.1.3 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.

5.1.4 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 Where the meeting is unable to maintain the quoracy stipulated for the meeting due to the number of members required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.

5.2.5 In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the ICBs standing orders/terms of reference. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of

interest or potential conflicts of interests, the chair of the meeting shall consult with the Chief Executive Officer and Chief Business Officer of the ICB on the action to be taken.

5.2.6 In these circumstances the ICB may adopt one of the following actions:

- a) requiring another of the ICB's committees/group or sub-committees/sub-groups which can be quorate to progress the item of business,
- b) where the initial responsibility for the decision does not rest with the Board, refer the decision to the Board and exclude any Board members with an interest from the decision making process,
- c) Subject to the provisions of clause 5.2.7, inviting on a temporary basis one or more of the following individuals who are not conflicted and shall act as members for the duration of the relevant meeting, in order to make up the quorum so that the ICB can progress the item of business:
 - I. a voting member of the Board;
 - II. a voting member of a committee/group, sub committee or sub-group of the ICB;
 - III. a voting member of the Shropshire, Telford and Wrekin Integrated Care Partnership;
 - IV. a voting member of an NHS Trust/ Foundation Trust Board of those organisations listed in section 3.5.1 of the Constitution.

These arrangements must be recorded in the minutes.

5.2.7 In choosing which of the four categories of individual to invite as outlined in 5.2.6 (c) above, the Chair and Chief Executive Officer will consider the need for the relevant individual to have either clinical knowledge, patient experience knowledge, and/or locality knowledge and the independence that the proposed individual may bring, in the circumstances and in relation to the item which is to be subject to discussion and decision making at the meeting.

5.2.8 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 Group 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)
- 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.~~

Commented [AS2]: Move to the Strategic Commissioning and Productivity Committee.

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 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~~ICS
- 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.

Commented [AS3]: Move to the Strategic Commissioning and Productivity Committee.

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.~~
- ~~Recommend approval of healthcare contracts outside approved budgets to the Board.~~

Commented [AS4]: Move to the Strategic Commissioning and Productivity Committee.

Commented [AS5]: Move to the Strategic Commissioning and Productivity Committee.

Commented [AS6]: Move to the Strategic Commissioning and Productivity Committee.

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

6.9 Capital

- 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

6.10 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 and groups will report into this Committee:

- Strategic Finance, Productivity and Planning 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.

NHS Shropshire, Telford and Wrekin

System Quality and Performance Committee

Terms of Reference

1. Constitution

The System Quality and Performance Committee (QPC) is established by the Integrated Care Board (The Board or ICB) as a Committee of the Board in accordance with its constitution.

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.

The Committee is non-executive chaired, 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 System Quality and Performance Committee is authorised by the ICB to:

- Investigate any activity within its terms of reference.
- Seek any information it requires within its remit, from health and care partners within the ICS.
- Create task and finish sub-groups 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.

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

2.2 Scope

The **CommitteeQPC** is concerned with all services:

- Commissioned by the NHS (either the ICB or NHS England).
- Jointly commissioned by the NHS and local authorities.
- Commissioned by local authorities from NHS and non-NHS providers.

It includes services within its population boundary regardless of whether NHS STW ICB commissions services from that provider, consideration of out of area placements and providers that cross ICS and regional boundaries. Independent providers are also included.

3. Purpose

The purpose of the **CommitteeQPC** is:

3.1 For Quality

- To assure the ICB that regulatory elements of quality are being met as set out in the Health and Care Act 2022 and in line with The National Quality Board, Shared Commitment to Quality <https://www.england.nhs.uk/publication/national-quality-board-shared-commitment-to-quality/>.
- To assure the ICB that our services are safe, effective, caring (which aligns with positive experience in NQB definition of quality), well-led, sustainable, and equitable and in line with STW Pledge 1 – Improving Quality.
- To assure the ICB that there is an effective system of quality governance and internal control that supports the development and delivery of sustainable, high-quality care.
- To provide the ICB with assurance that the STW ICB Quality Strategy, with particular emphasis on addressing health inequalities and quality improvement, is being delivered.
- To assure the ICB that quality risks are recognised, controlled, mitigated and escalated as appropriate.

3.2 For Performance

- To assure the ICB that all system providers have oversight of their key performance indicators and / or oversight frameworks and are reporting to the national / required standards.

- To assure the ICB that where national standards/local targets are not being met there are effective recovery plans in place with associated trajectories for achievement of those standards/targets.
- ~~To provide the ICB with intelligence with forecasting against demand across the providers and appropriate plans to meet that demand.~~
- To provide the ICB with assurance that our system providers are utilising performance reporting to for the purposes of quality improvement (QI).
- To provide the ICB with assurance that performance risks are recognised, controlled, mitigated and escalated as appropriate.

Commented [AS7]: Delete as this is not part of the remit of QPC but sits with the delivery groups

3.3 The 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 Membership

- 4.1.1 The Committee members will be appointed by the Board in accordance with the ICB's Constitution.
- 4.1.2 The Board will appoint no fewer than four members of the Committee including one Non-Executive Member of the Board and one independent lay member. Other members of the Committee need not be members of the Board.

4.2 Chair and Vice Chair

- 4.2.1 The meeting will be chaired by an NHS STW ICB non-executive director. In the event of the chair being unable to attend, NHS STW Chief Nursing Officer or NHS Chief Medical Officer who are joint Vice Chairs will chair the meeting.
- 4.2.2 The chair will ensure full participation during meetings, all relevant matters and agenda items are discussed, and that effective decisions are made and communicated to the partners within the ICS.

4.3 Members

- 4.3.1 Members include:
 - ICB Non-Executive Director – Chair
 - ICB Chief Nursing Officer - Joint Deputy Chair
 - ICB Chief Medical Officer - Joint Deputy Chair
 - ICB Director of Planning, ~~and Performance,~~ BI and Analytics
 - Shropshire Council Director of Public Health
 - Telford and Wrekin Council Director of Public Health
 - Shropshire Council senior leadership representative
 - Telford and Wrekin Council senior leadership representative
 - Primary Care representative
 - SCHAT Executive representative

- SaTH Executive representative
- RJAH Executive representative
- MPFT Executive representative
- SCHAT Non-Executive representative
- SaTH Non-Executive representative
- RJAH Non-Executive representative
- MPFT Non-Executive representative
- Shropshire Healthwatch
- Telford and Wrekin Healthwatch

4.3.2 Executive members can commit resources within the boundaries of their own organisations Standing Financial Instructions.

4.3.3 Members may nominate suitably informed deputies to have decision-making authority if they are unable to attend the meeting. Where necessary, this should be limited to maintain a trusting group dynamic.

4.4 Attendees

4.4.1 Only members of the Committee have the right to attend Quality and Performance Committee meetings, however others may be invited to attend all or part of any meeting, as and when appropriate, to assist with discussions on any particular matter.

5. Meetings Frequency, Quoracy and Decisions

5.1 Frequency

5.1.1 The ~~Quality and Performance~~ Committee will meet least 4 times per year but with the expectation that the meetings take place monthly, 10 times a year, (with the exception of August and December or January). Members are expected to attend a minimum of 8 meetings a year.

Where necessary, apologies should be sent prior to the start of a meeting. The membership of any member who misses 3 consecutive meetings will be re-considered by the Chair.

5.2 Quoracy

5.2.1 For a meeting to be quorate the following members must be in attendance

- Chair or deputy chair
- ICB Chief Nursing Officer
- Director of Planning and Performance
- Shropshire Council representative.
- Telford and Wrekin Council representative
- NHS Provider representative from each NHS provider (either Exec or non-exec)

5.2.2 If any member of the Committee has been disqualified from participating on an item in 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 Where the meeting is unable to maintain the quoracy stipulated for the meeting due to the number of members required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.
- 5.2.5 In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the ICBs standing orders/terms of reference. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the Chief Executive Officer and Chief Business Officer of the ICB on the action to be taken.
- 5.2.5 In these circumstances the ICB may adopt one of the following actions:
- a) requiring another of the ICB's committees/group or sub-committees/sub-groups which can be quorate to progress the item of business,
 - b) where the initial responsibility for the decision does not rest with the Board, refer the decision to the Board and exclude any Board members with an interest from the decision making process,
- 5.2.6 Subject to the provisions of clause 5.2.7, inviting on a temporary basis one or more of the following individuals who are not conflicted shall act as members for the duration of the relevant meeting, in order to make up the quorum so that the ICB can progress the item of business:
- I. a voting member of the Board;
 - II. a voting member of a committee/group, sub committee or sub-group of the ICB;
 - III. a voting member of the Shropshire, Telford and Wrekin Integrated Care Partnership;
 - IV. a voting member of an NHS Trust/ Foundation Trust Board of those organisations listed in section 3.5.1 of the Constitution.

These arrangements must be recorded in the minutes.

5.2.7 In choosing which of the four categories of individual to invite as outlined in 5.2.6 (c) above, the Chair and Chief Executive Officer will consider the need for the relevant individual to have either clinical knowledge, patient experience knowledge, and/or locality knowledge and the independence that the proposed individual may bring, in the circumstances and in relation to the item which is to be subject to discussion and decision making at the meeting.

5.2.8 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 The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote for committee members only and in the event of a tie, the Chair will have the casting vote. The outcome will be recorded in the minutes.

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

5.3.3 The Group 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 Group 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 Quality

6.1.1 The Committee will ensure regulatory requirements of the Health and Care Act 2022, relating to quality are met, that quality is considered in context of NQB Shared Commitment to Quality (2021), and that Pledge 1- Improving Quality, is delivered. This will be achieved through the delivery of the Quality Strategy. Key responsibilities therefore include:

6.1.2 Assurance and Regulatory Compliance

- To be assured that there are robust structures and processes in place for the effective management of quality planning, control and improvement for the system.
- To be assured that system wide safeguarding arrangements for children and adults meet statutory responsibilities.

- To be assured that system wide area prescribing, and medicines safety arrangements are compliant with statutory requirements.
- To be assured that system wide infection prevention and control arrangements are compliant with statutory requirements.
- To be assured that actions align with addressing health inequalities.
- To approve ICS statutory quality reports in line with reporting framework and seek Board approval for publication.
- Oversee and scrutinise the ICB's response to quality directives, regulations, national standards, policies, reports, or reviews from external agencies (including for example, CQC and Ockenden) to gain assurance that they are appropriately reviewed and required actions are being taken, embedded and sustained.
- Maintain an overview of changes in the methodology employed by regulators and changes in legislation / regulation and assure the ICB that these are disseminated and implemented across all sites.

6.1.3 Quality Structure and Processes

- Ensure this committee, and groups that feed into it, remain aligned to the wider organisational governance structure.
- Promote alignment of system wide, quality culture and methodology.
- Ensure Integrated Care System (ICS) systems and processes track quality information from patient / client to ICB through a clearly defined Information Governance framework and in line with GDPR.
- Seek assurance that opportunities to pool skill, knowledge, competence and other resources lead to coordinated actions that drive improvement, whilst respecting statutory responsibilities of member organisations.
- Adopt a culture of operational efficiency and effectiveness by ensuring quality monitoring is fit for purpose, reporting is aligned and all opportunities to share learning are taken (including but not limited to incidents, complaints, mortality reviews, resident engagement).
- Have oversight of and approve the System Quality Group Terms of Reference.
- Consider and, where appropriate invite, additional assurance from independent sources.
- Approve on behalf of the Board arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of primary general medical services.

6.1.4 Quality Strategy

- To recommend updates and revisions and agree the Quality Strategy and seek approval by the STW ICB Board.
- To receive updates on progress against quality priorities and actions outlined in the Quality Strategy.

6.1.5 Risk

- To maintain oversight of a system quality risk register for all risks relating to system quality. This does not include provider specific risks managed at source, and in line with provider's risk appetite.
- To consider any provider specific risks that rate high and emerging risks that may threaten wider service delivery. This does not preclude any individual organisation within the system calling a Rapid Quality Review, as set out in [National Guidance on Quality Risk Response and Escalation in Integrated Care Systems](#) (National Quality Board, June 2022).
- To receive, consider and escalate for ICB action, any system quality risks that manifest across organisational boundaries to a Rapid Quality Review where these cannot be resolved locally.
- 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.

6.1.6 Quality Metrics

- To approve system quality metrics recommended by ICB System Quality Group.
- To seek assurance that the system is meeting the system quality metrics and where this is not happening, escalate with recommendations to the STW ICB Board for a system approach to be agreed.
- To ensure as the system matures, quality metrics remain fit for purpose.

6.1.7 Quality Improvement

- To be assured that a system wide process is in place to identify and escalate matters for quality improvement.
- To seek assurance that quality improvement programmes demonstrably reduce health inequalities, improve patient / client safety, outcomes and / or experience.
- Ensure that system barriers to quality improvement are addressed and where possible, removed.
- Implement evidence-based practice, recognised good practice and new and innovative procedures to further increase the skills, knowledge and competence of staff.
- Empower those who access the services to own their health and wellbeing with clear signposting when and how to access the most appropriate support.
- Receive deep dives into QI initiatives as required.

6.2 Performance

6.2.1 The Performance Directorate aim to turn data into information and then information into insight for the Committee to consider as part of a quality improvement journey.

6.2.2 The Committee will ensure regulatory requirements relating to performance are met and Pledge 1 is delivered. Key performance responsibilities of the Committee are:

(i) Performance Assurance Framework (PAF)

- To recommend updates and revisions and agree the PAF and seek approval by the ICB Board.

(ii) Regulatory compliance

- To approve ICB statutory performance reports for publication.
- To be assured that provider level performance is the best it can be, and on a journey of Quality Improvement (QI).

(iii) Risk

- To receive, consider and escalate for ICB action, any System Performance risks that manifest across organisational boundaries to a Risk Summit where these cannot be resolved locally.
- To consider any provider specific risks that rate high, and emerging risks that may threaten wider service delivery.
- ~~To consider the commissioning prioritisation framework at least annually before approval at Strategic Commissioning Committed.~~

Commented [AS8]: Move to the Strategic Commissioning and Productivity Committee.

(iv) Outcome Measures

- The purpose of collecting data is to provide a basis for action, recommendation, and acknowledgement to support a culture of Quality Improvement and delivery of high quality care for our population.

6.3 General

6.3.1 Triangulation

- Triangulate quality and performance outcomes to ensure context is understood, the current position is clear and decisions around next steps are both valid and reliable.

6.3.2 The CommitteeQPC does not have executive powers and will not:

- Directly intervene in performance management, contractual or regulatory functions, though it can advise on necessary changes and improvements.
- Substitute the need for individual organisations to act promptly when pressing concerns become apparent.

6.3.3 Confidentiality

To enable the exchange of information between attendees at this meeting to be carried out in accordance with the Data Protection Act 2018, the Human Rights Act 1998, the Freedom of Information Act 2000 and the Common Law Duty of Confidentiality, all attendees must undertake to:

- Ensure all information shared and exchanged within the confines of this meeting is for the specific purpose of the meeting and members agree to:

- not to reveal any confidential information to any person outside of the meeting.
- store all confidential information securely.
- not to make copies or duplicates of the confidential information except to the extent that it is reasonably necessary to carry out any follow up actions.
- Use information exchanged within this meeting for the purpose of identifying any action that can be taken by any of the agencies or departments in attendance to resolve the problem under discussion.
- Treat a disclosure of information outside the meeting, beyond that agreed at the meeting, as a breach of the subjects' confidentiality and a breach of the confidentiality of the agencies involved.

Unless exempt, all papers should be considered as subject to the Freedom of Information Act (FOI). Information sharing agreements between members will be agreed as a principle of working together. All papers that are exempt from public release under the FOI Act must be clearly marked 'in confidence, not for publication'. These papers may not be copied or distributed outside of the Group membership without the expressed permission of the Chair. FOI exemption 41 (duty of confidence) applies.

8. Behaviours and Conduct

8.1 ICB Values

- 8.1.1 Members will be expected to conduct business in line with the ICB values and objectives ensuring that everyone can be present without harassment, interruption, fear or intimidation.
- 8.1.2 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 Valuing equality, diversity and inclusion

- 7.3.1 All delegates attending the meeting, must undertake to:
 - treat all people with respect and act in a way which does not unlawfully discriminate against or exclude anyone.
 - encourage and enable representation from under-represented groups.
 - ensure that the meeting is enabled for people with disabilities, e.g., availability of hearing loops, use of virtual chat functions.

- act in a fair and responsible way to any staff, fellow delegates or volunteers they encounter.
- communicate in advance to the chair, facilitator or nominated officer any information necessary to help them at the meeting or event.

7.3.2 Members must demonstrably consider the equality and diversity implications of decisions they make to ensure health and care is accessible and available.

7.4 Collective responsibility

All people coming to the meeting agree they will:

- Always observe the authority of the chair or facilitator if one is present, raising points and matters for discussion only through the chair at formal meetings.
- Listen to and respect the views and experiences of other people contributing.

9. Accountability and reporting

8.1 The Committee is accountable to the ICB and provides assurance to the ICB and separately to NHS Midlands via the Regional Quality Surveillance Group.

8.2 The minutes of the meetings shall be formally recorded, supported with an action log and risk registers.

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

8.5 The CommitteeQPC also reports, through local authority representation, into the relevant Shropshire, Telford and Wrekin Local Authorities Assurance Committees and to the regional NHS England teams on risks and issues.

8.6 Individual members and advisory/task and finish group leads are responsible for reporting back on activities.

8.7 The CommitteeQPC will consider reports from national policy work and other sources.

8.8 The CommitteeQPC will receive reports from:

8.8.1 For quality

- ICS Quality Risk Register
- Health Protection Board

- LMNS Programme Board
- Providers by exception
- Healthwatch
- Safeguarding Adult and Child including Looked After Children Group
- System Quality Group
- Learning Disability, and Autism Group
- Children's and Young Peoples Group
- Statutory Quality Reports

8.8.2 For performance

- Primary care (ICB Lead)
- Shropshire Doctors (Provider/Shropshire Doctors)
- Shropshire Community (Provider/SCHT)
- Urgent and Emergency Care Group
- ICB Cancer and Planned Care Group
- Mental Health Provider (Provider/MPFT)
- Elective Recovery Fund (ICB Business Intelligence and Planning)
- ICS Performance Risk Register

8.9 The chair and relevant local authority lead member shall draw to the attention of STW ICB any issues that require its consideration or executive action.

8.10 Reporting arrangements may change and will be updated to reflect the changes.

10. Secretariat and Administration

9.1 The meeting will be administered by STW ICB and this arrangement is to be kept under review. The secretariat function will ensure that:

- The agenda and papers are prepared and distributed in accordance with the time line below.
- Attendance is monitored and non-attendance flagged to the Chair
- Minutes are taken and an action log is maintained
- The agreed business cycle is maintained and reviewed annually or more frequently if required
- Meetings are recorded and made accessible via MS Teams if conducted by virtual means.

9.2 Agenda and Papers

9.2.1 Requests to add agenda items should be made to the chair no later than 5 working days prior to each meeting.

9.2.2 A business cycle of reporting will be maintained.

9.2.3 A final agenda and relevant papers will be circulated electronically to members in 5 working days in advance of each meeting.

9.2.4 Organisational representatives are responsible for ensuring papers are submitted in correct format and on time. Any papers for the Group should be accompanied with a front sheet outlining the purpose, summary of points and clear recommendations.

9.2.3 Minutes

Draft minutes approved by the chair are to be circulated no later than 10 working days after the meeting date. Minutes will be signed off as a true and accurate record of the meeting at each subsequent meeting as a standing agenda item.

10. Review

10.1 The Committee will review its effectiveness at least annually.

10.2 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 ICB for approval.

NHS Shropshire, Telford and Wrekin

System Strategy and Commissioning and Prevention Committee

Terms of Reference

1. Constitution

1.1 The Strategy and Commissioning Committee ('the Committee') is established by the Board of NHS Shropshire, Telford and Wrekin (the Board or NHS STW) as a Committee of the Board in accordance with its Constitution

1.4 These Terms of Reference (ToR), which must be published on NHS STW 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.

1.5 The Committee's members, including those who are not members of the Board, are bound by the Standing Orders and other policies of NHS STW.

2 Authority

2.1 The 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 NHS STW (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 NHS STW 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 NHS STW's constitution, Standing Orders and Scheme of Reservation and Delegation (SoRD) but may not delegate any decisions to such groups.
- For the avoidance of doubt, the Committee will comply with NHS STW Standing Orders, Standing Financial Instructions and the SoRD

3. Purpose

3.1 The duties of the Committee will be driven by NHS STW's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however this will be flexible to new and emerging priorities and risks.

3.2 The Committee will oversee development of the Joint Forward Plan (owned by NHS STW and approved by the Board) which will be informed by the Integrated Care Partnership's Integrated Care Strategy, the key needs of the STW population and the NHS mandated priorities.

3.2.3 Promote the engagement of the boards of all organisations across the ICS to support the delivery of the Joint Forward Plan and Integrated Care Strategy.

~~3.3 Monitor the ICS's progress against the System Oversight Framework Segment 4 (NOF4) Exit Criteria, holding the relevant committees and partners accountable.~~

3.4 Accelerate the delivery of the ICS's strategic aims, objectives and plans with the ambition of driving improvement in quality and safety, strengthen workforce resilience, reduce duplication and drive productivity improvements and cost reduction.

3.5 Promote a system-wide approach and cross functional alignment to the ICS's strategic activities

3.6 Ensure alignment of strategic activities with the ICS's Ten Pledges and its objectives outlined in the Joint Forward Plan.

3.7 Work to ensure that the roles and individuals required to support the delivery of agreed strategically-focused tasks, projects, work-streams or actions are identified and resourced and that the requirement to provide sufficient resources is understood at System and organisational level.

~~3.8 Provide strategic oversight of commissioning of health and care services by the ICB/ICS, which includes Provide strategic oversight to delegated primary care services delegated to the ICB from NHS England; including General Medical Services (GMS), Pharmacy, Optometry and Dentistry and some prescribed specialised commissioned services.~~

~~3.9 Provide oversight of key prevention initiatives at a system level.~~

~~3.8~~

~~The Committee will provide strategic oversight of commissioning of health and care services by the ICB/ICS, which includes Primary General Medical services (GMS) delegated to the ICB from NHS England. This includes recommendation of clinical and non clinical system strategies within the Committee's remit to the Board for approval and approval of clinical and non clinical commissioning policies and approval of contracting decisions within approved budgets to include:-~~

Commented [AS9]: Moves to System Transformational and Digital Group

Commented [AS10]: Move to the Strategic Commissioning and Productivity Committee.

- Approval of contracts/contract variation for any healthcare services within approved budgets-
- Approval that NHS STW proceeds to procurement for healthcare services which will include the approval of the timeline for procurement, the proposal for procurement and the service specification-
- Approval of the award of healthcare services procurement-
- Approval of extension of healthcare contracts, where provision for an extension has been made within the contract terms-
- Approval of the policies and procedures to support the arrangements for discharging the statutory and delegated duties associated with its clinical and non-clinical commissioning functions-
- Approval of the ICB's Commissioning Intentions provided these are within the scope of the Joint Forward Plan-
- Arranging for the provision of health services in line with allocated resources across the ICS by putting contracts and agreements in place to secure delivery of its plan by providers-
- Co-ordinating a common approach to the commissioning and delivery of Primary General Medical Services with other health and social care bodies in respect of the area where appropriate-
- Such other ancillary activities that are necessary in order to exercise the Primary General Medical delegated functions-
- Arranging for the provision of health services in line with allocated resources across the ICS by supporting the development of primary care networks (PCNs) as the foundations of out of hospital care and building blocks of place based partnerships including through investment in PCN management support, data and digital capabilities, workforce development and estate-
- Decisions in relation to the commissioning and management of Primary General Medical Services-
- Approval of budget plan for managing Primary General Medical Service delegated funds in respect of the area and strategic management of funds outside approved budget-
- Overseeing reviews of Primary General Medical Services in respect of the area-
- Arranging for the provision of health services in line with allocated resources across the ICS by working with local authority and voluntary, community and social enterprises sector (VCSE) partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care and agreeing personal health budgets and direct payments for care-
- Provide oversight and approval of the arrangements for managing exceptional funding requests-

3.10 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.

3.115 The Committee will provide strategic oversight, alignment and scrutiny to the development of a number of system-wide programmes of work; data and digital,

estates and procurement, People and Culture, System Oversight, Primary Care Services, system wide transformation programmes, health inequalities, population health management and climate change.

4. **Membership and attendance**

4.1 **Membership**

4.1.1 The committee members will be appointed by the Board in accordance with NHS STW Constitution.

4.1.2 The Board will appoint no fewer than 4 members of the Committee. Other members of the Committee need not be members of the Board.

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

4.1.6 The Committee members shall be appointed by the Board in accordance with the constitution.

4.1.7 The Membership of the Committee is:

- The Chair – either an NHS provider Non Executive Director or an ICB Non Executive Director
- Vice Chair - either an NHS provider Non Executive Director or an ICB Non Executive Director
- ICB Chief Strategy Officer
- ICB Chief Finance Officer or deputy
- ICB Chief Medical Officer or deputy
- ICB Chief Nursing Officer or deputy
- A nominated Senior Executive strategy lead from:
 - Shropshire Community Healthcare NHS Trust
 - Shrewsbury and Telford NHS Trust
 - The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
 - Midlands Partnership University NHS Foundation Trust
- A nominated non-executive director from:
 - Shropshire Community Healthcare NHS Trust
 - Shrewsbury and Telford NHS Trust
 - The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
 - Midlands Partnership University NHS Foundation Trust
- A representative from Shropshire Council
- A representative from Telford and Wrekin Council
- One representative of General Practice Primary Care Providers who will be one of the Board General Practice Partners
- One representative from the VCS

4.1.6 If a member is unable to attend then they may nominate a deputy:

- The deputy for non-executive members must be a non-executive director from the member's own organisation;
- The deputy for the General Practice Primary Care Providers must be another individual from a General Practice Primary Care Provider.
- The deputy for other members must have delegated authority on behalf of the organisation they represent
- The deputy shall be treated as a full member, and count toward quoracy.

4.17 The chairs of the Operational Groups that report into the Committee will be responsible for escalating issues or risks to the Committee.

4.2 Chair and Vice Chair

- 4.2.1 In accordance with the Constitution, the Committee will be chaired by either a Non Executive Director of an NHS Provider Trust or an ICB Non Executive Director, appointed on account of their specific knowledge, skills and experience making them suitable to chair the Committee.
- 4.2.2 The Vice Chair of the Committee shall be either an NHS Provider Trust non Executive Director or an ICB Non Executive Director.
- 4.2.3 In the event that the Chair is unavailable, the Vice Chair will chair the meeting. Where the Chair and Vice Chair are not in attendance, committee members may appoint a temporary Chair who is qualified and appropriate to lead the meeting in their absence.
- 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 the meetings of the Committee may be attended by individuals who are not members of the committee.

4.3.2 Additional attendees shall be invited as required at the discretion of the Chair and specifically the following:

- Clinical representatives - on the advice of the ICB Chief Medical Officer and Chief Nursing Officer.
- ICS Digital Lead
- ICB Director of Planning, ~~and~~ Performance, ~~Analytics and BI-~~
- ICB Director of Commissioning
- ICB Director of Strategy and Development
- ICS Chief Pharmacist
- Healthwatch Shropshire
- Healthwatch Telford and Wrekin

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

4.5 Attendance

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

5. Meetings, quoracy and decisions

5.1 Meetings

5.1.1 The Committee will meet remotely, members attending using electronic means will be counted towards the quorum.

5.1.2 Meetings will take place in private.

5.1.3 The Committee shall meet a minimum of four times per year.

5.1.4 Due to the nature of the item on an agenda the Chair may direct that items are taken in confidential session where this is in the public interest; this includes but not limited to, award of contracts and other commercially sensitive contractual discussions. Only voting members will be invited to this part of a meeting. The Chair may invite attendees to the meeting where they are contributing specific knowledge of the items under discussion. This part of the meeting will be minuted separately and approval of the minutes will be by voting members present at the next confidential meeting.

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 a deputy elected from the voting members present).

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 Where the meeting is unable to maintain the quoracy stipulated for the meeting due to the number of members required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.

5.2.5 In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the ICBs standing orders/terms of reference. Where the meeting is not quorate, owing to the

absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the Chief Executive Officer and Chief Business Officer of the ICB on the action to be taken.

5.2.6 In these circumstances the ICB may adopt one of the following actions:

- a. requiring another of the ICB's committees/group or sub-committees/sub-groups which can be quorate to progress the item of business,
- b. where the initial responsibility for the decision does not rest with the Board, refer the decision to the Board and exclude any Board members with an interest from the decision making process,
- c. Subject to the provisions of clause 5.2.7, inviting on a temporary basis one or more of the following individuals who are not conflicted shall act as members for the duration of the relevant meeting, in order to make up the quorum so that the ICB can progress the item of business:
 - I. a voting member of the Board;
 - II. a voting member of a committee/group, sub committee or sub-group of the ICB;
 - III. a voting member of the Shropshire, Telford and Wrekin Integrated Care Partnership;
 - IV. a voting member of an NHS Trust/ Foundation Trust Board of those organisations listed in section 3.5.1 of the Constitution.

These arrangements must be recorded in the minutes.

5.2.7 In choosing which of the four categories of individual to invite as outlined in 5.2.6(c) above, the Chair and Chief Executive Officer will consider the need for the relevant individual to have either clinical knowledge, patient experience knowledge, and/or locality knowledge and the independence that the proposed individual may bring, in the circumstances and in relation to the item which is to be subject to discussion and decision making at the meeting.

5.2.8 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 making decisions. 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 matters. 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 the telephone, email or other electronic communication.

5.3.4 Where any such action has been taken in 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 Group have conflicts of interest with items on the agenda such, that they would be required to absent themselves from the meeting.

6. Responsibilities of the Committee

6.1 Development of the Joint Forward Plan.

6.1.1. The Committee will recommend the overall strategic direction of the ICS to the Board, and oversee the development of the ICS Joint Forward Plan, working in collaboration with the Statutory Boards, including:

- Formulation of a clear approach to developing and delivering the Joint Forward Plan agreed with all organisational boards
- ~~Development of a decision-making approach in conjunction with organisation boards to agreed any additions to costs across the STW system and to pursue opportunities for cost reduction. This will be in conjunction with both the Integrated Delivery Committee and Finance Committee.~~
- Benchmarking against regional and national population health outcomes data to develop future opportunities
- Approve the involvement arrangements for the Joint Forward Plan.
- ~~Recommend the commissioning strategic intent for the ICB to the Board.~~
- Recommend the Joint Forward Plan to the Board and approve any revisions to it.
- Leading system wide action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.

- Using joined up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes
- ~~Driving joined up strategic direction work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.-~~

6.2 ICS Strategy development

~~6.1.16.2.1 The Committee will ensure that all ICS strategies are reviewed in light of the JFP and recommended to Board for adoption.-~~

6.3 System Improvement Plan

~~6.2.1 The Committee will oversee the development and monitor the delivery of the System Improvement Plan to deliver financial balance including:-~~

- ~~Establishment of robust decision-making processes for agreement of investments within the affordable funding envelope, in conjunction with the Finance Committee and System Transformation Group.-~~
- ~~Development of an integrated approach to system planning processes-~~
- ~~Development of a financial model for the system, in conjunction with the Finance Committee.-~~
- ~~Development of performance processes to provide oversight of SOF Exit criteria to include metrics and improvement plans in conjunction with the System Transformation Group.-~~

~~6.3 3.5~~ The Committee will provide strategic oversight, alignment and scrutiny to the development of the following system-wide programmes of work:

Data and Digital

- Ensure the development and delivery of our STW ICS Digital Strategy , underpinned by the Data and Digital Transformation Plan
- Leading system wide action on data and digital; working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.
- Using joined up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes.

Estates and Procurement

- Ensure the development and delivery of our STW ICS Estates Strategy.
- Review the strategic alignment of the One Public Estates' plans with other strategic estates programmes, such as the Hospital Transformation Programme (HTP).
- Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.

Commented [AS11]: This sits with the System Transformational and Digital Group

People and Culture

- Ensure alignment of our One People Plan (previously our People Plan and Workforce Transformation Programme) with other strategic priority areas.

Delegated Commissioning

- ~~Monitor the strategic implementation of our Commissioning practice in alignment with national policy and our Operating Model for delegated commissioning: Pharmacy, Optometry and Dentistry and from 1st April 2024 some Specialised Commissioned services.~~

Commented [AS12]: Moves to new Strategic Commissioning and Productivity Committee

Primary Care Services

- Ensure the alignment of system plans relating to Primary Care: General Medical services, Pharmacy, Optometry and Dentistry with the Joint Forward Plan and other strategic programmes of work in NHS STW

System-wide Service Transformation Programmes

- Ensure the alignment of system-wide programmes of work to the Joint Forward Plan and primary care service plans to include but not limited to: Hospitals Transformation Programme (HTP) and Local Care Programme (LCP)

Health Inequalities

- Ensure that health inequalities are addressed in the ICB's strategic objectives and that the Joint Forward Plan seeks to improve the outcomes in STW population's health

Population Health Management

- Ensure that the population health management data available in the system is used as a key enabler to help drive data led focus on person centred care through integrated services, to inform the development of the Joint Forward Plan and locally commissioned services at Place and neighbourhoods.

Climate Change

- Ensure the development and delivery of our STW ICS Green Plan.
- Leading system wide action on climate change; working with partners across the NHS and with local authorities to put in place foundations to address climate change risks.

6.4 Delegated Assurance Activity

6.4.1 The Committee will provide oversight and assurance of any other activity delegated to it by the ICS Board or, at the discretion of the Chair, at the request of any system member organisation.

6.4 Public and Patient Involvement

~~6.4.1 The Committee will oversee and assure at least annually that the ICB is discharging its statutory responsibilities for involvement of its population in service planning and decision making and that this is meeting the Public Sector Equality Duty under the Equalities Act 2010.~~

6.5 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.

76 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.

87 Accountability and reporting

Commented [AS13]: Moves to new Strategic Commissioning & Productivity Committee as this is part of the strategic commissioner role

8.1 The Committee shall report to the Integrated Care 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 at 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 and groups will report into this Committee:

- ~~Commissioning Working Group~~
- ~~Primary Care Access and Transformation Group~~
- Strategy Leads Group
- Equality and Involvement Assurance Sub Committee (annually)
- Population Health Management Group
- Health Inequalities Group
- Strategic Digital Group
- Strategic Estates Working Group
- Workforce Transformation Group

Commented [AS14]: Moves to new Strategic Commissioning & Productivity Committee

9. Secretariat and administration

10.1 Agenda and Papers

9.1.1 The Agenda for each meeting shall be approved by the Chair.

9.1.2 Final agendas and relevant papers will be circulated electronically to members in advance of each meeting.

10.2 Secretariat

10.2.1 The production of papers, agendas and minutes shall be supported by a secretariat provided by the STW ICB which will ensure 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 highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;

- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- 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 actions 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 NHS STW for approval.

NHS Shropshire, Telford and Wrekin

System Transformational and Digital Group

Terms of Reference

1. Constitution

1.1 The System Transformational and Digital Group ('the Group') is established by the Board of NHS Shropshire, Telford and Wrekin (the Board or NHS STW) as a Management Group reporting to the Board in accordance with its Constitution.

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

1.3 The Group's members, including those who are not members of the Board, are bound by the Standing Orders and other policies of NHS STW.

2. Authority

2.1 The Group is authorised by the Board to:

2.1.1 Oversee the development and delivery of the Transformation Programme and the individual projects and programmes that reflect the Joint Forward Plan-including:

- Urgent and Emergency Care
- Elective Care, Cancer and Diagnostics
- Children and Young People
- Workforce (agency and recruitment)

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- Hospital Transformation Programme
- Local Care Programme
- Mental health, Learning Disability and Autism
- Financial Improvement
- Enabling transformational programmes that include but are not limited to: digital and workforce and other transformation programmes as they develop.

CEO SRO's will provide exception reporting at each meeting of the Group and deep dive reports as outlined in a forward plan for the year to System Transformation al and Digital Group:

- Urgent and Emergency Care – - CEO, Shrewsbury and Telford Hospital NHS Trust Louise Barnett-
- Elective Care, Cancer and Diagnostics - - CEO of the Robert Jones and Agnes Hunt (RJAH) Orthopaedic Hospital NHS Foundation Trust Stacey Lee Keegan-
- Children and Young People – to be confirmed
- Workforce (agency and recruitment) – - CEO of the Robert Jones and Agnes Hunt (RJAH) Orthopaedic Hospital NHS Foundation Trust Stacey Lee Keegan-
- Hospital Transformation Programme – - CEO, Shrewsbury and Telford Hospital NHS Trust Matthew Neal-
- Local Care Programme – - CEO, Shropshire Community Health NHS Trust Patricia Davies-
- Mental health, Learning Disability and Autism – - CEO, Midlands Partnership University NHS Foundation Trust Neil Carr delegated to Cathy Riley-
- Financial Improvement – Simon Whitehouse - CEO, NHS Shropshire, Telford and Wrekin

2.1.2 Oversee the delivery of the ICS performance against the underlying financial deficit.

2.1.3 Accelerate the delivery of the sustainability programme through the delivery of agreed programmes to drive improvement in quality and safety, strengthen workforce resilience, reduce duplication and drive productivity improvements and cost reduction.

2.1.3 Agreement of key delivery responsibilities at organisation and system level with project plans to ensure clarity and delivery.

~~2.1.4 Provide oversight to the Investment Panel and ensure rigorous evaluation of benefits realisation and return on new investment.~~

2.1.4 Promote a system-wide approach to the delivery of transformation programmes.

2.1.5 Work to ensure that the roles and individuals required to support the delivery of agreed tasks, projects, work-streams or actions are identified and resourced and appropriate resources are identified from all system partners as appropriate.

Commented [AS15]: Moves to Strategic Commissioning & Productivity Committee and reference to Investment Panel now is oversight of the Strategic Decision Making Framework

2.1.6 Put in place processes to monitor and address relevant risks and issues, particularly in relation to the under-delivery of agreed actions and system delivery against NHS mandated standards and targets.

2.1.7 Investigate any activity within its terms of reference

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

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

2.1.10 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 Group must follow any procedures put in place by NHS STW for obtaining legal or professional advice

2.1.11 Create sub groups and task and finish sub-groups to take forward specific programmes of work as considered necessary by the Group's members. The Group shall determine the membership and terms of reference of any such sub group or task and finish sub-groups in accordance with NHS STW'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 Group will comply with NHS STW Standing Orders, Standing Financial Instructions and the SoRD.

3. Purpose

3.1 The duties of the Group will be driven by NHS STW's objectives, Joint Forward Plan and any associated risks. An annual programme of business will be agreed before the start of the financial year. However, this will be flexible to new and emerging priorities and risks.

3.2 The purpose of the Group is to:

- Provide assurance, oversight and support to the development and delivery of the STW ICS Transformation Programmes, the Financial Improvement Plan and Cost Improvement Plan to ensure that transformation is achieved at the required pace and remains aligned to Joint Forward Plan. Ensure allocation of resources to support delivery.
- Provide assurance, oversight and support to the enabling and support services workstreams that contribute to the Transformation Programmes and upon which the programmes are dependent to achieve the required outcomes.
- Serve as the point of escalation for operational ~~delivery~~transformation groups created by the Group specifically including for the following areas:
- Urgent and Emergency Care

- Elective Care, Cancer and Diagnostics
 - Children and Young People
 - Workforce (agency and recruitment)
 - Hospital Transformation Programme
 - Local Care Programme
 - Mental health, Learning Disability and Autism
 - Financial Improvement
-
- Address interdependencies across STW transformation programmes and ensure continued congruence of programmes with operational activities.
 - Ensure that the transformation programmes remain aligned to delivery of the Financial Strategy.
 - ~~Provide oversight to the Investment Panel and ensure that that investment decisions across the ICS remain compliant with the requirements of the national Recovery Support Programme and adhere to the agreed System process.~~
 - Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.
 - Arranging for the provision of health services in line with allocated resources across the ICS by convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes
 - Oversee the delivery against the System Improvement Plan and for discharging exist criteria applicable as part of any segmentation regime.
 - Oversee the delivery of the ICS performance against the underlying financial deficit, to include;
 - Recovery Support Programme
 - Financial Improvement Plan
 - System Cost Improvement Programme:
 - Oversight of combined provider and commissioner delivery
 - Oversight and assurance of system financial improvement programmes i.e. medicines management, procurement, estates and joint commissioning as required.

Commented [AS16]: Moves to Strategic Commissioning & Productivity Committee and reference to Investment Panel now is oversight of the Strategic Decision Making Framework

3.3 To ensure risks associated with the remit of the Group 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.

3.3 Out of Scope

- Organisation-specific transformation programmes, although interdependencies will be tracked by the Group to manage risks to delivery of the transformation programmes
- Organisation-specific financial efficiency programmes, although interdependencies will be tracked by the Group to manage risks to delivery of the transformation programmes
- Operational performance that is within the remit of the operational groups reporting into System Transformational and Digital Group.

4. Membership and Attendance

4.1 Membership

4.1.1 The Group members shall be appointed by the Board in accordance with the constitution.

4.1.2 The Board will appoint no fewer than 7 members of the Group. Other members of the Group need not be members of the Board.

4.1.3 The voting membership of the Group is:

- NHS STW Provider Chair (Chair)
- ICB CEO (Vice Chair)
- ~~ICB Chief Finance Officer (Vice Chair)~~
- CEO, Midlands Partnership University NHS Foundation Trust
- CEO, Shrewsbury and Telford Hospital NHS Trust
- CEO, Shropshire Community Health NHS Trust
- CEO, Shropshire Council
- CEO, Telford & Wrekin Council
- CEO of The Robert Jones an Agnes Hunt (RJA) Orthopaedic Hospital NHS Foundation Trust

4.1.4 If a member is unable to attend then they may nominate a deputy:

- The deputy for Group members must have delegated authority on behalf of the organisation they represent.
- The deputy shall be treated as a full member, and count toward quoracy.

4.1.5 The chairs of the Operational Groups reporting into The Group will be responsible for escalating issues or risks to The Group within their monthly exception reporting.

4.2 Chair and Vice Chair

4.2.1 The Group will be chaired by ~~an~~the NHS ~~STW Provider Chair~~STW Chief Executive Officer.

4.2.2 The Vice Chair of the Group shall be NHS STW ~~CEO~~ Chief Finance Officer.

4.2.3 If the Chair and Vice Chair are unavailable, Group members may appoint at the beginning of the meeting a temporary Chair from the voting members of the Group

who is qualified and appropriate to lead the meeting in the absence of the Chair and Vice Chair.

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 Group have the right to attend Group meetings, however all the meetings of the Group will be attended by individuals who are not members of the Group as follows:

- ICB Chief Finance Officer
- Chief Delivery Officer
- ICB Chief Medical Officer
- ICB Chief Nursing Officer
- ICB Chief Strategy Officer
- Director of Hospital Transformation Programme - SaTH

4.3.2 Additional attendees who are senior managers who support SROs and lead on the programme areas at the discretion of the Chair, shall be invited as required at the discretion of the Chair.

4.4 Attendance

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

5. **Meetings, quoracy and decisions**

5.1 Meetings

5.1.1 The Group will meet in person, however where this is not possible the Group will meet remotely and members attending using electronic means will be counted towards the quorum.

5.1.2 Meetings will take place in private.

5.1.3 The Group shall meet a minimum of four times per year, but with the expectation that meetings occur monthly except for August and December.

5.1.4 Arrangements and notice for calling meetings are set out in the Standing Orders.

5.1.5 Additional meetings may take place as required; The Board, Chair or Chief Executive may ask the Group to convene further meetings to discuss particular issues on which they want the Group's advice.

5.2 Quorum

- 5.2.1 For a meeting to be quorate a minimum of 50% members is required, including either the Chair or Vice Chair or the deputy chair where this has been agreed with the Chair and the members of the meeting.
- 5.2.2 If any member of the Group 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 Where the meeting is unable to maintain the quoracy stipulated for the meeting due to the number of members required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.
- 5.2.5 In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the ICBs standing orders/terms of reference. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the Chief Executive Officer and Chief Business Officer of the ICB on the action to be taken.
- 5.2.6 In these circumstances the ICB may adopt one of the following actions:
- a) requiring another of the ICB's committees/group or sub-committees/sub-groups which can be quorate to progress the item of business,
 - b) where the initial responsibility for the decision does not rest with the Board, refer the decision to the Board and exclude any Board members with an interest from the decision making process,
 - c) Subject to the provisions of clause 5.2.7, inviting on a temporary basis one or more of the following individuals who are not conflicted shall act as members for the duration of the relevant meeting, in order to make up the quorum so that the ICB can progress the item of business:
 - I. a voting member of the Board;
 - II. a voting member of a committee/group, sub committee or sub-group of the ICB;

- III. a voting member of the Shropshire, Telford and Wrekin Integrated Care Partnership;
- IV. a voting member of an NHS Trust/ Foundation Trust Board of those organisations listed in section 3.5.1 of the Constitution.

These arrangements must be recorded in the minutes.

- 5.2.7 In choosing which of the four categories of individual to invite as outlined in 5.2.6(c) above, the Chair and Chief Executive Officer will consider the need for the relevant individual to have either clinical knowledge, patient experience knowledge, and/or locality knowledge and the independence that the proposed individual may bring, in the circumstances and in relation to the item which is to be subject to discussion and decision making at the meeting.
- 5.2.8 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. Any such decisions must be reported to the next scheduled meeting.

5.3 Decision-making and voting

- 5.3.8 Decisions will be taken in accordance with the standing orders. The expectation is that the Group shall ordinarily reach conclusion by consensus when making decisions
If consensus cannot be achieved each member may cast a vote.
- 5.3.9 Only members of the Group may vote. Each member is allowed one vote and a majority will be conclusive on any matters. If a majority cannot be reached by voting, the Chair shall have a second, deciding vote.
- 5.3.10 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.
- 5.3.11 Where any such action has been taken between meetings, then these will be reported to the next meeting.
- 5.3.5 The Group 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 Group 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 Group

6.1 The Group's responsibilities can be summarised as; development and implementation of the STW ICS Transformation Programmes, the Financial Improvement Programme & Enabling Workstreams and categorised as follows:

6.2 The purpose of the Group is to provide oversight of and support to the development and delivery of the STW ICS Sustainability Transformation Programmes and Financial Improvement Programme to:

6.2.1 Ensure that they achieve the financial and quality outcomes expected within time and budgetary constraints

6.2.2 Monitor key risks and ensure that appropriate mitigating action is in place and achieving desired impact

6.2.3 Review and resolve escalated issues as required

6.2.4 Ensure sufficient resources are allocated including across enabling activities

6.2.5 Identify and monitor interdependencies to ensure effective management including:

- Interdependencies with other System-wide or organisation-specific transformation programmes
- Dependencies on enabling workstreams

6.2.6 Ensure that the programmes remain aligned to Joint Forward Plan and other System strategies as they emerge inc. the financial strategy and the clinical strategy and that programmes support delivery of the ten System pledges

6.2.7 Oversight of interdependencies with the STW ICS operational groups specifically in relation to the System Transformation programmes through receipt of chair reports and escalated risks and issues

6.2.8 Oversight of enabling groups and workstreams that contribute to the Transformation programmes and upon which the programmes are dependent to achieve the required outcomes

6.2.9 Ensure delivery plans are developed that achieve accelerated implementation

6.2.10 Development of a collective approach to delivery of transformation priorities, reframing the deliverables, impact evaluation and accountabilities

6.2.11 Monitor delivery of Financial Efficiency Programme

6.2.12 Oversight of the Efficiency Programme to ensure alignment with the Sustainability Transformation Programmes

~~6.2.13 Oversight of the Investment Panel to ensure that investment decisions remain aligned to the Financial Strategy and meet the requirements of the national Recovery Support Programme.~~

Commented [AS17]: Moves to Strategic Commissioning & Productivity Committee and reference to Investment Panel now is oversight of the Strategic Decision Making Framework

6.3 System Improvement Plan

6.3.1 The Committee will oversee the development and monitor the delivery of the System Improvement Plan to deliver financial balance including:

- Establishment of robust decision-making processes for agreement of investments within the affordable funding envelope, in conjunction with the Finance Committee and System Transformation Group.
- Development of an integrated approach to system planning processes
- Development of a financial model for the system, in conjunction with the Finance Committee.
- Development of performance processes to provide oversight of SOF Exit criteria to include metrics and improvement plans in conjunction with the System Transformation Group.

6.2 Monitor the ICS's progress against the respective System Oversight Framework Segment Exit Criteria, holding the relevant committees and partners accountable.

6.4 Delegated Assurance Activity:

6.3.1The Group will provide oversight and assurance of any other activity delegated to it by NHS STW or, at the discretion of the Chair, at the request of any system member organisation.

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 Group 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 Reporting

8.1.1 The Group shall report to the Integrated Care Board on how it discharges its responsibilities.

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

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

8.2 Accountability

8.2.1 The Group is accountable to the Integrated Care Board.

9. **Secretariat and administration**

9.1 Agenda and Papers

9.1.1 The agenda for each meeting shall be approved by the Chair.

9.1.2 Final agendas and relevant papers will be circulated electronically to members in advance of each meeting.

9.2 Secretariat

9.2.1 The production of papers, agendas and minutes shall be supported by a secretariat function provided by the STW ICS

9.2.2 The secretariat function will ensure 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 that meetings that do not meet minimum requirements are highlighted to the Chair
- Records of members' appointments and renewal dates are maintained and that the Board is prompted to renew membership and identify new members where necessary
- Good quality minutes are taken in accordance with the standing orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept
- The Chair is supported to prepare and deliver reports to the Board
- The Group is updated on pertinent issues/ areas of interest/ policy developments
- Action points are taken forward between meetings and progress against those actions is monitored.

10. Review

- 10.1 The Group will review its effectiveness at least annually.
- 10.2 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 NHS STW for approval.

NHS Shropshire, Telford and Wrekin

Audit Committee

Terms of Reference

1. Constitution

- 1.1 The Audit Committee (the Committee) is established by the Board of NHS Shropshire, Telford and Wrekin (the Board or NHS STW) as a Committee of the Board in accordance with its Constitution.

- 1.2 These Terms of Reference (ToR), which must be published on NHS STW 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 a non-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 NHS STW.

2. Authority

- 2.1 The Audit 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 NHS STW (who are directed to co-operate with any request made by the Committee) within its remit 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 NHS STW 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 NHS STW'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, NHS STW Standing Orders, Standing Financial Instructions and the SoRD, other than for any exceptions agreed by the Board.

3. Purpose

- 3.1 To contribute to the overall delivery of NHS STW objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within NHS STW.
- 3.2 The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however this will be flexible to new and emerging priorities and risks.
- 3.3 The Audit Committee has no executive powers, other than those delegated in the Scheme of Reservation and Delegation and specified in these terms of reference.

4. Membership and attendance

4.1 Membership

- 4.1.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

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

4.1.3 Neither the Chair of the Board, nor employees of NHS STW will be members of the Committee.

4.1.4 Members will possess between them knowledge, skills and experience in: accounting, risk management, internal, external audit; and technical or specialist issues pertinent to NHS STW's business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

4.1.5 The membership of the Committee will be as follows:

- Non Executive Director – Audit Committee (Chair)
- Non Executive Director – Remuneration Committee
- Non Executive Director – Digital
- Non Executive Director - Inequalities

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 The Committee will be chaired by the Non Executive Director – Audit Committee.

4.2.3 The Chair of the Committee shall be independent and therefore may not chair any other committees. In so far as it is possible, they will not be a member of any other committee.

4.2.4 Committee members may appoint a Vice Chair who may or may not be a Non Executive of NHS STW.

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

4.2.6 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 will also be attended by the following individuals who are not members of the Committee:

- a) Chief Finance Officer or their nominated deputy;
- b) Representatives of both internal and external audit;
- c) Individuals who lead on risk management and counter fraud matters;

- 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 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 and Community Providers.
- 4.3.4 The Chief Executive should be invited to attend the meeting at least annually.
- 4.3.5 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.

4.5 Access

- 4.5.1 Regardless of attendance, External Audit, Internal Audit, Local Counter Fraud and Security Management providers will have full and unrestricted rights of access to the Audit Committee.

5. Meetings Quoracy and Decisions

- 5.1 The Audit Committee will meet at least four times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.
- 5.2 The Board, Chair or Chief Executive may ask the Audit Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 5.3 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.

5.4 Quorum

- 5.4.1 For a meeting to be quorate a minimum of 50% members is required, with at least two ICB Non Executives in attendance.
- 5.4.2 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.
- 5.4.3 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.
- 5.4.4 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.

5.5 Decision making and voting

- 5.5.1 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.
- 5.5.2 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 5.5.3 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 5.5.4 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.

6. Responsibilities of the Committee

The Committee's duties can be categorised as follows.

6.1. Integrated governance, risk management and internal control

- 6.1.1 To review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of NHS STW's activities that support the achievement of its objectives, and to highlight any areas of weakness to the Board.
- 6.1.2 To ensure that financial systems and governance are established which facilitate compliance with DHSC's Group Accounting Manual.
- 6.1.3 To review the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of NHS STW's objectives, the effectiveness of the management of principal risks.
- 6.1.4 To have oversight of system risks where they relate to the achievement of NHS STW's objectives.
- 6.1.5 To ensure consistency that NHS STW acts consistently with the principles and guidance established in HMT's Managing Public Money.
- 6.1.6 To seek reports and assurance from directors and managers as appropriate, concentrating on the systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.
- 6.1.7 To identify opportunities to improve governance, risk management and internal control processes across NHS STW.

6.2 Internal audit

- 6.2.1 To ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the Board. This will be achieved by:

- Considering the provision of the internal audit service and the costs involved;
- Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;
- Considering the major findings of internal audit work, including the Head of Internal Audit Opinion, (and management's response), and ensure coordination between the internal and external auditors to optimise the use of audit resources;
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation; and
- Monitoring the effectiveness of internal audit and carrying out an annual review.

6.3 External audit

6.3.1 To review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

- Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit;
- Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan;
- Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee; and
- Reviewing all external audit reports, including to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

6.4 Other assurance functions

6.4.1 To review the findings of assurance functions in NHS STW, and to consider the implications for the governance of NHS STW.

6.4.2 To review the work of other committees in NHS STW, whose work can provide relevant assurance to the Audit Committee's own areas of responsibility.

6.4.3 To review the assurance processes in place in relation to financial performance across NHS STW including the completeness and accuracy of information provided.

6.4.4 To review the findings of external bodies and consider the implications for governance of NHS STW. These will include, but will not be limited to:

- Reviews and reports issued by arm's length bodies or regulators and inspectors: e.g. National Audit Office, Select Committees, NHS Resolution, CQC; and
- Reviews and reports issued by professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges and accreditation bodies).

6.5 Counter fraud

6.5.1 To assure itself that NHS STW has adequate arrangements in place for counter fraud, bribery and corruption (including cyber security) that meet the requirements of the Government Functional Standard 013: Counter Fraud and which will assist the NHS Counter Fraud Authority (NHSCFA) nationally in providing assurance to Cabinet Office of how the ICB is identifying and mitigating the risk of fraud, bribery and corruption.

6.5.2 To review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitor the implementation of action plans, provide direct access and liaison with those responsible for counter fraud, review annual reports on counter fraud, and discuss NHSCFA quality assessment reports should the ICB be chosen for a quality inspection by the NHSCFA during the year.

6.5.3 To ensure that the counter fraud service provides appropriate progress reports and that these are scrutinised and challenged where appropriate.

6.5.4 To be responsible for ensuring that the counter fraud service prepares an Annual Counter Fraud Report, which will incorporate a self-assessment against the Government Functional Standard 013: Counter Fraud (this self-assessment will be known as the Counter Fraud Functional Standard Return (CFFSR)). The report will outline key work undertaken during each financial year to meet the Government Functional Standard 013: Counter Fraud and will be approved by the Audit Committee Chair and Executive Chief Finance Officer in advance of submission by a deadline specified by NHSCFA.

6.5.5 To report concerns of suspected fraud, bribery and corruption to the NHSCFA using the national NHS counter fraud management system (known as CLUE).

6.6 Freedom to Speak Up

6.6.1 To review the adequacy and security of NHS STW's arrangements for its employees, contractors to raise concerns, in confidence, in relation to financial, clinical management, or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

6.7 EPRR and Business Continuity

Commented [AS18]: Moves to Strategic Commissioning & Productivity Committee as internal to the ICB

~~6.7.1 To receive regular updates on EPRR compliance and development of business continuity plans and any related issues and risks.~~

6.8 Information Governance (IG)

- 6.8.1 To receive regular updates on IG compliance (including uptake & completion of data security training), data breaches and any related issues and risks.
- 6.8.2 To review the annual Senior Information Risk Owner (SIRO) report, the submission for the Data Security & Protection Toolkit and relevant reports and action plans.
- 6.8.3 To receive reports on audits to assess information and IT security arrangements, including the annual Data Security & Protection Toolkit audit.
- 6.8.4 To provide assurance to the Board that there is an effective framework in place for the management of risks associated with information governance.

6.9 Financial reporting

- 6.9.1 To monitor the integrity of the financial statements of NHS STW and any formal announcements relating to its financial performance.
- 6.9.2 To ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.
- 6.9.3 To review the annual report and financial statements (including accounting policies) before submission to the Board focusing particularly on:
 - The wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;
 - Changes in accounting policies, practices and estimation techniques;
 - Unadjusted mis-statements in the Financial Statements;
 - Significant judgements and estimates made in preparing of the Financial Statements;
 - Significant adjustments resulting from the audit;
 - Letter of representation; and
 - Qualitative aspects of financial reporting.

6.10 Conflicts of Interest

- 6.10.1 The chair of the Audit Committee will be the nominated Conflicts of Interest Guardian.
- 6.10.2 The Committee shall satisfy itself that NHS STW's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with NHS STW policy and procedures relating to conflicts of interest.

6.11 Policy Management

6.11.1 The Committee shall satisfy itself that NHS STW's policy, systems and processes for the management of polices are effective including receiving reports relating to non-compliance with NHS STW policy on the management of polices.

6.12 Management

6.12.1 To request and review reports and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

6.12.2 The Committee may also request specific reports from individual functions within NHS STW as they may be appropriate to the overall arrangements.

6.12.3 To receive reports of breaches of policy and normal procedure or proceedings, including such as suspensions of NHS STW's standing orders, in order provide assurance in relation to the appropriateness of decisions and to derive future learning.

6.13 Communication

6.13.1 To oversee communications on governance, risk management and internal control with stakeholders internally and externally.

6.13.2 To develop an approach with other committees, including the Integrated Care Partnership, to ensure the relationship between them is understood.

6.14 Decision Making

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:
 - Approve NHS STW's counter fraud and security management arrangements including supporting plans, policies and procedures
 - ~~Approve NHS STW's risk management policies and procedures~~
 - ~~Approve the arrangements, including supporting policies and procedures for ensuring appropriate security, storage, management and transfer of information and data.~~
 - ~~Approve NHS STW's Freedom to Speak Up processes including supporting plans, policies and procedures.~~
 - Approve NHS STW's conflicts of interest policy and procedures
 - ~~Approve NHS STW's arrangements including supporting plans, policies and procedures for EPRR and business continuity.~~
 - ~~Approve arrangements including supporting policies and procedures for handling freedom of information requests.~~

Commented [AS19]: Moved all decision making that had been delegated to Audit for policy approval related to risk management, IG, FTSU, EPRR and policy management - now with new Strategic Commissioning & Productivity Committee

- ~~Approve NHS STW's policy management arrangements and oversight, including the policy on the management of policies, supporting plans, policies and procedures.~~

6.15 Auditor Panel

6.15.1 To meet Regulations under the Local Audit and Accountability Act 2014 the Chair and members of the Audit Committee will also constitute the Chair and membership of the Auditor Panel, which will meet separately to the Audit Committee as required and that these are recorded in formal minutes to be submitted to NHS STW and will:

- Advise NHS STW on the maintenance of an independent relationship with external auditors;
- Advise NHS STW on the selection and appointment of external auditors
- If asked, advise NHS STW on any proposal to enter into a limited liability agreement.

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 NHS STW'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.
- 8.3 The Chair will provide assurance reports to the Board at each meeting based upon the minutes of the meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.
- 8.4 The Audit Committee will provide the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement. The report will summarise its conclusions from the work it has done during the year specifically commenting on:
- The fitness for purpose of the assurance framework;
 - The completeness and 'embeddedness' of risk management in the organisation;
 - The integration of governance arrangements;
 - The appropriateness of the evidence that shows the organisation is fulfilling its regulatory requirements.

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 highlighting to the Chair those that do not meet the minimum requirements;
 - 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 and that a record of matters arising, action points and issues to be carried forward are kept;
 - 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 actions is monitored.

10. Review

- 10.1 The Committee will review its effectiveness at least annually.
- 10.2 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.

6. Joint Committee Terms of Reference

Shropshire Telford and Wrekin Integrated Care Partnership (ICP)

Terms of Reference

1. Introduction

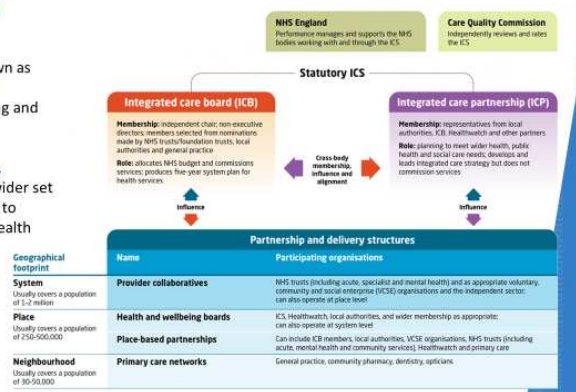
- 1.1 The Integrated Care Partnership (ICP) is a critical part of Integrated Care Systems and the ambition to achieve better health and care outcomes for the residents of Shropshire Telford and Wrekin. The ICP will provide a forum for leaders from the two local authorities, health (including NHS) and social care, and public health to come together with stakeholders from across the health system and community. The ICP will be a meeting held in public.
- 1.2 In accordance with the Health and Care Act 2022, the ICP will be required to develop an integrated care strategy to address the broad health and social care needs of the population within Shropshire Telford and Wrekin, including over time, determinants of health such as employment, environment, and housing issues. The Integrated Care Board and the two local authorities will be required to take account of the ICP's strategy when making decisions, commissioning and delivering services.
- 1.3 The ICP is expected to highlight where coordination is needed on health and care issues and challenge partners to deliver the action required.
- 1.4 The ICP will be a joint committee of the Integrated Care Board.

The diagram below shows the place the ICP holds in the new system.

What will the new system look like?

The Health and Care Bill introduces two-part statutory **integrated care systems (ICSs)** comprised of:

- An **integrated care board (ICB)**, known as **NHS Shropshire, Telford and Wrekin** responsible for NHS strategic planning and allocation decisions; and
- An **integrated care partnership (ICP)**, responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population.



2. Purpose and Function

- 2.1 The primary focus of the ICP is to support the integration of the health and care system through equal partnership across health and local government to deliver improved health and care outcomes and experiences. The ICP will provide a system wide forum for stakeholders to agree collective objectives, and address population health challenges and inequalities.
- 2.2 The ICP will have responsibility for the development of a System wide Integrated Care Strategy and to support broad and inclusive integration and improvement across the health and care systems within Shropshire, Telford and Wrekin. In doing so, the ICP will ensure that it acts in the best interest of people, patients and the system rather than representing individual interests of any one constituent partner.
- 2.3 The ICP will ensure that the Integrated Care Strategy is developed, focused on local needs at a place and neighbourhood level informed by the Health and Wellbeing Strategies created by the two Health and Wellbeing Boards (HWBB) of Shropshire and Telford & Wrekin, in turn informed by Joint Strategic Needs Assessments (JSNAs). Whilst ensuring that the Integrated Care Strategy is focused on local needs, the ICP will seek commitment from the ICS to work collaboratively across partners and other ICSs to deliver wider social and economic opportunities and benefits for residents and patients at a local level across the health and care system.
- 2.4 To support the development of the ICP in readiness for the 1st July 2022 and beyond, the following core principles are adopted to ensure that the ICP and development of the Integrated Care Strategy maximises the opportunities of system wide/ cross system working whilst delivering outcomes for residents at a place, neighbourhood, and multiple ICS level:
- The ICP will work, first and foremost, on the principle of equal partnership between the NHS and local government to work with and for their partners and communities;
 - The ICP will operate a collective model of accountability, where partners hold each other mutually accountable, including to residents;
 - The Integrated Care Strategy will be developed with full engagement / consultation with all stakeholders and drive direction and priorities;
 - The ICP will support the work of the HWBBs and Place boards across Shropshire and Telford & Wrekin;
 - The ICP will continue joined up inclusive working relationships across partners as demonstrated by the Covid-19 pandemic, targeting collective action and resources at the areas which will have the greatest impact on outcomes and inequalities as England recovers from the pandemic; and
 - The ICP will operate as a joint committee.
- 2.5 In preparing the Integrated Care Strategy, the ICP will ensure that the Strategy will:-
- Focus on improving health outcomes and experiences for the population of Shropshire, Telford and Wrekin
 - Maximise the opportunities of system wide and place level working and support subsidiarity;
 - Be focused on the whole population of Shropshire, Telford and Wrekin using best available evidence and data to address the wider determinants of health and wellbeing.
 - Be based upon assessments of needs and assets identified at place level, based on JSNAs;
 - Take account of the Health and Wellbeing Strategies and health inequality strategies created by the HWBBs;
 - Take account of the NHS mandate;

- Have regard to any guidance published by the Secretary of State;
- Be prepared with involvement from Healthwatch and people who live or work in the ICP's area;
- To work proactively with the Shropshire Telford and Wrekin Joint Health Overview and Scrutiny Committee, being open to critical friend challenge and receiving evidence-based recommendations
- Proactively drive upstream prevention activities and ensure place-based partnership arrangements are respected and supported; and
- Be published and shared with the ICB and the member Local Authorities.

The ICP will consider revising the Integrated Care Strategy in response to refreshes of the JSNAs and Health & Wellbeing Strategies.

2.6 The members of the ICP recognise that collaborative working and collective accountability will provide a foundation for delivering the functions of the ICP and, in particular agree that they will:-

- Come together under a distributed leadership model and commit to working together equally;
- Be accountable to each other and the public through transparency and building trust;
- Promote co-production and inclusiveness;
- Make use of the combined experience of clinical, political, and communal leadership;
- Work through difficult issues by using collective decision making and consensus where appropriate; and
- Create a system which is willing to innovate and open to new ideas but is also willing to learn from mistakes

3. Statutory Considerations

3.1 Integrated Care Boards (ICBs) and Local Authorities will be required by law to have regard to the ICPs strategy when making decisions, commissioning, and delivering services.

PROCEDURE

4. General

4.1 The Procedure Rules attached at **Appendix A** will apply to meetings of the ICP. These can be varied or suspended by agreement with at least 50% of the members present at the meeting in the interests of efficient and effective management of the meeting. Any such variation or suspension shall apply for the duration of that meeting only.

5. Membership

5.1 At present it is agreed that the partner organisations will be represented by the following individuals or representatives:

- Leader or Cabinet lead of Telford & Wrekin Council (co-Chair)
- Leader or Cabinet lead of Shropshire Council (co-Chair)
- Chair of Telford & Wrekin's Health and Wellbeing Board

- Chair of Shropshire Health and Wellbeing Board
- Chair of the Integrated Care Board
- Chief Executive of the Integrated Care Board
- Primary Care representatives from the Place Based Partnerships
- Chief Executive of Telford & Wrekin Council
- Chief Executive of Shropshire Council
- Director of Public Health of Telford & Wrekin
- Director of Public Health of Shropshire
- Director of Children's' services for both Councils
- Director of Adults' services for both Councils
- VCS Alliance representatives
- Healthwatch Telford and Wrekin representative
- Healthwatch Shropshire representative

5.2 Other partners from the system may be asked to attend meetings to give their expert view on issues. These could include representatives from housing, education, health providers, children's services providers as an example. This is not an exhaustive list.

5.3 Membership of the ICP will be kept under review to ensure that it is able to best meet the needs of the residents of Shropshire, Telford and Wrekin.

5.4 Where the business of the ICP requires it, other organisations and individuals will be invited to attend. For the avoidance of doubt, these invited attendees will not be entitled to vote on any matters considered by the ICP.

6. Quorum

Quorum of one quarter (rounded up to the nearest whole number) is required. *There must be at least one representative from each local authority and the ICB, as statutory partners in the ICP.*

7. Voting Rights

7.1 All representatives and members of the ICP will be entitled to one vote each on any matters which require a decision.

7.2 Subject to paragraph 7.4, the general rule about decision making by the ICP is that any decision of the ICP must be taken by a majority of the members present. In the event of a deadlock, the Chair of the relevant meeting shall have a casting vote subject to any disputes in relation to the same being managed through the dispute resolution procedure set out in **Appendix B**.

7.3 For the avoidance of any doubt, the Chair is entitled to, and should, vote in any decision before being asked to exercise a casting vote. There is no requirement for the Chair to use the casting vote in the same direction as his/her original vote.

- 7.4 Should the decision being taken by the ICP relate to the exercise of one or more of the ICB and/or either local authority member statutory functions, either the ICB and/or each local authority members may direct the ICP to take, or refrain from taking, specified action until such time as the matter has been managed through the dispute resolution procedure set out in **Appendix B**. No such direction invalidates anything which the ICP has done before the making of the direction.

8. Meetings

- 8.1 The ICP will meet three times in its first year of operation and then decide on the frequency of meetings in subsequent years.
- 8.2 The ICP will be co-chaired by the Leader / Cabinet Member of Telford & Wrekin Council and the Leader / Cabinet Member of Shropshire Council with the role of Chair alternating after each meeting. The Chair of the first meeting will be the Leader of Telford & Wrekin Council with the Leader of Shropshire Council being nominated as the Chair for the second meeting.
- 8.3 Where the nominated Chair is unable to attend a meeting, the attending Vice Chair will act as Chair for that meeting. This will not affect the rotation of the Chair for subsequent meetings.
- 8.4 Where neither the Chair or Vice Chair are in attendance at a meeting, the members of the ICP that are in attendance will elect a Chair from those present. The person duly-elected will take the Chair for the duration of that meeting only and will be able to exercise all rights of the Chair during this time.
- 8.5 Meetings shall be conducted in accordance with the rules of debate which are set out at **Appendix A**.

9. Access to meetings and agendas

- 9.1 Meetings of the ICP will be held in public in line with the requirements of the Local Government Act 1972. Dates and times of meetings will be agreed and published in advance.
- 9.2 Agendas and supporting papers will be issued at least five clear working days before each meeting. The agenda will be agreed with the Chair and Vice-Chair in advance of the meeting. Members of the ICP will be able to submit items for consideration on the agenda of any meeting. Any suggestions must be submitted at least 15 working days in advance of the meeting date.
- 9.3 There may be occasions when documents falling to be discussed at a meeting of the ICP contain confidential or sensitive information. Where this is the case, such information will not be published provided that the withholding of such information is justified by Schedule 12A Local Government Act 1972. Where any such information is withheld, the reason will be stated on the agenda and within the relevant minutes.
- 9.4 Telford and Wrekin Council and Shropshire Council will be responsible, on an alternate basis, for producing the agenda and preparing minutes of each meeting. The agendas and minutes will be hosted on the ICB website. An action tracker will also be hosted on the ICB website

with oversight of these actions being undertaken at ICB meetings. The draft minutes and the action tracker will be presented to the next meeting of the ICP for approval and will then be shared on the ICB website no later than 10 working days following approval by the ICP.

9.5 Members of the public may speak at any public meeting of the ICP and Public Participation Guidelines are available at **Appendix C**. Any request to speak should be sent no later than 5pm on the 8th working day prior to the meeting date. This request should be sent to **the ICB** Head of Governance and Corporate Affairs.

9.6 Members of the ICP may vote to exclude press and public at any point during a meeting so that consideration may be given to an item or items that may involve the disclosure of confidential or exempt information in accordance with Schedule 12A of the Local Government Act 1972.

10. Code of Conduct and Declaration of Interest

10.1 The ICP will adopt the attached Code of Conduct attached at **Appendix D**. Any interests in items on the agenda should be declared at the start of the meeting.

10.2 In case of a conflict of interest the conflicted representative member of the ICP will declare an interest and, if required by the Code of Conduct, leave the meeting whilst the item that the member has an interest in is discussed.

11. Reporting and Accountability

11.1 The ICP is a Committee of the ICB and will report directly to the board to ensure that the Integrated Care Strategy is developed within required timescales.

11.2 The ICP will ensure that the ICB and Telford & Wrekin Council and Shropshire Council have regard to the Integrated Care Strategy when planning for the delivery of services.

12. Date of Review

12.1 These Terms of Reference will be reviewed no later than 6 months after the first meeting of the ICP and every 12 months thereafter. This does not prevent an earlier review should this be necessary.

Version Control

Date	Version Number	Actions
25 May 2022	1.1	Updated by Telford and Wrekin Council
1 st June 2022	1.2	Updated by Nicky O'Connor ICS
30 June 2022	1.4	Updated by Nicky O'Connor ICS
01 July 2022	1.5	Updated by Telford and Wrekin Council
13/07/2022	1.6	Updated by Telford and Wrekin Council

18/07/2022	1.7	Updated by Telford and Wrekin Council
21/07/2022	1.8	Updated by Shropshire Council
21/07/2022	1.9	Updated by Telford and Wrekin Council
11/11/2022	2.0	Updated by Telford and Wrekin Council following approval and amendments at the ICP.

Appendix A

1. The Integrated Care Partnership Procedure Rules

What is the Integrated Care Partnership

- 1.1. The Integrated Care Partnership plans to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services. The Integrated Care Partnership membership is made up of representatives from local authorities, ICB, Healthwatch and other partners.

Meetings

What type of meeting	When
Ordinary Meetings	The ICP Committee will meet three times in its first year and twice a year thereafter
Extraordinary Meetings	Can be called by: The Joint Chairs both agreeing to hold such an extraordinary meeting; or <ul style="list-style-type: none"> • Any 6 partner representatives signing a request for such an extraordinary meeting and providing proof of such a request to the Joint Chairs

Business to be transacted at Meetings

Business to be transacted	Ordinary Meeting	Extraordinary Meeting
Elect a person to preside if the Joint Chairs are not present	✓*	✓*
Receive any apologies for absence	✓*	✓*

Business required by statute to be done before other business	✓*	
Receive any declarations of interest from Members	✓*	✓*
Approve the minutes of the previous meeting(s)	✓*	
Receive any announcements from the Chair, Vice Chair or ICB	✓	
Agree the Integrated Care Partnership's delegation scheme	✓	
Receive the schedule of meetings	✓	
Consider the business set out in the agenda	✓	✓
Receive reports from Place Partnership Boards, etc. and receive questions and answers on those reports and to determine recommendations made in those reports	✓	
To consider questions raised by representatives or members of the Public	✓	
To consider motions in the order in which they were received	✓	

2. Notice of Meetings/ Attendance at meetings

- 2.1 The Proper Officer ([the officer supporting the chair to convene the meeting](#)) will give 5 clear working days' notice of all Integrated Care Partnership meetings by way of summons which will include details of the date, time and place of the meeting as well as detailing the business to be transacted and copies of available reports. Summonses may be delivered by post, by hand or electronically.
- 2.2 The Chair may, if he/ she considers it appropriate and after consulting with the Vice-Chair, alter the date or time of any meeting.
- 2.3 The names of all representatives attending meetings will be recorded.
- 2.4 Substitutes can be appointed as detailed below and have the same powers and duties as an ordinary member of the committee but cannot chair a meeting at which they are attending as a substitute. They must substitute for a whole meeting for a member who cannot attend the meeting and the Proper Officer must be notified by either the representative being substituted or the proposed substitute as soon as is reasonably practicable before the start of the meeting.

3. The role of the Chair

- 3.1 The Chair and Vice-Chair positions of the ICP will be the jointly held by the Leaders of Shropshire and Telford & Wrekin Local Authorities

3.2 the Chair and Vice-Chair positions will alternate after each meeting.

3.3 The Chair will:-

- 3.3.1 Uphold the Terms of Reference and interpret it during Integrated Care Partnership meetings;
- 3.3.2 Ensure that the business of the Integrated Care Partnership is carried out efficiently and with regard to the rights of all representatives and the community as a whole including the variation of the order of business (except those items marked with an asterisk in 3 above);
- 3.3.3 Ensure that the meeting is a forum for debate of matters of concern to the local community and the place for members who are not on the Cabinet to hold the Cabinet to account.

4. Questions at Ordinary meetings

- 4.1 A member of the public or organisation may only ask one question per meeting which cannot be more than 50 words long except with the approval of the **ChairSpeaker**. A maximum of three speakers will be permitted at any one meeting.
- 4.2 All questions pursuant to 4.1 above must be submitted to the ICB Chief Business Officer by 5:00pm on the 8th working day before the meeting and will be included in the Agenda in the order in which they are received.
- 4.3 The Chair may, in consultation with the Vice-Chair or the Proper Officer, rule any question out of order if in his/her opinion it would risk the defamation of any individual, relates to confidential or exempt information, relates to an individual or personal dealings with the Integrated Care System or is considered to be frivolous, vexatious or repetitious. The Proper Officer may require any person submitting a public question to amend their question so as to comply with these rules, failing which the question will not be considered at the meeting.
- 4.4 An answer will be provided by the person to whom the question was put or his/ her nominee and can be either a direct oral answer, a reference to an already existing publication or, if the reply cannot be conveniently be given orally A written answer will be sent to the person who asked the question and circulated to all representatives via e-mail within five clear working days.
- 4.5 A person may speak for no more than 3 minutes when either; asking a question/ supplementary question or providing an answer to a question

Motions

- 4.6 There are two types of Motion, those that can be moved during debate and those for which notice is required.

Motions without notice

- 4.7 The following motions can be moved without notice during the meeting:-

- 4.7.1 to appoint a Chair

- 4.7.2 in relation to the accuracy of the Minutes
 - 4.7.3 to change the order of business in the agenda
 - 4.7.4 to refer something to an appropriate body or individual
 - 4.7.5 to appoint a committee or representative arising from an item on the agenda for the meeting
 - 4.7.6 to receive reports or adoption of recommendations of Boards or officers and any recommendations following from them
 - 4.7.7 to extend the time limit for speeches
 - 4.7.8 to suspend a particular Integrated Care Partnership meeting rule
 - 4.7.9 to adjourn the meeting
 - 4.7.10 to exclude the public and press
 - 4.7.11 to not hear further from a representative or to exclude them from the meeting
 - 4.7.12 to give the consent of the meeting where its consent is required by this Constitution to ask for a Recorded Vote
 - 4.7.13 to withdraw the motion
 - 4.7.14 to amend the motion
 - 4.7.15 to proceed to the next business
 - 4.7.16 that the question be now put
 - 4.7.17 to adjourn the debate
- 4.8 The Chair may ask for a written version of a Motion or a proposed amendment to be provided to him/her before it is discussed.
- 4.9 A representative may alter a Motion without notice which he/ she has moved with the consent of the Secunder and the meeting. This shall be given without discussion.
- Motions with notice**
- 4.10 Other Motions must be submitted to the Proper Officer by 5:00pm at least 7 clear working days before the meeting.
- 4.11 Motions received will be published the day after the closing date for receipt and will be included in the Integrated Care Partnership agenda in the order in which they are received.
- 4.12 Motions must relate to matters for which the Integrated Partnership has responsibility or which affect the Shropshire, Telford & Wrekin Integrated Care System.
- 4.13 A representative may alter a Motion with notice which he/she has moved with the consent of the meeting. This shall be given without discussion.
- 4.14 Where two motions are received in advance of a meeting, which cover substantially the same subject, the motion which was received first shall take precedence. The other motion(s) which are substantially the same shall not be put to the meeting.
- Special Motions with notice - Rescinding a previous decision**
- 4.15 A Motion or amendment to rescind a decision made at the Integrated Care Partnership in the last 6 months can only be considered once in the 6 months immediately following

the date of the original decision if the notice of motion is signed by at least 10 representatives.

- 4.16 A motion or amendment that is substantially similar to one that has been rejected by Integrated Care Partnership in the last 6 months can only be considered once in the 6 months immediately following the date of the original decision if the notice of motion is signed by at least 10 members.

Rules of Debate

- 4.17 Other than when asking questions or when these rules have been suspended representatives can speak once on the motion, any proposed amendment to the motion and on any further amended motion as detailed below:-

	Substantive motion	Propose amendments	Proposed amendment	Right of reply
Proposer	✓	✗	Right of Reply only	✓
Secunder	✓	✗	✓	✗
All other members except the Chair/Vice Chair	✓	✓	✓	✗

Amendments to Motions or Recommendations

- 4.18 Any proposed amendment to a motion or recommendation at the Integrated Care Partnership should be submitted to the Proper Officer no later than 4 hours before the meeting starts. The Proper Officer will ensure that representatives are notified by telephone or e-mail of any amendments received as soon as possible prior to the commencement of the meeting.
- 4.19 Unless the notice of motion has already been given the Chair may require it to be written down and handed to him/ her before it is discussed.
- 4.20 Only one Motion can be moved and debated at any one time.
- 4.21 No more than one amendment can be proposed to either the substantive Motion or the amended Motion at any one time.
- 4.22 When seconding a motion or amendment a representative may reserve their speech until later in the debate.
- 4.23 If an amendment is carried the motion as amended takes the place of the original motion. This becomes the substantive motion to which any further amendments are moved.

4.24 After an amendment has been carried the Chair may read out the amended motion before accepting any further amendments or, if there are one, continue the debate or put it to the vote.

4.25 Amendments can be proposed that:-

4.26 Refer the matter to an appropriate body or individual for consideration or reconsideration.

4.27 Any combination of leaving out words and/or adding others as long as this does not negate or substantially alter the Motion.

Withdrawal of Motions

4.28 A representative may withdraw a Motion which he/she has moved with the consent of the seconder and the meeting. This shall be given without discussion.

Alteration of motion

4.29 A representative may alter a motion of which he/she has given notice with the consent of the meeting. The meeting's consent will be signified without discussion.

4.30 A representative may alter a motion which he/she has moved without notice with the consent of both the meeting and the seconder. The meeting's consent will be signified without discussion.

4.31 Only alterations which could be made as an amendment may be made.

Closure motions

4.32 A representative may move, without comment, the following motions at the end of a speech of another member:

9.15.1 to proceed to the next business;

9.15.2 that the question be now put;

9.15.3 to adjourn a debate; or

9.15.4 to adjourn a meeting.

4.33 If a motion to proceed to next business is seconded and the Chair thinks the item has been sufficiently discussed, he or she will give the mover of the original motion a right of reply and then put the procedural motion to the vote.

4.34 If a motion that the question be now put is seconded and the Chair thinks the item has been sufficiently discussed, he/she will put the procedural motion to the vote. If it is passed he/she will give the mover of the original motion a right of reply before putting his/her motion to the vote.

4.35 If a motion to adjourn the debate or to adjourn the meeting is seconded and the Chair thinks the item has not been sufficiently discussed and cannot reasonably be so discussed on that occasion, he/she will put the procedural motion to the vote without giving the mover of the original motion the right of reply.

Speeches

Purpose of speech	Who can make the speech	Duration
Presenting a report	Representative presenting a report	5 minutes
Proposing a motion or moving an amendment to a motion	Any Representative	5 minutes
The adoption of minutes	Representative moving the adoption of minutes	5 minutes
Speeches at meetings:	Chair Vice Chair ICB Healthwatch Other Partners	20 minutes 10 minutes 10 minutes 10 minutes
Substantive motion	Any representative	3 minutes
Point of Order	Any representative	3 minutes
Personal Explanation	Any representative	3 minutes
Right of Reply	Mover of Motion	3 minutes

- 4.36 No speeches may be made after the mover has moved a proposal and explained the purpose of it until the motion has been seconded.
- 4.37 The Proposer of the substantive motion (or his/ her nominee) has a right of reply at the end of the debate but the Proposer of an amendment has no right of reply at the end of the debate on the proposed amendment.
- Point of Order**
- 4.38 A point of order can be raised at any time and will be heard by the Chair as soon as it is raised. It must allege a breach of the Integrated Care Partnership Rules or the law and the representative must indicate the rule or the law and the way in which he/she considers it has been broken. The decision of the Chair in respect of the matter is final.
- Personal Explanation**
- 4.39 A representative can make a personal explanation at any time. It can only relate to a material part of an earlier speech made during the current debate which relates to them and appears to have been misunderstood during the debate. The ruling of the Chair in respect of the personal explanation is final.
- Speaking**
- 4.40 Except with the leave of the Chair all representative must stand and address the meeting through the Chair. When more than one member is standing up the Chair will invite one of them to speak and the remaining representatives must sit down and remain seated.
- 4.41 When a representative is speaking all representatives must remain seated unless they wish to make a Point of Order or a Point of Personal Explanation.

4.42 The Chair may allow officers to give advice to the Integrated Care Partnership as and when appropriate in which case the rules on speaking for representatives apply.

Voting

4.43 Subject to any other rules below, any matter is decided by a simple majority of those present and voting in the room. This can be done either by a show of hands or, if there is no dissent, by the affirmation of the meeting.

4.44 A representative may, before the vote is taken, ask for a Recorded Vote which would record in the minutes the way in which individual representatives voted.

4.45 After a vote is taken any representative can ask for the way that they voted to be recorded in the minutes.

4.46 In the interests of probity, no representative may vote on a particular item if they have not been present for the entirety of the debate on said item.

Suspending Rules

4.47 These Integrated Care Partnership Rules, can be suspended by Motion on notice or without notice if at least 50% of the representatives present agree. Any suspension under this rule will last only for the duration of that Integrated Care Partnership Meeting.

Conduct

Representatives

4.48 When the Chair stands up or indicates in some other manner the representative speaking must stop speaking and sit down and the meeting must be silent.

4.49 Any representative can move that another representative be not heard further if that representative is persistently disregarding the ruling of the Chair or behaving improperly or offensively or deliberately obstructing business. Any such Motion will, if seconded, be voted on without debate.

4.50 If, after such a Motion is carried, the representative continues to behave improperly then the Chair may move that the representative leaves the meeting and/or that the meeting is adjourned for as long and/or to such a place as he/she considers appropriate. Any such Motion will, if seconded, be voted on without debate.

Public

4.51 If a member of the public interrupts proceedings or continually interrupts proceedings then the Chair may either warn them about their behaviour or order their removal from the meeting room as he/she considers appropriate.

General Provisions

4.52 If there is general disturbance which, in the opinion of the Chair, makes orderly business impossible then the Chair may adjourn the meeting for as long and to such a place as he/she thinks appropriate or call for all or any part of the meeting room to be cleared.

Appendix B

ICP DISPUTE RESOLUTION

The general rule about decision making by the ICP is that any decision of the ICP must be taken by a majority of the eligible members present. In the event of a deadlock, the Chair of the relevant meeting shall have a casting vote subject to any disputes in relation to the same being managed through the dispute resolution set out below.

Should the decision being taken by the ICP relate to the exercise of one or more of the ICB and/or either local authority member statutory functions, either the ICB and/or each local authority member may direct the ICP from taking, or refrain from taking, specified action until such time as the matter has been managed through the dispute resolution procedure set out below. No such direction invalidates anything which the ICP has done before the making of the direction.

In the event of a dispute arising out of the decisions taken within the ICP concerning the exercise of either local authority member and/or the ICB's statutory functions, each of the partner organisations concerned with the dispute may serve written notice of the dispute on the other partner organisation, setting out full details of the dispute.

Upon service, the Director of Adult Social Care of each local authority partner organisation shall meet with the Director of Strategy and Integration of the ICB in good faith as soon as possible and in any event within seven (7) days of notice of the dispute being served pursuant to Clause 1.3, at a meeting convened for the purpose of resolving the dispute.

If the dispute remains after the meeting detailed in Clause 1.4 above has taken place, the partner organisations' respective chief executives shall meet in good faith as soon as possible after the relevant meeting and in any event with fourteen (14) days of the date of the meeting, for the purpose of resolving the dispute.

If the dispute remains after the meeting detailed in Clause 1.5 has taken place, then the partner organisations will attempt to settle such dispute by mediation in accordance with the CEDR Model Mediation Procedure or any other model mediation procedure as agreed by the partner organisations. To initiate a mediation, either partner organisation involved in the dispute may give notice in writing (a "Mediation Notice") to the other requesting mediation of the dispute and shall send a copy thereof to CEDR or an equivalent mediation organisation as agreed by the partner organisations asking them to nominate a mediator. The mediation shall commence within twenty (20) Working Days of the Mediation Notice being served. Neither partner organisation will terminate such mediation until each of them has made its opening presentation and the mediator has met each of them separately for at least one (1) hour. Thereafter, paragraph 14 of the Model Mediation Procedure will apply (or the equivalent paragraph of any other model mediation procedure agreed by the partner organisations). The partner organisations will co-operate with any person appointed as mediator, providing him

with such information and other assistance as he shall require and will pay his costs as he shall determine or in the absence of such determination such costs will be shared equally.

Appendix C

Public Participation Rules

Members of the public may speak at the ICP meetings. The rules governing this are:

- Topics must be in the remit of the ICP.
- Members of the public who wish to speak must notify the ICB Chief Business Officer, in writing, no later than the 8th working day before any meeting.
- A maximum of three minutes is allocated to each speaker, which will be strictly adhered to.
- A maximum of three speakers will be permitted at any one meeting.

Appendix D

ICP Code of Conduct

The role of councillor across all tiers of local government is a vital part of our country's system of democracy. It is important that as councillors we can be held accountable and all adopt the behaviours and responsibilities associated with the role. Our conduct as an individual councillor affects the reputation of all councillors. We want the role of councillor to be one that people aspire to. We also want individuals from a range of backgrounds and circumstances to be putting themselves forward to become councillors.

As councillors, we represent local residents, work to develop better services and deliver local change. The public have high expectations of us and entrust us to represent our local area; taking decisions fairly, openly, and transparently. We have both an individual and collective responsibility to meet these expectations by maintaining high standards and demonstrating good conduct, and by challenging behaviour which falls below expectations.

Importantly, we should be able to undertake our role as a councillor without being intimidated, abused, bullied or threatened by anyone, including the general public.

This Code has been designed to protect our democratic role, encourage good conduct and

safeguard the public's trust in local government.

Introduction

The Local Government Association (LGA) has developed this Model Councillor Code of Conduct, in association with key partners and after extensive consultation with the sector, as part of its work on supporting all tiers of local government to continue to aspire to high standards of leadership and performance. It is a template for councils to adopt in whole and/or with local amendments.

All councils are required to have a local Councillor Code of Conduct.

The LGA will undertake an annual review of this Code to ensure it continues to be fit-for-purpose, incorporating advances in technology, social media and changes in legislation. The LGA can also offer support, training and mediation to councils and councillors on the application of the Code and the National Association of Local Councils (NALC) and the county associations of local councils can offer advice and support to town and parish councils.

Definitions

For the purposes of this Code of Conduct, a "councillor" means a member or co-opted member of a local authority or a directly elected mayor. A "co-opted member" is defined in the Localism Act 2011 Section 27(4) as "a person who is not a member of the authority but who

- a) is a member of any committee or sub-committee of the authority, or;
- b) is a member of, and represents the authority on, any joint committee or joint sub-committee of the authority;

and who is entitled to vote on any question that falls to be decided at any meeting of that committee or sub-committee".

For the purposes of this Code of Conduct, "local authority" includes county councils, district councils, London borough councils, parish councils, town councils, fire and rescue authorities, police authorities, joint authorities, economic prosperity boards, combined authorities and National Park authorities.

Purpose of the Code of Conduct

The purpose of this Code of Conduct is to assist you, as a councillor, in modelling the behaviour that is expected of you, to provide a personal check and balance, and to set out the type of conduct that could lead to action being taken against you. It is also to protect you, the public, fellow councillors, local authority officers and the reputation of local government. It sets out general principles of conduct expected of all councillors and your specific obligations in relation to standards of conduct. The LGA encourages the use of support, training and mediation prior to action being taken using the Code. The fundamental aim of the Code is to create and maintain public confidence in the role of councillor and local government.

General principles of councillor conduct

Everyone in public office at all levels; all who serve the public or deliver public services, including ministers, civil servants, councillors and local authority officers; should uphold the Seven Principles of Public Life, also known as the Nolan Principles.

Building on these principles, the following general principles have been developed specifically for the role of councillor.

In accordance with the public trust placed in me, on all occasions:

- I act with integrity and honesty
- I act lawfully
- I treat all persons fairly and with respect; and
- I lead by example and act in a way that secures public confidence in the role of councillor.

In undertaking my role:

- I impartially exercise my responsibilities in the interests of the local community
- I do not improperly seek to confer an advantage, or disadvantage, on any person
- I avoid conflicts of interest
- I exercise reasonable care and diligence; and
- I ensure that public resources are used prudently in accordance with my local authority's requirements and in the public interest.

Application of the Code of Conduct

This Code of Conduct applies to you as soon as you sign your declaration of acceptance of the office of councillor or attend your first meeting as a co-opted member and continues to apply to you until you cease to be a councillor.

This Code of Conduct applies to you when you are acting in your capacity as a councillor which may include when:

- you misuse your position as a councillor
- Your actions would give the impression to a reasonable member of the public with knowledge of all the facts that you are acting as a councillor;

The Code applies to all forms of communication and interaction, including:

- at face-to-face meetings
- at online or telephone meetings
- in written communication
- in verbal communication
- in non-verbal communication
- in electronic and social media communication, posts, statements

and comments.

You are also expected to uphold high standards of conduct and show leadership at all times when acting as a councillor.

This Code will **not** apply in relation to your private life **unless** you make reference to your position as a Councillor. For example, if you operate a private social media account but reference your work as a Councillor, show pictures of you acting in your role as Councillor or otherwise make it clear that you are a Councillor, then this Code will apply to your social media activity.

Your Monitoring Officer has statutory responsibility for the implementation of the Code of Conduct, and you are encouraged to seek advice from your Monitoring Officer on any matters that may relate to the Code of Conduct. Town and parish councillors are encouraged to seek advice from their Clerk, who may refer matters to the Monitoring Officer.

You are also expected to fulfil the role of corporate parent and ensure that appropriate steps are taken to protect all children, young people and vulnerable adults living, working or in education within the Council's area and, where necessary, refer any matters that **might** amount to a safeguarding concern to Family Connect.

Standards of councillor conduct

This section sets out your obligations, which are the minimum standards of conduct required of you as a councillor. Should your conduct fall short of these standards, a complaint may be made against you, which may result in action being taken.

Guidance is included to help explain the reasons for the obligations and how they should be followed.

General Conduct

1. Respect

As a councillor:

1.1 I treat other councillors and members of the public with respect.

1.2 I treat local authority employees, employees and representatives of partner organisations and those volunteering for the local authority with respect and respect the role they play.

Respect means politeness and courtesy in behaviour, speech, and in the written word. Debate and having different views are all part of a healthy democracy. As a councillor, you can express, challenge, criticise and disagree with views, ideas, opinions and policies in a robust but civil manner. You should not, however, subject individuals, groups of people or organisations to personal attack.

In your contact with the public, you should treat them politely and courteously. Rude and

offensive behaviour lowers the public's expectations and confidence in councillors.

In return, you have a right to expect respectful behaviour from the public. If members of the public are being abusive, intimidatory or threatening you are entitled to stop any conversation or interaction in person or online and report them to the local authority, the relevant social media provider or the police. This also applies to fellow councillors, where action could then be taken under the Councillor Code of Conduct, and local authority employees, where concerns should be raised in line with the local authority's councillor-officer protocol.

2. Bullying, harassment and discrimination

As a councillor:

2.1 I do not bully any person.

2.2 I do not harass any person.

2.3 I promote equalities and do not discriminate unlawfully against anyone.

The Advisory, Conciliation and Arbitration Service (ACAS) characterises bullying as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient. Bullying might be a regular pattern of behaviour or a one-off incident, happen face-to-face, on social media, in emails or phone calls, happen in the workplace or at work social events and may not always be obvious or noticed by others.

The Protection from Harassment Act 1997 defines harassment as conduct that causes alarm or distress or puts people in fear of violence and must involve such conduct on at least two occasions. It can include repeated attempts to impose unwanted communications and contact upon a person in a manner that could be expected to cause distress or fear in any reasonable person.

Unlawful discrimination is where someone is treated unfairly because of a protected characteristic. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010. They are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The Equality Act 2010 places specific duties on local authorities. Councillors have a central role to play in ensuring that equality issues are integral to the local authority's performance and strategic aims, and that there is a strong vision and public commitment to equality across public services.

3. Impartiality of officers of the council

As a councillor:

3.1 I do not compromise, or attempt to compromise, the impartiality of anyone who works for, or on behalf of, the local authority.

Officers work for the local authority as a whole and must be politically neutral (unless they are political assistants). They should not be coerced or persuaded to act in a way that would undermine their neutrality. You can question officers in order to understand, for example,

their reasons for proposing to act in a particular way, or the content of a report that they have written. However, you must not try and force them to act differently, change their advice, or alter the content of that report, if doing so would prejudice their professional integrity.

4. Confidentiality and access to information

As a councillor:

4.1 I do not disclose information:

- a. given to me in confidence by anyone**
- b. acquired by me which I believe, or ought reasonably to be aware, is of a confidential nature, unless**
 - i. I have received the consent of a person authorised to give it;**
 - ii. I am required by law to do so;**
 - iii. the disclosure is made to a third party for the purpose of obtaining professional legal advice provided that the third party agrees not to disclose the information to any other person; or**
 - iv. the disclosure is:**
 - 1. reasonable and in the public interest; and**
 - 2. made in good faith and in compliance with the reasonable requirements of the local authority; and**
 - 3. I have consulted the Monitoring Officer prior to its release.**

4.2 I do not improperly use knowledge gained solely as a result of my role as a councillor for the advancement of myself, my friends, my family members, my employer or my business interests.

4.3 I do not prevent anyone from getting information that they are entitled to by law.

Local authorities must work openly and transparently, and their proceedings and printed materials are open to the public, except in certain legally defined circumstances. You should work on this basis, but there will be times when it is required by law that discussions, documents and other information relating to or held by the local authority must be treated in a confidential manner. Examples include personal data relating to individuals or information relating to ongoing negotiations.

5. Disrepute As

a councillor:

5.1 I do not bring my role or local authority into disrepute.

As a Councillor, you are trusted to make decisions on behalf of your community and your actions and behaviour are subject to greater scrutiny than that of ordinary members of the public. You should be aware that your actions might have an adverse impact on you, other councillors and/or your local authority and may lower the public's confidence in you or your local authority's ability to discharge your/its functions. For example, behaviour that is

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considered dishonest and/or deceitful can bring your local authority into disrepute.

You should be aware that your behaviour in your personal capacity may result in action being taken under this Code of Conduct if you identify as being a Councillor whilst behaving in a manner which is in breach of the Code of Conduct or if you give members of the public the impression that you are a councillor despite acting in your personal capacity. One exception to this is where you are found guilty of certain criminal offences which would preclude you from being a councillor or would bring the role of councillor into disrepute regardless of whether you had identified yourself as a Councillor.

You are able to hold the local authority and fellow councillors to account and are able to constructively challenge and express concern about decisions and processes undertaken by the council whilst continuing to adhere to other aspects of this Code of Conduct.

6. Use of position

As a councillor:

6.1 I do not use, or attempt to use, my position improperly to the advantage or disadvantage of myself or anyone else.

Your position as a member of the local authority provides you with certain opportunities, responsibilities, and privileges, and you make choices all the time that will impact others. However, you should not take advantage of these opportunities to further your own or others' private interests or to disadvantage anyone unfairly.

7. Use of local authority resources and facilities

As a councillor:

7.1 I do not misuse council resources.

7.2 I will, when using the resources of the local or authorising their use by others:

- a. act in accordance with the local authority's requirements; and**
- b. ensure that such resources are not used for political purposes unless that use could reasonably be regarded as likely to facilitate, or be conducive to, the discharge of the functions of the local authority or of the office to which I have been elected or appointed.**

You may be provided with resources and facilities by the local authority to assist you in carrying out your duties as a councillor.

Examples include:

- office support
- stationery
- equipment such as phones, and computers
- transport
- access and use of local authority buildings and rooms.

These are given to you to help you carry out your role as a councillor more effectively and

are not to be used for business or personal gain. They should be used in accordance with the purpose for which they have been provided and the local authority's own policies regarding their use.

8. Complying with the Code of Conduct

As a Councillor:

8.1 I undertake Code of Conduct training provided by my local authority.

8.2 I cooperate with any Code of Conduct investigation and/or determination.

8.3 I do not intimidate or attempt to intimidate any person who is likely to be involved with the administration of any investigation or proceedings.

8.4 I comply with any sanction imposed on me following a finding that I have breached the Code of Conduct.

It is extremely important for you as a councillor to demonstrate high standards, for you to have your actions open to scrutiny and for you not to undermine public trust in the local authority or its governance. If you do not understand or are concerned about the local authority's processes in handling a complaint you should raise this with your Monitoring Officer.

Protecting your reputation and the reputation of the local authority

9. Interests

As a councillor:

9.1 I register and disclose my interests.

Section 29 of the Localism Act 2011 requires the Monitoring Officer to establish and maintain a register of interests of members of the authority.

You need to register your interests so that the public, local authority employees and fellow councillors know which of your interests might give rise to a conflict of interest. The register is a public document that can be consulted when (or before) an issue arises. The register also protects you by allowing you to demonstrate openness and a willingness to be held accountable. You are personally responsible for deciding whether or not you should disclose an interest in a meeting, but it can be helpful for you to know early on if others think that a potential conflict might arise. It is also important that the public know about any interest that might have to be disclosed by you or other councillors when making or taking part in decisions, so that decision making is seen by the public as open and honest. This helps to ensure that public confidence in the integrity of local governance is maintained.

You should note that failure to register or disclose a disclosable pecuniary interest as set out in **Table 1**, is a criminal offence under the Localism Act 2011.

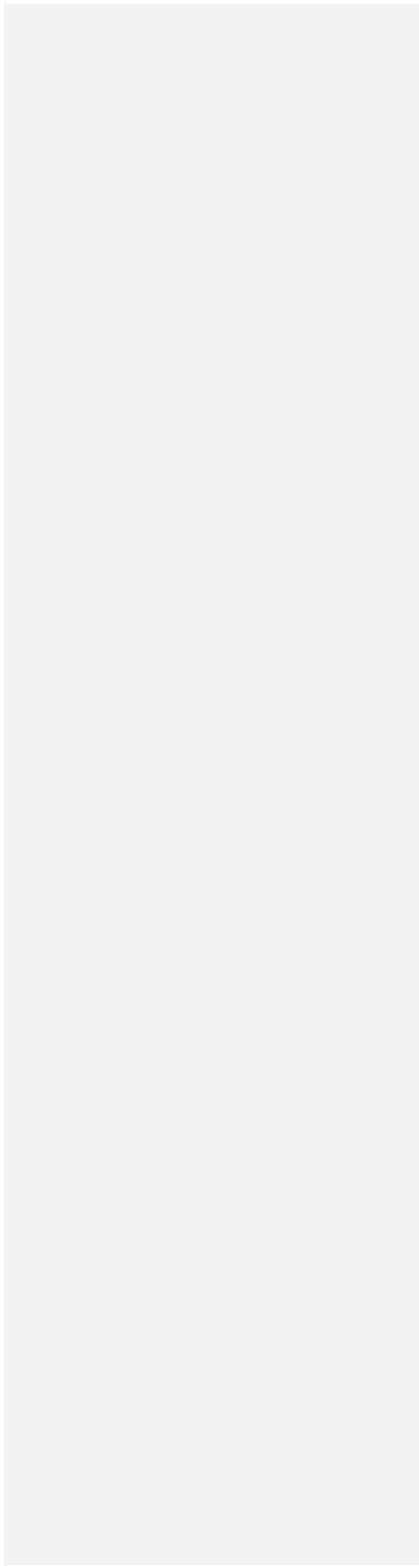
Appendix B sets out the detailed provisions on registering and disclosing interests. If in doubt, you should always seek advice from your Monitoring Officer.

10. Gifts and hospitality

As a councillor:

- 10.1 I do not accept gifts or hospitality, irrespective of estimated value, which could give rise to real or substantive personal gain or a reasonable suspicion of influence on my part to show favour from persons seeking to acquire, develop or do business with the local authority or from persons who may apply to the local authority for any permission, licence or other significant advantage.**
- 10.2 I register with the Monitoring Officer any gift or hospitality with an estimated value of at least £25 within 28 days of its receipt.**
- 10.3 I register with the Monitoring Officer any significant gift or hospitality that I have been offered but have refused to accept.**

In order to protect your position and the reputation of the local authority, you should exercise caution in accepting any gifts or hospitality which are (or which you reasonably believe to be) offered to you because you are a councillor. The presumption should always be not to accept significant gifts or hospitality. However, there may be times when such a refusal may be difficult if it is seen as rudeness in which case you could accept it but must ensure it is publicly registered. However, you do not need to register gifts and hospitality which are not related to your role as a councillor, such as Christmas gifts from your friends and family. It is also important to note that it is appropriate to accept normal expenses and hospitality associated with your duties as a councillor. If you are unsure, do contact your Monitoring Officer for guidance.



Appendices

Appendix A – The Seven Principles of Public Life

The principles are:

Selflessness

Holders of public office should act solely in terms of the public interest.

Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must disclose and resolve any interests and relationships.

Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

Honesty

Holders of public office should be truthful.

Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Appendix B – Registering interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1 (Disclosable Pecuniary Interests)** which are as described in “The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012”. You should also register details of your other personal interests which fall within the categories set out in **Table 2 (Non-pecuniary Interests.)**

“**Disclosable Pecuniary Interest**” means an interest of yourself, or of your partner if you are aware of your partner’s interest, within the descriptions set out in Table 1 below.

“**Partner**” means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.
2. A ‘sensitive interest’ is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.
3. Where you have a ‘sensitive interest’ you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

Non participation in case of Disclosable Pecuniary Interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a ‘sensitive interest’, you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.
5. Where you have a disclosable pecuniary interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it

Disclosure of Non-Pecuniary Interests

6. Where a matter arises at a meeting which **directly relates** to one of your non-pecuniary interests (as set out in **Table 2**), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a ‘sensitive interest’, you do not have to disclose the nature of the interest.

7. Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in Table 1) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.
8. Where a matter arises at a meeting which **affects** –
 - a. your own financial interest or well-being;
 - b. a financial interest or well-being of a relative, close associate; or
 - c. a body included in those you need to disclose under non-pecuniary interests as set out in **Table 2**

you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied

9. Where a matter **affects** your financial interest or well-being:
 - a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
 - b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

10. Where you have a personal interest in any business of your authority and you have made an executive decision in relation to that business, you must make sure that any written statement of that decision records the existence and nature of your interest.

Table 1: Disclosable Pecuniary Interests

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the [Relevant Authorities \(Disclosable Pecuniary Interests\) Regulations 2012](#).

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and Property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (alone or jointly with another) a right to occupy or to receive income.

Licenses	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where—) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either—) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2: Non-Pecuniary Interests

You have a personal interest in any business of your authority where it relates to or is likely to affect:

- a) any body of which you are in general control or management and to which you are nominated or appointed by your authority
- b) any body
 - (i) exercising functions of a public nature
 - (ii) any body directed to charitable purposes or
 - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)
- c) A matter that **directly relates** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in Table 1) or a financial interest or well-being of a relative or close associate,
- d) A matter that **affects**:–
 - a. your own financial interest or well-being;
 - b. a financial interest or well-being of a relative, close associate; or

Appendix C – the Committee on Standards in Public Life

The LGA has undertaken this review whilst the Government continues to consider the recommendations made by the Committee on Standards in Public Life in their report on [Local Government Ethical Standards](#). If the Government chooses to implement any of the recommendations, this could require a change to this Code.

The recommendations cover:

- Recommendations for changes to the Localism Act 2011 to clarify in law when the Code of Conduct applies
- The introduction of sanctions
- An appeals process through the Local Government Ombudsman
- Changes to the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012
- Updates to the Local Government Transparency Code
- Changes to the role and responsibilities of the Independent Person
- That the criminal offences in the Localism Act 2011 relating to Disclosable Pecuniary Interests should be abolished

The Local Government Ethical Standards report also includes Best Practice recommendations. These are:

Best practice 1: Local authorities should include prohibitions on bullying and harassment in codes of conduct. These should include a definition of bullying and harassment, supplemented with a list of examples of the sort of behaviour covered by such a definition.

Best practice 2: Councils should include provisions in their code of conduct requiring councillors to comply with any formal standards investigation and prohibiting trivial or malicious allegations by councillors.

Best practice 3: Principal authorities should review their code of conduct each year and regularly seek, where possible, the views of the public, community organisations and neighbouring authorities.

Best practice 4: An authority's code should be readily accessible to both councillors and the public, in a prominent position on a council's website and available in council premises.

Best practice 5: Local authorities should update their gifts and hospitality register at least once per quarter, and publish it in an accessible format, such as CSV.

Best practice 6: Councils should publish a clear and straightforward public interest test against which allegations are filtered.

Best practice 7: Local authorities should have access to at least two Independent Persons.

Best practice 8: An Independent Person should be consulted as to whether to undertake a formal investigation on an allegation, and should be given the option to review and comment on allegations which the responsible officer is minded to dismiss as being without merit, vexatious, or trivial.

Best practice 9: Where a local authority makes a decision on an allegation of misconduct following a formal investigation, a decision notice should be published as soon as possible on its website, including a brief statement of facts, the provisions of the code engaged by the allegations, the view of the Independent Person, the reasoning of the decision-maker, and any sanction applied.

Best practice 10: A local authority should have straightforward and accessible guidance on its website on how to make a complaint under the code of conduct, the process for handling complaints, and estimated timescales for investigations and outcomes.

Best practice 11: Formal standards complaints about the conduct of a parish councillor towards a clerk should be made by the chair or by the parish council, rather than the clerk in all but exceptional circumstances.

Best practice 12: Monitoring Officers' roles should include providing advice, support and management of investigations and adjudications on alleged breaches to parish councils within the remit of the principal authority. They should be provided with adequate training, corporate support and resources to undertake this work.

Best practice 13: A local authority should have procedures in place to address any conflicts of interest when undertaking a standards investigation. Possible steps should include asking the Monitoring Officer from a different authority to undertake the investigation.

Best practice 14: Councils should report on separate bodies they have set up or which they own as part of their annual governance statement and give a full picture of their relationship with those bodies. Separate bodies created by local authorities should abide by the Nolan principle of openness and publish their board agendas and minutes and annual reports in an accessible place.

Best practice 15: Senior officers should meet regularly with political group leaders or groupwhips to discuss standards issues.

2. Scheme of Reservation and Delegation (SoRD)

Key:

CEO – Chief Executive
 CFO – Chief Finance Officer
 CMO – Chief Medical Officer
 CNO – Chief Nurse Officer
 CDO – Chief Delivery Officer
 CSO – Chief Strategy Officer
 CPO – Chief People Officer

NHS Shropshire, Telford and Wrekin - Scheme of Reservation and Delegation

Decision / Function	Delegation							
	Reserved by the Board	Committee	Chair	CEO	Director	Joint Committees	Other Statutory Committees	PLACE based / Provider Collaborative committees
1. STRATEGY AND PLANNING								
Agree the vision and values of the ICS	✓							
Approve the overall strategic direction of the ICS	✓							
Develop an integrated care strategy to inform the strategic direction of the ICS.						ICP		

Recommend the overall strategic direction of the ICS to the Board		<u>System Strategic Commissioning and Prevention Committee</u>						
Approval of the consultation arrangements for the <u>commissioning Joint Forward pPlan</u> .		<u>System Strategic Commissioning and Prevention Committee</u>						
Approve the <u>Joint Forward commissioning Pplan</u> .	✓							
Recommend the <u>Joint Forward commissioning pPlan</u> to the board		<u>System Strategic Commissioning and Prevention Committee</u>						
Approve any revisions to <u>Joint Forward Commissioning Pplans</u>		<u>System Strategic Commissioning and Prevention Committee</u>						
Approval of the ICS operating structure.	✓							
Recommend for approval to the Board key clinical and non clinical strategies to support the arrangements for discharging the statutory duties associated with its clinical and non-clinical commissioning functions.		<u>Strategic Commissioning and Productivity Committee</u> <u>Strategic Commissioning Committee</u>						
Approval of key strategies	✓							

Agree a plan to meet the health and healthcare needs of the population, having regard to the Partnership integrated care strategy and place health and wellbeing strategies.	✓							
Agree a plan to meet the health and healthcare needs of the population within each place, having regard to the Partnership Integrated Care Strategy and respective Local Authority Health and wellbeing Strategies	✓							
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 (both revenue and capital)		<u>System</u> Finance Committee						
Allocate 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 (both revenue and capital)	✓							
Allocate resources to deliver the plan in each place , determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital)	✓							
Arrange for the provision of health services in line with the allocated resources across the ICS	✓							

2. CONSTITUTION AND GOVERNANCE								
Establish and approve terms of reference and membership for ICB Committees and groups that report into the Board	✓							
Approve NHS STW scheme of reservation and delegation (SoRD) which sets out those decisions reserved to the Board, committees and sub-committees, groups, individuals or specified persons	✓							
Approve NHS STW financial scheme of delegation, which sets out those key operational decisions delegated to individuals or specified persons	✓							
Agree any functions delegated to other statutory bodies	✓							
Establish joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.	✓							
Establish governance arrangements to support collective accountability between partner organisations for place-based system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations	✓							
Exercise or delegate those functions of NHS STW which have not been retained as reserved by NHS STW Board or delegated to its Committees and sub-committees or delegated to named other individuals as set out in this document				✓				
Approve the arrangements for discharging NHS STW's functions to have regard to and act in a way that promotes the NHS Constitution				✓				
Approve the arrangements for discharging NHS STW's functions to exercise its functions effectively, efficiently and economically				✓				

Approve the arrangements for discharging NHS STW's functions in relation to children including safeguarding and promoting welfare					CNO			
Approve the arrangements for discharging NHS STW's functions in relation to Equality, including the public-sector equality duty					CNO			
Approve the arrangements for discharging NHS STW's functions in relation to Information law				✓				
Approve the arrangements for discharging NHS STW's functions under the Civil Contingencies Act 2004				✓				
Approve the arrangements for discharging NHS STW's functions to secure improvement in quality of services					CNO			
Approve system-level arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes					CMO			
Approve the arrangements for discharging NHS STW's functions to reduce inequalities					CSO			
Approve the arrangements for discharging NHS STW's functions to obtain appropriate advice from Directors of Public Health					CSO			
Approve the arrangements for discharging NHS STW's functions to regard to effect of decisions	✓							
Approve the arrangements for discharging NHS STW's functions relating to Public involvement and consultation				✓				
Approve the arrangements for discharging NHS STW's functions to have regard to assessments and strategies					CNO			
Approve arrangements for complying with the NHS Provider Selection Regime	✓							

Agree implementation in Place of the arrangements for complying with the NHS Provider Selection Regime.	✓							
Approval of the annual report and annual accounts.	✓							
Recommend the annual report and accounts for approval to the Board		Audit Committee						
Approve the arrangements for discharging the statutory financial duties					CFO			
Approve the arrangements for discharging the statutory health and safety duties as an employer.					CPO			
Preparation of proposed amendments to the constitution and standing orders				✓				
Approval to submit proposed amendments to the constitution and standing orders to NHS England for final approval	✓							
Preparation of proposed amendments to the Governance Handbook				✓				
Approval of proposed amendments to the Governance Handbook	✓							
Approval of the arrangements, policies and procedures, for the management of conflicts of interest (contained in the Governance Handbook)	✓							

Propose changes to terms of reference for the committees		All Committees as required				All, as required		
Propose changes to terms of reference for the sub-committees		All Sub committees as required				All, as required		
Approve the appointment of the Deputy Chair of NHS STW from amongst the Non Executive Directors except for the Audit Committee Chair.	✓							
Approve changes to terms of reference for committees	✓							
Approve changes to terms of reference for sub committees, groups and task and finish groups		Parent Committee						
Approve membership of committees			✓					
Approve membership of sub committees			✓					
Approve arrangements and appointments of Board membership			✓					
Prepare the scheme of reservation and delegation contained in the Governance Handbook				✓				
Discharge an urgent decision where a meeting of NHS STW cannot be convened consulting with as many members as possible given the circumstances			✓	✓				

Approve (including any changes) the scheme of reservation and delegation contained in the Governance Handbook	✓							
Execute a document by signature/use of seal			✓	✓	CFO			
Approval of changes to the provision or delivery of audit assurance services to the Board	✓							
Propose changes to the provision or delivery of audit assurance services to the Board		Auditor Panel						
Approve proposals for action on litigation against or on behalf of the Board				✓	CFO, CNO, CMO, CDO, CSO			
Responsibility for overseeing discharge of statutory responsibilities in relation to safeguarding		<u>System</u> Quality and Performance Committee						
Receive and approve annual internal and external audit plans		Audit Committee						
Receive and approve internal and external audit reports and recommendations		Audit Committee						
		<u>Strategic Commissioning and</u>						

Approve NHS STW's policy management arrangements and oversight, including the policy on the management of policies, supporting plans, policies and procedures.

Productivity
Committee
Audit
Committee

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3. FINANCE. CONTRACTING AND PROCUREMENT								
Preparation of Finance policies and Procedures					CFO			
Approval of Finance <u>strategies, plans, Ppolicies</u> and <u>pProcedures for NHS STW</u>		<u>Strategic Commissioning and Productivity Committee Finance Committee</u>						
Development of Standing financial instructions					CFO			
Approval of Standing Financial Instructions as part of the Governance Handbook	✓							
Determine the strategic financial framework of NHS STW and monitor performance against <u>it</u>		<u>Strategic Commissioning and Productivity Committee Finance Committee</u>						
Develop an approach to distribute the resource allocation through commissioning and direct allocation to drive agreed change based on NHS STW strategy		<u>System Finance Committee</u>						
Approve an approach to distribute the resource allocation through commissioning and direct allocation to drive agreed change based on NHS STW strategy	✓							

Develop a medium- and long-term financial plan for recommendation to the Board which demonstrates ongoing value and recovery		<u>System Finance Committee</u>						
Approve a medium- and long-term financial plan	✓							
Oversee the management of the system financial target and NHS STW's own financial targets against the Finance Plan		<u>System Finance Committee</u>						
<u>Oversee the management of NHS STW financial targets against the Finance Plan</u>		<u>Strategic Commissionin g and Productivity Committee</u>						
Develop a system finance staff development strategy					CFO			
Approve a system finance staff development strategy		Finance Committee						
Monitor arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other Group's or pooled budget arrangements under section 75 of the NHS Act 2006).		<u>Strategic Commissionin g and Productivity Committee Finance Committee</u>						
Approve arrangements for managing exceptional funding requests.		<u>Strategic Commissionin g and Productivity</u>						

		<u>Committee Strategic Commissioning Committee</u>						
Approve exceptional individual funding requests		Individual Funding Request Panel						
Determine whether proper process has been followed by the Individual Funding Panel when considering an individual funding request.		Individual Funding Request Appeal Panel						
Approval of the banking arrangements					CFO			
Approve the counter fraud and security management arrangements, including supporting plans, policies and procedures		Audit Committee						
Approval of contracts/contract variations for any healthcare services within approved budgets to include GMS, PMS and APMS under delegation from NHS England		<u>Strategic Commissioning and Productivity Committee Strategic Commissioning Committee</u>						
Approval of non-healthcare contracts outside approved budgets.				✓	Or CFO			

Approval of non-healthcare contracts within approved budgets.		As per budget holder delegation outlined in the Standing Financial Instructions						
Recommend approval of healthcare contracts outside approved budgets.		<u>Strategic Commissioning and Productivity Committee Finance Committee</u>						
Approval of healthcare contracts outside approved budgets.	✓							
To approve, that NHS STW proceeds to procurement for healthcare services which will include the approval of the timeline for procurement, the proposal for procurement and the service specification.		<u>Strategic Commissioning and Productivity Committee Strategic Commissioning Committee</u>						
To approve the award of healthcare services procurement.		<u>Strategic Commissioning and Productivity Committee Strategic Commissioning Committee</u>						
				✓	or one of: CFO, CMO,			

To approve the extension of a non-healthcare contract, where provision for an extension has been made within the contract terms.					CNO, ED CDO, CSO			
To approve the extension of a healthcare contract, where provision for an extension has been made within the contract terms.		<u>Strategic Commissioning</u> and <u>Productivity Committee Strategic Commissioning Committee</u>						
To approve procurement for non-healthcare services which will include the approval of the timeline for procurement, the proposal for procurement and the service specification.				✓	Or one of: CFO, CMO, CNO, CDO, CSO			
To approve the award of non-healthcare services procurement within approved budgets.				✓	Or one of: CFO, CMO, CNO, CDO, CSO			
Approval of tenders and contracts	In line with financial limits set within Standing Financial Instructions							
4. COMMISSIONING								
		<u>Strategic Commissioning</u>						

Approve the policies and procedures to support the arrangements for discharging the statutory duties associated with its clinical and non-clinical commissioning functions.		<u>and</u> <u>Productivity</u> <u>Committee</u> <u>Strategic</u> <u>Commissioning</u> <u>Committee</u>						
Developing a plan to meet the health and healthcare needs of the population (all ages) within NHS STW area having regard to the Integrated Care strategy		<u>System</u> <u>Strategy</u> <u>and</u> <u>Prevention</u> <u>Commissioning</u> <u>Committee</u>						
Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.	✓							
Arranging for the provision of health services in line with allocated resources across the ICS by putting contracts and agreements in place to secure delivery of its plan by providers		<u>Strategic</u> <u>Commissionin</u> <u>g</u> <u>and</u> <u>Productivity</u> <u>Committee</u> <u>Strategic</u> <u>Commissioning</u> <u>Committee</u>						
Arranging for the provision of health services in line with allocated resources across the ICS by supporting the development of primary care networks (PCNs) as the foundations of out of hospital care and building blocks of place based partnerships including through investment in PCN management support, data and digital capabilities, workforce development and estates		<u>Strategic</u> <u>Commissionin</u> <u>g</u> <u>and</u> <u>Productivity</u> <u>Committee</u> <u>Strategic</u> <u>Commissioning</u> <u>Committee</u>						

<p>Arranging for the provision of health services in line with allocated resources across the ICS by working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care and agreeing personal health budgets and direct payments for care.</p>		<p><u>Strategic Commissioning and Productivity Committee</u> <u>Strategic Commissioning Committee</u></p>						
<p>Leading system wide <u>strategic</u> action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care</p>		<p><u>System Strategy and Prevention Commissioning Committee</u></p>						
<p>Using joined up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes</p>		<p><u>System Strategy and Prevention Commissioning Committee</u></p>						
<p><u>Overseeing delivery of digital capabilities as an enabler to the transformation programmes of work.</u></p>		<p><u>System Transformational and Digital Group</u></p>						
<p>Through joint working between health, social care and other partners including police, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability</p>	<p>✓</p>							

Driving joint <u>strategic planning work</u> on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.		<u>System Strategy and Prevention Commissioning Committee</u>						
Planning for, responding to and leading recovery from incidents (EPRR) to ensure the NHS and partner organisations are joined up at times of greatest need, including taking on incident co-ordination responsibilities as delegated by NHS England				✓				
Approval of delegated responsibilities by NHS England in relation to specialised commissioning						Joint West Midlands NHS Delegated Commissioning Committee		
Preparing a performance assurance framework (PAF)		<u>System Quality and Performance Committee</u>						
Approving a performance assurance framework (PAF)	✓							

5. PEOPLE							
Develop ICS System People Plan		<u>System ICS</u> People, Culture and Inclusion Committee					
Approval of ICS System People Plan	✓						
Leading system implementation of people priorities including delivery of people plan and People Promise by aligning partners across the ICS to develop and support "one workforce" including through closer collaboration across the health and care sector with local government the voluntary and community sector and volunteers.		<u>System ICS</u> People, Culture and Inclusion Committee					
Approval of arrangements to discharge the ICB's People /HR and Equality, Diversity and Inclusion responsibilities as an employer;				<u>Strategic Commissioning and Productivity Committee ICB-Executive Group</u>			
Approval of arrangements to discharge the ICB's Equality, Diversity and Inclusion responsibilities as an employer				<u>Strategic Commissioning and Productivity Committee ICB-Executive Group</u>			
Approval of arrangements to discharge the ICB's Health and Safety responsibilities as an employer;				<u>Strategic Commissioning and Productivity Committee ICB-Executive Group</u>			

Preparation of HR systems, policies and procedures to support the arrangements for discharging the statutory duties of NHS STW as an employer.					CPO			
Preparation of Equality, Diversity and Inclusion systems, policies and procedures to support the arrangements for discharging the statutory duties of NHS STW as an employer.					CPO			
Preparation of Health and Safety systems, policies and procedures to support the arrangements for discharging the statutory duties of NHS STW as an employer.				✓				
Approve the policies and procedures to support the arrangements for discharging the statutory duties of NHS STW as an employer to include but not limited to: <ul style="list-style-type: none"> • HR/People Equality, • Diversity and Inclusion and • Health and Safety. 					<u>Strategic Commissioning and Productivity Committee</u> ICB Executive Group			
Approve the annual evidence submissions on behalf of the Board for: <ul style="list-style-type: none"> • Equality Delivery System 2 (EDS2) • Workforce Race Equality Standard (WRES) • Workforce Disability Equality Standard (WDES) 					<u>Strategic Commissioning and Productivity Committee</u> ICB Executive Group			
Recommend the terms and conditions, remuneration and travelling or other allowances, including pensions and gratuities of staff on agenda for change.				✓	CPO			

Approve the terms and conditions, remuneration and travelling or other allowances, including pensions and gratuities of staff on agenda for change.		Remuneration Committee					
Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to NHS STW not covered by Agenda for Change.			✓	✓	CPO		
Approve pensions, remuneration, fees and allowances payable to employees and to other persons providing services to NHS STW not covered by Agenda for Change.		Remuneration Committee					
Recommend the financial arrangements for termination of employment, including the terms of any compensation packages and other contractual terms, excluding ill health and normal retirement, for all employees			✓	✓	CPO		
Approve the financial arrangements for termination of employment, including the terms of any compensation packages and other contractual terms, excluding ill health and normal retirement, for all employees		Remuneration Committee					
Recommend the business cases for staff who wish to retire and then return to employment that have been considered and recommended by the Executive team.				✓	CPO		
Approve business cases for staff who wish to retire and return to employment					CEO CFO CPO CSO CDO CMO		

					CNO			
Recommend disciplinary arrangements for employees, including the Executive Officers and for other persons working on behalf of NHS STW				✓	CPO			
Approve disciplinary arrangements for employees, including the Executive Officers and for other persons working on behalf of NHS STW	✓							
Approve arrangements for the Fit and Proper Person Test process for Board members on behalf of the Board.		Remuneration Committee						
6. QUALITY AND SAFETY								
Approve arrangements, including supporting strategies and plans, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.		<u>System</u> Quality and Performance Committee						
Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.		<u>System</u> Quality and Performance Committee						
Preparation the Quality Strategy		<u>System</u> Quality and Performance Committee						

Approve the policies and procedures to support the arrangements for discharging the statutory duties associated with and including, but not limited to; quality, safety, safeguarding and IPC		<u>System</u> Quality and Performance Committee					
Approval of the Quality Strategy	✓						
Oversee the implementation of the Quality Strategy		<u>System</u> Quality and Performance Committee					
Oversee the effective reporting and learning from safety incidents		<u>System</u> Quality and Performance Committee					
Monitor feedback from compliments and complaints and provide assurance to the Board regarding their timely management		<u>System</u> Quality and Performance Committee					
7. RISK MANAGEMENT							
Prepare the arrangements, policies and procedures in relation to risk management				CEO			
Approve the arrangements, policies and procedures in relation to risk management		<u>Strategic Commissioning and Productivity Committee</u> <u>Audit Committee</u>					

Approval of the risk appetite of the ICS/ICB	✓							
Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other Group's or pooled budget arrangements under section 75 of the NHS Act 2006).	✓							
Approve a comprehensive system of internal control, including budgetary control, which underpins the effective, efficient and economic operation of the ICS		Audit Committee						
Approve the arrangements, including supporting plans, policies and procedures for business continuity and EPRR.		Strategic Commissioning and Productivity Committee Audit Committee						
Approve the use of resources out of hours for exceptional circumstances and limited to situations of necessity					Director on Call			

8. INFORMATION GOVERNANCE								
Develop arrangements, including supporting policies and procedures, for handling Freedom of Information requests.					CEO			
Approve arrangements, including supporting policies and procedures, for handling Freedom of Information requests.		<u>Strategic Commissioning and Productivity Committee</u> Audit Committee						
Recommend arrangements, including supporting policies and procedures for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.					CEO			
Approval of arrangements, including supporting policies and procedures for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.		<u>Strategic Commissioning and Productivity Committee</u> Audit Committee						
Oversee the management of IG breaches and the reporting of IG Breaches, where appropriate, to the ICO					CFO (as SIRO)			
9. PARTNERSHIP WORKING								

<p>To the extent permitted by law, authority to enter into arrangements with one or more relevant Local Authority in respect of:</p> <ul style="list-style-type: none"> • delegating specified commissioning functions to the Local Authority; • exercising specified commissioning functions jointly with the Local Authority; • exercising any specified health-related functions on behalf of the Local Authority. 	✓						
<p>Agree formal and legal arrangements to make payments to, or receive payments from, a Local Authority or pool funds for the purpose of joint commissioning.</p>	✓						
<p>For the purposes of collaborative commissioning arrangements with a Local Authority, make the services of its employees or any other resources available to the Local Authority; and receive the services of the employees or the resources from the Local Authority.</p>	✓						

<p>For the purposes of joint commissioning arrangements with other ICSs, to</p> <ul style="list-style-type: none"> • delegate any of the ICSs commissioning functions to another ICS • exercise any of the Commissioning Functions of another ICS; or • exercise jointly the Commissioning Functions of the ICS and another ICS; <p>and for the purposes of the above; to:</p> <ul style="list-style-type: none"> • make payments to, or receive payments from, another ICS; or • make the services of its employees or any other resources available to another ICS; or • receive the services of the employees or the resources available to another ICS. 	✓									
<p>For the purposes of joint commissioning arrangements with other ICSs, to establish and maintain a pooled fund made up of contributions by all of the ICSs working together jointly.</p>	✓									
<p>Approve decisions that individual members or employees participating in joint arrangements can take. Such delegated decisions must be disclosed in this scheme of reservation and delegation.</p>	✓									
<p>Authority to enter into strategic or other transformation discussions with its partner organisations</p>	✓									
10. DELEGATED FUNCTIONS RELATED TO THE COMMISSIONING OF PRIMARY MEDICAL SERVICES UNDER SECTION 83 OF THE NHS ACT										
<p>Discharge of the delegated commissioning by NHS England of primary care commissioning in accordance with section 65Z5 of the NHS Act and as outlined in the NHSE</p>		<p>Strategic Commissioning</p>								

delegation agreement dated March 2023 where this relates to the planning, design and commissioning of services.		<u>and Productivity Committee Strategie Commissioning Committee</u>							1
Decisions in relation to the commissioning and management of Primary Medical Services;		<u>Strategic Commissioning and Productivity Committee Strategie Commissioning Committee</u>							2
Planning Primary Medical Care Services in the Area		<u>Strategic Commissioning and Productivity Committee Strategie Commissioning Committee</u>							3
Undertaking reviews of Primary Medical Care Services in respect of the Area;		<u>Strategic Commissioning and Productivity Committee Strategie Commissioning Committee</u>							4
Approval of budget and plan for management of the Delegated Funds in the Area and management of Delegated Funds outside of approved budget;		<u>Strategic Commissioning and Productivity Committee Strategie Commissioning Committee</u>							5

Management of the Delegated Funds in the Area within approved budget and plan.		Primary Access and Transformation Group								1
Co-ordinating a common approach to the commissioning and delivery of Primary Medical Care Services with other health and social care bodies in respect of the Area where appropriate; and		<u>Strategic Commissioning and Productivity Committee</u> Strategic Commissioning Committee								2
Such other ancillary activities that are necessary in order to exercise the Delegated Functions.		<u>Strategic Commissioning and Productivity Committee</u> Strategic Commissioning Committee								3
11. DELEGATED FUNCTIONS TO THE WEST MIDLANDS ICBs JOINT COMMITTEE										
The ICB's Chief Executive Officer or their designated representative where they are unable to attend, has full authority to act on behalf of the ICB within the delegation outlined in this section below at the West Midlands ICBs Joint Committee.		The West Midlands ICBs Joint Committee		✓						4
Discharge of the delegated commissioning by NHS England of primary care commissioning in accordance with section 65Z5 of the NHS Act and as outlined in the NHSE delegation agreement dated March 2023, schedule 4 and in the Schedule of Services in the Agreement in relation to the establishment and operation of the joint working arrangements - Tier One Joint Committee West Midlands:		The West Midlands ICBs Joint Committee								5

<p>Decisions in relation to the commissioning and management of:</p> <ul style="list-style-type: none"> a) Primary Prescribed Community Dental Services b) Primary Prescribed Community Pharmaceutical Services; and c) Primary Ophthalmic Services. 							
<p>Primary Prescribed Community Dental Services:</p> <ul style="list-style-type: none"> • Decisions in relation to the commissioning and management of Primary Prescribed Community Dental Services; • Planning Primary Prescribed Community Dental Care Services in the Area, including carrying out needs assessments; • Undertaking reviews of Primary Prescribed Community Dental Care Services in respect of the Area; • Management of the Delegated Funds in the Area; • Co-ordinating a common approach to the commissioning and delivery of Primary Prescribed Community Dental Care Services with other health and social care bodies in respect of the Area where appropriate; and • Such other ancillary activities that are necessary in order to exercise the Delegated Functions. 		<p>The West Midlands ICBs Joint Committee</p>					

<p>Primary Prescribed Community Pharmaceutical Services:</p> <ul style="list-style-type: none"> • Decisions in relation to the commissioning and management of Primary Prescribed Community Pharmaceutical Services; • Planning Primary Prescribed Community Pharmaceutical Services in the Area, including carrying out needs assessments; • Undertaking reviews of Primary Prescribed Community Pharmaceutical Services in respect of the Area; • Management of the Delegated Funds in the Area; • Co-ordinating a common approach to the commissioning and delivery of Primary Prescribed Community Pharmaceutical Services with other health and social care bodies in respect of the Area where appropriate; and • Such other ancillary activities that are necessary in order to exercise the Delegated Functions. 		<p>The West Midlands ICBs Joint Committee</p>						
<p>Primary Ophthalmic Services</p> <ul style="list-style-type: none"> • Decisions in relation to the commissioning and management of Primary Ophthalmic Services; • Planning Primary Ophthalmic Services in the Area, including carrying out needs assessments; • Undertaking reviews of Primary Ophthalmic Services in respect of the Area; • Management of the Delegated Funds in the Area; • Co-ordinating a common approach to the commissioning and delivery of Primary Ophthalmic 		<p>The West Midlands ICBs Joint Committee</p>						

<p>Care Services with other health and social care bodies in respect of the Area where appropriate; and</p> <ul style="list-style-type: none"> • Such other ancillary activities that are necessary in order to exercise the Delegated Functions. 								
<p>NHS England delegates to the ICB the statutory function for commissioning the Specialised Services in delegation agreement dated 31st March 2024 and set out in the Schedule 2 (<i>Delegated Services</i>) subject to the reservations set out in Schedule 4 (<i>Retained Functions</i>) and the provisions of any Developmental Arrangements set out in Schedule 9.</p> <p>Subject to the reservations set out in Schedule 4 (<i>Reserved Functions</i>) and the provisions of any Developmental Arrangements, NHS England delegates to the ICB the statutory function for commissioning the Delegated Services. This Schedule 3 sets out the key powers and duties that the ICB will be required to carry out in exercise of the Delegated Functions being, in summary:</p> <ul style="list-style-type: none"> • decisions in relation to the commissioning and management of Delegated Services; • planning Delegated Services for the Population, including carrying out needs assessments; • undertaking reviews of Delegated Services in respect of the Population; • supporting the management of the Specialised Commissioning Budget; • co-ordinating a common approach to the commissioning and delivery of Delegated Services 		<p>The West Midlands ICBs Joint Committee</p>						

<p>with other health and social care bodies in respect of the Population where appropriate; and</p> <ul style="list-style-type: none"> • such other ancillary activities that are necessary to exercise the Specialised Commissioning Functions. 								
<p>Provision of a forum for collective discussion, agreement and decisions by the constituent members of the committee that is consistent with the delegated limits of each ICB's standing financial orders. So enabling the ICBs to collaborate on areas of work and opportunities that arise.</p>		<p>The West Midlands ICBs Joint Committee</p>						
<p>Determination of the most appropriate commissioning governance and operation arrangements for any functions and services delegated to the committee by the six ICBs.</p>		<p>The West Midlands ICBs Joint Committee</p>						
<p>Determination of the most appropriate working group arrangements, reporting into the joint committee to enable the efficient and effective operation of the responsibilities that have been delegated to the committee by the six ICBs.</p>		<p>The West Midlands ICBs Joint Committee</p>						

Agenda Item

ICB 29-01.117

Quality and Performance Committee Chair's
Report for meetings held on 31 October 2024 and
28 November 2024

Appendix 1 – Final minutes of the meeting held on
31 October 2024

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

Thursday, 31st October 2024

Via Microsoft Teams

Committee Members Present:

Meredith Vivian	Chair & Non-Executive Director, NHS STW
Vanessa Whatley	CNO NHS STW
Julie Garside	Director of Planning & Performance NHS STW
Mahadeva Ganesh	Medical Director SCHT
Anne Maclachlan	Clinical and Care Director, Shropshire Care Group, MPFT (Part only)
Helen Onions	Interim Director of Public Health, Telford & Wrekin Council.
Tracey Slater	Interim Deputy CNO, NHS STW
Sharon Fletcher	Interim Deputy CNO, & Patient Safety Specialist NHS STW
Clair Hobbs	Director of Nursing, Shropshire Community Trust
Lisa Rowley	PA to CNO and minute taker
Jaz Dhillon	Interface and governance pharmacist NHS STW
Angie Parkes	Deputy Director Planning & Performance NHS STW

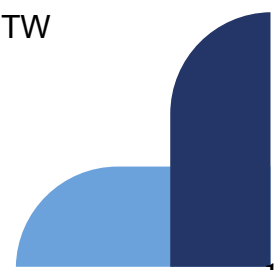
Attendees Representing Committee Members:

Sara Bailey	Deputy Director of Nursing- SaTH (representing Hayley Flavell)
Sara Reeve	Deputy Director of Quality, MPFT (representing Liz Lockett)
Brian Rapson	Information Officer, Healthwatch Shropshire (representing Lynn Cawley)
Kirsty Foskett	Assistant Chief Nurse and Patient Safety Officer (representing Paul Kavanagh Fields)

Presenters in Attendance:

Lorraine Mahachi	Senior Quality Lead for Cancer Team NHS STW
Imogen Darbhanga	deputy councillor programme lead NHS STW
Gareth Wright	Head of Operations for Urgent and Emergency Care NHS STW
Jackie Robinson	Senior Integrated Commissioning Lead, NHS STW
Sue Bull	LMNS Programme Lead NHS STW

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Jo Burrows

Improvement Director, Recovery Support Team NHSE –
attending as an observer.

1.0 Minute No. QPC-24-10.127 - Welcome/Apologies - Meredith Vivian (Chair)

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

2.0 Minute No. QPC-24.10.128 Apologies:

Apologies were received from:

Hayley Flavell - SaTH

Simon Fogell – Healthwatch Telford and Wrekin

Lynn Cawley – Healthwatch Shropshire

Jill Barker- Non-Executive Director Shropshire Community Health Trust

Rosi Edwards – Non-Executive Director, SaTH

3.0 QPC-24-10.129 - Members' Declarations of Interests

3.1 No new declarations of interest were noted.

4.0 Minute No. QPC-24-10.130 - Minutes of Meeting held on 26th September 2024

4.1 The minutes of the meeting held on 26th September were reviewed and accepted as an accurate record of the meeting.

4.2 Meredith Vivian requested the Minutes be amended to reflect that the Quality Governance Update will be presented to QPC on a bi-monthly Basis and not monthly.

5.0 Minute No. QPC-24-10.131- Matters Arising and Action Log

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

5.2 Update on Cancer backlog & incident Themes – Lorraine Mahachi & Imogen Darbhanga

5.2.1 The paper presented was to provide a review of the thematic analysis on cancer related incidents for the period September 2023 to September 2024, the paper includes complaints received by the ICB , insights from learning from patients safety events, the Old STIS reporting.

5.2.2 Feedback has been received from the provider partner SaTH who are the main provider for cancer services.

5.2.3 Themes identified from data sources is that there are delays in diagnosis and treatment which is widespread across different tumour sites. This is also linked to some evidence of workforce shortages and diagnostic blockages.

- 5.2.4 Workforce gaps, in oncology, radiology and pathology were identified which is having an impact on the timely care.
- 5.2.5 The radiology and pathology are diagnostic areas that are within the first part of the patient experience which then has subsequent delays to the rest of the pathway in terms of treatment.
- 5.2.6 There were some areas identified from patient feedback around the fragmentation within the care and the lack of coordination from the provider or interdisciplinary referrals, i.e., from colorectal to oncology thus having a negative impact on the patient experience.
- 5.2.7 The paper concludes that there are critical challenges in timely diagnosis and treatment of cancer and care coordination challenges.
- 5.2.8 The report set out a number of recommendations around investment of diagnostic services, including expansion of MRI's, CT and pathology services.
- 5.2.9 The workforce gaps need to be addressed, therefore an investment in recruitment and retention has been recommended; particularly for specialist areas as oncology, radiology and dermatology and Oral Maxillofacial which are themes identified from the data sources.
- 5.2.10 Work is ongoing to strengthen the collaboration between multidisciplinary teams. A theme was identified around tertiary referrals within the harm reviews where referrals are being sent later in the patient's journey to the tertiary centres, collaboration in early referral to tertiary centres is being looked at.
- 5.2.11 Another theme identified was around supporting patients, investing in programmes; currently within STW, there are cycles of social support within primary care with cancer care coordinators and in secondary care with cancer care navigators. Within the Clinical Nurse Specialists CNS there is psychology support and counsellors.
- 5.2.12 Discussions have taken place in Task & Finish meetings around inequalities to access and also fragile services with level3 and Level 4 clinical psychology and counselling services require further focus.
- 5.2.13 A further recommendation is around system wide learning to strengthen the offsite and streamlining the reporting process, acknowledging that providers are required to undergo their own internal investigations and governance process and escalation. The transformation work insights and information from incidents and complaints will aid on an early identification of challenges, therefore allowing the transformation/improvement work to those insights to be implemented and corrective actions put in place.
- 5.2.14 Julie Garside commented that the West Midlands Cancer Alliance have funded the ICB's cancer improvement team for a further five months and said she would be keen to understand what of these recommendations can the improvement team put in place to help deliver; the planning and performance

team would help with the demand and capacity for diagnostics which is part of their annual planning.

- 5.2.15 Julie Garside asked how the workforce issues were being taken forward.
- 5.2.16 Helen Onions referred to inequalities around cancer being such a significant contributor to the gap in life expectancy across Shropshire and Telford and Wrekin in terms of the most deprived areas which is significant and commented that it would be helpful to have an analysis to see if there are disproportionate waits or quality of care in the Core20 group. Julie Garside explained that the ICB are not sighted on the reporting issues with diagnostics. It was raised for the first time at the recent Planned Care Working Group and to give the Committee some assurance, it has been requested that this is now reported regularly through the Planned Care Delivery Group. It is understood that a paper has gone through SaTH internal governance to take some action to address those reporting issues.
- 5.2.18 Imogen Darbhanga commented that the priorities for the transformation team is to look at strengthening and streamlining the referral process at the beginning of the pathway. The Team is looking at the what the current psychosocial support is in STW and redesigning what a gold standard service would look like based on national recommendations and the frameworks and the guidelines given by the Alliance. There is a Task & Finish Group with key stakeholders across the system to understand a revised state which will be fed into a business case and understanding resource and allocation for at new service.
- 5.2.20 Vanessa Whatley highlighted that SaTH have had a vacancy for a Lead Cancer Nurse which she understood the post has now been advertised which is a pivotal role in coordinating the patient experience and addressing thematic Issues and having a senior nursing leadership across many of the workforce gaps. Sara Bailey confirmed that the Lead Cancer Nurse post has been advertised.
- 5.2.22 Julie Garside advised that there is already a forum in place that deal with the demand and capacity work and the cancer team do not need to do this, it needs to be joined up so that it is only done once.
- 5.2.23 Meredith Vivian asked about the governance of the cancer agenda. Julie Garside responded that this sits with the Planned Care Delivery Group, chaired by Stacey Keegan and given QPC's role in terms of assurance, and suggested that QPC requests that the Planned Care Delivery Group continue the focus on this particularly the recommendations around the diagnostic demand and capacity and the workforce issues. The improvements will come

through QPC via the cancer section of the performance report and the planned care delivery group has the responsibility for oversight.

5.2.25 Vanessa Whatley added that the Planned Care Group should identify and articulate a risk and take ownership which needs to be part of the conversation with Stacey.

Action: Julie Garside to meet with Imogen Darbhanga the demand & Capacity work outside of QPC.

Action: A Cancer Update to be presented to QPC in February 2025.

Action: Meredith Vivian to write to Stacey Keegan setting out the concerns raised at QPC around Governance and to send her the cancer paper requesting a formal response.

Following discussion, the Committee

- Acknowledged system risks, especially in respect of the diagnostic capacity, workforce gaps in secondary care.
- Provided support in initiatives/business cases that will address workforce shortages and capacity issues.
- provided ongoing support to strengthen oversight by the ICB and streamline reporting/governance process to continue fostering a culture of learning within cancer services across STW.

6.0 Minute No QPC-24-10.134 - BAF – System Strategic Risk Register, System Quality Risk Register Covering Report, System Quality Risk Register

- 6.1 The BAF and the system oversight risk register are presented for information and triangulation purposes and to keep the committee informed of other areas where risks are reported.
- 6.2 UEC – Changes have started to be seen in response to the GIRFT programme, the risk has been updated to reflect this. However, at a recent UEC Programme group deemed the changes not fast enough to have the impact needed. It remains an extreme risk. There continues to be extreme pressures in the emergency departments, although Ambulances are still problematic at times with offload.
- 6.3 Diabetes – There is an interim position in the risk register as the plan for diabetes is under review.
- 6.4 Oral Maxillofacial service is a new risk which has been discussed at the system Quality Group, this risk is rated as a high-risk a score of 15, mitigations are managing this at the moment with assistance in mutual aid from The Royal Wolverhampton Hospital NHS Trust.

6.5 Meredith Vivian referred to Risk 15 Integrated care records in the SOAR whereby the register states that this risk is overseen by QPC and questioned whether this was correct.

Action: Sharon Fletcher to contact the risk owner for Integrated Care Records to determine where it should sit.

6.6 Clair Hobbs asked what the current position of the TB risk is.

6.7 Vanessa Whatley advised that a risk owner is yet to be identified. A Service specification has been written and agreed with the respiratory team and a business case is expected at the next Commissioning Working Group.

6.8 Helen Onions added that the Health Protection Assurance report has been deferred to November following the Commissioning Working Group meeting on 22nd November where TB will be discussed thus enabling a detailed update at QPC on 26th November.

Action: Sharon Fletcher to add the collective detail to the system quality group paper in November regarding and TB Risk which will feed through to a future QPC as an assurance piece.

6.10 Vanessa Whatley referred to the new risk Oral Maxillofacial Services at SaTH and questioned whether a specific paper needed to be requested for the next QPC meeting; There is mitigation in place which is why it has a score of 15 which could change at any time; there is some mutual aid and waiting list initiatives going on, but it is a very fragile service and an update is needed.

6.11 Meredith Vivian referred to Risk 10 CDiff needs adjusting from IPC Group to QPC.

6.12 Sara Reeve referred to the BAF and advised that MPFT have carried out work on their own BAF and some of the references on paper 3C where cross referencing has taken place were incorrect.

Action: Sara Reeve to send Sharon Fletcher MPFT's BAF to rectify errors in cross referencing.

Following discussion, the Committee:

- Considered the assurance required within the risk register,
- Acknowledged any updates of the risk register within the paper received the System Board Assurance Framework, and the System Oversight Risk Register.
- Acknowledge that there is still work to complete a more rounded risk register.

- A thorough and broader risk register will be presented to the Quality & Performance Committee as an oversight report.

7.0 Minute No QPC-24-10.132 – Quality & Performance Exception Report: -

The report was taken as read, a discussion with committee members ensued and the following points were highlighted.

Quality – Sharon Fletcher

- 7.1 Sharon Fletcher highlighted that there are similarities between quality and performance, and it is developing how these are commented on. There is a meeting scheduled between the two teams to discuss as there is still some duplication. The report in November will have more responsive metrics, especially in relation to quality.

Performance – Julie Garside

- 7.2 The Primary Care collective action continues to be closely monitored.
- 7.3 There has been no measurable impact on appointments in terms of being routines within a couple of weeks and the urgency within the same day.
- 7.4 There has been no material impacts on ED or the MRI.
- 7.5 There has been a gradual increase in the use of NHS 111; the biggest issues have been on the prescribing switching, it is not having a quality impact, but it is having an effect in terms of savings anticipated to be made as part of prescribing switches.
- 7.6 There has been improvement in some of the length of stays also the no criteria to reside and the average length of stay of that no criteria to reside and also the number of ED attendances continue to be below plan,
- 7.7 There has been a reduction in out of area placements.
- 7.8 There is continued improvement in talking therapies.
- 7.9 An outstanding issue is dementia diagnosis rate and the improvement plan for that, a first draft went to the Commissioning Working Group in October. It requires more work in terms of the interactions and actions from Primary Care and that is due to go back to the Commissioning Working Group in November for sign off before submission to NHS England.
- 7.10 Cancer – improvements are being seen in line with the revised recovery trajectory.

Following discussion, the Committee:

- Noted the continued collaborative content of the performance and quality integrated report regarding performance of key metrics and quality against national standards and local targets where performance/quality falls short of national standards and locally agreed targets,
- Noted the actions being taken and risks are being appropriately mitigated and provide the necessary assurance.
- Noted that this report continues to evolve to improve the way data and actions are presented to provide assurance to the Committee.
- Provided feedback on the new integrated report to ensure the report meets the needs of the Committee as part of continuous improvement.

8.0 Minute No QPC-24-10.134 - System Quality Exception - Chairs Report - Vanessa Whatley

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

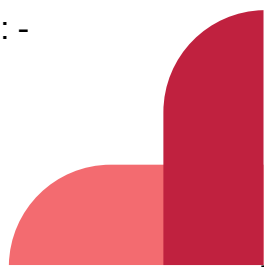
- 8.1 A new QI project on quality of discharge is being picked up and sponsored by the Directors of Nursing and Vanessa Whatley in the system to drive improvement.
- 8.2 Clair Hobbs commented that SHT have had several incidents where they have been concerned about either the handover they have received where a patient that arrives is different and that late transfers from a quality perspective are a concern even when the system is not particularly pressured, their beds are available before 12.00 Noon and patients are being admitted at 9.00pm and sometimes in the middle of the night. A weekly patient safety incident panel meeting is held with the SHT Medical Director to review any moderate incidents; the incidents have also been raised with director of nursing colleagues.
- 8.3 Vanessa Whatley added all the organisations in the system, including MPFT have been asked about quality of transfers and for information, some of the information is coming from the NHS to NHS concerns and care homes; with the pressure to discharge and the speed of discharge discharging at untimely hours. Medicines being missed. documentation not having been complete, these are the things that is being seen from the information received so far.

Following discussion, the Committee:

- Accepted the report

9.0 Minute No QPC-24-10.135 – Deep Dive- Urgent & Emergency Care – Gareth Wright

The report was taken as read and the following key points were highlighted: -



- 9.1.1 An improvement programme was agreed with the national Recovery Support Team in Apr 2024 with five workstreams areas of focus.
- 9.2 The number of long-stay patients over 21 days have been recovered since late July are now back on plan. The recovery is attributed to the impact by the programme of improvements in ward processes and discharge in conjunction with Local Authority colleagues.
- 9.3 UEC attendances have reduced to below plan; at the Midlands Region UEC Board it was reported that nationally as well as regionally ED attendances have increased attributed to the onset of winter. There are areas that are not improving such as emergency departments where previous improvement trends in the key performance metrics of 4 an 12 hour length of stays have not been sustained.
- 9.4 Admissions of patients from the EDs has also increased corresponding to an increased conversion rate of attendances to admissions. The NHSE national and regional teams have indicated a focus the number of 12 Hour waits in the EDs; more so than the 4 Hour standard at present.
- 9.5 Meredith Vivian asked whether the evaluation of the Think Which Programme last year revealed a significant shift in in people's behaviour when they need healthcare quickly and has there been a communication campaign to get people to the right place.
- 9.6 Gareth Wright responded that he has discussed this with Harriet Hopkins, ICB Comms lead who advised him that they are able to track a cause and effect from the campaign, which was judged to be successful. In terms of informing the population to help them make the choice, but to also influence the behaviour as well, this is being repeated this year and will be funded at the same level as last year. The campaign will start on the 6th of November across a broad spectrum of social media.

Following discussion, the Committee:

- Noted the areas of UEC performance improvement and those with ongoing challenges, with winter pressures building.
- Noted the UEC Delivery Group assessment that further high impact mitigation schemes will be required to maintain and increase recovery of our position.

10.0 Minute No. QPC-24-10.136 - LMNS Programme Board & Perinatal Quarterly Report - Sue Bull

The report was taken as read, and the following key points were highlighted:-

- 10.1 Sue Bull referred to the Ockenden Report and compliance and stated that of the 210 actions from both reports, 182 have now been evidenced and assured, 14 have been delivered, but not yet evidenced and 14 not yet delivered.
- 10.2 Neonatal care is now a focus for the ICB and LMNS. There has been an external review commissioned by SAS led by the Royal College of Physicians focusing on the two years 2021 and 2022. The initial letter from that review has been received and it has identified 4 immediate recommendations

however the final report was received by SAS in September and is going through their governance processes to be scoped. There is a total of 24 recommendations including four immediate recommendations. Oversight and monitoring of the action plan to deliver these recommendations will take place at SaTH's Maternity And Neonatal Assurance Committee, and assurance from that meeting is provided to the LMNS Programme Board. Further focus in the report is around neonatal mortality. NHS STW have been identified as outliers as 5% higher within the region for mortality rates in accordance with the embrace data from 2022.

- 10.3 The Maternity, Neonatal Independent Senior Advocate role has been recruited to. The new postholder will commence in this role on 18th November.
- 10.4 Approval has been given to employ a permanent lead for the Maternity and neonatal voice's partnership role .22.5 hours per week which currently being carried out on a voluntary basis, this post will ensure capacity to perform the vital role that that is the lead and provides stability for the system. The advert for this post is live closing on the 10th of November.
- 10.5 Antenatal Education – parent craft classes are being introduced through SaTH. The ICB are also working with Shropshire Council to provide funding to support implementation of volunteer peer support training for education, the LMNS team are also working with the NSPCC to produce a local guide for expectant parents, this project is underway.
- 10.6 Meredith Vivian asked whether the advocacy role was time limited or substantive. Sue Bull responded that it is not substantive because it is part of the NHSE pilot however there is a guarantee of funding until March 2026.
- 10.7 Dr Ganesh asked if Primary Care were involved in the Healthy Pregnancy Programme. Sue Bull responded that there is the healthy families, healthy pregnancy, workstream who are keen to have primary care as part of those discussions. It's not been easy however it has been difficult to get primary care involvement but would welcome any support with this.
- 10.08 Dr Ganesh commented that child mortality has reduced significantly in areas where Primary Care is involved.
- 10.09 Helen Onions added that she chaired the healthy pregnancy, healthy families for a number of years where GPs have been asked to join.

Action: Sue Bull to raise with Lorna Clarson, ICB chief Medical Officer, Primary Care involvement.

10.10 Sue Bull highlighted that as part of the Child Mortality Working groups there is primary care representation.

Following discussion, the Committee:-

- Reviewed the neonatal metrics/data to be provided as part of the QPC performance and quality

11.0 Minute No. QPC-24-10.137 – Mental Health Assertive & Intensive Outreach Report - Jackie Robinson

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

- 12.1 The ICB were requested from NHS England to undertake a maturity matrix review of the Mental Health Intensive and Assertive outreach which came following the incident in Nottingham in which 3 people lost their lives. This was presented for agreement prior to the ICB Board approval on 27th November. The Secretary of State commissioned CQC to carry out a rapid review of Nottingham Healthcare NHS Trust, CQC identified three key areas of rapid review of the available evidence into the care of the perpetrator. (1) An assessment of patient safety (2) the quality of the care provided by the trust; (3) an assessment of the progress made at Runton Hospital since the most recent CQC inspection. CQC findings were, there were inconsistencies, poor care planning and engagement with his family, the risk assessment and record keeping was poor. There were issues around medicines management and optimisation and issues around discharge planning.
- 12.2 This prompted NHS England to issue a request to all ICBs to review the services and ensure provider colleagues have clear policies in place for patients with serious mental illness who required intensive treatments.
- 12.3 The purpose of the local reviews was to ensure that the care of people met the needs in terms of a particular group with severe mental illness but not limited to that, there could be multiple social needs happening in terms of housing, finance, neglect, isolation. They could likely present with caring problems in terms of substance misuse and have a negative experience or traumatic experience of using mental health services or coming through the criminal justice system or it could be, a broader issue where concerns have been raised by families. NHS England challenged all assistance saying there are seven key lines of inquiry that need to be responded to.
- 12.4 The Committee discussed and agreed the content of the maturity matrix review of the Mental Health Intensive and Assertive outreach acknowledging that there were areas which would require significant work and an expectation of national funding.

Following discussion, the Committee:

- Agreed the maturity matrix review of the Mental Health Intensive and Assertive outreach
- Noted the contents to NHSE Regional team.
- Noted that the ICB support MPFT in their request for additional financial support from NHSE to establish a dedicated intensive and assertive outreach service.
- Agreed That the Quality and Performance Committee continue to receive updates on progress in relation to the Maturity Matrix Action Plan.

12.0 Minute NO QPC-24-10-138 – Healthwatch Shropshire Update – Brian Rapson

- 12.1 Healthwatch Shropshire have recently published a report into living well with cancer, this will be taken to the Shropshire health well-being board and Shropshire Integrated Place Partnership and will be shared with the ICS and other stakeholders week beginning 21st October along with a press release
- 12.2 HWS current project is around community pharmacy services.
- 12.3 HWS have appointed a new coordinator for Enter & view programme which is where services are visited to gather patient experience.

Following discussion, the Committee:-

- Acknowledged receipt of the report and agreed to share the detail with relevant colleagues.
-

14.0 Minute No QPC-25-10.139 - Healthwatch Telford & Wrekin Update

- 14.1 The Committee Noted that no representative was present at the meeting to provide an update

15.0 Minute No QPC-25-10-140 – C Dificile Deep Dive – Vanessa Whatley

- 15.1 Sharon Fletcher advised the Chair that Vanessa had to leave the meeting due to chairing another and requested that this agenda item is deferred to November QPC meeting.
- 15.2 Sara Bailey was in agreement to defer as she felt the paper was dated as there were further updates from SaTH's perspective.
- 15.3 Dr Ganesh suggested that this item be presented earlier on the agenda to allow a more meaningful discussion.

Action: Sharon Fletcher to contact Sara Bailey so that updates can be included in the paper for the November QPC meeting.

Following discussion, the Committee

- Agreed to receive an updated paper on 26th November 2024

16.0 Minute No QPC-25-10-142 -Evaluation of meeting

16.1 Sharon Fletcher suggested that the order in the way that we deliver the agenda is based on a more dynamic assessment of what is going on in the system at the moment and having those conversations in the order that they become important instead of sticking to the standard format currently used.

17.0 Minute No QPC-25-10-143 - Items for Escalation/Referral to Other Board Committees

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

18.0 Minute No. QPC-25-10.144 Any Other Business (AOB)

18.1 No Other Business was raised.

Date and Time of Next Meeting

The Next meeting is scheduled to be held on 26th November 2024 starting at 2.00pm to 4.00pm via Microsoft Teams.

SIGNED DATE



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Agenda Item

ICB 29-01.119

Finance Committee Chair's Report for the meeting
held on 29 October 2024.

Appendix 1 – SFC Minutes of the Finance
Committee Section 1

Appendix 2 – SFC Minutes of Previous Meeting
Section 2

**NHS Shropshire, Telford, and Wrekin
ICB Finance Committee (Section 1) Meeting
Tuesday 29th October 2024, at 14.00,
Via Microsoft Teams**

Present:

Name

David Bennett (Interim Chair)
Claire Skidmore
Andy Chandler (For AS)

Title

Associate Non-Executive NHS STW
Chief Finance Officer NHS STW
Deputy Director of Finance NHS STW

Attendees:

Maureen Wain
Kate Owen
Sarah Dixon
Cynthia Fearon

Director of Elective Care
Head of PMO NHS STW
Improvement Director NHSE
Corporate PA NHS STW (Note taker).

Apologies:

Trevor McMillan
Ian Bett
Angela Szabo

Non-Executive NHS STW
Chief Delivery Officer
Director of Finance NHS STW

1.0 Minute No. SFC-24-10.001 – Introduction and Apologies

1.1 The Chair, **DB**, welcomed everyone to the meeting. **DB** stated apologies as noted.

2.0 Minute No.SFC-24-10.002 – Declarations of Interests

2.1 No declarations of interest were noted.

**3.0 Minute No.SFC-24-10.003 – Minutes from the Previous Meeting held on:
26th September 2024.**

3.1 Agreed as a true and accurate record.

4.0 Minute No. SFC-24-10.004 Matters Arising and Action List from Previous Meetings

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

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

DB requested that in future could the committee receive reports from System transformation programmes of work so that the committee can track progress against relevant business cases.

5.0 Minute No. SFC-24-10.005 - ICB SBAF and SORR

Report received as read.

5.1 **CS** noted that the SBAF and SORR will now be a standard agenda item at the start of every Finance Committee meeting. There will also be an item at the end of each agenda for reflections on what the committee would like to highlight or escalate to the Board.

CS mentioned that **AS** had updated the BAF and SORR for this month. Specifically, this brings a lot of information up to date, and, the risk scores have been reviewed in order to bring them more in line with the Provider scores. This harmonisation was requested at a previous Section 2 meeting.

DB supported the proposed changes, including the harmonised score but suggested that Risk 2 on the SBAF is revisited. He noted that there were two factors at play, these being the ability to deliver sustainable services as well as the ability to deliver within the financial envelope. He asked if this could be reviewed and, if necessary, for suggestions for a reframing to be brought back to the committee. **DB** suggested thought be given to two risks, these being:

- The risk that the System is unable to deliver everything that it has set out in its strategy and
- The risk that the System cannot manage within available resources.

CS said that she would share this with the ICB Executive Team for consideration as this would need to be reviewed in the context of the wider SBAF and its other risks.

Action: CS to discuss the potential for reframing SBAF Risk 2 with the ICB Executive Team.

The ICB Finance Committee:

- Reviewed the current system SBAF and SORR for the System and supported the suggested amendments.
- Agreed the revised risk score for SBAF risk 2 and SORR risks 6 and 20 to reflect harmonisation of presentation with system partner risk registers.

6.0 Minute No. SFC-24-10.006 – Finance Committee - ICB Month 6 Revenue Finance Report

Report received as read.

6.1 CS reported that at mid-year, the ICB are currently doing slightly better than originally planned (£0.5m favourable variance to plan).

CS highlighted that, as per national guidance issued as part of the planning round, the ICB has now received funding for the planned System deficit. This will be shared between SATH and the ICB and will help SATH to manage their cash position.

CS was keen to point out that at month six, the team have found ways to fully mitigate the known potential risks for the ICB. She flagged that she still has concerns about the current assumption that we will fully receive ERF income (a response to the System's request to help mitigate the risk is awaited from NHSE).

CS also mentioned that it is unlikely that Systems will be able to utilise any benefit from dental underspend in their positions. She added that the ICB is exploring further options for mitigating risk and that whilst we could potentially find enough to offset the dental funding, the ERF income assumption is far too big to cover.

CS reported at month six the ICB continues to deliver and de-risk the efficiency programme. DB commended the team for their efforts though noted that delivery of H2 continues to require focus.

DB requested a month-on-month graph, to show the underlying position and how it is changing from last year and this year. This will help to give an indication of the challenge for next year. AC mentioned that PWC is planning to look at the underlying position as part of their work with the ICB and the rest of the System and he took an action to develop this for next month's report.

Action: AC to review and develop the presentation of the underlying position in the Finance Report, supported by PWC.

The ICB Finance Committee:

- o noted that the ICB is reporting a £20.5m YTD actual deficit which is a £0.5m favourable position against the year-to-date plan.
- o noted that the ICB continues to report delivery of its forecast position and that at month 6, notwithstanding risks around non-receipt of ERF income and use of dental underspend, the ICB is able to fully mitigate its known risks.

7.0 Minute No. SFC-24-10.007 – Finance Committee - ICB Month 6 Capital Report

Report received as read.

- 7.1 **CS** reported that the capital update has previously been included in the finance report. However, it was decided that it is now reported under its own agenda item to bring more focus on the capital programme.

CS explained that the ICB capital programme is relatively small and only contains GP IT and GP Capital Grants this year.

The ICB Finance Committee:

- Noted that the ICB is reporting no capital spend YTD to Month 6. Business cases for the utilisation of the £883k capital budget are expected to be approved imminently and, on that basis, capital spend is assumed to be in line with plan for the year.

8.0 Minute No. SFC-24-10.008 – Efficiency Delivery Update M6

Report received as read.

- 8.1 **KO** reported that at month 6, the ICB is reporting being ahead of plan by £3.1m. Further mitigations have been put forward including additional saving opportunities and stretching some existing schemes which has helped to reduce the overall risk assessment by £4.8 m.

KO highlighted low confidence schemes totalling £3.5m, which are associated with three individual programmes. **KO** added that leads are able to see a route for de-risking those three individual programmes by month 7.

KO stated that the focus has then turned to mitigating all of the medium risk schemes.

DB flagged that the report outlines that we are identifying programmes to deliver to 100% of plan and we are also risk rating them. He noted that more needs to be done to plan beyond the 100% in order to allow for risks if they materialise.

The ICB Finance Committee:

- Noted the update given for the efficiency programme, in particular, that the programme remains ahead of plan.

9.0 Minute No. SFC-24-10.009 Deep Dive: Ophthalmology

Report received as read.

- 9.1 **MW** explained that her paper responded to the key lines of enquiry requested and noted that this had been subject to an internal audit previously.

DB noted that the report was very operational and asked why it was brought to the Finance Committee. **CS** explained that when the results of audit on Ophthalmology went to the Audit Committee, Roger Dunshea was keen for the Finance Committee to be kept briefed, specifically around the volume of activity going to the independent sector. This

has a financial consequence as they are able to see patient much faster than SATH. This is only mitigated in the short term as we are able to earn ERF income for some elective activity.

It was agreed that for future deep dives, Key Lines of Enquiry would be carefully considered.

The ICB Finance Committee:

- Noted and accepted the position statement on Ophthalmology that was provided.

10.0 Minute No. SFC-24-10.010 Risk review and escalations to Board

The committee agreed the following headlines to be shared with the Integrated Care Board:

- For the ICB, the numbers appear to be holding against plan and we envisage a good position for year end.
- Known risks are flagged, though we anticipate that these can be fully mitigated.

11.0 Minute No. SFC-24-10.011 – A.O.B

- 11.1** DB suggested that as part of the process for compiling the committee annual report, committee members complete a questionnaire on its effectiveness. CS agreed to discuss that with Alison Smith as this would be something that would be best adopted consistently across all Board sub committees.

Action: CS to liaise with Alison Smith about the introduction of an annual questionnaire on committee effectiveness for committee members to complete.

Meeting closed at 14.56

Date And Time of Next Meeting

Tuesday 26th November 2024, 13:00 via Teams

**NHS Shropshire, Telford, and Wrekin
Integrated Care System Finance Committee (Section 2) Meeting
Tuesday 29th October 2024 at 15.15
Via Microsoft Teams**

Present:

Name:

David Bennett (chair)
Claire Skidmore
Andy Chandler (for AS)
Richard Miner
Peter Featherstone (Part)
Craig MacBeth
Jonathan Gould (for SL)
Claire Young (for HT)
Richard Peach
Michele Brockway

Title:

Associate Non-Executive NHS STW
Chief Finance Officer NHS STW
Deputy Director of Finance NHS STW
Non-Executive SATH
Non-Executive SCHAT
Chief Finance Officer RJA
Deputy Director of Finance SCHAT
Deputy Director of Finance – Strategy
Group Accountant T & W Council
Interim Director Finance & Human Resources T&W
LA

Attendees:

Sarah Dixon	Improvement Director NHSE
Julie Garside (Part)	Director of Planning, Performance, BI & Analytics
Kate Owen	Head of PMO NHS STW
Cynthia Fearon	Executive PA NHS STW (Note Taker)

Apologies:

Trevor J McMillian OBE	Non-Executive NHS STW
Sarfraz Nawaz	Non-Executive RJA
Ian Bett	Chief Delivery Officer NHS STW
Glenn Head	Deputy Chief Finance Officer MPFT
Sarah Lloyd	Chief Finance Officer SCHAT
Helen Troalen	Director of Finance SATH
Angela Szabo	Director of Finance NHS STW

1.0 Minute No. SFC-24-10.001 Introductions and Apologies

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

2.0 Minute No. SFC-24-10.002 Members' Declarations of Interests

None were declared.

3.0 Minute No. SFC-24.10.003 Minutes of the Previous Meeting held on 26th September 2024

3.1 **DB** asked if anyone wished to note any points of accuracy or errors within

minutes of the previous meeting. These were agreed as an accurate record.

4.0 Minute No. SFC-24.10.004 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-24-10.005 M5 ICS - SBAF and SORR

Report received as read.

5.1 **CS** highlighted that the Board Assurance Framework (BAF) and SORR had been updated. Specifically, this brings information up to date, and also, the risk scores have been reviewed in order to bring them more in line with the Provider scores. This harmonisation was requested at a previous Section 2 meeting.

CS mentioned that in the Section 1 meeting there had been a discussion about the SBAF Strategic Risk 2. **DB** had suggested that the risk had two factors at play, these being the ability to deliver sustainable services as well as the ability to deliver within the financial envelope. He asked if this could be reviewed and, if necessary, for suggestions for a reframing to be brought back to the committee. **DB** suggested thought be given to two risks, these being:

- The risk that the System is unable to deliver everything that it has set out in its strategy and
- The risk that the System cannot manage within available resources.

CS had agreed to take an action to consider that in the wider context of the overall SBAF. The results of that review will be brought to a future meeting.

The System Finance Committee:

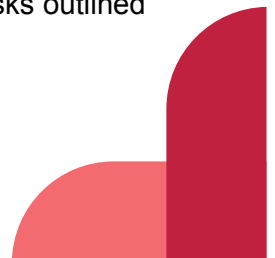
- Reviewed the current system SBAF and SORR for the System and supported the suggested amendments.
- Agreed the revised risk score for SBAF risk 2 and SORR risks 6 and 20 to reflect harmonisation of presentation with system partner risk registers

6.0 Minute No. SFC-24-10.006 - Finance Committee - ICS Month 6 Revenue Finance Report

Report received as read.

6.1 **DM** requested that **RM** give a brief update on SATH, before **CS** gave the update on the ICS Month 6 Revenue Finance Report. He noted his intent to bring non-executives into this agenda item from now on.

RM highlighted that the current biggest pressures for SATH are related to workforce. **RM** added that the SATH Finance committee will be tomorrow. The intention for that meeting is to seek assurance on the management and mitigation of the risks outlined in the ICS Month 6 Revenue Finance report.



RM stated that he is pleased with the governance arrangements that are in place, as people/organisations need to be held to account for delivery of their Plans.

CS provided headlines from the month 6 position; noting that the ICS is reporting a £25.3m Year-To-Date System deficit which is £6.5m adverse to plan. She highlighted that, as per national guidance issued as part of the planning round, the ICB has now received funding for the planned System deficit. This will be shared between SATH and the ICB and will provide a welcome cash boost to SATH.

CS explained the biggest driver of the deficit position is SATH. RJAH are also showing an unfavourable variance from plan.

CS flagged, that the second half of the year for all of our organisations gets harder. For example, the efficiency programmes are profiled into the second half of the year and winter is likely to be particularly challenging.

CS stated significant work continues with a focus around H2. All of our Boards, remain committed to working to hit the forecast out-turn plan. She noted however that the System is still reporting a high level of known unmitigated risk.

CS reported that for the ICB, month 6 was the first time the ICB were able to say they could fully mitigate known risk though this comes with a set of caveats and assumptions.

SATH currently has the highest figure of unmitigated risk, which is particularly driven by workforce and escalation costs.

CS flagged the Data Warehouse issue at SATH, which means that they are unable to capture all of their activity at the moment. She added that she had written jointly with **HT** to Julian Kelly after a conversation between System CEOs, DoFs and Jullian two weeks ago. Julian had asked the System to set out the extent of the problem the issues create for the System. **CS** stated that the letter requested a payment variation which means that SATH's income would be fixed for the year which helps give certainty about their income and also then does not undermine the collated System position for ERF income calculation.

RM asked to see a copy of the letter to Julian Kelly. **CS** responded that she was happy to share the letter with the STW System Finance Committee.

Action: CS to circulate the letter to Julian Kelly to STW System Finance Committee members.

DB flagged concern for SATH's delivery of outturn given the significant ramp up in CIP delivery required in the second half of the year. He also noted SATH's risks particularly with regard to workforce and escalation and asked **RM** what mitigations were in place.

RM stated that the financial recovery group along with PWC are focusing on these areas for SATH. He added that he planned in-depth discussions at SATH's Finance Committee, particularly to seek assurance on mitigation of risks.

CY confirmed that escalation was SATH's biggest risk and that the team are fully engaged in the work supported by PWC to reduce costs.

DB suggested that for this item next month, we focus more on how System Partners plan to deliver their forecast. He asked the question "what needs to be true for each organisation to hit its plan"?

CS mentioned that next week, there will be a series of FIP meetings supported by PWC which will look at the more granular details of what **DB** has requested. **CS** suggested that the outcome of the FIP meetings is brought to the next meeting as context for the discussion.

Action: November Month 7 Finance Paper to include a summary of the outputs of the FIP meetings and articulate the route to hitting the forecast. This will be a core focus of discussion for this item.

CM stated the biggest risk RJAH has, is the loss of the LLP contract which has been the subject of much discussion with NHSE.

CM reported that RJAH is working hard to mitigate risks, for example, their efficiency programme is currently £700k above plan. They have also increased private patient revenue. ERF also continues to be an issue for RJAH though they are hoping for a solution to that working with NHSE. RJAH are currently looking at a £4m shortfall to plan by the end of this financial year which includes back pay liability for Band 2s of £1.2m. **CM** also flagged that RJAH are not maximising theatre use and therefore have offered SATH chance to utilise some of that capacity. A similar discussion is also taking place with Welsh providers.

JG reported that SCHAT are currently on plan though noting that they do carry some risk for example regarding band 2 re-banding. CIP delivery risk is dropping. **JG** added that SCHAT remain open to working with System partners to reduce the overall System risks as described.

The System Finance Committee noted:

- that the ICS is reporting a £25.3m actual YTD System deficit v's £18.8m plan, being a £6.5m adverse variance at M6. Key drivers being SaTH £1.7m lost income due to Industrial Action, agency £2.1m, Endoscopy £0.5m, escalation £0.4m and RJAH impact of the end of the LLP arrangement £0.9m, Spec Comm ERF income £0.4m and inflationary pressures £0.3m.
- That the System is also reporting that it cannot currently fully mitigate its financial risk if it were to all materialise (£35.4m at month 6). Partners are actively working to either reduce the risks logged or seek alternate mitigations.
- The need to continue a risk-based dialogue at this committee with members required to discuss at each meeting what their organisations are actively doing to deliver the forecast outturn.

7.0 Minute No. SFC-24-10.007 - Finance Committee - ICS Month 6 Capital Report

Report received as read.

- 7.1 **CS** explained that a decision has been taken to separately report capital as there are risks within the capital programme which may be lost if left in the finance report.

CS highlighted, that per the national business rules, the need for deficit support for the revenue position triggers a reduction in business-as-usual capital of 10%. This constrains what we are able to spend in year. **CS** reported that whilst spend to date is a long way behind plan, 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 due to the timing of the capital programme.

CS explained that this month's report highlights the level of risk in the capital programmes and noted the collective action that DoFs are taking to minimise risk of overspend against the capital allocation.

CY mentioned that SATH have identified some slippage within their programme and noted that SATH are happy to assist partner Providers, in order to achieve this year's System capital, spend target.

CS reported that capital planning is being done alongside revenue planning.

The System Finance Committee noted:

- That the ICS is reporting a £6.1m favourable variance to plan for operational BAU capital and £21.4m favourable variance to plan overall, namely due to slippage on HTP.
- The capital expenditure risks and planned mitigations - SCHT IFRS16 risk of £3.25m, to be covered through balance sheet adjustments in NHSE/Black Country or through in-system capital brokerage, RJAH EPR £1m overspend, to be covered by additional NHSE funding or in-system brokerage and SCHT frontline digital £0.7m included within 24/25 capital plans with other schemes slipped to 25/26.

8.0 Minute No. SFC-24-10.008 - STW Efficiency Plan Update Month 6

Report received as read.

- 8.1 **KO** highlighted that at Month 6, efficiency delivery is £3.15m ahead of plan. She added that the System is ahead of plan for both recurrent and non-recurrent savings, with overall delivery varying between organisations.

KO reported that schemes noted as high-risk have significantly reduced since last month and now total £15m (16%) which is an improvement of £5.4m from Month 5. **KO** added that all high risk, high value schemes are being supported. PWC are actively working with programme leads to further de-risk and assist

with transition into delivery through the phase two Investigation and Intervention (I&I) work.

KO emphasised that the largest efficiency risk for our system is within the UEC Escalation Programme (£5.8m). **KO** added that deep dive sessions continue to be held to mitigate risk which are overseen by the UEC Programme Group and FIP.

JGa joined the meeting.

PF joined the meeting.

DB flagged that the largest element of the risk within the numbers sits with SATH and that there is a high level of risk going into H2. **DB** added that he will be interested to see what support PWC will give to mitigating those risks.

The System Finance Committee:

- reviewed and discussed the month 6 Efficiency programme.

9.0 Minute No. SFC-24-10.009 - Deep Dive – Productivity

Report received as read.

- 9.1 JGa** presented her report and stated that she had structured her report based on the key lines of enquiry shared by the committee. She added that the team are working to ensure that we report our productivity in line with national expectations though we are not constrained by that and will make the most of all the available data.

JGa mentioned that she has forged useful links with colleagues in the Leicester and Lincolnshire areas who are doing similar work around productivity.

JGa stated that she had recently attended a Regional Productivity workshop which she found immensely helpful. The workshop outlined plans for developing productivity measures and gave opportunity to share insights and share good practice.

JGa reported on current bridge analysis work that will show the breakdown of how productivity has changed over time, with finance, with activity and headcount being considered. She added that the plan is to get clinical and operational leads involved in that work. The committee were interested in seeing the outputs of this work and agreed that a further discussion be held once draft plans for 2025/26 were in progress.

Action: JGa to return in January 2025 SFC to present the draft productivity plans for 25/26 which will include the bridge analysis discussed.

SD noted the good work and progress that has been undertaken in this area.

The System Finance Committee:

- accepted the attached Productivity Deep Dive Report for Assurance, Discussion and Information.

- confirmed that it wishes to receive an update in 3 months' time on the draft productivity plans for 25/26 which will include the bridge analysis discussed.

10.0 Minute No. SFC-24-10.009 - Risk review and escalations to Board.

The committee agreed the following headlines to be shared with the Integrated Care Board:

- that the ICS is reporting a £25.3m actual YTD System deficit v's £18.8m plan, being a £6.5m adverse variance at M6. Key drivers being SaTH £1.7m lost income due to Industrial Action, agency £2.1m, Endoscopy £0.5m, escalation £0.4m and RJAH impact of the end of the LLP arrangement £0.9m, Spec Comm ERF income £0.4m and inflationary pressures £0.3m.
- that the System is also reporting that it cannot currently fully mitigate its financial risk if it were to all materialise (£35.4m at month 6). Partners are actively working to either reduce the risks logged or seek alternate mitigations
- whilst spend to date is a long way behind plan, 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 due to the timing of the capital programme
- SATH have identified some slippage within their programme and noted that SATH are happy to assist partner Providers, in order to achieve this year's System capital, spend target.
- the largest efficiency risk for our system is within the UEC Escalation Programme (£5.8m).

11.0 Minute No. SFC-24-09.009 - Any Other Business

11.1 **CY** shared that SATH have been shortlisted for two HFMA awards. The committee congratulated SATH on their achievement.

11.2 **CS** gave special recognition and thanks to **PF's** contribution to the System Finance Committee as SCHAT NED. This will be **PF's** last meeting as his tenure at SCHAT ends in early November. Tina Long will be attending this meeting in the future.

Meeting closed at 16.26.

Date and Time of Next Meeting

Tuesday 26th November 2024, 14:15 via Teams

