Appendices

MEETING
30 November 2022 14:00

Agenda

Location   *Date*   *Owner*   *Time*
                          30/11/22   14:00

1. Blank

2. CEO Update

3. Update on the development of the Integrated Care Partnership

4. ICS Performance Update including People and Finance

5. Proposed amendments to the Constitution and Governance handbook

6. Finance Committee Minutes

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

Contents

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

Agenda item

ICB 30-11.040

CEO update

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

4

Classification: Official

NHS
England

From the office of Fran Steele
Director of Strategic Transformation North Midlands

Cardinal Square – 4th Floor
10 Nottingham Road
Derby
DE1 3QT

T: 07824 104144
E: fransteele@nhs.net
W: www.england.nhs.uk

Neil McKay
ICB Independent Chair
Shropshire,Telford and Wrekin (STW)

By email

7th October 2022

Dear Neil,

Quarterly System Review Meeting – 29 September 2022

Thank you to you and system colleagues for attending the Quarterly System Review Meeting (QSRM) on 29 September, chaired by Mark Brassington, Regional Director of Performance and Improvement on behalf of Dale Bywater, Regional Director who could only join for part of the discussion due to the original meeting being rescheduled at the systems request. The purpose of the meeting was to feedback on positive developments as well as consider current areas of focus including health inequalities, performance, quality and leadership development.

Thank you for providing a comprehensive pack and for working closely with the regional team to jointly agree the agenda in advance.

1. Overview

We congratulated you on the good progress being made in a number of areas since our last meeting including the continued positive approach to the Covid vaccination programme, demonstrable progress in terms of responding to the Infection, Prevention and Control (IPC) concerns at RJaH and the continued focus on addressing quality issues via the System Oversight and Assurance Group (SOAG). In addition, we noted that your approach to Safeguarding has been RAG rated as green and you have achieved national prominence for the positive work being undertaken on Palliative and End of Life Care (PELOC).

Our meeting was also very timely in terms of the recent announcement that the plans for the Hospital Transformation Programme (HTP) can continue to progress to the next stage in the decision making process. HTP is a clear plank in the systems strategy and will be key in delivering the transformations required to create greater resilience to your future healthcare services.

Clearly there are still a number of areas of challenge across the ICB which we went on to discuss further but also wanted to recognise how important it is that as an ICB you now have your senior leadership team in place supported by an assurance approach that continues to mature.

2. Preventing Ill Health and Reducing Inequalities

It was helpful to be updated on the approach you are taking to understand the health needs of your population recognising in particular the range of demographics you face and the challenge of rurality. As part of this work you emphasised how you are engaging with 'residents' as opposed to 'patients' given the ambition is to enable your population to make better life choices before they ever trigger into the category of becoming a patient.

As part of this discussion, you also emphasised the level of challenge in the ICB's inheritance but also highlighted some positive examples of how the system continues to drive change in key areas including the approach of the community cancer team, the focus on the core20plus5 health inequality agenda and progressing some key capital developments including the community diagnostic centre.

3. Mental Health, Learning Difficulties and Autism (LD&A)

You expressed concern that there are continuing issues in identifying appropriate inpatient beds for Children and Young People (CYP), with the result that sometimes adult beds or s136 facilities are having to be used in mitigation. On a positive note it was great to hear that you have recruited a CYP Mental Health consultant which is a significant step forward in terms of the changes you are seeking to make.

We also discussed the disparities across the county in terms of accessing psychological therapies but that in mitigation you are working to share resources more effectively.   You are also confident that there is a robust community intervention approach in place and confirmed that 'Crisis House' is expected to come on stream shortly

As mentioned previously the Covid vaccination programme is seen as a particular strength for the system but most especially for LD clients, where STW is fourth in the country for LD population uptake.

4. Electives

4.1 104 week waits

The system is fully aware of the ongoing ambition to eliminate extensive patient wait times with the requirement to have zero capacity and complexity 104ww breaches by the end of October. The STW position in this regard continues to be challenging with some particularly complex spinal cases including scoliosis and other deformities. The approach you are taking as a system includes looking at further consultant pooling of cases and continuing to pursue mutual aid support especially from the Royal Orthopaedic Hospital (ROH). We were able to confirm that ROH has assisted other organisations with mutual aid and that this should continue to be an option to be actively pursued. In addition, we referenced that new patient choice guidance is expected to be released imminently which may impact the situation.   You also shared that in terms of longer terms solution you believe that regional surgical hubs may need to be more fully explored

Action QSRM20220929-1 System to confirm actions / route to delivery of zero 104ww by end of October and how a sustainable position can be achieved thereafter

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

6

4.2 Cancer

We expressed concern about the 62-day backlog deterioration with an increasing number of patients having to wait longer than expected in respect of lung, lower GI, gynaecology and urology pathways in particular and were keen to understand the key actions being taken to deliver sustainability. You stated that there are a series of deep dives in progress to help inform the priority actions that will help support a recovery trajectory to deliver the 62-day ambition by end of March 23. A key area in particular being a focus on creating additional endoscopy capacity.

Action QSRM20220929-2 System to forward the updated recovery trajectory to NHSE

5. Urgent and Emergency Care

We all acknowledged that the system is in a very challenged place across the urgent care pathway noting that during August to September 30% of the patients conveyed to SaTH by ambulance were delayed by more than one hour and that in the previous week at RSH this number was as high as 46%. The system are clearly aware of the heightened clinical risks arising from holding ambulances for protracted periods of time and see it as a priority to deliver sustainable improvements. You highlighted five particular focus areas you believe will improve the position going forward:

- The Acute Floor Reconfiguration, which will deliver net 12 additional beds at RSH in November and improvements to UEC pathways. During the enabling works however there is a small (5 bed) loss of capacity at RSH
- "Your Next Patient" initiative, which is a version of the North Bristol model, has been implemented with success at PRH, and was being implemented at RSH the day of our meeting.
- A revised approach to WMAS Ambulance cohorting which you are expecting to be live from 01 November
- An ongoing focus on managing the high MFFD numbers across the system
- Optimising the value of Virtual Wards with the approach being adopted across a wider clinical footprint and we agree do forward good practice examples which should help assist progress.

Action QSRM20220929-3 System to resolve any issues in virtual ward data reporting

Action QSRM20220929-4 NHSE to forward good examples of virtual ward clinical governance to the system lead for virtual wards

6. Quality and Nursing

Given there are number of other key forums where key quality concerns are considered in more detail in this meeting we focused our discussion on two particular areas:

- Nursing, Midwifery and HCA recruitment. You were able to confirm that there has been positive international recruitment into SaTH recently and the priority focus on this agenda continues

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

7

- The risks associated with Continuing Health Care (CHC) pressures. You are working on a CHC recovery plan and given that recruitment is currently on track believe that will enable your plan to be delivered by the end of this financial year.

In addition, we wanted to thank you for taking time to share key learning with Nottingham University Hospitals (NUH) in terms of maternity and how to ensure that the requirements of their upcoming Ockenden review can be best supported

7. Finance

You are aware that STW is one of only five systems in the country who are planning to be in deficit against original plan targets. In addition, since submission of your plan your forecast has deteriorated further from £19m to £23m. We have identified four areas of particular concern:

- High agency costs in YTD, at M05 the system has spent 62% of the year's expected spend
- The costs classified as Covid appear to be disproportionately high
- Efficiency delivery ambitions are heavily weighted to the second half of the year, with expectation that 78% will feature in the last six months
- Whilst there has been a 9.5% increased in workforce, productivity has reduced by 2%

From your perspective there are several issues driving the deficit with three in particular you have identified and plan to focus on in particular during this next phase:

- CHC – there has not only been an increase in activity but also an increase in the cost per week per patient
- The system has set aside £8.4m out of budget plan costs for hospital discharge funding, ie have gone at risk as the focus on improving discharge processes remains a priority
- Ophthalmology services from the ISPs under the choice agenda are costing the system approx. £500K per week but are not contributing to the system's / SaTH's long waiter problem

You also noted that at the recent ICB Board meeting all organisations were asked to restate commitment to delivery of their plans, which they did. In addition, RJAH and Shropshire Community have been asked to assess if they can further contribute to the financial position, which they are reviewing.

As a key next step it was agreed that the NHSE Midlands finance director will be meeting with STW Directors of Finance to discuss the position in detail with a view to understanding the pathway to deliver the plan, including the approaches to agency and efficiency. The meeting will also cover the HFMA (Healthcare Financial Management Association) checklist and planning. Also, to note that the meeting is likely to include a member of the national team.

Action QSRM20220929-5 System and NHSE colleagues to meet to ensure there is a pathway to financial plan delivery

8. Leadership Capability and system governance

We congratulated you on the good engagement in conversations regarding specialised services in particular and noted that system governance regarding commissioning delegation is in a good place.

You outlined the approach that the system has adopted towards segmentation of providers in accordance with the NHS Oversight Framework 2022/23 (NOF). On the basis of the work you have undertaken you believe there is evidence to suggest that RJAH is likely to be in a position to move back to NOF#2 but recognise that due process will need to be followed in respect of the formal undertakings that are currently in place with a key meeting date of 27 October. Whilst we recognise the great progress that is being made in respect of the IPC specific undertakings we did highlight that the scale of the elective recovery challenge in RJAH will also be a factor for consideration when the Trust wide segmentation is revisited

In terms of ICS leadership you confirmed that there is an interim Chief People Officer (CPO) in place with substantive recruitment being planned. In addition, you are also reviewing the opportunities for a systemwide workforce team given that workforce remains a heightened issue for the system.

A particular example of a workforce shortfall impacting a service is the Adult Critical Care provision in SaTH. You confirmed that Dr John Jones, SaTH Medical Director, is the Executive SRO for the programme to seek to mitigate the current risks with a particular focus on recruitment whilst also linking in with the ICB CMO, Nick White, to help shape a medium term approach.

Action QSRM20220518-6 System to make substantive CPO appointment and confirm arrangements for a system workforce team

9. Summary and Next Steps

In conclusion I would like to thank you and your system colleagues for what was a helpful and informative discussion. In the meeting we reflected on several very positive developments and improvements however we all recognised the performance of the system in some key areas remains challenging despite all the good work and that there is a need to inject pace into delivery of the schemes that will have material impact.

Yours sincerely,

Fran Steele
Director of Strategic Transformation, North Midlands

cc
Dale Bywater, Regional Director, NHSE Midlands
Mark Brassington, Regional Director of Performance and Information, NHSE Midlands
Simon Whitehouse, CEO, STW ICB
Steve Redfern, Assistant Director of Strategy and Transformation, NHSE

Integrated Care System

Shropshire, Telford and Wrekin

Palliative and End of Life Care Update 2022

November 2022

NHSE Palliative and End of Life Care Maturity Matrix

The 'all age' System maturity matrix tool for palliative and end of life care has been developed to outline the progression of the core characteristics of System maturity in line with the introduction of the ICS structure

Using **8 key themes** the aim is to use the measures, **emerging, developing, maturing and thriving** to show the improvement journey over time and to support systems to identify priorities for improvement

Key Themes

- Leadership, Planning and Partnerships

- Use of Data for Quality Improvement

- Integrating Care

- Managing Resources

- Patient and Public Partnerships

- Governance

- Commissioning & Contracting

- Workforce

2

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance Update including

5. Proposed amendments to the

6. Finance Committee

11

1. Blank
2. CEO Update
3. Update on the development of the
4. ICS Performance Update including
5. Proposed amendments to the
6. Finance Committee

12

NHSE Palliative and End of Life Care Maturity Matrix
STW Self Assessment

Area of Assessment	Q3 2021/22	Q4 2021/22		Q1 2022/23		Q2 2022/23		Q3 2022/23	
Leadership, Planning and Partnerships	Emerging	Emerging	⇒	Progressing to developing	⬆	Developing	⬆	Developing	⇒
Use of Data for Quality Improvement	Progressing to emerging	Progressing to emerging	⇒	Progressing to emerging	⬆	Emerging	⬆	Progressing to Developing	⬆
Integrating Care	Emerging	Emerging	⇒	Progressing to developing	⬆	Developing	⬆	Developing	⇒
Managing Resources	Progressing to emerging	Progressing to emerging	⇒	Progressing to emerging	⇒	Progressing to emerging	⇒	Emerging	⬆
Patient and Public Partnerships	Emerging	Emerging	⇒	Progressing to developing	⬆	Progressing to developing	⇒	Developing	⬆
Governance	Emerging	Emerging	⇒	Progressing to developing	⬆	Developing	⬆	Maturing	⬆
Commissioning & Contracting	Emerging	Emerging	⇒	Emerging	⇒	Emerging	⇒	Progressing to Developing	⬆
Workforce	Emerging	Emerging	⇒	Emerging	⇒	Emerging	⇒	Emerging	⇒

In the past 12 months STW have improved on 7 of the 8 areas of assessment.
It is anticipated that the Adult Strategy Implementation plan, the development of the Children and Young Persons Strategy and the new statutory responsibilities to commission palliative and end of life care services, will enable this momentum to continue and to see the more tricky areas such as workforce to be addressed.
NB. As a result NHSE have reduced us from level 3 /quarterly reviews to level 2/ bi-annual reviews

3

Other developments - FYI

NHSE Palliative and End of Life Care 'Getting to Outstanding' Programme

- Series of national Team masterclasses to support local teams in a quality improvement project

- STW aim to increase of 10% in the number of people that are predicted to be in the last 12 months of life identified on a Palliative and end of Life Care Register in 20% of GP Practices

ICB Statutory responsibility to commission Palliative and End of Life Care Services (July 2022)

- Contract and Quality review of existing services to be completed by December 2022 to establish a baseline

- This will allow for a gap analysis and next steps e.g. business case, system service specification

Dashboard Development

- The Regional PEoLC Team have commissioned MLCSU to work with STW to develop a local dashboard which will then inform developments for other Midlands ICS's

- DSA with majority of primary care achieved,

- Data flows from Severn Hospice in development

4

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance Update including

5. Proposed amendments to the

6. Finance Committee

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

NHS England
Midlands

Sent by email

Fran Steele
Director of Strategic Transformation, North Midlands

Cardinal Square – 4th Floor
10 Nottingham Road
Derby
DE1 3QT

Simon Whitehouse
Chief Executive Officer
Shropshire, Telford and Wrekin ICB

T: 07824 104144
E: fransteele@nhs.net
W: www.england.nhs.uk

14 November 2022

Dear Simon

RE: NHS Oversight Framework 2022-23 – Quarter 2 review

Following the publication of the NHS Oversight Framework (NOF) on the 01 July 2022 I write to confirm the approved Quarter 2 segmentation for your system and to set out the process and timescales for the Quarter 3 review.

The segmentation of both Integrated Care Boards and NHS Provider organisations was approved by the Midlands Regional Support Group at its meeting on the 26 October 2022. It has been agreed that for Quarter 2 Shropshire, Telford and Wrekin Integrated Care Board should remain in NOF segment 4 and continue to be part of the Recovery Support Programme (RSP). Segmentation and entry into RSP continues to be driven by:

- Lack of agreed strategic, long term system sustainability plan
- History of lack of effective system working
- Historical Leadership and governance competency concerns
- Lack of focus around operational planning and delivery
- Continuing quality concerns at Shrewsbury and Telford Hospitals NHS Trust (SaTH).

As set out in the NHS Oversight Framework, Integrated Care Boards (ICB) have led the oversight of their system NHS provider organisations with NHS England maintaining statutory accountability for NHS providers organisations. Enclosed in annex A is the approved Quarter 2 segmentation for you to confirm in writing to your system provider organisations. Also noted within the annex are organisations that are on the cusp of potential segmentation change. The Regional team will work closely with you to review the support needs for the ICB and provider organisations to address the triggers for segmentation and agree to timely exit criteria.

In terms of the review process for Quarter 3 we will adopt a similar approach to the Quarter 2 with the Integrated Care Boards (ICB) leading the review of NHS Provider organisations with NHSE discharging its statutory accountability for oversight of NHS providers, in collaboration with ICBs.

A full review of your system provider organisations will need to be completed with the segmentation templates fully updated and submitted to NHS England by the 06 January 2023. Given the dual responsibilities of ICBs and NHSE, we will continue to adopt a joint approach ensuring that ICBs have access to support from NHSE's regional Strategy and Transformation team. The NHSE oversight dashboard continues to be developed and will be refreshed on the third Friday of each month. Due to the timing of the review, the 18 November 2022 dashboard refresh will be used as the basis for the Quarter 3 review.

Regional Quarterly System Review Meetings (QSRMs) will continue to provide an escalation point for provider segmentation risks and issues. Your next QSRM is scheduled for 07 December 2022, which you are asked to flag any concerns regarding your provider organisations at least one week before the meeting.

We will continue to discuss the arrangements under the NHS Oversight Framework with you, recognising that 2022-23 is a period of transition. In the meantime, should you wish to discuss this further please contact Steven Redfern on Steven.Redfern1@nhs.net in the first instance.

Yours sincerely

Fran Steele
Director of Strategic Transformation, North Midlands

CC. Steven Redfern, Assistant Director of Strategic Transformation

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Fiance Committee

15

Annex 1

Provider Segmentation

As outlined in the NHS Oversight Framework for 22-23, segmentation is used to determine the level of support required by providers and ICBs. The table below details the confirmed position for Quarter 2:

Provider Name	Segmentation	ICB proposal accepted (Y/ N)
Shrewsbury and Telford Hospitals NHS Trust	4	Y
Robert Jones and Agnes Hunt NHS Foundation Trust	3	N
Shropshire Community Healthcare NHS Trust	2	Y

Organisations of concern / on the cusp of segmentation change

Organisation name	Areas of concern
Shrewsbury and Telford Hospitals NHS Trust	Improved position monitored via SOAG. NOF#4 and RSP status for review Spring 2023
Robert Jones and Agnes Hunt NHS Foundation Trust	IRM on 27 October confirmed that NHSE would be seeking to remove the Undertakings agreed with RJAH in relation to IPC. However any subsequent #NOF segmentation change will include other key indicators

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

16

Agenda item

ICB 30-11.041

Update on the development of the Integrated Care Partnership

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

The Integrated Care Partnership Procedure Rules

1. What is the Integrated Care Partnership

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

2. Meetings

What type of meeting	When
Ordinary Meetings	The ICP Committee will meet three times in its first year and twice a year thereafter
ExtraordinaryMeetings	Can be called by: The Joint Chairs both agreeing to hold such an extraordinary meeting; or • Any 6 partner representatives signing a request for such an extraordinary meeting and providing proof of such a request to the Joint Chairs

3. Business to be transacted at Meetings

Business to be transacted		
	Ordinary Meeting	**Extraordinary Meeting**
Elect a person to preside if the Joint Chairs are not present	✔*	✔*
Receive any apologies for absence	✔*	✔*
Business required by statue to be done before other business	✔*	
Receive any declarations of interest from Members	✔*	✔*
Approve the minutes of the previous meeting(s)	✔*	
Receive any announcements from the Chair, Vice Chair or ICB	✔	
Agree the Integrated Care Partnership's delegation scheme	✔	
Receive the schedule of meetings	✔	
Consider the business set out in the agenda	✔	✔
Receive reports from Place Partnership Boards, etc. and receive questions and answers on those reports and to determine recommendations made in those reports	✔	

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

To consider questions raised by representatives or members of the Public	✔	
To consider motions in the order in which they were received	✔	

4. Notice of Meetings/ Attendance at meetings

4.1 The Proper Officer will give 5 clear working days' notice of all Integrated Care Partnership meetings by way of summons which will include details of the date, time and place of the meeting as well as detailing the business to be transacted and copies of available reports. Summonses may be delivered by post, by hand or electronically.

4.2 The Chair may, if he/ she considers it appropriate and after consulting with the Vice-Chair, alter the date or time of any meeting.

4.3 The names of all representatives attending meetings will be recorded.

4.4 Substitutes can be appointed as detailed below and have the same powers and duties as an ordinary member of the committee but cannot chair a meeting at which they are attending as a substitute. They must substitute for a whole meeting for a member who cannot attend the meeting and the Proper Officer must be notified by either the representative being substituted or the proposed substitute as soon as is reasonably practicable before the start of the meeting.

5. The role of the Chair

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

5.2 the Chair and Vice-Chair positions with alternate after each meeting.

5.3 The Chair will:-

5.2.1 Uphold the Terms of Reference and interpret it during Integrated Care Partnership meetings;

5.2.2 Ensure that the business of the Integrated Care Partnership is carried out efficiently and with regard to the rights of all representatives and the community as a whole including the variation of the order of business (except those items marked with an asterisk in 3 above);

5.2.3 Ensure that the meeting is a forum for debate of matters of concern to the local community and the place for members who are not on the Cabinet to hold the Cabinet to account.

6. Questions at Ordinary meetings

6.1 A member of the public or organisation may only ask one question per meeting which cannot be more than 50 words long except with the approval of the Speaker. A maximum of three speakers will be permitted at any one meeting.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

6.2 All questions pursuant to 6.1 above must be submitted to the ICB Director of Corporate Affairs by 5:00pm on the 8th working day before the meeting and will be included in the Agenda in the order in which they are received.

6.3 The Chair may, in consultation with the Vice-Chair or the Proper Officer, rule any question out of order if in his/her opinion it would risk the defamation of any individual, relates to confidential or exempt information, relates to an individual or personal dealings with the Integrated Care System or is considered to be frivolous, vexatious or repetitious. The Proper Officer may require any person submitting a public question to amend their question so as to comply with these rules, failing which the question will not be considered at the meeting.

6.4 An answer will be provided by the person to whom the question was put or his/ her nominee and can be either a direct oral answer, a reference to an already existing publication or, if the reply cannot be conveniently be given orally A written answer will be sent to the person who asked the question and circulated to all representatives via e-mail within five clear working days.

6.5 A person may speak for no more than 3 minutes when either; asking a question/ supplementary question or providing an answer to a question

7. Motions

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

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

7.1.1 to appoint a Chair
7.1.2 in relation to the accuracy of the Minutes
7.1.3 to change the order of business in the agenda
7.1.4 to refer something to an appropriate body or individual
7.1.5 to appoint a committee or representative arising from an item on the agenda for the meeting
7.1.6 to receive reports or adoption of recommendations of Boards or officers and any recommendations following from them
7.1.7 to extend the time limit for speeches
7.1.8 to suspend a particular Integrated Care Partership meeting rule
7.1.9 to adjourn the meeting
7.1.10 to exclude the public and press
7.1.11 to not hear further from a representative or to exclude them from the meeting
7.1.12 to give the consent of the meeting where its consent is required by this Constitution to ask for a Recorded Vote
7.1.13 to withdraw the motion
7.1.14 to amend the motion
7.1.15 to proceed to the next business
7.1.16 that the question be now put
7.1.17 to adjourn the debate

7.3 The Chair may ask for a written version of a Motion or a proposed amendment to be provided to him/her before it is discussed.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

7.4 A representative may alter a Motion without notice which he/ she has moved with the consent of the Seconder and the meeting. This shall be given without discussion.

Motions with notice

7.5 Other Motions must be submitted to the Proper Officer by 5:00pm at least 7 clear working days before the meeting.

7.6 Motions received will be published the day after the closing date for receipt and will be included in the Integrated Care Partnership agenda in the order in which they are received.

7.7 Motions must relate to matters for which the Integrated Partnership has responsibility or which affect the Shropshire, Telford & Wrekin Integrated Care System.

7.8 A representative may alter a Motion with notice which he/she has moved with the consent of the meeting. This shall be given without discussion.

7.9 Where two motions are received in advance of a meeting, which cover substantially the same subject, the motion which was received first shall take precedence. The other motion(s) which are substantially the same shall not be put to the meeting.

Special Motions with notice - Rescinding a previous decision

7.10 A Motion or amendment to rescind a decision made at the Integrated Care Partnership in the last 6 months can only be considered once in the 6 months immediately following the date of the original decision if the notice of motion is signed by at least 10 representatives.

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

8. Rules of Debate

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

	Substantive motion	Propose amendments	Proposed amendment	Right of reply
Proposer	✔	✘	**Right of Reply only**	✔
Seconder	✔	✘	✔	✘
All other members except the Chair/Vice Chair	✔	✔	✔	✘

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

Amendments to Motions or Recommendations

9.3 Any proposed amendment to a motion or recommendation at the Integrated Care Partnership should be submitted to the Proper Officer no later than 4 hours before the meeting starts. The Proper Officer will ensure that representatives are notified by telephone or e-mail of any amendments received as soon as possible prior to the commencement of the meeting.

8.4 Unless the notice of motion has already been given the Chair may require it to be written down and handed to him/ her before it is discussed.

8.5 Only one Motion can be moved and debated at any one time.

8.6 No more than one amendment can be proposed to either the substantive Motion or the amended Motion at any one time.

8.7 When seconding a motion or amendment a representative may reserve their speech until later in the debate.

8.8 If an amendment is carried the motion as amended takes the place of the original motion. This becomes the substantive motion to which any further amendments are moved.

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

8.10 Amendments can be proposed that:-

9.10.1 Refer the matter to an appropriate body or individual for consideration or reconsideration.
9.10.2 Any combination of leaving out words and/or adding others as long as this does not negate or substantially alter the Motion.

Withdrawal of Motions

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

Alteration of motion

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

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

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

Closure motions

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

9.15.1 to proceed to the next business;
9.15.2 that the question be now put;

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

9.15.3 to adjourn a debate; or
9.15.4 to adjourn a meeting.

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

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

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

9.   **Speeches**

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

9.1 No speeches may be made after the mover has moved a proposal and explained the purpose of it until the motion has been seconded.

9.2 The Proposer of the substantive motion (or his/ her nominee) has a right of reply at the end of the debate but the Proposer of an amendment has no right of reply at the end of the debate on the proposed amendment.

Point of Order

9.3 A point of order can be raised at any time and will be heard by the Chair as soon as it is raised. It must allege a breach of the Integrated Care Partnership Rules or the law and the representative must indicate the rule or the law and the way in which he/she considers it has been broken. The decision of the Chair in respect of the matter is final.

Personal Explanation

9.4 A representative can make a personal explanation at any time. It can only relate to a material part of an earlier speech made during the current debate which relates to them and appears to have been misunderstood during the debate. The ruling of the Chair in respect of the personal explanation is final.

Speaking

9.5 Except with the leave of the Chair all representative must stand and address the meeting through the Chair. When more than one member is standing up the Chair will invite one of them to speak and the remaining representatives must sit down and remain seated.

9.6 When a representative is speaking all representatives must remain seated unless they wish to make a Point of Order or a Point of Personal Explanation.

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

10. Voting

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

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

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

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

11. Suspending Rules

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

12. Conduct

Representatives

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

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

12.3 If, after such a Motion is carried, the representative continues to behave improperly then the Chair may move that the representative leaves the meeting and/or that the meeting is adjourned for as long and/or to such a

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

place as he/she considers appropriate. Any such Motion will, if seconded, be voted on without debate.

Public

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

General Provisions

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

APPENDIX B – ICP DISPUTE RESOLUTION

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

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

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

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

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

Appendix C - Public Participation Rules

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Fiance Committee

ICP Code of Conduct

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

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

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

This Code has been designed to protect our democratic role, encourage good conduct and safeguard the public's trust in local government.

Introduction

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

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

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

Definitions

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

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

Purpose of the Code of Conduct

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

General principles of councillor conduct

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

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

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

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

In undertaking my role:

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

Application of the Code of Conduct

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

which may include when:

- you misuse your position as a councillor

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

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

- at face-to-face meetings

- at online or telephone meetings

- in written communication

- in verbal communication

- in non-verbal communication

- in electronic and social media communication, posts, statements and comments.

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

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

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

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

Standards of councillor conduct

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

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

General Conduct

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

1. Respect

As a councillor:

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

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

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

In your contact with the public, you should treat them politely and courteously. Rude and offensive behaviour lowers the public's expectations and confidence in councillors.

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

2. Bullying, harassment and discrimination

As a councillor:

2.1 I do not bully any person.

2.2 I do not harass any person.

2.3 I promote equalities and do not discriminate unlawfully against any person.

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

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

3. Impartiality of officers of the council

As a councillor:

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

Officers work for the local authority as a whole and must be politically neutral (unless they are political assistants). They should not be coerced or persuaded to act in a way that would undermine their neutrality. You can question officers in order to understand, for example, their reasons for proposing to act in a particular way, or the content of a report that they have written. However, you must not try and force them to act differently, change their advice, or alter the content of that report, if doing so would prejudice their professional integrity.

4. Confidentiality and access to information

As a councillor:

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

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

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

5. Disrepute

As a councillor:

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

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

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

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

6. Use of position

As a councillor:

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

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

7. Use of local authority resources and facilities

As a councillor:

7.1 I do not misuse council resources.

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

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

Examples include:

1. Blank
2. CEO Update
3. Update on the
4. ICS Performance
5. Proposed
6. Finance Committee

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

These are given to you to help you carry out your role as a councillor more effectively andare not to be used for business or personal gain. They should be used in accordance withthe purpose for which they have been provided and the local authority's own policies regarding their use.

8. Complying with the Code of Conduct

As a Councillor:

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

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

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

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

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

Protecting your reputation and the reputation of the local authority

9. Interests

As a councillor:

9.1 I register and disclose my interests.

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

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

10. Gifts and hospitality

As a councillor:

10.1 **I do not accept gifts or hospitality, irrespective of estimated value, which could give rise to real or substantive personal gain or a reasonable suspicion of influence on my part to show favour from persons seeking to acquire, develop or do business with the local authority or from persons who may apply to the local authority for any permission, licence or other significant advantage.**

10.2 **I register with the Monitoring Officer any gift or hospitality with an estimated value of at least £25 within 28 days of its receipt.**

10.3 **I register with the Monitoring Officer any significant gift or hospitality that I have been offered but have refused to accept.**

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Fiiance Committee

Appendices

Appendix A – The Seven Principles of Public Life

The principles are:

Selflessness

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

Integrity

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

Objectivity

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

Accountability

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

Openness

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

Honesty

Holders of public office should be truthful.

Leadership

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

Appendix B – Registering interests

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

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

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

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.

2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.

3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

Non participation in case of Disclosable Pecuniary Interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.

5. Where you have a disclosable pecuniary interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it

Disclosure of Non-Pecuniary Interests

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

8. Where a matter arises at a meeting which ***affects*** –
    a. your own financial interest or well-being;
    b. a financial interest or well-being of a relative, close associate; or
    c. a body included in those you need to disclose under non-pecuniary interests as set out in **Table 2**

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

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

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

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Fiiance Committee

Table 1: Disclosable Pecuniary Interests

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

Table 2: Non-Pecuniary Interests

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

  a) any body of which you are in general control or management and to which you are nominated or appointed by your authority

  b) any body
      (i) exercising functions of a public nature
      (ii) any body directed to charitable purposes or
      (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

  c) A matter that **_directly relates_** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in Table 1) or a financial interest or well-being of a relative or close associate,

  d) A matter that **_affects_**:–
      a. your own financial interest or well-being;
      b. a financial interest or well-being of a relative, close associate; or
      c. a body included in those you need to disclose under non-pecuniary interests as set out in this **Table 2**

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Fiance Committee

Appendix C – the Committee on Standards in Public Life

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

The recommendations cover:

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

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

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

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

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

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

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

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

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

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

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

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

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

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Fiance Committee

Shropshire Telford and Wrekin Integrated Care Partnership (ICP)

Terms of Reference

1.   Introduction

1.1   The Integrated Care Partnership (ICP) is a critical part of Integrated Care Systems and the ambition to achieve better health and care outcomes for the residents of Shropshire Telford and Wrekin. The ICP will provide a forum for leaders from the two local authorities, health (including NHS) and social care, and public health to come together with stakeholders from across the health system and community. The ICP will be a meeting held in public.

1.2   In accordance with the Health and Care Act 2022, the ICP will be required to develop an integrated care strategy to address the broad health and social care needs of the population within Shropshire Telford and Wrekin, including over time, determinants of health such as employment, environment, and housing issues. The Integrated Care Board and the two local authorities will be required to take account of the ICP's strategy when making decisions, commissioning and delivering services.

1.3   The ICP is expected to highlight where coordination is needed on health and care issues and challenge partners to deliver the action required.

1.4   The ICP will be a joint committee of the Integrated Care Board.

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

2. Purpose and Function

2.1   The primary focus of the ICP is to support the integration of the health and care system through equal partnership across health and local government to deliver improved health and care outcomes and experiences. The ICP will provide a system wide forum

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

for stakeholders to agree collective objectives, and address population health challenges and inequalities.

2.2 The ICP will have responsibility for the development of a System wide Integrated Care Strategy and to support broad and inclusive integration and improvement across the health and care systems within Shropshire, Telford and Wrekin. In doing so, the ICP will ensure that it acts in the best interest of people, patients and the system rather than representing individual interests of any one constituent partner.

2.3 The ICP will ensure that the Integrated Care Strategy is developed, focused on local needs at a place and neighbourhood level informed by the Health and Wellbeing Strategies created by the two Health and Wellbeing Boards (HWBB) of Shropshire and Telford & Wrekin, in turn informed by Joint Strategic Needs Assessments (JSNAs). Whilst ensuring that the Integrated Care Strategy is focused on local needs, the ICP will seek commitment from the ICS to work collaboratively across partners and other ICSs to deliver wider social and economic opportunities and benefits for residents and patients at a local level across the health and care system.

2.4 To support the development of the ICP in readiness for the 1st July 2022 and beyond, the following core principles are adopted to ensure that the ICP and development of the Integrated Care Strategy maximises the opportunities of system wide/ cross system working whilst delivering outcomes for residents at a place, neighbourhood, and multiple ICS level:

- The ICP will work, first and foremost, on the principle of equal partnership between the NHS and local government to work with and for their partners and communities;
- The ICP will operate a collective model of accountability, where partners hold each other mutually accountable, including to residents;
- The Integrated Care Strategy will be developed with full engagement / consultation with all stakeholders and drive direction and priorities;
- The ICP will support the work of the HWBBs and Place boards across Shropshire and Telford & Wrekin;
- The ICP will continue joined up inclusive working relationships across partners as demonstrated by the Covid-19 pandemic, targeting collective action and resources at the areas which will have the greatest impact on outcomes and inequalities as England recovers from the pandemic; and
- The ICP will operate as a joint committee.

2.5 In preparing the Integrated Care Strategy, the ICP will ensure that the Strategy will:-

- Focus on improving health outcomes and experiences for the population of Shropshire, Telford and Wrekin
- Maximise the opportunities of system wide and place level working and support subsidiarity;
- Be focused on the whole population of Shropshire, Telford and Wrekin using best available evidence and data to address the wider determinants of health and wellbeing.
- Be based upon assessments of needs and assets identified at place level, based on JSNAs;
- Take account of the Health and Wellbeing Strategies and health inequality strategies created by the HWBBs;

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

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

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

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

3.   Statutory Considerations

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

PROCEDURE

4.   General

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

5.   Membership

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

- Leader or Cabinet lead of Telford & Wrekin Council (co-Chair)
- Leader or Cabinet lead of Shropshire Council (co-Chair)

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

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

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

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

6.   Quorum

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

7.   Voting Rights

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

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

47

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

8. Meetings

8.1   The ICP will meet three times in its first year of operation and then decide on the frequency of meetings in subsequent years.

8.2   The ICP will be co-chaired by the Leader / Cabinet Member of Telford & Wrekin Council and the Leader / Cabinet Member of Shropshire Council with the role of Chair alternating after each meeting. The Chair of the first meeting will be the Leader of Telford & Wrekin Council with the Leader of Shropshire Council being nominated as the Chair for the second meeting.

8.3   Where the nominated Chair is unable to attend a meeting, the attending Vice Chair will act as Chair for that meeting. This will not affect the rotation of the Chair for subsequent meetings.

8.4   Where neither the Chair or Vice Chair are in attendance at a meeting, the members of the ICP that are in attendance will elect a Chair from those present. The person duly-elected will take the Chair for the duration of that meeting only and will be able to exercise all rights of the Chair during this time.

8.6   Meetings shall be conducted in accordance with the rules of debate which are set out at **Appendix A**.

9.   Access to meetings and agendas

9.1   Meetings of the ICP will be held in public in line with the requirements of the Local Government Act 1972. Dates and times of meetings will be agreed and published in advance.

9.2   Agendas and supporting papers will be issued at least five clear working days before each meeting. The agenda will be agreed with the Chair and Vice-Chair in advance of the meeting. Members of the ICP will be able to submit items for consideration on the agenda of any meeting. Any suggestions must be submitted at least 15 working days in advance of the meeting date.

9.3   There may be occasions when documents falling to be discussed at a meeting of the ICP contain confidential or sensitive information. Where this is the case, such information will not be published provided that the withholding of such information is justified by Schedule 12A Local Government Act 1972. Where any such information is withheld, the reason will be stated on the agenda and within the relevant minutes.

9.4   Telford and Wrekin Council and Shropshire Council will be responsible, on an alternate basis, for producing the agenda and preparing minutes of each meeting. The agendas

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

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

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

10.   Code of Conduct and Declaration of Interest

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

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

11.   Reporting and Accountability

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

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

12.   Date of Review

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

Version Control

Date	Version Number	Actions
25 May 2022	1.1	Updated by Telford and Wrekin Council
1st June 2022	1.2	Updated by Nicky O'Connor ICS
30 June 2022	1.4	Updated by Nicky O'Connor ICS
01 July 2022	1.5	Updated by Telford and Wrekin Council
13/07/2022	1.6	Updated by Telford and Wrekin Council
18/07/2022	1.7	Updated by Telford and Wrekin Council
21/07/2022	1.8	Updated by Shropshire Council
21/07/2022	1.9	Updated by Telford and Wrekin Council
11/11/2022	2.0	Updated by Telford and Wrekin Council following approval and amendments at the ICP.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Fiiance Committee

Agenda item

ICB 30-11.044

ICS Performance Update including People and Finance

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Fiance Committee

51

Integrated Performance Report

Appendix A - Data Pack

25th November 2022

Content

- Urgent & Emergency Care - slides 3-13
- Elective Recovery   - 14-15
- Cancer Recovery   - 16-17
- Diagnostics Recovery   - 18
- Mental Health   - 19-22
- Finance   - 23-27
- People   - 28-30

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance

5. Proposed amendments to the

6. Finance Committee

Urgent and Emergency care data

The following slides contain the latest monthly update (August performance) against the national CORE UEC measures. The charts provided include trajectories for improvement and benchmarking against regional and STW pre-covid (19/20) performance where available.

Setting the scene: Demand data
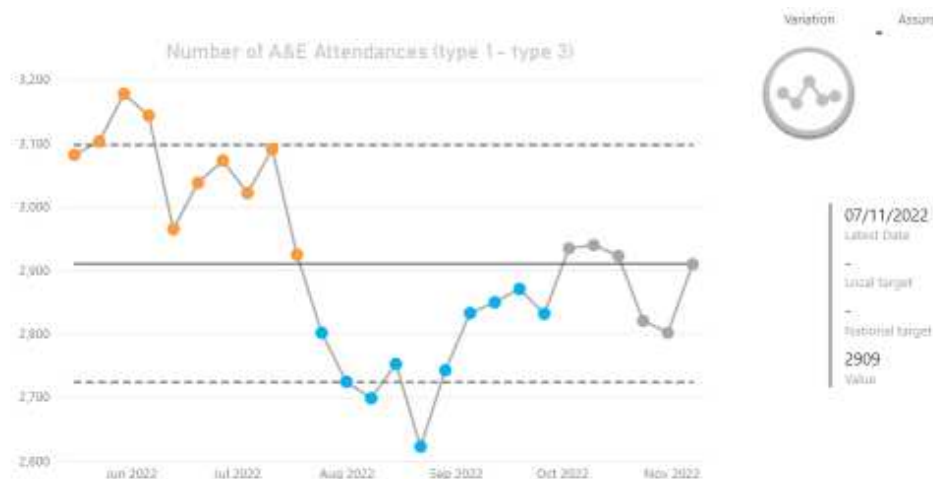
A&E attendances have risen week on week through September reporting higher levels during October, in line with the average. The latest six weeks has reported 6% below the higher rates reported from May – July (seen in above chart)
Unheralded attendances report a YTD variance of 9.5% increase compared to 21/22
Those reported with low acuity outcome (*Apr – Aug only*) report a 19% increase compared to 21/22
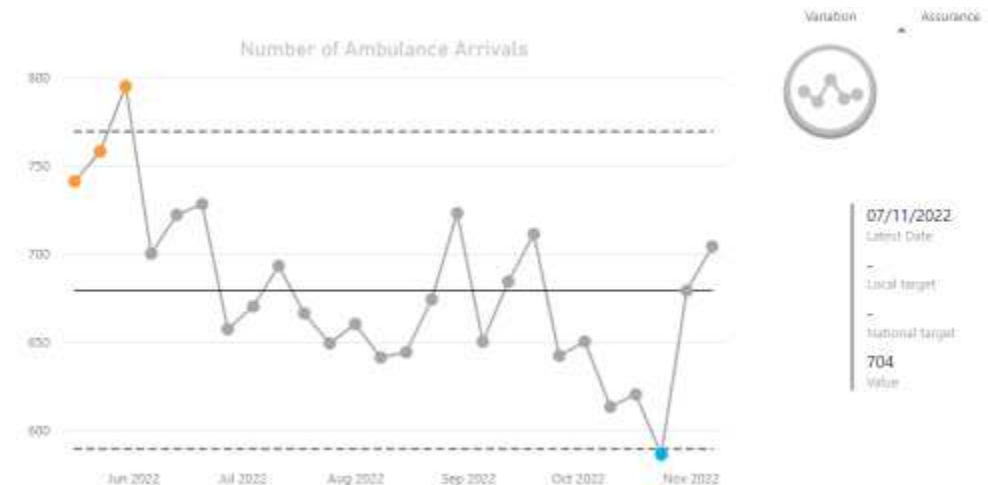
Ambulance arrivals to SaTH dropped during October with a low (586 arrivals) reported week commencing 24th October. The last 2 weeks increase has reported 679 and 704 ambulance arrivals.
22/23 YTD has reported over 4300 less ambulance arrivals than 21/22 (-19%)

1. Blank
2. CEO Update
3. Update on the development of the
4. ICS Performance
5. Proposed amendments to the
6. Finance Committee

UEC Core Metrics

Service	Measure
Pre-Hospital	Response times for ambulances
	Reducing avoidable trips (conveyance rates) to Emergency Departments by 999 ambulances
	Proportion of contacts via NHS 111 that receive clinical input
A&E	Percentage of Ambulance Handovers within 15 minutes
	Time to Initial Assessment - percentage within 15 minutes
	Average (mean) time in Department - non-admitted patients
Hospital	Average (mean) time in Department - admitted patients
	Clinically Ready to Proceed
Whole System	Patients spending more than 12 hours in A&E
	Critical Time Standards

8 of these measures and other supporting metrics to assist achievement of the Core metrics bundle are captured within the UEC dashboard reported via the UEC Operational Group by exception to the system UEC board.

The 2 RED highlighted metrics are not currently captured. Clinically Ready to Proceed will be captured once the new Patient Administration System (PAS) is implemented at SaTH (plan July 23)

Critical Time Standards criteria has not yet been set nationally

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance

5. Proposed amendments to the

6. Finance Committee

UEC Dashboard Latest – Core Metrics cont. Ambulance response times
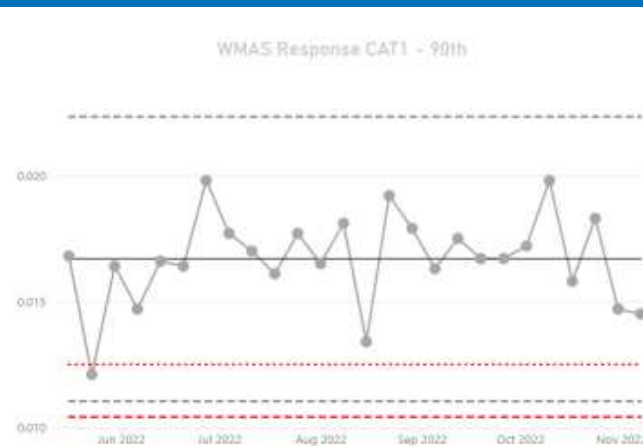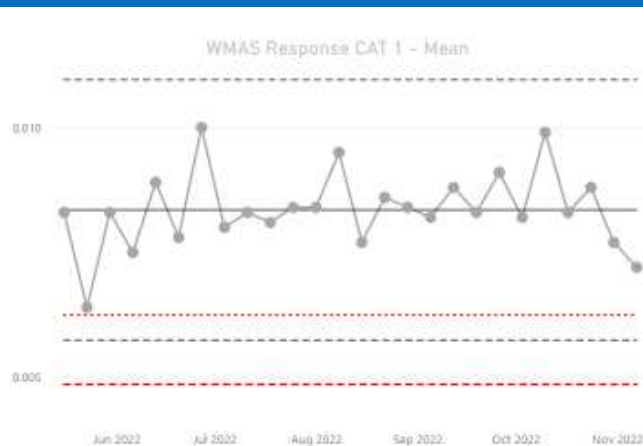
Cat 1 response time shows improvement over the latest 2 week reporting 10 mins for week commencing 7th Nov. against a local target of 9 mins. Variation is similar to figures reported across the region

We must be aware that the geographic make up of Shropshire will lead to slightly increase average response times where incidents are in a rural location
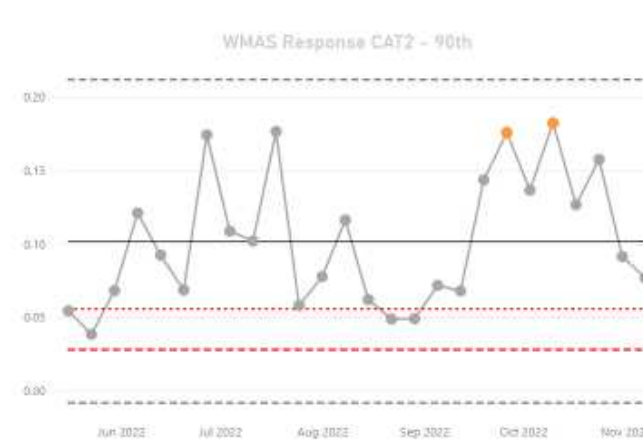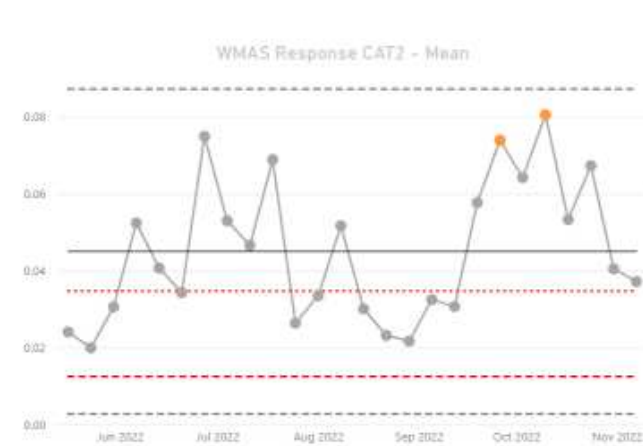
Cat 2 reporting improvement also over last 2 weeks. The latest for week commencing 7th November an average of 110mins. Local target is 80mins

Key: ——— Mean line (average) - - - - Upper and Lower control limits
········· Localised improvement target
- - - - - National Target

UEC Dashboard Narrative:
During the last few months the service has been under immense challenge with levels of extreme demand. The call stack at times has exceeded 500 calls. In order to maintain patient safety some calls that may have been waiting a lot longer than usual were increased to a higher category call depending on the length of time in the call stack which may be attribute to the spike in Cat 1 and 2 calls seen in June. Response times are reported to of improved since June 22. Cat 2 responses have been nearer to Localised target and will be reviewed

1. Blank
2. CEO Update
3. Update on the development of the
4. ICS Performance
5. Proposed amendments to the
6. Finance Committee

UEC Dashboard Latest – NHS111 and WMAS

NHS 111 cases triaged

% WMAS See + Convey *
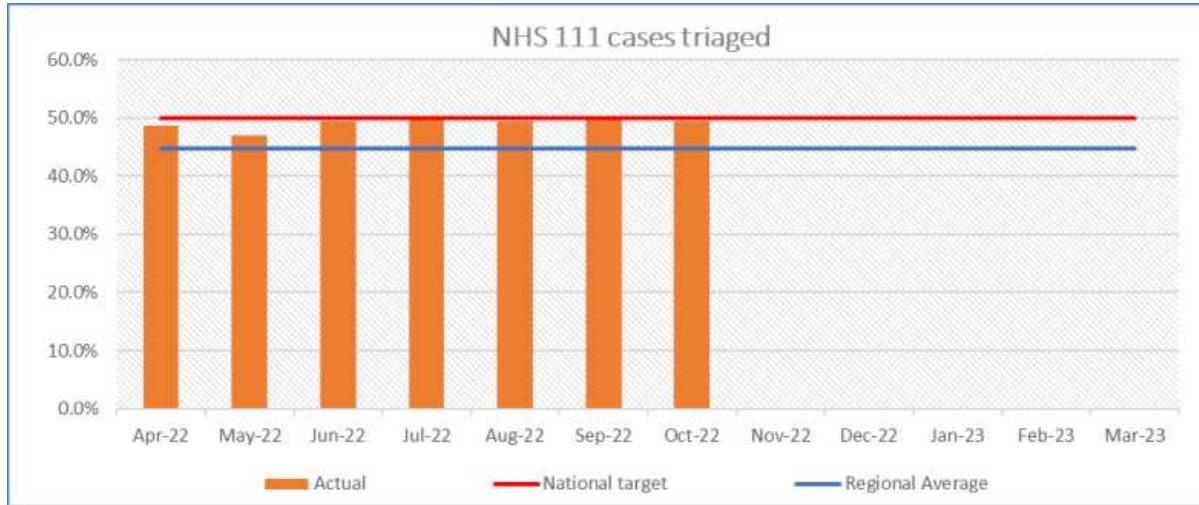
The measure is based on clinical input at any stage during the triage of a NHS111 case in NHS pathways
Similar trends and performance figures are reported by other regions and providers across the country
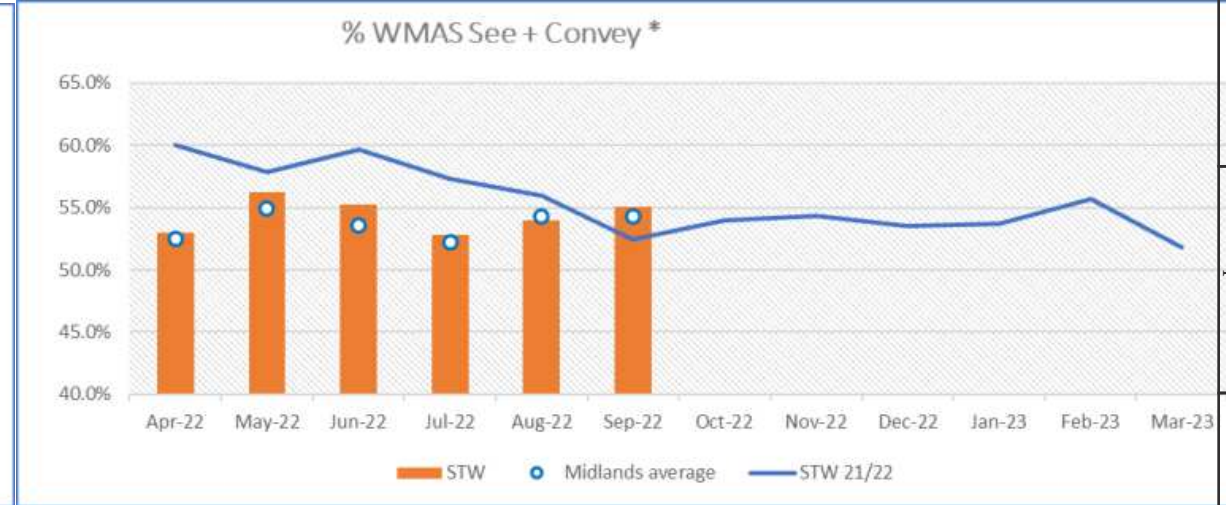
No national target is set for conveyances as each case is based on clinical need.
September 22 reports a small increase locally and regional
Figures reported for STW are in line with region
The drop reported for STW aligns to local and regional improvements in access to alternative services including the STW single point of access

1. Blank
2. CEO Update
3. Update on the development of the
4. ICS Performance
5. Proposed amendments to the
6. Finance Committee

UEC Dashboard Latest – Core Metrics

Ambulance Handover delays

Ambulance delays < 60 mins%

Ambulance delays < 15 mins%
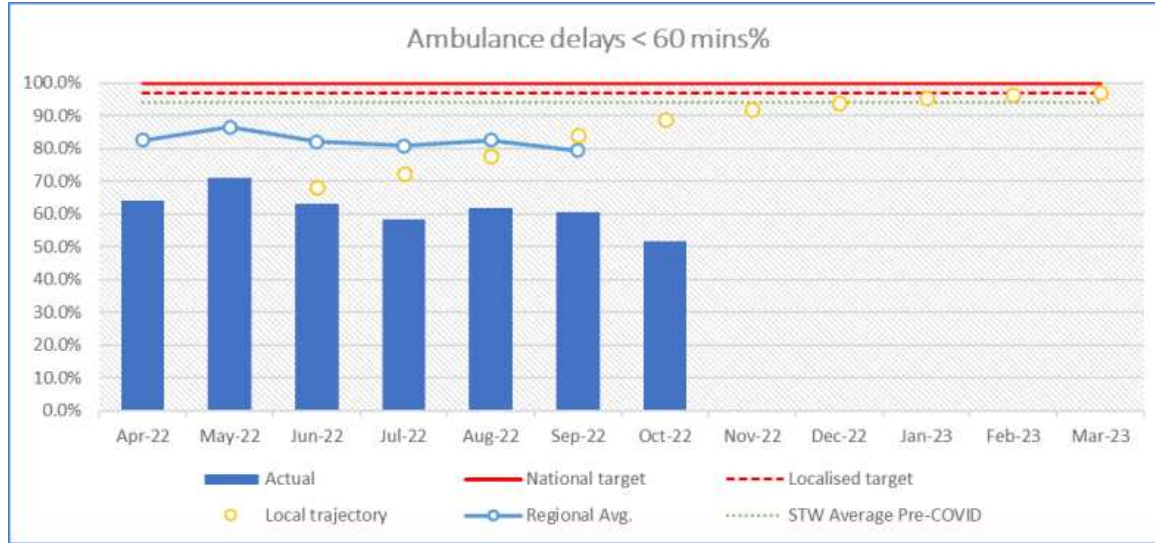
Ambulance Delays < 60 minutes %
October handovers at PRH and RSH are reported 52%: this is a   -41% variance to the improvement trajectory.
This is despite the drop in Ambulance arrivals.
The latest figure (September) for the region is 79%. STW therefore reporting a variance of -23.7% to the regional average. Pre-Covid, STW reported an average of 94%. Work to address this is currently underway with the development of RSH ED, the acute floor redevelopment is due for completion of 9th Dec and the Next patient model
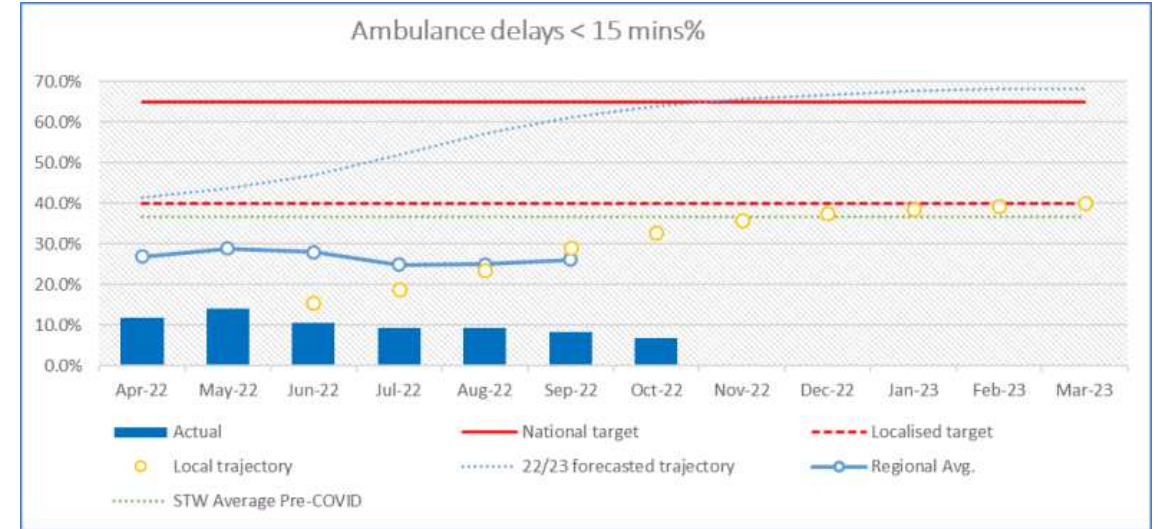
Ambulance Delays < 15 minutes %
October 15-minute handovers at PRH and RSH dropped further to 6.9%.
STW therefore reporting a variance of -79% to Trajectory
Pre-Covid STW reported an average of 37%

1. Blank
2. CEO Update
3. Update on the development of the
4. ICS Performance
5. Proposed amendments to the
6. Finance Committee

UEC Dashboard Latest – 15 min initial assessment

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance

5. Proposed amendments to the

6. Finance Committee

Patients seen within 15 mins for initial triage

Legend: Actual | National target | Localised target | Localised trajectory | Regional Average | STW Average Pre-COVID
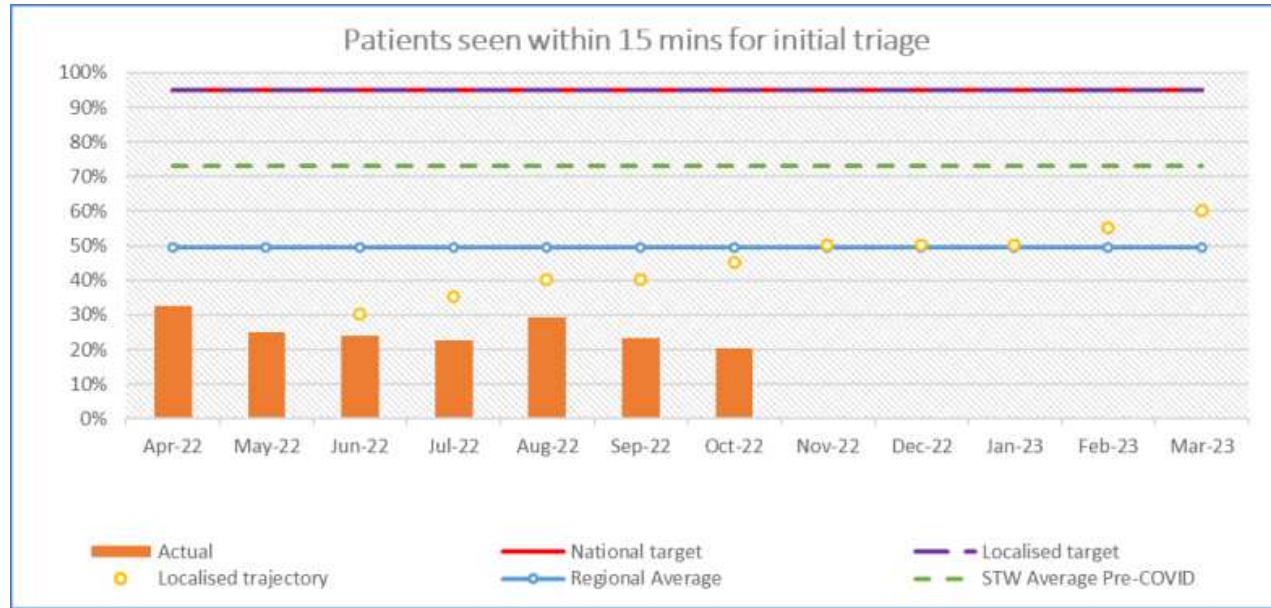
A decrease in achievement has been reported for October achieving 20%.
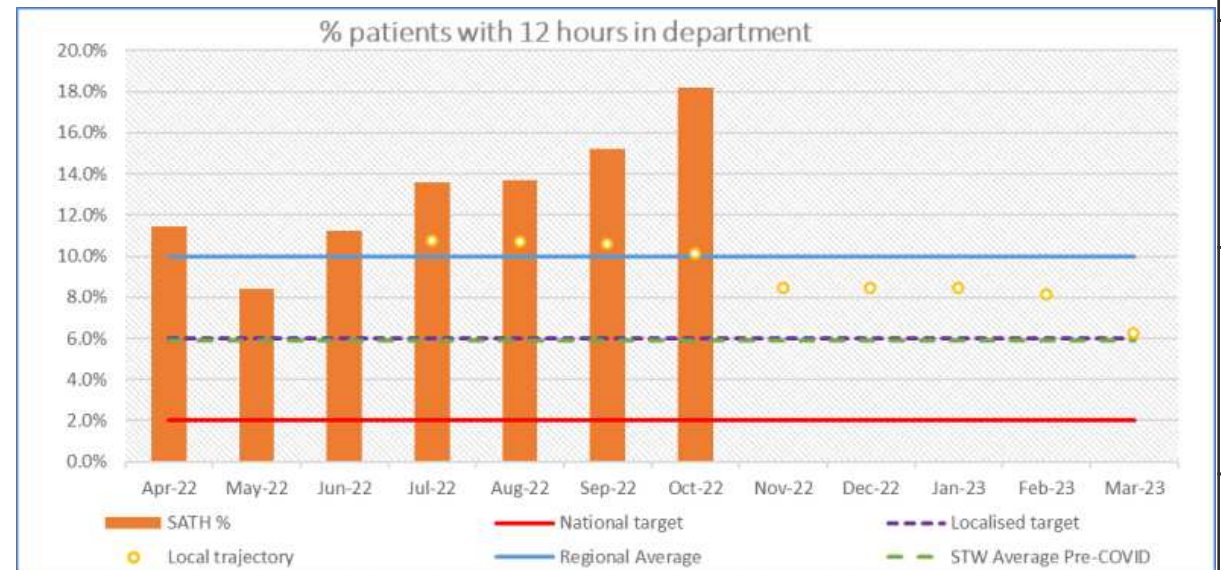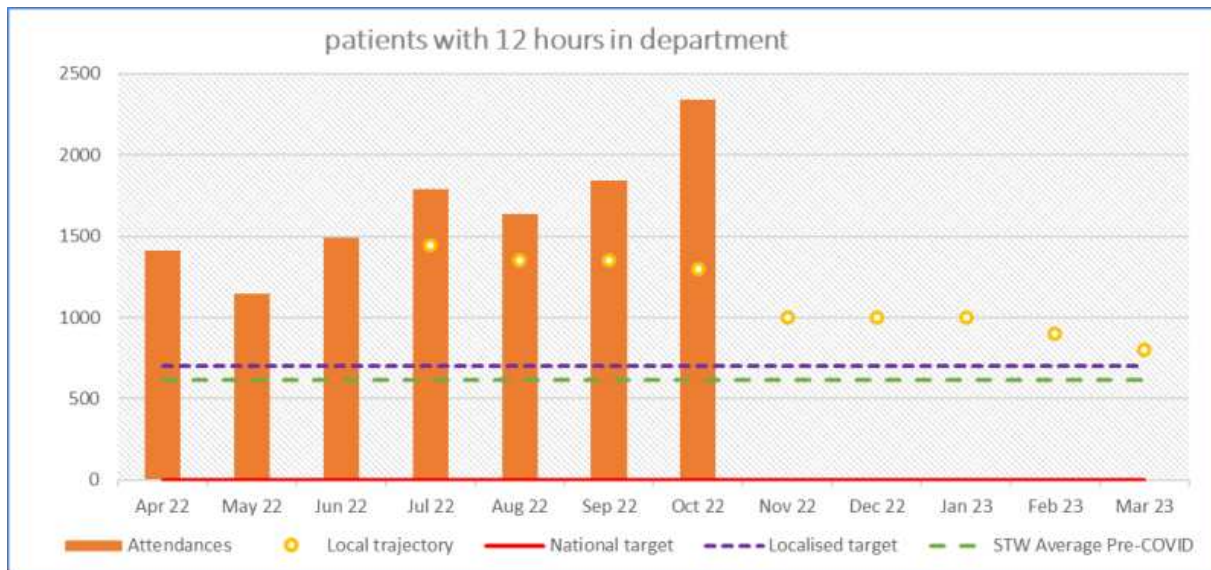Regional average is reported at 50%
STW is 59% away from the regional average

SaTH Reported an average of 73% Pre-COVID

Week commencing 24.10.2022 69.95% of patients were seen within 15 minutes for initial assessment. This continues to be a deteriorating position within normal variation but closer to the lower quartile. The Emergency Department Transformation Programme launched in September with a focus on improving the quality and timeliness of initial assessments. Recruitment is ongoing to improve the position with a well attended recruitment event in August 2022 . Staff are likely to be in post from November 2022

UEC Dashboard Latest – 12 hour patient

1. Blank
2. CEO Update
3. Update on the development of the
4. ICS Performance
5. Proposed amendments to the
6. Finance Committee

patients with 12 hours in department

% patients with 12 hours in department

October reported 18.2% of total attendances incurring 12+ hours in ED. Trajectory was set for 10.1% during October.
This reported a total of 2338 cases incurring 12 hours + in department.

The immediate regional Systems report an average of 10%
With the department developments of the Acute floor and redesign due to progress from September to November, the trajectory is to achieve pre -Covid performance of 8.5% as a result of the changes
Moving towards the Pre-COVID performance of 5.9% after winter

Improvement work includes the acute floor reconfiguration and validation around non-admitted patients. In addition the Next patient model has commenced. It was launched in full on week commencing 17.10.22 and a further focus week commencing 31.10.22 Discharge improvement work is ongoing to support increased capacity that will reduce time spent in ED.

UEC Dashboard Latest – Core Metrics cont.
Mean time in ED
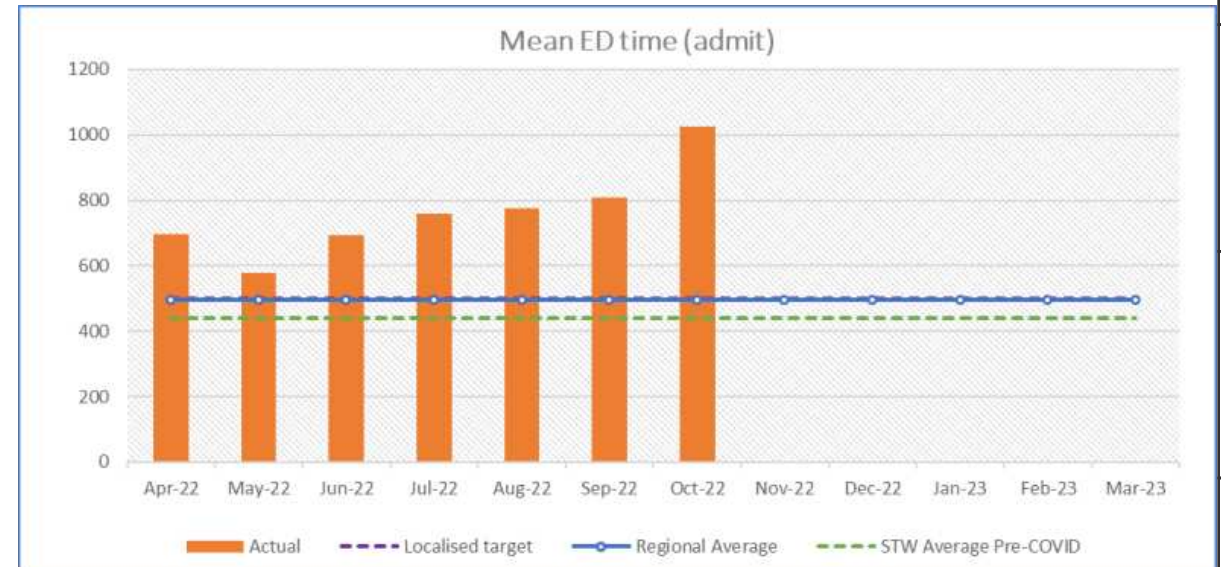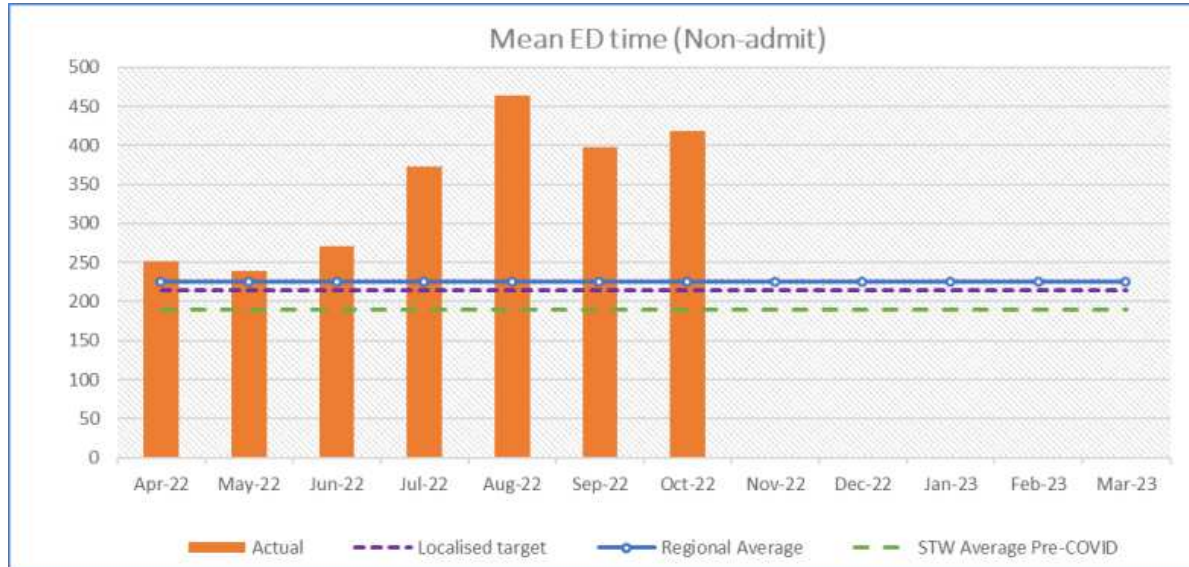
Non-Admitted
The STW average pre-Covid reports 190 minutes, with the regional average of 225 minutes.
During September, STW reported average of 419 mins for Non-admitted attendances
 Significant sickness continues in ENP staffing group. Roles and responsibilities of ENP staff have been reviewed. Working closely with our provider for the MIU side of UTC. Improvement work on validation has commenced but not yet completed
Admitted
The average has increased further during October to 1026 mins
During 22/23 STW has reported an average of 698 mins
The localised target is set at 500 mins, with regional average reporting 495
STW during October were 134% higher than localised
 The acute floor building work is ongoing and will be handed over on 9th December 22. The Next patient model had a further focus week commencing 31.10.2022 to support movement of patients from ED throughout the day.

1. Blank
2. CEO Update
3. Update on the development of the
4. ICS Performance
5. Proposed amendments to the
6. Finance Committee

UEC Dashboard – additional supporting metrics

In addition the system has other Key Metrics that are not part of the national Core bundle, these have been selected as essential to monitoring the overall UEC improvement
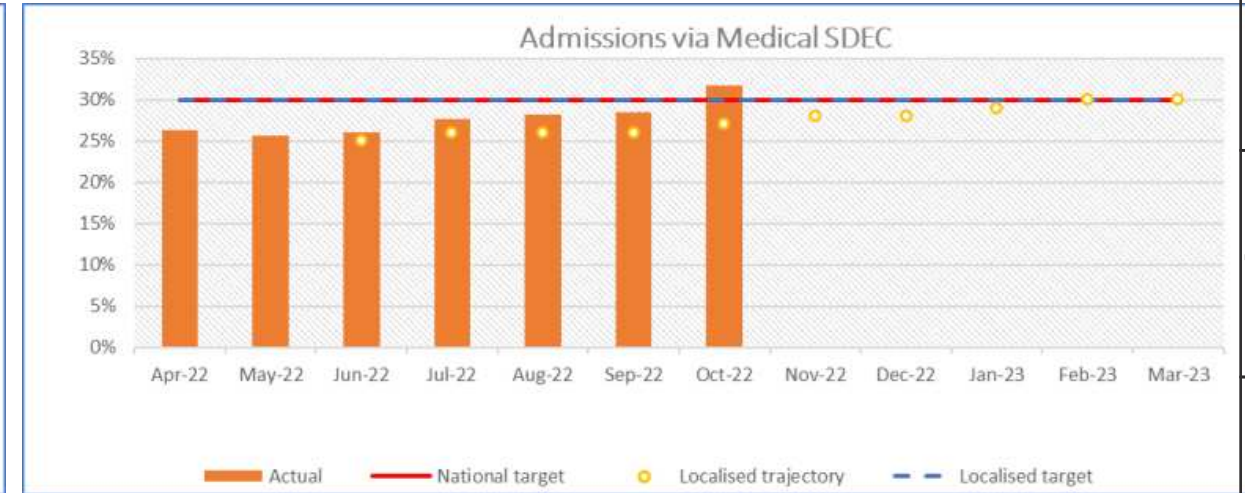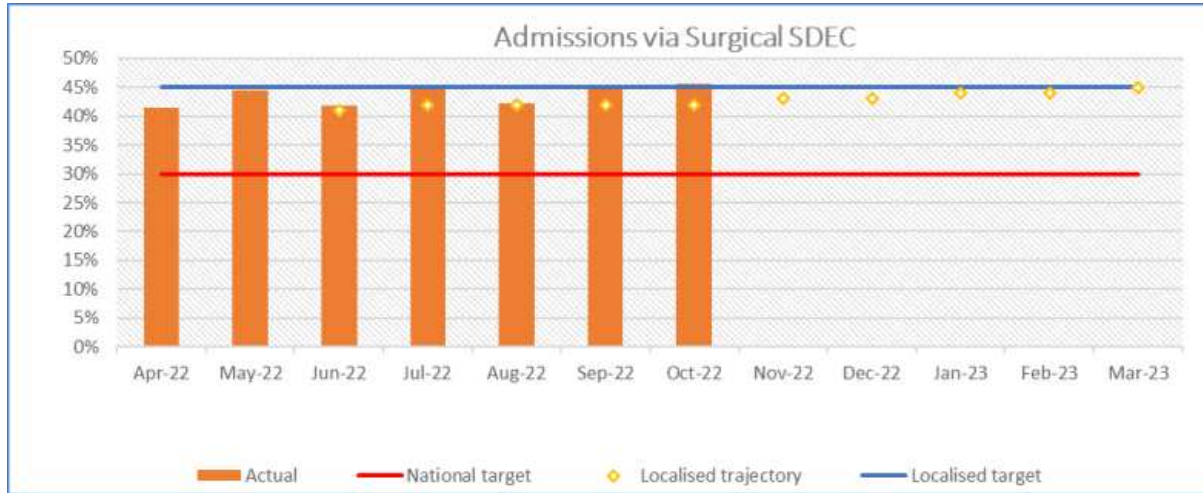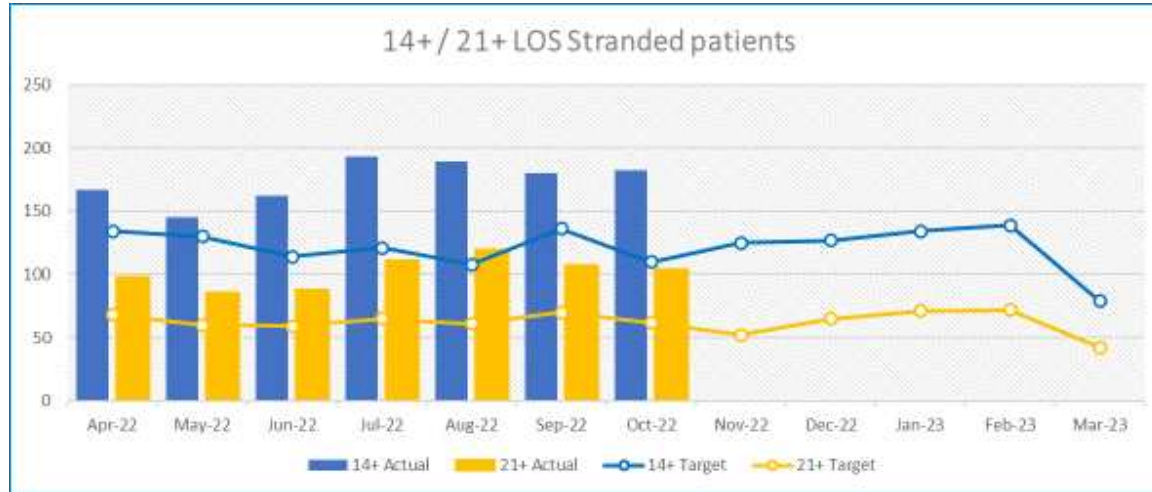

The surgical SDEC continues to report achievement of our local stretch target during October reporting 46%.

The Medical SDEC – has improved during October reporting 32% and now ahead of the 30% national target.
Continued improvement in this metric has been seen through October. We have reduced bedding down in AMA at PRH in October.

1. Blank
2. CEO Update
3. Update on the development of the
4. ICS Performance
5. Proposed amendments to the
6. Finance Committee

UEC Dashboard – Length of stay

14+ / 21+ LOS Stranded patients

Increased use of discharge lounge

The chart above shows the number of patients at month end fitting into 14+ and 21+ LOS. The lines represent the target figures reported for the same month last year 19/20 (Pre-COVID).
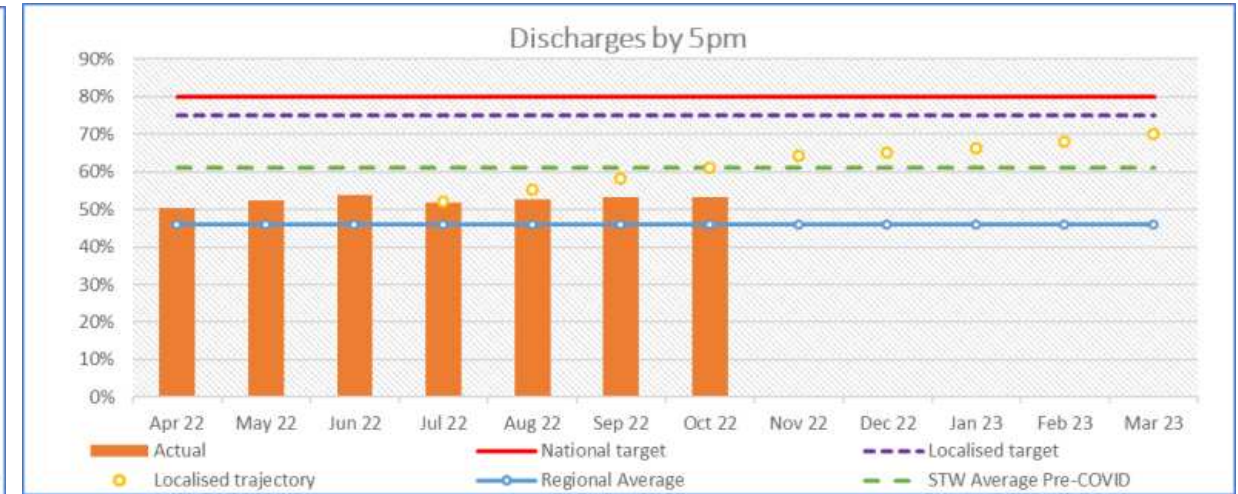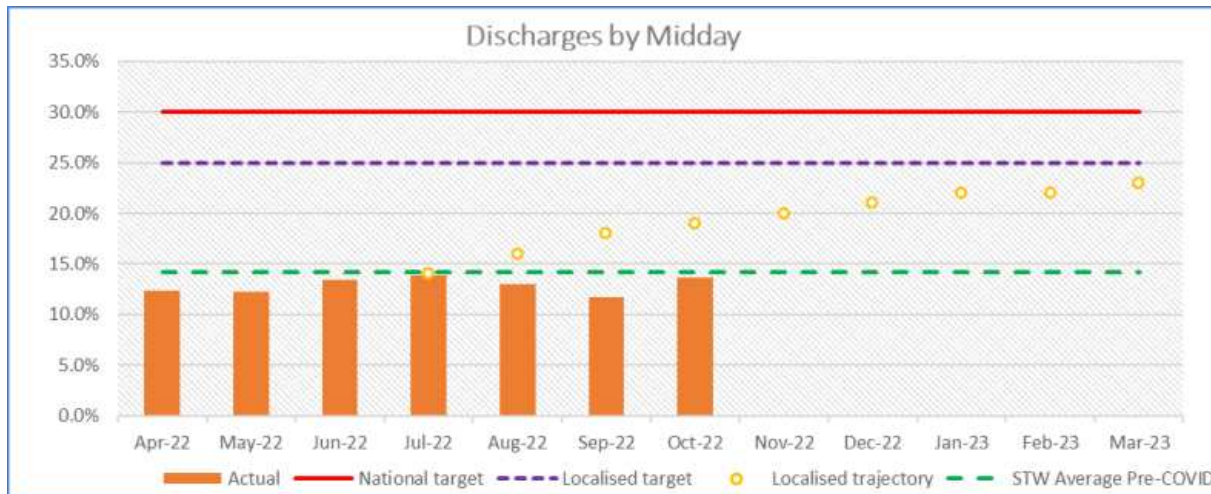
Cases remaining consistent
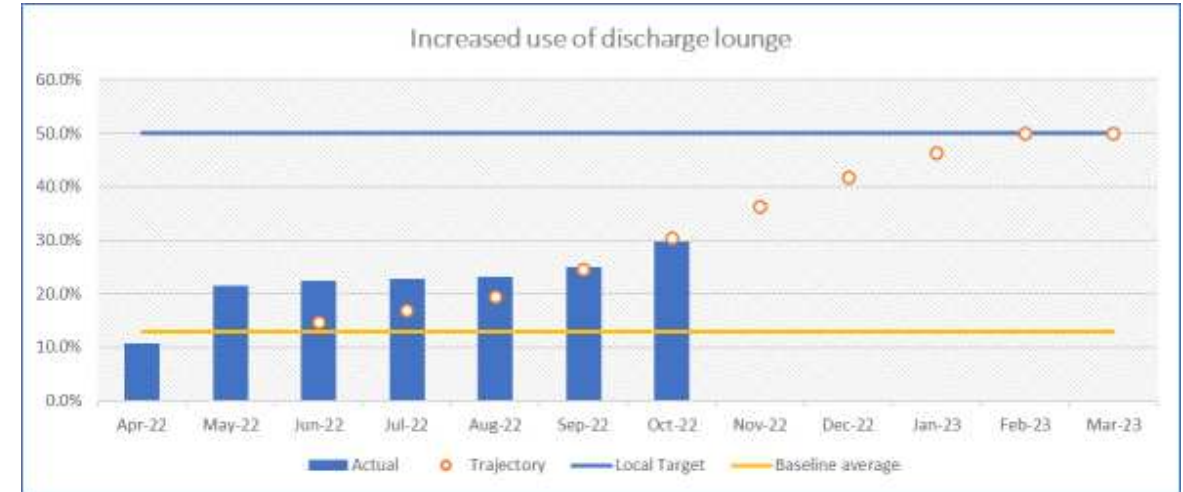
The chart above reports the improving use of the Discharge lounge.
Improvement continues to achieve trajectory

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance

5. Proposed amendments to the

6. Finance Committee

UEC Dashboard – Discharges

Discharges by Midday

Discharges by 5pm

Review of Discharge data has been captured for Midday and 5pm achievement.
Please note that comparative regional performance is only available for 5pm discharges
Midday: Performance for October improved to 13.7%. Trajectory was set for 19%.
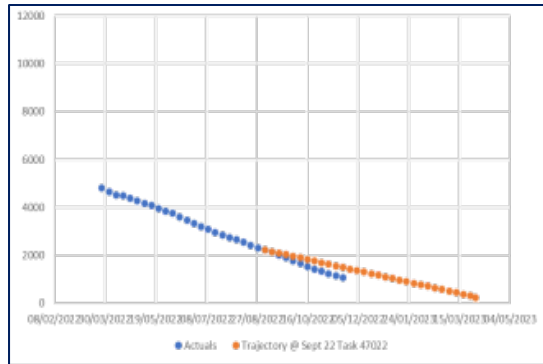
5pm discharges are reporting a consistent rate of 53% during 22/23. The regional average reporting 46%
STW pre-covid achievement was 61%

Discharge improvement work is ongoing to identify morning discharges and a trial with EZEC transport to test a model for very early discharges. the next patient model is also supporting the early identification of patients for discharge lounge and pre-planning discharge the day before with the aim of improving morning discharges.
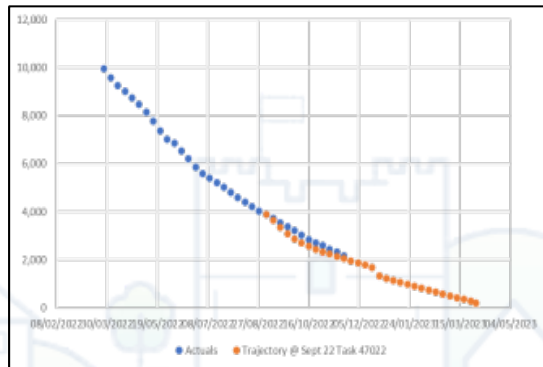
1. Blank
2. CEO Update
3. Update on the development of the
4. ICS Performance
5. Proposed amendments to the
6. Finance Committee

Elective Recovery

Key Data

RJAH 78 week recovery trajectory

SaTH 78 week recovery trajectory

Summary

- Current 104ww position achieved the target of 39 for October cohort. The target is 28 for each of the November and December. The majority of the challenges remain with the cohort of complex spinal patients and a small number of waits as a result of patient choice.

- Both Trusts have a 78ww recovery trajectory, with RJAH currently performing better by 418 patients against a plan of 1501 but SaTH currently underperforming by 112 against a plan of 2058. The overall plan aims to reduce 78ww to 458 at the end of March 23.

- Close operational focus in place on a patient by patient basis managing forward delivery. Weekly NHSE review in place with specific support being developed to support spinal disorders.

- The impact of UEC pressures and patient choice a risk to delivery at SaTH. PRH elective hub long-term solution.

- Challenges remain with elective activity at SaTH with limited theatre staffing capacity impacting the ability to open up additional lists and limited elective bed base (impact of emergency care pressures) and DSU capacity on both sites impacting throughput.

What have we done/ next steps

- Close operational management, in conjunction with NHSE of all elective care targets in place

- System operational plan to achieve 104% submitted with plans in place to deliver 102.8%, and ongoing work to mitigate the gap through the use of:
    - Independent Sector capacity
    - Mutual aid with NHS trusts
    - Maximising use of regional hub approach

- Regional hub approach being set up to manage long waiters.

- TIF2 Elective Hub Scheme Phase 1 at PRH has been approved. Planning in place to commence delivery of phase 1, to deliver eight beds and one theatre ringfenced capacity at PRH from June 2023.

- OP Transformation Steering Group conducting focussed initiatives (such as Super September) with an aim to further reduce the long waiters in the non-admitted backlog.

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance

5. Proposed amendments to the

6. Finance Committee

Elective Recovery

Key Data

104 week waits

104 ww STW SYSTEM	April 2022	May 2022	June 2022	Jul-22	Aug-22	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023
System 104ww Waitlist (PLAN) (EXCLUDES CHOICE) (Based on the Overall system activity to deliver 102.8%)	176	154	99	61	53	45	39	33	27	20	9	0
ACTUAL (Patient Choice)	174	153	11	13	3	10	11					
ACTUAL (Complex)			88	64	64	48	28					
TOTAL ACTUAL (Inc Choice + Complex)	174	153	99	77	67	58	39					
Variance to plan (TOTAL ACTUAL (inc Choice) - PLAN)	-2	-1	0	16	14	13	0					
Forecast (Patient Choice)								14				
Forecast (Complex)								20				
TOTAL Forecast (Inc Choice + Complex)								34				

@07.11.22

78 week waits

	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023
System 78ww Waitlist (PLAN) (EXCLUDES CHOICE) (Based on the Overall system activity to deliver 102.8%)	850	857	776	714	741	713	589	563	621	552	491	458
Variance to plan	145	180	119	136	57	65	96					
ACTUAL	995	1037	895	850	798	778	685					
Current Position							685					

@ 30th Oct 22

Summary

Key Issues impacting 104 ww & 78 ww
- Workforce challenges and critical incidents declared at SaTH

- High volume of Spinal disorder patients at RJAH (Including Specialist adult and paediatrics scoliosis)

- Low volume of patients willing to transfer out of the region or other providers

- Lack of mutual aid within the region for specialist procedures such as spinal disorders

Key Actions for recovery 104 ww & 78 ww
- Ongoing work with Royal Orthopaedic Hospital and Walton Centre

- Focus on Independent Sector Utilisation

- Both Trusts focussed on delivering 78ww trajectory and reducing 104ww as low as possible, with complex spinal disorders the main risk to delivery

- In conjunction with above, Diagnostic patients being sent to radiology to plot capacity in advance

- Technical, clinical and administrative validation processes in place.

1. Blank
2. CEO Update
3. Update on the development of the
4. ICS Performance
5. Proposed amendments to the
6. Finance Committee

Cancer Recovery

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance

5. Proposed amendments to the

6. Finance Committee

Key Data

Current position (as at 21.11.22):
392 patients waiting 63-104 days
206 patients waiting over 104 days.
598 total patients waiting
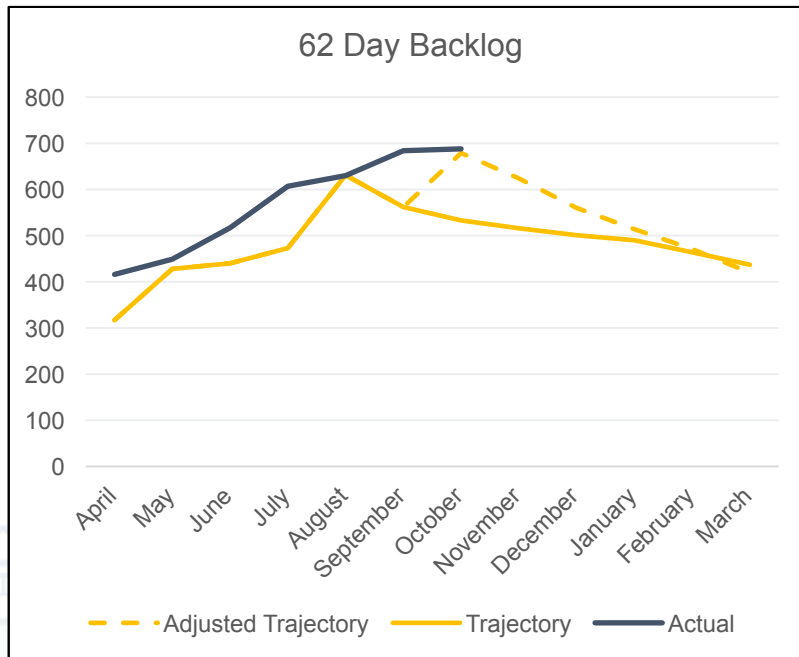
62 Day Backlog

Summary

- Currently SaTH is on target to reach the planned target of 420 patients in the 62-day backlog by the end of March 2023

- The plan to achieve the 28-day FDS by the end of March 2023 is in place and currently standing at 61.6%

- Radiology capacity risks associated with workforce continues to impact on performance. Current MRI total waiting times at SaTH, including reporting times, are as follows:

    - 2 week wait – 11-14 weeks
    - Urgent non-contrast 14-16 weeks
    - Contrast 19-21 weeks
    - Routine non-contrast 28-30 weeks
    - Contrast 34+ weeks

What have we done and next steps

- Plan implementation to increase and better utilise available capacity within the radiology team, plus extra capacity from outsourcing.

- Fully utilise community-based breast pain clinics to reduce pressure on suspected cancer appointments

- Fully utilise current FIT (Faecal Immunochemical Test) process for colorectal referrals, whilst introducing a new service from April 2023.

- Introduce the teledermatology service to help reduce pressure on the skin pathway.

- Fully implement the Best Practice Timed Pathway for prostate cancer, currently constrained by radiology issues

Cancer – challenged pathways

Key Data

62 Day PTL Totals
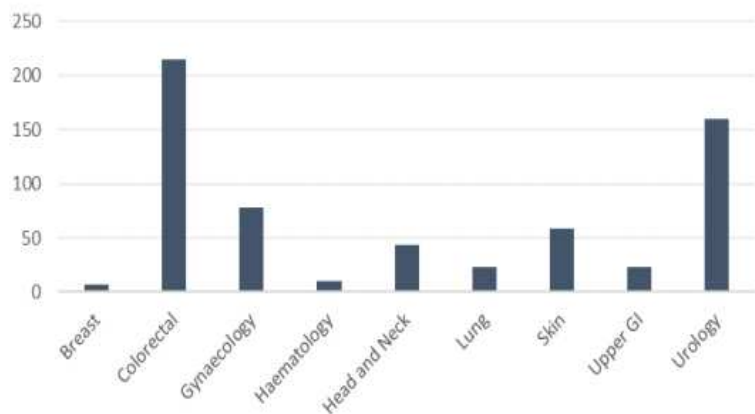
104+ Day PTL Totals
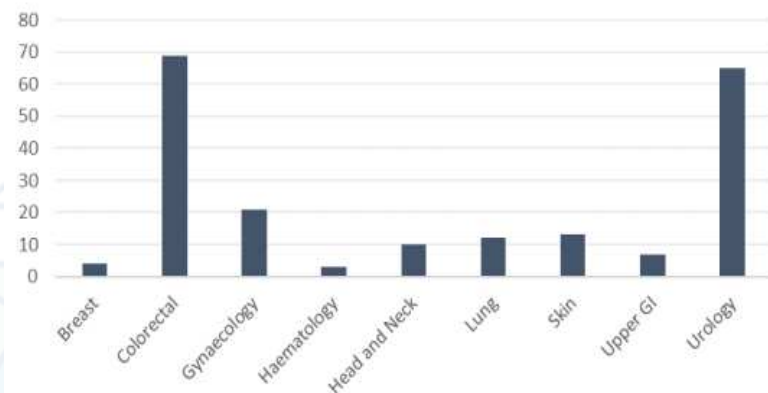
Summary

62 day improvement performance plans in place for all challenged tumour pathways in SaTH. Delivery monitored at weekly assurance meetings.

A number of the cancer pathways are accounting for the majority of breaches of the 62 day target and 104 days, and each has a recovery trajectory to achieve by the March 2022-23

- Colorectal – this accounts for the majority of the overall backlog and currently has a backlog of 320 against a trajectory of 346

- Urology – currently has a backlog of 117 against a trajectory of 123

- Gynaecology – currently has a backlog of 97 against a trajectory of 88

- Skin – this is new challenged pathway and currently has a backlog of 63 against a trajectory of 24

What have we done and next steps

Colorectal
- Surge in suspected cancer referrals
- FIT pathway in primary care NOT fully utilised to reduce colonoscopies and escalated to Medical Director

Urology
- Main breach reason is delay for first appointment. Two key actions to recover planned position:
  - Additional CNS clinic capacity has been put in place
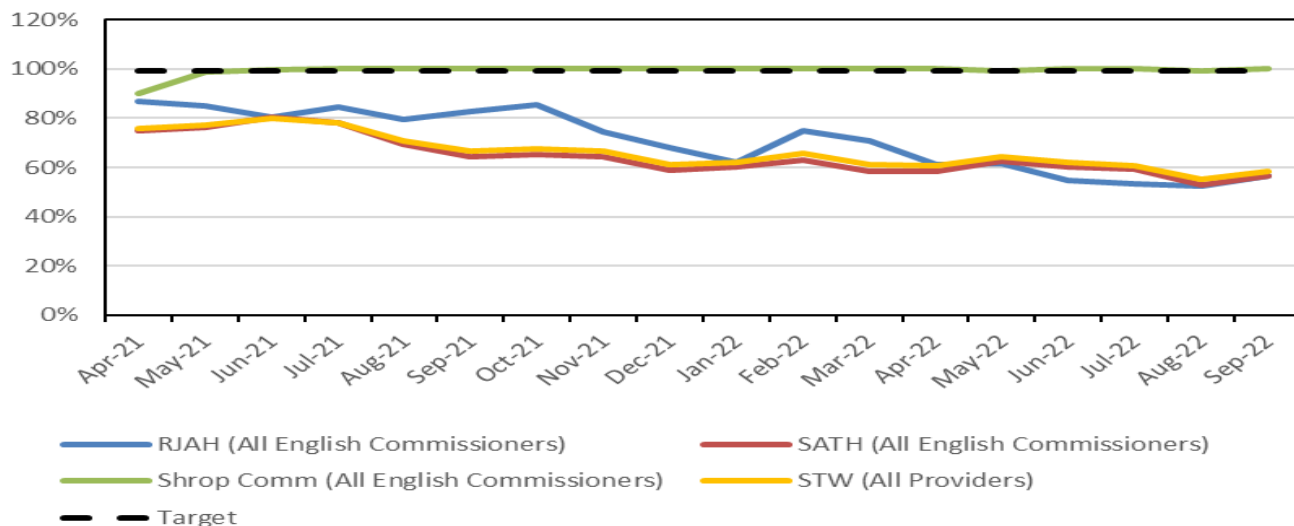 - Additional Locum Oncologist has commenced

Gynaecology
- Predicted drop off in referrals for PMB USS has not materialised
- Returning in December to 'one stop shop' for OP and diagnostic appointments

Skin
- Teledermatology pilot beginning in December to reduce inappropriate cancer referrals

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance

5. Proposed amendments to the

6. Finance Committee

Diagnostics Recovery

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance

5. Proposed amendments to the

6. Finance Committee

DM01 - Diagnostics % of patients seen with 6 weeks

Legend:
- RJAH (All English Commissioners)
- SATH (All English Commissioners)
- Shrop Comm (All English Commissioners)
- STW (All Providers)
- Target

Diagnostic	Aug-22		Sep-22		Oct-22	
	22/23 Actual % of 19/20 Baseline - Working Day Adjusted	22/23 Actual % of 22/23 Operational Plan	22/23 Actual % of 19/20 Baseline - Working Day Adjusted	22/23 Actual % of 22/23 Operational Plan	22/23 Actual % of 19/20 Baseline - Working Day Adjusted	22/23 Actual % of 22/23 Operational Plan
Cardiology - Echocardiography	101%	95%	122%	102%	131%	93%
Colonoscopy	112%	96%	112%	96%	130%	87%
Computed Tomography	128%	120%	100%	99%	127%	105%
Flexi Sigmoidoscopy	48%	116%	35%	91%	38%	85%
Gastroscopy	112%	107%	93%	120%	118%	128%
Magnetic Resonance Imaging	112%	115%	114%	118%	129%	113%
Non-Obstetric Ultrasound	97%	113%	90%	109%	90%	97%

Summary
- Diagnostics waiting times remain challenged due to staffing pressures particularly in CT and MRI where although the plan and recovery baseline is being met the demand levels have significantly increased. Both trusts continue to clinically prioritise all radiology bookings to manage the waiting list demand.
- In response to managing the demand, SaTH have started to utilise on-site mobile CT/MRI scanners and Ultrasound services from the IS as well as agency radiographers when available but challenges remain particularly with increased colorectal, skin and gynaecology referrals.
- Also, the need to deploy staff to cover acute areas due to emergency care pressures and cancer pathways impacts on routine capacity
- The business case for additional CT and MRI support for SATH has been declined by NHSE which will impact recovery however the system working up alternative to support the likely gap. Performance for Non-Obs US, Cardio. Echos, Colonoscopy and gastroscopy have improve since august and are above plan.
- Flexible Sigmoidoscopy requires a new baseline due to pathway changes since 19/20.

What have we done and next steps
- RJAH - Recently completed international recruitment and staff are to commence in post imminently to run additional evening and weekend clinics but this additional capacity will not eliminate the waiting list and a proposal has been taken through the organisation and system requesting a staffed mobile MRI scanner which will support in the reduction of their waiting list.
- SaTH – Radiology -International recruitment also ongoing. Some limited success with radiographers but still unable to fully staff the CT/MRI Pod. There is also planned improvement in activity expected 2023 when the first CDC becomes available
- WLI sessions have been offered to encourage additional work at SaTH
- A new outsourcing company FourWays is delivering 100 MRI and 100 CT reports per week from December onwards, specifically for cancer pathways but will ease pressures on the services generally

18

Mental Health Indicators

KPI	Latest month	Measure	Target	Assurance	Varriation	Mean	Lower process limit	Upper process limit
Dementia Diagnosis rate (STW)	Sep 22	58%	67%			64%	63%	65%
Dementia Diagnosis rate (England)	Sep 22	62%	67%			64%	63%	65%
IAPT Recovery Rate (MPFT)	Sep 22	48%	50%			52%	43%	62%
Wait for second IAPT appointment <90 days (MPFT)	Sep 22	83%	90%			82%	72%	93%
SMI patients with Health Checks (in-month figure)	Oct 22	48	186			53	10	96

Summary

- National published figures show that dementia diagnosis rates have been declining since the start of the pandemic, dipping below 60% for STW since May 2022 and below the National average of 62%.

- Unvalidated IAPT figures from MPFT show that recovery rates and waiting times for follow-up appointments are below target but have been prone to fluctuation.

- Health checks for SMI patients show slight improvement but remain considerably short of target.

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance

5. Proposed amendments to the

6. Finance Committee

Mental Health: Dementia Diagnosis Rate, CYP ED Waits

1. Blank
2. CEO Update
3. Update on the development of the
4. ICS Performance
5. Proposed amendments to the
6. Finance Committee

Dementia Diagnosis Rate % Recovery Trajectory 22/23

CYP ED waits

Rolling 12-month performance to September		Target
Urgent: seen within 1 week	56%	95%
Routine: seen within 4 weeks	48%	95%

Dementia Diagnosis Rate

The first chart shows the expected improvement from October 2022 for older adults who are referred and currently waiting for a diagnosis of dementia, given the actions being taken in the recovery plan.

The recovery plan is dependant on recruitment to vacancies, appropriate referrals, and access to diagnostics for assessment & diagnosis. The target of 66.67% is anticipated to be achieved by April 2023.

There is a further proposal for a waiting list to manage circa 400-500 patients waiting for assessment. This would be funded from slippage in MH spending and is currently being assessed by commissioners.
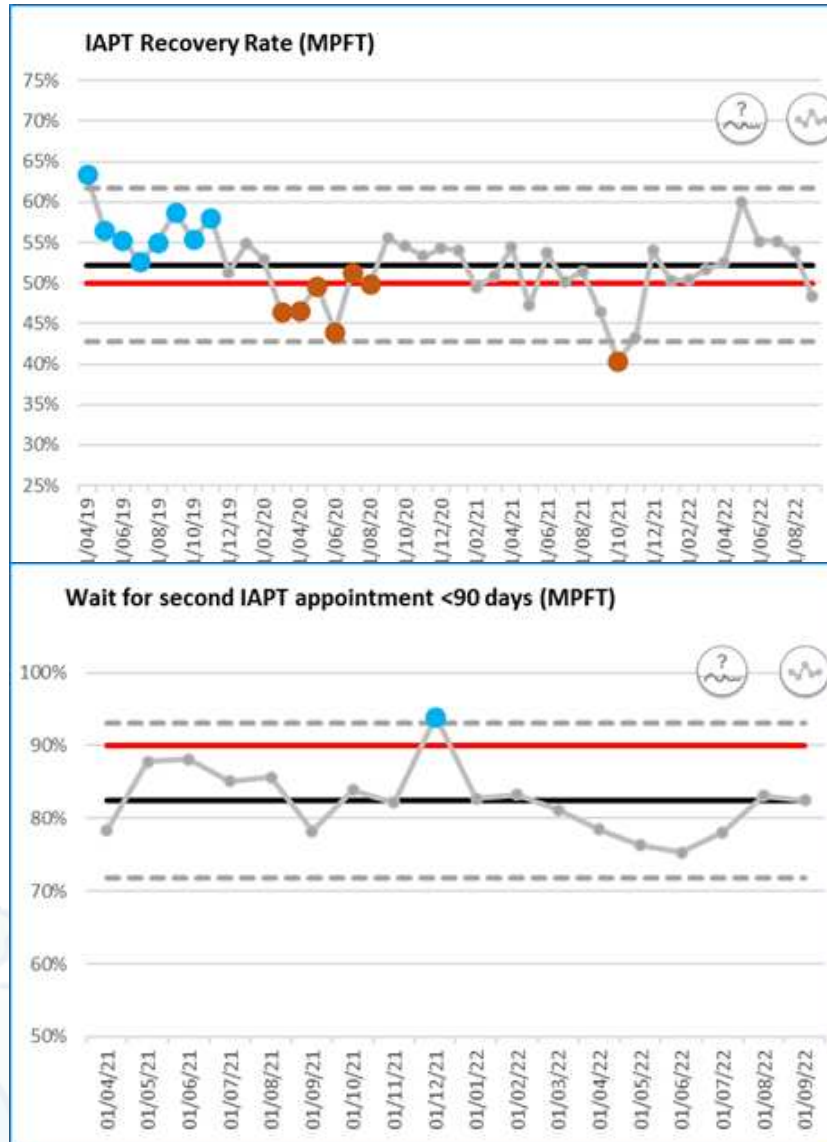
CYP ED Waits

For Children and Young People (CYP) with Eating Disorders (ED), performance has been slowly deteriorating since January 2021 where previously the 95% target had been met. Difficulties with recruiting and retaining skilled staff, combined with an increase in demand have contributed to the deterioration in performance. After an improvement in Q1, Q2 has again deteriorated. A remedial action plan is in place to improve the performance and the provider has confirmed all staff are now in post. Further improvement in performance is expected if demand remains at current levels. Note: SPC charts show performance for MPFT.

Mental Health: IAPT

1. Blank
2. CEO Update
3. Update on the development of the
4. ICS Performance
5. Proposed amendments to the
6. Finance Committee

IAPT Recovery Rate (MPFT)

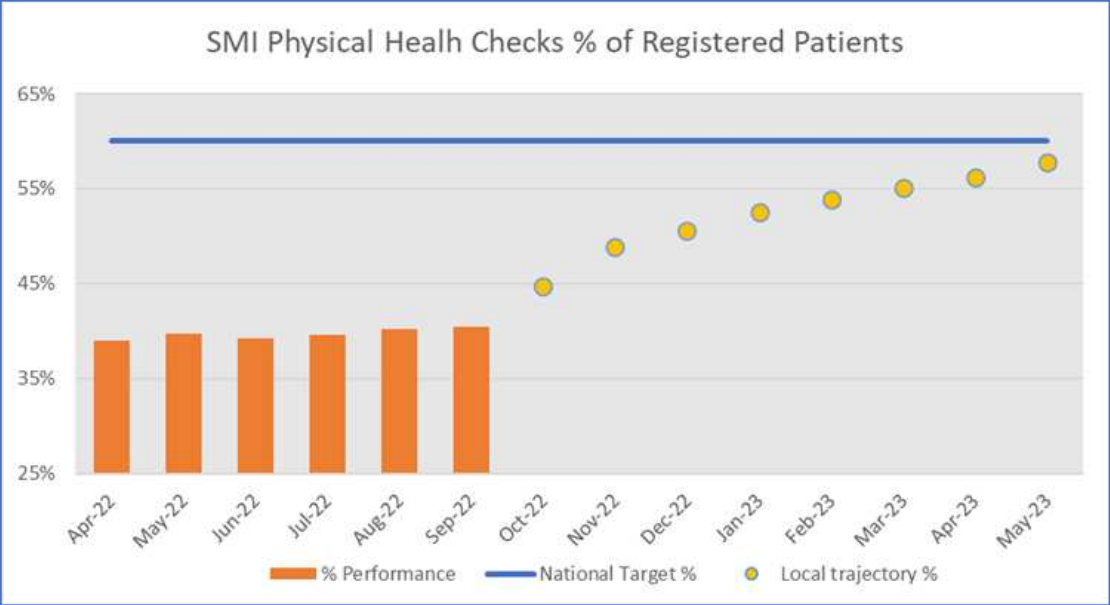**Wait for second IAPT appointment <90 days (MPFT)**

Summary

Unvalidated IAPT figures from MPFT show that recovery rates and waiting times for follow-up appointments have been prone to fluctuation.

Access continues to be below target for both first contact and for in-treatment waits, the former being a consequence of insufficient funding.

Performance of waits from 1st to 2nd treatment appointment had been deteriorating since December 2021. A waiting list initiative has been agreed to reduce 50-70% of these waits over the next twelve months. The contract is now in place to start delivering from December.

September performance shows continued improvement for those waiting less than 90 days and expectation to reach target of 90% waiting less than 90 days by April 2023.

Mental Health: SMI Health Checks, OoA Placements

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance

5. Proposed amendments to the

6. Finance Committee

SMI Physical Healh Checks % of Registered Patients

% Performance — National Target % — Local trajectory %

Serious Mental Illness Physical Health Checks

Patients with a Serious Mental Illness (SMI) should receive as a minimum an annual physical health check.

Recovery action plans are in place, to achieve target by April 2023. with impact beginning in November

Recovery is dependent upon workforce capacity across both secondary care and primary care being maintained.

Out of Area Placements

During September there were 9 service users in inappropriate Out of Area (OoA) placements over and above the Acute and PICU bed base plus 4 additional contracted beds with Priory. Current demand for acute and PICU beds remains high, mirroring the national picture. A review to look at demand, length of stay and delayed discharges is underway to create more acute capacity. Issues remain with regards to care packages and limited care home availability. A business case for Placed base of safety is currently going through system governance. It would offer a longer term solution in supporting the reduction of OoA placements.

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance

5. Proposed amendments to the

6. Finance Committee

Finance- M7 position

Key Data

- £14.0m adverse to plan YTD at M7

- £4.1m adverse to plan FOT at M7

- £4.0m COVID expenditure above plan at M7

- £8.9m above agency expenditure cap at M7

- The overspend is mainly driven by increased staffing costs due to open escalation areas at SATH, overspends in the ICB on Independent sector ophthalmology activity and community discharge beds which are partially offset with prior year accrual reversal benefits.

- Plans currently forecast to deliver with the exception of COVID overspends already incurred. Significant risk in current forecast position under discussion with NHSE.

Organisation	M7 YTD			FULL YEAR		
	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance to Plan £000	Plan Surplus/ (Deficit) £000	Forecast Surplus/ (Deficit) £000	Variance to Plan £000
Commissioners						
NHS Shropshire, Telford and Wrekin	(7,187)	(9,760)	(2,573)	(11,743)	(12,743)	(1,000)
System Affordability Gap	2,323	0	(2,323)	13,936	13,936	0
Total Commissioners	(4,864)	(9,760)	(4,896)	2,193	1,193	(1,000)
Providers						
The Shrewsbury and Telford Hospital NHS Trust (SaTH)	(12,820)	(23,174)	(10,354)	(19,135)	(24,074)	(4,939)
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT (RJAH)	(1,558)	(1,200)	358	(772)	0	772
Shropshire Community Healthcare NHS Trust (SCHT)	(134)	754	888	(1,330)	(308)	1,022
Total Providers	(14,512)	(23,620)	(9,108)	(21,237)	(24,382)	(3,145)
TOTAL SYSTEM Performance Financial Position Surplus/(Deficit)	(19,376)	(33,380)	(14,004)	(19,044)	(23,189)	(4,145)

Finance- M7 position

Summary

- A number of operational pressures are impacting on our system and the financial impact of these is manifesting in our expenditure run rate. We continue to work through a thorough review of anticipated spend and actions to mitigate costs for the rest of the year.

- The pressures which place further stress on the STW deficit plan are well recognised both within the system and by the Regional NHSE team. The forecast scale of the impact of these is a matter of serious concern for which STW ICS remain committed to continuing to give close scrutiny and challenge.

- The current forecast outturn (FOT) position shows a £4.1m overall system adverse variance to plan in line with the forecast reported at M6. The majority of the overall variance relates to the unrecoverable year to date COVID overspend and escalation areas remaining open and includes assumptions about mitigations to current overspends which will be tested as part of the exercise to review the FOT. These mitigations are currently flagged as high risk.

- Whilst SaTH activity remains below 19/20 levels there has been a significant increase in expenditure due to the number of Medically Fit For Discharge (MFFD) patients. This increase from less than 100 per day on average pre-covid to between 150-190 on a regular basis has resulted in additional escalation areas being opened to support both flow from ED and ambulance handovers. This coupled with recruitment difficulties has resulted in an increased in agency and bank expenditure in order to keep patients safe.

- There remains significant risk around delivery of the financial plan with key risks centred around:
  - Increases to agency/bank expenditure driven by open escalation areas, staff sickness, extremely high levels of NRTR (No Right to Reside patients) and lack of discharge capacity
  - Increases to independent sector ophthalmology activity driven through patient choice and long waiting times at our main provider.
  - Increases in capital charges due to the need for capital improvements to support service improvement. Relative to other systems, this is a large sum for STW ICS.
  - Continued expenditure with Local Authorities on additional discharge support that is no longer nationally funded through the Hospital Discharge Programme.
  - Increased package prices in Individual Commissioning due to inflationary pressures and increased acuity of need.

- Whilst excess inflation was funded in the planning round, inflationary pressures are exceeding those originally forecast particularly in energy and care market costs.

- £7.0m of expenditure requirement noted as a priority for the system (£13.2m FYE) is currently sat outside of the financial plan. Whilst not a financial risk whilst expenditure is not incurred, this does pose a quality risk for our system if left unaddressed in the long term.

What have we done and next steps

STW recognises its material underlying deficit and local challenges, including those associated with geography, configuration of estate and availability of substantive workforce. We are committed to delivering our plans at a time when we are also battling heavy demand in urgent care and COVID-19 pressures.

- Review of forecast position continues with NHSE. All organisations continue to collectively work on an action plan to mitigate current overspends.

- Medium to long term financial plan development underway for refresh in Q3, includes detailed mapping of underlying position as part of above exercise

- Updates to 'triple lock' process actioned

- Work to better understand drivers of community/discharge costs

- Efficiency plan development (see efficiency slide)

- Financial sustainability self assessments complete, with actions identified underway whilst the audit process completes.

- Detailed analysis of run rate and regular monthly enhanced reporting actioned around COVID, Agency, ERF and efficiency trajectories.

1. Blank
2. CEO Update
3. Update on the development of the
4. ICS Performance
5. Proposed amendments to the
6. Finance Committee

Financial Performance by Organisation

NHS Shropshire, Telford and Wrekin

At month 7 the ICB has an adverse position against plan of £4.9m YTD. The overspend continues to be due to independent sector NCA ophthalmology activity, a small COVID overspend and continued community discharge expenditure offset with primary care prior year benefits. FOT remains in line with M6 and assumes significant mitigations to overspending areas. These mitigations are currently flagged as high risk.

Shrewsbury and Telford Hospitals NHS Trust

At Month 7 SaTH has an adverse position against plan of £10.4m YTD. This variance is mainly due to escalation areas remaining open due to COVID and staffing cost increases due to higher tier agency staff, offset by reduced elective activity due to COVID levels. Significant risk remains with regards to bringing the COVID spend back in line with plan. The forecast position is based on the unrecoverable YTD COVID position and escalation areas remaining open.

Robert Jones and Agnes Hunt

Month 7 position £358k favourable to plan. YTD £1,200k deficit. Income adverse driven by variable clinical income and private patient activity shortfalls against plan offset by marginal cost reductions and independent sector usage below plan. In month recognition of NHSE income underperformance YTD assuming no clawback driving net favourable position to plan. FOT remains in line with M6.

Shropshire Community Health Trust

At Month 7 SCHT has a favourable position against plan of £0.9m YTD. Covid vaccination activity is below plan YTD resulting in lower income and cost. Favourable variance to plan YTD is due mainly to high levels of vacancies with net leavers over 3% of staff in post at 31 March 2022, plan is to grow workforce. FOT remains in line with M6.

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance

5. Proposed amendments to the

6. Finance Committee

Risk

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance

5. Proposed amendments to the

6. Finance Committee

Risk Summary	SATH £'000	RJAH £'000	SCHT £'000	ICB £'000	System £'000	Total System Gross risk £'000	Potential Mitigation £'000	Total System Net risk £'000
Elective Recovery - risk 75% income not realised but costs in place	(13,374)	(1,551)		(471)		(15,396)	15,396	0
Other income risks (eg spec comm contract)	(4,548)	0				(4,548)	4,548	0
Growth risk on non system contracts	(1,200)					(1,200)		(1,200)
Inflation/Energy	(2,400)	(200)	(300)			(2,900)	200	(2,700)
High cost drugs	0			(1,000)		(1,000)		(1,000)
Capitalised Salaries	0					0	0	0
IS activity increases post covid				0		0		0
Impact of continued COVID expenditure	(8,423)	(207)	(260)			(8,890)	2,000	(6,890)
Escalation areas remain open	(4,022)					(4,022)		(4,022)
Efficiency Programme	(6,136)	(189)	(460)	(683)		(7,468)	7,468	0
System efficiency stretch risk					(13,936)	(13,936)	2,886	(11,050)
Activity Delivery/Casemix/Delayed recovery		(313)	(100)			(413)	100	(313)
Workforce Recruitment		(357)	(300)			(657)	657	0
Vaccination team costs, mitigation assumed 100% funding or exit strategy			0			0	0	0
Agency Expenditure above Ceiling			(1,000)			(1,000)	1,000	0
Overspend mitigations				(5,125)		(5,125)		(5,125)
Community bed/discharge scheme				(4,000)		(4,000)		(4,000)
	(40,103)	(2,817)	(2,420)	(11,279)	(13,936)	(70,555)	34,255	(36,300)

The level of risk in the system remains high at £70.6m, and £36.3m after potential mitigations.

Key issues remain around:

- Levels of COVID expenditure – all mitigations removed as no additional National funding for 22/23
- Delivery of efficiency programmes
- Unfunded discharge beds/schemes
- Overall inflation levels

CEOs have nominated leads to work through a rapid financial improvement planning process aimed at significantly improving the scale of the savings plan. The Integrated Delivery Committee is supporting and overseeing financial recovery planning.

£7.0m of key system cost pressures and investments (£13.2m FYE) that were not included in the plan remain unfunded which presents a number of operational, quality and safety risks if left unaddressed in the longer term (see over page).

NHS

Finance- Capital

Key Data

- Capital programme underspending by £13.6m YTD at M7

- The forecast has been updated to an underspend of £2.3m. This is because there has been an opportunity to bid for theatre improvement work through TIF2 national funding rather than funding through the BAU capital allocation.

Summary

- SATH YTD slippage relates to the estates programme and the off site renal unit at Hollinswood House .

- RJAH YTD slippage relates to EPR and diagnostic equipment expenditure. The diagnostic equipment expenditure is a delay as a result of the discovery of asbestos in the walls. The forecast outturn position at RJAH has been updated in month following the regional capital meeting at the end of October. The driver for the forecast underspend is due to the TIF 2 bid that has now been submitted to the region.

- ICB capital plans relate to primary care – GP IT and primary care improvement grants

- There are a number of business cases and bids that have been submitted to the regional and national teams for additional capital funding including, the Community Diagnostic Centre at Telford and system wide digital programmes.

What have we done and next steps

- Capital Prioritisation and Oversight Group (CPOG) has been established.

- Work has commenced on having a detailed 2022/23 forecast outturn for the capital programme across all providers

- Over the coming months, a detailed 24 month, 5 year and 10 year capital plan will be developed across the system.

- CPOG to oversee longer term capital plan to run alongside revenue plan

CAPITAL PROGRAMME	M7 YTD			FULL YEAR		
Organisation	Plan £000	Actual £000	Variance £000	Plan £000	Forecast £000	Variance to £000
NHS Shropshire, Telford and Wrekin	0	0	0	(869)	(869)	0
The Shrewsbury and Telford Hospital NHS Trust (SaTH)	(14,767)	(3,417)	11,350	(19,822)	(19,822)	0
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT (RJAH)	(5,026)	(2,603)	2,423	(11,659)	(9,369)	2,290
Shropshire Community Healthcare NHS Trust (SCHT)	(694)	(873)	(179)	(2,500)	(2,500)	0
TOTAL SYSTEM	(20,487)	(6,893)	13,594	(34,850)	(32,560)	2,290

1. Blank
2. CEO Update
3. Update on the development of the
4. ICS Performance
5. Proposed amendments to the
6. Finance Committee

ICS Workforce Dashboard – M07

WTE: 22,102
Vacancy: 5.6%
Turnover: 22.2%
Sickness: 5.5%

WTE
- Acute: 8,643
- Community & MH: 1,386
- Adult Social Care: 10,600
- CCG: 228
- Primary Care: 1,245

Vacancy
- Average: 5.6%
- Acute: 5.6%
- Community & MH: 0.0%
- Adult Social Care: 4.3%
- CCG: 0.0%
- Primary Care: 0.0%

Turnover
- Average: 22%
- Acute: 14%
- Community & MH: 0%
- Adult Social Care: 28%
- CCG: 24%
- Primary Care: 0%

Sickness
- Average: 5.5%
- Acute: 6.1%
- Community & MH: 0.0%
- Adult Social Care: 5.0%
- CCG: 5.7%
- Primary Care: 0.0%

AfC Appraisals: 79%
Medical Appr.: 86%
Mand. Training: 89%

28
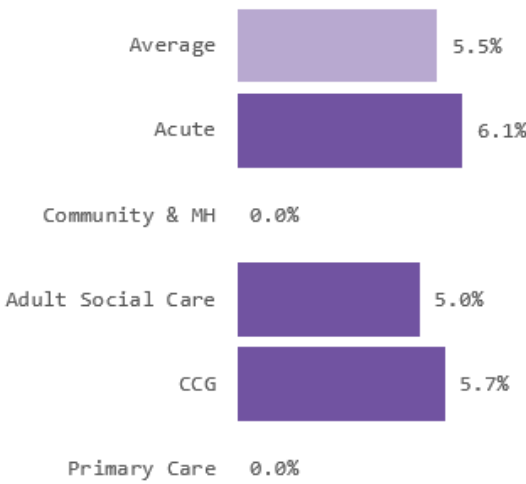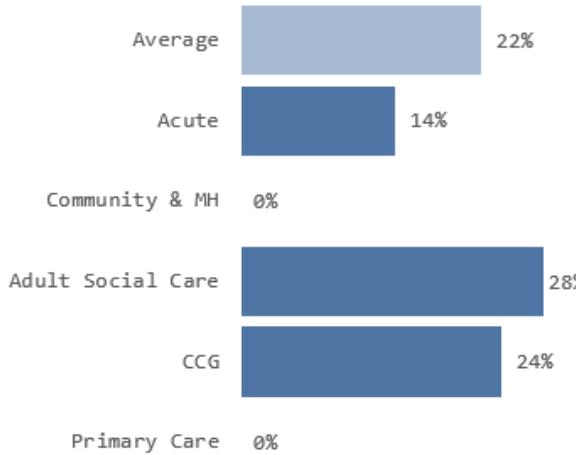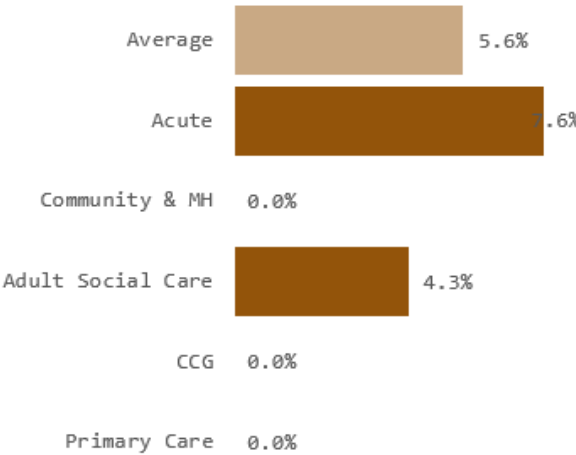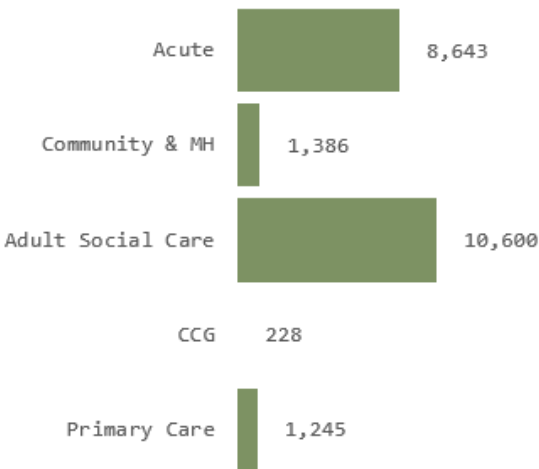
1. Blank
2. CEO Update
3. Update on the development of the
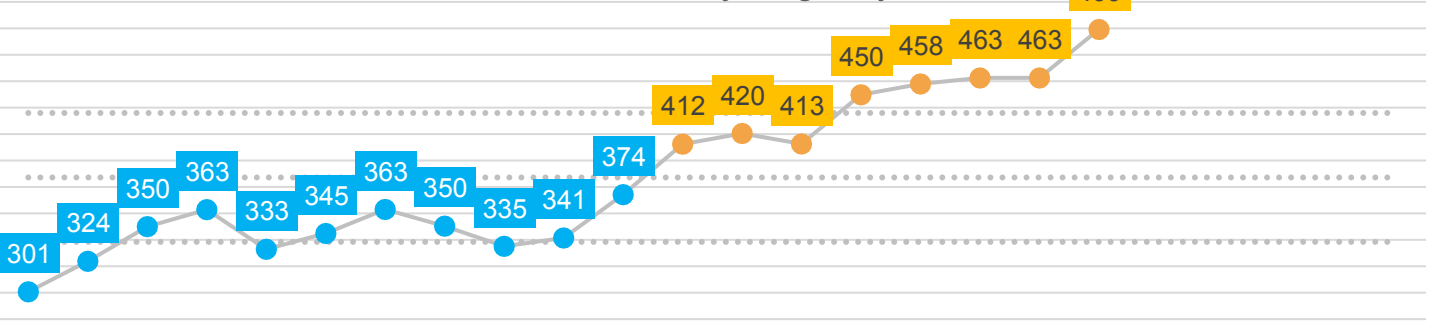4. ICS Performance
5. Proposed amendments to the
6. Finance Committee

ICS Workforce Dashboard - M06 September 2022 (NHS Only)

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance

5. Proposed amendments to the

6. Finance Committee

Measure	Dimension	Data Source	Data Period	System		SaTH		RJAH		SCHT	
Sickness Absence	Monthly Sickness Absence Rate	PWR	Sep 22	6.2%		6.1%		6.1%		6.4%	
Substantive (WTE)	Total	PWR	Sep 22	8,934		6,270		1,402		1,262	
	Registered Nursing & Midwifery	PWR	Sep 22	2,575		1,822		292		461	
	HCSW	PWR	Sep 22	1,272		970		173		129	
	Infrastructure	PWR	Sep 22	1,881		1,076		501		304	
	Allied Health Professionals	PWR	Sep 22	692		387		162		143	
	Pharmacy	PWR	Sep 22	136		97		19		21	
	Other STT	PWR	Sep 22	263		212		31		20	
	GP, Medical and Dental	PWR	Sep 22	868		702		146		20	
Vacancies (WTE)	Total	PWR	Sep 22	794		492		137		165	
	Registered Nursing & Midwifery	PWR	Sep 22	194		102		37		55	
	HCSW	PWR	Sep 22	122		78		25		19	
	Infrastructure	PWR	Sep 22	98		25		37		37	
	Allied Health Professionals	PWR	Sep 22	60		25		19		17	
	GP, Medical and Dental	PWR	Sep 22	126		106		15		4	
Vacancy Rate %	Total	PWR	Sep 22	8.2%		7.3%		8.9%		11.6%	
	Registered Nursing & Midwifery	PWR	Sep 22	7.0%		5.3%		11.3%		10.6%	
	HCSW	PWR	Sep 22	8.8%		7.4%		12.8%		12.7%	
	Infrastructure	PWR	Sep 22	4.9%		2.2%		6.8%		10.7%	
	Allied Health Professionals	PWR	Sep 22	8.0%		6.0%		10.4%		10.5%	
	GP, Medical and Dental	PWR	Sep 22	12.6%		13.2%		9.4%		17.2%	
Temporary Staffing	Bank WTE	PWR	Sep 22	595		494		51		50	
	Agency WTE	PWR	Sep 22	499		388		38		73	
	Bank WTE %	PWR	Sep 22	5.9%		6.9%		3.5%		3.6%	
	Agency WTE %	PWR	Sep 22	5.0%		5.4%		2.5%		5.3%	
Turnover	In-month leavers rate	PWR	Sep 22	14.6%		14.7%		12.9%		16.1%	
	Leavers - All	PWR	Sep 22	1,304		920		180		203	

ICS Workforce (NHS) Dashboard – M07 2022

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance

5. Proposed amendments to the

6. Finance Committee

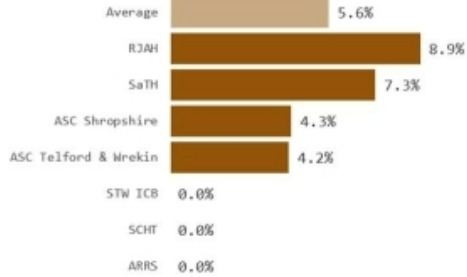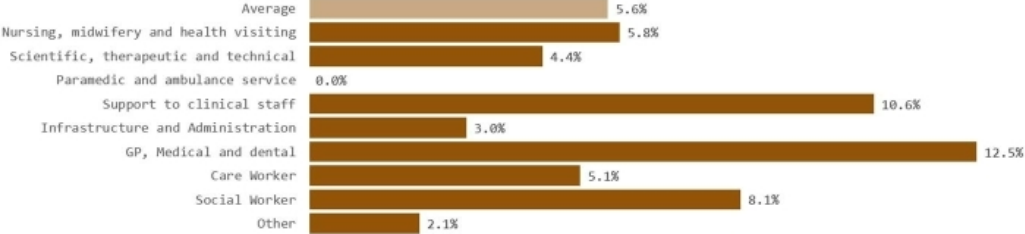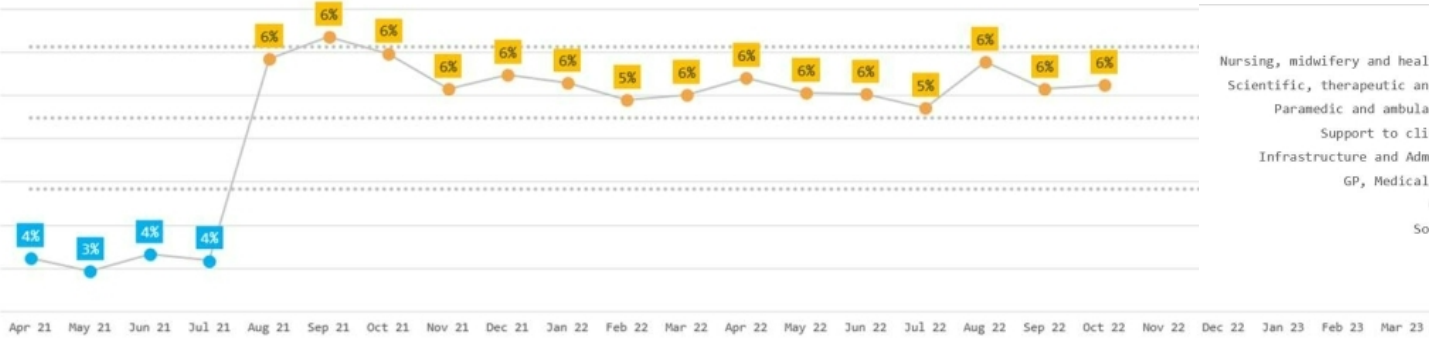**WTE History - Agency**

301, 324, 350, 363, 333, 345, 363, 350, 335, 341, 374, 412, 420, 413, 450, 458, 463, 463, 499

Vacancy Rates

Average	5.6%
RJAH	8.9%
SaTH	7.3%
ASC Shropshire	4.3%
ASC Telford & Wrekin	4.2%
STW ICB	0.0%
SCHT	0.0%
ARRS	0.0%

Vacancy History

Average	5.6%
Nursing, midwifery and health visiting	5.8%
Scientific, therapeutic and technical	4.4%
Paramedic and ambulance service	0.0%
Support to clinical staff	10.6%
Infrastructure and Administration	3.0%
GP, Medical and dental	12.5%
Care Worker	5.1%
Social Worker	8.1%
Other	2.1%

Turnover History

Average	22%
Nursing, midwifery and health visiting	18%
Scientific, therapeutic and technical	14%
Paramedic and ambulance service	0%
Support to clinical staff	14%
Infrastructure and Administration	14%
GP, Medical and dental	14%
Care Worker	32%
Social Worker	9%
Other	21%

Agenda item

ICB 30-11.045

Proposed amendments to the

Constitution and Governance handbook

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Fiiance Committee

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

APPENDIX 1
DRAFT - EXCERTS

NHS Shropshire, Telford and Wrekin Integrated Care Board

CONSTITUTION

Version	Date effective from
Version 1	1st July 2022
Draft version 2	

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

CONTENTS

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Fiance Committee

The performance assessment will assess how well the ICB has discharged its functions during that year and will, in particular, include an assessment of how well it has discharged its duties under—

a) section 14Z34 (improvement in quality of services),

b) section 14Z35 (reducing inequalities),

c) section 14Z38 (obtaining appropriate advice),

d) section 14Z40 (duty in respect of research)

e) section 14Z43 (duty to have regard to effect of decisions)

f) section 14Z4~~5~~4 (public involvement and consultation),

g) sections 223GB to 223N (financial duties), and

h) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, Part 13 of the Bankruptcy (Scotland) Act 2016 ~~sections 56A to 56K of the Bankruptcy (Scotland) Act 1985~~ or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).

A ~~H~~healthcare ~~P~~professional ~~(within the meaning of section 14N of the 2006 Act)~~ or other professional person who has at any time been subject to an investigation or proceedings, by anybody which regulates or licenses the profession concerned ("the regulatory body"), in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was—

i) the person's suspension from a register held by the regulatory body, where that suspension has not been terminated;

j) the person's erasure from such a register, where the person has not been restored to the register;

k) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded; or

l) a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted.

(1)

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

m) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002; or

n) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

7 Arrangements for ensuring Accountability and Transparency

7.1.1 The ICB will demonstrate its accountability to local people, stakeholders and NHS England in a number of ways, including by upholding the requirement for transparency in accordance with paragraph 12~~1~~(2) of Schedule 1B to the 2006 Act.

7.2 Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022.
Area	The geographical area that the ICB has responsibility for, as defined in part 2 of this Constitution.
Committee	A committee created and appointed by the ICB board.
Executive Member of the ICB	Those roles on the ICB that are appointed by the ICB under an employment contract and include the Chief Executive Officer, ICB Chief Finance Officer, ICB Chief Medical Officer, ICB Chief Nursing Officer and the Executive Director for Delivery and Transformation
Functions and Decisions Map	High level description of where decision making on the functions of the ICB is undertaken under delegation by committees, joint committees and individuals.
Health Care Professional	An individual who is a member of a profession regulated by a body mentioned in section 25(3) of the

(2)

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

	National Health Service Reform and Health Care Professions Act 2022
Health Service Body	Health Service Body as defined by section 9(4) of the NHS Act 2006 or (b) NHS Foundation Trusts
ICB board	Members of the ICB.
ICB Chief Finance Officer	This role is the Chief Finance Officer for NHS Shropshire, Telford and Wrekin Integrated Care Board
ICB Chief Medical Officer	This role is the Chief Medical Officer for NHS Shropshire, Telford and Wrekin Integrated Care Board
ICB Chief Nursing Officer	This role is the Chief Nursing Officer for NHS Shropshire, Telford and Wrekin Integrated Care Board
Non-Executive Members	These roles are ordinary members of the ICB who are independent from the ICB and therefore are neither an employee or a contractor.
Integrated Care Partnership	The joint committee for the ICB's area established by the ICB and each responsible local authority whose area coincides with or falls wholly or partly within the ICB's area.
NHS England	The operational name for the National Health Service Commissioning Board
Ordinary Member	The Board of the ICB will have a Chair and a Chief Executive plus other members. All other members of the Board are referred to as Ordinary Members.
Partner Member of the ICB	Some of the Ordinary Members will also be Partner Members. Partner Members bring knowledge and a perspective from their sectors and are appointed in accordance with the procedures set out in Section 3 having been nominated by the following: • NHS trusts and foundation trusts who provide services within the

(3)

	ICB's area and are of a prescribed description.
	• The primary medical services (general practice) providers within the area of the ICB and are of a prescribed description
	The local authorities which are responsible for providing Social Care and whose area coincides with or includes the whole or any part of the ICB's area
Place-Based Partnership	Place-based partnerships are collaborative arrangements responsible for arranging and delivering health and care services in a locality or community. They involve the Integrated Care Board, local government and providers of health and care services, including the voluntary, community and social enterprise sector, people and communities, as well as primary care provider leadership, represented by Primary Care Network clinical directors or other relevant primary care leaders.
Sub-Committee	A committee created and appointed by and reporting to a committee.

(4)

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

APPENDIX 2

DRAFT - EXCERPTS

GOVERNANCE HANDBOOK

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

Version	Approved by Board	Shared with NHSE/I
1	1st July 2022	7th July 2022
Draft 2		

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Fiance Committee

Contents

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

2. Scheme of Reservation and Delegation (SoRD)

Key:

CEO – Chief Executive
CFO – Chief Finance Officer
CMO – Chief Medical Officer
CNO – Chief Nurse Officer
EDD&T – Executive Director of Delivery & Transformation
DS&I – Director of Strategy & Integration

					Delegation				
NHS Shropshire, Telford and Wrekin - Scheme of Reservation and Delegation									
Decision / Function	Reserved by the Board	Committee	Chair	CEO	Director	Joint Committees	Other Statutory Committees	PLACE based / Provider Collaborative committees	
Page 27 11. DELEGATED FUNCTIONS TO THE WEST MIDLANDS ICBs JOINT COMMITTEE									
The ICB's Chief Executive Officer or their designated representative where they are unable to attend, has full authority to act on behalf of the ICB within the delegation outlined in this section below at the West Midlands ICBs Joint Committee.		The West Midlands ICBs Joint Committee		✔					

1. Blank
2. CEO Update
3. Update on the development of the
4. ICS Performance Update including
5. Proposed amendments to
6. Finance Committee Minutes

Preparation for the future joint collaborative arrangements with the other ICBs to support the delegation from NHSEI of primary care commissioning in accordance with section 13V and/or section 65Z6 of the NHS Act. This is with the expectation that the committee subsequently provides the joint governance oversight for such arrangements once they have been determined and subsequently approved by the ICBs.		The West Midlands ICBs Joint Committee						
Preparation for the future joint collaborative arrangements to enable the delegation from NHSEI of specialised services commissioning (also in accordance with section 13V and/or section 65Z6 of the NHS Act). This is with the expectation that the committee subsequently provides the joint governance oversight for such arrangements once they have been determined and subsequently approved by the ICBs, recognising that there will also still be an accountability for these arrangements back to NHSEI.		The West Midlands ICBs Joint Committee						
Oversight and co-ordination of the commissioning arrangements for the six ICBs in respect of 111 and 999 services and any associated shared commissioning functions.		The West Midlands ICBs Joint Committee						
Oversight and co-ordination of shared collaborative arrangements that may be determined by the ICBs (such as the co-ordination of clinical networks). This will include the production of proposals by the committee for approval by the ICBs for the appropriate alignment of accountabilities for any shared activities through the joint committee to the ICBs.		The West Midlands ICBs Joint Committee						

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance Update including

5. Proposed amendments to

6. Finance Committee Minutes

Provision of a forum for collective discussion, agreement and decisions by the constituent members of the committee that is consistent with the delegated limits of each ICB's standing financial orders. So enabling the ICBs to collaborate on areas of work and opportunities that arise.		The West Midlands ICBs Joint Committee						
Determination of the most appropriate commissioning governance and operation arrangements for any functions and services delegated to the committee by the six ICBs.		The West Midlands ICBs Joint Committee						
Determination of the most appropriate working group arrangements, reporting into the joint committee to enable the efficient and effective operation of the responsibilities that have been delegated to the committee by the six ICBs.		The West Midlands ICBs Joint Committee						

1. Blank

2. CEO Update

3. Update on the development of the

4. ICS Performance Update including

5. Proposed amendments to

6. Finance Committee Minutes

Finance Committee

Terms of Reference

1.   Constitution

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

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

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

2. Authority

2.1 The Finance Committee is authorised by the Board to:

- Investigate any activity within its terms of reference

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

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

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

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

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

3. Purpose

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Fiance Committee

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

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

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

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

4. Membership and attendance

4.1   Membership

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

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

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

Members for internal ICB responsibilities:

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

Members for external ICS system responsibilities:

- ICB Chief Finance Officer
- ICB Executive Director of Strategy and Integration
- ICB Independent Non Executive Director (Chair)
- ICB Lay Advisor (Vice Chair)
- ICB Independent Non Executive Director
- SaTH Non Executive Director
- SaTH Chief Finance Officer (or Deputy)
- MPFT Chief Finance Officer (or Deputy)
- Shropshire Community Health NHS Trust Non Executive Director
- Shropshire Community Health NHS Trust Chief Finance Officer (or Deputy)
- RJAH Non Executive Director
- RJAH Chief Finance Officer (or Deputy)
- Shropshire Council – Finance Lead (or Deputy)
- Telford and Wrekin Council – Finance Lead (or Deputy)

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

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

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

4.2 Chair and vice chair

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

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

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

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

4.3 Attendees

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

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

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

4.4 Attendance

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

5. Meetings, quoracy and decisions

5.1 Meetings

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

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

5.1.3 The Committee will meet at least 4 times per year.

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

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

5.2 Quorum

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

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

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

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

5.3 Decision-making and voting

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

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

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

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

6. Responsibilities of the Committee

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

6.2 System financial management framework
- to set the strategic financial framework of NHS STW and monitor performance against it to develop NHS STW financial information systems and processes to be used to make recommendations to the

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

Board on financial planning in line with the strategy and national guidance to ensure health and social inequalities are taken into account in financial decision-making

6.3   Resource allocations (revenue)
- to develop an approach to distribute the resource allocation through commissioning and direct allocation to drive agreed change based on NHS STW strategy to advise on and oversee the process regarding the deployment of system-wide transformation funding
- to work with ICS partners to identify and allocate resources where appropriate to address finance and performance related issues that may arise
- to work with ICS partners to consider major investment/disinvestment outlined in business cases for material service change or efficiency schemes and to agree a process for sign off
- to develop standing financial instructions for approval by the Board.

6.4   National framework
- to advise NHS STW on any changes to NHS and non-NHS funding regimes and consider how the funding available to NHS STW can be best used within the system to achieve the best outcomes for the local population
- to oversee national ICB level financial submissions
- to ensure the required preparatory work is scheduled to meet national planning timelines

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

6.6   Performance
- to oversee the management of the system financial target and NHS STW's own financial targets
- to agree key outcomes to assess delivery of NHS STW financial strategy to monitor and report to the Board overall financial

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

performance against national and local metrics, highlighting areas of concern

- to monitor and report to the Board key service performance which should be taken into account when assessing the financial position
- monitor arrangements for risk sharing or risk pooling with other organisations i.e. Section 75 arrangements NHS Act 2006.
- Recommend approval of healthcare contracts outside approved budgets to the Board.

6.7 Communication

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

6.8 People

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

6.9 Capital

- to monitor the system capital programme against the capital envelope and take action to ensure that it is appropriately and completely used
- to gain assurance that the estates and digital plans are built into system financial plans
- to ensure effective oversight of future prioritisation and capital funding bids

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

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

  a) Financial policies and procedures

7. Behaviours and conduct

7.1 ICB values

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

7.2   Conflicts of interest

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

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

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

7.3   Equality and diversity

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

8. Accountability and reporting

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

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

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

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

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

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

9. Secretariat and administration

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

10.Review

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

Date of approval:

Date of review: 30 June 2023

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

Quality and Performance Committee

Terms of Reference

1 Constitution

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

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

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

2. Authority

2.1 The Quality and Performance Committee is authorised by NHS STW to:

- Investigate any activity within its terms of reference;

- Seek any information it requires within its remit, from health and care partners within the ICS, as outlined in these terms of reference;

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

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

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

2.2 Scope

2.2.1 The Quality and Performance Committee is concerned with all services:
- Commissioned by the NHS (either NHS STW or NHS England and Improvement).
- Jointly commissioned by the NHS and local authorities.
- Commissioned by local authorities from NHS and non-NHS providers.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

2.2.3 The QPC does not have executive powers and will not:

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

3. Purpose

3.1 The purpose of the QPC:

3.3.1 For Quality

- To assure the Board that regulatory elements of quality are being met as enshrined in the Health and Care Act 2022 and in line with The National Quality Board, Shared Commitment to Quality 2021 https://www.england.nhs.uk/publication/national-quality-board-shared-commitment-to-quality/.
- To assure the Board that our services are safe, effective, caring (which aligns with positive experience in NQB definition of quality), well-led, sustainable and equitable and in line with STW Pledge 1 – Improving Quality
- To assure the Board that there is an effective system of quality governance and internal control that supports the development and delivery of sustainable, high quality care
- To provide the Board with assurance that the quality strategy, with particular emphasis on addressing health inequalities and quality improvement, is being delivered
- To assure the Board that quality risks are recognised, controlled, mitigated and escalated as appropriate.

3.3.2 For Performance

- To assure the board that all system providers have oversight of their key performance indicators and / or oversight frameworks and are reporting to the national / required standard
- To provide the board with intelligence with forecasting against demand across the providers and appropriate plans to meet that demand
- To provide the Board with assurance that our system providers are utilising performance reporting to for the purposes of quality improvement (QI)
- To provide the Board with assurance that performance risks are recognised, controlled, mitigated and escalated as appropriate.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

4. Membership, Chairing and attendance

4.1 Membership

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

4.1.2 The Board will appoint no fewer than 4 members of the Committee including one who is a Non-Executive Member of the Board. Other members of the Committee need not be members of the Board.

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

- ~~Quality systems~~
- ~~Performance monitoring systems~~

4.1.3~~4~~ When determining the membership of the Committee, active consideration will be made to diversity and equality.

4.2 Chair

4.2.1 The meeting will be chaired by an NHS STW~~ICB~~ Non-Executive Director. In the event of the chair being unable to attend, NHS STW Chief Nursing Officer or ICB Chief Medical Officer who are joint Vice Chairs will chair the meeting.

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

4.2.3 The meeting will be chaired in 2 parts:
Part 1 Quality
Part 2 Performance

4.3 Members

4.3.1 Members include:
- Non-Executive Director – Chair
- ICB Chief Nursing Officer - Joint Vice Chair
- ICB Chief Medical Officer – Joint Vice Chair
- ~~ICB Director of Strategy and Integration~~
- Director of Planning and Performance
- Director of Partnerships and Place
- Shropshire Council Director of Public Health
- Telford and Wrekin Council director of Public Health
- SATH – Exec~~utive~~ Director representative ~~for Quality~~
- SATH – Non Executive Director
- MPFT – Executive Director representative ~~for Quality~~
- MPFT – Non Executive Director
- Shropshire Community Health Trust – Executive Director representative ~~for Quality~~
- Shropshire Community Health Trust - Non Executive Director

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

- Robert Jones Agnes Hunt Orthopaedic Hospital – Executive Director representative for Quality
- Robert Jones Agnes Hunt Orthopaedic Hospital – Non Executive Director
- Shropshire Council – Senior Leadership representativeSocial Care Quality Lead
- Telford and Wrekin – Senior Leadership RepresentativeSocial Care Quality Lead
- Shropshire Healthwatch representative
- Telford and Wrekin Healthwatch representative

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

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

4.4   Attendees

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

5.   Meetings Frequency, Quoracy and Decisions

5.1   Frequency

5.1.1   The Quality and Performance Committee will meet at least 4 times a year, with the exception of August and December.

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

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

5.2   Quorum

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

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

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

5.3   Decision making and voting

5.3.1   The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote for committee members only and in the event of

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

a tie, the Chair will have the casting vote. The outcome will be recorded in the minutes.

5.3,2   If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

6.   Responsibilities of the Committee

6.1   Quality

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

6.1.2   Assurance and Regulatory Compliance
- To be assured that there are robust structures and processes in place for the effective management of quality planning, control and improvement
- ~~To maintain oversight and be assured that system wide safeguarding arrangements for children and adults meet statutory responsibilities.~~
- To be assured that system wide safeguarding arrangements for children and adults meet statutory responsibilities.
- To be assured that system wide area prescribing and medicines safety arrangements are compliant with statutory requirements
- To be assured that system wide infection prevention and control arrangements are compliant with statutory requirements
- To be assured that actions align with addressing health inequalities
- To approve ICS statutory quality reports in line with reporting framework and seek Board approval for publication
- Oversee and scrutinise NHS STW's response to quality directives, regulations, national standards, policies, reports, reports or reviews from external agencies (including for example, CQC and Ockenden) to gain assurance that they are appropriately reviewed and required actions are being taken, embedded and sustained.
- Maintain an overview of changes in the methodology employed by regulators and changes in legislation / regulation and assure NHS STW that these are disseminated and implemented across all sites.
- ~~Approve arrangements including supporting strategies and plans to minimise clinical risk maximise patient safety and to secure continuous improvement in quality and patient outcomes.~~

6.1.3   Quality Structure and Processes
- Ensure this committee and that sub-committees and groups that feed into it, remain aligned to the wider organisational governance structure.
- Promote alignment of system wide, quality culture and methodology

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

- Ensure ICS systems and processes track quality information from patient / client to ICS Board through a clearly defined Information Governance framework and in line with GDPR.
- Seek assurance that opportunities to pool skill, knowledge, competence and other resources lead to coordinated actions that drive improvement, whilst respecting statutory responsibilities of member organisations.
- Adopt a culture of operational efficiency and effectiveness by ensuring quality monitoring is fit for purpose, reporting is aligned and all opportunities to share learning are taken (including but not limited to incidents, complaints, mortality reviews, resident engagement)
- Have oversight of and approve the System Quality Group Terms of Reference
- Consider and, where appropriate invite, additional assurance from independent sources.

6.1.4 Quality Strategy
- ~~To prepare the Quality Strategy~~
- To recommend updates and revisions and agree the Quality Strategy and seek approval by the ICS Board
- To ~~oversee implementation of the Quality Strategy and~~ receive updates on progress against quality priorities and actions outlined in the Quality Strategy

6.1.5 Risk
- To maintain oversight of a system quality risk register for all risks relating to system quality. This does not include provider specific risks managed at source, and in line with provider's risk appetite.
- To consider any provider specific risks that rate high and emerging risks that may threaten wider service delivery. This does not preclude any individual organisation within the system calling a Rapid Quality Review~~Risk Summit~~, as set out in ~~Risk Summits~~ National Guidance on Quality Risk Response and Escalation in Integrated Care Systems (National Quality Board) June 2022)~~due to be issued January 2021 by the National Quality Board.~~
- To receive, consider and escalate for ICB action, any system quality risks that manifest across organisational boundaries to a Risk Summit where these cannot be resolved locally.
- To acknowledge, mitigate and escalate / de-escalate risks within the Committee's remit and escalate in line with ICS Board appetite for risk
- To ensure risks associated with quality are incorporated in the Board Assurance Framework as appropriate, mitigation and gaps in control remains current.

6.1.6 Quality Metrics
- To approve system quality metrics recommended by ICB System Quality Group

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

- To seek assurance that the system is meeting the system quality metrics and where this is not happening, escalate with recommendations to the ICS Board for a system approach to be agreed
- To ensure as they system matures, quality metrics remain fit for purpose.
- ~~Oversee the effective reporting and learning from safety incidents.~~

6.1.7 Quality Improvement

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

6.2 Performance

6.2.1 The performance directorate aim to turn data into information and then information into insight for this Committee to consider as part of a quality improvement journey.
This committee will ensure regulatory requirements relating to performance are met and Pledge 1 is delivered. Key performance responsibilities of the Committee include;

6.2.2 Performance Assurance Framework (PAF)
- To recommend updates and revisions and agree the PAF and recommend approval by NHS STW Board

6.2.3 Regulatory compliance

- To approve ICB statutory performance reports for publication

- To be assured that provider level performance is the best it can be, and on a journey of Quality Improvement (QI)

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

6.2.4   Risk
- To receive, consider and escalate for ICB action, any System Performance risks that manifest across organisational boundaries to a Risk Summit where these cannot be resolved locally.

- To consider any provider specific risks that rate high, and emerging risks at may threaten wider service delivery.

- To consider the commissioning prioritisation framework at least annually before approval by the Strategy Committee.To acknowledge, mitigate and escalate / de-escalate risks within the Committee's remit and escalate in line with ICS Board appetite for risk

- To ensure risks associated with performance are incorporated in the Board Assurance Framework as appropriate, mitigation and gaps in control remains current.

6.2.5   Outcome Measures
- The purpose of collecting data is to provide a basis for action, recommendation, and acknowledgement to support a culture of Quality Improvement.

6.3   Triangulation

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

6.4   Decision Making

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

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

6.5   The following sub Committees, teams, organisations and groups will report into this Committee:

- For Quality:Individual Organisational Quality and Safety Committees
- System Quality Group
- Learning Disability and Autism Board
- Childrens and Young Peoples Board
- SOAG (Sath Safety Oversight and Assurance Group)
- LMNS Programme Board

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

- Health Protection Board (in addition to reporting to Health & Wellbeing Boards)
- Providers
- Healthwatch
- Safeguarding Adult and Child including Looked After Children Group

For Performance:

- Primary Care (ICB Lead)
- Shropshire Doctors (Provider/Shropshire Doctors)
- Shropshire Community (Provider/SCHT)
- Urgent and Emergency Care Board
- ICB Cancer and Planned Care Board
- Mental Health Provider (Provider/MPFT)
- Elective Recovery Fund (ICB Business Intelligence and Planning

7. Behaviours and conduct

7.1   ICB values

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

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

7.2   Conflicts of interest

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

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

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

7.3   Equality and diversity

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

8. Accountability and reporting

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

8.2   The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board.

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

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

8.5   The Committee also provides reporting and assurance to:

- NHS Midlands via the Regional Quality Surveillance Group.
- Through local authority representation, into the relevant Shropshire, Telford and Wrekin Local Authorities Assurance Committees
- The regional NHS England and NHS Improvement teams on risks and issues.

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

8.7   The Committee will consider reports from national policy work and other sources and will receive reports from:

8.7.1   For quality:

- Clinical Prioritisation Group
- Health Protection Board
- LMNS Programme Board
- Pharmacy Leadership Group
- Providers including place-based Partnerships: SHIPP; TWIPP update against quality priorities and high rating or emerging risks
- Quality Improvement Group
- Quality Risk Register
- Safeguarding Adult and Child including Looked After Children
- Statutory Quality Reports
- System Quality Group

8.7.2   For performance:

- Primary care (ICB Lead)
- Shropshire Doctors (Provider/ShropDoc)
- Shropshire Community (Provider/ShropoCom)

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

- Urgent and Emergency Care (Provider/Shrewsbury and Telford Hospitals (SaTH), UEC Group & Board)
- Planned care (Provider/Robert Jones Agnes Hunt (RJAH), SaTH, ICB Cancer and Planned care board)
- Cancer Care (As above)
- Mental Health Provider (Provider/MPFT)
- Shropshire Integrated Place Partnership (Provider/SHIPP)
- Telford Integrated Place Partnership (Provider/TWIPP)
- Elective Recovery Fund (ICB Business Intelligence and Planning)
- Performance Risk Register

8.7.3   The Committee's Chair and relevant local authority lead member shall draw to the attention of STW ICB any issues that require its consideration or executive action.

9. Secretariat and Administration

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

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Preparation, collation and circulation of papers in good time
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

10. Review

10.1   The Committee will review its effectiveness at least annually.

10..2   These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to NHS STW for approval.

Date of approval:

Date of review: 30th June 2023

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

Page 117 **NHS Shropshire, Telford and Wrekin**

Integrated Delivery Committee

Terms of Reference

1. Constitution

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

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

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

2. Authority

2.1 The Committee is authorised by the Board to:

- Oversee the development and delivery of the Transformation Programme and the individual projects and programmes that reflect the System transformation strategy, including:

  o System wide big ticket items;
  o urgent and emergency care improvement programme
  o elective care recovery programme
  o ~~financial improvement and efficiency programmes~~
  o other programmes as they develop.

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

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

- Provide oversight to the tactical commissioning function within NHS STW

- Provide oversight to the Investment Panel and ensure rigorous evaluation of benefits realisation and return on new investment.
- ~~Development of an approach to rigorous appraisal of any proposed new investment and returns on those investments, supported by systematic benefits delivery evaluation of any investments approved to proceed.~~

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

- ~~Development of an approach to review cost driversacross organisations and the system, Development of an approach to scrutinise and challenge any corrective action.~~

- Promote a system-wide approach to the delivery of transformation programmes that achieves and drives value for money.

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

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

- Investigate any activity within its terms of reference

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

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

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

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

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

3. Purpose

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

3.2 The purpose of the Committee is to:

3.2.1   Provide assurance, oversight and support to the development and delivery of the STW ICS Transformation Programmes, the Financial Improvement Programme

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

and Efficiency Programme to ensure that transformation is achieved at the required pace and remains aligned to emerging System strategy. Ensure allocation of resources to support delivery.

3.2.2   Provide assurance, oversight and support to the enabling and support services workstreams that contribute to the Transformation Programmes and upon which the programmes are dependent to achieve the required outcomes.

3.2.3   Ensure the progression of any recommendations made by the Radical Options project.

3.2.4   Serve as the point of escalation for operational groups and place committees specifically including:
- 6 Big Ticket Items
- Pathway Delivery Groups
- Efficiency Groups

3.2.5   Address interdependencies across STW transformation programmes and ensure continued congruence of programmes with operational activities.

3.2.6   Act as the key point of contact for Place development and oversight. Ensure alignment of the Shropshire and Telford & Wrekin Place-Based Partnership's objectives to the strategic plans and objectives at System-level

3.2.7   Ensure that the transformation programmes remain aligned to delivery of the Financial Strategy. Ensure the delivery of our ICS Sustainability Strategy objectives. This includes the successful progression of our 6 Big Ticket items programmes of work.

3.2.8   Provide oversight to the Investment Panel and ensure that that investment decisions across the ICS remain compliant with the requirements of the national Recovery Support Programme and adhere to the agreed System process.

3.2.9   Agree a plan to meet the health and healthcare needs of the population within each place, having regard to the Integrated Care Strategy and place health and wellbeing strategies.

3.2.10   Make recommendations to the Board regarding allocation Allocate resources to deliver the plan in each place, determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital)

3.2.11   Agree implementation in place of the arrangements for complying with the NHS Provider Selection Regime

3.2.12   Approve arrangements for managing exceptional funding requests.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

3.2.13 Approval of contracts/contract variations for any healthcare services within approved budgets (with the exception of GMS, PMS and APMS – see separate delegation)

3.2.14 To approve, that NHS STW proceeds to procurement for healthcare services which will include the approval of the timeline for procurement, the proposal for procurement and the service specification.

3.2.15 To approve the award of healthcare services procurement.

3.2.16 To approve the extension of a healthcare contract, where provision for an extension has been made within the contract terms.

3.2.17 Approve the policies and procedures to support the arrangements for discharging the statutory duties associated with its clinical and non-clinical commissioning functions.

3.2.18 Developing a plan to meet the health and healthcare needs of the population (all ages) within NHS STW area having regard to the partnership's strategy

3.2.19 Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.

3.2.20 Arranging for the provision of health services in line with allocated resources across the ICS by convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes

3.2.21 Leading system wide action on digital: working with partners across the NHS and with local authorities to put in place smart digital foundations to connect health and care services to put the citizen at the centre of their care

3.3 Out of Scope

3.3.1 Organisation-specific transformation programmes, although interdependencies will be tracked by the Committee to manage risks to delivery of the transformation programmes

3.3.2 Organisation-specific financial efficiency programmes, although interdependencies will be tracked by the Committee to manage risks to delivery of the transformation programmes

3.3.3 Operational performance that is within the remit of the operational boards

4. Membership and Attendance

4.1 Membership

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

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

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

4.1.4 The core voting membership of the Committee is:
- Chair of Robert Jones Agnes Hunt (RJAH) Orthopaedic Hospital Foundation Trust (Chair)
- ICB Executive Director of Delivery and Transformation (Vice Chair)
- Managing Director, MPFT
- Director of Adult Social Care, Shropshire Council
- Director of Adult Social Care, T&W Council
- Chief Operating Officer, RJAH
- Chief Operating Officer, SaTH
- Chief Operating Officer, Shropcomm
- ICB Chief Finance Officer
- ICB Chief Medical Officer or ICB Chief Nursing Officer
- ICS Digital Lead

4.1.5 Non-voting attendees are:

- ICB Director of Strategy & Integration
- Programme Director for Outpatients Transformation
- Programme Director for HTP
- Programme Director for Workforce Transformation
- Programme Director for Local Care Transformation
- Programme Director for MSK Transformation Programme
- Programme Director for Place Based Joint Commissioning Programme
- Chair, Planned Care Board
- Chair, Urgent & Emergency Care Board
- Chair, Financial Improvement Programme
- Chair, Commissioning Group
- Chair, Investment Panel
- ICB PMO
- ICS Estates Lead

4.1.6 If a member is unable to attend then they may nominate a deputy:
- The deputy for non-executive members must be a non-executive director from the member's own organisation;
- The deputy from other members must have delegated authority on behalf of the organisation they represent
- The deputy shall be treated as a full member, and count toward quoracy.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

4.1.7 The chairs of the Operational boards and Place based boards will be responsible for escalating issues or risks to the Committee.

4.2 Attendees

4.2.1 Only members of the Committee have the right to attend Committee meetings, however all of the meetings of the Committee may be attended by individuals who are not members of the committee

4.2.2 Additional attendees shall be invited as required at the discretion of the Chair.

4.3 Chair and Vice Chair

4.3.1 In accordance with the constitutions, the Committee will be chaired by the Chair of an NHS Provider Trust, appointed on account of their specific knowledge, skills and experience making them suitable to chair the Committee.

4.3.2 The Vice Chair of the Committee shall be NHS STW Executive Director for Delivery and Transformation.

4.3.3 In the event that the Chair and Vice Chair are unavailable, Committee members may appoint a temporary Chair who is qualified and appropriate to lead the meeting in the absence of the Chair and Vice Chair.

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

4.4 Attendance

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

5. Meetings, quoracy and decisions

5.1 Meetings

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

5.1.2 Meetings will take place in private.

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

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

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

5.2 Quorum

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

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

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

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

5.3 Decision-making and voting

5.3.1   Decisions will be taken in accordance with the standing orders.

5.3.2   The expectation is that the Committee shall ordinarily reach conclusion by consensus when making decisions

5.3.3   If consensus cannot be achieved each member may cast a vote

5.3.4   Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matters.

5.3.5   If a majority cannot be reached by voting, the Chair shall have a second, deciding vote.

6   Responsibilities of the Committee

6.1 Development and implementation of the STW ICS Transformation Programmes, the Financial Improvement Programme & Enabling Workstreams

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

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

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

6.1.4   Review and resolve escalated issues as required

6.1.5   Ensure sufficient resources are allocated including across enabling activities

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

6.1.6 Identify and monitor interdependencies to ensure effective management including:

- ~~Interdependencies across the Sustainability Transformation programmes within the scope of IDC~~
- Interdependencies with other System-wide or organisation-specific transformation programmes

- Dependencies on enabling workstreams

6.1.7 Ensure that the programmes remain aligned to System strategies as they emerge inc. the financial strategy and the clinical strategy and that programmes support delivery of the ten System pledges

6.1.8 Oversight of interdependencies with the STW ICS operational boards and place boards specifically in relation to the System Transformation programmes through receipt of Chair's Reports and escalated risks and issues

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

6.1.10 Ensure delivery plans are developed that achieve accelerated implementation

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

6.2 Monitor delivery of Financial Efficiency Programme

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

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

6.3 Delegated Assurance Activity

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

7   Behaviours and conduct

7.1 ICB Values

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

7.2 Equality and Diversity

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

8   Accountability and reporting

8.1 Reporting

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

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

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

8.2 Accountability

8.2.1   The Committee is accountable to the Integrated Care Board.

9. Secretariat and administration

9.1   Agenda and Papers

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

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

9.2   Secretariat

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

9.2.2   The secretariat function will ensure that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead
- Attendance of those invited to each meeting is monitored and that meetings that do not meet minimum requirements are highlighted to the Chair
- Records of members' appointments and renewal dates are maintained and that the Board is prompted to renew membership and identify new members where necessary

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

- Good quality minutes are taken in accordance with the standing orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept
- The Chair is supported to prepare and deliver reports to the Board
- The Committee is updated on pertinent issues/ areas of interest/ policy developments
- Action points are taken forward between meetings and progress against those actions is monitored.

10.Review

10.1   The Committee will review its effectiveness at least annually.

10..2   These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to NHS STW for approval.

Date of approval:

Date of review: 30th June 2023

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

Audit Committee

Terms of Reference

1. Constitution

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

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

1.3   The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of NHS STW.

2. Authority

2.1   The Audit Committee is authorised by the Board to:

- Investigate any activity within its terms of reference;
- Seek any information it requires within its remit, from any employee or member of NHS STW (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference;
- Commission any reports it deems necessary to help fulfil its obligations;
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by NHS STW for obtaining legal or professional advice;
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with NHS STW's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may/ not delegate any decisions to such groups.

2.2   For the avoidance of doubt, the Committee will comply with, NHS STW Standing Orders, Standing Financial Instructions and the SoRD, other than for any exceptions agreed by the Board.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

3. Purpose

3.1   To contribute to the overall delivery of NHS STW objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within NHS STW.

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

3.3   The Audit Committee has no executive powers, other than those delegated in the   Scheme of Reservation and Delegation and specified in these terms of reference.

4. Membership and attendance

4.1 Membership

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

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

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

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

4.1.5   The membership of the Committee will be as follows:

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

4.2 Chair and vice chair

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

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

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

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

4.3 Attendees

4.3.1 Only members of the Committee have the right to attend Committee meetings, however all meetings of the Committee will also be attended by the following individuals who are not members of the Committee:

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

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

4.3.3 Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Board(s), Secondary and Community Providers.

4.3.4 The Chief Executive should be invited to attend the meeting at least annually.

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

4.4 Attendance

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

4.5 Access

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

1. Blank
2. CEO Update
3. Update on the
4. ICS Performance
5. Proposed
6. Finance Committee

5. Meetings Quoracy and Decisions

5.1   The Audit Committee will meet at least four times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

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

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

5.4 Quorum

5.4.1   For a meeting to be quorate a minimum of 50% members is required, with at least ~~one~~ two ICB Non Executives in attendance.

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

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

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

5.5 Decision making and voting

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

5.5.2   Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

5.5.3   Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

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

6. Responsibilities of the Committee

The Committee's duties can be categorised as follows.

6.1.   Integrated governance, risk management and internal control

6.1.1   To review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of NHS STW's activities

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

that support the achievement of its objectives, and to highlight any areas of weakness to the Board.

6.1.2   To ensure that financial systems and governance are established which facilitate compliance with DHSC's Group Accounting Manual.

6.1.3   To review the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of NHS STW's objectives, the effectiveness of the management of principal risks.

6.1.4   To have oversight of system risks where they relate to the achievement of NHS STW's objectives.

6.1.5   To ensure consistency that NHS STW acts consistently with the principles and guidance established in HMT's Managing Public Money.

6.1.6   To seek reports and assurance from directors and managers as appropriate, concentrating on the systems of integrated governance, risk management and   internal control, together with indicators of their effectiveness.

6.1.7   To identify opportunities to improve governance, risk management and internal control processes across NHS STW.

6.2   Internal audit

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

- Considering the provision of the internal audit service and the costs involved;

- Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;

- Considering the major findings of internal audit work, including the Head of Internal Audit Opinion, (and management's response), and ensure coordination between the internal and external auditors to optimise the use of audit resources;

- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation; and

- Monitoring the effectiveness of internal audit and carrying out an annual review.

6.3 External audit

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

- Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit;

- Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan;

- Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee; and

- Reviewing all external audit reports, including to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

6.4   Other assurance functions

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

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

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

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

- Reviews and reports issued by arm's length bodies or regulators and inspectors: e.g. National Audit Office, Select Committees, NHS Resolution, CQC; and

- Reviews and reports issued by professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges and accreditation bodies).

6.5   Counter fraud

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

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

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

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

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

6.6   Freedom to Speak Up

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

6.7   Information Governance (IG)

6.7.1 To receive regular updates on IG compliance (including uptake & completion of data security training), data breaches and any related issues and risks.

6.7.2 To review the annual Senior Information Risk Owner (SIRO) report, the submission for the Data Security & Protection Toolkit and relevant reports and action plans.

6.7.3 To receive reports on audits to assess information and IT security arrangements, including the annual Data Security & Protection Toolkit audit.

6.7.4 To provide assurance to the Board that there is an effective framework in place for the management of risks associated with information governance.

6.8   Financial reporting

6.8.1 To monitor the integrity of the financial statements of NHS STW and any formal announcements relating to its financial performance.

6.8.2 To ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

6.8.3 To review the annual report and financial statements (including accounting policies) before submission to the Board focusing particularly on:
- The wording in the Governance Statement and other disclosures relevant

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

to the Terms of Reference of the Committee;

- Changes in accounting policies, practices and estimation techniques;
- Unadjusted mis-statements in the Financial Statements;
- Significant judgements and estimates made in preparing of the Financial Statements;
- Significant adjustments resulting from the audit;
- Letter of representation; and
- Qualitative aspects of financial reporting.

6.9 Conflicts of Interest

6.9.1 The chair of the Audit Committee will be the nominated Conflicts of Interest Guardian.

6.9.2 The Committee shall satisfy itself that NHS STW's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with NHS STW policy and procedures relating to conflicts of interest.

6.10 Management

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

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

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

6.11 Communication

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

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

6.12 Decision Making

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

- To approve policies and procedures specific to the Committee's remit which include, but are not limited to:
  - Approve NHS STW's counter fraud and security management arrangements including supporting plans, policies and procedures

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

6.13   Auditor Panel

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

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

7.   Behaviours and conduct

7.1   ICB values

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

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

7.2   Conflicts of interest

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

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

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

7.3   Equality and diversity

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

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

8. Accountability and reporting

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

8.2 The minutes of the meetings shall be formally recorded by the secretary.

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

8.4 The Audit Committee will provide the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement. The report will summarise its conclusions from the work it has done during the year specifically commenting on:

- The fitness for purpose of the assurance framework;
- The completeness and 'embeddedness' of risk management in the organisation;
- The integration of governance arrangements;
- The appropriateness of the evidence that shows the organisation is fulfilling its regulatory requirements.

9. Secretariat and Administration

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

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Preparation, collation and circulation of papers in good time
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

10. Review

10.1 The Committee will review its effectiveness at least annually.

10.2 These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to   the Board for approval.

Date of approval:

Date of review: 30th June 2023

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

Primary Care Commissioning Committee (PCCC)

Terms of Reference

1.Introduction

1.1   In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England/Improvement   has delegated the exercise of the functions specified in Schedule 2 to these   Terms of Reference to NHS Shropshire, Telford and Wrekin (NHS STW)

The delegation is set out in Schedule 1.

1.2   NHS STW has established the NHS Shropshire, Telford and Wrekin   Primary Care Commissioning Committee (PCCC) ("Committee"). The   Committee will function as a corporate decision-making body for the   management of the   delegated functions and the exercise of the delegated   powers.

1.3   It is a committee comprising representatives of the following organisations:

- NHS Shropshire, Telford and Wrekin

2   Statutory Framework

2.1   NHS England/Improvement has delegated to NHS STW authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

2.1.1   Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and NHS STW.

2.1.2   Arrangements made under section 13Z do not affect the liability of NHS England/Improvement for the exercise of any of its functions. However, NHS STW acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- Management of conflicts of interest (section 14O);

- Duty to promote the NHS Constitution (section 14P);

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

- Duty to exercise its functions effectively, efficiently and economically (section 14Q);

- Duty as to improvement in quality of services (section 14R);

- Duty in relation to quality of primary medical services (section 14S);

- Duties as to reducing inequalities (section 14T);

- Duty to promote the involvement of each patient (section 14U);

- Duty as to patient choice (section 14V);

- Duty as to promoting integration (section 14Z1);

- Public involvement and consultation (section 14Z2).

2.2   NHS STW will also need to specifically, in respect of the delegated functions from NHS England/Improvement, exercise those set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

2.2.1   The Committee is established as a committee of the Board of NHS Shropshire, Telford and Wrekin (the Board or NHS STW) in accordance with Schedule 1A of the "NHS Act".

2.3   The members acknowledge that the Committee is subject to any directions made by NHS England/Improvement or by the Secretary of State.

3   **Role of the Committee**

3.1   The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Shropshire, Telford and Wrekin under delegated authority from NHS England/Improvement.

3.1.1   In performing its role, the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England/Improvement and NHS Shropshire, Telford and Wrekin, which will sit alongside the delegation and terms of reference.

3.2   The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

3.2.1   The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

3.3   This includes the following:

- Decisions in relation to the commissioning and management of Primary Medical Services;
- Planning Primary Medical Services in the Area, including carrying out needs assessments;
- Undertaking reviews of Primary Medical Services in respect of the Area;
- Management of the Delegated Funds in the Area;
- Co-ordinating a common approach to the commissioning and delivery of Primary Medical Services with other health and social care bodies in respect of the Area where appropriate;
- There will be a developmental space around which the Primary Care Commissioning Committee will receive papers; and
- Such other ancillary activities that are necessary in order to exercise the Delegated Functions.

4   Geographical Coverage

4.1   The Committee will comprise the NHS Shropshire, Telford and Wrekin   area.

5   Membership

5.1   The Committee shall be constituted in accordance with the following:

5.2   Voting members:

- Non Executive Director for Digital (who is the Chair of the Primary Care Commissioning Committee)
- A second Non-Executive Director for Remuneration
- A second Non-Executive Director
- Chief Executive Officer (or deputy)
- Chief Finance Director (or deputy)
- Executive Director for Delivery and Transformation (or deputy)
- Director for Strategy and Integration (or deputy)
- Chief Nursing Officer (or deputy)
- Chief Medical Officer (or deputy) (Vice Chair)

5.3   Attendees:
- 2 Primary Care Partner Members of NHS STW (one selected from those General Practice contract holders located in Shropshire and one selected from those general practice contract holders located in Telford and Wrekin)

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

- Director of Planning and Performance (or deputy)
- Director Of Partnerships (or deputy)
- Shropshire Healthwatch representative
- Telford and Wrekin Healthwatch representative
- Shropshire Council Health and Wellbeing Board representative
- Telford and Wrekin Health and Wellbeing Board representative

5.4   The Chair of the Committee shall be a Non-Executive Director of NHS STW with a focus for Digital and appointed by NHS STW.

5.5   The Vice Chair of the Committee shall be NHS STW Chief Medical Officer.

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

5.7   Where the Committee considers items of business that due to the confidential nature of the business to be transacted, excludes members of the public, the Chair may invite some internal attendees to remain. The decision of the Chair is final.

5.8   In exceptional circumstances, where urgent action is required, the Chair is authorised to take urgent action with prior discussion with one other committee member. A report should be made to the full committee at the earliest
next   opportunity.

6   **Meetings and Voting**

6.1   The Committee will operate in accordance with NHS STW's Standing Orders as set out in Standing Order 4.1. The Secretarial support to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

6.1.1   Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

7   **Quorum**

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

7.1   The Committee's quorum will include 4 of the voting members outlined in section 5.2. above, one of which must be a Non-Executive member and one   an Executive member.

7.2   If any Committee member has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count   towards the quorum.

7.3   If the committee is not quorate, the meeting may;

- proceed if those attending agree, but no decisions may be taken; or

- may be postponed at the discretion of the Chair.

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

8.**Frequency and notice of meetings**

8.1   The Committee will meet as required, but at least 4 times per year and a schedule of meetings will be agreed upon by the Committee at the start of each year.

8.2   Meetings of the Committee shall:
- be held in public, subject to the application of 8.2(b) below;

- the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

8.3   Draft minutes will be produced by the minute taker within 7 days of the meeting and circulated to the Chair of the committee for comment within 5 days. They will be presented to the next meeting for committee for approval and the chair will then sign them within 5 days.

8.4   Extraordinary meetings may be held at the discretion of the Chair. A minimum of seven working days' notice should be given when calling an extraordinary meeting.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

8.5   With the agreement of the Chair, items of urgent business may be added to the agenda after circulation to members.

9.Conduct of the Committee

9.1   Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

9.2   The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with NHS STW's Constitution, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

9.3   The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

9.4   Members of the Committee shall respect confidentiality requirements and codes of conduct as set out in NHS STW's Constitution.

9.5   NHS STW will also comply with any reporting requirements set out in its constitution. The Committee will also present its minutes to NHS England /Improvement on bi-monthly basis.

9.6   It is envisaged that these Terms of Reference will be reviewed annually, reflecting experience of the Committee in fulfilling its functions. NHS England/Improvement may also issue revised model terms of reference from time to time.

10   Accountability of the Committee

10.1   The budget and resource accountability arrangements and the decision-   making scope of the Committee will be agreed pursuant to the delegation and delegation agreement with NHS England/Improvement.

10.2   For the avoidance of doubt, in the event of any conflict between the terms of the Delegation or Delegation agreement and these Terms of Reference, Standing Orders or Scheme of Financial Delegation, the terms of the delegation will prevail.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

10.3 ~~The Committee will make allowance for consultation with members of the public and other ICBs.~~

The Committee will make allowance to ensure we engage and have appropriate resource to enable us to engage.

10.4 The Committee will provide an annual report to NHS STW to provide assurance that it is effectively discharging its delegated responsibilities, as set out in these terms of reference.

10.5 The Committee will conduct an annual review of its effectiveness to inform the report.

11 Procurement of Agreed Services

11.1 The detailed arrangements regarding procurement of primary care services will be set out in the delegation agreement entered into between the Group and NHS England/Improvement.

12 Decisions

12.1 The Committee will make decisions within the bounds of its remit.

12.2 The decisions of the Committee shall be binding on NHS England/Improvement and NHS Shropshire, Telford and Wrekin.

13. Review

13.1 The Committee will review its effectiveness at least annually.

13.2 These terms of reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Date of approval:

Date of review: 30th June 2023

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

6.Joint Committee Terms of Reference

Shropshire, Telford and Wrekin Integrated Care Partnership

[*PLACEHOLDER TERMS OF REFERENCE -TO BE INSERTED ONCE RECEIVED*]

West Midlands ICBs Joint Committee ~~Joint West Midlands NHS Delegated Commissioning Committee~~

[~~*PLACEHOLDER TERMS OF REFERENCE -TO BE INSERTED ONCE RECEIVED*~~]

West Midlands ICBs Joint Committee
Terms of Reference

1. Joint Signatories:

1.1 This is the terms of reference for the Joint Committee between:
• Birmingham and Solihull ICB
• Coventry and Warwickshire ICB
• Herefordshire and Worcestershire ICB
• Staffordshire and Stoke-on-Trent ICB
• Shropshire, Telford and Wrekin ICB
• The Black Country ICB

1.2 Consequently the joint committee has responsibility for the functions delegated to it from the six ICBs covering the population of the six ICBs.

2. Delegated functions and activities:

The joint committee has delegated authority from the ICB for the following:

1.1 Preparation for the future joint collaborative arrangements with the other ICBs to support the delegation from NHSEI of primary care commissioning in accordance with section 13V and/or section 65Z6 of the NHS Act. This is with the expectation that the committee subsequently provides the joint governance oversight for such arrangements once they have been determined and subsequently approved by the ICBs.

1.2 Preparation for the future joint collaborative arrangements to enable the delegation from NHSEI of specialised services commissioning (also in accordance with section 13V and/or section 65Z6 of the NHS Act). This is with the expectation that the committee subsequently provides the joint governance oversight for such arrangements once they have been determined and subsequently approved by the ICBs, recognising that there will also still be an accountability for these arrangements back to NHSEI.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

1.3 Oversight and co-ordination of the commissioning arrangements for the six ICBs in respect of 111 and 999 services and any associated shared commissioning functions.

1.4 Oversight and co-ordination of shared collaborative arrangements that may be determined by the ICBs (such as the co-ordination of clinical networks). This will include the production of proposals by the committee for approval by the ICBs for the appropriate alignment of accountabilities for any shared activities through the joint committee to the ICBs.

1.5 Provision of a forum for collective discussion, agreement and decisions by the constituent members of the committee that is consistent with the delegated limits of each ICB's standing financial orders. So enabling the ICBs to collaborate on areas of work and opportunities that arise.

1.6 Determination of the most appropriate commissioning governance and operation arrangements for any functions and services delegated to the committee by the six ICBs.

1.7 Determination of the most appropriate working group arrangements, reporting into the joint committee to enable the efficient and effective operation of the responsibilities that have been delegated to the committee by the six ICBs.

3.1 The Joint committee is accountable to the six ICB Boards.

3.2 Consequently, and to assist with public accountability, the minutes of the joint committee, which will include a record of all actions and decisions taken by the committee, will be reported to the ICB public board meetings

4. Membership and quoracy

4.1 The joint committee will include the following members:
- The six ICB CEOs
- Consideration may be given to other members being in attendance at the committee. For example:
- The Senior Manager for the West Midlands ICB CEOs office
- NHSEI commissioning representative;
- East Midlands provider collaborative representative;
- East Midlands public health representative
- Finance and Clinical representatives from the ICBs

4.2 If an ICB CEO cannot attend then they will send a representative with full authority to act on their behalf.

4.3 for decisions that are made in relation to section 1.5 then quoracy is not required as members are contributing based on their own limits of delegation.

4.4 Similarly for recommendations / and or proposals that are being submitted for approval by the ICBs, quoracy is not required.

4.5 For decisions in relation to the collective delegation of functions and/or services then all ICB CEOs (or their designated representative) would need to be in attendance for the decision to be quorate. All decisions will also need to be made in accordance with the delegation agreement between NHSEI and the

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

ICBs where this is appropriate.

4.6 The meeting will be chaired by one of the ICB CEOs – to be determined by the committee.

5. Frequency of meetings

5.1 The committee will meet when and as often as determined necessary by its membership (most likely on a monthly basis).

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

~~None agreed to date~~

7.1 West Midlands ICBs Joint Committee - Joint Commissioning Framework

1.   Joint Principles

1.1 The ICBs start from a shared principle of subsidiarity – so that joint arrangements will only be put in place where there is a clear demonstration of the added value that is being derived from the joint arrangement.

1.2 The joint arrangements will be expected to support the delivery of the NHS constitution, the triple aim, as well as the four purposes of the ICBs, namely:

> 1.2.1 improving health outcomes;
> 1.2.2 improving health inequalities;
> 1.2.3 improving clinical effectiveness and/or value for money;
> 1.2.4 supporting the wider economic impact of the ICBs.

1.3 Any joint functions overseen by the joint committee will be organised in such a way that it both:

> 1.3.1 enables the delivery of expert capabilities at scale which would otherwise not be possible for the ICBs individually to undertake individually;
> 1.3.2 operates efficiently and effectively;
> 1.3.3 Uses the best possible available (clinically led) intelligence to inform decision-making;
> 1.3.4 Is mindful of the ICBs public accountabilities and public opinion;
> 1.3.5 has clear governance and lines of accountability back to the ICBs (and to NHSEI for delegated functions).

2.   Commissioning arrangements

2.1 When considering the joint commissioning arrangements you need to consider both the joint commissioning governance arrangements as well as the joint operational delivery arrangements.

> 2.1.1 The former covers how the ICBs make joint decisions and conduct joint performance and assurance arrangements on the services that they are commissioning together.

> 2.1.2 The latter covers the means by which the ICBs conduct the functions and activities that enables the commissioning to take place.

2.2 It is important not to confuse these two sets of arrangements. For example it would be possible for different ICBs to take the lead (in governance terms) for different services; but for the operational functions that support these arrangements to be hosted by one ICB.

2.3 When planning to take on new services and/or functions the joint committee will need to undertake an options appraisal to determine the

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

most appropriate model to use.

3.   Joint Commissioning Governance options:

3.1 Lead Commissioner Model

      3.1.1 In this arrangement one ICB (or potentially NHSEI for specialised services) hosts the commissioning of the service(s) and therefore takes responsibility for the commissioning of those service(s) on behalf of the other members.

      3.1.2 This includes providing the sub-governance arrangements (such as quality assurance, financial and contractual management oversight). Ordinarily such sub-governance arrangements would be incorporated into the lead commissioner's committees, such as quality and assurance committee and finance and performance committee. Through these arrangements the lead commissioner is then able to take full responsibility for the commissioning of the service(s).

      3.1.3 The relevant outputs from the lead commissioner's assurance processes would be reported to the ICB joint committee by the lead commissioner. This then provides the mechanism to enable clear lines of accountability from the lead commissioner to the six ICBs.

      3.1.4 Note: it would be possible for different services to be led by different ICBs (eg: primary care arrangements by one ICB; specialised services by another; 111/999 by another) or for all to be led by one.

      3.1.5 Such an arrangement would normally work well for the commissioning of a specific service from a single provider (such as 111/999).

      3.1.6 Such an arrangement would normally be best supported by either a host provider or contracted provider model (see below).

3.2 Shared Commissioning Model

      3.2.1 In this arrangement the six ICBs jointly share the responsibility for the commissioning of the service(s) so no individual ICB is leading on behalf of the others.

      3.2.2 To enable this arrangement to work then there would need to be jointlym organised sub-governance arrangements (such as joint quality assurance processed and joint financial management processes) which reports into the joint committee. This would therefore require the establishment of relevant joint working groups through which these joint processes would be conducted. These joint arrangements would be in place solely for the oversight of the shared services (ie: they stand apart from any other governance arrangements in the ICBs).

      3.2.3 The relevant outputs from the joint working groups would report in to the joint committee.

      3.2.4 Such an arrangement would normally work well for activities that do not require substantial/complex oversight and/or are delivering shared functions as opposed to delivering front-line services (such as oversight of shared clinical networks).

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

3.3 Network Commissioning Model

    3.3.1 In this arrangement the six ICBs take a distributed leadership and governance approach to the commissioning of a service. So ICBs will make collective decisions on how a service is to be commissioned but then each ICB oversees the arrangements in their own system.

    3.3.2 The sub-governance arrangements (such as quality assurance, financial and contractual management oversight) are undertaken by each ICB for their own local system. Note this may include acting on behalf of other ICBs where they are associates to the main ICB's contract.

    3.3.3 The outputs, where relevant would be reported back by each ICB to the joint committee.

    3.3.4 Such an arrangement would normally work well where you might want to make a joint policy decision but then enact it separately; or where you want to take the same approach to a service but it is provided by multiple organisations (ie: in several ICSs) so it makes sense for the oversight to be incorporated into each ICB's existing arrangements rather than undertaken separately.

4. Joint operational delivery arrangements:

4.1 Hosted Model

    4.1.1 In this arrangement the lead ICB take full responsibility for the function. Therefore the host ICB is accountable to the joint committee for all of the outputs and performance of this function.

    4.1.2 This would include the employment of staff and the organisation of financial arrangements.

    4.1.3 Consequently the staff would be working in accordance with the host ICB's HR policies and procedures; similarly the financial arrangements would follow the host ICBs SOs and SFIs.

4.2 Hosted (subcontracted) model

    4.2.1 In this instance the hosted model includes the host ICB subcontracting the functions from a 3rd party (such as a CSU). In this instance the host ICB retains responsibility for the function, manages the CSU contract and reports to the joint committee accordingly.

4.3 Shared model

    4.3.1 In this arrangement the ICBs establish a shared resource/team that works to support shared arrangements across the ICBs.

    4.3.2 You would still need there to be a single employer for the staff who are working in this shared team (and as such the team works in accordance with the host employers HR policies and procedures.

    4.3.3 However the team (usually through a lead manager) would be held jointly responsible equally by all 6 ICBs, through the joint committee for the

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

activities of the team working on behalf of all 6 ICBs.

4.4 Shared (subcontracted) model

4.4.1 It would similarly be possible for the shared model to be subcontracted from a 3rd party. In this instance the 6 ICBs would all agree the terms of the 3rd party contract (through the joint committee) and each ICB would be a joint contract-holder with the 3rd party.

4.5 Distributed model

4.5.1 In this arrangement the ICBs each take responsibility for the function in their own organisation but there is a collaborative arrangement whereby those functions work together for mutual benefit.

4.5.2 Each ICB employs their own staff working to their own HR policies, financial SOs and SFIs.

4.5.3 Each ICB makes a commitment to the others for their own individual contribution that they make to the collective effort.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance Committee

Agenda item

ICB 30-11.046

Finance Committee Minutes

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Fiance Committee

NHS Shropshire, Telford and Wrekin
ICB Finance Committee (Part 1) Meeting
Thursday 28th September 2022 at 09.00 am
Via Microsoft Teams

Present:

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

Attendees:

Laura Clare	Deputy Director of Finance NHS STW
Gareth Robinson	Director of Delivery and Transformation NHS STW
Angus Hughes	Associate Director of Finance NHS STW
Jill Price	Associate Director of Finance NHS STW

Apologies:

Nicola Dymond	Director of Strategy and Transformation NHS STW

Minute No. FC-28.09.001 – Introduction and Apologies

1.1   The Chair, **TM**, welcomed everyone to the meeting and CS confirmed apologies had been received from **ND**.

Minute No. FC-28.09.002 – Declarations of Interests

2.1   No declarations of interest were noted.

Minute No. FC-28.09.003 – Minutes from the Previous Meeting held 28th July 2022

3.1   **TM** confirmed one amendment to the minutes from the last meeting:-

i)   In respect of **LC**'s last name; the correct spelling of Claire should be Clare, and this was duly noted.

There being no other amendments, the Minutes were taken as a true and accurate record.

Minute No. FC-28.09.004 – Matters Arising and Action List from Previous Meetings

4.1   The action list from the last meeting was reviewed.

TM queried the position regarding the appointment of either a NED/Seconded Lay Advisor to the Committee, and **CS** confirmed that this would be covered under Item 5.1.

Action list from the final CCG Finance Committee will be provided for sign off at the next meeting.

ACTION: **Secretary** to provide final CCG Finance Committee action list to the next meeting for sign off.

Minute No. FC-28.09.005 – Final Draft Terms of Reference (TOR) shared with IC Board

5.1 **LC** confirmed that a copy of the Final Draft Terms of Reference had been circulated, together with tracked amendments. **CS** said that ICS Finance Committee would seek to appoint a seconded Lay Advisor who has expertise in another area, for example, Performance. If members were in agreement and the TOR were accepted, **CS** will take this recommendation to the Board for adoption and begin the recruitment process.

There being no other comments, the TOR were accepted and will be taken to IC Board for adoption.

RESOLVED:

- Amendments were agreed and the Terms of Reference were adopted.
- One Lay Advisor to be recruited to this Committee in order to provide resilience and knowledge.

ACTION:

- **CS** to liaise with Alison Smith regarding the appointment of a seconded Lay Advisor to Finance Committee as soon as practicable.

Minute No. FC-28.09.006 – Review of Work Plan

6.1 **CS** noted that a work plan has been constructed based on the TOR. It was provided for information and no requests for amendments were made.

RESOLVED:

- The committee agreed the work plan.

Minute No. FC-28.09.007 – Month 5 Position Update – Revenue and Capital

7.1 **LC** confirmed the Month 5 position – Revenue and Capital, as per the papers provided, and the Committee NOTED:-

i) The year to date deficit for the ICB of £6.4m (being £1.5m adverse to the ICB plan);
ii) The forecast surplus for the ICB of £1.2m (being £1m adverse to the ICB plan); and
iii) A gross risk of £38.1m for the year (£24.2m ICB and £13.9m system) on top of the current deficit and that so far, only £6.9m of potential mitigations (£1.3m ICB and £5.6m system) have been identified to address that risk if it were to materialise.

LC said that there remains a significant risk in delivery of the plan for the year and highlighted in particular overspends within 3 key areas:-

i) Increase in independent sector ophthalmology activity;
ii) Continued expenditure in community discharge with local authorities after national funding ceasing; and
iii) Increased costs in Individual Commissioning due to market price increases such as fuel costs and higher staffing costs. This is being mitigated in year through the use of non recurrent prior year benefits.

While the Committee are sighted on these risks, **TM** sought assurance from Committee members that there would be sufficient financial safeguards in place as the year progressed.

- **CS** described the current work that was being done with NHSE to review the financial forecast for the year both for the ICB and the overall system. The current run rate would suggest a deteriorating forecast position and ICB executives were taking a number of actions to review all expenditure and mitigate adverse variances wherever possible.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance

154

- **TM** requested that the ICB finance committee is sighted on the action being taken to provide assurance.

RESOLVED:

- Figures brought to Committee as above, were NOTED.

ACTION:

- **LC** to incorporate actions being taken by the executive team within the next finance committee report.

Minute No. FC-28.09.008 – Finance Risk Register/BAF Review

LC described the work that is being done across the ICB/system to develop a fit for purpose board assurance framework and risk register and explained that the attached financial risks were a first draft for comment from the finance committee for inclusion in those discussions.

TM said that in his opinion, the terminology of the Risk Register is very generic and the actions to address the risks need to be more specific and tightened up with clear actions, owners and milestones. **LC** agreed that this could be developed moving forward with the actions to be agreed with executives around the financial forecast.

ACTION:

- **LC** to update financial risks as part of risk workshops to take place in November and bring an update to this committee following those workshops.

ANY OTHER BUSINESS

8.1   No other business reported.

10.00 am – Meeting Closed.

Date and Time of Next Meeting

 2nd November 2022 at 09.00 am to 10.00 am.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance

3

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

NHS Shropshire, Telford and Wrekin
ICS System Finance Committee (Part 2) Meeting
Thursday 28th September 2022 at 10.15 am
Via Microsoft Teams

Present:

Name	**Title**
Trevor J McMillan OBE (Chair)	Non Executive Director NHS STW
Claire Skidmore	Chief Finance Officer NHS STW
Mark Salisbury	Operational Director of Finance RJAH (deputising for Craig MacBeth, Chief Finance Officer, RJAH NHS Trust)
Sarah Lloyd	Director of Finance Shropshire Community Health NHS Trust
Tracey Smart	Finance Manager T&W LA (Deputising for Ken Clarke)
Clair Young	Deputy Director of Finance SATH (Deputising for Helen Troalen)
Chris Sands	Chief Financial Officer, MPFT

Attendees:

Name	**Title**
Laura Clare	Deputy Director of Finance NHS STW
Angus Hughes	Associate Director of Finance NHS STW

Apologies	**Title**
Gareth Robinson	Director of Delivery and Transformation, NHS STW
Craig Macbeth	Chief Finance Officer, RJAH
Jill Price	Associate Director of Finance NHS STW
Ben Jay	Assistant Director of Finance (S151 Officer) Shropshire Council (deputising for James Walton)
James Walton	Chief Finance Officer (S151 Officer) Shropshire Council
Helen Troalen	Director of Finance, STW Hospitals NHS Trust
Nicola Dymond	Director of Strategy and Integration NHS STW

Minute No. SFC-28-09.001 Introductions and Apologies

1.1   **TM** welcomed everyone to the meeting and apologies were received as noted above.

Minute No. SFC-28-09.002 Members' Declarations of Interests

2.1   No Declarations of Interest in addition to those already declared were noted.

Minute No. SFC-28-09.003 Minutes of the Previous Meeting held on 28th July 2022

3.1   Two points of accuracy to the minutes from the last meeting were noted:-

LC's surname was incorrectly spelt and should be Clare;
Helen Troalen's title was incorrect and should be SATH.

Minute No. SFC-28-09-004 Matters Arising and Action List from Previous Meeting

4.1   **The action list from the last meeting was reviewed.**

TM acknowledged that the Terms of Reference have been prepared for the ICS Board;
LC confirmed that Workforce data has now been included in the finance pack.

Minute No. SFC-28-09-005 Final Draft Terms of Reference (TOR) shared with IC Board

LC confirmed that amendments had been made to the Draft Terms of Reference in accordance with Members' comments which are tracked on the copy attached to these papers. Of particular note, was the suggested recruitment of a Seconded Lay Advisor, who would bring finance skills as well as performance or quality experience. These Terms of Reference were being presented to Board for sign off later in the day.

RESOLVED:
The amendments were agreed and the Committee supported the TOR.

ACTIONS:
CS to present the Final Draft Terms of Reference at the Board meeting later that day.

Minute No. SFC-28-09-006 Month 5 Position Update – Revenue and Capital

LC highlighted significant risk to delivery of the financial plan with a £24m deficit noted at Month 5 against the £16m planned deficit for Month 5.

LC highlighted that there were significant overspends within both the SATH and ICB positions that were being partially offset with a small favourable variance in the SCHT position.

The ICB overspend had been caused by three key areas; namely, individual commissioning; independent sector ophthalmology treatment; and community discharge costs offset with some prior year non recurrent benefits.

The SATH overspend was predominantly caused by escalation areas remaining open due to COVID and staffing cost increases due to higher tier agency staff, offset by reduced elective activity due to COVID levels.

LC requested that members review the format of the system finance report and forward any comments or suggestions to her in order that the document can be as informative as possible going forward.

MS from RJAH also pointed out that the complex rules of the Elective Recovery Fund are challenging and the position currently assumes that ERF income will be received by the system.

CS concurred that in Staffordshire, similar assumptions are being made about ERF income.

TM stated that there was not much assurance contained in this report that we will be where we want to be at the end of the year. **TM** asked if Committee were happy with the level of detail contained within the report?

CS described the current work that was being done with NHSE to review the financial forecast for the year across the system. The current run rate would suggest a deteriorating financial position and system leaders were taking a number of actions to review all expenditure and mitigate adverse variances wherever possible.

TM requested that the ICS finance committee is sighted on the action being taken to provide assurance. ACTION : **LC** to incorporate actions being taken by system leaders within the next finance committee report.

Minute No. SFC-28-09.007 Finance Risk Register / BAF Review

LC described the work that is being done across the ICB/system to develop a fit for purpose board assurance framework and risk register and explained that the attached financial risks were a first draft for comment from the finance committee for inclusion in those discussions.

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance

LC said the actions are very generic at this stage. However, it is hoped that following discussion at the Systems Weekly Finance Group, the wording would become more tailored.

TM said that the ICB Finance Committee had reviewed the Risk Register earlier that day and felt that a lot of the information was generic and would require tailoring to be more useful. Members were asked if they had any thoughts on ways to increase the level of assurance provided?

SL said she could give reassurance that risk conversations like these were happening in each individual organisation at each finance committee and discussions around the trade-offs and judgement calls within financial positions. Updates from those finance committees to this committee may help with the level of assurance required.

LC agreed that the risk register could be developed moving forward with the actions to be agreed with executives around the financial forecast.

CS said that she would like the DoFs to consider this document in order that the Register captures what it needs in order to be right and to stimulate future meetings.

TM said that if risks are correctly identified in the Finance Risk Register, it becomes more than a governance document and it can be very helpful tool and a stimulus for discussion.

ACTION:

- **CS** to present the Finance Risk Register at future DoFs meetings for discussion.
- **LC** to update financial risks as part of risk workshops to take place in November and bring an update to this committee following those workshops.

Minute No. SFC-28-09.008 ANY OTHER BUSINESS

8.1 No other business raised by the committee.

   11.00 am – Meeting Closed.

Date and Time of Next Meeting

2nd November 2022 at 10.15 am to 11.15 am

1. Blank

2. CEO Update

3. Update on the

4. ICS Performance

5. Proposed

6. Finance