NHS STW Integrated Care Board - Papers

MEETING

29 January 2025 14:00 GMT

PUBLISHED
24 January 2025

Agenda

Location	Date	Time
Meeting Room 1, Wellington Civic Offices, Larkin Way, Tan Bank, Wellington, TF1 1LX	29 Jan 2025	14:00 GMT

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Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

AGENDA (PART 1)

Meeting Title	Integrated Care Board	**Date**	Wednesday 29 January 2025
Chair	Mr. Roger Dunshea	**Time**	2.00pm
Minute Taker	Board Secretary	**Venue/ Location**	Meeting Room 1, Wellington Civic Offices, Larkin Way, Tan Bank, Wellington, TF1 1LX

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

Reference	Agenda Item	Presenter	Purpose	Paper	Time
OPENING MATTERS (approximately 40 minutes: 2.00pm – 2.40pm)					
ICB 29-01.101	Apologies	Chair	I	Verbal	2.00
ICB 29-01.102	Declarations of Interest: To declare any new interests or existing interests that conflict with an agenda item Register of Board member's interests can be found at: Register of Interests - NHS Shropshire Telford and Wrekin	Chair	S	Verbal	
ICB 29-01.103	Minutes from the previous meeting held on Wednesday 27 November 2024	Chair	A	Enc	
ICB 29-01.104	Matters arising and action list from previous meetings	Chair	A	Enc	
ICB 29-01.105	Chair's Report	Chair	A	Enc	
ICB 29-01.106	Questions from Members of the Public: Guidelines on submitting questions can be found at: Submitting Public Questions - NHS Shropshire Telford and Wrekin	Chair	I	-	

ICB 29-01.107	Resident's Story – "Prevention" (Clare Parker to attend)	Nigel Lee	S	Presentation	2.20
STRATEGIC SYSTEM OVERSIGHT (approximately 30 minutes - 2.40pm – 3.10pm)					
ICB 29-01.108	Chief Executive Officer (CEO) Report	Claire Skidmore	A/S	Enc	2.40
ICB 29-01.109	System Board Assurance Framework (SBAF & SORR)	Claire Skidmore	A/S	Enc	2.50
ICB 29-01.110	Primary Care Delivery and Planning	Lorna Clarson	S	Enc	3.00
PARTNERSHIPS (approximately 20 minutes – 3.10 – 3.30)					
ICB 29-01.111	Shropshire Integrated Place Partnership Committee Chair's Report	Andy Begley	S	Enc	3.10
ICB 29-01.112	Telford and Wrekin Integrated Place Partnership Committee Chair's Report – No report	David Sidaway	S	Verbal	3.20
SYSTEM GOVERNANCE AND PERFORMANCE (approximately 40 minutes – 3.30pm – 4.10pm)					
ICB 29-01.113	Winter Delivery Update (Gareth Wright to attend)	Ian Bett	S	Enc	3.30
ICB 29-01.114	Integrated Care System Performance Report: • Finance • Performance • Quality • People	Claire Skidmore	S	To Follow	3.40
ICB 29-01.115	Delegated Specialised Commissioning (Gemma Smith to attend)	Claire Skidmore	S	Enc	3.50
ICB 29-01.116	Amendments to Governance Handbook	Claire Skidmore	I/A	To follow	4.00
BOARD COMMITTEE REPORTS (approximately 10 minutes – 4.10pm - 4.20pm)					
	Assurance				4.10
ICB 29-01.117	Quality and Performance Committee Chair's Report for meetings held on 31 October 2024 and 28 November 2024	Meredith Vivian	S	Enc	
ICB 29-01.118	Audit Committee Chair's Report for the meeting held on 15 January 2025	Professor Trevor McMillan	S	Enc	
ICB 29-01.119	Finance Committee Chair's Report for the meeting held on 29 October 2024	Dave Bennett	S	Enc	

ICB 29-01.120	Remuneration Committee Chair's Report – No report	Meredith Vivian	S	Enc	
	Strategy				
ICB 29-01.121	System Transformation Group Chair's Report for the meeting held on 26 November 2024	Claire Skidmore	S	Enc	
ICB 29-01.122	Strategic Commissioning Committee Chair's Report for the meeting held on 13 November 2024	Cathy Purt	S	Enc	
ICB 29-01.123	People Culture and Inclusion Committee Chair's Report – No report	Martin Evans	S	Verbal	
ASSURANCE – REVIEW OF RISKS (approximately 5 minutes - 4.20pm - 4.25pm)					
ICB 29-01.124	Review and reflection of new or amended risks following discussions at Board Meeting	Chair	S	Verbal	4.20
ANY OTHER BUSINESS (approximately 5 minutes - 4.25pm - 4.30pm)					
ICB 29-01.125	Any Other Business *(To be notified to the Chair in advance)*	Chair	D	Verbal	4.25
	Date and time of next meeting: • Wednesday, 29 March 2025 – Wellington Civic Offices at 2.00pm				
***RESOLVE**: To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section 1(2) Public Bodies (Admission to Meetings) Act 1960.)*					

Mr Roger Dunshea
Acting Chair
NHS Shropshire, Telford and Wrekin

Mr Simon Whitehouse
Chief Executive
NHS Shropshire, Telford and Wrekin

NHS Shropshire Telford and Wrekin
Integrated Care Board
Minutes of Meeting held in public on
Wednesday 27 November at 14:00 pm
Meeting Room 1, Wellington Civic Offices, Larkin Way, Tan Bank, Wellinton, TF1 1LX

Present:

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

In Attendance:

David Bennett	Associate Non-Executive Director - Finance, NHS STW
Martin Evans	Non-Executive Director - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Andrew Morgan	Chair in Common, SaTH and SCHT
Dr Anne Maclachlan	Clinical and Care Director, MPUFT
Alison Smith	Chief Business Officer, NHS STW
Nigel Lee	Chief Strategy Officer, NHS STW
Dr Julian Povey	Chair of the Shropshire & Telford LMC STW GP Board
Cllr Paul Watling	Cabinet Member for Adult Social Care & Health Systems Telford & Wrekin Council
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Jan Suckling	Lead Engagement Officer, Healthwatch Telford & Wrekin
Gareth Wright	Head of Operations, NHS STW
Claire Colcombe	Board Secretary, NHS STW

Minute No. ICB 27-11-.073 Introduction and Apologies

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

Sarfraz Nawaz	Non-Executive Director, Robert Jones and Agnes Hunt (deputising for Mr H Turner who was required to attend another meeting)
Harry Turner	Chair, Robert Jones and Agnes Hunt

Minute No. ICB 27-11.074 Declarations of Interest

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

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

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

Minute No. ICB 27-11.075 Minutes from the previous meeting held on Wednesday 25 September 2024

075.1 The minutes from the previous meeting held on Wednesday, 25 September 2024 were taken as read

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

075.3 Mr. David Sidaway informed the Board that the Health Watch Report will be reviewed in detail at the next Health and Wellbeing Board meeting. Additionally, the TWIPP paper, which will include the place-related discussion, will be presented at January's Board meeting.

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board approved the minutes of the previous meeting held on Wednesday 25 September 2024 subject to the changes.

Minute No. ICB 27-11.076 Matters arising and action list from previous meetings

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

076.2 Mr Nigel Lee informed the Board that GP colleagues had requested to have an updated report on waiting times for first outpatients. The operational teams in SaTH were looking at pulling together the data, which he needs to check. Ms Jo Williams added that she was meeting with local GP colleagues on 17 December and would address this then.

Minute No. ICB 27-11.077 Chair's Report

077.1 The paper presented a summarised update on activities at both national and local level in relation to the future policy direction for the NHS and more local operational issues

that required reporting to the Board; government intentions for ICB's, the NHS 10-year health plan-consultation, risk management, fit and proper persons test (FPPT) assurance, and appointments to the Board.

077.2 The Chair thanked Board colleagues for assisting with his induction into the Acting Chair role and updated the Board that the recruitment to the substantive role of Chair of the Board is in progress and highlighted the following:

- Planning for year 2025/26 needed to be thought about now, adding that there would not be any extra money available and therefore difficult decisions would need to be made.
- There needed to be full cognisance around the government's intentions in relation to the new operating model for Integrated Care Boards, the three main shifts being:
    - from acute to community;
    - from analogue to digital;
    - and from sickness to prevention.
- There is a need for central policy documents to be translated into tangible actions at both a team and system level.

077.2 The Board was asked to note the updates within the report.

RESOLVED **NHS Shropshire, Telford and Wrekin Integrated Care Board noted the updates within the report.**

Minute No. ICB 27-11.078 Questions from Members of the Public

078.1 The NHS Shropshire, Telford and Wrekin Integrated Care Board received four questions from members of the public, that will be responded to in line with the policy.

RESOLVED: **NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED that four questions were received since the previous meeting held on 26 June 2024.**

Minute No. ICB27-11.079 Residents Story – T Level Healthcare Experience

079.1 Ms Vanessa Whatley introduced Sarah Davies – Director of Health and Science at Telford College, accompanied by three T-Level students.

079.2 Ms Davies explained that the T-Level courses were designed by employers due to recognising that students were not lasting in the workplace after leaving college and so to mitigate this issue the course was developed to create work-ready students. These courses are the equivalent to 3 'A' levels and last for 2 years. Each student is required to spend 315 hours within a work placement as part of the course.

079.3 Each student explained their experience of the healthcare course outlining both the positive and negative aspects of the variety of roles they engage in, but also the benefits of the course overall.

079.4 The Board recognised that this area was very important in supporting young people and providing succession planning for the local workforce in the future.

Minute No. ICB 27-11.080 Chief Executive's Report

080.1 The paper presented updates not reported elsewhere on the agenda in the following business areas:

- 10-Year Plan update
- System Green Strategy
- Amendments to the Governance Handbook
- Integrated Care Partnership
- New Insightful ICB Board Guidance
- Evolution of the NHS Operating Model
- NHS Management and Leadership Programme

080.2 Mr Simon Whitehouse highlighted that ICB, and Trust Partner Members would be attending an NHS England engagement event around development of the 10-year plan. He recommended that as part of a future Board development session the Board should focus on how the Integrated Care Strategy, Joint Forward Plan and the three shifts align with the work the ICS is already undertaking and whether the system has its priorities in the right place, along with Board oversight and insight.

Mr Whitehouse recognised the current pressures of the Urgent and Emergency Care Services across the system and thanked colleagues for their continuing work to support it. He further recognised that patients are waiting longer than the Board would want them to be and noted that the clinical and managerial teams in our system are working hard to manage that demand and support residents as much as possible.

080.3 Miss Alison Smith, highlighted to Board members the proposed amendments to the Governance Handbook in line with newly published NHS England statutory guidance on managing conflicts of interest, a change in the decision-making process for ICB staff wishing to retire but then to continue in employment with the ICB and ad hoc changes to titles and reference changes from 'raising concerns' to 'freedom to speak up'. Miss Smith asked the Board to approve the amendments made the governance handbook.

080.4 The Board was asked to note the updates and to approve the amendments outlined in the report on proposed changes to the Governance Handbook.

080.5 Mr. David Sidaway offered his support in engaging with as many residents as possible from a communications perspective around the 10-year plan and the planned local Change NHS engagement process.

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

- **NOTED the updates in the report.**
- **APPROVED the amendments made to the governance handbook**

Minute No. ICB 27-11.081 System Board Assurance Framework (SBAF & SORR)

081.1 The report presented the System Board Assurance Framework (SBAF) and the operational risks from the Strategic Operational Risk Register (SORR) for both the system and the Integrated Care Board as a corporate body.

081.2 Miss Alison Smith confirmed that the Strategic Risk Registers for the system and ICB only included risks by exception that scored 15 or above in terms of likelihood and severity of risk. This is in line with the Risk Management Policy and both registers had been reviewed by senior managers in the Integrated Care Board during October and November 2024. They were scheduled to be presented to the Audit Committee for oversight, in January 2025.

081.2 The Board was asked to:

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

081.3 During discussion Miss Smith assured that Board that since the new governance process and changes to the Committees have been introduced, there has been good engagement by Committee chairs and members, officers in the ICB and wider system in terms of reviewing and updating risk. Further work was being undertaken around the development of risks that required oversight by SHIPP and TWIPP.

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

- **REVIEWED the current System Board Assurance Framework (SBAF) and risks from the SORR that score above 15 for severity and likelihood and CONSIDERED:**
  - **that the risks to the system's strategic objectives, are being appropriately managed;**
  - **if there were any additional assurances are necessary; and**

- **if any additional risks or amendments to risks were required following discussions in this Board meeting or in other forums i.e. recent committee or group meetings.**

- **Were ASSURED that the SBAF and SORR provided oversight of the strategic risks to the Integrated Care System (ICS) meeting the strategic objectives.**

Minute No. ICB 27-11.082 Winter Planning/Mitigations of pressures

082.1 The paper presented an update on the system's UEC Improvement Plan and additional actions to mitigate the predicted increase in demand on non-elective pathways over the winter months. It detailed the five workstream areas of focus, which were:

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

082.2 The Board was asked to:

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

082.3 In discussion it was recognised that there was a lot of pressure on community services and General Practices who were supporting the UEC position whilst delivering their routine services as well. The additional focus to support discharges and avoid admissions was not currently being captured in any performance reporting. It was recommended that admissions avoidance data, by these areas of service, should be collated and reported alongside with the current UEC performance to provide an overall picture of UEC performance across the whole system. It was also highlighted that the newly introduced dynamic risk assessment currently being introduced in UEC also needs to include primary care.

ACTION: Mr Gareth Wright to explore:

- *adding General Practice and Community Service performance of those areas of service supporting admissions avoidance into the report going forward; and*
- *ensuring that primary care is included in the newly introduced UEC dynamic risk assessment process.*

082.4 In further discussion the Board was given assurance that the data is within the UEC plan, but that this report was focussed only on the issues surrounding the winter months. Board members commented around the importance of receiving data led information, having a breakdown of the issues including the seniority of the decision

makers and an understanding of the complexity of patients. It was further noted that clarity around the schemes outlined in the report was needed.

Mr Whitehouse commented that improvements have been made, but further work is required, and recognised that the improvement plan is focussed on the right areas and there are significant financial challenges this year. This will continue into 25/26 and therefore mainstreaming this work within the resources available is necessary.

ACTION: Following discussion the Chair confirmed that given the continuing level of significant risk a further update would be required at the January 2025 Board meeting

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

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

Minute No. ICB 27-11.083 System EDI Update

083.1 The paper presented an updated on the Integrated Care Board's commitments to equality, diversity, and inclusion, and achieving its duty as a Board. Ms Vanessa Whatley highlighted the following key points:

- The Board Development Sessions dates have been agreed and will be supported by NHS Confederation and Ninety Days company which will also help to set up an improvement action plan for EDI.
- Details of the system away day is within the report, which helped shape the strategic objectives of the system.

083.2 The Board was asked to:

- Agree the area of Board focus for the board development session in February 2024.
- Discuss the priority areas identified from the away day.
- Receive a further update on progress in March 2024.

083.3 In discussion it was noted that the areas of focus should be around; raising public awareness and engagement; how we can prioritise EDI given the other challenges in the system and what are the key areas that will start to make a difference EDI .In

further discussion it was noted that something as simple as reviewing recruitment processes could make a difference i.e. Interview candidates may be well equipped to carry out the job but may not perform in an interview environment and in order to mitigate this situation interview questions could be shared with candidates before the interview.

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

- **AGREED the area of Board focus for the board development session in February 2024.**
- **DISCUSSED the priority areas identified from the away day.**
- **Will RECEIVE a further update on progress in March 2025.**

Minute No. ICB 27-11.084 EPRR Update – including self-assessment

084.1 The paper presented the Integrated Care Board's and Providers final self-assessment level of compliance with the NHS EPRR Core Standards in line with the NHS EPRR Framework. Mr Gareth Wright added that the assessment has been forwarded to NHS England for reviewing.

084.2 The Board was asked to:

- Note the contents of the report
- Approve the updated and new documents relating to EPRR
- Support the establishment, governance and reporting structure of the EPRR Programme Group to continue the ongoing improvement and delivery of EPRR duties and compliance with Core Standards for the ICB and Providers.

084.3 In discussion Mr Martin Evans commented that the figures for RJAH were not where the RJAH Board would want to see them and confirmed that he would seek clarity on these from within RJAH. The Board felt that collectively, as a system, there is a need to embed good leadership and building leadership and understanding of EPRR across the system to build resilience, which would improve compliance across the piece.

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

- **NOTED the contents of the report**
- **APPROVED the updated and new documents relating to EPRR**
- **SUPPORTED the establishment, governance and reporting structure of the EPRR Programme Group to continue the ongoing improvement and delivery of EPRR duties and compliance with Core Standards for the ICB and Providers.**

Minute No. ICB 27-11.085 Intensive and Assertive Community Mental Health Care Action Plan

085.1 The paper presented the update on the review of local policies and practice, further to NHS England's requirement for Integrated Care Board's to review their community services to ensure that clear policies and practice are in place for patients with serious mental illness, who require intensive community treatment and follow-up where engagement is a challenge. Ms Gemma Smith highlighted the webinar that will be taking place on 10th December 2024 where the updates will be shared.

085.2 The Board was asked to:

- Note the content of the report
- Request updates following the task and finish group activity
- Request updates on NHS England's phase two requirements.

085.3 In discussion it was noted that there was insufficient data to be able to easily see the level of risk and complexity on individual clinicians' caseloads and therefore this is now high on the agenda. More communication is required and is being developed. It was recognised that there are many challenges in this area, such as the initial referral process, increasing the confidence levels of staff and finding the balance between the patient's right not to engage with treatment but when this may be as a result f lack of insight of their current situation and their ability to communicate their need for support. Mr Whitehouse advised the Board to read the CQC report: "Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust" and to ensure that there is sufficient oversight of this area.

ACTION: The Chair commented that this is a high-risk area that requires a lot of cooperation and communication across the piece; and that an update should be brought to a future Board meeting.

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

- **NOTED the content of the report**
- **Will REQUEST updates following the task and finish group activity**
- **Will REQUEST updates on NHS England's phase two requirements.**

Minute No. ICB 27-11.086 System Integrated Improvement Plan

086.1 The paper presented the NHS oversight arrangements for Shropshire, Telford & Wrekin, and the plans to address key issues underpinning segmentation, and a revised set of Recovery Support Programme transition criteria for the system under the headings:

- Finance
- Urgent and Emergency Care (UEC)
- Workforce

- Governance and Leadership

Ms Julie Garside highlighted that the improvement plan outlines how they are planning to move out of NOF4 and that after this discussion the plan will be forwarded to NHS England for their decision. Ms Garside added that the Board will have overall oversight of the plan.

086.2 The Board was asked to:

- Approve the NHS STW Integrated Improvement Plan
- Approve the governance and oversight arrangements for the delivery of the plan
- Note the Board level risk summary.

086.3 Ms Garside assured the Board that the plan has brought together all the individual plans around the system and also includes governance oversight, PMO capacity and planning and BI capacity to track impact.

086.4 In discussion it was highlighted that there is no mention of Primary Care within the report, although some parts of the plan and mitigations will rely on Primary Care to help deliver them and it was recommended that going forward reporting is carried out by those with the responsibility of the plan's success. Ms Garside assured the Board that this plan was a consolidation of all of the current UEC plans across the system. Ms Garside added that evidence will need to be provided to NHS England to be able to request their exit from NOF4 and clarity has been asked from NHS England as to what the evidence needed to be for this to happen.

086.5 In further discussion the Board was assured that the plan is focussed on improving care for patients as well as delivering statutory duties.

086.6 The Chair summed up that there is clear support from the Board for the plan and that it was not a bureaucratic exercise, but one that should improve patient care and the services provided.

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

- **APPROVED the NHS STW Integrated Improvement Plan**
- **APPROVED the governance and oversight arrangements for the delivery of the plan**
- **NOTED the Board level risk summary.**

Minute No. ICB 27-11.087 Integrated Care System Performance Report:

087.1 The paper presented an update on all aspects of performance, quality, finance, operational, and workforce. Mrs Claire Skidmore highlighted the following:

- Cancer: Backlog numbers for over 62 days were increasing.

- Mental Health: Talking therapies were performing above target and waiting times for referral to starting treatment within 18 weeks were showing continued improvement.
- Dementia Diagnosis Rates: An improvement plan had been signed off and NHS England had offered support to improve this area of performance.
- Quality: There had been improvement in maternity around smoking during pregnancy and post-partum haemorrhage.
- Workforce: Agency spend is low, absence rates are low and staff turnover rates are also low.
- Finance: There were challenges and are still off plan as of month 7. There is a collective risk of approximately £30m, collective action was currently being taken to mitigate this risk.
- The areas of concern were around Primary Care collective action through General Practice, which had impacted the savings planned around medication switches and medicine management; concern around elective long waits and diagnostics in terms of the variation from plan and therefore more work was required in the delivery plans.
- Workforce: The cost of bank staff was above plan but was more cost effective than using agency staff.
- Community long waits are being reported weekly due to the current performance and plans had been put in place to reduce these. Funding had been secured to help with validation to improve reporting.

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

087.3 Ms Stacey Keegan informed the Board that RJAH was on track to deliver the decrease in long waits, but due to a contract ending there was need to secure a new contract which had been taking more time than anticipated. However, through application of additional grip and control processes, strengthening leadership and support from NHS England, RJAH was now back on track.

087.4 Ms Joanne Williams informed the Board that SaTH had needed to address the balance with elective and diagnostic waits. Diagnostic and CT recovery plans were in place to reduce the waiting lists and the backlog for urgent and routine reporting should be cleared by mid-January 2025.

087.5 In discussion it was noted that a harm review process is being developed for patients on the long-term waiting lists and an elective recovery programme had been committed to, that will address the issues around patients on long-term waiting lists.

087.6 The Chair summed up that this was a salutary lesson for everyone about the suffering patients in the community were experiencing and the potential harm caused, which is being taken seriously and best efforts are being applied to mitigate this as soon as possible with the focus of a long-term sustainable solution.

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

- **NOTED the contents of the report.**

Minute No. ICB 27-11.088 Delivery Plan for Recovering Access to Primary Care: Update and Actions for 2024-25 letter

088.1 The report presented an update of the System Level Access and Improvement Plan/Primary Care Access Recovery Programme which included local plans to improve access, progress against the primary and secondary care interface, and:

- a breakdown of the use of the funding streams for primary care in 2023/24;
- projected use in 2024/25, including for service development funding (SDF) for high quality online consultation software and transformation funding; and
- an update on how many PCNs have claimed the 30% Capacity Access Improvement Plan (CAIP) payments.

Dr Lorna Clarson further highlighted:

- There are four main areas of focus which are empowering patients, implementing the general practice model, building capacity, and cutting bureaucracy; and the papers sets out the ten actions around these.
- There is 100% uptake of the Pharmacy First scheme and Shropshire, Telford and Wrekin are consistently in the top five performers nationally for the clinical pathways.
- An extra 300 staff have been recruited across a mixture of skill-set roles.
- An interface consensus document has been signed by providers which outlines how they will support each other and fulfilling obligations, in service of patients.

088.2 The Board was asked to note the information provided about the SLAIP/PCARP program and progress in 23/24 and YTD 24/25

088.3 Dr Ian Chan raised the potential impact from the autumn budget statement around the hike in National Insurance contribution which will be an issue for General Practices. GPs would require more support and reciprocal understanding.

088.4 Councillor Paul Watling raised that digital exclusion is an issue across all services and would welcome working in partnership and setting local targets. With regard to care navigators, he recommended looking into working with other community assets.

088.5 Ms Lynn Cawley highlighted that better communication is required to better support and enable carers.

088.6 The Chair summarised that there is a huge amount of work to be done and commented that the language used in the report was not easy to understand for a lay person,

secondly the interface work with secondary care warrants the Board's support, and lastly using digital to forward this process is important.

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

- **NOTED the information provided about the SLAIP/PCARP program and progress in 23/24 and YTD 24/25**

Minute No. ICB 27-11.089 Maternity and Neonatal Position Statement

089.1 The paper presented the maternity and neonatal care current position against key deliverables to provide assurance to the Board, including progress with the maternity review and the recently invited mortality review on the Neonatal unit.

089.2 The Board was asked to accept the report as an annual position of Maternity and Neonatal Services in Shropshire Telford and Wrekin.

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

- **NOTED the information provided about the SLAIP/PCARP program and progress in 23/24 and YTD 24/25**

Minute No. ICB 27-11.090 Quality and Performance Committee Chair's Reports for meetings held on 25 July 2024 and 26 September 2024

090.1 The paper was taken as read. Mr Meredith Vivian highlighted that there was a continuing lack of progress on diabetes transformation and asked that actions were expedited. Dr Clarson and Mr Nigel Lee agreed to get the papers expedited.

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

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

- **ACCEPTED the report**
- **CONSIDERED the alerts for further action**

Minute No. ICB 27-11.091 Audit Committee Chair's Report meeting held on 15 November 2024 – including approval of the amendments to the Financial Standing Instructions and Financial Scheme of Delegation

091.1 The paper was taken as read.

091.2 The Board was asked to approve the draft Standing Financial Instructions.

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

- **APPROVED the draft Standing of Financial Instructions.**

Minute No. ICB 27-11.092 Finance Committee Chair's Report for the meeting held on 17 October 2024

092.1 The paper was taken as read.

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

Minute No. ICB 27-11.093 Remuneration Committee Chair's Report for the meeting held on 17 October 2024 – No report

093.1 Nothing raised.

Minute No. ICB 27-11.094 System Transformation Group Chair's Report for the meeting held on 30 October 2024

094.1 The paper was taken as read.

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

Minute No. ICB 27-11.095 Strategic Commissioning Committee Chair's Report – No report

095.1 Dr Niti Pall gave a verbal update on the content of the meeting. No issues were raised.

RESOLVED: **NHS Shropshire, Telford and Wrekin Integrated Care Board ACCEPTED the verbal update.**

Minute No. ICB 27-11.096 People Culture and Inclusion Committee Chair's Report for the meeting held on 14 October 2024

096.1 The paper was taken as read. The Chair signalled that the Committee would be reviewing its terms of reference in an extraordinary meeting to be held early January 2025.

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

Minute No. ICB 27-11.097 Shropshire Integrated Place Partnership Committee Chair's Report held on 17 October 2024 – including approval of the committee's terms of reference

097.1 The paper was taken as read.

097.2 The Board was asked to approve the committee's terms of reference.

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board ACCEPTED the report and APPROVED the committee's terms of reference.

Minute No. ICB 27-11.098 Telford and Wrekin Integrated Place Partnership Committee Chair's Report for the meeting held on 07 November 2024 – including approval of the committee's terms of reference

098.1 The paper was taken as read.

098.2 The Board was asked to approve the committee's terms of reference.

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board ACCEPTED the report and APPROVED the committee's terms of reference.

Minute No. ICB 27-11.099 Review and reflection of new or amended risks following discussions at Board Meeting

099.1 The Chair highlighted the key risks including UEC, long waits in diagnostics and financial position and noted that the risks are recognised, and further mitigations are being developed.

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

Minute No. ICB 27-11.100 Any other business

100.1 Specialised Services Delegation Briefing note (for information only)
The paper was taken as read.

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

The Chair closed the meeting at 16:20

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

Agenda Item	Action Required	Owner	By When	Update/Date Complete
Minute No. ICB 27-11.082 Winter Planning / Mitigations of pressures	Gareth Wright to explore: • adding General Practice and Community Service performance of those areas of service supporting admissions avoidance into the report going forward and • ensuring that primary care is included in the newly introduced UEC dynamic risk assessment process.	Jo Williams, Ian Bett and Gareth Wright		
Minute No. ICB 27-11.085 Intensive and Assertive Community Mental Health Care Action Plan	The Chair commented that this is a high-risk area that requires a lot of cooperation and communication across the piece; and that an update should be brought to a future Board meeting.	Gemma Smith		
Minute No. ICB 24-04-034 Resident's Story	Miss Keegan to provide a progress report of the MSK programme at the end of the first quarter.	Stacey Keegan	**April 2025**	

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Meeting Name:	NHS STW Integrated Care Board
Agenda item no.	ICB 29-01.105
Meeting Date:	Wednesday 29 January 2025
Report title:	Chairs Report
Report presented by:	Roger Dunshea, Acting NHS STW Chair
Report approved by:	Roger Dunshea, Acting NHS STW Chair
Report prepared by:	Roger Dunshea, Acting NHS STW Chair Tracy Eggby-Jones, NHS STW Corporate Affairs Manager Bethan Emberton, NHS STW Head of Governance & Corporate Affairs
Meeting report previously presented:	N/A

Action Required (please select):

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

Executive Summary

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

Recommendation/Action Requested:

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

- Integrated Care Partnership and Integrated Care Board closer working - lessons from NHS Confederation meeting
- Visits to Emergency Departments in Shrewsbury and Telford
- Early assessment of our system digital development status
- General Practice
- Accountability, Programme Management and Delivery

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

No	X	Yes		If yes, please detail:

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

Improve outcomes in population health and healthcare	The report highlights efforts such as developing tailored neighbourhood health and social care team initiatives, addressing discharge pathways, and promoting innovative digital solutions, which are critical for improving patient outcomes.
Tackle inequalities in outcomes, experience, and access	Visits to Emergency Departments and discussions with clinical staff emphasise identifying gaps in patient experiences and access to care, aiming to reduce inequalities in service delivery, such as addressing unnecessary ambulance journeys and delays in discharge.

Enhance productivity and value for money	The focus on programme management approaches, aligning subcommittees to strategic goals, and leveraging digital tools like the NHS App aim to improve operational efficiency and deliver better care within existing financial constraints.
Help the NHS support broader social economic development	Collaborations with Primary Care Networks and investments in initiatives like the elective surgery hub and neonatal facilities demonstrate a commitment to building local healthcare capacity, contributing to community resilience and economic well-being.

Conflicts of Interest
None.

Implications	
Engagement with Shropshire, Telford & Wrekin residents, and communities	The focus on tailored neighbourhood health and social care team initiatives and collaborative primary care efforts supports greater engagement with local communities by addressing their specific healthcare needs.
Resource and financial	The emphasis on improving productivity, implementing programme management approaches, and utilising digital tools suggests a strategic effort to maximise the use of limited resources while navigating financial constraints.
Quality and safety	The report identifies opportunities to enhance discharge planning and reduce unnecessary ambulance journeys, aiming to improve patient care quality and safety in emergency and inpatient settings.
Sustainability	By promoting the shift from hospital-based to community care and encouraging digital innovation, the report advocates for more sustainable healthcare delivery models that reduce resource-intensive practices.
Equality, Diversity and Inclusion	Efforts to tackle disparities in patient experiences and access, such as addressing long waiting times and enhancing coordination between care providers, demonstrate a commitment to equitable healthcare for all.

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

Chair's Report

1. Introduction

1.1. Thank you to all Integrated Care System (ICS) colleagues for their hard work in continuing to provide patient services in these challenging times. I want to take this opportunity to thank each and every one of you, and all your respective teams, for your extraordinary efforts over recent weeks as we've faced some of the most intense pressures on urgent and emergency care services.

1.2. The commitment to putting patients first, staff resilience, and ability to adapt to ever-changing demands have been nothing short of remarkable. We have seen first-hand how, by working together across teams and organisations, we can respond to these challenges The dedication, compassion, and teamwork are the backbone of our system, and they do not go unnoticed. I recognise that, at times, the delivery of some aspects of care have been compromised and not as any of us would want for residents. It is clear that we have more to do in this regard.

1.3. The recent announcements by government on funding indicates a real term reduction of around 2% in 2025-26 and the overall state of the economy is a compounding issue. It is noted that any proposed change in social care has been delayed until after the next general election. It is our responsibility, as system leaders, to develop and implement new ways of service provision without the prospect of new funds.

2. Integrated Care Partnership and Integrated Care Board closer working- lessons from NHS Confederation meeting

2.1. From a recent workshop I learnt about the innovative work in some ICS areas on neighbourhood health and social care team initiatives. These showed for example outcomes where the number of patients cared for in the wrong setting reduced significantly and that services were more tailored to the needs of individuals. We look forward to working with the Shropshire, Telford and Wrekin (STW) Integrated Care Partnership (ICP) on its plans for 2025-26 and beyond.

2.2. I have asked that our CEO (given his role as co-chair of both HWBBs) convenes a meeting to work through some of this learning and for us to use it as an opportunity to ensure that we have clarity on the role and approach of our ICP. I will update on the progress in this area at a future meeting.

3. Visits to Emergency Departments in Shrewsbury and Telford

3.1. Before Christmas I visited the Emergency Department at the Royal Shrewsbury Hospital (RSH) and, shortly after New Year, I visited the Emergency Department at the Princess Royal Hospital (PRH). During both visits I observed challenging situations for both our patients, visitors, and staff. During conversations with clinical staff, it was mentioned that a significant number of ambulance journeys might not always be clinically necessary if there were other services available in a consistent manner. Additionally, discussions with GP colleagues highlighted potential opportunities to improve communication between hospital and primary care teams regarding discharge planning and clinical risk management. My observations emphasise the importance of our ongoing collaboration to ensure efficient care and better patient outcomes.

3.2. We will get through the current challenges, but it is clear we need to develop pathways to avoid unnecessary ambulance journeys and admissions and improve discharge arrangements.

3.3. Whilst at the PRH I visited the new elective surgery hub and neonatal intensive care and paediatrics ward. I was impressed by these facilities and the professionalism of colleagues working in these units.

4. Early Assessment of our system digital development status

4.1. It was great to see that the NHS App was updated on 10 December with new features to help patients. The new hospital electronic patient record systems across the system are in stages of roll out but problems of interfacing and data sharing between electronic systems remain problematic.

4.2. At a national level artificial intelligence will transform for example visual diagnostic interpretation processes used in for example radiology, pathology and ophthalmology. It is hoped the 10-year health plan will factor in these developments properly. In the interim we will encourage digital innovation across the ICS. I am asking that Dr Clarson and David Maruta bring an update on the Digital Strategy to a future Board session that builds on the well-received presentation that was delivered at the recent Shropshire Health and Wellbeing Board. (Public Pack)Agenda Document for Health and Wellbeing Board, 21/11/2024 09:30

5. General Practice

5.1. The government's announcement of an extra £889mn for General Practice (GP) services is welcomed, recognising the ongoing pressures on our GPs. My discussions with some of the Primary Care Network directors highlighted some useful examples of collaboration between surgeries to help alleviate winter pressures. Improving access remains a key government target and we look forward to encouraging greater primary care collaboration plus closer coordination with the community trust and with the acute trust regarding the options of shifting more specialist services into the community setting.

6. Accountability, Programme Management and Delivery

6.1. The ICB is working on ensuring its sub committees are aligned to the government's strategic aims e.g., the shift from hospital to community, analogue to digital, promoting prevention and improving productivity. In addition, we plan to implement a programme management approach to delivery of our work plan objectives.

6.2. The recruitment of the substantive ICB Chair is proceeding to plan with the appointment process expected to be completed by the end of January. Any successful candidate is still then subject to receiving Secretary of State approval prior to taking up the position.

6.3. The results of the NHS staff survey (ICB specific) will be discussed with colleagues in due course and as required an action plan will be implemented as appropriate.

7. Recommendations

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

- Integrated Care Partnership and Integrated Care Board closer working - lessons from NHS Confederation meeting
- Visits to Emergency Departments in Shrewsbury and Telford
- Early assessment of our system digital development status
- General Practice
- Accountability, Programme Management and Delivery

Roger Dunshea
Acting Chair
NHS STW
January 2025

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Meeting Name:	NHS STW Integrated Care Board
Agenda item no.	ICB 29-01.108
Meeting Date:	Wednesday 29 January 2025
Report title:	Chief Executive Officer Report
Report presented by:	Claire Skidmore, NHS STW, Chief Finance Officer and Deputy Chief Executive Officer
Report approved by:	Simon Whitehouse, NHS STW, Chief Executive Officer
Report prepared by:	Tracy Eggby-Jones, NHS STW, Corporate Affairs Manager Bethan Emberton, NHS STW, Head of Governance & Corporate Affairs
Meeting report previously presented:	N/A

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

Executive Summary

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

Recommendation/Action Requested:

NHS Shropshire, Telford and Wrekin (STW) Integrated Care Board (ICB) is asked to **NOTE** the updates in relation to:

- Reforming Elective Care
- Public Sector Equality Duty
- Change NHS
- Current Oversight Arrangements
- Dispatches Update
- Board Development
- Health Inequalities Visit
- Director General Visit

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

No	X	**Yes**		**If yes, please detail:**

How does this report support the ICB's core aims:	
Improve outcomes in population health and healthcare	Implementing measures like reducing elective treatment waiting times and leveraging digital tools enhances healthcare accessibility and quality.
Tackle inequalities in outcomes, experience, and access	Utilising the NHS Equality Delivery System to assess and address disparities fosters inclusivity and equitable care.
Enhance productivity and value for money	Streamlining operations through improved oversight and governance structures ensures efficient resource utilisation.

Help the NHS support broader social economic development	Engaging communities and stakeholders via initiatives like "Change NHS" strengthens NHS alignment with societal needs.		
Conflicts of Interest			
None.			
Implications			
Engagement with Shropshire, Telford & Wrekin residents, and communities	Ongoing workshops and public engagement sessions, including with inclusion groups, foster community involvement in shaping healthcare services.		
Resource and financial	The focus on improving elective care and oversight may require additional funding for infrastructure and workforce optimisation.		
Quality and safety	Enhanced monitoring and targeted action plans, such as those for emergency care, improve patient safety and service standards.		
Sustainability	Investments in digital tools and operational efficiencies support long-term system resilience and sustainability.		
Equality, Diversity and Inclusion	The structured approach using the Equality Delivery System ensures that health disparities are actively identified and addressed.		
Impact Assessments	**Yes**	**No**	**N/A**
Has a Data Protection Impact Assessment been undertaken?			X
Has an Equality Impact Assessment been undertaken?			X
Has a Quality Impact Assessment been undertaken?			X

Chief Executive Report

1. Introduction

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

2. Reforming Elective Care

2.1. The NHS England letter (6th January 2025) titled "Reforming Elective Care for Patients" outlines a significant national plan to enhance elective care access and quality, aiming to meet the NHS Constitution access standards by March 2029. The letter acknowledges prior achievements, such as the substantial reduction of long waiting times, but highlights persisting challenges, including a growing waiting list and an increase in patients exceeding the 18-week standard. Key priorities include improving patient experience, optimising operational processes, and leveraging technology and independent sector capacity. Immediate steps for Integrated Care Boards (ICBs) and acute trusts involve appointing a director responsible for patient care experience, implementing customer care training, and refining patient correspondence systems.

2.2. In response, the ICB must align its 2025/26 plans to deliver at least a 5% improvement in elective treatment waiting times by March 2026, ensuring progress aligns with system-wide allocations. Partners across the Integrated Care System will collaborate on key initiatives such as expanding community diagnostic centres, adopting remote

monitoring, and integrating digital tools to enhance scheduling and patient engagement where this will add value and support improving access/outcomes for local residents. Further support from NHS England will include updated financial incentives, performance oversight, and training programmes to drive reform implementation.

2.3. A more detailed update with an agreed action / delivery plan will be developed by the Planned Care Group and taken through the System Transformation Group for approval. This will then come back to the Board as per the timelines set out in the national publication.

2.4 The size of the challenge for STW is significant, currently performing at 50% against the standard with 39,254 STW patients waiting over 18 weeks. The planned care group will focus on productivity gains, via the outpatient transformation group, with Advice and Guidance and Patient Initiated Follow-up (PIFU) creating the greatest opportunity across the system.

3. Public Sector Equality Duty

3.1 The NHS England Equality Delivery System (EDS) serves as a structured framework for NHS organisations to assess, improve, and demonstrate their commitment to equality and diversity. Its purpose aligns with fulfilling Public Sector Equality Duty (PSED) obligations, which include eliminating unlawful discrimination, advancing equality of opportunity, and fostering good relations across protected characteristics.

3.2 Key components of the EDS include:

- Engagement with service users, staff, and stakeholders to collect insights.
- Evaluation of outcomes across three domains: commissioned/provided services, workforce health and well-being, and inclusive leadership.
- Utilising evidence and stakeholder input to set actionable equality objectives.

3.3 The organisation (the ICB) is adhering to the recommended EDS timeline, with reviews of commissioned/provided services (Domain 1), workforce-related assessments (Domain 2), and inclusive leadership (Domain 3) for January. Initial consultations with service users, staff networks, trade unions, and voluntary sector groups are underway, leveraging lived experience to inform EDS evaluations. Comprehensive evidence is being analysed to understand disparities and service gaps. Insights are tailored to address health inequalities across protected characteristics and inclusion health groups.

3.4 Next steps:

- Complete evidence-based reviews and scoring for all three EDS domains.
- Develop and implement improvement plans based on review findings, focusing on addressing identified inequalities.
- Publish the EDS results and improvement plans by the statutory deadline of February 28, 2024, ensuring transparency and public accountability.

3.5 This structured approach will not only enhance compliance but also reinforce the organisation's commitment to equality, diversity, and inclusion, ultimately improving outcomes for patients, staff, and the broader community.

4. Change NHS

4.1 A joint Department of Health and Social Care (DHSC) and NHS England team has been established to deliver a 10-Year Health Plan. This national plan will be published in the Spring 2025 and will set out how we will deliver an NHS fit for the future, creating a truly modern health service designed to meet the changing needs of our changing population.

4.2 The plan is being co-developed with the public, staff, and patients through a detailed engagement exercise, which started on Monday 21 October 2024, called Change NHS: Helping shape a health service for the future (Change NHS). NHS organisations have been asked to support the engagement in several ways: using the communications toolkit to promote the engagement opportunities, encouraging members of the public, carers, and staff to directly respond; submit a response as an organisation; and use nationally provided toolkit to gather feedback.

4.3 Local activity:

- Submitted a response on behalf of the organisation.
- Created bespoke communications toolkits for our different audiences to promote Change NHS.
- Used all our communications channels to encourage stakeholders to respond to Change NHS.
- Shared the engagement toolkit with Voluntary, Community and Social Enterprise (VCSE) and community contacts.
- Holding online and in person workshops with staff to capture their views and ideas.
- Holding online and in person sessions with VCSE and members of the public, with a focus on Core20PLUS and inclusion groups.

5. Current Oversight Arrangements

5.1 As we progress with our ongoing system improvement initiatives, we are continuing with the oversight arrangements that have been in place since 3rd April 2024.. These arrangements have been instrumental in driving alignment across strategic priorities such as the Recovery Support Programme (RSP) transition criteria. Our collective focus remains on delivering measurable improvements in system performance, quality of care, and financial sustainability, in line with the goals outlined in our integrated improvement plan.

5.2 The next quarterly oversight meeting is scheduled to take place on 12th February 2025. This meeting will provide an opportunity to review our progress against key milestones, address any emerging risks, and strengthen our collaborative efforts toward achieving the agreed outcomes.

6. Dispatches Update

6.1 Following the Dispatches Channel 4 programme on 24th June 2024 highlighting a series of concerns with the quality of care in the Emergency Department at the Royal Shrewsbury Hospital, Shrewsbury and Telford Hospital NHS Trust (SaTH) have developed an action plan that is monitored at the Urgent and Emergency Care Transformation Assurance Committee (UECTAC) in conjunction with their Care Quality Commission (CQC) action plan. The committee is attended by a member of the ICB Quality Team who are invited to comment and challenge as appropriate. The progress

and any ongoing issues are then shared at the SaTH Quality and Safety Assurance Committee prior to going to the Trust Board. System quality group had also had updates.

6.2 The ICB Quality Team, have continued monthly insight visits to the Emergency Departments on both sites, including an unannounced visit, and have received weekly dispatches exception reports which share the findings of these audits.

6.3 The current areas for improvement have been identified as:

- Improved documentation of care,
- Fluid balance monitoring,
- Observations carried out on time and low evidence of National Early Warning Score (NEWS) 2 being escalated as part of sepsis management.

6.4 During the ICB insight visits, improvements have been noted in the department including:

- Moving the fit to Sit areas at both sites to more suitable areas
- The provision of recliner chairs
- Improved access to nutrition and hydration
- Improved infection prevention and control processes
- A newly developed process and allocated area for people who are immunocompromised.
- Improved culture in the department with nurse leadership evident.

6.5 We acknowledge that temporary escalation spaces and long periods in seated areas is not what we want for those using the service in the long term despite healthcare assistant and a registered nurse allocation to these areas and improvements to the environment including call bells and privacy screens. We continue to work in partnership with SaTH and other system partners to reduce the pressure in these departments.

7. Board Development

7.1 In alignment with our commitment to strengthening leadership capacity and supporting the strategic objectives of our system including the implementation sufficient programme management and governance arrangements to enable delivery, I am pleased to announce that we have applied for the NHS Midlands Board Development Offer with the support of the national RSP team. This programme, provided by the NHS Midlands People, Talent, and Culture Team, presents a comprehensive suite of development opportunities tailored specifically for Integrated Care Boards and NHS providers.

7.2 Through this initiative, we aim to leverage bespoke consultancy, coaching, and diagnostic tools to enhance our leadership framework, address organisational needs, and prepare for future challenges. The offer's alignment with the NHS People Plan and the Midlands Equality, Diversity, and Inclusion Strategy underscores its relevance to our goals of fostering inclusive, compassionate, and effective leadership.

7.3 In our ongoing commitment to advancing Equality, Diversity, and Inclusion (EDI) across the system, we are working in partnership with the NHS Confederation to deliver targeted EDI development sessions for our Board. These sessions will play a pivotal role in supporting the development and delivery of a system-wide EDI programme, with a particular focus on tackling racism and ensuring alignment with our statutory duties and local priorities.

7.4 This initiative underscores our commitment to creating clinically safe systems, enabling segmented population health management, and fostering enhanced stakeholder engagement. By leveraging the NHS Confederation's Equality Through Quality Framework, integrated with their award-winning 5-Step and Ninety Days' improvement approach, we aim to drive meaningful, sustainable change in our leadership practices and broader culture.

8. Health Inequalities Visit

8.1 On Monday 13th January 2025, Regional NHS England Leads for Health Inequalities and Public Health attended Shropshire, Telford & Wrekin as part of their summative assessment of ICB's systems delivery of the HealthCare Inequalities agenda. Shropshire, Telford and Wrekin were the third ICB to have a visit. It is the first time these visits are being undertaken and they are intended to supplement the quarterly stocktake reports on the ICB's HealthCare Inequalities Plan in addition to any requests on themed areas throughout the year.

8.2 A range of themed discussions and showcase presentations were arranged, featuring colleagues from across the system who are actively and positively contributing to the five Operational Planning Guidance healthcare inequality objectives and the Core20PLUS5. This included presentations from strategic, analytical, and clinical staff on areas such as improving access to diabetic technologies for children and young people, reducing disparities in hypertension treatment across Core20PLUS populations and the progress made on leadership and governance.

8.3 The initial feedback from the Regional NHS England Team described the day as extremely positive, noting particularly the vast range of colleagues who attended the day to share and discuss their work and the enthusiasm felt by all to make a difference to under-served and under-represented communities in Shropshire, Telford & Wrekin.

8.4 There was praise for the Population Health Management Dashboard developed by the ICB's Business and Intelligence Team which is currently in its User Access Testing Stage and the work underway to address ethnicity coding. The Regional Team recognised the focus on Health Inequalities in the recently introduced Strategic Decision-Making Framework, with a caveat to ensure we are challenging ourselves as a system on how we evidence improving healthcare outcomes and reducing healthcare inequalities within all our financial plans and decisions.

8.5 Feedback in relation to the summative assessment will be provided soon and will be shared with system partners once received.

9. Director General Visit

9.1 On Friday 6th December 2024 Matthew Style, Director General Secondary Care and Integration, Department of Health and Social Care visited our system. The visit was based at the Shropshire Education and Conference Centre where the day began with a round table discussion with system Chief Executive Officer's.

9.2 We then shared with Mr Style some of the great collaborative work that was taking place across our system that was improving care for our patients but also contributing the broader socio-economic development.

9.3 Presentations included showcasing the fantastic work that has been delivered and continues to be delivered in Highely. The presentation was led by Dr Jessica Harvey and Penny Bason.

9.4 To highlight the UEC collaborative successes a presentation was delivered by ICB, SaTH, SCHT and Shropshire Council colleagues who conveyed messages of collaboration across the UEC pathways of care that were showing progress in both reducing unnecessary attendances and facilitating faster discharge.

9.5 Our system workforce colleagues Alison Trumper and Tom George showcased the great progress organisations were making against the people promise and the work being down with our local further education colleges.

9.6 Mr Style and colleagues then took a walk around the Royal Shrewsbury Hospital site where great progress is being made to deliver the Hospital Transformation Programme.

10. Recommendations

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

- Reforming Elective Care
- Public Sector Equality Duty
- Change NHS
- Current Oversight Arrangements
- Dispatches Update
- Board Development
- Health Inequalities Visit
- Director General Visit

Simon Whitehouse
Chief Executive Officer
NHS STW
January 2025

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Meeting Name:	NHS STW Integrated Care Board
Agenda item no.	ICB 29-01.109
Meeting Date:	Wednesday 29 January 2025
Report title:	System Board Assurance Framework (SBAF) and Strategic Risk Register (SORR)
Report presented by:	Claire Skidmore, NHS STW, Chief Finance Officer and Deputy Chief Executive Officer
Report approved by:	Simon Whitehouse, NHS STW, Chief Executive Officer
Report prepared by:	Alison Smith, NHS STW, Chief Business Officer
Meeting report previously presented:	SBAF and SORR have previously been presented at the meeting held on 18th September 2024

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

Executive Summary

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

The Board is asked to note the following appendices:
Appendix A - System Board Assurance Framework (SBAF)
Appendix B - Strategic Operational Risk Register (SORR) for the System
Appendix C - Strategic Operational Risk Register (SORR) for the ICB as a corporate body
Appendix D - risk scoring matrix

The SBAF and SORR have been reviewed by senior managers in the ICB during December and January. This report has also been presented to the Audit Committee at its meeting held on 15th January 2025 which accepted assurance that the SBAF and SORR provided oversight of the strategic risks to the Integrated Care System (ICS) meeting the strategic objectives.

The Board is asked to note that two risks on the System Board Assurance Framework have been amended as follows:

- Risk 2 which has now been split into risks 2a and 2b to reflect linked strategic risks regarding achieving financial balance for the ICB and system and a failure to deliver the system and ICB revenue and capital resource limit plans for 24/25.
- Risk 3 around reducing health inequalities which has been realigned to the risk that insufficient focus is given to health inequalities in a challenged system.

The Board is asked to note that in the SORR the following changes have been made:

- There are 2 risks recommended to be removed (greyed out) from the system SORR – risks 5 and 19

- There is 1 risk recommended to be removed (greyed out) from the ICB SORR – risk 13
- There are no new risks added to the system SORR
- There are 2 new risks added to the ICB SORR – risks 27 and 28

The Board Committees provide oversight of the respective risks on the SBAF and the SORR, which have been allocated to them in the Risk Management Policy.

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

Recommendation/Action Requested:

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

- **NOTE** the report and accompanying appendices.
- **REVIEW** the current System Board Assurance Framework (SBAF) and risks from the SORR that score above 15 for severity and likelihood and consider:
  - If the risks to the system's strategic objectives, are being properly managed;
  - if there are any additional assurances are necessary; and
  - if any additional risks or amendments to risks are required following discussions in this Board meeting or in other forums i.e. recent committee or group meetings.
- **APPROVE** the amendments to the descriptions of the risk for risk 2 and 3 on the SBAF as outlined above.
- Be **ASSURED** that the SBAF and SORR provide oversight of the strategic risks to the Integrated Care System (ICS) meeting the strategic objectives.

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

No	X	Yes		If yes, please detail:

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

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

Conflicts of Interest

None

Implications

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

Sustainability		No implications identified	
Equality, Diversity and Inclusion		No implications identified	
Impact Assessments	**Yes**	**No**	**N/A**
Has a Data Protection Impact Assessment been undertaken?		x	
Has an Integrated Impact Assessment been undertaken?		X	
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?		x	

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Meeting Name:	NHS STW Integrated Care Board
Agenda item no.	ICB 29-01.110
Meeting Date:	Wednesday 29 January 2025
Report title:	Pharmacy, Optometry and Dental Board Report
Report presented by:	Dr Lorna Clarson, NHS STW, Chief Medical Officer
Report approved by:	Dr Lorna Clarson, NHS STW, Chief Medical Officer
Report prepared by:	Elizabeth Walker, NHS STW, Head of Primary Care James Milner, NHS STW, Head of Pharmacy Integration and Workforce
Meeting report previously presented:	None

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

Executive Summary

The paper is intended to provide assurance on governance and oversight of the Pharmacy, Optometry and Dental (POD) delegated functions. It provides a summary of the role of the Office of West Midlands, an overview of the current position and challenges, and our plans for integration within the wider primary care function within the Integrated Care Board (ICB).

Recommendation/Action Requested:

- The Board acknowledges the update of governance and plans for POD.
- The Board supports a review of the governance structures within ICB Primary Care with POD being fully integrated within this structure.
- The Board recognises the need for planned resource in 2025/26 to fund pharmacy, optometry and dental integration and input into the Primary Care Governance and strategic direction.
- The Board supports the proposal for co-development of a Primary Care Strategy across all four pillars of primary care.
- The Board recognises the national direction for development of the community pharmacy sector, and the intended shift of more clinical care to community pharmacy. This will have specific challenges to the ICB in terms of supporting, development and/or funding of digital solutions, estates challenges, training, education and development of the community pharmacy workforce, all of which may need investment as initial NHS England pump-priming comes to an end.

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

How does this report support the ICB's core aims:	
Improve outcomes in population health and healthcare	Opportunities to improve access to Pharmacy, Optometry and Dental (POD) Services.
Tackle inequalities in outcomes, experience, and access	POD, in particular community pharmacy remains an underused resource in terms of commissioning and integration with system

Ambition Compassion Optimism Focus

	plans to address health inequalities, improve screening, and provide additional locally commissioned services		
Enhance productivity and value for money	Opportunities to release pressure in other parts of system by maximising access to new community pharmacy services		
Help the NHS support broader social economic development	N/A		
Conflicts of Interest			
None			
Implications			
Engagement with Shropshire, Telford & Wrekin residents, and communities			
Resource and financial		Investment is likely to be needed to meet the changing expectations of community pharmacy as described in the paper.	
Quality and safety			
Sustainability		POD integration and development is essential to a sustainable primary care service	
Equality, Diversity and Inclusion			
Impact Assessments	**Yes**	**No**	**N/A**
Has a Data Protection Impact Assessment been undertaken?			x
Has an Integrated Impact Assessment been undertaken?			x
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?			x

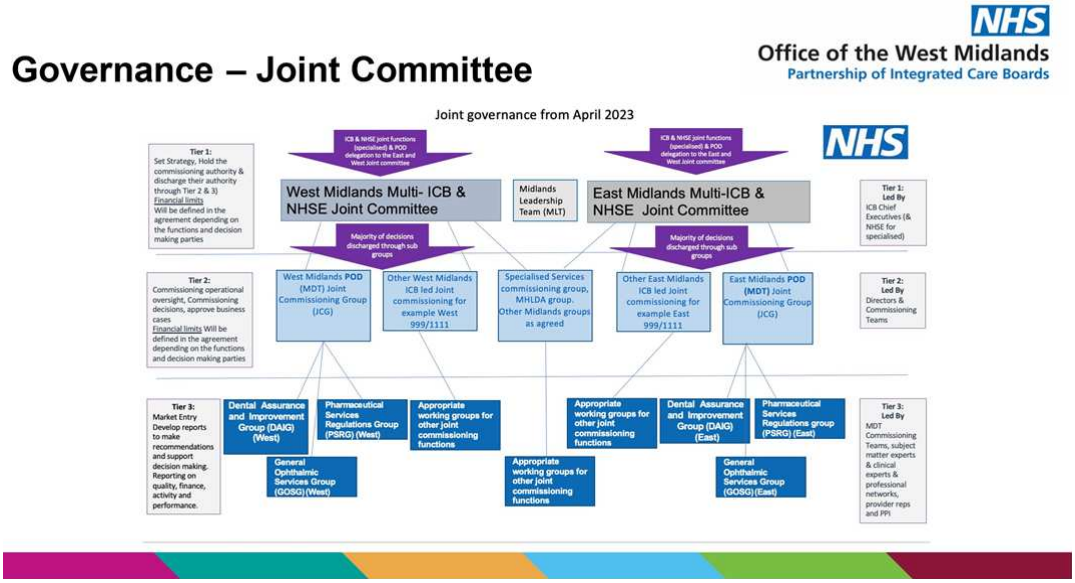
Pharmacy Optometry and Dental Board Report

1. Introduction

1.1 The paper is intended to provide assurance on governance and oversight of the Pharmacy, Optometry and Dental (POD) delegated functions. It provides a summary of current position and challenges and plans for integration within the wider primary care function within the Integrated Care Board (ICB).

2. Governance Of POD Delegated functions

2.1 Governance of the POD delegated contractual functions (appendix 1) are managed on our behalf by the Office of the West Midlands via the structure in the infographic below. The ICB is represented at all committees.

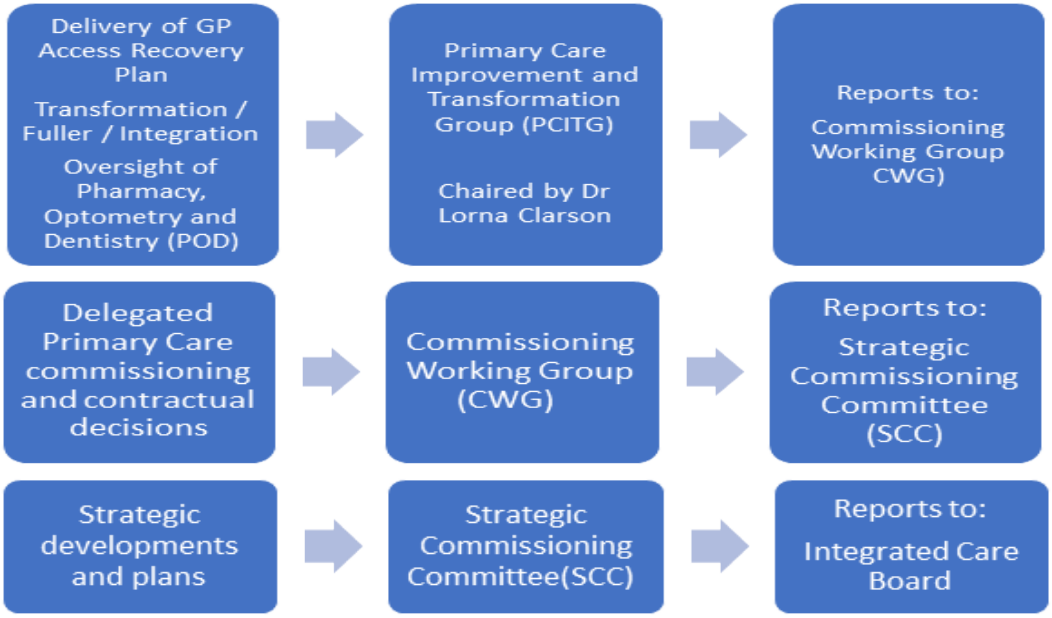


2.2 The ICB receives assurance, financial and planning reports at the Tier 3 meetings, decisions are devolved to tier 2 or tier 3 depending on financial limits.

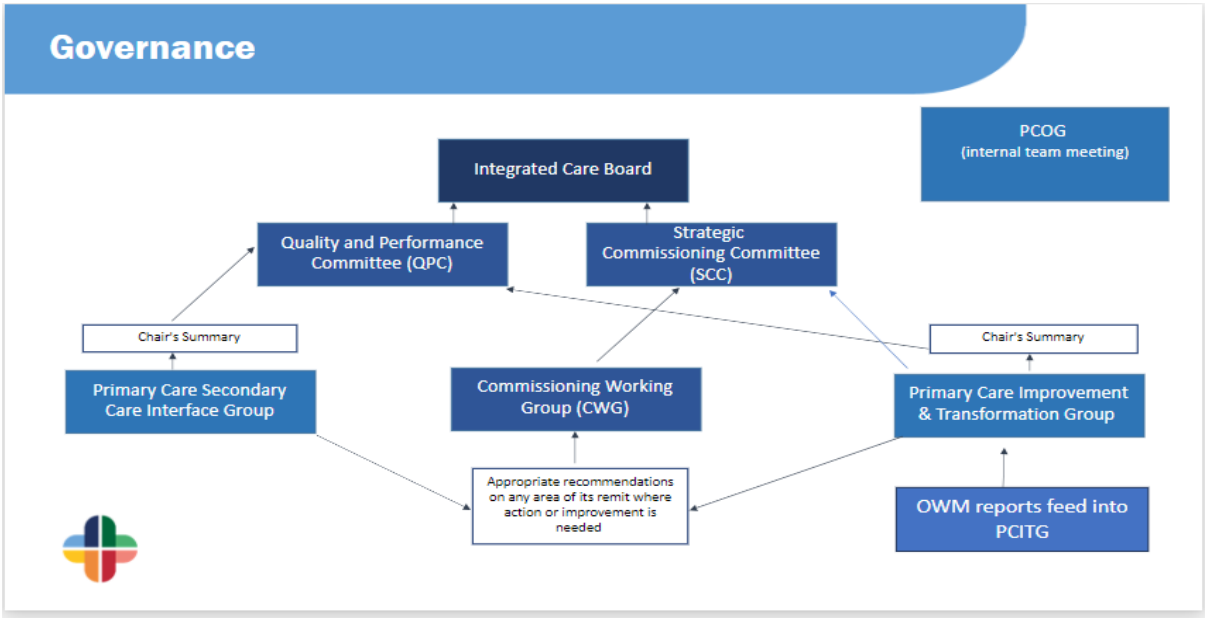
2.3 Reports are received at West Midlands level with each of the five ICBs included. These are discussed at the ICB Primary Care Integration and Transformation Group (PCITG).

3. Governance Challenges

3.1 Following the Good Governance Review report in 2023, primary care governance was reviewed in November 2023 and the existing Primary Care Commissioning Committee was dissolved and its delegated functions allocated to one of three committees:



3.2 The current ICB governance structure for primary care is below, Primary Care Improvement and Transformation Group (PCITG) is the key group for oversight of primary care delivery. GP contractual management sits with Strategic Commissioning Committee, whilst POD contractual management sits with OWM structures.



3.3 Primary Care Improvement and Transformation Group is the main forum for primary care prior to SCC / QPC. It's key roles and responsibilities are to provide oversight of:

- Delivery of STW Primary Care Improvement and Transformation Programmes aligned to delivery of commitments within the NHS Long Term Plan
- The Government's mandate to NHS England, Delivery Plan for Recovering Access to Primary Care (PCARP) and the Fuller review including ensuring integration and alignment with emerging key national Primary Care Policy.

Primary care in the above context includes General Practice, Pharmacy, Optometry and Dentistry. The TOR clearly identify seven key workstreams: (Self-referral pathways, pharmacy, transformation, contracting, digital, workforce and communication). In reality, this group provides operational and performance oversight, rather than transformation or integration or strategic leadership for primary care.

3.4 To date PCITG has primarily focussed on delivery of PCARP and delivery of Modern General Practice. There are brief updates relating to POD, more meaningful for the community pharmacy performance as this relates to PCARP. However, the internal ICB oversight for POD is less robust compared to General Practice.

3.5 The planned new ICB Strategic Commissioning Committee (SCC) will help address some of the governance challenges allow a clear route for escalation from PCITG and a more suitable forum for raising contractual or performance concerns or gaps. Visibility of both contractual issues and integration plans for POD has not previously been robust and plans are in place to review the primary care governance structures and clarify the purpose of PCITG and SCC in addressing this to ensure all four pillars of primary care are included in our governance structure.

3.6 Community Pharmacy is well represented at the PCITG but currently we have no dental or optometry representation. The Local Optometry Committee and Local Dental Network are both keen to be involved, but this will require funding for backfill.

3.7 POD reports provided by OWM are not specific to our system and internal capacity to produce a summary of key learning, actions and recommendations is currently limited. This should improve as staff recruited to vacant posts within core primary care team and the commissioning team come on board.

3.8 There is not a clearly defined Primary Care Strategy currently. Once the team is at establishment (estimated May 2025), we plan to begin work to co-produce a Primary Care Strategy encompassing all four pillars of primary care to give us a clear, shared vision for delivery, integration, and transformation of primary care, inclusive of POD.

3.9 Unlike most other systems the ICB does not have a dedicated lead for delegated commissioning for POD. We do have a Community Pharmacy Lead currently embedded in the medicines optimisation team originally pump primed by NHSE funding, but now in our establishment. Therefore, work with community pharmacy is more mature than it is with dental or optometry services.

4 Dental Services

4.1 A dental services equity audit for Shropshire Telford and Wrekin was completed in February 2024 (appendix 2). Following this Equity Audit, a STW wide UDA Dispersal Plan was approved at dental assurance and Improvement Group (DAIG)in June 2024 which proposed how recently terminated and rebased NHS dental activity in the form of units of dental activity (UDA) were to be strategically dispersed across Shropshire, Telford & Wrekin ICB to reduce the highlighted inequalities by increasing NHS dental access to 53%, which was the pre-pandemic access level for patients across the ICB.

4.2 This identified seven priority wards, in priority order, the areas identified are:

1. The wards of Madeley & Sutton Hill, The Nedge, Woodside, Dawley & Aqueduct, Malinslee & Dawley Bank and Brookside.
2. The wards of Market Drayton West and Market Drayton East.
3. The wards of Oswestry East, Oswestry West, St. Oswald, Gobowen, Selattyn & Weston Rhyn, Ellesmere Urban, Llanymynech, St. Martins, Whittington, and Oswestry South.
4. The wards of Ludlow North, Ludlow East, Ludlow South, Clee, Corvedale and Church Stretton & Craven Arms.
5. The wards of College, Haygate and Hadley & Leegomery.
6. The wards of Oakengates & Ketley Bank, Wrockwardine Wood & Trench, St. Georges, and Donnington.
7. The wards of Underdale, Castlefields & Ditherington, Harlescott, Monkmoor and Sundorne

4.3 Work is ongoing with the ICB health inequalities team and local authority teams to target this additional capacity to our most deprived and vulnerable populations

4.4 Progress has been made in increasing capacity in all wards bar the central Telford wards where no providers have come forward due to lack of dentists and no additional capacity. Four 'golden hellos'' of £20K per dentist are available per ICB, two of these are being ring-fenced to increase dental capacity in this locality.

4.5 This paper also proposed an increase in average payment per UDA to make STW dentistry a more attractive proposition, and consideration of allowing targeted providers to overperform against contract to 110%. At the Joint Committee in December 2024, it was agreed to increase the minimum UDA rate to £33, targeted 110% and primary care orthodontic waiting list reductions schemes (STW has some of the longest waits for orthodontics nationally).

4.6 Prior to April 2025, it has not been contractually possible to rebase underperforming contracts without the provider agreement. This changes from April 2025, and we will now be able to rebase and reallocate activity from any contract that has underperformed for 3 years. The OWM are actively progressing this. STW is comparatively over-represented by some of the national dental providers, who tend to underperform against contracts.

4.7 Implementation of the recommendations from the access and equity audit are at an early stage, but we are seeing a positive trajectory in dental access. Latest figures show that children's access has now returned to pre-covid levels, now at 101% activity compared to February 2020; 64% of our children have had access to NHS dentistry in the last 12 months. Adult performance is above national average, but still only at 86% of pre-covid levels with 41% of our population accessing NHS dentistry in the last 24 months.

5 Optometry

5.1 OWM have raised no concerns regarding optometry provision in STW. We have seventy-four contracts for optometry services with a good geographical spread across the county.

5.2 Some key areas of focus for optometry services currently are:

- Sight testing and dispensing of spectacles to SEND children and young people in a special educational setting across England - The Office of the West Midlands is leading on this work for the 6 West Midlands ICBs. A draft service specification has been published nationally but there is no further update at the current time.
- Electronic Eyecare Referral System (EeRS) implementation -STW is in EeRS BAU with 97% of optical practices onboarded. Work continues within the regional team towards full roll-out across the Midlands. All systems are part of regional EeRS Change and Development Forum where modifications and future improvements to the EeRS system can be considered and agreed.
- Eyecare Transformation - Optometry First Service procurement has commenced, with procurement process being led by CSU. Procurement Project Team is meeting weekly. Updated timeline for new service to go live on 1st July 2025.

5.3 Discussions with the LOC chair have expressed a desire for greater collaboration with the ICB and a willingness to scope opportunities within optometry or to support wider health inequalities. This will be progressed as we review ICB primary care governance, PCITG TOR and purpose, and progress to developing a Primary Care Strategy.

6 Community Pharmacy

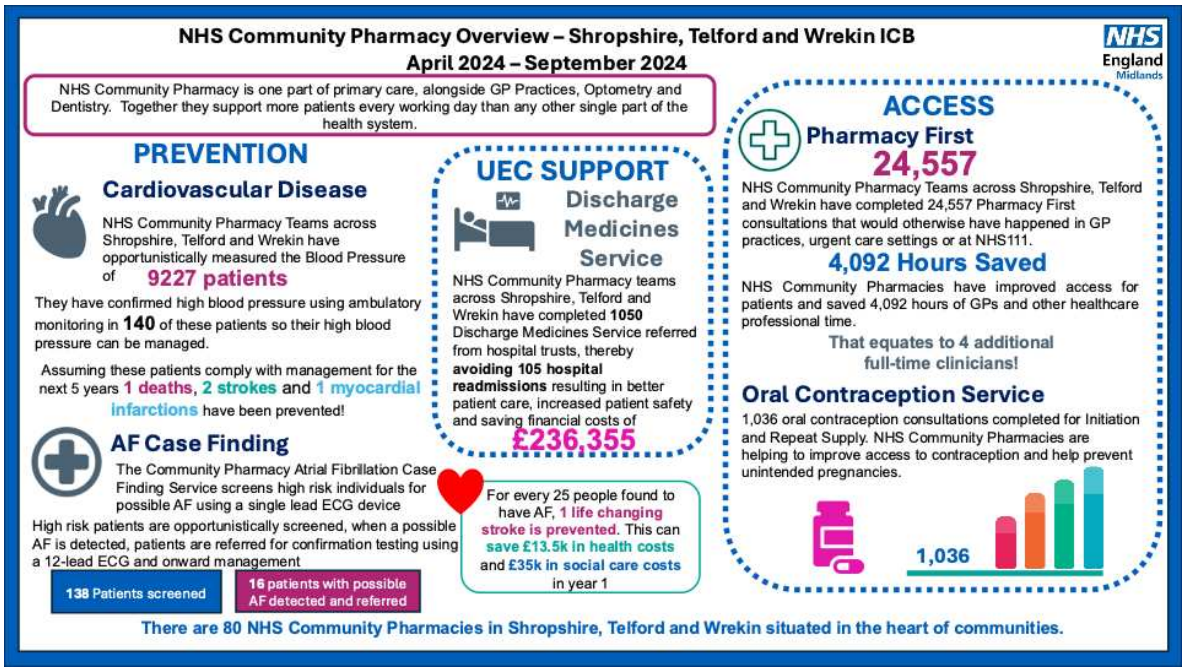
6.1 In addition to providing pharmaceutical supply services for Shropshire Telford and Wrekin, community pharmacies are a source of expert health advise and clinical service delivery from within our communities.

6.2 Over recent years the clinical service offering from community pharmacies has expanded vastly to include support for self-care, minor ailments advice, common condition treatments, contraception supply, prevention and reducing harms associated with medicines use.

6.3 The network of 80 community pharmacies across the area support all three pillars of channel shift from: Analogue to Digital, Treatment to Prevention, and Hospital to Community.

6.4 With easy access from within communities who need them the most, community pharmacies represent a vital pillar of primary care that supports patients and the wider healthcare system.

6.5 Through a range of Essential, Enhanced, and Advanced NHS services, our community pharmacies deliver significant outcomes and impacts to patients and the system. A snapshot of this activity is demonstrated in the following infographic:



6.6 A key workstream in the Delivery Plan for Recovering Access to Primary Care was the implementation and expansion of the Pharmacy First service, Blood Pressure Check service and Oral Contraception service. Over the past 12 months, these services have diverted activity from other settings, widened patient access, and supported a reduction in healthcare inequalities. Pharmacies across Shropshire Telford and Wrekin have delivered:

- 42,975 Pharmacy First consultations
- 20,865 Blood Pressure checks
- 1,689 Oral Contraception consultation

6.7 The ICB has invested NHSE non-recurrent funding into an additional Community Pharmacy Integration Lead for 12 months. This Lead provides additional capacity to focus on the integration and delivery of key services such as those seen above. The ICB will need to make a decision on the long-term future of this role once the existing fixed term contract comes to an end.

7 Future planning for Community Pharmacy development

7.1 The current community pharmacy provision across Shropshire Telford and Wrekin is already demonstrating measurable added value to the system in terms of patient experience, capacity, and savings. However, the future vision of community pharmacy highlights further significant opportunities and challenges for the ICB which may be realised over the coming years.

7.2 Over the coming years the service offering from community pharmacy is likely to increase with an increased focus on prevention and the management of specific clinical conditions, supporting the shift from Hospital to Community, and Treatment to Prevention. Pharmacy will be taking an increased role in what is currently 'GP workload'

with increased prescribing in a wider remit of acute illnesses and increased management of medicines in long term conditions.

7.3 Underpinning digital, legislative and education changes is already underway to enable this increased scope of practice in a safe and efficient way. One such example is new undergraduate education standards which means all new pharmacists from 2026 will be prescribers from day one of practice, opening the door to a wider range of prescribing services in the community. However, this initial education and training of pharmacists' reform puts additional requirements on local providers of foundation training. Currently there is a lack of designated prescribing practitioners (DPP) within the community pharmacy sector to meet their own training needs. DPPs from other sectors of healthcare, notably general practice, will be needed to support initial pharmacist training until prescribing services within community pharmacy become common place and this is likely to require additional funding.

7.4 As part of the Community Pharmacy Independent Prescribing Pathfinder Programme, NHS Shropshire Telford and Wrekin are working with three local pharmacies to design and build models of clinical care that incorporate prescribing into community pharmacies. Currently this programme is testing models of care relating to – Minor illness/common conditions, women's health, prescription management, opioid deprescribing and CVD prevention. Following the conclusion of the national pathfinder programme, the ICB will need to consider how it plans to invest in community pharmacy and integrate pharmacy services within its clinical pathways and clinical prioritisation.

7.5 The future vision of community pharmacy, seeing care delivered closer to home and an increased focus on prevention, will likely see positive outcomes that exceed the sizeable positive impact we can already see from community pharmacy.

7.6 There are challenges to successfully delivering this vision which will need cross system support to overcome. While satisfaction with those who have used pharmacy services is high at 87.4% (ONS data), there are still sections of the population who are unaware of the scope of care that can be delivered by community pharmacy. Similarly, there are cohorts of healthcare professionals who are unaware of the skillsets held by community pharmacy professionals. Access is generally good to community pharmacy; however sectors of our population are less likely to regularly use community pharmacy, particularly those that have prescriptions dispensed at their GP practices and are therefore less likely to opportunistically access current services.

7.7 Community Pharmacies will be a key partner within integrated neighbourhood teams. The future national vision for community pharmacy outlines a range of key priorities and services that pharmacies may pilot in the near future such as - the management of long-term conditions, treatment optimisation, support with deprescribing and polypharmacy, weight management, care home support and health checks. This sector of pharmacy presents a unique opportunity for the cost-effective delivery of local services based on need, with easy access in the hearts of communities. However, currently there are few examples of community pharmacy being commissioned to deliver on services to meet specific local needs. Opportunities to take part in local service delivery needs to be made available to community pharmacy, and the sector needs to be aware of how to utilise these opportunities.

7.8 The shift in more clinical care being delivered by community pharmacy means that digital and estates infrastructure may need review and/or investment to ensure services can be delivered alongside core activity.

7.9 To ensure safe and effective care can be delivered through more clinically focussed services, an uptick in continuous professional development will be needed by community pharmacy staff. Historically, community pharmacy has not had access to protected learning time, and as a result may struggle to access traditional training and development sessions aimed towards primary care.

7.10 Nationally, many community pharmacies have challenges with remaining financially viable, with reports of multiple pharmacy closures each week. Investment into infrastructure and additional resource to bolster capacity may be challenging for many pharmacies.

7.11 To realise this future vision of community-based care, ongoing work will be needed to ensure community pharmacy is fully integrated into primary care structures going forward.

8 Conclusion

8.1 Whilst the ICB fully recognise the importance of Pharmacy, Optometry and Dental services within primary care, and have made significant progress on our understanding of the current performance of the sectors and planning through the OWM, we recognise we still have some work to do to fully integrate POD within our ICB governance, planning and prioritisation.

8.2 Improving dental access to pre-covid levels and beyond remains a challenge, however we are moving positively and are working closely with the OWM on our planning to close the gap.

8.3 Community Pharmacy is a rapidly changing sector, with changes in education and training, advent of independent prescribing and a clear national vision to increase clinical service via community pharmacy. This will require the ICB to invest in and integrate these services within our wider work programmes, priorities, and commissioning plans.

8.4 Integration of community pharmacy with primary care governance is more advanced than for dental and optometry due to the Head of Pharmacy Integration and Workforce and his team providing a dedicated resource that we do not have for the other two pillars.

9 Recommendations

9.1 The Board supports a review of the governance structures within ICB Primary Care with POD being fully integrated within this structure.

9.2 The Board recognises the need for planned resource in 2025/26 to fund pharmacy, optometry and dental integration and input into the Primary Care Governance and strategic direction.

9.3 The Board supports the proposal for co-development of a Primary Care Strategy across all four pillars of primary care.

9.4 The Board recognises the national direction of travel for development of the community pharmacy sector, and the intended shift of more clinical care to community pharmacy. This will have specific challenges to the ICB in terms of supporting, development and/or funding of digital solutions, estates challenges, training, education and development of the community pharmacy workforce, all of which may need investment as initial NHSE pump-priming comes to an end.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Shropshire Integrated Place Partnership 21.11.24 Key Issues Report	
Report of:	Shropshire Integrated Place Partnership Meeting
Last meeting details: *(if applicable)*	**Date**: 21.11.24 **Attendees**: **Members:** Andy Begley, Dr. Charlotte Hart, Claire Parker, Dr. Deborah Shepherd, Dr. Jess Harvey, Julian Birch, Julie Mellor, Lynn Cawley, Paul Bowers, Paula Mawson (rep. for Rachel Robinson / Penny Bason), Sam Townsend, Tanya Miles, Carla Bickley (rep. for Nigel Lee) **Observers & Presenters:** Daniela Puiu, Emma Pyrah, Fiona Smith, Harry Wallace, Jackie Robinson, Jess Edwards, Lisa Middleton, Lucy Cotterill, Megan Claydon, Mel France, Raqeebah Agberemi, Sharon Fletcher, Dr Simon Chapple, Sonja Corfield, Tami Sabanovic (rep. for Laura Fisher), Anna Morris **Apologies**: Jane Trethewey, Jo Banks, Nigel Lee, Simon Whitehouse, Rachel Robinson (rep. Paula Mawson), Penny Bason (rep. Paula Mawson), Patricia Davies, Marc Millward, Laura Fisher (rep. Tami Sabanovic), Tomas Edge, Cllr Cecilia Motley **Quoracy (Y/N):** Y **Any conflicts of interest declared and how these were managed:** None
Agenda: *(if applicable)*	• Welcome and Apologies, Notes from the last meeting and Actions: Andy Begley Governance • ShIPP Subgroup: Paula Mawson • Update on STW NHS Talking Therapies Service: Lucy Cotterill • CYP JSNA - school aged children and young people chapters: Jess Edwards • Transforming the System - Turning the Curve: Tanya Miles • Draft Healthy Ageing and Frailty strategy 2024: Anna Morris • Involvement - Healthwatch Cancer Report: Lynn Cawley The group meets bi-monthly
1a **Alert**	The current system challenges facing Shropshire as a 'place' for children and families who require help and support to achieve good outcomes and the urgent need for action to address this. The HWBB requested ShIPP to agree actions to take the work forward.

Ambition Compassion Optimism Focus

		Transforming the System - Turning the Curve: The Executive Director for People and Director of Children's Services, Shropshire Council described the current system challenges facing Shropshire as a 'place' for children and families who require help and support to achieve good outcomes. She presented recommendations that would constitute a proactive stance in addressing these challenges urgently. Two proposals in the paper were agreed, and are summarised: 1. Commission an independent follow up work, reviewing the child case reviews and building on her findings by holding a number of 'spotlight sessions to focus to obtain better **understanding and scrutiny of what the current provision is around key themes** identified from the diagnostic review of statutory case reviews and implement a plan of improvement. This will be carried out by a half day or full day 'spotlight/summit' of a range of relevant people, including strategic leaders. The areas suggested by the review: • Childhood Neglect • Information sharing and consent (all 3 partnership areas) • Early help • Complex Safeguarding, perhaps including serious youth violence? • Professional curiosity, assessments, management oversight, working with service users and their families/carers (as per WT23), lived experience (all 3 partnership areas) • Others if required 2. Plan an event for early January, including the DfE National Facilitators for Health and the Police, to work with us on sharing our ambition and vision for a truly integrated system for helping to safeguard and protect children, ensuring only those who need to receive statutory interventions do so. Ensuring that help and support it is timely and proportionate, that the way of working is well understood at all levels, and what this means for children and families. As well, that we consolidate our commitment to hearing what children and families tell us and act on it. We must celebrate what we know is working well and challenge each other to improve what we know needs to be better and share examples of best practice from our respective agencies (including the private, voluntary, community and faith sectors).

1b	**Assure** *Positive Assurances and highlights of note*	**Update on STW NHS Talking Therapies Service** The Strategic Operational Lead for Talking Therapies, MPFT, gave a presentation on the new STW NHS Talking Therapies Service. There was discussion on the complex picture behind referral rates and range of other mental health support offers available. The value of face-to-face therapies was also discussed, especially to those with life limiting disease or experiencing domestic abuse. **CYP JSNA - school aged children and young people chapters** The Public Health Intelligence Manager for Shropshire Council presented on the Children & Young people's Joint Strategic Needs Assessment - school aged children and young people. There was discussion on the poor outcomes in some indicators for 0-4 children, presented at an earlier meeting. Parental advocacy was also discussed as a significant factor in preventative support. The chapter will be taken to the HWBB for approval. **Living well with Cancer in Shropshire – Healthwatch Report** The Chief Officer of Healthwatch described their engagement with people living with and beyond cancer. Though there were pockets of excellence this was not joined up through the system. More personalised support from medical professionals to help patients access information about their condition, treatment and support was suggested. The need for a Shropshire Cancer Network was outlined and the impact of long waits in diagnosis was discussed.
1c	**Advise**	**Draft Healthy Ageing and Frailty strategy 2024** The Public Health Consultant described the process of developing the strategy, to include aligning strategic intent and priorities, understanding need and local context, and engaging stakeholders. There was discussion on pre-emptive preventative measures and support and the proactive care programme. The rise in older people with SEND and their ageing parents and carers and their difficulties in accessing online support was also discussed. The Committee was asked to comment and support the development of the strategy.
1d	**Review of Risks**	None
1e	**Sharing of Learning**	As above and below.
2	**Actions *to be considered***	**Talking Therapies Service** Healthwatch will feedback it's results on where 16+ young people go for health information to the PH intelligence team. **Transforming the System - Turning the Curve** The Chair of the Early Help and Prevention Board offered support to the proposals

		around review and engagement of Children's Services. **Draft Healthy Ageing and Frailty strategy 2024** • Engagement with Community Pharmacy on their place in the strategy. • Linking with preventative services provided by the Local Authority. • Sharing further information on cost implications on frailty and prevention.
3	**Recommendations**	• Approve the Terms of Reference of the ShIPP Neighbourhood and Hub Subgroup as endorsed by the ShIPP Committee. • Note developments of the STW NHS Talking Therapies Service. • Note the development of the chapters on school aged children and young people for the CYP JSNA and the associated recommendations. • Support the proposals in "Transforming the system - Turning the Curve" and adding value to the work by contributing ideas and content to the two initial strands of work. • Engaging with the development of the Draft Healthy Ageing and Frailty strategy • Noting the content of the Healthwatch report "Living well with Cancer in Shropshire" and the resulting recommendations.
Report compiled by:		*Penny Bason, Head of Service, Joint Partnerships*
Date report compiled:		*28.11.24*
Report approved by: *meeting chair/Senior Leader*		*Andy Begley,* *Chief Executive, Shropshire Council*
Minutes/action log available from:		*Louisa Jones* *Louisa.jones@shropshire.gov.uk*

Meeting Name:	NHS STW Integrated Care Board
Agenda item no.	ICB 29-01.113
Meeting Date:	Wednesday 29 January 2025
Report title:	Winter Delivery Update
Report presented by:	Ian Bett, NHS STW, Interim Chief Delivery Officer
Report approved by:	Ian Bett, NHS STW, Interim Chief Delivery Officer
Report prepared by:	Gareth Wright, NHS STW, Head of Clinical Operations & EPRR
Meeting report previously presented:	None

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

Executive Summary

This paper provides the Board with an update on the winter pressures being experienced on our Urgent & Emergency Care (UEC) pathway and our system response to date.

December has been particularly challenging with sustained and increasing pressure that overmatched our ability to respond, necessitating declaration of a system-wide Critical Incident on 3 January 2025 that de-escalated on 5 January 2025 having decisively achieved the effects required.

Our Winter Plan considered by the Board on 27 November 2024 highlighted predicted pressures on acute beds within January 2025. Actions and mitigations continue to be enacted and remains appropriate to meet the challenges as far as practicable within our resources.

Recommendation/Action Requested:

The Board is asked to:

- Note this update, with detailed accountability exercised by the UEC Delivery Group.
-

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

No		**Yes**	X	Improving Health and Care – Urgent & Emergency Care

How does this report support the ICB's core aims:	
Improve outcomes in population health and healthcare	The report outlines targeted winter schemes such as mental health ED attendance avoidance and expanded community response services, aiming to enhance health outcomes by reducing ED pressures and ensuring timely care for critical patients.
Tackle inequalities in outcomes, experience, and access	Additional support through domiciliary care and older adult mental health interventions addresses barriers to access and improves experiences, particularly for vulnerable populations.

Enhance productivity and value for money	Principal effect intended is to decompress the EDs and reduce demand for inpatient beds, contributing to the closure trajectory for escalation beds.
Help the NHS support broader social economic development	While broader economic development is outside the scope of this winter plan, the system's improved discharge rates and reduced ED congestion indirectly support economic stability by maintaining workforce health and reducing prolonged hospital stays.

Conflicts of Interest
None

Implications	
Engagement with Shropshire, Telford & Wrekin residents, and communities	The winter communications plan, launched in November 2024, aims to inform residents and empower them to make informed choices about accessing care.
Resource and financial	The allocated £725k winter budget is being utilised to fund targeted schemes, though financial constraints have limited the scope of additional mitigations.
Quality and safety	Initiatives like enhanced discharge support and virtual wards aim to maintain patient safety and improve care quality amidst increased winter pressures.
Sustainability	Many winter schemes are time-limited, requiring a focus on reviewing and identifying best practices for long-term impact in the April 2025 review.
Equality, Diversity and Inclusion	The paper highlights a positive impact on EDI, particularly through targeted support for older adults and increased domiciliary care capacity for vulnerable groups.

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

System Winter Delivery Update

1. Introduction

1.1. This paper provides the Board an update on the winter pressures being experienced on our Urgent & Emergency Care (UEC) pathway and our system response. It covers key operational themes in the period since the Board meeting on 27 November 2024, when the System Winter Plan was presented. There will be a comprehensive review of our approach to winter 24/25 conducted in April. The UEC Delivery Group will continue to be the principal governance touchpoint to review progress in detail and hold us to account on delivery.

1.2. The NHS England Midlands region has experienced severe pressure of demand for UEC services. This has been in part attributed to earlier than national onset of seasonal respiratory conditions, particularly influenza.

2. Operational Performance

2.1. **Performance**. There are two key performance criteria that are indicators of pressure – ambulance handover times and the length of stay of our patients in our Emergency Departments (EDs). In neither have we achieved the levels we want for our patients.

2.1.1. **Demand for our UEC services**. A key indicator of the complexity of demand is the proportion of patients classified as 'Majors' – with serious and life-threatening conditions. There has been a sustained increase in the final third of December as shown in Figure 1.

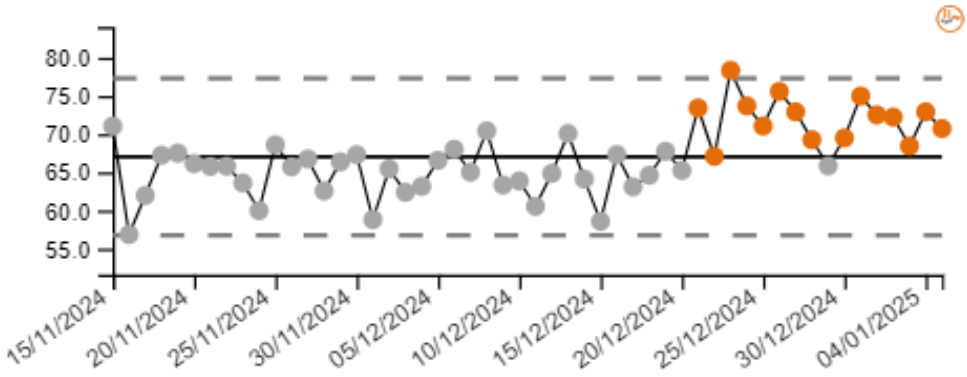


Figure 1 – % of Emergency Department attendances Majors

2.1.2. **Ambulance handover**. This is frequently seen as a bellwether indicator of operational pressure. It is relatively easy to understand, in a common 'currency' allowing regional and national comparisons. Delay in receiving handover is invariably a product of over-occupancy of EDs, in addition to the volume and rate of arrival of ambulances. We experienced higher than normal arrivals consistent with the increased Majors demand, as shown in Figure 2.

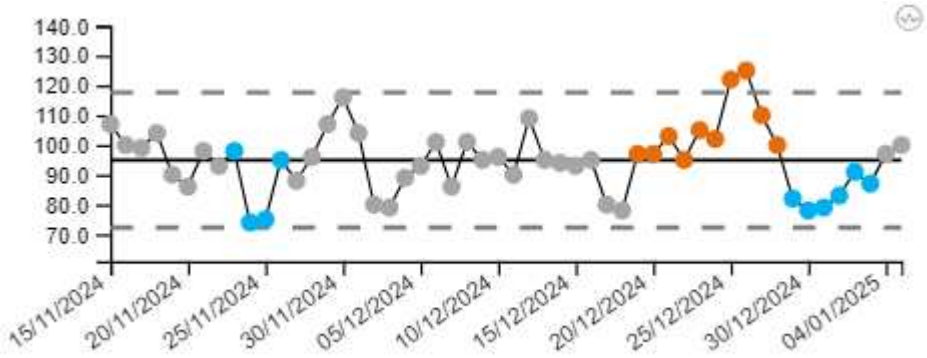


Figure 2 – Ambulance arrivals by day

This conflation of high demand and relative sickness of our patients inevitably impacted upon our ability to receive ambulance handovers at the rate we require. The average time to do so increased from Christmas Day onwards, as shown in Figure 3.

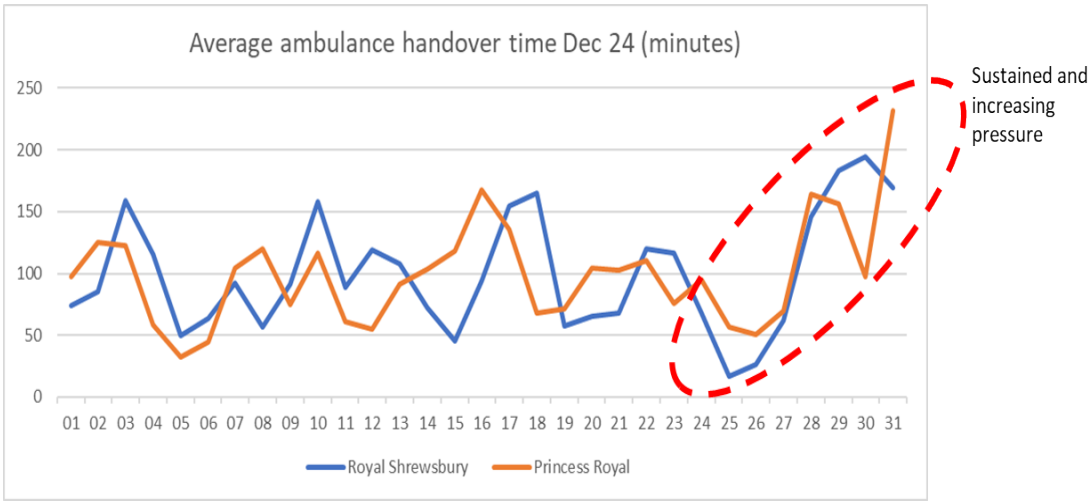


Figure 3 – Average ambulance handover time by day

2.1.3. **Length of stay in our Emergency Departments.** Our capacity to outflow the EDs has been highly challenged by demand, relative to the rate at which we have been able to discharge patients. Our non-elective admissions have been reasonably consistent, with only common cause statistical variation around a daily average of 184. However, there were below average discharges of these patients over the Christmas period and generally increased patient Length of Stay in the Shrewsbury and Telford Hospital NHS Trust (SaTH) throughout the second half of December. A tipping point was reached, and the impact was to reduce flow out of the EDs.

2.1.4. **Performance relative to the Midlands region**. From the data we have available we have held our ED performance at static levels for key indicators. Whereas other systems in the region have mainly reduced in performance. We remain in the lower quartile on the 4 Hour performance standard, for example, as shown in Figure 4, but are slowly making progress and are only 2 or 3% away from others.

This provides a solid start point for further improvement when the winter pressures ease.

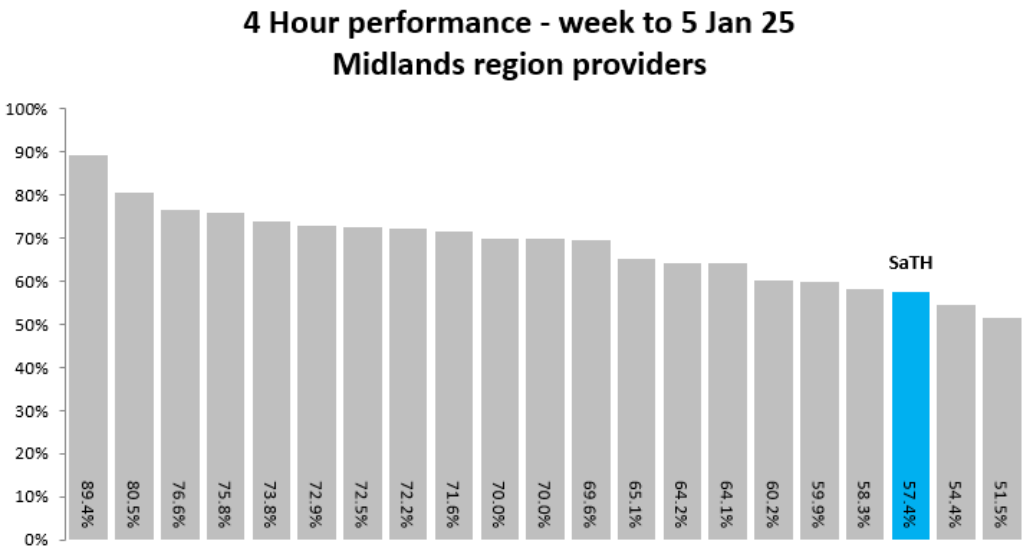


Figure 4 – 4 Hour performance relative to the NHSE Midlands region

2.1.5. **Patients with No criteria to reside (NCTR)**. The total number of our patients with no medical reason to be in our hospitals did increase post the festive period as demand increased however due to a significant system partner response that has since reduced the number of patients in the acute Trust to approximately 100 patients.

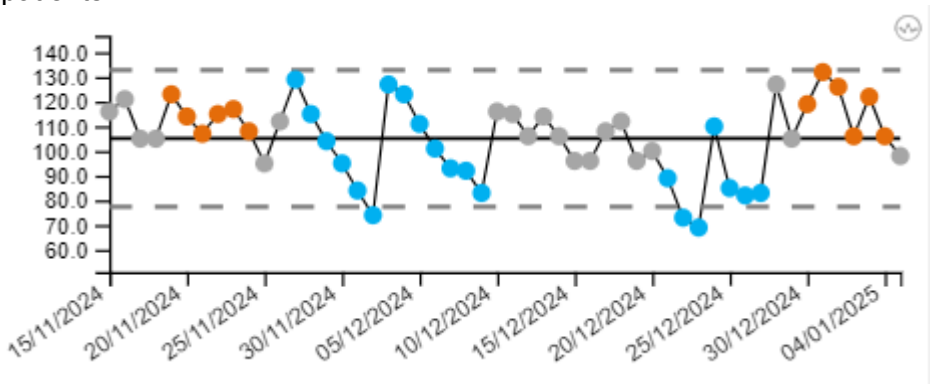


Figure 5 – Patients with NCTR not yet discharged (SaTH)

2.1.6. **Length of stay for patients ready for complex discharge**. It should be noted that whilst patients are determined as NCTR there is a transfer of care process that requires to be undertaken between the Acute and community/local authority partners. These patients that are deemed 'ready for discharge'. The average length of stay for patients in 2023 who were deemed as ready for discharge to leaving the acute hospital site was over 4 days. Due to the improvement work across the system by all partners this had reduced to just over 2 days. This is illustrated in Figure 6.

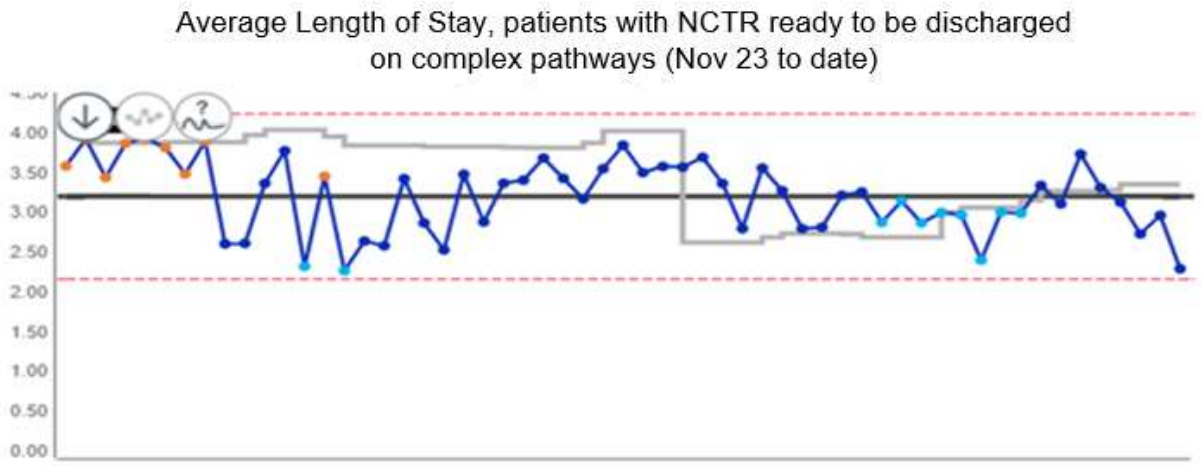


Figure 6 – Reduction in Length of Stay, complex pathways

2.1.7. **Length of stay for patients ready for simple and timely discharge.** Ongoing improvement work continues within the Acute to reduce the length of stay for patients who are deemed a simple discharge. Figure 7 shows sustained improvement since June despite winter challenges.

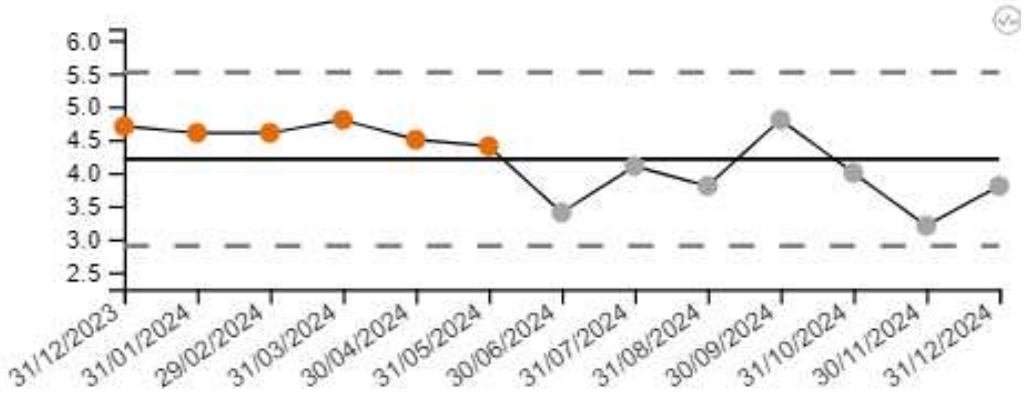


Figure 7 – Reduction in Length of Stay, simple and timely discharge

3. Responding to the winter pressures 2024/25

3.1. **System Critical Incident 3-5 Jan 25.** The extreme pressures that built up to the end of December were sustained and overmatched our ability to respond with our available resources and level of escalation. Our Chief Executive Officer's (CEOs) took the decision to declare Critical Incidents (CI) at SaTH and as a System on Friday 3 January 2025. The intent, which was achieved, was a short, sharp intervention and concentration of effort to decompress our EDs, restore safety and flow along our UEC pathway. CEO SaTH stood down the CI on Saturday 4 January and our System CEO stood down the CI on Sunday 5 January having been satisfied that the more favourable conditions achieved were sustainable. At the time of writing that remains the case and we are reflecting on the events that led up to the imperative to declare, and what the key interventions were that enabled de-escalation so rapidly. A number of other providers and systems have declared CIs across the region and nationally. We appear to have exited quicker than some others, which indicates the right approach.

3.2. **Process Improvement**. The extant system-wide Improvement Programme outlined in the Plan is judged to have stood us in good stead. In particular:

- Our Care Transfer Hub that coordinates patients with complexity in their discharge made a very significant contribution to our CI response by achieving a record day number of complex discharges (62).
- Our Integrated Care Coordination service continues to provide alternatives to ED attendance, typically handling circa 900 cases daily, with only around 1 in 10 being sign-posted to the EDs.
- The SaTH Operations team continues to achieve resilience in both sites to absorb and recover from pressure; with fresh approaches to leading the daily pressures.

3.3. **System winter schemes and mitigations**. The Board was apprised of our pre-planned and additional interventions in the Winter Plan. A summary of mobilisation and progress is Appendix 1 within this paper, with a summary below:

3.3.1. **Pre-planned schemes**. The schemes enacted with our limited ICB winter funding (£725k) are already delivering impact, with some delayed as we have had to adjust to our budget and mobilisation realities:

- Our mental health trust ED Attendance Avoidance team supported an additional 19 older adult patients that would otherwise have been admitted in December.
- British Red Cross has assisted 76 patients in their discharge.
- The System-level Communications Campaign continues to empower our patients with information and choice to Think Which Service best meets their needs.
- Additional patient transport capacity is enabling timely discharge daily.
- Our Virtual Ward & Urgent Community Response team is now making use of Point of Care testing that would otherwise have been needed in an acute setting.

3.3.2. **Additional mitigations**. Having concluded that process improvement and our ICB schemes would not meet the shortfall in capacity needed, we identified opportunity areas with high impact potential. They are as follows:

- We have used beds over the Elective fallow period of Christmas and New Year at Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) to provide additional capacity, which was particularly welcome and extended during our CI response.
- We will be placing a clinical leader in each ED from our community trust to signpost and actively select for suitability to use alternatives to admission. This is expected to start later January following mobilisation.
- The System has commissioned increased domiciliary care to allow for increased discharge and provide the necessary support to our patients.,

4. Conclusion

4.1. This has been a predictably highly challenging winter so far for our system, which has mirrored the broader regional and national experience.

- Our system approach to winter has been appropriate to date, although ultimately insufficient to absorb the severe peak of demand late December that resulted in declaring a Critical Incident.
- After declaring a CI, our response was decisive and rapidly achieved the conditions to de-escalate quicker than the experience in other systems.
- System winter schemes and mitigations will continue to be enacted within affordability and focused to achieve impact.
- All winter schemes and mitigations will be formally reviewed in terms of impact in April 2025 as to ensure as a system we identify best practice.

5. Recommendations

5.1. The Board is recommended to note this update, with detailed accountability exercised by the UEC Delivery Group.

6. Appendices within the paper

6.1. System winter schemes and further mitigations (as at 9 Jan 25).

Appendix 1 – System winter schemes and further mitigations (as at 9 Jan 25)

	Winter schemes Pre-planned focused interventions. Funded by ICB £725k budget with duration in line with affordability to target months of greatest need, mainly Q4.	**Winter mitigations** Opportunity areas with high impact potential to address our capacity shortfall. Funding status variable.
Mobilised and delivering impact	➢ ED Attendance Avoidance – MH Older Patients ➢ British Red Cross assisted discharge scheme ➢ System-level Communications Campaign ➢ Patient transport optimisation & capacity ➢ Point of Care testing for Virtual Ward & Urgent Community Response	➢ Orthopaedics rehab to RJAH from SaTH (winter beds) - extension to 10th Jan ➢ Acute clinical Virtual Ward input from SaTH Respiratory consultant ➢ Additional domiciliary care capacity
Mobilisation in January 2025	➢ National introduction of revised Operational Pressures Escalation Levels framework	➢ UCR pathway to domiciliary care ➢ Improved Frailty pathway to Rehabilitation & Recovery Units ➢ ED front door coordinator to community services
Requires additional action to mobilise	➢ Support to Primary Care management of rising risk patients ➢ Enhanced coordination of SaTH volunteering services with the Help*force* charity	

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Meeting Name:	**Integrated Care Board meeting**
Agenda item no.	**ICB 29-01.114**
Meeting Date:	**29 January 2025**
Report title:	**Integrated Performance Report – January 2025**
Report presented by:	**Claire Skidmore, Chief Finance Officer**
Report approved by:	**Claire Skidmore, Chief Finance Officer**
Report prepared by:	**Julie Garside Director of Planning, Performance, BI & Analytics and Angie Parkes, Head of Performance and Planning**
Meeting report previously presented:	**None**

Action Required (please select):

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

Executive Summary

The Integrated Performance Report has been redesigned, taking on board recommendations from the new national Insightful Board guidance. Much of the information presented will already be familiar to the Board but it is hoped that the changes made will aid navigation to the points most pertinent for Board consideration.

Areas showing improvement:

- No Criteria To Reside (NCTR).
- Long waits in Referral to Treatment pathways.
- Dementia diagnosis rates improving but not yet meeting target.
- Annual health checks for people with Learning Disabilities and Autism (LDA).
- Smoking at time of delivery.

Areas showing concern:

- 52 weeks waits in the community for both adults and children.
- Waiting times for diagnostic tests.
- Out of Area Mental Health placements.
- Patients with LDA in inpatient units.
- Children and Young People (CYP) ASD waiting lists.
- ADHD waiting lists for both adults and children.
- CYP Mental Health contact (ranked lowest in the Midlands).
- C-Diff, MRSA and Pseudomonas bacteraemia (all above trajectory).

Quality key messages;

- Urgent and Emergency Care oversight remains a priority – there is a harm review process in place.
- Maternity metrics continue to show sustained improvement.
- Stillbirths reported are below the national average, however neonatal death rates remain above the national average. Following a Trust commissioned report the recommendations are supporting the improvement programmes.
- Infection Prevention and control – remains a focus with oversight of risk supported by the wider system.

Workforce key messages:

- System pay expenditure adverse to plan year to date by £10.4m.
- SaTH and SCHT below plan for substantive workforce.
- Use of agency and bank staff is above plan.

Finance key messages:

- ICS is reporting a £26.4m actual YTD system deficit, £15.9m adverse to plan YTD at M9.
- ICB has a year-to-date favourable variance of £0.1m, SaTH reporting a year-to-date adverse variance of £16.2m, RJAH reporting a year-to-date adverse variance of £0.7m and SCHT year to date favourable variance of £1m.
- The reported end of year position is breakeven though the System recognises £21.3m risk to reaching the FOT that currently has no route to mitigation.
- System operational capital spend is £8.2m behind plan at M9 though this is expected to be fully consumed by year end.

Recommendation/Action Requested:
For the Board: • To **note** and **discuss** the contents of the report.

Does the report provide assurance or mitigate any of the strategic threats or significant risks in the System Board Assurance Framework?		
No	**Yes**	**If yes, please detail:** Strategic risk no. 2: **Risk of not achieving underlying financial balance & failure to deliver the system and ICB revenue and capital resource limit plans for 2024/25.** – Second line assurance Strategic risk no. 3: STW is seeing a growing and ageing population; services and the workforce will need to adapt and shape to meet these needs. There is a risk that this capacity and capability will not be sufficient to meet population needs nor be able to focus on tackling identified and emergency health inequalities in every instance – second line assurance

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

Conflicts of Interest
None identified

Implications	
Engagement with Shropshire, Telford & Wrekin residents, and communities	None

Resource and financial			The system has a £15.9m adverse variance against year-to-date plan which requires action if we are to meet our planned deficit position at year end.
Quality and safety			Quality Leads have worked with Planning and Performance Leads to ensure Quality is reflected throughout the report. There is a Quality section that picks up areas not covered in other sections).
Sustainability			Delivery of the financial plan and efficiency plan targets support financial recovery and sustainability.
Equality, Diversity and Inclusion			None
Impact Assessments	**Yes**	**No**	**N/A**
Has a Data Protection Impact Assessment been undertaken?			**N/A**
Has an Integrated Impact Assessment been undertaken?			**N/A**
Has the Integrated Impact Assessment been reviewed by the Equality & Involvement Committee?			**N/A**

Contents

Integrated Performance Report – January 2025

Assurance Matrix Summary

Interpreting SPC charts

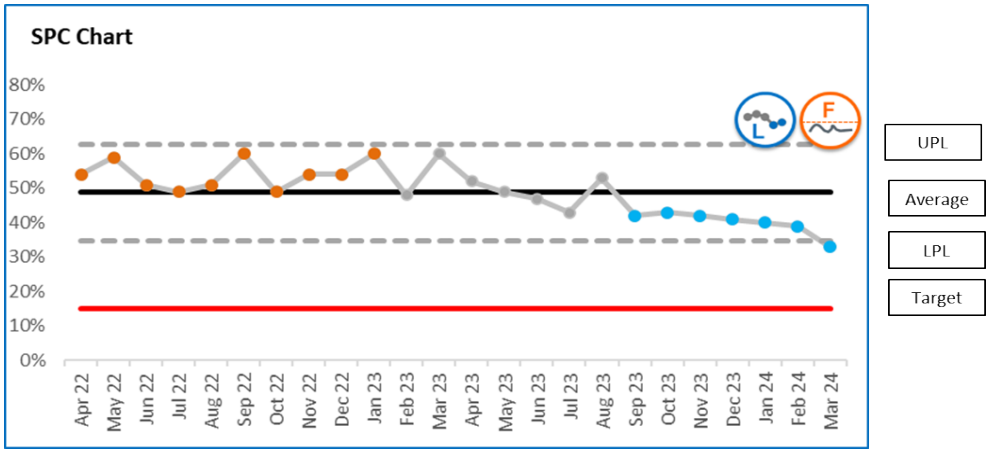
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly).

The following colour convention identifies important patterns evident within the SPC charts in this report.

Orange – there is a concerning pattern of data which needs to be investigated, and improvement actions implemented.

Blue – there is a pattern of improvement which should be learnt from

Grey – the pattern of variation is to be expected. The key question to be asked is whether the level of variation is acceptable.



The dotted lines on SPC charts (upper and lower process limits) describe the range of variation that can be expected.

Process limits are very helpful in understanding whether a target or standard (the red line) can be achieved always, never (as in this example) or sometimes.
SPC charts therefore describe not only the type of variation in data but also provide an indication of the likelihood of achieving target.
Summary icons have been developed to provide an at-a-glance view. These are described on the following page.

1	2	3	4	5	6	7	8	9	10	11	12	13	...

Interpreting summary icons

These icons provide a summary view of the important messages from SPC charts.

	Variation / performance icons		
Icon	**Technical description**	**What does this mean?**	**What should we do?**
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of a CONCERNING nature.	**Something's going on!** Something, a one-off or a continued trend or shift of numbers in the wrong direction	**Investigate** to find out what is happening or has happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an IMPROVING nature.	**Something good is happening!** Something, a one-off or a continued trend or shift of numbers in the right direction. Well done!	Find out what is happening or has happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?
	Assurance icons		
Icon	**Technical description**	**What does this mean?**	**What should we do?**
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is the target will be achieved or missed at random.	Consider whether this is acceptable and, if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	If a target lies **outside of those limits in the wrong direction** then you know the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	If a target lies **outside of those limits in the right direction** then you know the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Overview Matrix

SPC Matrix		Assurance: Consistently Achieving the Target	Assurance: Inconsistently Achieving the Target	Assurance: Consistently Failing the Target	Assurance: No National Target	Movement in Month
Improving Variation			• Outpatients - PIFU% - STW • FIT - % of suspected Lower GI cancers with FIT - STW • Talking Therapies patients reliably improved after 2+ contacts - STW	• Diagnosis to First Treatment< 31 days - STW • Talking Therapies First seen <18 weeks - STW • Dementia diagnosis rate - STW • % Annual Health checks per LD register aged 14 or over - STW • CYP - persons U18 supported with at least 1 contact - STW • Adult CMH - No. of people who receive 2+ contacts - STW • Decisions within 28 days (quarterly) - STW	• ARRS - WTE - STW • GPs in Post (FTE) - STW • Direct Patient Care in Post (FTE) - STW • FFT MH % Positive - MPFT	Metric Performance deteriorated from improving to normal variation or from normal to concerning
			• Incomplete RTT pathways of 104+ weeks - STW • Talking Therapies 1st-2nd Treatment >90 days - STW	• Incomplete RTT pathways of 65+ weeks - STW • Referrals waiting 12+ weeks for assessment (quarterly) - STW • NCTR - Avg. patients not discharged - SaTH • NCTR - Avg. Length of stay on List - SaTH • NCTR - Avg. Length of stay on List - SCHT	• OAP - No. of inappropriate bed days - STW	
Normal Variation		• Outpatients - A&G requests % of Total OPA - STW • Early Intervention in Psychosis < 2 weeks - STW	• Incomplete RTT pathways of 78+ weeks - STW • 2hr Urgent Community Response - STW • 28 Day Faster Diagnosis Standard - STW • No. of GP appointments attended same or next day - STW • Talking Therapies reliable recovery after 2+ contacts - STW • No. of cases - C-difficile - STW • No. of cases - E-coli - STW • No. of cases - Pseudomonas aeruginosa - STW • No. of cases - Klebsiella - STW • No. of cases - MRSA - STW • NCTR - Avg. patients not discharged - SCHT	• A&E 4 hour performance achievement (Type 1&3) - STW • Incomplete RTT pathways of 52+ weeks where patient age is <=18 - STW • Outpatients - Virtual % of Total OPA - STW • Referral to treatment < 62 days % - STW • No. of GP appointments attended within 2 weeks - STW • OAP - Active inappropriate out of area adult placements - STW • Propn. of Adult SMI having Physical Health Checks - STW • A&E 4 hour performance achievement (Type 1&3) - SaTH • No. of Super Stranded Patients - SaTH • Mothers per 1000 with post-partum haemorrhage >=1500ml - SaTH	• Total Primary care appointments - STW • Total Face to Face appointments - STW • Appointments Booked/Cancelled Online - STW • No. of cases - MSSA - STW • Total A&E attendances against plan - SaTH • FU OP activity (75% of 19/20 actual) - SaTH • FU OP activity (75% of 19/20 actual) - RJAH • Waits >62 days for treatment - SaTH • Inpatient Total Responses - SaTH • Inpatient Total Responses - RJAH • Inpatient % Positive - SaTH • Inpatient % Positive - RJAH • Community Total Responses - SCHT • Community % Positive - SCHT • Maternity Antenatal Care % Positive - SaTH • Maternity Birth % Responded - SaTH • AE Total Responses - SaTH • AE % Positive - SaTH • FFT MH Total Responses - MPFT	Metric Performance improved from concerning to normal variation or from normal to improving variation

Ambition Compassion Optimism Focus

SPC Matrix	Assurance Matrix - Concerning Variation				Movement in Month
	Consistently Achieving the Target	Inconsistently Achieving the Target	Consistently Failing the Target	No National Target	
Concerning Variation (H)		◆ Cat 2 Response Mean time - WMAS ◆ Incomplete RTT pathways of 78+ weeks - RJAH	◆ Incomplete RTT pathways of 52+ weeks - STW ◆ Diagnostic waits of 13+ weeks - STW ◆ Adults with LDA in a MH Inpatient Unit (per million) - STW ◆ CYP with LDA in a MH Inpatient Unit (per million) - STW ◆ A&E 12 hour breaches - SaTH ◆ Community Waits of 52 or more weeks for CYP services - SCHT ◆ Community Waits of 52 or more weeks for adult services - SCHT	◆ Referral to Treatment - Total Waiting list - STW ◆ Appeals outstanding at month end - STW ◆ CYP - ASD Total waits (5-17) - STW ◆ CYP - ADHD Total waits (5-17) - STW ◆ Adult - ADHD Total waits - STW	Metric Performance remained static
Concerning Variation (L)	◆ Patients accessing perinatal mental health - STW	◆ 2hr Urgent Community Response - SCHT	◆ Incomplete RTT <18 weeks at month end - STW ◆ All Diagnostics - < 6ww against target - STW ◆ All Diagnostics - < 13ww against target - STW	◆ Maternity Antenatal Care Total Responses - SaTH ◆ Maternity Postnatal Ward Total Responses - SaTH ◆ Maternity Postnatal CommunityTotal Responses - SaTH	
Insufficient data				◆ Mothers Smoking at Time of Delivery (quarterly) - STW ◆ Maternity Birth % Positive - SaTH	New metric for this report

Monthly Movement in Metrics:

Metrics where performance deteriorated from improving to normal variation or from normal to concerning variation.

- Cat 2 Response Mean time - WMAS
- Adults with LDA in a MH Inpatient Unit (per million) - STW
- A&E 12hour breaches - SaTH

Metrics where performance improved from concerning to normal variation or from normal to improving variation.

- Diagnosis to First Treatment< 31 days - STW
- Adult CMH - No. of people who receive 2+ contacts – STW
- FFT MH % Positive - MPFT
- Incomplete RTT pathways of 65+ weeks - STW

New metrics this report

- CYP - ASD Total waits (5-17) - STW
- CYP - ADHD Total waits (5-17) - STW
- Adult - ADHD Total waits – STW

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Executive Summary

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- System operational capital spend is £8.2m behind plan at M9 though this is expected to be fully consumed by year end.

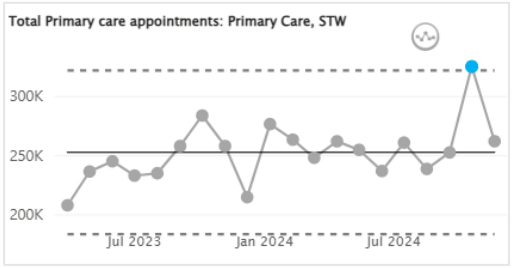
Primary Care

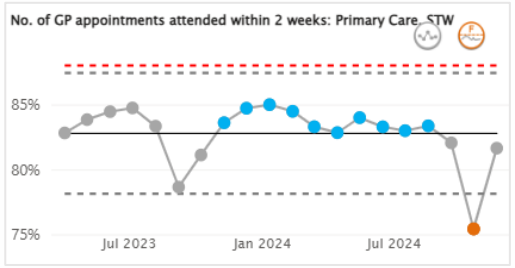
Primary Care

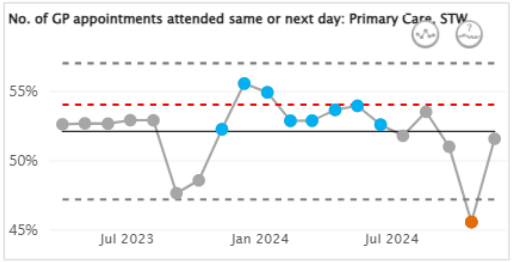
Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
Total Primary care appointments	Primary Care	STW	Nov 24		261,699					252,319	183,185	321,452
No. of GP appointments attended within 2 weeks	Primary Care	STW	Nov 24	88%	81.6%					82.8%	78.1%	87.4%
No. of GP appointments attended same or next day	Primary Care	STW	Nov 24	54%	51.5%					52.1%	47.2%	57.0%
GPs in Post (FTE)	Primary Care	STW	Nov 24		303					303	296	310
Direct Patient Care in Post (FTE)	Primary Care	STW	Nov 24		167					157	152	162
Appointments Booked/Cancelled Online	Primary Care	STW	Aug 24		3,643					3,575	1,133	6,017
Patients enabled to manage appointments on-line	Primary Care	STW	Aug 24		44.3%					43.3%	41.2%	45.4%
Practices with digital telephony	Primary Care	STW	Nov 24		100%					98.5%	98.2%	98.8%
Practice with high quality online workflow tools	Primary Care	STW	Nov 24		100%					100%	100%	100%

Escalation charts







Focus Headlines:

Appointment levels and two-week appointments returned to usual levels.

No significant variation indicated for total appointment levels and same/next day appointments.

Narrative:

Appointment levels have returned to their usual levels following an increase in October seen nationally. Demand in general practices remains high particularly acute and respiratory illness and is expected to remain high for the winter period. Practices are offering record numbers of appointments and are working to full capacity. Practices have also indicated that they are seeing higher than usual levels of staff illness and resultant capacity challenges.

Utilisation of alternatives to general practice, such as Pharmacy First, is growing and continues to be promoted. A post has commenced to improve uptake in areas of low activity.

GP collective action, to date, has had no significant impacts on general practice access.

Key Actions:

Exploring options for funding additional urgent same day/next day appointments in general practice over Q4 to help address winter pressures.

Continued promotion to public around accessing right time and right place and promotion of Pharmacy First service.

Key Risks and mitigations:

Continued or escalated GP collective action (and potential community pharmacy collective action) may negatively impact on primary care access. This is being monitored via a weekly task & finish group Chaired by the Head of Clinical Operations.

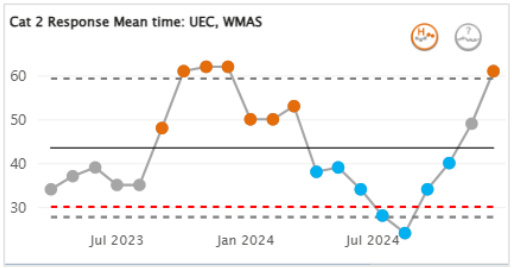
Urgent and Emergency Care

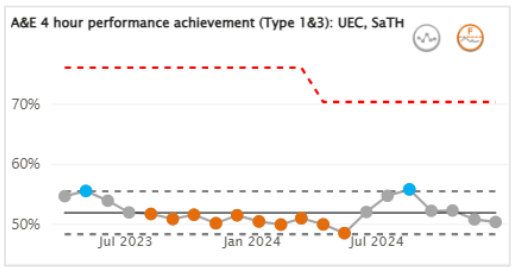
Urgent and Emergency Care (UEC)

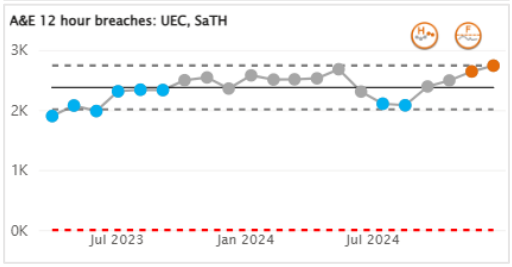
Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
Cat 2 Response Mean time	UEC	WMAS	Dec 24	30	01:01					43.5	27.6	59.3
A&E 4 hour performance achievement (Type 1&3)	UEC	SaTH	Dec 24	70.3%	50.3%					51.8%	48.3%	55.4%
A&E 12 hour breaches	UEC	SaTH	Dec 24	0	2,741					2,377	2,012	2,743
Number of Super Stranded Patients	UEC	SaTH	Dec 24	76	98					102	77.6	126
Total A&E attendances against plan	UEC	SaTH	Dec 24		13,308					12,920	11,610	14,231
No Criteria To Reside - Average patients not discharged	UEC	SaTH	Dec 24	57	101					118	89.8	147
No Criteria To Reside - Average patients not discharged	UEC	SCHT	Dec 24	20	18					19.5	13.9	25.1
No Criteria To Reside - Avg. Length of stay on List	UEC	SaTH	Dec 24	2	2.8					3.66	2.77	4.55
No Criteria To Reside - Avg. Length of stay on List	UEC	SCHT	Dec 24	4	6.8					7.81	4.18	11.4
2hr Urgent Community Response	Community	STW	Nov 24	70%	71.4%					83.2%	69.1%	97.2%

Escalation charts







Focus Headlines:

Category 2 response time has started to show special cause variation after a period of improving variation. The target and plan are not being met.

A&E 4-hour performance is showing normal variation but not meeting the target or plan.

A&E 12-hour breaches are not meeting the target or plan and are beginning to show special cause variation.

No Criteria To Reside shows sustained improving variation

Narrative:

The ambulance service continues to report that delayed transfers of care at hospital sites is affecting the category response times. This was symptomatic of incremental and sustained pressure in Eds in late Dec 24 that culminated in the declaration of a system wide critical incident 3-5th January 25. Despite the pressures conveyance rates were lower than the same period last year and STW has one of the lowest conveyance rates in the region.

Paramedics continue to call the SPA (Single point of Access) to look to identify alternatives pathways to avoid ED conveyance.

Post-critical incident recovery actions have eased pressure on our pathway and early Jan 25 indications are of the Cat 2 response reducing significantly, back to the improved position which will be reported next month.

Adoption of the (maximum) 45 min handover standard will provide additional focus upon minimising delays.

Key Actions:

Launch Acute Medicine clinics at PRH

Exploration of potential to amend Emergency Nurse Practitioner (ENP) working hours to cover twilight period and reduced minors 4-hour breaches, data suggests reduction in minor injuries performance overnight.

Workshop with key stakeholders to document and map the UTC pathways post the service coming back in house from April-25.

ED Walk-in reviews on 22nd and 28th Jan at RSH & PRH to identify opportunities for alternative pathways for patients self-presenting at ED.

	An Integrated Community Coordinator role (winter mitigation scheme) will commence in both Eds, to signpost more effectively to alternatives to admission such as Virtual Ward. Formal review of Care Transfer Hub (CTH) effectiveness against the criteria. Further develop CTH Pathway decision Escalation Card. Meeting on 27th January. Seek appointment of CTH Manager until March 25. Complete Therapies PDSA Phase 1 (social and functioning history taking). **Key Risks and mitigations:** Increased delays in response times causing patient harm – this is monitored via the Patient Safety Incident Response Framework (PSIRF) Patient Safety Incident Investigation (PSII) reporting by WMAS and sharing of incident themes monthly and discussion during Contract Quality Review Meeting. ICS using Test of change methodology to find alternative pathways to admission via ED or to support person within a community setting. CCC/SPA have nurses from Rapid Response team supporting them to identify alternative pathways to avoid unnecessary admissions as agreed through the Alternative to Emergency Department (ATED) group. Inability to decompress crowding in our Eds leading to sustained requirement to use temporary escalation spaces ('corridor care'). Key focus of effort is to bear down upon the use of escalation spaces. This is being supported by the application of our focused winter schemes and additional mitigations (such as the Community Coordinator action above).

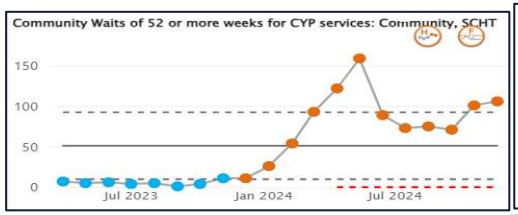
Planned Care

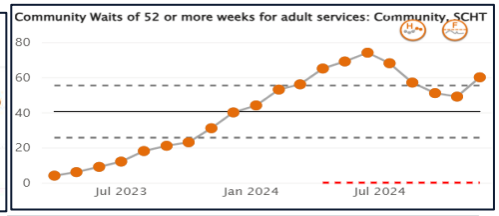
Planned Care

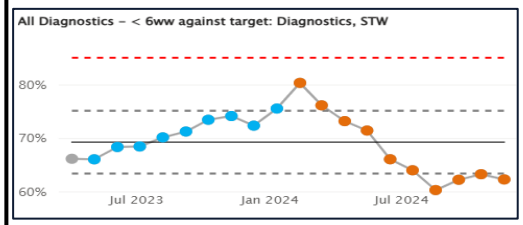
Metric Table

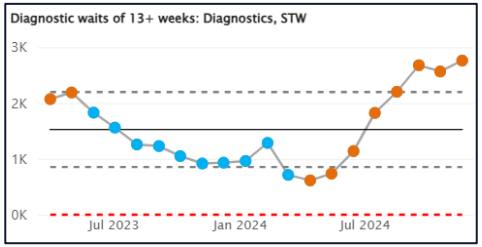
Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
Incomplete RTT pathways of 78+ weeks	Planned Care	STW	Nov 24	0	26					26.4	-12.0	64.7
Incomplete RTT pathways of 65+ weeks	Planned Care	STW	Nov 24	0	526					825	436	1,214
VWA	Planned Care	STW	Mar 24	100%	105%					103%	100%	106%
Community Waits of 52 or more weeks for CYP s...	Community	SCHT	Nov 24	0	106					51.2	9.85	92.5
Community Waits of 52 or more weeks for adult ...	Community	SCHT	Nov 24	0	60					40.5	25.7	55.3
All Diagnostics - < 6ww against target	Diagnostics	STW	Nov 24	85%	62.2%					69.2%	63.3%	75.1%
Diagnostic waits of 13+ weeks	Diagnostics	STW	Nov 24	0	2,760					1,525	854	2,197
28 Day Faster Diagnosis Standard	Cancer	STW	Nov 24	77%	70.0%					69.9%	62.6%	77.2%
Referral to treatment < 62 days %	Cancer	STW	Nov 24	85%	64.5%					53.9%	43.3%	64.6%

Escalation charts









Focus Headlines:

65 week waits is not meeting the target but shows improved variation

52 week waits in the community for both adults and children are not meeting the targets and are indicating special cause variation

Diagnostics waiting times, both 6 and 13 weeks, indicating special cause variation.

Cancer treatment within 62 days shows normal variation but is not achieving the target.

Narrative:

Noticeable improvements across 52 week, 65 week and 78 week waits.

Increasing community waiting times for CYP due to consultant shortages in Community Paediatrics.

Diagnostic challenges in cystoscopy, echo, MRI, NOUS and urodynamics. Performance remains strong for CT and DEXA.

Key Actions:

Actions to address long waits including regular waiting list validation, insourcing, mutual aid, digital solutions to streamline processes, collaborations to boost capacity in challenged specialties (ENT and gynaecology), new DEXA scanner.

Harm reviews completed for long waiters and those identified as moderate or above are reviewed through the Patient Safety Panel.

Diagnostics improvement plans and trajectories in place and are starting to show positive impact. Actions include changes in process for diagnostics to free up Radiologist time and ensure a more sustainable reporting service, outsourcing of CT scans and Mobile MRI capacity.

Key Risks and mitigations:

Risk of harm to patients experiencing long waits due to their condition becoming more advanced and harder to treat mitigated by harm reviews.

Risk that patients seen in capacity outside of acute hospitals may deteriorate.

Risk that capacity issues in cancer services will impact on waiting times. Mitigated by actions outlined for long waits.

	Risk that diagnostic capacity does not meet demand. Mitigated by diagnostic improvement plan. Risk that staffing issue impact service delivery including in colorectal, max-fax, dermatology and community paediatrics. Mitigated by diagnostic improvement plan.

Mental Health - Adults

Mental Health - Adults

Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
Talking Therapies reliable recovery after 2+ contacts	Mental Health	STW	Nov 24	48%	48%					47.0%	40.8%	53.1%
Talking Therapies patients reliably improved after 2+ contacts	Mental Health	STW	Nov 24	67%	74%					70.3%	62.0%	78.5%
Talking Therapies First seen <18 weeks	Mental Health	STW	Nov 24	90%	90.3%					73.3%	66.8%	79.9%
Talking Therapies 1st-2nd Treatment >90 days	Mental Health	STW	Nov 24	10%	1%					13.1%	5.69%	20.4%
OAP - Number of inappropriate bed days	Mental Health	STW	Nov 24		140					326	249	402
OAP - Active inappropriate out of area adult placements	Mental Health	STW	Mar 24	0	5					5	5	5
Dementia diagnosis rate	Mental Health	STW	Dec 24	66.7%	62%					60.6%	59.9%	61.2%
Patients accessing perinatal mental health	Mental Health	STW	Nov 24	501	745					761	641	880
Early Intervention in Psychosis < 2 weeks	Mental Health	STW	Nov 24	60%	88%					89.4%	71.4%	107%
Adult CMH - number of people who receive 2+ contacts	Mental Health	STW	Nov 24	4984	4,335					4245	4,128	4,362
Proportion of Adult SMI having Physical Health Checks	Mental Health	STW	Dec 24	75%	52.5%					53.8%	47.9%	59.7%

Escalation charts

All SPC charts for this area showing normal or improving variation. No escalation charts required.

Focus Headlines:

Out of area placements numbers are failing the national ambition.

Dementia diagnosis rates indicates improving variation but is not yet achieving the target.

Adult Community Mental Health (CMH) 2+ contacts indicate improving variation but is not yet achieving the target.

SMI health checks showing normal variation and above improvement plan to date but not yet meeting the target.

Narrative:

Lack of local bed capacity results in people being placed out of are. In county beds are being blocked due to delayed discharges.

Dementia diagnosis rates has a formal action plan in place and waiting list initiatives are expected to improve this in year. Challenges in shared care arrangements in relation to prescriptions have placed pressures on Dementia Assessment and Support Service (DASS) reducing the time for undertaking diagnosis.

An increase in referrals and acuity in Adult CMH has impacted the number of contacts carried out. Outreach services are aiming to expand provision to those in harder to engage communities. Some areas of good practice have been identified with those engaging in activities experiencing better outcomes and these will be explored to identify other options.
SMI physical health checks activity is weighted to Q3/4 to match previous years trends, but the current underperformance is a risk.

Key Actions:

Multiagency discharge event (MADE) meetings are in place to remove barriers to discharge. There are daily escalations to NHSE on Out Of Area (OOA) patients and they are repatriated as soon as a bed becomes available.

Dementia transformation work is ongoing, and the action plan is being implemented. Negotiations between DASS and primary care are under way to improve the shared care arrangements.

SMI physical health checks an improvement plan is in the process of being developed. Work in progress to ensure data is being fully captured in a timely manner. All patients with outstanding health checks to be proactively booked ensuring available capacity is maximised.

Key Risks and mitigating actions:

	People placed away from local area, family and relatives which may lead to slow recovery lack of oversight from case managers. People with dementia may not get timely support whilst waiting for diagnosis and may lead to rapid deteriorating or risk of clinical harm. Adult CMH not able to get timely and adequate support resulting in deterioration of their mental illness. Mitigations include the waiting well programme and continuous monitoring of the waiting list, ability for the Access team to be contact 24/7 and pilot MDTs for dementia being run by primary care

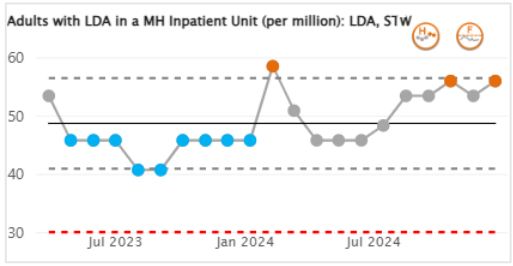
Learning Disability and Autism – LDA

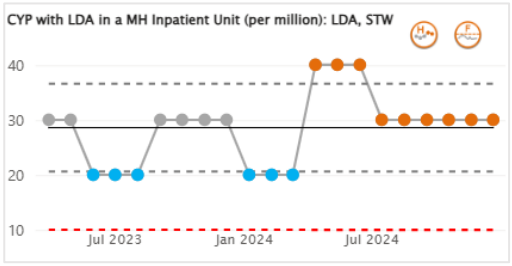
Learning disability and Autism (LDA)

Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
Adults with LDA in a MH Inpatient Unit (per million)	LDA	STW	Dec 24	30	55.9					48.7	40.9	56.4
CYP with LDA in a MH Inpatient Unit (per million)	LDA	STW	Dec 24	10	30.1					28.6	20.6	36.6
% Annual Health checks per LD register aged 14 or over	LDA	STW	Oct 24	75%	32.6%					10.1%	0.747%	19.5%

Escalation charts





Focus Headlines:

Adults with LDA in inpatient units shows changeable variation and the indicator is not meeting its target.

Children and Young People in inpatient units shows concerning variation and is not meeting the target.

Annual health checks for LDA is indicating improving variation, is meeting the plan and is on track to meet the annual target.

Narrative:

The inpatient bed NHSE targets for both CYP and Adults are not being met. Delays in discharge are as a consequence of difficulties finding provision for people with complex needs. Further complexity is added for a number of placements affected by issues with local authority funding.

A revised trajectory for number of adults inpatients of 17 by the end of March 2025 has been agreed with NHSE – this is on target for achievement.

Annual health checks for people with a LD aged 14+ is exceeding plan to date, and is expected to meet or exceed the annual target of 75%.

Key Actions:

LDA Task and finish group set up to review all challenges and barriers to discharges.

Multi agency discharge events meetings taking place to speed up discharges from Redwoods.

Key Risks and mitigations:

People staying in hospitals longer than necessary in a more restrictive placement due to delayed discharges.
Mitigations include a strong focus on proactive strategies to prevent any avoidable hospital admissions. Dynamic Support Register (DSR) in place, use of CT(E)R. Root Cause Analysis (RCA) to reduce risks of hospital re-admissions.

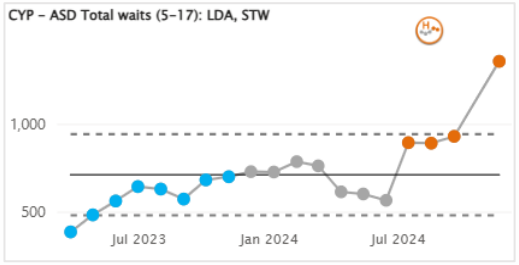
ASD and ADHD

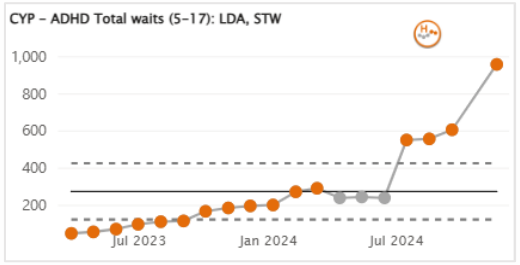
ASD and ADHD

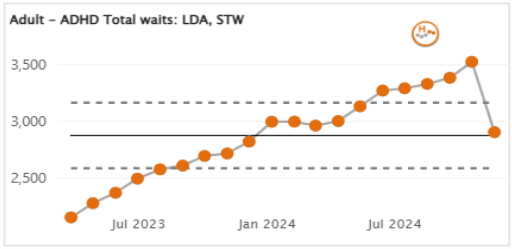
Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
CYP – ASD Total waits (5–17)	LDA	STW	Nov 24		1,356					731	512	949
CYP – ADHD Total waits (5–17)	LDA	STW	Nov 24		956					297	153	440
Adult – ADHD Total waits	LDA	STW	Nov 24		2,901					2,872	2,583	3,161

Escalation charts







All data in this section based on unvalidated local data

Focus Headlines:

CYP ASD total waiting list indicates concerning variation with the waiting list increasing.

ADHD waiting lists for both CYP and Adults indicate concerning variation with the waiting lists increasing.

Narrative:

The number of children waiting for ASD assessment has been increasing since July 2024 due to referrals exceeding capacity and staff vacancies and sickness.

For ADHD CYP assessments a new pathway providing a single point of referral to ensure children follow the best pathway has been implemented. This allows for a more needs-based initial triage which should result in earlier support and signposting.

Adult ADHD now has three accredited providers who will be coming online in the next few months. This should begin to impact on the numbers of adults waiting for assessment. This will need to be monitored closely as new referrals are increasing.

Key Actions:

An action plan is being developed for CYP access which is expected to improve the ASD and ADHD positions by March. Actions are in place to check the data quality of waiting list reporting and to agree specific actions to address the underlying causes of long waiting times.

Recruitment to vacant posts in BeeU and proactively managing where long term sickness is impacting on capacity.

BeeU waiting lists being reviewed to ensure children are being reported against the correct pathway.

Key Risks:

Children and Adults waiting too long to get a diagnosis symptoms becoming more challenging, and this may lead to an increased number going into crisis.

	Risk of having choice exercised may lead to inequalities around access vs clinical need. A material financial impact (cost pressure) of activity undertaken through patient choice will have a severe detrimental impact on the system financial position. Mitigations include use of the waiting well programme and waiting lists are continuously monitored,

Children and young people (CYP)

Children and Young People (CYP)

Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
CYP - persons U18 supported with at least 1 contact	Mental Health	STW	Nov 24	8341	6,370					5,781	5,587	5,974

Escalation charts

All SPC charts for this area showing normal or improving variation. No escalation charts required.

Focus Headlines:

CYP MH supported with a least one contact showing improving variation but remains below target. Ranked lowest in the Midlands currently.

SaTH CQC section 31 has been lifted.

Narrative:

Insufficient resources to manage referrals for mental health services are leading to increasing waiting lists and waiting times. Improvement plan to recover CYP MH access is in place, but it is unlikely the target will be met in 24/25.

Eating disorders routine referrals seen within four weeks latest published compliance of 77% (October 2024) against 95% standard showing a deterioration from the previous reported position. There were two reported breaches in October – 1 was incorrectly reported due to a data issue and the other was offered an appointment which was missed and then was unable to make the alternatives offered within the four-week window.

Key Actions:

Improvement plan to recover CYP MH with a least one contact is in place. Actions relating to completing recruitment to all posts, ensuring all capacity is utilised and reviewing all data recording to capture any missing data.

Mobilise Wave 10 MH Support Teams from January to increase access.

Plan to agree best use of funding slippage to increase resources quickly to improve access.

CQC section 31 - SaTH are ensuring correct pathways are in place and an ICB summit meeting is planned for February to ensure pathways are in place.

Key Risks:

CYP time taken to receive a contact from MH services which may lead to clinical harm whilst waiting for first contact.

Failure to meet the required target of contacts and data quality gap in reporting/recording contacts. Failure to recruit to remaining posts in the BeeU service will potentially increase sickness levels in staff and risk of burnout and inability to retain staff in the service.

	Mitigations include use of the waiting well programme and waiting lists are continuously monitored and the ability for the Access team to be contact 24/7

Quality

Quality

Metric Tables

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
FFT: Maternity Birth Percentage Positive	Quality	SaTH	Oct 24		83.3%					97.9%		
Mothers per 1000 with post-partum haemorrhage >=1500ml	Quality	SaTH	Oct 24	0	28					28.8	21.5	36.0
Mothers Smoking at Time of Delivery (quarterly)	Quality	STW	Sep 24		7.07%					8.96%		

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
FFT: Inpatient Total Responses	Quality	RJAH	Oct 24		314					300	187	412
FFT: Inpatient Total Responses	Quality	SaTH	Oct 24		1,762					1,378	508	2,248
FFT: Inpatient Percentage Positive	Quality	SaTH	Oct 24		98.3%					98.4%	97.1%	99.8%
FFT: Inpatient Percentage Positive	Quality	RJAH	Oct 24		99.0%					98.8%	97.6%	100.0%
FFT: Community Total Responses	Quality	SCHT	Oct 24		276					291	149	432
FFT: Community Percentage Positive	Quality	SCHT	Oct 24		97.8%					97.0%	92.6%	101%
FFT: Maternity Antenatal Care Total Responses	Quality	SaTH	Oct 24		1					17.7	-14.1	49.5
FFT: Maternity Antenatal Care Percentage Positive	Quality	SaTH	Sep 24		66.7%					87.4%	35.8%	139%
FFT: Maternity Birth Total Responses	Quality	SaTH	Oct 24		6					8.89	-13.9	31.7
FFT: Maternity Birth Percentage Positive	Quality	SaTH	Oct 24		83.3%					97.9%		
FFT: Maternity Postnatal Ward Total Responses	Quality	SaTH	Oct 24		1					4.05	-0.824	8.93
FFT: Maternity Postnatal CommunityTotal Responses	Quality	SaTH	Oct 24		6					6.84	-2.02	15.7
FFT: AE Total Responses	Quality	SaTH	Oct 24		769					428	-102	958
FFT: AE Percentage Positive	Quality	SaTH	Oct 24		69.8%					64.7%	32.4%	97.0%
FFT: MH Total Responses	Quality	MPFT	Nov 24		168					269	163	375
FFT: MH Percentage Positive	Quality	MPFT	Nov 24		97.0%					91.3%	83.5%	99.1%

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
Number of cases - C-difficile	Quality	STW	Nov 24	12	18					13.2	5.22	21.2
Number of cases - E-coli	Quality	STW	Nov 24	35	32					40.0	25.0	54.9
Number of cases - Pseudomonas aeruginosa	Quality	STW	Nov 24	2	5					3.1	-0.540	6.74
Number of cases - Klebsiella	Quality	STW	Nov 24	7	12					8.6	2.58	14.6
Number of cases - MRSA	Quality	STW	Nov 24	0	0					0.75	-0.93	2.43
Number of cases - MSSA	Quality	STW	Nov 24		9					11.7	3.11	20.2

Focus Headlines:

Mothers smoking at time of delivery (SATOD) shown sustained improvement.

Maternity friends and family test (FFT) shows concerning variation but remains 90% positive.

Infection - C-diff rates above trajectory, MRSA bacteraemia above trajectory (nil reported for November), winter viruses circulating in the community and Pseudomonas bacteraemia above trajectory.

Narrative:

SATOD shown sustained improvement and unpublished data via maternity dashboard indicates this continues to improve.

Ongoing work to improve antimicrobial prescribing in primary care. Task and finish groups implemented to address high numbers of C-diff and pseudomonas.

No decant wards currently available to assist with deep cleaning. Alternative arrangements are being explored.

Respiratory illness increasing in the community, care homes and hospital settings. UKHSA are monitoring outbreaks and system wide monitoring will commence.

Key Actions:

Ongoing action plan for SATOD monitored through Saving Babies Lives assurance meetings.

Post-Partum Haemorrhage rates audit being undertaken to identify areas for improvement.

Work ongoing by maternity team to increase FFT response rates. QR codes placed next to all inpatient beds.

Promotion of flu vaccine supported by health protection teams including raising awareness in care homes.

Outbreaks meeting implemented as outbreaks of respiratory like illnesses and norovirus occur.

Key Risks and mitigating actions:

Potential for harm to mothers and babies
Ability to sustain the current performance.
Potential reputational risk to the System/LMNS

Workforce

Workforce

Focus Headlines:

Overall system pay expenditure YTD is adverse to plan by £10.4m

FY run rate, if no further action was taken would be £22.7m over plan

SaTH and SCHT are below plan for substantive workforce

SaTH, RJAH and SCHT are above plan for both bank and agency workforce

Narrative:

The monthly ICS workforce dashboard enables us to track our key workforce actuals against plan. The data is taken from the Provider Workforce Returns and Provider Financial Returns to NHSE. This report provides data for M8 of 24/25.The dashboard does not contain WTE plan data for MPFT and the ICB so MPFT and the ICB is excluded from the actual vs plan analysis.

Bank usage is above plan due to industrial action, vacancy cover, escalation, unavailability and enhanced medical/locum rates. This accounts for half of the system pay expenditure over performance.

The system vacancy rate increased slightly 8.9% which is reflective of the operational workforce plan to grow vacancies by 105wte as well as a subsequent application of a stretch efficiency target to STW workforce.

System turnover is below plan at 10.7% whilst the sickness rate has increased slightly and is now above plan by 0.2%

Key Actions:

Actions to address bank overspend include addressing unavailability, review of medic rates, removal of enhanced bank rates. Standardisation of rates through WM cluster alliance and a recruitment pipeline to reduce reliance on bank staff.

Actions to address agency overspend include a range of options developed in conjunction with PWC such as removal of all agency usage from SaTH inpatient areas and tighter controls around sickness and special leave policy.

Run rate over performance mitigated by plans to reduce workforce spend during M9-12.

Workforce efficiency schemes including agency reduction (£2.1m still to deliver), reduction in unavailability (£3.1m), elimination of enhances bank rates and reduction in temporary staffing premium medical (£2.3m), WTE reduction (£3.2m) and impact of off-framework elimination (£0.7m).

Key Risks and mitigating actions:

Of the total £40.3m schemes in place £9.2m is rated as high risk with £6.3m of that associated with escalation. The UEC Board continues to work to de-risk this.

A system approach to vacancy controls is in place resulting in a significant proportion of vacancies not approved to proceed to recruitment. During November, 22% (34) roles were rejected at provider level. A process is now in place to track the number of disestablished posts and a process for system wide internal only recruitment is now in place. Further areas of control recommended by PWC have now been actioned and the System Vacancy Panel TOR have been revised to reflect this.

Additional potential mitigations under review include:

- Removal of SaTH agency usage from inpatient areas
- Pausing investments
- Reduction in insourcing and outsourcing spend
- Tighter controls of sickness and special leave policies

Workforce & Our People Highlight Report (M8)

Overall Programme Rating	FY Planned Savings	YTD Planned Savings	YTD Actual Savings	YTD Variance
	£40.291m	£18.338m	£16.041m	(£2.297m)

STW Workforce Expenditure M8	Plan 30/11/2024 M8 YTD £'000	Actual 30/11/2024 M8 YTD £'000	Variance 30/11/2024 M8 YTD £'000	FY Plan M8 £'000	FY Forecast M8 £'000	FY Run Rate M8 £'000	FY Variance Plan vs Forecast £'000	FY Variance Plan vs Run Rate £'000
SUBS	368857	373156	-4299	553773	550689	559734	3084	-5961
BANK	34614	39547	-4933	49095	52121	59321	-3026	-10226
AGENCY	19141	20349	-1208	24024	23747	30524	277	-6500
TOTAL	422612	433052	-10440	626892	626557	649578	335	-22686

WTE	M8 Plan	M8 Actual	M8 Variance	Status at M8
Substantive	10411	10406	5	On track
Bank	647	782	-135	Off track
Agency	214	229	-15	Off track
TOTAL	11272	11417	-145	Off track

Milestone	Deadline	Status
Identify baseline and outturn forecast for 25/26 Workforce Plan	30/11/24	Complete
Planning workshop with stakeholders to identify priority areas for delivery of 25/26 plan and refreshed People & OD Strategy	31/12/24	In progress
Agree additional mitigating efficiency schemes based on PWC recommendations	30/11/24	Complete
Identify and develop 2025/26 efficiency pipeline plans	31/12/24	In progress but delayed

Key Messages:

- Adverse variance is £10.4m overall with £4.9m of that due to bank overspend. Run rate at M8 indicates full year spend at £649.6m i.e. £22.6m adverse variance.
- Key mitigations include delivery of existing workforce efficiency schemes (total £40m) e.g. addressing unavailability, removal of enhanced bank rates, focus on agency price cap compliance, harmonisation of rates, WM cluster alliance, NHSP national bank.
- Additional mitigations include options discussed with PWC; review of medic rates; removing all SaTH agency usage from inpatient areas by M9 and from ED by M11. Impact of options agreed so far will reduce variance to plan by 280 WTE – additional options include pausing investments, capping bank & agency usage, reduction in insourcing and outsourcing spend, rescinding secondments and tighter control of sickness and special leave policies

KPI	Plan	Performance* exc MPFT
Delivery of 2024/25 Workforce Plan: WTE	WTE 10,273 substantive staff in post (exc 'stretch')	Overall WTE over plan by 145 WTE but actual numbers now include additional 100 externally funded posts. Substantive under by 5 WTE
Delivery of 2024/26 Workforce Plan: Expenditure across all staff types	£625.9m adjusted for pay award	YTD adverse variance £10.44m (2.47% above plan)
Refreshed People & OD Strategy	March 2025	On track
2025/26 Workforce Delivery Plan signed off	March 2025	On track
Vacancy rate	7.25%	8.9%*
Turnover	11.9%	10.7%*
Sickness	5.3%	5.5%*
% Agency Price Cap Compliance	60% (national target)	69%
% Agency Framework Compliance	100%	100%
Agency as % Total Pay	4.0%	4.7%

Key Risk	Impact	Mitigation	Status
Bank usage and costs exceed plan	Based on current run rate, bank overspend at £10.2m at end March 25	Cessation of enhanced bank rates, focus on unavailability, roll out NHSP National Bank, WM Cluster medical rates, improved erostering	
Increased escalation costs	£6.3m of overall escalation savings rated as high risk	Escalation plan monitored at UEC Board and FIP. I&I PWC mitigations.	
Reduction in WTE not achieved in fulltaking into accountthe £6m stretch	Overall reduction of 645 WTE will not be met	Internal vacancy review panels and system vacancy panel. Establishment reviews underway. Partial recruitment freeze under consideration.	

System Financial Position

System Financial Position Month 9

Financial Performance	MONTH			YTD			FULL YEAR			PRIOR YEAR	Prior Month FOT	Movement
Organisation	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance to Plan £000	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance to Plan £000	Plan Surplus/ (Deficit) £000	Forecast Surplus/ (Deficit) £000	Variance to Plan £000	Actual £000	Actual £000	£000
Commissioners												
NHS Shropshire, Telford and Wrekin	2,723	3,156	433	(12,641)	(12,540)	101	(4,677)	(4,677)	0	(16,249)	(4,677)	0
Total Commissioners	**2,723**	**3,156**	**433**	**(12,641)**	**(12,540)**	**101**	**(4,677)**	**(4,677)**	**0**	**(16,249)**	**(4,677)**	**0**
Providers												
The Shrewsbury and Telford Hospital NHS Trust	(918)	(3,937)	(3,019)	(917)	(17,179)	(16,262)	1	0	(1)	(54,582)	0	0
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	(223)	(305)	(82)	1,972	1,311	(661)	2,909	2,909	0	(1,867)	2,909	0
Shropshire Community Healthcare NHS Trust	232	503	271	1,074	2,033	959	1,767	1,768	1	224	1,768	0
Total Providers	**(909)**	**(3,739)**	**(2,830)**	**2,129**	**(13,835)**	**(15,964)**	**4,677**	**4,677**	**0**	**(56,225)**	**4,677**	**0**
TOTAL SYSTEM Performance Financial Position Surplus/(Deficit)	**1,814**	**(583)**	**(2,397)**	**(10,512)**	**(26,375)**	**(15,863)**	**0**	**0**	**0**	**(72,474)**	**0**	**0**
Historical System Deficit			0			0			0	(65,176)		0
NHSE Approved Position (before IA)	**1,814**	**(583)**	**(2,397)**	**(10,512)**	**(26,375)**	**(15,863)**	**0**	**0**	**0**	**(137,650)**	**0**	**0**

NHS STW ICS submitted a 24/25 deficit plan of £89.9m. An allocation to fund the planned deficit was transacted in M6 resulting in a revised breakeven plan for the System.

The allocation has been distributed between organisations previously planning a deficit (SaTH and ICB), with the remaining ICB deficit offsetting the surpluses being reported in other System Providers.

The reported forecast remains at break-even against adjusted plan for the month 9 report as a final FOT position has not yet been confirmed with NHSE.

Key Data

- £26.4m actual YTD System deficit, £15.9m adverse to plan YTD at M9.
- **ICB** - Year to date favourable variance of £0.1m. The favourable variance is due to efficiency delivery, acute/community ERF exceeding spend and prior year benefits being used to offset the YTD Pharmacy/Opthalmic risk share overspend, additional costs for Individual commissioning packages and Mental Health PICU patients..
- **SaTH** - Year to date adverse variance of £16.3m - key drivers: £2.8m endoscopy, £6.3m agency, £2.5m additional escalation costs, £3.3m pay award and resident doctor shortfall and £0.9m car parking income.
- **RJAH** - Year to date adverse variance of £0.7m - key drivers: £3.2m net impact of reduced theatre capacity (LLP) after mitigations, £0.6m adverse non pay inflation pressures above planning assumption offset by £3.1m favourable net impact of mitigations, I&I actions and interventions
- **SCHT** - Year to date favourable variance of £1.0m. Favourable efficiency delivery and pay underspends are partially offset by pressures across non-pay including support to community hospitals, sub-acute wards and within the Prison healthcare service.

Finance

Focus Headlines:

ICS is reporting a £26.4m actual YTD system deficit, £15.9m adverse to plan YTD at M9. The reported end of year position is breakeven.

ICB has a year-to-date favourable variance of £0.1m, SaTH reporting a year to date adverse variance of £16.2m, RJAH reporting a year to date adverse variance of £0.7m and SCHT year to date favourable variance of £1m.

System operational capital spend is £8.2m behind plan at M9 though is expected to be fully spent by year end.

Narrative - Revenue:

NHS STW ICS submitted a 24/25 deficit plan of £89.9m, however in Month 6 the deficit plan was funded therefore the expected end of year position is now breakeven.

SaTH adverse variance £2.8m endoscopy, £6.3m agency and £2.5m additional escalation costs. £3.3m pay award shortfall to M9 and resident doctor shortfall and £0.9m car parking income.

RJAH adverse variance £3.2m impact of reduced theatres following the end of LLP arrangements, £0.6m adverse non pay inflation pressures above planning assumption offset by £3.1m favourable net impact of mitigations, I&I actions and interventions.

SCHT favourable variance, pay underspends are partially offset by pressures across non-pay including support to community hospitals, sub-acute, rapid response units and within the Prison healthcare service.

Narrative - Capital:

Operational capital spend is behind plan at month 9 due to slippage with SaTH modular wards, although the full capital plan is expected to be delivered by the end of the financial year with schemes coming online in later months.

The total system capital plan including IFRS16, HTP and CRL is £33.5m behind plan at month 9, predominantly due to the phasing of the HTP plan as there was a delay in signing the contract.

Month 8 forecasts were signed off by CEO/CFO and Boards across all organisations which confirm that all capital plans will be spent in full with the agreed reprofiling of the HTP Capital Budget and SCHT delivering a reduction of £1.1m compared to plan on IFRS16 leases.

Key Actions:

RJAH, SCHT and ICB year to date variance show a fully mitigated risk position and full delivery of efficiency and additional mitigations provided in the ICB and SCHT to offset SaTH unmitigated risk. SaTH unmitigated risk position is £23.8m with a shortfall on efficiency delivery due to escalation and income not recovered, mitigating actions in place through SaTH Financial Recovery Group with support from the system Investigation and Intervention provider.

Key Risks and mitigating actions:

Revenue - The System does not currently have a route to fully mitigate the financial risks that are flagged, with the risk adjusted System deficit noted as £21.3m as reported at month 9. Areas of unmitigated risk reside within SaTH and are: Escalation £6.8m, Income CIP £1.6m, Financial Recovery Action/CIP slippage £6.1m, Month 8 slippage £0.8m, Annual leave accrual release (£1m), Pay Award £3.6m, Clinical Excellence Awards £400k, Resident doctors £1m, Endoscopy income £4.5m.

Key Capital risks have been added to the ICB/System risk register: IFRS16 actual charges are circa £2.1m above the IFRS allocated uplift value, this relates to the additional costs of IRS16 leases within SCHT due to Market Drayton and Black Country children's services.

System Risk Summary

System Risk Summary (See individual organisation risk updates for more detail)

System Risk	24/25 Gross Risk £'000	Mitigation £'000	Un-Mitigated Risk/(Opportunity) £'000	Prior Month Un-Mitigated Risk £'000	Movement from Prior Month £'000
NHS Shropshire, Telford & Wrekin ICB	5,769	(6,466)	(697)	0	697
Robert Jones & Agnes Hunt Hospital	1,875	(1,875)	0	0	0
Shrewsbury & Telford Hospitals	60,650	(36,850)	23,800	24,300	500
Shropshire Community Hospital Trust	2,243	(4,043)	(1,800)	0	1,800
Grand Total	**70,537**	**(49,234)**	**21,303**	**24,300**	**2,997**

SaTH Key Drivers of the Month 9 Unmitigated FOT Risk

Driver	M9 FOT - £m
CIP - BAU	0.0
CIP - Income	1.6
CIP - Escalation	6.8
Premium (M9 includes £0.9m additional mitigation)	5.5
Underlying run rate pressure	
Car parking and other non-pay	1.4
Additional cost to support performance delivery	0.0
CEA's	0.4
Annual leave release	-1.0
Pay award	3.6
Endoscopy	4.5
Resident Drs income	1.0
Total	**23.8**

ICB - Total M9 Risk £5.8m; Mitigations £6.5m

- Efficiency Risk **£1.0m** - Medium risk efficiency schemes, St Michaels (activity recorded through ERF) and CHC Business case for case management of reviews developed as part of Phase 2 I&I scope implemented in Q4.
- Cost Risk **£4.8m** - Including Excluded devices **£0.8m**, ASD/ADHD Right to Choose **£1m**, Individual Commissioning **£1.5m** (High-Cost packages, process to regularly monitor and case management efficiency and Prescribing **£1.5m** - Mitigations identified for efficiency schemes for 100% delivery , additional balance sheet flexibility.
- Additional mitigation of **£0.7m** from Specialised Commissioning CAMHs MOU to be transacted when received. This could contribute to offsetting unmitigated risk elsewhere in the System.

RJAH - Total M9 Risk £1.9m; Mitigations £1.9m

- Income Risk **£1.5m -** Theatre flexible capacity challenges (LLP) leading to elective income loss **£1.1m** (£1.1m mitigated), mitigated by cost reduction through I&I interventions and subcontracting of activity where capacity cannot be reinstated). Other income risks **£0.4m** (fully mitigated).
- Cost Risk **£0.3m -** Inflation cost risk **£0.3m** (fully mitigated through I&I actions).
- Efficiency Risk **£0.1m** (fully mitigated and £1.5m over-delivery forecast) - CIP High Risk/Medium risk - Financial Improvement Group oversight of delivery and mitigations.

SaTH - Total M9 Risk £60.7m, £36.9m mitigated and £23.8m unmitigated – key drivers summarised in the top right table.

- Income Risk **£26.0m** - Endoscopy **£5m** (£0.5m mitigated with WMCA income), Resident Doctors **£2m** (£1m mitigated with temporary staffing reductions), Activity & Escalation **£18.0m** (£16.4m mitigated), Car Parking income **£1.0m** (unmitigated).
- Efficiency risk **£15.8m**- Non-Escalation **£8.3m** (fully mitigated), Escalation **£7.5m** (£0.7m mitigated). Phase 2 I&I UEC scope and mitigations.
- Cost Risk **£18.9m** - Includes pay award/medical back pay significant shortfall in allocation vs actual cost value being validated **£4.7m** (£1.1m mitigated). Temporary staffing Bank/Medical enhanced controls **£8.6m** (£3.5m mitigated). Other enhanced Non-Pay controls **£5.6m** (£4.4m mitigated). HCA backpay – risk that auditors will expect a provision based on costs observed elsewhere – cost impact to be factored into 25/26.

SCHT - Total M9 Risk £2.2m; Mitigations £4.0m fully mitigated.

- Risk HCSW Re-banding **£1.1m** (fully mitigated) - likelihood of provision in 24/25 under review dependant on external audit opinion and negotiating back-dated period
- High Risk/Medium CIP risk **£0.2m** (fully mitigated) - Financial Recovery Group oversight to continue to derisk the High/Medium risk CIP schemes
- Others: **£0.9m** (fully mitigated)
- Mitigations include: maintaining favourable YTD variance, MSK Income from STW proposal to NHSE, Balance sheet review and continue the de-risking trajectory for CIP schemes that has been achieved over the last 3 months. Enhanced mitigation of **£1.8m** due to continuing overperforming ERF activity/income. Contribution to offset System unmitigated risk noted in table above.

Efficiency Delivery

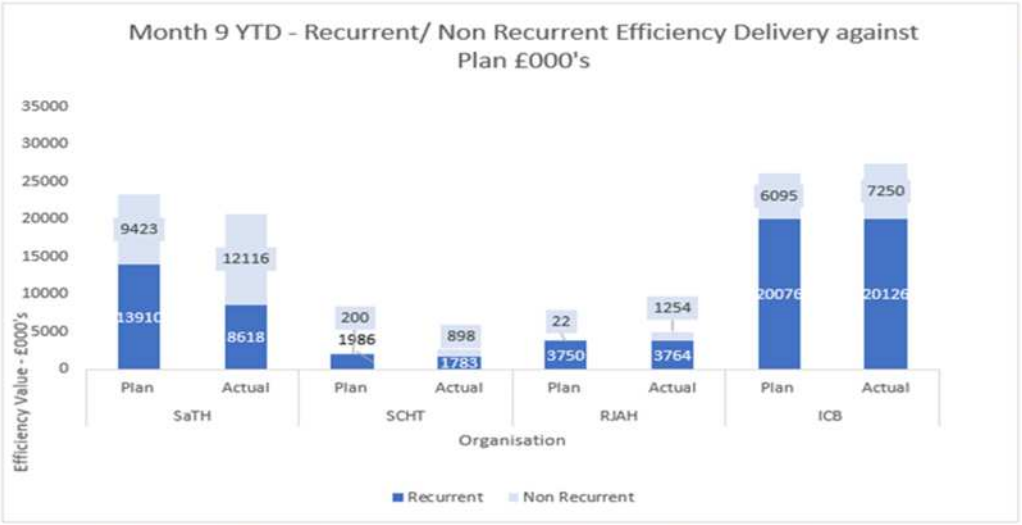
Efficiency Delivery Month 9 Year to Date

STW	2024/25 Plan	Month 9 YTD Plan	M9 YTD Actual	M9 YTD Variance	Forecast	Low Risk	Medium risk	High Risk
SaTH	44701	23333	20735	-2598	36282	29629	6653	0
SCHT	3588	2186	2681	495	3588	3323	190	74
RJAH	5589	3783	5017	1234	7150	6996	154	0
ICB	35787	26171	27376	1205	36182	35680	502	0
Total	89665	55473	55809	336	83202	75628	7499	74
Movement from M8						6194	-6099	-8166
Movement from original Plan						35240	-10420	-31283

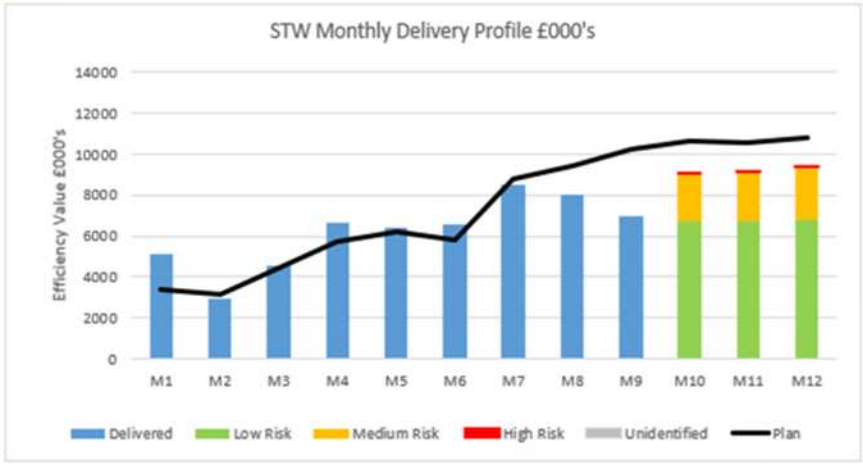
Summary:

- STW is reporting an overall positive variance against the efficiency plan of £336k at M9 year-to-date. Whilst savings remain ahead of plan, the variance has decreased compared to last month , as shown in Chart 2 below. This is mainly attributable to SaTHs year-to-date adverse variance to plan.
- SaTH have adjusted forecasts this month in line with expected delivery and have removed all high-risk schemes from the total, this has significantly impacted on the overall forecast savings position for the system.
- High-risk value schemes removed from SaTHs position relate to System Escalation (£6.8m), Elective Daycases (£800k) and Divisional Schemes (£819k) total £8.4m. Additional oversight and governance continues through fortnightly FIP working groups and one to one Executive meetings.

Graph 1



Graph 2



Capital Summary

CAPITAL PROGRAMME	YTD			FULL YEAR			PRIOR YEAR	Prior Month FOT	Movement
Organisation	Plan £000	Actual £000	to Plan £000	Plan £000	Forecast £000	to Plan £000	Actual £000	Actual £000	Actual £000
Total Charge against Capital Allocation (before impact of IFRS16)									
NHS Shropshire, Telford and Wrekin	375	361	(14)	883	883	0	801	883	0
The Shrewsbury and Telford Hospital NHS Trust	12,262	5,574	(6,688)	16,768	16,768	0	18,485	16,768	0
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	5,956	5,491	(465)	6,385	6,379	(6)	5,677	6,385	(6)
Shropshire Community Healthcare NHS Trust	1,597	520	(1,077)	2,250	2,250	0	2,396	2,250	0
TOTAL SYSTEM	**20,190**	**11,946**	**(8,244)**	**26,286**	**26,280**	**(6)**	**27,359**	**26,286**	**(6)**
Total Charge against CRL including IFRS impact									
NHS Shropshire, Telford and Wrekin	0	0	0	0	0	0	1,872	0	0
The Shrewsbury and Telford Hospital NHS Trust	58,746	25,815	(32,931)	92,483	93,145	662	78,668	92,983	162
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	7,011	7,387	376	7,585	10,635	3,050	12,504	10,641	(6)
Shropshire Community Healthcare NHS Trust	5,485	4,476	(1,009)	7,385	6,250	(1,135)	5,833	6,250	0
TOTAL SYSTEM	**71,242**	**37,678**	**(33,564)**	**107,453**	**110,030**	**2,577**	**98,877**	**109,874**	**156**

Risk - IFRS16 actual charges are circa £2.1m above the current funding envelope.

Mitigation – Review over commitment on system spend for IFRS with NHSE following the capital FOT M8 exercise – meeting 21/01/25 await response.

- YTD system operational capital spend is behind plan by £8.3m at month 9 predominantly relating to the delays with the modular wards at SaTH. The total system capital spend including IFRS16, HTP and CRL is £33.6m behind plan at month 9, predominantly as a result of the phasing of the HTP plan due to the delay in signing the contract. The FOT overall is expected to be £1.1m underspent (due to SCHT) with RJAH spend offset by PDC and agreement to SaTH HTP capital budget reprofing.
- ICB spend YTD includes GPIT firewalls purchased in M7, other GPIT spend will be completed by year end, GP grants are approved for £154k which have all commenced and reported in Month 9, further replacement bids will be submitted for £154k in Q4 with spend expected in Feb/Mar 2025.
- SaTH operational capital YTD is £6.7m behind plan due to the modular wards and overall £32.9m due to HTP, SaTH expected forecast is as per plan less £26.7m reprofiled HTP capital spend.
- RJAH operational capital is expected to be spent in line with plan of £6.4m with £4m in PDC, £1m as per plan and £3m PDC is expected for the EPR system - now agreed and in process which will remove the £3m overcommitment.
- SCHT operational capital is expected to be spent between M10-12 to plan, IFRS16 leases have now been set for a shorter lease period showing a £1.1m underspend to plan.

Appendices

Appendix 1 Glossary of Commonly Used Terms

Abbreviation	Meaning
A&E	Accident and Emergency
A&G	Advice and Guidance
ADHD	Attention Deficit Hyperactivity Disorder
ARRS	Additional Roles Reimbursement Scheme
ASD	Autism Spectrum Disorder
ATED	Alternative to Emergency Department
BI	Business Intelligence
CAIP	Capacity & Access Improvement Plan
CAMHS	Child and Adolescent Mental Health Services
CCC	Care Coordination Centre
CDC	Community Diagnostic Centre
C(E)TR	Care (Education) & Treatment Plan
CHC	Continuing Healthcare
CMHT	Community Mental Health Teams
CQC	Care Quality Commission
CT	Computed Tomography
CWT	Cancer Waiting Times
CTH	Community Transfer Hub
CYP	Children and Young People
DNA	Patient Did not Attend
DASS	Dementia Assessment and Support Unit
DSR	Dynamic Support Register
DTA	Decision to Admit

Abbreviation	Meaning
MADE	Multi-disciplinary Discharge Event
MDC	Making Data Count
MH	Mental Health
MPFT	Midlands Partnership University NHS Foundation Trust
MRI	Magnetic Resonance Imaging
MSST	Musculoskeletal Services Shropshire and Telford
NCTR	No Criteria to Reside
NOUS	Non-obstetric ultrasound
OAA	Out of Area
OAP	Out of Area Placement
PACS	Picture Archive & Communication System
PCARP	Primary Care Access Recovery Plan
PIFU	Patient Initiated Follow Up
PSDA	Plan, Study, Do, Act
PSII	Patient Safety Incident Investigation
RJAH	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
PSIRF	Patient Safety Incident Response Framework
RTT	Referral to Treatment
SaTH	The Shrewsbury and Telford Hospitals NHS Trust
SCC	System Control Centre
SATOD	Smoking at the time of delivery
SCHT	Shropshire Community Health NHS Trust
SDEC	Same Day Emergency Care

ENP	Emergency Nurse Practitioner
FDS	Faster Diagnosis Standard
FFT	Friends and Family Test
FIT	Faecal Immunochemical Test
FTE	Full-time equivalent
G&A	General and Acute specialties
GIRFT	Get it Right First Time
GP	General Practice/Practitioner
LDA	Learning Disabilities and Autism
LAEP	Local Area Emergency Plan (for LD)
LoS	Length of (inpatient) Stay

SPA	Single Point of Access
SPC	Statistical Process Control
TAT	Turnaround time
UCR	Urgent Community Response
UEC	Urgent and Emergency Care
UTC	Urgent Treatment Centre
VW	Virtual Wards
WMAS	West Midlands Ambulance Service
WMCA	West Midlands Cancer Alliance

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Meeting Name:	NHS STW Integrated Care Board
Agenda item no.	ICB 29-01.115
Meeting Date:	Wednesday 29 January 2025
Report title:	Delegation of Specialised Commissioning – Phase 2
Report presented by:	Gemma Smith – NHS STW, Director of Commissioning
Report approved by:	Claire Skidmore – NHS STW, Chief Finance Officer
Report prepared by:	Gemma Smith – NHS STW, Director of Commissioning
Meeting report previously presented:	None.

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

Executive Summary

Since April 2023, the Midlands Integrated Care Boards (ICBs) and NHS England have worked under statutory joint arrangements to commission specific specialised services and in April 2024, all 11 Midlands ICBs formally supported the delegation of 59 services as part of phase one of this process.

Phase two of this delegation will begin in 2025/26 which will incorporate Adult Secure services (incudes low secure, medium secure), Adult eating disorder services, Perinatal (Mother Baby Units) and Tier 4 CYPMH services (includes General Adolescent Unit, Eating Disorder, Low Secure, Psychiatric Intensive Care Units and community forensic CAMHS).

Post delegation, NHSE Midlands will cease to have commissioner responsibility for the services delegated to ICBs in the Midlands subject to final Board agreements. ICBs will be the responsible commissioners from 1 April 2025. However, the National NHSE will remain accountable for all specialised MHLDA services regardless of whether services have been delegated to ICBs or retained services that NHSE regions continue to be responsible commissioners for.

The NHSE briefing paper provides information in relation to the contracting arrangements for the Mental Health and Learning Disabilities and Autism services, and the eight Midlands NHS Lead Provider Collaboratives (LPC) delivering against the NHSE contract.

The options are currently being considered by ICBs to propose the most appropriate model for hosting the contracts to ensure the risks effectively managed and maximise the opportunities.

The final collective decision to put forwards for Board approval will be made by the East Midlands Joint Committees and West Midlands Joint committees in January 25. In addition, the revised delegation agreement has been developed and shared by NHSE which updates the documentation for phase one of the delegation and also incorporates phase 2. This is currently under review by all ICB's in the East and West Midlands.

Final documentation will then be shared with the ICB for final sign off via Board in March 2025.

The ICB will continue to keep the Board updated on the progress of these discussions, final outcome, along with providing assurance to the Board in January and February regarding the Quality reporting and clinical safety of these services as part of this next Phase of Specialised Commissioning Delegation. The new delegation agreement will be presented to the March 2025 Board for agreement.

Recommendation/Action Requested:

The Board are asked to:

- **NOTE** the information within the attached update in relation to phase 2 of the delegation of specialised commissioning services for Mental Health and LDA from the 1st April 2025.
- **NOTE** that the final documentation for sign off will be received by the Board during the March 2025 meeting.

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

No		**Yes**	**x**	**If yes, please detail:** Strategic Risk No.1: Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of integrated cares on priorities.

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

Improve outcomes in population health and healthcare	The delegation of responsibilities to ICB's brings about significant opportunities to join up locally commissioned ICB services with specialised services to develop end to end pathways and opportunities for improvement and integration of care.
Tackle inequalities in outcomes, experience, and access	Midlands and ICB colleagues have jointly worked on a health inequalities strategy for specialised acute and pharmacy services in the Midlands. In addition, health inequalities are firmly embedded within the Mental Health and LDA provider collaboratives.
Enhance productivity and value for money	Finances and liability follow the function that is delegated, contracts will transfer and ICBs have decision making authority, details of which will be laid out in the terms of the delegation agreement. This will be explored further through the delegation agreements presented to Board in March 2025.
Help the NHS support broader social economic development	The delegation will also provide opportunities locally to develop services.

Conflicts of Interest

None.

Implications

Engagement with Shropshire, Telford & Wrekin residents, and communities	As we move towards a maturing model of delegation, any pathway developments and opportunities will form part of business as usual, and we will engage with our populations on a service/pathway basis.
Resource and financial	There are significant opportunities in delegation to shift left, release funds and to invest in community services as evidenced by a number of the provider collaboratives in place across the West Midlands. The financial agreement for

		2025-26 will form part of the papers presented to Board in March 2025.	
Quality and safety		Quality will be overseen by the Programme Group in the West Midlands and will be fed into the QPC.	
Sustainability			
Equality, Diversity and Inclusion		EDI is key in planning the services and will enable us to deliver IIA's and EIAs at a pathway level and to scope opportunities from prevention through to specialised.	
Impact Assessments	**Yes**	**No**	**N/A**
Has a Data Protection Impact Assessment been undertaken?	x		
Has an Equality Impact Assessment been undertaken?		x	
Has a Quality Impact Assessment been undertaken?		x	

NHS ENGLAND BRIEFING PAPER

DATE: December 2024

PAPER TITLE: Mental Health, Learning Disability and Autism specialised services host ICB commissioner and contract model

PURPOSE: INFORMATION ☒

EXECUTIVE SUMMARY: This paper provides a summary of the considerations for contracting models for Specialised Mental Health, Learning Disability and Autism (MHLDA) services Provider Collaborative contracts which will be taken to the East and West Midlands Joint Committees.

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1. Introduction and purpose of the paper

1.1 The purpose of this paper is to update Boards on Specialised Mental Health Learning Disability and Autism Provider Collaborative Contracts prior to a decision that will be taken at the East and West Midlands Joint Committees on the ICB host contract leads once the Provider Collaborative Contracts are delegated to ICB in April 2025.

1.2 NHSE Midlands will cease to have commissioner responsibility for the services delegated to ICBs in the Midlands subject to final Board agreements. ICBs will be the responsible commissioners from 1 April 2025. However, the National NHSE will remain accountable for all specialised MHLDA services regardless of whether services have been delegated to ICBs or retained services that NHSE regions continue to be responsible commissioners for.

1.3 NHS Led Provider Collaboratives PC have the operational and day to day delivery responsibility of the delegated services on behalf of NHSE (ICBs post delegation).

1.4 There are 8 NHS Led Provider Collaboratives in the Midlands. There is a Lead Provider Contract (LPC) in place with each NHS trust who coordinate a set of mental health provider organisations (NHS and Independent sector) working together as a provider collaborative bound by a legal Partnership Agreement and a risk and gain share agreement (in some case). Pre and post delegation, each PC will continue to:

- Coordinate planning/ service transformation activities.
- Coordinate and lead annual contract negotiations with sub-contractors (NHS and ISP) within their PC footprint (circa 18 subcontractors that cover 39 different sub-contracts).
- Hold quarterly contract meetings with sub-contractors.
- coordinate and submit quarterly LPC contract review reports to NHSE Midlands (ICBs post delegation).
- Coordinate and identify population needs, gaps e.g. capacity and bed planning, Natural Clinical Flow with the LPC footprint/ services lines (NB: beds cannot be ring fenced just for East/ West or Midlands patients)
- Have financial oversight and management (payments, investments, expenditure) on a sub-population basis with sub-contractors.
- Ensure quality engagement and involvement of EbE in all activities.
- Undertake procurement activities/ PSR regime 2015 where required e.g. sub-contracting arrangements, new market entrants.
- Have quality and patient safety oversight of providers including annual quality service site reviews, quality improvement oversight.
- Coordinate and submit national/regional returns as requested related to LPC service lines.
- Be part of national LPC network and take part on national/regional working groups e.g. service transformation work, interface with other LPCs in other regions re cross border patient flows/ clinical pathway interdependencies.

1.5 The new 2-year LPCs have been issued and signed from 1 April 2024 with an option to extend for one additional year from 1 April 2026. The decision to extend the additional one year will be via ICBs post delegation as the new responsible commissioner from 1 April 2025.

2. Post Delegation

2.1 All 11 Midlands ICBs will have commissioning responsibility for the following specialised MHLDA delegated services:

- Adult secure services (incudes low secure, medium secure)
- Adult eating disorder services
- Perinatal (Mother Baby Units)
- Tier 4 CYPMH services (includes General Adolescent Unit, Eating Disorder, Low Secure, Psychiatric Intensive Care Units and community forensic CAMHS)

2.2 These delegated services align to the 8 Midlands NHS Led Provider Collaborative operating model/ arrangements (across 40 subcontracts) on a sub-regional footprint (East/West Midlands).

Table 1 – Midlands LPCs.

Specialised MHLDA services	Live as at	East Midlands NHS Lead Provider and no: of subcontracts within footprint	Live as at	West Midlands NHS Lead Provider and no: of subcontracts within footprint
Adult Low & Medium Secure (includes MI, PD and LDA)	1 Oct 2020 (Fast Track)	Nottinghamshire Healthcare NHS Foundation Trust 8 subcontracts	1 Oct 2021	Birmingham and Solihull Mental Health NHS Foundation Trust 7 subcontracts
Tier 4 CYMHS services (GAU, PICU, ED, LSU)	1 April 2021	Northamptonshire Healthcare NHS Foundation Trust 6 subcontracts	1 Oct 2022	Birmingham Women's and Children NHS Foundation Trust 7 subcontracts
Adult Eating Disorders (AED)	1 April 2021	Leicester Partnership NHS Trust 5 subcontracts	1 April 2021	Midland Partnership NHS Foundation Trust 5 subcontracts
Perinatal (Inpatient MBU)	1 Oct 2023	Derbyshire healthcare NSH Trust 1 subcontract	1 Oct 2023	Midland Partnership NHS Foundation Trust 1 subcontract

A small number of acute and MHLDA specialised services will remain commissioned through NHSE.

2.3 From 1 April 2025, NHSE Midlands will cease to have commissioner responsibility.

2.4 The Commissioning Team that will transfer to the host ICB will continue to provide the commissioning expertise to include the following:

- Leadership/ coordination and assurance role re retain Midland's view across the 8 LPCs e.g. service transformation across LPC in the Midlands.
- Provide expertise and support to NHS Led Provider Collaboratives (LPC) to achieve strategic ambitions.
- Support LPCs to develop and deliver their transformation programme across specialised MHLDA delegated service lines.
- Coordinate learning, risks, and issues within the local systems and LPCs to inform learning and action at a national, regional and system level.
- Ensure LPCs complete consolidated annual PAMs for all delegated specialised MHDLA service lines by provider.
- Hold quarterly LPC contract review meetings with the respective 8 Midlands Lead Provider Collaboratives.
- Director level representation to each LPC programme boards.
- Interface with national NHSE and networks that include all LPCs across the country and NHSE regions (retained NHSE service lines).
- Coordinate, facilitate, de-escalate matters raised by LPCs and other regions/ ICBs.
- Coordinate/respond to FOI, complaints, and legal proceedings with respective LPCs and relevant partners.

2.5 The ICB host holding the contract would be expected to be:

- 3-way signatory to all NHS Led Provider Collaborative Direct Agreements with subcontractors to enable 'step in rights' should a LPC declare they no longer wish to be a Lead Provider or ICB decision to disband the NHS Led Provider Collaborative operating model.
- Step in rights mean, the responsible commissioner is required to take back direct operational responsibility for these services and to directly manage the subcontracts and all the associate actions that the LPC would have undertaken.

2.6 The management capacity and leadership of all processes will be provided by the expertise in the specialised commissioning team (who will be hosted by BSOL) but working on behalf of the East and West Midlands joint committees.

2.7 In the unlikely evet of any requirement to take back direct operational responsibility the specialised commissioning team would undertake this function working closely with the host ICB holding the contract. This would be articulated in the delegation agreement.

3 Next Steps

3.1 Options are being developed through November and December 2024 through the working groups to develop a consensus view of the most appropriate model for hosting the contracts which manages risk effectively and whilst maximising the opportunities.

3.2 These options will need support from the ICB host designate before going to the East Midlands Joint Committees and West Midlands Joint committees in January 2025.

3.3 The agreed position will then be incorporated in the delegation agreements for ICB board approval before the end of March 2025.

4. Recommendation

4.1 The Board are asked to:

- **NOTE** the information within the attached update in relation to phase 2 of the delegation of specialised commissioning services for Mental Health and LDA from the 1st April 2025.

- **NOTE** that the final documentation for sign off will be received by the Board during the March 2025 meeting.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Meeting Name:	**NHS STW Integrated Care Board**
Agenda item no.	**ICB 29-01.116**
Meeting Date:	**29th January 2025**
Report title:	**Amendments to the Governance Handbook**
Report presented by:	**Claire Skidmore, ICB Chief Finance Officer**
Report approved by:	**Simon Whitehouse, ICB CEO**
Report prepared by:	**Alison Smith, ICB Chief Business Officer**
Meeting report previously presented:	**Not applicable**

Action Required (please select):

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

Executive Summary

This report presents a number of proposed amendments to the ICB's Governance Handbook as a result of the publication of Lord Darzi's report on the state of the National Health Service in England, published on 12 September 2024, the ICB Insightful Board guidance released in November 2024 and some proposed amendments to terms of reference to help build upon the changes enacted to the ICB's governance structure in April 2024, to ensure that decision making is as effective and efficient as possible.

A summary of and rationale for the proposed changes, is outlined in the report below. Excerpts of the amended terms of reference and the Scheme of Reservation and Delegation are attached as appendix 1 and 2 to this report and amendments are shown as tracked changes.

The Board is asked to consider the proposed amendments and approve the amendments to the Governance Handbook as presented in appendix 1 and 2.

In addition, the Board is also asked to approve chairing arrangements for the proposed Strategy and Prevention Committee and the System Transformational and Digital Group.

Recommendation/Action Requested:

The Board is recommended to:

NOTE the report and appendices 1 and 2 attached.

APPROVE the proposed amendments to the Governance Handbook as shown as excerpts from the Governance Handbook in appendices 1 and 2.

APPROVE appointment of the following individuals as chairs of the following tier 1 committee/group:

- **Strategy and Prevention Committee – Cathy Purt, Non-Executive Director, Shropshire Community Health NHS Trust**

- **System Transformational and Digital Group – Andrew Morgan, Chair in Common, Shrewsbury and Telford Hospital NHS Trust and Shropshire Community Health NHS Trust**

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

How does this report support the ICB's core aims:	
Improve outcomes in population health and healthcare	This report supports transparency and probity of decision making by the ICB which contributes to the ICB's core aims
Tackle inequalities in outcomes, experience, and access	
Enhance productivity and value for money	
Help the NHS support broader social economic development	

Conflicts of Interest
No conflicts of interest identified in this report.

Implications	
Engagement with Shropshire, Telford & Wrekin residents, and communities	Not applicable
Resource and financial	Not applicable
Quality and safety	Not applicable
Sustainability	Not applicable
Equality, Diversity and Inclusion	The Equality Impact assessments for the Conflicts of Interest Policy and Standards of Business Conduct Policy have been reviewed but not amendments or further actions have been identified.

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

Report

1. Background

This report presents a number of proposed amendments to the ICB's Governance Handbook as a result of the publication of Lord Darzi's report on the state of the National Health Service in England, published on 12 September 2024, the ICB Insightful Board guidance released in November 2024 and some proposed amendments to terms of reference to help build upon the changes enacted to the ICB's governance structure in April 2024, to ensure that decision making is as effective and efficient as possible.

2. Proposal

2.1 In response to the report by Lord Darzi in September 2024, the following Committees have been rebranded to ensure that the ICB and ICS have arrangements in place for oversight of all of the report's key recommendations within the governance structure:

- Strategic Commissioning Committee becomes Strategy and Prevention Committee with a responsibility to have oversight of prevention.
- Newly created Strategic Commissioning and Productivity Committee which has a responsibility to provide oversight for productivity as part of the strategic commissioning function.
- System transformation Group becomes the System Transformational and Digital Group, providing an oversight of the delivery of digital as a transformational enabler.

2.2 The new committee structure has been in place since April 2024 and it has become more apparent over that time, that the configuration of responsibilities in the current Strategic Commissioning Committee, which has a dual role of oversight of strategy development and also commissioning, is proving more challenging than had been anticipated. There is continuing difficulty to ensure that the committee is both quorate and able to manage the conflicts of interest that are inherent when commissioning decisions are being made or recommended to Board for approval. As a result of this continued challenge the proposal is to:

- disaggregate the strategic commissioning responsibilities set out in the terms of reference for the existing Strategic Commissioning Committee and create a new committee called "Strategic Commissioning and Productivity Committee" which will be constituted by non executives and executives of the ICB, who are less conflicted and therefore able to make timely commissioning related decisions and recommendations to Board. The existing Strategic Commissioning Committee will focus on strategy development for the system and overseeing development and updates to the Joint Forward Plan and oversight of prevention agenda, health inequalities and other key system strategies and will be called the "System Strategy and Prevention Committee".

2.3 In creating the new Strategic Commissioning and Productivity Committee we are also proposing moving internal ICB oversight and decision-making responsibilities into this committee's terms of reference, so that these areas receive consistent oversight by the non-executive and executive directors for the ICB. This will include:

- moving oversight of financial matters related to the ICB as a corporate body to this committee;
- disestablishing the Executive Group and moving decision making on ICB employee related responsibilities from the Executive Group to this committee; and
- moving some delegated decision making from the Audit Committee to the Strategic Commissioning and Productivity Committee for those areas of ICB operational governance.

These changes are reflected in the terms of reference for the System Finance Committee and Audit Committee which have been included in appendix 1. The full responsibilities outlined in the Executive Group terms of reference (but not included in appendix 1) have been fully transferred into the proposed terms of reference for the Strategic Commissioning and Productivity Committee.

These changes will also have the added benefit of tier 1 committees/group being solely system or ICB facing, which will help to clarify responsibilities of committees/group for those colleagues in the ICB and those partner colleagues working at system level.

2.4 We are also proposing changes to the Integrated Care Partnership (ICP) terms of reference. The proposed amendments are outlined in in appendix 1 and are minor changes to the ICP terms of reference to provide clarity on a specific role shown on page 76 Appendix A section 2.1 and to correct an error, shown on page 77 Appendix A section 4.1 and 4.2.

2.5 Attached in appendix 2 is the Scheme of Reservation and Delegation which shows the changes required to reflect the amendments shown in appendix 1.

2.6 We have also taken the opportunity to update other committee titles to add in "system" where appropriate: System Finance Committee, System Quality and Performance Committee, System People, Culture and Inclusion.

2.7 There are a number of ongoing discussions that had not come to fruition at that time of writing this report that may subsequently require further changes to the tier 1 committee/group terms of reference. These include; discussions at System People, Culture and Inclusion Committee on it's role and responsibilities, committee members understanding the changed role of the Strategy and Prevention Committee, reviewing the assurance infrastructure around primary care and further delegation of specialised commissioning functions by NHS England, which may need to be presented at the next Board meeting in March 2025 for approval.

2.8 Excerpts of the amended terms of reference and the Scheme of Reservation and Delegation are attached as appendix 1 and 2 to this report and proposed amendments are shown as tracked changes. The Board is asked to consider and approve the amendments presented.

2.9 Finally, the Board is asked to approve chairing arrangements for the following committees:

- Strategy and Prevention Committee – re-appointment of Cathy Purt, Non-Executive Director, Shropshire Community Health NHS Trust to continue as Chair.
- With the caveat that the amendments for System Transformational and Digital Group terms of reference are approved by the Board which includes a change of the chair from ICB CEO to an NHS Provider Chair - appointment of Andrew Morgan, Chair in Common, Shrewsbury and Telford Hospital NHS Trust and Shropshire Community Health NHS Trust as the Chair.

3. Recommendations

The Board is recommended to:

- NOTE the report and appendices 1 and 2 attached.
- APPROVE the proposed amendments to the Governance Handbook as shown as excerpts from the Governance Handbook in appendices 1 and 2

- APPROVE appointment of the following individuals as chairs of the following tier 1 committee/group:

    - Strategy and Prevention Committee – Cathy Purt, Non Executive Director, Shropshire Community Health NHS Trust
    - System Transformational and Digital Group – Andrew Morgan, Chair in Common, Shrewsbury and Telford Hospital NHS Trust and Shropshire Community Health NHS Trust

Quality and Performance Committee 31 October 2024 and 28 November 2024 Key Issues Report	
Report of:	Quality and Performance Committee
Last meeting details: *(if applicable)*	Date: 31 October 2024 and 28 November 2024 Attendees: per the minutes attached Apologies: per the minutes attached Quorate: Yes – requirements met for both meetings No conflicts of interest were declared in either meeting section.
Agenda: *(if applicable)*	*[attach meeting agenda]* The group meets [*monthly/four times a year/six times a year]*
1a **Alert** *Matters of concern, gaps in assurance or key risks to escalate*	• A new system risk was added to the risk register relating to access to oral maxilla-facial services within STW, the services commissioned by Specialist commissioning in NHSE and several other areas are also having challenges. This has been a fragile service at SaTH for some time and further changes in the workforce have led to further potential delays in the pathways. There is a task and finish group with Specialist Commissioning and NHSE supporting. The risk was rated 15 due to the mitigations and mutual aid being provided from neighbouring Trusts. • Urgent and emergency care delays (risk score 20) and the potential for harm is an area of high concern for the Committee. In particular, 12-hour breaches which were at 2494 in October 2024 data and 4-hour performance at 61.3%. The Committee received a focused update on UEC performance with some assurance on action. While some data is improving actions are not currently impacting on this area of performance. • The number of people waiting more than 78wks remains a concern for STW. Our providers have plans in place to reduce these, although the impact of agreed mutual aid schemes are not at the pace expected. NHSE continue to support the system with this via the Tier 1 calls. • The Committee remains concerned that the diabetes risk remains an extreme risk (risk score 20). A new Diabetes transformation action plan has been presented addressing diabetes prevention and treatment pathways. The Committee will be receiving regular reports on the progress with this plan and its progress. • The Health Protection Assurance Group has highlighted that the resources to address TB in a timely way are under pressure. The TB service specification has been re-written by the ICB with system partner input and a business case is awaited from SaTH • *Clostridioides diffiicile* (C diff) cases remain above trajectory (risk score 16).

		Key actions being undertaken by system partners are control of antimicrobial prescribing, deep cleaning and enforcement of strict standards in hand hygiene, cleaning and use of PPE. Assurance that all actions are completed is monitored through the risk register updates.
1b	**Assure** *Positive Assurances and highlights of note*	• Delays in diagnosis and treatment which is widespread across different cancer tumour sites have been presented to the Committee. Workforce gaps, in oncology, radiology and pathology were identified as having an impact on timely care and treatment participially at Shrewsbury and Telford Hospital NHS Trust (SaTH). Delays associated with radiology and pathology were particularly impacting on this area which is being addressed by SaTH Board. SaTH have plans in place to improve reporting times for diagnostics and progress against this is being monitored monthly by the Planned Care Delivery Group. A task and finish group has been established to support improvement and extended support from the West Midlands Cancer Alliance to the ICB will provide oversight and partnership arrangements. A harm review process is supported by the ICB while there are gaps in SaTH workforce. A new cancer lead nurse has been recruited to commence in March/April 2025. • An Urgent and Emergency Care (UEC) update to the Committee demonstrated that an improvement programme was in place following approval by NHSE in April 2024. Since then, UEC attendances have reduced to plan in STW which is against the national trend of rising attendance. The Committee acknowledged the comprehensive public communications package. Pressures remain within UEC, and non-elective admissions continue to increase. A focus on 12-hour delays following decision to admit people and ambulance offload delays is in place. • The numbers of patients waiting more than 65weeks continue to reduce but remained above plan in October. The Tier 1 process continues to monitor this position closely via its weekly calls. • The LMNS Programme reported to the Committee that of the 210 actions in the maternity review (Ockenden report) 183 are now completed by SaTH with good systems for assurances. The remaining 14 actions for the Trust are in place and are audit information to assure them is awaited. Remaining actions are for regional or national bodies to complete and are more longitudinal. • The Mental Health Intensive and Assertive Outreach Maturity Matrix was reviewed and accepted following completion by the system and was be submitted to NHSE following Board approval in November 2024. This has been initiated following the Nottingham incident in which 3 people lost their lives. Regional data will be collated and fed into a national data set to identify national priorities. • Talking Therapies are one track to achieve year end targets. Where delivery is behind, in children and young peoples and dementia diagnosis rates (both on improving trends) there are agreed improvement plans in place.

1c	**Advise** *Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.*	• The Committee was advised that Healthwatch Shropshire have 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 shared with the ICS and other stakeholders from 21st October.
1d	**Review of Risks** *Provide a brief update on any risk that needs to be escalated*	• Nothing to highlight
1e	**Sharing of Learning** *Provide details of key points of learning that could be shared across the organisation*	• N/A
2	**Actions *to be considered*** *follow up actions or actions you require colleague support. (Including discussions with other committees or groups, changes to the work plan)*	• Nothing to highlight
3	**Recommendations**	• Accept the report. • Consider the alerts for further action.
Report compiledby:		*Vanessa Whatley, Chief Nursing Officer*
Date report compiled:		*13th January 2025*
Report approved by: *meeting chair/Senior*		*Meredith Vivian, Chair, Non-executive Director*

Leader	
Minutes/action log available from:	*October minutes within appendices* *November minutes remain in draft and will be circulated at the next Board meeting.*

Audit Committee 15th January 2025 Key Issues Report		
Report of:		Prof. Trevor McMillan, Audit Chair
Last meeting details:		Date: 15th January 2025 – Extraordinary meeting Attendees: Prof. Trevor McMillan and Meredith Vivian Apologies: Dr Niti Pall Quoracy (Y/N): Y Any conflicts of interest declared and how these were managed: None declared that required managing
Agenda:		**Extraordinary meeting called to consider a proposed Update to the ICB's Standing Financial Instructions and Financial Scheme of Delegation**
1a	**Alert** *Matters of concern, gaps in assurance or key risks to escalate*	There were no matters of concern or gaps in assurance that were identified in the meeting.
1b	**Assure** *Positive Assurances and highlights of note*	The Audit Committee noted the following: The Committee received an update report on progress with actions arising from an internal audit undertaken in July 2024 for the Better Care Fund. The Committee considered the report and were assured of the progress that's been made. The System Board Assurance Framework and the Strategic Operational Risk Register for the system and ICB had been reviewed and updated. The description of two risks – 2 and 3 on the System Board Assurance Framework had been updated and some risks had been identified to be removed due to the level of risk being mitigated sufficiently. The national timetable for producing accounts was shared and noted. The Committee also received for noting and assurance the updated process for urgent payments which have recently been reviewed and amended. One waiver was reported to the Committee and no special payments had been made in the previous period of reporting. A progress report was shared by Internal Audit based upon the internal audit plan for 2024/25 with two audits for Financial Systems and PCN CAIP Payments

		receiving substantial and moderate assurance respectively. The Committee noted a report outlining actions taken as a result of a breach of the Conflicts of Interest Policy. The Counter Fraud team presented an update of progress towards completion of work from the ICB's Counter Fraud, Bribery and Corruption Plan. The team have completed a detailed in-year review of the ICB's current compliance with the standard and identified actions that need to be completed to achieve compliance by the end of the financial year. The Committee were assured on the progress made to date. The update on information governance provided assurance on progress being made in preparation for the self-assessment submission against the updated Data Security and Protection Toolkit. The Committee also approved with some amendments the terms of reference for the Information Governance Sub-committee. The Committee approved a self-assessment of its own effectiveness against the HMFA template in readiness for producing an annual report for presentation to the Board for 2024/25.
1c	**Advise** *Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.*	None identified.
1d	**Review of Risks** *Provide a brief update on any risk that needs to be escalated*	No risks were identified. However the committee did identify some risks on the system Strategic Risk Register regarding workforce that needed further review.

1e	**Sharing of Learning** *Provide details of key points of learning that could be shared across the organisation*	None identified
2	**Actions *to be considered*** *follow up actions or actions you require colleague support. (Including discussions with other committees or groups, changes to the work plan)*	None identified
3	**Recommendations**	**The Audit Committee recommends the Board NOTE this report**
Report compiled by:		*Alison Smith, Chief Business Officer*
Date report compiled:		*19th January 2025*
Report approved by:		*Prof. Trevor McMillan*
Minutes/action log available from:		*Alison Smith, Chief Business Officer*

Finance Committee Tuesday 29th October 2024 Key Issues Report		
Report of:		Finance Committee
Last meeting details:		Date: 29th October 2024 Attendees: per the minutes attached Apologies: per the minutes attached Quorate: Yes – requirements met for sections 1 and 2 No conflicts of interest were declared in either meeting section.
Agenda:		**Section 1 (ICB)** • SBAF and SORR • Month 6 Revenue Report • Month 6 Capital Report • Efficiency Delivery Update Month 6 • Deep Dive: Ophthalmology **Section 2 (System)** • SBAF and SORR • Month 6 Revenue Report • Month 6 Capital Report • STW Efficiency Update Month 6 • Deep Dive: Productivity
1a	**Alert** *Matters of concern, gaps in assurance or key risks to escalate*	**Section 1 (ICB)** - **Section 2 (System)** The committee discussed the significant risks to delivery of the annual revenue plan. At month 6, a £25.3m ytd deficit was reported which is £6.5m adverse to plan. Whilst the system reported achievement of the forecast plan for year end, the collective unmitigated risk to that delivery was reported to be in the region of £35m (down from £40m at month 5).
1b	**Assure** *Positive Assurances and highlights of note*	**Section 1 (ICB)** The committee noted continued delivery in line with the finance plan at month 6 and were pleased to see that notwithstanding the recognised risk of non-receipt of ERF income (an application for a payment variation is lodged with NHSE), the management team feel able to fully mitigate known risks. **Section 2 (System)**

		The capital position for the system is challenging, particularly as a result of the 10% reduction to funding applied through the national business rules for deficit systems. The system is reporting fully utilising the capital budget, but the committee discussed the fact that there is a risk that capital may actually overspend. DoFs gave assurance that they had considered this and agreed a way forward, if required, to reprofile plans and broker funds between organisations in order that the system capital plan would be met, and no individual organisation would breach their resource limit. The committee conducted a 'deep dive' into productivity and were briefed on actions taking place within the system to develop our internal reporting and review alongside the national data that we have access to. At the committee's request, a further report will be shared in January to present draft productivity information for 2025/26.
1c	**Advise** *Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.*	**Section 1 (ICB)** The ICB's small capital budget was yet to be spent at month 6 however the committee heard that plans are in place to fully consume the funds by the end of the year. Efficiency delivery was once again reported as ahead of plan with assessment of the value of high-risk schemes falling again in-month. At the time of reporting, only 3 high risk schemes remain with plans in place to significantly improve confidence in delivery by month 7. The committee received a position statement on Ophthalmology which flagged that currently ERF income is funding significant IS capacity in this area. It noted the potential risk of financial overperformance if ERF funding ceases, but activity levels remain. **Section 2 (System)** Committee members from each of the system partners present shared their position and the work being done by their organisations to focus on financial recovery in the second half of the year. All confirmed Board commitment to focusing on the mitigation of financial risk. Efficiency delivery was discussed with the value of schemes assessed as high risk noted as falling again between reporting months. The largest high-risk scheme is the reduction of escalation costs (£5.8m) due to escalation capacity not being able to be closed in line with plan. This is a key are of focus for the Urgent and Emergency Care Group. The committee were briefed on the System's Investigation and Intervention partner's support to programme leads and were keen to see further progress

		updates at future meetings. Members gave thanks to Peter Featherstone for his contribution to the system finance committee as his tenure at SCHT ended in early November and this would be his last meeting.
1d	**Review of Risks** *Provide a brief update on any risk that needs to be escalated*	The Finance Committee is established to provide oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan. A number of significant risks remain that could impact on delivery of the planned deficit with mitigations still to be secured. These will continue to be evaluated by the finance committee through the year, recognising that the task to recover any deviation from plan gets more difficult as the year progresses. At this point there is no material change to the existing assessment of risk. The significant underlying financial deficit of the system features in the Board Assurance Framework and through this it is reported to the Board. Risk scores were reviewed and agreed in both sections of the meeting, in particular noting harmonisation with scores across the system where relevant and appropriate. It was also agreed that risk 2 on the SBAF would be revisited to make clearer the difference between the risk of not being able to deliver the financial strategy and the risk of not managing within available resources. This will be updated and presented to the Board once complete.
1e	**Sharing of Learning** *Provide details of key points of learning that could be shared across the organisation*	N/A
2	**Actions** ***to be considered*** *follow up actions or actions you require colleague support. (Including discussions with other committees or groups, changes to the work plan)*	**Section 1 (ICB)** Nothing to highlight **Section 2 (System)** Nothing to highlight

3	**Recommendations**	NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report.
Report compiled by:		*Claire Skidmore, Chief Finance Officer*
Date report compiled:		*3rd January 2025*
Report approved by:		*Dave Bennett; NHS STW Associate Non-Executive Director, and interim Chair of the Finance Committee*
Minutes/action log available from:		*In appendices*

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System Transformation Group Wednesday 26th November 2024 Key Issues Report		
Report of:		System Transformation Group
Last meeting details: *(if applicable)*		**Date:** Wednesday 26th November 2024 **Attendees:** Simon Whitehouse, NHS Shropshire, Telford & Wrekin Chief Executive Jo Williams, Shrewsbury and Telford Hospital NHS Trust Chief Executive Stacey Keegan, Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Chief Executive Neil Carr OBE, Midlands Partnership NHS Foundation Trust Chief Executive Patricia Davies, Shropshire Community Health NHS Trust Chief Executive Kaine Davidson, Midlands Partnership NHS Foundation Trust Director of Organisational Development and Deputy Chief People Officer Anthony Taylor, NLP Coach **Apologies:** Andy Begley, Shropshire Council Chief Executive David Sidaway, Telford and Wrekin Council Chief Executive **Quoracy (Y/N):** Yes. **Any conflicts of interest declared and how these were managed:** No.
Agenda: *(if applicable)*		The group meets monthly (except for December)
1a	**Alert** *Matters of concern, gaps in assurance or key risks to escalate*	• The need for a clearly articulated collective purpose among the attendees was highlighted, indicating gaps in a unified narrative of the group's existence and goals. • Potential risk was explored around lack of clarity in group expectations and objectives could hinder the success of the developmental programme. • Concerns were highlighted regarding alignment and engagement across diverse organisational priorities.
1b	**Assure** *Positive Assurances and highlights of note*	• The session successfully initiated dialogue on shared expectations, which participants agreed would enhance future collaborative efforts. • Facilitators brought significant expertise, ensuring high engagement levels and actionable outcomes. • Preliminary groundwork laid for agreeing on key developmental focuses for the next 12–18 months.

1c	**Advise** *Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.*	• Ongoing discussions required to finalise the developmental baseline and refine key areas for co-production. • Continued monitoring of the effectiveness of agreed shared expectations and alignment with strategic goals. • Further exploration of the identified question: "Why do you exist as a collective group?"
1d	**Review of Risks** *Provide a brief update on any risk that needs to be escalated*	• Risk of misaligned expectations within the group, potentially affecting the developmental programme's coherence. • Risk mitigation actions include structured follow-up sessions to monitor alignment progress and clarity in the group narrative.
1e	**Sharing of Learning** *Provide details of key points of learning that could be shared across the organisation*	• Importance of shared expectations for fostering collaboration and mutual accountability. • Insights into how diverse leadership preferences impact collective decision-making and strategic focus. • Techniques employed by facilitators could be adapted for wider organisational use, e.g., tools from coaching and sports psychology.
2	**Actions *to be considered*** *follow up actions or actions you require colleague support. (Including discussions with other committees or groups, changes to the work plan)*	• Schedule follow-up meetings to evaluate progress on developmental baselines and objectives.
3	**Recommendations**	• The Board supports further sessions to build on the progress made and address identified risks. • Share learnings from the session with broader organisational leadership to enhance alignment and performance.
Report compiledby:		Bethan Emberton, Head of Governance and Corporate Affairs
Date report compiled:		09/01/2025
Report approved by: *meeting chair/Senior Leader*		Simon Whitehouse, Chief Executive Officer

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Strategic Commissioning Committee 13 November 2024 Key Issues Report	
Report of:	ICB Strategic Commissioning Committee Meeting
Last meeting details: *(if applicable)*	13.11.2024 **Attendees:** Nigel Lee — NHS Shropshire Telford and Wrekin/SaTH Vanessa Whatley — NHS Shropshire Telford and Wrekin Mark Large — Midlands Partnership NHS Foundation Trust Nia Jones — Robert Jones Agnes Hunt Orthopaedic Hospital Dr Mahadeva Ganesh — Shropshire Community Health Trust Helen Onions — Telford and Wrekin Council Laura Tyler — Shropshire Council and NHS Shropshire Telford and Wrekin Stacey Norwood — Telford & Wrekin Council Lynn Cawley — Healthwatch Shropshire **Apologies:** Cathy Purt — Shropshire Community Health NHS Trust Niti Pall — NHS Shropshire Telford and Wrekin Peter Featherstone — Shropshire Community Health Trust James Venables — Midlands Partnership NHS Foundation Trust Claire Skidmore — NHS Shropshire Telford and Wrekin Lorna Clarson — NHS Shropshire Telford and Wrekin Dr Ian Chan — TELDOC PCN Gemma Smith — NHS Shropshire Telford and Wrekin Rachel Robinson — Shropshire Council Ben Rogers — Midlands Partnership NHS Foundation Trust Quoracy (Y/N): Any conflicts of interest declared and how these were managed: N/A
Agenda: *(if applicable)*	*Meeting agenda* The group meets [*monthly]*
1a Alert *Matters of concern, gaps in*	• Initial discussion on launch of Government's 10 year plan for the NHS consultation, based on national aim to "Build an NHS fit for the future, that is there when people need it". Main components are 3 changes/shifts:

Ambition Compassion Optimism Focus

	assurance or key risks to escalate	○ Change so that more people get care at home in their community – hospital to community. ○ Change so that we have the workforce of the future, with the technology they need – analogue to digital. ○ Change so we focus on prevention - sickness to prevention. Residents and individual members of staff are able to respond individually. A number of NHS organisations will also submit organisational responses.
1b	**Assure** *Positive Assurances and highlights of note*	• A comprehensive report and update was provided by the Health Inequalities Team, detailing system plans which directly contribute to NHS health inequality priority objectives, their level of development and progress against agreed project deliverables for Quarters 1 (April to June) and 2 (July to September) 2024/25.
1c	**Advise** *Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.*	• Integrated Care Partnership (ICP) met on 30 October 2024, which was chaired by lead councillor Telford & Wrekin Local Authority on behalf of the Leader. The ICP endorsed and ratified our refreshed integrated care strategy. • The first ICS Strategy and Development group took place on 25 October, chaired by the ICB Chief Strategy Officer. This brings together strategic leaders from all partners to discuss and co-produce strategic plans and documents; importantly the Group will support the development and review of integrated pathway development in coproduction with the clinical advisory groups and partner organisations.
1d	**Review of Risks** *Provide a brief update on any risk that needs to be escalated*	• Review of BAF risks took place. Head of Health Inequalities would update BAF Strategic Risk 3 to reflect latest work and risks.
1e	**Sharing of Learning** *Provide details of key points of learning that could be shared across the organisation*	
2	**Actions *to be considered*** *follow up actions or actions you require colleague support. (Including discussions with*	• Discussion on Health Inequalities (inclusive recovery and digital inclusion) planned for early 2025 at Planned Care Board, with support of CEO chair.

	other committees or groups, changes to the work plan)	
3	**Recommendations**	• The Board is asked to note the report.
Report compiledby:		*Nigel Lee, Chief Strategy Officer*
Date report compiled:		*14.01.2025*
Report approved by: *meeting chair/Senior Leader*		*Nigel Lee, Chief Strategy Officer*
Minutes/action log available from:		Minutes were reviewed at Strategic Commissioning Committee on 8 January 2025 and endorsed. Minutes and action log can be found by following the links below. *Minutes* *Action log*