

## Agenda

**Meeting title:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Date:** Wednesday 26 November 2025

**Time:** 14:00 – 16:30

**Location:** Council Chambers, Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ

**Chair:** Ian Green OBE, Chair, NHS Shropshire, Telford and Wrekin & NHS Staffordshire, Stoke on Trent,

**Secretary:** Board Secretary

## Welcome and Opening Remarks

Duration: approximately 10 minutes, 2.00pm - 2.10pm

**ICB 25-11.228** – Welcome and Apologies – For Information - Verbal

Presenter: Ian Green OBE

**ICB 25-11.229** – Declarations of Interest – For Assurance - Verbal

Presenter: Ian Green OBE

*Register of Board member's interests can be found at:*

[Register of Interests - NHS Shropshire Telford and Wrekin](#)

**ICB 25-11.230** – Minutes of the previous meetings held on Wednesday 25 September 2025– For Approval - Enclosure

Presenter: Ian Green OBE

**ICB 25-11.231**– Matters arising and action list from previous meetings – For Approval – Enclosure

Presenter: Ian Green OBE

**ICB 25-11.232**– Questions from Members of the Public – For Information - Verbal

Presenter: Ian Green OBE

*Guidelines on submitting questions can be found at: [Submitting Public Questions - NHS Shropshire Telford and Wrekin](#)*

## Resident's Experience

**ICB 25-11.233** – Resident's Experience –Engaging Families – For Discussion – Presentation

Executive Lead: Vanessa Whatley

Presenter: Sherilyn Ndhlovu

Duration: approximately 15 minutes, 2.10pm – 2.25pm

## Strategic System Oversight

**ICB 25-11.234** – Chair's Report – For Noting - Enclosure



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Presenter: Ian Green OBE

Duration: approximately 5 minutes, 2.25pm- 2.30pm

**ICB 25-11.235** – Chief Executive Officer (CEO) Report – For Noting and Approval - Enclosure

Presenter: Simon Whitehouse

Duration: approximately 5 minutes, 2.30pm- 2.35pm

**ICB 25-11.236** – Risk Management Report – For Assurance – Enclosure

Presenter: Simon Whitehouse

Duration: approximately 5 minutes, 2.35pm – 2.40pm

**ICB 25-11.237**– Short and Medium-Term Planning – For Assurance – Enclosure

Presenters: Julie Garside and Claire Skidmore

Duration: approximately 10 minutes, 2.40pm -2.50pm

**ICB 25-11.238** –System EDI Update – For Noting - Enclosure

Presenter: Vanessa Whatley

Duration: approximately 5 minutes, 2.50pm- 2.55pm

**ICB 25-11.239** – GP Patient Survey – For Noting and Approval - Enclosure

Presenter: Lorna Clarson

Duration: approximately 10 minutes, 2.55pm-3.05pm

**ICB 25.11.240** – GP Out of Hours Update – For Approval – Enclosure

Presenter: Lorna Clarson

Duration: approximately 5 minutes, 3.05pm-3.10pm

## Break

Duration: approximately 10 minutes,

## System Integration

**ICB 25-11.241** – Shropshire Integrated Place Partnership Committee Chair's Report- For Assurance and Discussion – Enclosure

Presenter: Tanya Miles

Duration: approximately 5 minutes, 3.10pm – 3.15pm

**ICB 25-11.242** – Telford and Wrekin Integrated Place Partnership Committee Chairs Report – For Assurance – Enclosure

Presenter: David Sidaway

Duration: approximately 5 minutes, 3.15pm-3.20pm

## System Governance and Performance

**ICB 25-11.243** – Integrated Performance Report- For Assurance and Discussion – Enclosure Presenter: Clare Skidmore

Duration: approximately 10 minutes, 3.20pm-3.30pm



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**ICB 25-11.244** – Maternity and Neonatal Annual Position Statement– For Discussion and Assurance - Enclosure

Presenter: Vanessa Whatley

Duration: approximately 5 minutes, 3.30pm-3.35pm

**ICB 25-11.245** – Governance Handbook Policies (Conflicts of Interest / Petitions Policy) – For Approval - Enclosure

Presenter: Alison Smith

Duration: approximately 5 minutes, 3.35pm- 3.40pm

## **Board Committee Reports**

Duration: approximately 25 minutes, 3.40pm – 4.05pm

**ICB 25-11.246** – System Finance Committee Chair's Report– For Noting– Enclosure

Presenter: David Bennett

**ICB 25-11.247** – System Quality and Performance Committee Chair's Report – For Noting– Enclosure

Presenter: Cheryl Etches

**ICB 25-11.248** – Strategic Commissioning and Productivity Committee Chair's Report – For Noting and Approval – Enclosure

Presenter: Ian Green OBE

**ICB 25-11.249** – System Transformation and Digital Group Chair's Report – For Noting - Enclosure

Presenter: Andrew Morgan

**ICB 25-11.250** – Audit Committee Chair's Report – For Assurance – Enclosure

Presenter: Roger Dunshea

**ICB 25-11.251** – System Strategy and Prevention Committee Chair's Report – For Noting - Enclosure

Presenter: Cathy Purt

**ICB 25-11.252**– System People, Culture and Inclusion Committee Chair's Report – For Assurance – Enclosure

Presenter: Stacey Keegan

**ICB 25-11.253** – Remuneration Committee Chair's Report – For Noting and Approval – Enclosure

Presenter: Trevor McMillan

**ICB 25-11.254** – Transition Committee – For Noting and Assurance – Enclosure

Presenter: Ian Green OBE

## **Meeting Review**

**ICB 25-11.255** – Review and reflection of new or amended risks following discussions at Board meeting – For Assurance - Verbal



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Presenter: Ian Green OBE

Duration: approximately 5 minutes, 4.05pm- 4.10pm

## Any Other Business

**ICB 25-11.256** – Any Other Business notified in Advance – For Discussion - Verbal

Presenter: Ian Green OBE

Duration: approximately 5 minutes, 4.10pm – 4.15pm

## Next Meeting Details

**Date:** Wednesday 28<sup>th</sup> January 2025

**Time:** 14:00

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

***NHS Shropshire, Telford and Wrekin Board RESOLVED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section 1(2) Public Bodies (Admission to Meetings) Act 1960.)***



**Mr Ian Green OBE**  
**Chair**  
**NHS Shropshire, Telford and Wrekin**  
**NHS Staffordshire and Stoke-on-Trent**



**Mr Simon Whitehouse**  
**Chief Executive Officer**  
**NHS Shropshire, Telford and Wrekin**  
**NHS Staffordshire and Stoke-on-Trent**



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## NHS Shropshire, Telford and Wrekin Integrated Care Board Meeting – Part 1

Wednesday, 25 September 2025 at 2.00pm  
Room 1, Wellington Civic Offices, Larkin Way, Wellington, Telford, TF1 1LX

### **Present:**

Ian Green OBE	Chair, NHS Shropshire, Telford and Wrekin (STW) (Meeting Chair)
Simon Whitehouse	Chief Executive Officer, NHS STW
Claire Skidmore	Deputy Chief Executive Officer and Chief Finance Officer, NHS STW
Cheryl Etches OBE	Non-Executive Director, NHS STW
Vanessa Whatley	Chief Nursing Officer, NHS STW
Ian Bett	Chief Delivery Officer, NHS STW
Joanne Williams	Chief Executive Officer, The Shrewsbury and Telford Hospital NHS Trust and Shropshire Community Health NHS Trust
Dr. Lorna Clarson	Chief Medical Officer, NHS STW
Dr. Ian Chan	GP Partner member
David Sidaway	Chief Executive Officer, Telford and Wrekin Council
Stacey Keegan	Chief Executive Officer, The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Trevor McMillan OBE	Non-Executive Director, NHS STW (Virtually)
Dr Deborah Shepherd	GP Partner member
Roger Dunshea	Non-Executive Director, NHS STW

### **In Attendance:**

Nigel Lee	Chief Strategy Officer, NHS STW
Cathy Purt	Non-Executive Director, Shropshire Community Health NHS Trust
Cathy Riley	Shropshire Community Health NHS Trust
Jackie Jeffrey	Vice Chair, Telford and Wrekin Voluntary and Community Sector Assembly
Rachel Robinson	Executive Director of Health, Wellbeing and Prevention Shropshire Council
Jan Suckling	Lead Engagement Officer, Healthwatch Telford and Wrekin
Dr. Jessica Harvey	Joint Chair of GP Board
Andrew Morgan	Chair in Common, Shropshire Community Health NHS Trust and Shrewsbury & Telford Hospital NHS Trust
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Tracey Jones	Head of Health Inequalities, NHS STW



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Gareth Wright	Deputy Director of Ops - Urgent & Emergency Care / EPRR, NHS STW
Naomi Roche	Healthy Population Lead, Public Health & STW Women's Health Hub Lead Shropshire Council & NHS Shropshire Telford & Wrekin (Attended for Resident Story)
Diane Breeze	Community Wellbeing Outreach Officer Partnerships, Community Led Support & Engagement Public Health, Shropshire Council (Attended for Resident Story)
Asia Nurgat	Member of the Public (Attended for Resident Story)
Angela Szabo	Director of Finance, NHS STW
Angie Porter	Governance Manager, NHS STW (Meeting Secretary)

### **Apologies:**

Dave Bennett	Associate Non-Executive Director, NHS STW
Dr Niti Pall	Non-Executive Director, NHS STW
Neil Carr	Chief Executive Officer, Midlands Partnership University NHS Foundation Trust
Harry Turner	Chair, The Robert Jones and Agnes Hunt Orthopaedic Hospital
Helen Onions	Director of Public Health, Telford and Wrekin Council
Alison Smith	Chief Business Officer, NHS STW
Claire Colcombe	Board Secretary, NHS STW
Cllr Heather Kidd	Leader and Councillor, Shropshire Council
Pauline Gibson	Non-Executive Director, Midlands Partnership University NHS Foundation Trust
Richard Nuttall	Joint Chair, Telford and Wrekin Voluntary and Community Sector Assembly

### **Minute No. ICB-25-09.195 – Welcome & Apologies**

195.1 Ian Green OBE, Chair opened the meeting and noted the apologies above.

### **Minute No. ICB-25-09.196 – Members' Declarations of Interests**

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

[Register of Interests - NHS Shropshire, Telford and Wrekin \(shropshiretelfordandwrekin.nhs.uk\)](https://shropshiretelfordandwrekin.nhs.uk)

196.2 Members were asked to confirm any new interests that needed declaring or any existing conflicts of interest that they had relating specifically to the agenda items. There were no further conflicts of interest declared.

### **Minute No. ICB-25-09.197 – Minutes of the previous meetings held on Wednesday 25 June 2025 and 30 July 2025**

197.1 Ian Green OBE presented the minutes from the previous NHS STW Integrated Care Board meetings held on the 20<sup>th</sup> and 25<sup>th</sup> June 2025 for approval. No issues were raised.



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**RESOLVE:** The NHS Shropshire, Telford and Wrekin Integrated Care Board  
**APPROVED** the minutes of the previous meetings held on 20<sup>th</sup> and  
25<sup>th</sup> June 2025.

**Minute No. ICB 25-09.198– Matters arising and action list from previous meetings**

198.1 NHS STW Integrated Care Board was asked to note the updates on the action list. The Board discussed the progress of actions arising from previous meetings. The updates have been captured on the action list.

**RESOLVE:** The NHS Shropshire Telford and Wrekin Integrated Care Board  
**NOTED** the updates to the action list.

**Minute No. ICB 25-09.199– Questions from Members of the Public**

199.1 The Chair noted that 14 questions had been received from members of the public and would be answered in line with NHS STW policy. NHS STW Integrated Care Board was asked to note the questions received.

**RESOLVE:** The NHS Shropshire, Telford and Wrekin Integrated Care Board  
**NOTED** that 14 questions had been received from the members of the public.

**Minute No. ICB 25-09.200 – Resident's Experience – Women's Health Hub**

200.1 Nigel Lee, Chief Strategy Officer at NHS STW, introduced a presentation on local work around Women's Health Hubs, highlighting a collaborative initiative in Craven Arms to address health inequalities among Asian women. Naomi Roche (Healthy Population Lead, Public Health & STW Women's Health Hub Lead Shropshire Council & NHS STW), Diane Breeze (Community Wellbeing Outreach Officer Partnerships, Community Led Support & Engagement Public Health, Shropshire Council), and Asia Nurgat (Resident) shared how engaging the community led to a successful menopause information session, delivered by a female presenter with materials translated into Urdu. Asia emphasised the session's positive impact, and it was confirmed that a follow-up session is scheduled for 2nd October 2025, with further sessions planned to explore additional women's health topics.

200.2 Ian Green OBE, thanked Naomi, Diane and Asia for attending the meeting and sharing their experiences.

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



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## Minute No. ICB 25-09.201 – System Winter Plan and Board Assurance Statements

201.1 Joanne Williams, Chief Executive Officer of The Shrewsbury and Telford Hospital NHS Trust and Shropshire Community Health NHS Trust, introduced the System Winter Plan and Board Assurance statements, followed by a detailed report from Ian Bett, Chief Delivery Officer, NHS STW and Gareth Wright, Deputy Director of Ops - Urgent & Emergency Care / EPRR, NHS STW. The plan, shaped by previous years' learning, emphasises the role of general practice and system partners, alongside seasonal vaccination campaigns to ensure high uptake. Key developments include a new GP Out of Hours Service, a Multidisciplinary Team at emergency department entrances, increased medical oversight for urgent community response, extended Care Transfer Hub hours, and an enhanced discharge medicines service—all underpinned by a home-first ethos. The need for focused planning around the festive period and sustained efforts into the new year was also highlighted, with close oversight required over the coming months.

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

- **NOTED the progress of the system UEC improvement programme and delivery of the operational plan.**
- **APPROVED the system winter plan to mitigate additional seasonal pressure and safely maintain quality of care.**
- **AGREED the submission of the Winter Board Assurance Statement to NHSE no later than 30<sup>th</sup> September, subject to finalisation by the Chair and CEO.**

## Minute No. ICB 25-09.202 – Chair's Report

202.1 Ian Green OBE presented the Chair's Report.

202.2 Joanne Williams has recently been appointment as Chief Executive in common of the Shrewsbury and Telford Hospital NHS Trust and Shropshire Community Health NHS Trust. Both boards met in common yesterday and formally signed off working as a group, but they will remain 2 statutory organisations. Shared leadership and governance should lead to more joined up working.

202.3 Dr Deborah Shepherd will be resigning her role as GP Partner, and the November meeting will therefore be Dr Shepherds last public meeting. Ian thanked Dr Shepherd on behalf of the Board for her clinical leadership.

202.4 Ian Green OBE acknowledged the amount of change throughout the system and within NHS STW Integrated Care Board. Ian shared that he has now been confirmed as the Chair of NHS Shropshire, Telford and Wrekin (STW) and NHS Staffordshire, Stoke on Trent (SSOT) ICB cluster. An announcement is expected imminently in relation to the Chief Executive Officer post across the cluster. There will then be a process around how the cluster is governed, it is expected that changes will happen at pace. The Board will be kept informed as this progresses.



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

**Minute No. ICB 25-09.203 – Chief Executive Officer (CEO) Report**

203.1 Simon Whitehouse, Chief Executive Officer of NHS Shropshire, Telford and Wrekin presented the CEO report, which pulls together some national publications and local context.

203.2 Dr Claire Fuller, Co-National Medical Director of Primary Care for NHS England visited, which was an opportunity to showcase local work across primary care. The visit went well and was very positive.

203.3 Simon Whitehouse shared that there had been a positive step in removal of legal directions. The ICB was put in undertakings in May 2024. NHS STW has focussed on improvements since that time and has received a letter confirming the removal. This position was reinforced via the annual assessment letter.

203.4 It was highlighted that there are no care homes rated inadequate across STW, this reflects partnership working across the system. Similarly, Shropshire County Council were rated as outstanding following a recent Ofsted report.

203.5 Simon Whitehouse shared that Andy Begley, Chief Executive, Shropshire Council is leaving the council. Simon thanked Andy for his leadership, partnership working and individual support, wishing him well for the future.

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

**Minute No. ICB 25-09.204 – System Board Assurance Framework and System Operational Risk Register (SBAF & SORR)**

204.1 Simon Whitehouse presented the SBAF and SORR. Changes within the SBAF and SORR are highlighted within the paper. During discussion assurance was given that risks were being managed appropriately. Appreciation was expressed for the progress made in risk assurance, crediting the committees and their continued efforts.

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

- **NOTED** the report and accompanying appendices.
- **REVIEWED** the populated System Board Assurance Framework (SBAF) to affirm that sufficient levels of controls and assurances are in place in relation to the organisation's strategic risks, and the risks to the system's strategic objectives, are being properly managed.
- **REVIEWED** the current risks from both Strategic Operational Risk Registers (SORRs) that score above 15 for severity and likelihood and considered:
  - If there are any additional assurances are necessary; and



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- if any additional risks or amendments to risks are required following discussions in this Board meeting or in other forums i.e. recent committee or group meetings.
- **Be Assured that the SBAF and SORR provide oversight of the strategic risks to the system meeting the strategic objectives.**

#### **Minute No. ICB 25-09.205 – Healthy Ageing Strategy**

205.1 Vanessa Whatley presented the Healthy Ageing Strategy for approval. The strategy has been endorsed by Shropshire Integrated Place Partnership (SHIPP) and Telford and Wrekin Integrated Place Partnership (TWIPP) and both Health and Wellbeing Boards. Extensive consultation has been undertaken, resulting in 1000 pieces of feedback, which have helped to develop the strategy. It was felt that the monitoring of the impact of the strategy was key, and it was outlined that there is already a steering group and reporting to the Neighbourhood Implementation Group in place.

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

- **NOTED the report.**
- **APPROVED the Healthy Ageing Strategy 2025-2026.**

#### **Minute No. ICB 25-09.206 – Neighbourhood Implementation Programme**

206.1 Nigel Lee presented the Neighbourhood Implementation Programme report. The Neighbourhood Implementation Programme is a national initiative aligned with the 10-year plan to enhance neighbourhood health and wrap support around residents, using a maturity self-assessment matrix to set the context and priorities. Shropshire Council area has been selected as part of the first wave of a national programme around this.

206.2 The national programme's scope includes 43 priority areas, focussing on prevention technology and effectiveness. Whilst general practices do not have a high profile within the document, it was confirmed that neighbourhood working is already active and evolving within general practice via Primary Care Networks (PCNs). This is a collaborative programme with 18-20 partners involved. Neighbourhoods are built around PCNs and local authority boundaries. The shift from acute to community shift from the 10 Year Plan is key, and it was confirmed that this is being discussed in NHS STW committee meetings. Updates will be provided to Board as this progresses.

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

#### **Minute No. ICB 25-09.207 – Update on Quality Oversight of Primary Care**

207.1 Vanessa Whatley presented a report in response to the Board's request for greater clarity on Primary Care quality oversight. The report outlines the breadth of quality assurance activity, including partnerships with the Primary Care Quality Team and practices. Multiple dashboards are used to monitor quality. There is a focus on combining qualitative and quantitative data. CQC



inspections show no GP surgeries or trusts rated as “Inadequate,” reflecting strong progress. For those practices rated “Requires Improvement” appropriate action has been taken. CQC remains active, and collaboration continues to ensure openness across practices and health establishments.

**Action:** Vanessa Whatley to update Cheryl Etches in relation to the 2 GP Practices within the area who were rated as requiring improvement.

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

- Were **ASSURED** by the progress of the primary care quality assurance.

#### Minute No. ICB 25-09.208 – Infrastructure Strategy

208.1 Claire Skidmore introduced Angela Szabo, Director of Finance, NHS STW who presented the report around the Infrastructure Strategy. Given the evolving landscape, it was felt timely to bring the strategy to the Board, though it may need revisiting, as responsibilities shift. While systems are required to have an infrastructure strategy, there is no obligation to publish it; however, the intention is to remain transparent. The strategy aligns with the expenditure programme and has been co-written with NHS Property Services and with engagement from system partners. It complements the Primary Care Strategy and has passed through relevant governance processes. It also supports progress against NHS Oversight Framework (NOF) 4 criteria as part of system improvement.

208.2 The strategy follows the NHS England recommended structure and incorporates feedback from estate leads. It is aligned with provider and local authority plans, the 10-year capital plan, green workforce, and digital priorities. Reporting will be through the Strategy and Prevention Committee to the Board. Key areas include clinical estate optimisation, infrastructure risk, and maintenance, which are subject to capital funding.

208.3 Some concerns were raised about the inclusion of potentially commercially sensitive information from GP practices in public-facing documents and it was suggested that this information may need to be presented differently.

**Action:** Angela Szabo to ensure commercially sensitive information around GP Practice estate is presented differently within the Infrastructure Strategy, prior to it being formally published on NHS STW website.

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

- **APPROVED** the Infrastructure Strategy.
- **AGREED** for the publication on the NHS Shropshire, Telford and Wrekin website, subject to the changes highlighted above.

#### Minute No. ICB 25-09.209 – 2025/2028 System Green Plan

209.1 Tracey Jones, Head of Health Inequalities (NHS STW) shared the System Green Plan. It was confirmed that the Green Plan has been socialised and



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agreed over previous months. There is a statutory duty to share the Green Plan. It was highlighted that the plan is continually being developed and aligns with guidance. The plan has been developed in partnership with our local authorities around air pollution, travel and transport. It was noted that there has been updated guidance, with a focus on sustainable clinical transformation. It was felt to be important that the plan is embedded in how we do business across the system.

**RESOLVE:** The NHS Shropshire, Telford and Wrekin Integrated Care Board:  
**APPROVED** the Shropshire, Telford and Wrekin ICB Green Plan 2025-2026.

**Minute No. ICB 25-09.210 –Shropshire Integrated Place Partnership Committee Chairs Report (SHIPP) (including Annual Report)**

210.1 Rachel Robinson highlighted that a significant amount of activity around place-based working is taking place. There has been funding received around prevention, which will allow some intervention work. 20 bids have been received for this funding. Capacity needs to be built to support neighbourhood working for the voluntary sector, children and young person's mental health and frailty. There has also been some funding from Energise for place-based work around exercise. Work needs to be aligned to ensure maximum benefit, so focus will be on planning.

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

- **NOTED** the briefing report.
- **APPROVED** the updated committee terms of reference.

**Minute No. ICB 25-09.211 –Telford and Wrekin Integrated Place Partnership (TWIPP) Committee Chair's Report**

211.1 David Sidaway noted that the TWIPP meeting was cancelled in July 2025, due to a Care Quality Commission (CQC) inspection. The outcome of the inspection was strong. Board was asked to note the recommendations regarding neighbourhood health. David Sidaway shared his disappointment that Telford and Wrekin were not selected for the first wave of the national programme. It was confirmed that the council had secured some prevention funding.

211.2 Ian Green OBE recognised that there may be some concern around placed based working, given the ICBs move to a cluster. He re-emphasised the commitment to placed based working.

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

**Minute No. ICB 25-09.212 – Integrated Performance Report**

212.1 Claire Skidmore presented the Integrated Performance Report. Sustained improvements in urgent and emergency care (UEC) were noted despite ongoing challenges, and significant progress in elective care waiting times. Dental



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activity remains below target, with recovery plans in place. Workforce efforts are extensive and improving, with reductions in agency staff and positive developments at the Shrewsbury and Telford Hospital NHS Trust. Financially, the system is on plan, with efficiencies achieved and risk reviews conducted to prevent future issues. Capital spend is behind but not concerning, with investment sought for key programmes. The Shrewsbury and Telford Hospital NHS Trust's strong performance in referral to treatment targets and cancer care was highlighted, as they are now among the top nationally.

212.2 The Board acknowledged the progress made and the need to maintain momentum.

**RESOLVE: The NHS Shropshire, Telford and Wrekin Integrated Care Board: Were ASSURED around the progress being made locally.**

**Minute No. ICB-25-09.213 – NHS STW Recovery Support Programme ( RSP) Transition**

2.13.1 Simon Whitehouse shared the RSP transition report. It was outlined that in July 2021, the system was placed in segment 4 of NHS England oversight and entered the Recovery Support Programme (RSP), focusing on finance, workforce, governance, leadership, and urgent and emergency care (UEC). Significant progress has been made, including refreshed governance and leadership, with NHS England now supportive of transitioning out of the highest level of oversight.

2.13.2 A clear transition plan is in place, although challenges remain in relation to UEC. The ICB has not requested RSP support this year, with focus now on the Shrewsbury and Telford Hospital NHS Trust.

2.13.3 While reduced oversight is positive, concerns were raised about resource capacity and maintaining momentum. The importance of linking infrastructure planning with wider system capacity was also noted. The Board recognised the work done, including staff engagement and leadership development, and reaffirmed commitment to continued improvement. It was also made explicit that this is a stepping stone to support SaTH to exit from RSP and that system partners remain committed to support that clear intention.

**RESOLVE: The NHS Shropshire, Telford and Wrekin Integrated Care Board: were ASSURED and SUPPORTED the request to submit a proposal to NHSE requesting formal exit from the Recovery Support Programme.**

**Minute No. ICB 25-09.214 – LeDeR Annual Report 2024/25 including Learning Disability Mortality Review Annual Report**

214.1 Vanessa Whatley presented the Learning from Lives and Deaths (LeDeR) report for approval prior to submission to NHS England. There have been increasing numbers of submissions, which is vital for informing quality improvement. The median age of death was 59, slightly below the national



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average of 62. Key themes include aspirational pneumonia, linked to care failures, particularly in residential and social care settings. Actions have been taken to include collaboration with Primary Care to improve annual health checks for those aged 14+, achieving over 80% coverage. The upcoming requirement for reasonable adjustment flags on records by December 2025 was noted and it was confirmed that NHS STW has adopted the national Oliver McGowan training.

214.2 Concerns were raised around the numbers relating to aspirational pneumonia, and it was suggested a future action was agreed to explore system-wide responses to this issue.

**Action:** Vanessa Whatley to explore a system-wide response to the issue around aspirational pneumonia for individuals who live with a learning disability and/or autism and bring an update to a future Board meeting.

**RESOLVE:** The NHS Shropshire, Telford and Wrekin Integrated Care Board:  
APPROVED the LeDeR annual report for 2024-25 for submission to NHS England and publication on the Shropshire, Telford and Wrekin ICB website.

#### [Minute No. ICB 25-09.215 – Conflicts of Interest Policy](#)

215.1 This item was deferred until the November Board Meeting.

#### [Minute No. ICB 25-09.216 – System Quality and Performance Committee Chair's Report](#)

216.1 The System Quality and Performance Report was taken as read. The Board were also asked to approve the committee Terms of Reference and Annual Report.

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

- NOTED the contents of the report
- APPROVED the updated committee terms of reference
- NOTED the committee annual report

#### [Minute No. ICB 25-09.217 – System Finance Committee](#)

217.1 The System Finance Committee Report was taken as read. The Board were also asked to approve the committee Terms of Reference.

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

- NOTED the content of this paper.
- APPROVED the updated committee terms of reference as endorsed by the Finance Committee.

#### [Minute No. ICB 25-09.218 – System People, Culture and Inclusion Committee](#)



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218.1 The System People, Culture and Inclusion Committee Report, was taken as read. The Board were also asked to approve the committee Terms of Reference.

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

- NOTED the contents of the report
- APPROVED the updated committee terms of reference

#### **Minute No. ICB 25-09.219 – Remuneration Committee**

219.1 The Remuneration Committee Report was taken as read. The Board were also asked to approve the committee Terms of Reference.

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

- NOTED that the 30<sup>th</sup> June 2025 meeting was not quorate.
- NOTED the decisions that were made at the meeting on the 14<sup>th</sup> August 2025.
- APPROVED the updated committee terms of reference.

#### **Minute No. ICB 25-09.220 – Audit Committee**

220.1 The Audit Committee Report was taken as read. The Board were also asked to approve the updated committee Terms of Reference and note the content of the Audit Committee Annual Report and the Freedom to Speak Up Annual Report. It was confirmed that Cheryl Etches OBE, had agreed to be the Non-Executive Director Lead for Freedom to Speak Up.

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

- NOTED the contents of the report
- NOTED the Freedom to Speak Up Annual Report
- NOTED the Committee Annual Report
- APPROVED the updated committee terms of reference
- 

#### **Minute No. ICB-25-09.221 – Strategic Commissioning and Productivity Committee**

221.1 The Strategic Commissioning and Productivity Committee Report was taken as read.

**RESOLVE:** The NHS Shropshire, Telford and Wrekin Integrated Care Board:  
NOTED the report presented, to include the committee terms of reference, the content of the Emergency Preparedness Resilience and Response (EPRR) Annual Report and the content of the EPRR and Business Continuity Policy.

#### **Minute No. ICB-25-09.222- Transition Committee**

222.1 The Transition Committee Report was taken as read.



Ambition



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Optimism



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

- NOTED the Transition Committee is being held on a fortnightly basis providing oversight on behalf of the Board a programme of work between NHS STW and NHS SSoT regarding the NHS Reset Programme.

**Minute No. ICB-25-09.223 – System Transformation and Digital Group**

223.1 The System Transformation and Digital Committee Report was taken as read. The Board were also asked to approve the updated committee Terms of Reference.

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

- NOTED the contents of the report
- APPROVED the updated committee terms of reference

**Minute No. ICB-25-09.224 –System Strategy and Prevention Committee**

224.1 The System Strategy and Prevention Committee Report was taken as read. The Board were also asked to approve the updated committee Terms of Reference.

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

- NOTED the report presented.
- NOTED the importance that the Committee continues to place on Prevention activity.
- NOTED the strong relationship between the Strategy and Prevention Committee and the two HWBBs.
- APPROVED the updated terms of reference.

**Minute No. ICB-25-09.225 – Review and Reflection of new or amended risks following discussions at Board meeting**

225.1 Ian Green OBE thanked everyone for their input into the Board meeting today. It was noted that there were a large number of papers to digest, which report authors need to be mindful of in future. The impact of the Resident Story was highlighted. It was felt that there were valuable quality discussions throughout the meeting and that the balance of the meeting is working well.

225.2 No new risks were highlighted.

**Minute No. ICB-25-09.226 – Any Other Business notified in Advance**

226.1 Simon Whitehouse shared that this would be Ian Bett's last meeting working for NHS STW in public and he thanked Ian for his contributions whilst working for NHS STW.

**16.41 – Meeting Closed**



Ambition



Compassion



Optimism



Focus

### Date and Time of Next Meeting

**Date:** Wednesday 26 November 2025

**Time:** 14:00

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



Ambition



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## **NHS Shropshire Telford and Wrekin Integrated Care Board Actions Arising from previous Board Meetings**

**Agenda item:** Minute No. ICB 25-09.207 – Update on Quality Oversight of Primary Care

**Action Required:** Update Cheryl Etches in relation to the 2 GP Practices within the area who were rated as requiring improvement.

**Owner:** Vannessa Whatley

**By When:**

**Update/Date:** **Completed – 25/09/2025**

---

**Agenda item:** Minute No. ICB 25-09.208 – Infrastructure Strategy

**Action Required:** Commercially sensitive information around GP practice estate needs to be presented differently within the Infrastructure Strategy, prior to this being formally published on the NHS STW Website.

**Owner:** Angela Szabo

**By When:** Prior to formally publishing on the ICB website

**Update/Date:** **Completed – Confirmed 22/10/2025**

---

**Agenda item:** Minute No. ICB 25-09.214 – LeDeR Annual Report 2024/25 including Learning Disability Mortality Review Annual Report

**Action Required:** Explore a system-wide response to the issue around aspirational pneumonia for individuals who live with a learning disability and/or autism and bring an update to a future Board meeting.

**Owner:** Vanessa Whatley

**By When:**

**Update/Date:** **Confirmed that an update will be included within the Annual Report for 25/26 - 23/10/2025**

---



Ambition



Compassion



Optimism



Focus



## 1. ICB 25-11.234 – NHS Shropshire, Telford and Wrekin Chair's Report

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 26 November 2025

**Report Presented by:** Ian Green OBE, NHS STW, Chair

**Report Approved by:** Ian Green OBE, NHS STW, Chair

**Report Prepared by:** Various Colleagues within NHS STW.

**Action Required:** For Noting

### 1.1. Purpose

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

### 1.2. Executive Summary

- 1.2.1. The report notes appointment of a CEO for the cluster
- 1.2.2. The report notes the NHS Government Reset Programme updates.
- 1.2.3. The report notes the new Medium Term Planning Framework
- 1.2.4. The report notes the updates on EDI and the Green Plan

### 1.3. Recommendations

- 1.3.1. The Board is asked to **NOTE** the contents of the report.

### 1.4. Conflicts of Interest

- 1.4.1. None.

### 1.5. Links to the System Board Assurance Framework (SBAF)

- 1.5.1. None.

### 1.6. Alignment to Integrated Care Board

- 1.6.1. This report supports transparency and probity of decision making by the ICB which contributes to the ICB's core objectives.

### 1.7. Key Considerations

- 1.7.1. **Quality and Safety:** The clustering arrangements and governance framework include a dedicated working group on quality and safety to ensure service delivery remains safe and effective.
- 1.7.2. **Financial Implications:** The Government Reset Programme requires a reduction in running costs, which the approved clustering arrangement with Staffordshire and Stoke-on-Trent ICB is designed to achieve.



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- 1.7.3. **Workforce Implications:** The transition to a joint leadership model will affect workforce structures, with staff and partners being engaged throughout the change process.
- 1.7.4. **Risks and Mitigations:** The clustering presents risks of disruption, but these are being mitigated through transition committees, governance frameworks, and phased planning.
- 1.7.5. **Engagement:** Staff, partners, and providers are being consulted and engaged during the transition to ensure transparency and collaboration.
- 1.7.6. **Supporting Data and Analysis:** The report provides updates on the EDI activity and the Green Plan, with supporting documentation available via the NHS STW website.
- 1.7.7. **Legal, Regulatory, and Equality:** The clustering arrangement maintains the legal independence of each ICB, with constitution amendments aligned to national NHS England guidance.

## 1.8. Impact Assessments

- 1.8.1. **Has a Data Protection Impact Assessment been undertaken?** No
- 1.8.2. **Has an Integrated Impact Assessment been undertaken?** No

## 1.9. Attachments

- 1.9.1 NHS Shropshire, Telford and Wrekin Integrated Care System Green Plan Refresh 2025/28

# 2. Main Report

## 2.1. Introduction

- 2.1.1. The purpose of this report is to share with Board members an update across several business areas that are not reported elsewhere on the agenda. The paper provides a generic update on activities at both a national, regional and local level.
- 2.1.2. This is my first report since commencing my role as Chair of Staffordshire and Stoke-on-Trent Integrated Care Board, as a part of the clustering arrangements with Shropshire, Telford and Wrekin Integrated Care Board. I wish to thank all colleagues at Staffordshire and Stoke-on-Trent for the warm welcome I have been given, and will continue to update this Board in future meetings on our progress as a clustered group.

## 2.2. Government NHS Reset Programme

- 2.2.1. Both NHS Shropshire, Telford and Wrekin and NHS Staffordshire and Stoke-on-Trent ICBs continue to work at pace to develop and implement the clustering arrangement agreed previously.
- 2.2.2. I am delighted to confirm that in late September, NHS England confirmed Simon Whitehouse as the Chief Executive Officer of the cluster. Simon



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has been CEO of Shropshire, Telford and Wrekin ICB since 2022 and took up his new role on 1 October 2025.

- 2.2.3. We have commenced the process of consolidating the executive leadership teams into a new single structure. Following the appointment of successful candidates into these roles, a further process will commence looking at the rest of our Senior Leadership teams, and then the wider organisation.
- 2.2.4. The six ICBs across the West Midlands are working together to review our collective shared services models, and are developing shared ways of working to optimise resources and achieve efficiencies.
- 2.2.5. Initial options appraisals were completed and reviewed by ICB Chief Executives in July, with Task & Finish groups now progressing detailed proposals for each function. Implementation timelines are being shaped by national policy changes, including the planned closure of CSUs and updated arrangements for redundancy funding, requiring a phased approach to delivery.
- 2.2.6. The first phase of shared service development focuses on Information Governance, Legal Services, Procurement, Transactional HR, Collaboration Agreements, Complaints Handling, and Pharmacy, Optometry and Dentistry support. A second phase will strengthen shared capabilities in Business Intelligence and Analytics and digital alignment across organisations.
- 2.2.7. Next steps include confirming programme leads, sustaining staff engagement and communications, and continuing collaboration to embed best practice and build system-wide resilience.

### **2.3. Medium Term Planning Framework – Delivering Change together 2026/27 to 2028/29**

- 2.3.1. The Medium-Term Planning Framework, published on 24 October 2025, sets out ambitious targets to transform NHS performance over the next three years, building on the initial framework published in August.
- 2.3.2. It sets out major strategic shifts aligned with the NHS Long-Term Plan, focusing on prevention over sickness, expanding digital-first care through the NHS App and NHS Online Hospital, and embedding neighbourhood health models to deliver care closer to home.
- 2.3.3. It also defines transformation priorities and expectations for NHS organisations across three areas: financial obligations, reform initiatives to enable a new operating model, and sector-specific performance benchmarks.



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- 2.3.4. Progress will be measured against 15 headline success indicators over the next three years. These measures span elective care, urgent and emergency services, primary and community care, mental health, and support for people with learning disabilities and autism. Together, they provide a clear roadmap for improving access, quality, and outcomes across the health system.

## 2.4. Tackling racism including antisemitism

- 2.4.1. Following the government's announcement to tackle antisemitism and other racism in the NHS, NHS England requested that all ICBs and trusts adopt the IHRA definition of antisemitism.
- 2.4.2. As a part of our shared commitment to fostering an inclusive and respectful environment for everyone, we are taking further action to strengthen our stance against all forms of hatred and discrimination, including antisemitism.
- 2.4.3. Vanessa Whatley, our Executive Lead for Equality, Diversity and Inclusion (EDI) and Chief Nursing Officer published an open letter earlier this month, outlining our commitment which includes adopting the International Holocaust Remembrance Alliance (IHRA) definition of antisemitism, updating our mandatory EDI training, and refreshing our uniform and workwear guidance to better support religious expression and patient comfort.
- 2.4.4. The letter is part of our ongoing 'Everyone Belongs Here' campaign which celebrates equality, inclusion, and belonging across our local health and care system.

## 2.5. Greener NHS Plan

- 2.5.1. In October, we publicly launched our ambitious green plans across the system. These plans set out practical actions to reduce carbon emissions, improve efficiency, and protect public health for future generations. The plans form part of the NHS' wider commitment to achieving net zero, building on national progress that has already cut healthcare-related emissions by 14%.

## 2.6. Recommendation

- 2.6.1. The Board is asked to **NOTE** the contents of the report.



Ambition



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Focus

**NHS Shropshire, Telford &  
Wrekin ICB**

**Shropshire Telford & Wrekin  
Integrated Care System Green  
Plan Refresh**

**2025-2028**

**Addressing  
Climate Change  
Through Delivery  
Of a Greener And  
More Sustainable  
NHS**



# Foreword



**Simon Whitehouse**  
**Chief Executive Officer**  
NHS Shropshire, Telford & Wrekin



**Nigel Lee**  
**Chief Strategy Officer**  
NHS Shropshire, Telford & Wrekin Executive Lead for Green

NHS Shropshire, Telford and Wrekin acknowledges that the world faces a climate emergency, and that the healthcare system contributes to that and therefore can be part of the solution to addressing it.

In June 2024, the British Medical Association identified that the health service contributes around 4-5% of total UK carbon emissions and the NHS in England alone is responsible for 40% of the public sector's emissions.

As an ambitious Integrated Care System, we are committed to making a real difference to the lives of local people and recognise the role that delivering greener, more sustainable healthcare plays in reducing the impacts of climate change.

This refreshed plan builds on our 2022-2025 plan which resulted in securing over £26.5million into our local health economy to decarbonise

energy sources and expand our greener infrastructure.

Across our system, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust have received external recognition for their solar panel expansions and The Shrewsbury and Telford Hospital NHS Trust has been shortlisted for the 'Towards Net Zero' category at the 2025 Health Service Journal Awards (HSJ).

We firmly believe our continued journey to Net Zero emissions will provide population health benefits to our communities and staff through the programmes detailed in our refreshed plan. We will work together to maximise the sustainability benefits that can be delivered across our system.

Therefore, we have approached our system plan in partnership with NHS Providers. We have reflected and built on the commitments that they have made in their individual provider

plans. We will use our Strategic Commissioning role to maximise opportunities for delivery of Net Zero emissions whilst simultaneously improving population health through how we plan and commission services. In recognition of the significant transformational changes in the system, we wish to ensure that the refreshed Green Plan continues to reflect our existing key plans such



**Simon Whitehouse**  
**Chief Executive Officer**

as Shropshire, Telford, and Wrekin Joint Forward Plan, Digital Transformation Strategy and our Infrastructure Strategy.

This is a significant agenda and there will always be more to do. However, this refreshed plan restates our commitment as the local NHS to this agenda and reinforces the role that we will play to improve things locally.



**Nigel Lee**  
**Chief Strategy Officer**



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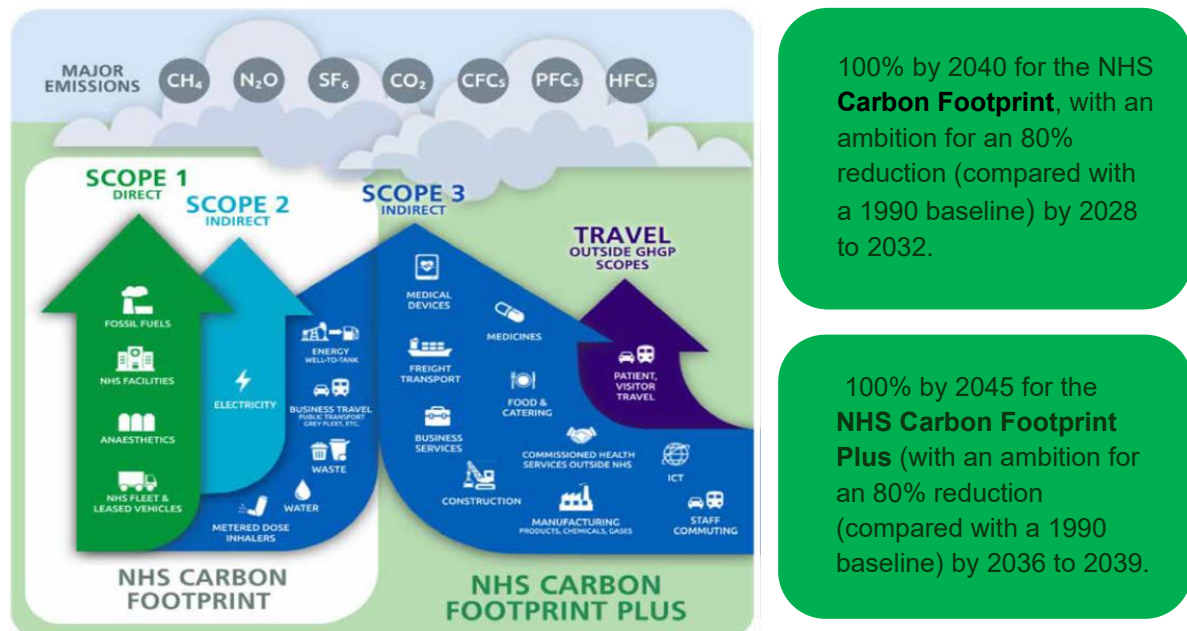
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# 1 Introduction

In 2020, the NHS became the world's first health system to commit to reaching net zero emissions. The [Delivering a Net Zero National Health Service](#) report set out the scale of ambition. The Health and Care Act 2022 reinforced this commitment, placing new duties on Integrated Care Boards (ICBs), NHS Trusts and Foundation Trusts (referred to collectively in this plan as trusts) to consider statutory emissions and environmental targets in their decisions. Trusts and ICBs were expected to progress achieving these duties through the delivery of board-approved green plans spanning 2022-2025.

The recently released [NHS 10 year plan](#) reconfirms the **NHS commitment to delivering a net zero health service by 2040 for direct emissions and 2045 for emissions it can influence**.



**Figure 1: NHS Carbon Footprint** Source: <https://www.england.nhs.uk/greenemhs/a-net-zero-nhs/>

Both Telford and Wrekin, and Shropshire Councils have a target to be 100% net zero carbon by 2030 and as a system we welcome them as members of our System level climate change group. We commit to working with them to assist in delivering aspects of infrastructure around renewable energies, travel and transport and maximising greener spaces for the benefit of the population. We will build on this in line with the ambitions in the NHS 10-year plan for cross-government action on the environment and public health, including cleaner air measures and making homes more energy efficient.

Our previous STW ICB 2022-2025 system action plan has been refreshed in line with [Green Plan Guidance](#) and this document reflects on achievements since 2022 and looks forward to our shared collaborative ambitions for 2025-2028.

Our provider Trusts, in line with the Health and Care Act 2022 requirements, have also refreshed their organisational level Green Plan, with their own focused Action Plans. The provider plans reflect the measurable targets for each organisation based on the nature of their operations and the work to date to achieve the NHS net Zero ambitions, however as per the refreshed guidance they are all in line with the areas of focus in this system plan.

## 1.1 Understanding our local system

Our ICS footprint covers 1,347sq miles, but is one of the smallest in terms of population, covering around 500,000 people. STW Integrated Care Board is co-terminus with the boundaries of two local authorities. Shropshire local authority is 66% rural (101 people/sq km) and Telford and Wrekin are predominantly urban (620 people/sq km) with 8.3% of its population living in rural areas.

NHS STW ICB local system partners include:



- Shropshire Council (Shropshire Place).
- Telford & Wrekin Council (Telford and Wrekin Place).
- Shrewsbury and Telford Hospital NHS Trust (SaTH).
- Shropshire Community Health NHS Trust (SCHAT).
- Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJA).
- Midlands Partnership University NHS Foundation Trust (MPFT).
- West Midlands Ambulance Service NHS Foundation Trust (WMAS).
- Primary Care Networks (PCNs): 9 PCN's (4 in Telford and Wrekin, 5 in Shropshire).
- General Practice, Pharmacy, Optometry and Dentistry.
- Healthwatch Shropshire and Healthwatch Telford and Wrekin.
- Voluntary, community and social enterprise organisations across the county.

**Shropshire**, whilst an affluent county, masks pockets of deprivation, growing food poverty, health inequalities and rural isolation, with the county overall having a low earning rate. In **Telford & Wrekin** over **27 %** of it's residents live in **20% most deprived areas in England** – circa 45,400 people and just over a fifth (21%) of children and young people are living in poverty.

Compared to other parts of the West Midlands, and other towns and cities across the UK, air quality in Shropshire, Telford, and Wrekin is good. In fact, it is identified as one of the benefits of living here, alongside its green and natural environment. In July 2025, ten open spaces across Shropshire, Telford, and Wrekin have been given Green Flag Awards. The scheme recognises and rewards well-managed parks and green spaces across the UK. This is alongside Shropshire's areas of outstanding natural beauty.



**Figure 2:** Image of Shropshire along with colleagues holding the Green Flag 2025/26 award.

However there are pockets of higher air pollution and both local authorities (LA) in line with their statutory duties have developed Air Quality Strategies ([Telford LA Air Quality](#)) and ([Shropshire LA Air Quality](#)).

These strategies alongside the work on Travel and Transport will assist our local health care system in the challenges it faces in reducing carbon emissions related to travel due to its rural and dispersed nature for both patients and staff. This will also be supported by our ambitions to achieve the digital shifts at the heart of the NHS 10-year plan.

The River Severn poses a significant flood risk across Shropshire, Telford, and Wrekin, with both Shrewsbury and Ironbridge being particularly vulnerable. Climate change is expected to exacerbate this risk, leading to increased river levels and more frequent flooding events. Beyond the river itself, surface water flooding from heavy rainfall also presents a major concern in urban areas like Telford.

## 1.2 Greener NHS and the 10-year NHS Plan Key Shifts

As a system we recognise the need for change in how and what we deliver to improve our population's health. Demand for health and care services is growing, and our services will not be sustainable without a different approach to healthcare provision and working together with the population we serve. Locally we have already recognised the need for a shift in focus away from the treatment of illness to one of prevention and wellbeing. This is at the heart of the [Shropshire, Telford, and Wrekin Joint Forward Plan](#). Our joint forward plan identifies our journey to delivering more sustainable, greener care relies on the system moving to a prevention first model, increasing treatment closer to people's homes, and maximising digital transformation.

The [latest meteorological assessments in May 2025](#) from climate scientists indicate that the next decade will be crucial for keeping global warming within manageable limits, making the time frame of the upcoming changes to how the NHS will be delivered time critical. Whilst there is no specific chapter heading within the [NHS 10 year plan](#) relating to the green agenda, **the three key shifts** it advocates will inherently include adapting to the challenges of climate change.

**Hospital to community:** This shift aims to reduce reliance on hospitals, especially for routine care, by providing more services in local settings like GP surgeries, community



centers, and even people's homes. This can lead to reduced travel for patients and staff, potentially lowering carbon emissions associated with transportation.

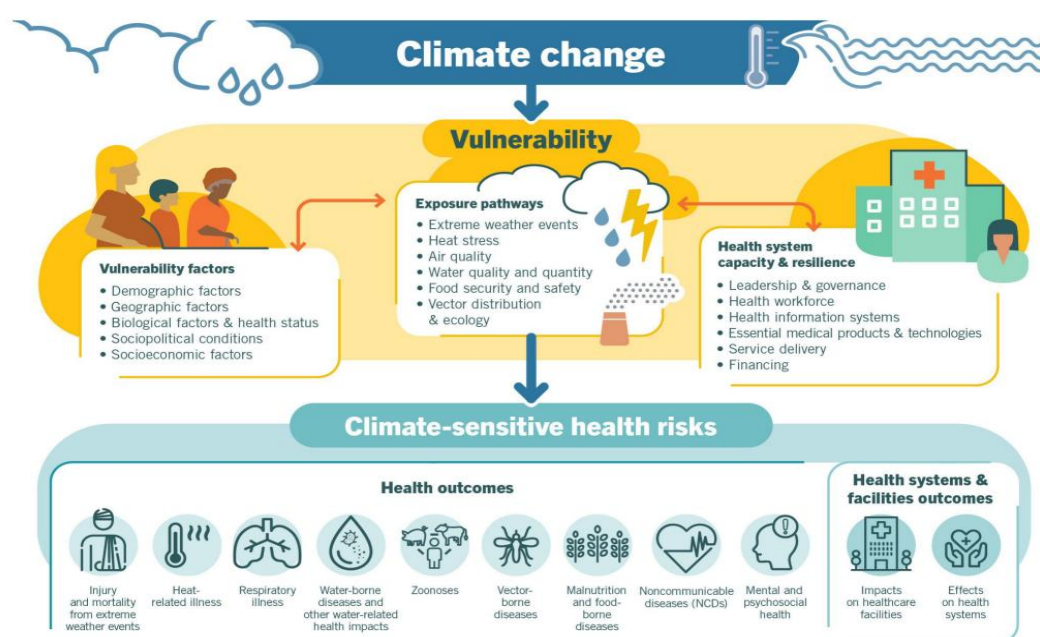
**Figure 3:** Image of the 10-year health plan for three shifts

**Source:** [NHS 10 Year Plan](#)

**Preventing Illness:** Focusing on preventative measures like public health campaigns, early detection programs, and lifestyle interventions can reduce the overall demand for healthcare services, leading to a more sustainable system. Fewer hospital admissions and shorter hospital stays translate to lower energy consumption and waste generation. Preventing illness will also assist in reducing healthcare inequalities with the **burden of preventable illness being highest in our Core 20PLUS populations.**

**Analogue to digital:** Adopting digital technologies can streamline processes, reduce paper usage, and enable remote consultations, potentially decreasing the environmental footprint of healthcare. However, it is important that as we transform towards increased digitalized care we do so with greener principles in mind for example by ensuring we embrace NHS England's [What good looks like framework](#) which encourages NHS organisations to prioritise sustainability in the procurement, design and management of digital services to meet the objectives of the [Greening government: ICT and digital services strategy](#).

## 1.3 Greener NHS and Addressing Inequalities



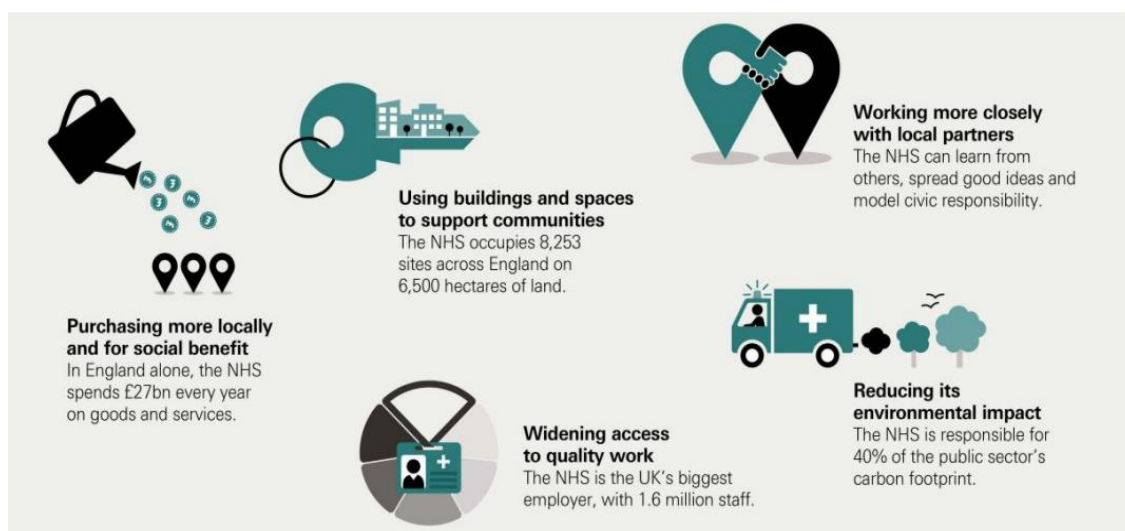
**Figure 4:** An overview of climate-sensitive health impacts, their exposure pathways and vulnerability factors. Climate change impacts health both directly and indirectly, and is strongly mediated by environment, social and public health determinants. **Source:** [World Health Organisation](#)



As highlighted by [Delivering a 'Net Zero National Health Service'](#) the impact of climate change will not be felt equally by all. **Health Inequalities** [as defined by NHSE](#) are unfair and avoidable differences in health across the population, and between diverse groups within society. The conditions in which we are born, grow, live, work and age can impact our health and wellbeing and are sometimes referred to as wider determinants of health and are often interlinked. For example, someone who is unemployed may be more likely to live in poorer quality housing with less access to green space and less access to fresh, healthier food. This means some groups and communities are more likely to experience poorer health outcomes compared to other sectors of our population.

By acting on climate change, we can reduce some of these adverse factors and this will bring direct improvements for public health and health equity. Reaching our country's ambitions under the Paris Climate Change Agreement could see improved population health outcomes such as over 5,700 lives saved every year from improved air quality, 38,000 lives saved every year from a more physically active population and over 100,000 lives saved every year from healthier diets.

As part of Shropshire, Telford, and Wrekin Integrated Care Board's commitment to improve our population's health outcomes by optimising our roles as **Anchor Institutions**.



**Figure 5:** [NHS as Anchor Institution](#)

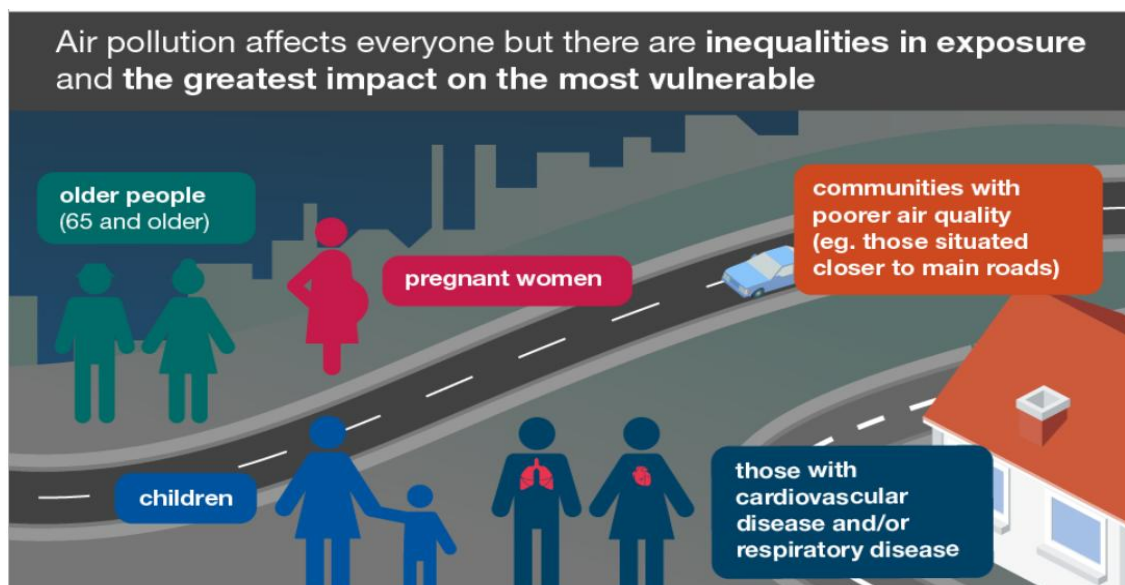
**Source:** [Health Foundation](#)

An anchor institution is any institution that, alongside its key role, plays a significant and recognised function in a locality by making a positive impact on its local community and economy and enhancing greener value through its sizeable spending power, workforce, buildings, and land. This includes the NHS and wider partners such as the local authorities. Our focus on greener energies and increased social value from procurement and across our supply chains will assist this part of our work.

In our role as an anchor institution, we will seek to reduce environmental impact of disposal of Information technology (IT) by recycling and re-using within our communities. For example, a laptop that may not be suitable for heavy-duty tasks in an office environment may be suitable for donating to a school for issuing to students without access to devices at home for word processing or internet searches.

In addition to the sustainability benefits this brings, it also brings benefits of hardware availability into our wider digital inclusion as part of the System Digital Inclusion Plan in partnership with primary care, secondary and community care providers, local authorities, and our wider community partners.

As a system we have committed to a joined-up approach with our local authorities to tackle inequalities in outcomes, experience, and access between groups in our population. A particularly key area of work is the **reduction of air pollution**.



**Figure 6:** Infographic of demographics more impacted upon by air pollution

Source: [UK Health Security Agency](#)

**Air pollution** causes and exacerbates cardiovascular, respiratory, and mental health issues. It is estimated that high levels of air pollution contribute towards an annual 40,000 premature deaths in the UK. Air pollution also disproportionately impacts those living in more deprived urban communities with people likely to experience higher exposures including those who live close to busy roads, who are more likely to be in low socioeconomic groups. leading to health inequalities.

People suffering illnesses caused by air pollution may not be able to work, negatively impacting their financial status. Additionally, high rates of illness within a population increase demand for the NHS due to higher patient numbers and associated costs. The increase in NHS activity leads to an increase in carbon emissions, which in turn contributes to air pollution and more illness, placing further demand for NHS services, **i.e., a circular connection between increasing air pollution and increasing poor health, which is felt disproportionately across our population.**

Consequently, working to reduce carbon emissions from NHS activities, along with our local authorities' air quality strategies can deliver a more sustainable and equitable health and care system, as reduced air pollution will reduce the environmental, social, and economic impacts of climate change and assist our wider system aim to reduce health inequalities.

## 2. Key areas of progress against 2022-2025 Plan

### 2.1 Workforce and system leadership

- Appointed designated board level net zero leads in ICB and across key NHS system partners.
- Embedded and refreshed Climate Group Governance and reporting processes with provider co-chairs and ICB facilitation to greater empower collaboration.
- Worked collectively as a system to attract £26.6 million funding inwards into the local economy for carbon reduction and greener energy-related projects.
- NHS system provider boards have increased their awareness through NetZero/Sustainability workshops,
- Promotion of Carbon Literacy training, including e learning modules across the system.

For example, MPFT have launched a Greener Training Hub to enhance staff knowledge on sustainability, providing opportunities tailored to role requirements and existing knowledge levels.

- Integrated objectives around carbon reduction into staff appraisals.
- Raising sustainability awareness internally, with service users and communities by participating in campaigns, sustainability days, and sustainability competitions.
- Robert Jones and Agnes Hunt have received external recognition for their solar panel expansions.
- Shrewsbury and Telford Hospital NHS Trust have been shortlisted as finalists for the 'Towards Net Zero' category at the 2025 HSJ Awards, recognising their commitment to sustainable healthcare

### 2.2 Digital Transformation

- Developed a whole system ICS Digital Transformation Strategy and appointed an ICB Head of Digital to take this forward alongside system Digital partners.
- Increased use of electronic and digital means of communication between partners and patients, replacing letters through systems such as Docman and HybridMail and use SMS messaging.
- Introduced electronic patient record systems.

- Increased the use of technology to enable more staff to work remotely where appropriate, thus reducing the need for travel across the expanse of our county, which has benefits of greater time efficiencies in addition to lowering carbon emissions.

## 2.3 Medicines

- Trusts have reduced emissions from anaesthetic gases by repairing nitrous oxide leaks, decommissioning unnecessary pipe systems, and replacing them with portable alternatives where appropriate. This has resulted in our key three providers who use nitrous gases being rated as low or extremely low for pure nitrous oxide and extremely low-to-medium for mixed nitrous gases.
- Trusts have eliminated Desflurane from clinical practice.
- The NHS Shropshire, Telford, and Wrekin Medicines Optimisation team has driven notable changes, reducing the high-emission short-acting inhaler prescriptions.
- By 2025, Shropshire, Telford, and Wrekin ranked 10th nationally for the lowest carbon footprint per salbutamol inhaler, with a 25.7% increase in greener inhaler prescribing

## 2.4 Travel & Transport

- The 2022-2025 Green Plan committed to a fleet of over 90% Low Emission Vehicles (LEVs) by March 2025, with 11% being Ultra-Low Emission Vehicles (ULEVs) or Zero Emission Vehicles (ZEVs).
- The Shrewsbury and Telford Hospital NHS Trust (SaTH) and Robert Jones and Agnes Hunt (RJA) have transitioned to electric fleets and expanded on-site charging infrastructure.
- SaTH's Lift share (staff scheme to share transport) – 556 active members with miles shared saving 529 tonnes CO<sub>2</sub>.
- Cycling schemes, though limited in rural areas, have been supported with new cycle shelters at Royal Shrewsbury and Princess Royal Hospital sites.
- Local trusts have introduced salary sacrifice schemes for cycle purchase.
- SaTH has (to date) 38 electronic vehicles on lease (another 19 on order) and 60 bicycle purchases via salary sacrifice.
- Introduced Park and Ride to SaTH hospital sites for patients and staff.

## 2.5 Estates & facilities

- Locally providers have achieved effective and compliant segregation of waste in line with NHS Clinical Waste Strategy.
- SaTH achieved a reduction in costs of £150k in clinical waste disposal costs, saving 45 tonnes of CO<sub>2</sub>e.
- To improve recycling rates, providers have implemented 'Simpler Recycling' and collaborated with waste partners to adopt practices that make energy from waste.
- RJAH identified that their building energy represents around 93% of the Trusts' current carbon footprint and have completed a solar carport project generating 1.256 million annually.
- Locally NHS system providers received £2.874 Wh million in March 2025 to enhance solar energy capacity.
- By replacing boilers with ultra-efficient equipment, for example, RJAH have been able to reduce their gas consumption by up to 1.8million Wh per year.
- Installation of photovoltaic (PV) solar panels at Royal Shrewsbury Hospital.
- Installation of LED lights across multiple sites.
- Improving the insulation, or U-Value, of their buildings so that it takes less energy to reach required temperatures.
- SaTH and RJAH hospital sites have completed Heat Decarbonisation plans with successful funding for implementation.
- Replacing antiquated Building Management Systems (BMS) with smarter controls.

## 2.6 Procurement

- NHS Shropshire, Telford, and Wrekin ICB have ensured during 2024/25 that all tenders contain the requirements of providers to share their carbon reduction plans and to indicate how they will add social value.
- This extends to wider Primary care commissioning e.g., dental practice in Oswestry and IMOS (Intermediate Minor Oral Surgery).
- Established a single procurement team for Goods and Services which has given benefits of a consistent approach and accelerated progress against the greener procurement Road Map.
- The team has met the System Total Roadmap Green Procurement Challenge to cut supply chain emissions.



## 2.7 Food and Nutrition

- Collaborative planning an Electronic Meal Ordering system to reduce waste.
- Reviews of how menus across both patient and retail can be made healthier, and lower carbon.
- NHS providers have also phased out single-use plastics in staff canteen and patient catering. Ward plastic cup usage in wards almost halved – 847,000 less in SaTH in 2024.

## 2.8 Adaption

- Climate change threatens the NHS' ability to deliver essential services, both in the short and long term. As a system we have sought to build resilience and adaptation into both business continuity plans, and longer-term estate planning to adapt to future climate change.
- Shropshire, Telford, and Wrekin system partners are active participants in the Local Resilience Forum for emergency planning. NHS Shropshire, Telford, and Wrekin ICB is a member of the West Mercia Local Resilience Forum (LRF).

## 2.9 Biodiversity

- SaTH is collaborating with local beekeepers to provide hives at the Shrewsbury site, as well as bat boxes and swift boxes to divert such creatures away from buildings whilst providing space for them to live.
- PRH planted trees and shrubs from the NHS Forest scheme in 2024.
- The Horatio's Garden at RJAH provides a therapeutic space for patients, offering a connection with nature and contributing to their wellbeing.



**Figure 7:** [Horatio's Garden Robert Jones and Agnes Hunt](#)

### 3 Greener NHS Building on Existing Plans

As a system, our refreshed 2025 [Shropshire, Telford, and Wrekin Joint Forward Plan](#) has set in place principles for our system transformation which underpin all our work including our Greener NHS Agenda. Whilst authored before both the release of the Green Plan Guidance and the NHS 10-year Plan, **our goals for system transformation are all in line with the fundamental shifts towards a greener, more sustainable healthcare system.** Sustainable healthcare in Shropshire, Telford, and Wrekin focuses on integrating health and social care services to improve access, health outcomes, and financial sustainability. This involves transforming care models, through increased use of digital technologies, strengthening community services, and promoting prevention and early intervention.

The next three years are critical for **this refreshed green plan to build on these ambitions and not be separate from them.** As a system we acknowledge that whilst we have achieved success in areas such as greener inhaler usage, carbon reduction in heating systems, greater use of solar power, LED lighting, we recognise we have more to do in capturing the benefits of clinical projects such as single use items, redesigning pathways of care and increasing our clinical communities involvement in the Greener NHS Agenda.

There are further opportunities to maximise the joint working with Local Authorities on Travel and transport plans as well as reviewing our Adaptation Plans for ongoing climate change. **The ICB has a key role to play in ensuring we create and facilitate opportunities for partner organisations to maximise collective progress.**

Adopting a collaborative approach to both the actions at organisational and system levels will ensure we maximise benefits and realise any financial saving opportunities for the benefit of improved patient care. It will also provide consistency in delivery across partners, which we know is variable across our geography and provide resilience in terms of dedicated expertise in this area as we continue to grow awareness and knowledge across our staff base. **Therefore, our key actions are to identify opportunities in the system where we can share learning, optimise efficiencies, and capitalise on collaborative working.**

They will share the key actions the ICB, and partners will take as well as identifying our areas of collaboration.

## 4 Key Areas of Focus

The following section addresses our key system actions within the 9 areas of focus within the [Green Plan Guidance](#).

The principles and key areas of focus for each area of focus will be considered and a plan provided in **Appendix A** of the specific areas that will be monitored as system through our climate change group, via providers plans reported annually through contractually and annual reporting requirements.

In recognition of the potential changes in the ICB Blueprint relating to the Green Agenda, a review of the system plan will be undertaken in 6 months' time. This will allow for any refresh to consider changes to ICB legal duties and our new cluster ways of working with Staffordshire and Stoke on Trent ICB.

The action system provided in **Appendix A** complements the detailed action plans which our individual providers have developed in response to the recommendations within the Guidance that specifically relates to Provider Trusts.

Individual provider Green Plans are available as below:

- Shrewsbury and Telford Hospital NHS Trust Green Plan \*insert link once published\*
- Shropshire Community Health NHS Trust Green Plan \*insert link once published\*
- Robert Jones and Agnes Hunt Orthopaedic Hospital \*insert link once published\*
- Midlands Partnership NHS University Foundation Trust - [Green Strategy and Green Plan](#).

### 4.1 Workforce and leadership

Embedding the principles and philosophy of a greener and more sustainable NHS require **high level system leadership** as well as **informed and empowered staff**, clinical and non-clinical working together to make changes in the way we think about and deliver healthcare across Shropshire, Telford, and Wrekin ICB.

As a system we are compliant with the requirement to have **appointed a board level net zero lead to oversee Green Plan delivery in the ICB and in each individual Trust** Across the ICB we have consistently had 100% reporting regarding the Greener NHS Data Collection which going forward will inform the Greener NHS dashboard. This dashboard will demonstrate quantitative and qualitative improvements made. There is a clear expectation that the named

Board lead and data from the dashboard will continue to be published as part of Annual Plan reporting requirements.

Consequently, of the changes proposed by the Government reset Programme, the role of all ICBs will change. The Model ICB Blueprint makes clear that as strategic commissioners, ICBs will focus on providing system leadership for population health, setting evidence based and long-term population health strategy and working as healthcare payers to deliver this, maximising the value that can be created from available resources. It indicates that responsibilities currently held by ICBs for Green Plans will over time transition to Provider organisations.

Our system is well placed to make this transition as key Green and Sustainability leaders for our Providers are active members of our climate change group and already collectively identify where working collaboratively would achieve greater system benefits. During 24/25 providers have been empowered by the ICB to lead as the chair of the Climate Change Group with support from ICB colleagues.

**As a strategic commissioner**, a key role will remain in ensuring we continue to **champion and support a Greener NHS** across all key areas of focus described in this plan.

As the timescales for the change in role and functions of the ICB are yet to be formally agreed a 6 month rather than a 12-month review of the Green Plan is scheduled to take place that will allow for revisions based on any known changes to leadership and accountability.

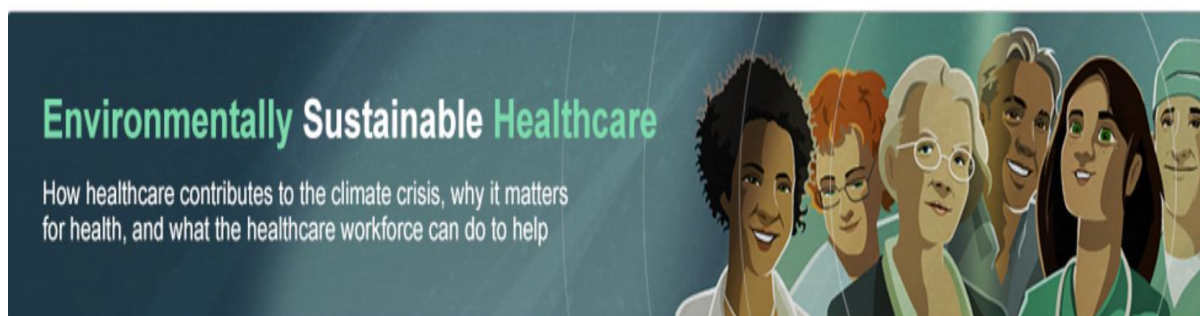
There are mixed levels of operational support attached to implementing the Green Plans in each organisation and it has been identified there may be **opportunities for greater collaborative working** especially regarding the Group model between Shropshire Community NHS Trust and Shrewsbury and Telford NHS Hospital Trust.

Due to our workforce and financial challenges, as a system we have considered carefully **the extent to which we are able to commit to increasing mandatory training modules** across a range of areas including mandating training relating to net zero and carbon literacy. In line with the ambition in the NHS 10 year to reduce mandatory training requirements through streamlining and simplifying training, our local ambition will be to **focus on delivering relevant and impactful learning experiences based on essential to role principles**. It is expected that organisations develop a collective agreement how we identify essential to role which is flexible across an individual's employment.

An example of this may be those individuals who are going to be involved in clinical net zero projects once the clinical leads for organisations have agreed their area(s) of focus for pathway transformation. Non clinically, it may individuals within the procurement team or estate functions

who have not previously accessed training that are identified as key individuals who would benefit from a greater depth of knowledge and understanding.

There are two key programmes of e learning available on the learning Management System, one relating to carbon **literacy** and another programme of 5 modules relating to **Net Zero and clinical examples of sustainability**.



**Figure 8:** [Environmentally sustainable healthcare](#)

**Source:** [NHS England](#)

It is expected that all **Senior Responsible Officers and their deputies** have completed and gain **carbon literacy status** through completing the 5 e-learning modules (time commitment 2.5 hours in total) and attendance on a half-day online workshop **by March 2026**. Details of the availability of sessions has been shared across relevant roles during August 2025.

## Carbon Literacy for healthcare

Bridging the gap between climate policy and climate action for healthcare staff



**Figure 9:** [Carbon literacy for healthcare](#)

**Source:** [NHS Futures](#)

The roles and number of other staff members accessing training via [Greener NHS Training Hub](#) and/or via [e-learning](#) will be captured by providers and reported to the system climate Change Group.

## 4.2 Net Zero Clinical Transformation

Both our system [Shropshire, Telford, and Wrekin Joint Forward Plan](#) and the [NHS 10 year Plan](#) describe the necessity for a key transformation in the way care is delivered. Locally in Shropshire, Telford, and Wrekin ICB, a range of health care diagnostics are increasingly delivered closer to the patient's home in our **community diagnostic centre** alongside programmes of early intervention and prevention activities within our **Family and Community Hubs**. Sub-acute and rehabilitative care is delivered within the patient's home such as our virtual ward and enablement initiatives.

From a Greener NHS perspective, these initiatives **reduce patient and carer transport requirements** and importantly **reduce carbon emissions**. Alongside our work to further embed our implementation of [Neighbourhood Models of Care](#) this clinical transformation will assist in reducing the staff travel especially related to our rural geography. This mode of care delivery is enhanced through increasing digital technologies and innovations which contribute to reducing the carbon impact of healthcare within pathways of care.

(Refer section 4.3 Digital Transformation for further benefits of this aspect of healthcare transformation).

**Clinical leadership will be fundamental** to achieving net zero clinical transformation. As required by the refreshed guidance provider organisations have identified key clinical leads and the **ICB have identified clinical leadership from our Chief Nurse**.

It is crucially important that we build a wider understanding throughout our clinical communities about why sustainability is important, what it means for the way we all consume products, the potential for product re-use, recycle, and re-manufacture, and the associated environmental and financial benefits which may arise from making small changes to our clinical practices.

Through the collective senior clinical leadership, **a clinical network will be developed** which will enable the system to collaboratively implement these changes at scale and deliver collective benefits across our population.

To accelerate our journey, there are detailed case studies and resources available via the [Sustainability Quality Improvement \(SUSQI\) Website](#).





**GREEN TEAM  
COMPETITION**  
CENTRE FOR SUSTAINABLE HEALTHCARE

**NHS**  
Northampton  
General Hospital  
NHS Trust



An example of this is [Greener PPE](#).

**Setting/Patient Group:** Trust-wide

### BE PPE FREE!

Themes of inappropriate glove and apron use were identified and targeted via an educational campaign promoted via short videos on staff Facebook and WhatsApp groups, posters, Trust homepage, team huddles.



[Read the Report](#)

### Issue to be addressed:

Personal protective equipment (PPE) use increased over the pandemic, but audits and observation have shown that unnecessary overuse has continued since the pandemic.

### Intervention:

Aimed to reduce inappropriate PPE usage by 10% and increase staff's knowledge on appropriate PPE use by 20%.

**Figure 10:** PPE – an image of the educational campaign for good hand hygiene imagery.

Source: [Greener PPE](#)

1. Baseline observation and surveys used to identify trends of PPE overuse.
2. 10-week education multimedia package to reduce inappropriate PPE usage in clinical environments was developed.

### Outcomes:

#### **Clinical**

- 4.3% and 22% reduction in inappropriate glove and apron use respectively over 2 months.
- Staff knowledge of correct PPE use increased by 86%. The team expect this will reduce rates of common infections.

#### **Social**

- Empowered staff to use PPE appropriately.
- Staff are happier not having to wear PPE when they don't need to.

#### **Environmental**

- Projected annual saving 25,974 kgCO<sub>2</sub>e.

#### **Economic**

- Projected annual saving £23,703. would be saved (£22,686. in purchase costs and £1,016. in waste disposal).

## Key learning point

The multimedia education package was extremely successful in showing that PPE can be reduced, with impressive reductions in just 10 weeks.

Locally, in Shropshire, Telford, and Wrekin, providers have begun to explore reduced use of couch roll where clinically not indicated and the introduction of re-useable tourniquets, both of which have been evidenced as ways of delivering greener clinical care.



Sandwell and West Birmingham NHS Trust's project, [Reusable tourniquets: their impact on patients, planet and public purse](#) has shown that whilst a reusable tourniquet is initially higher than a single use tourniquet, it can be used up to 10,000 times. **This results in a carbon footprint that is almost five times lower and savings of almost £200 per tourniquet.** In addition, patient acceptability and experience were also improved.

In addition to incremental changes in the way we use and reuse products, there is more that can be done to **redesign pathways where we know there is high carbon intensity or high volume of patients contributing to increased carbon emissions.**

### The NHS Green Plan Guidance identifies the following five key areas:

1. critical and perioperative care
2. mental health
3. urgent and emergency care
4. diagnostic tests and procedures
5. medical pathways, with a focus on acute or long-term conditions such as renal disease, diabetes, or cardiovascular disease

**Figure 11:** [A table with the NHS Green Plan Guidance identifies the following five key areas.](#)

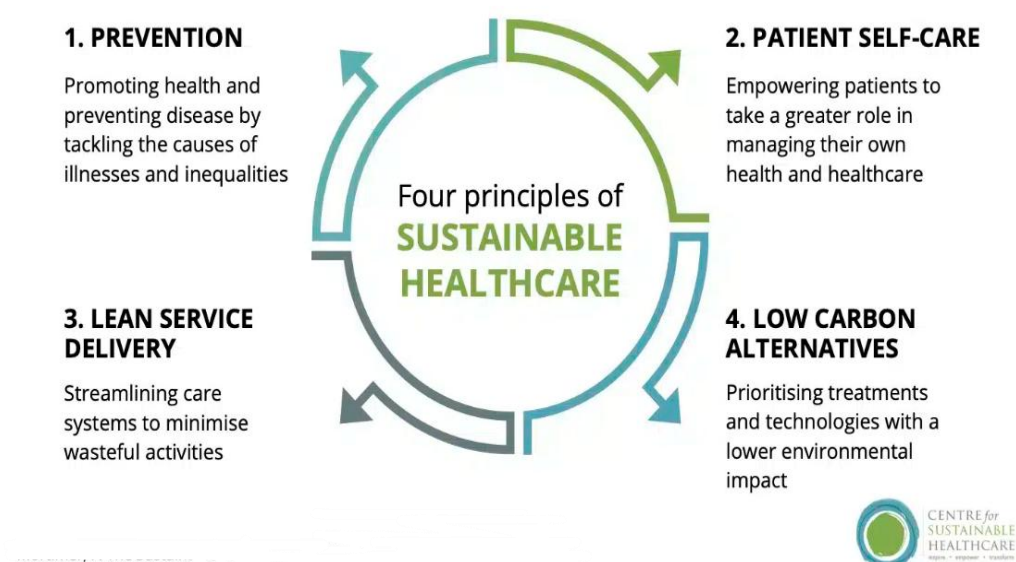
Locally our Hospital Transformation Programme provides key opportunities to reduce carbon emissions across pathways as we transform our Urgent and Emergency Care system.

As evidenced in our [Shropshire, Telford, and Wrekin Joint Forward Plan](#), diabetes care and cardiovascular disease are priorities for transformative pathways spanning primary, community, secondary care and the third sector.

There are **resources available which will accelerate our ability to adopt net zero transformation** across our pathways such as the [Sustainable Healthcare Coalition](#).

Their resources show how by utilising a care pathway approach, it is possible to evaluate the entire patient journey to identify areas where meaningful carbon savings can be made and outline some actions which can be taken towards decarbonisation with a clinical focus.

Additionally, [The Centre for Sustainable Healthcare \(CSH\)](#) has developed a set of principles that can guide healthcare practitioners in creating and embedding low carbon practices when considering service change, reconfiguration and pathway redesigns.



**Figure 12: Diagram of the four principles of sustainable healthcare**

**Source:** [The Principles of Sustainable Healthcare — Sustainable Healthcare](#)

The ICB as a **strategic commissioner** has a key role to play in **maximising opportunities to reduce emissions and improve population health** when **planning and commissioning NHS services**.

To **embed these sustainability principles** into our strategic operating model, the requirement to consider and address the four principles of sustainable healthcare above will be **built into the refreshed Integrated Impact Assessment**. Locally our cluster partner ICB, Staffordshire and Stoke on Trent, are developing a **detailed standalone sustainability impact assessment** which we will evaluate and look to adopt for large scale changes.

## 4.3 Digital Transformation

The 10-year plan with its' emphasis on a shift from analogue to digital is a key accelerator for progress against the greener benefits that digitally enabled care can deliver.

The [Greener Digital Programme](#) is working to empower the NHS to run low-carbon, climate-resilient digital health systems. Greener by Design, a new community of practice will officially launch in 2026/2027. As an ICB we are committed to joining and learning from best practice to build on the work we have already begun in our digital transformation system.

[Shropshire, Telford, and Wrekin ICB Digital Strategy](#) aims to reduce the NHS carbon footprint by minimising paper use, cutting down on travel, increasing energy efficiency, and reducing reliance on physical infrastructure. Table 1 in section 4.3.1 outlines the projects aligned to the green agenda and their Greener Digital Benefits.

We recognise however that expanding digital care delivery can add additional carbon emissions into the system through energy usage and data storage and increased carbon from production costs of technology. To counter this we will as a system embed [What good looks like framework](#) to prioritise sustainability in the procurement, design and management of digital services to meet the objectives of the [Greening government: ICT and digital services strategy](#).

As an ICB we will explore circular devising strategies. Circular devising strategies are about buying fewer new devices, and optimising the resources used in manufacturing already existing devices. The 'device waste hierarchy' indicates that the best use of a device is to extend its life through reuse or repair. From the perspective of reducing waste, reuse or repairing devices is more effective than remanufacturing or recycling due to the embodied carbon and energy used in the latter two processes.

As we transform to digitally enabled care, we will also recognise and seek to address digital inclusion, especially for those sections of society that already experience worse health outcomes. To begin to address this the ICB has led a series of workshops with PCN, Local Authority and Provider organisation colleagues to develop a System Digital Inclusion Plan which is built around the Government's Digital Inclusion Action Plan A key project within this will be re-use / re-opposing of IT equipment alongside digital skills training.

### 4.3.1 Table 1 Shropshire, Telford, and Wrekin Digital Priorities Mapped to Greener Digital Benefits

Digital Area	Organisation(s)	Greener Digital Benefits
NHS App Adoption	All	<b>Reduces carbon emissions</b> by decreasing printed materials via allowing patients to book appointments, access records, and receive communications digitally.
Patient Engagement Portals – Wayfinder	SaTH, RJA, SCHT, MPFT	Provides real-time, remote access to appointment details and care information. <b>Reduces carbon emissions</b> generated through unnecessary hospital visits and printed letters.
Reasonable Adjustment Digital Flag	ICB	Digitally sharing patient needs across settings avoids duplicate assessments. <b>Reduces carbon emissions</b> from unnecessary travel. Improves coordination of care and ability of individuals to adhere to treatments. <b>Reduce waste and improve patient outcomes</b>
Workforce Digital Skills	ICB	Equip staff to shift from manual/paper-based workflows to digital-first processes, reducing administrative paper consumption and energy from physical documentation. <b>Reduce waste and improve patient outcomes</b>
Electronic Patient Records (EPR)	SaTH, RJA	Replaces paper clinical records and supports end-to-end digital documentation. <b>Reduces waste and carbon emissions</b> associated with printing and physical storage
AI and Robotic Process Automation	ICB	Automates manual processes like referrals and form submissions, reducing printing, scanning, and admin energy consumption. <b>Reduce waste and improve patient outcomes</b>
Remote Monitoring and Virtual Wards	SCHT	Allow patients to be safely monitored at home, avoiding travel to clinics and reducing bed-day energy consumption. Supports ageing-in-place and <b>low-carbon care delivery</b> .
Digital Care Records Across Care Homes	ICB, Partners	Minimises paperwork between providers. Eliminates need for printing MAR charts, assessments, and transport of physical documentation. <b>Reduce waste and improve patient outcomes</b>
Shared Care Record	ICB	Improves information sharing between services, reducing printing of summaries, and eliminating duplicate patient assessments. <b>Supports low-carbon multidisciplinary working.</b>
Population Health Management	ICB	Identifies patients for early intervention, avoiding unnecessary hospital use and <b>reducing emissions from avoidable activity</b> . Enables smarter use of resources.
Federated Data Platform (FDP)	ICB, SaTH	Centralises data storage and analytics, reducing duplication of infrastructure Helps with more efficient resource planning and supply chain management. <b>Reduces carbon emissions and waste.</b>
GPIT – Online Consultations	ICB, Primary Care	Allow patients to submit symptoms and requests remotely without visiting a GP practice. Reduces unnecessary trips, waiting room congestion, and use of paper triage forms. <b>Reduces carbon emissions and waste.</b>

## 4.4 Medicines

Medicines account for around 25% of NHS emissions. A few medicines account for a substantial portion of these emissions, for example, anaesthetic gases (2% of NHS emissions) and inhalers (3%).

In Shropshire, Telford, and Wrekin there has been significant work in the last three years to reduce our use of piped nitrous oxide with manifolds removed and new builds such as theatres at Robert Jones and Agnes Hunt completed without the addition of piped nitrous oxide. As a system we no longer use the highest polluting anaesthetic gas Desflurane. Our use of bottled nitrous oxide is confined to clinically necessary utilization in podiatry and dentistry.

Our overall regional reduction targets are 19% for pure nitrous oxide and 5% for mixed gases against a 2024/25 baseline. The regional team have developed a rating system of current usage from exceptionally low to extreme and our current position is shared below. At the time of publishing this plan, the system had not been informed of how the regional targets will be apportioned across our region noting that across our region there are systems with very high and extreme uses of both pure and mixed nitrous oxide.

4.4.1 Table 2 Nitrous Oxide Usage	Pure	Mixed
The Shrewsbury and Telford Hospital NHS Trust	Low	Medium
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	Very Low	Very Low
Shropshire Community Health NHS Trust	Very Low	Very Low

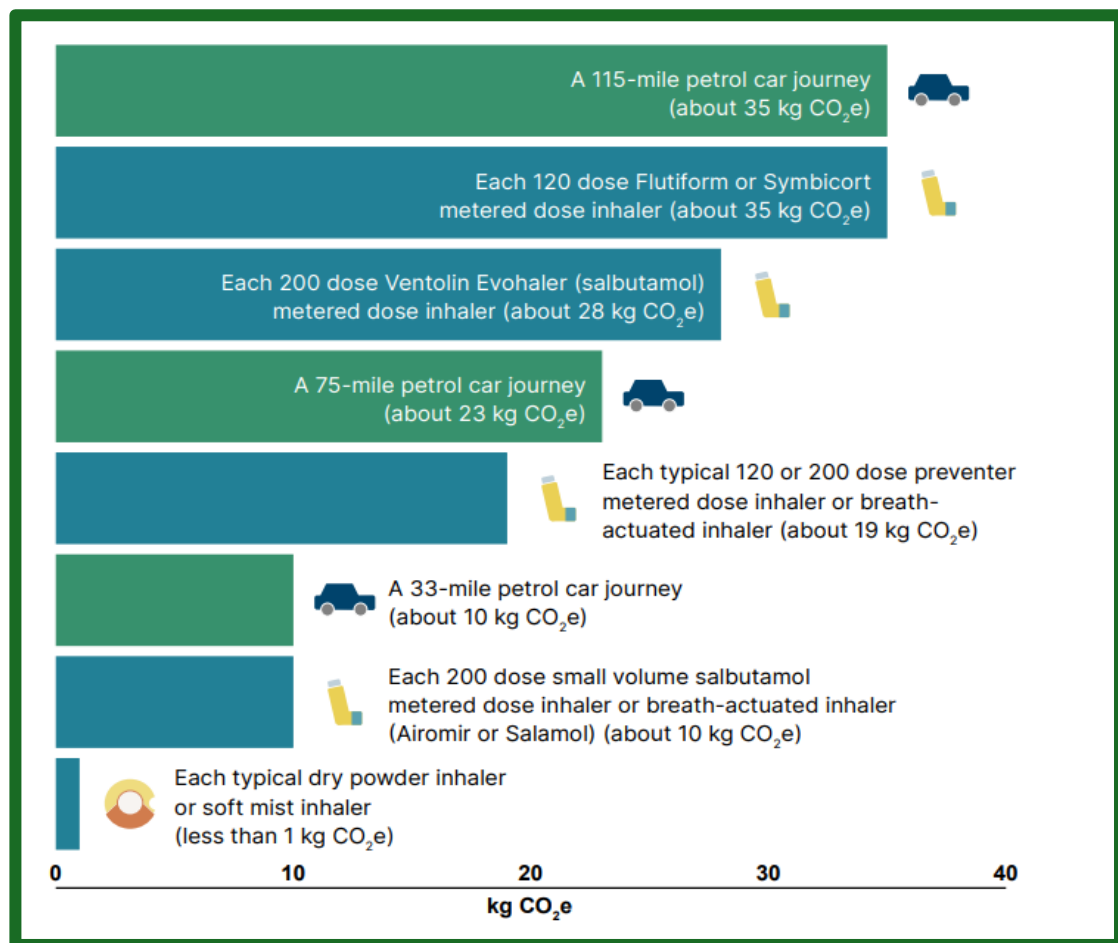
Figure 13: a table for Nitrous Oxide Usage for each provider

### Monitoring and Optimising Prescribing

[Delivering a 'Net Zero National Health Service'](#) flagged that inhalers account for 3% of the overall NHS carbon footprint. This is due to the propellants used in metered dose inhalers (MDIs). Safer, lower-carbon alternatives (e.g., dry powder inhalers (DPIs) and soft mist inhalers (SMIs) are clinically safe, available, and deemed more appropriate for many patients. It is important to note that carbon emissions are associated with short-acting beta antagonist inhalers (reliever' or SABA inhalers) and non-SABA inhalers (preventer' inhalers including combination inhalers however the amount of carbon



emissions varies. The figure below illustrates the relative carbon emissions of the different inhaler types.



**Figure 14: Choosing Greener Inhalers: Impact on our Environment.**

Source: [Asthma Patient Decision Aid National Institute for Health and Care Excellence NICE](#)

Through the leadership of the ICB Medicines Optimisation Team the ICB will continue promoting and tracking inhaler prescribing practices through data- specifically the number of metered dose inhalers (MDI) inhalers prescribed as a proportion of all non-SABA inhalers prescribed. The aim is to achieve a reduction in MDI prescribing by focusing on increasing the use of dry powder inhalers (DPIs). Through training and collaborating with clinicians in primary and secondary care settings there are opportunities to reduce carbon impact by improving inhaler techniques and prescribing lower-carbon alternatives, where clinically appropriate.

**Figure 15:** Image of Think Twice Order Right campaign across Shropshire, Telford & Wrekin

**Source:** [Think Twice, Order Right - NHS Shropshire, Telford, and Wrekin](#)



Other initiatives include highlighting inhalers in a traffic light system (red, amber, green) rating (clearly displayed on the local formulary) to prescribers during training sessions as well as incorporating prescribing alerts for inhalers with high carbon emissions when initiated to assist prescribers to make more informed decisions about the environmental impact of inhalers when prescribing.

Another area that will be targeted for improvement is aiming for a further reduction in SABA emissions per 1,000 patients by Q4 2026. This will be possible if prescribing aligns with latest Asthma guidelines, which moves away from prescribing SABA as first line inhalers for common respiratory concerns as this should result in fewer SABA prescriptions.

### **Structured Medication Reviews (SMR)**

Structured Medication Reviews (SMRs) are the best tested intervention for reducing problematic polypharmacy (multiple medications) SMRs have been shown to help reduce the number of problematic or unnecessary medicines a patient is taking, with estimates of the reduction between 2.7%<sup>3</sup> and 9.9%. These reductions result in less waste and less hospital admissions so have an impact on overall carbon reduction.

However, studies also show that most patients do not understand what an SMR is and receive limited, if any, information to help them understand or prepare for their SMR appointment. In line with our commitment as an ICB to reduce health inequalities we will advocate and support Primary Care and Primary Care Networks to utilise the recently released resources from the Health Innovation Network which provides insights on [improving access to Structured Medication Reviews for seldom-heard communities](#).

### **Other Greener Medicines Initiatives**

As a system we will work collectively to promote the use of the [new Royal Pharmaceutical Society Greener pharmacy toolkit](#). The toolkit provides prompts to introduce more

sustainable practices to reduce emissions, improve patient care, prevent ill health, tackle medicines waste and achieve efficiency savings.

Additionally as a system we are promoting the [Think Twice, Order Right Campaign](#).

The key messages from this campaign for the public relate to: **Staying Well Staying Safe and Staying Green.**

**Staying Green** can be achieved by only requesting medicines required and reducing waste and advocates safe disposal of medicines via the pharmacy properly to ensure that waste medicines do not pollute rivers and seas.

#### **Inhaler Recycling and Blister Packaging**

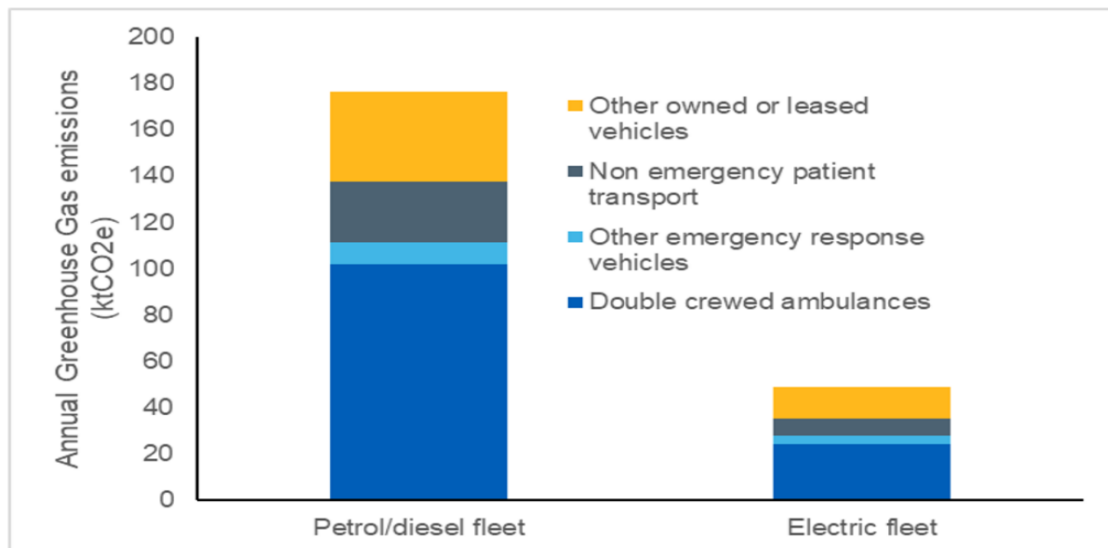
The potential to introduce recycling schemes for used medicinal products will be a joint system approach and has already begun in relation to inhaler recycling.

## **4.5 Travel and Transport**

The NHS fleet is the second largest fleet in the country, consisting of over 20,000 vehicles travelling over 460 million miles every year. This fleet, combined with the impact of commissioned services and staff travel, directly contributes to the 36,000 deaths that occur every year from air pollution.

The highest travel and transport mode contributor to the NHS Carbon Footprint are emissions from emergency ambulances at approximately 102 kt CO<sub>2</sub>e/year.

To address this a [Net Zero travel and transport strategy](#) was published by NHS England in 2023. This strategy outlines the economic, health and societal benefits of decarbonising NHS travel and transport. Electric vehicles reduce greenhouse gas emissions by 70% when compared to their petrol and diesel counterparts (even when charged from the current electricity grid) and do not emit air quality pollutant emissions from the vehicle's exhaust (as shown in Figure 16). Electric vehicles also produce lower noise pollution, particularly at lower speeds. This reduction in greenhouse gas emissions will increase as the carbon intensity of the electricity supplied by the national grid reduces.

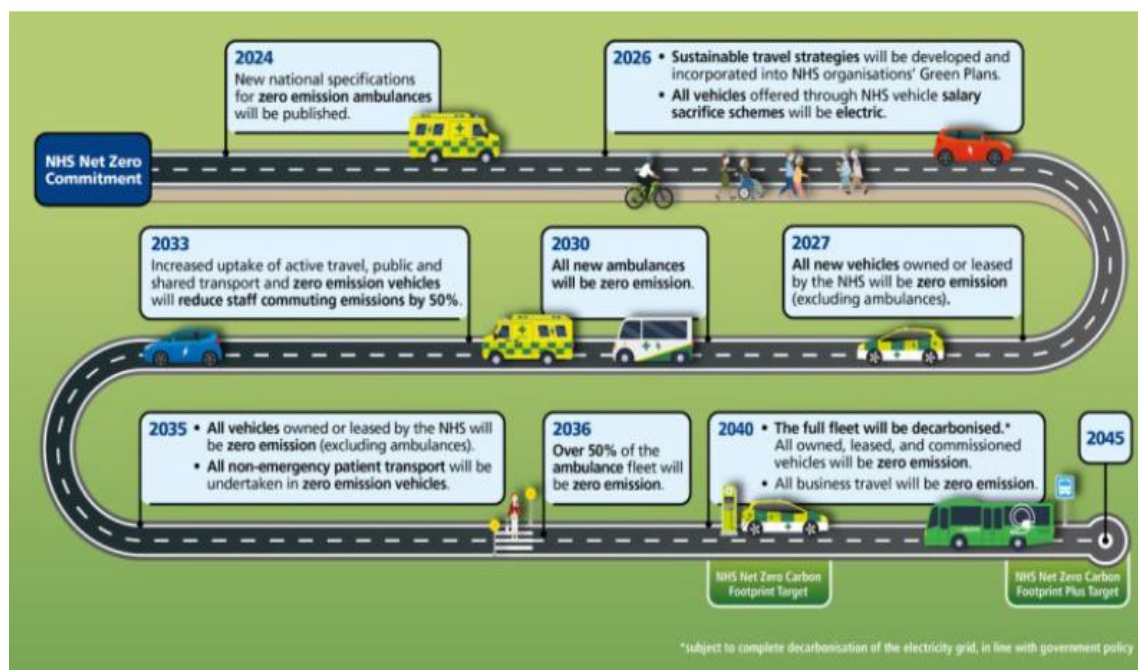


**Figure 16:** Emissions savings comparison of electric and diesel/petrol vehicles

Source: [Net Zero travel and transport strategy](#)

The NHS will have fully decarbonised its fleet by 2035, with its ambulances following in 2040. West Midlands Ambulance Trust were the first in the country to have an electric response vehicle and have clear plans to decarbonise their fleet with their refreshed [WMAS 2025-2028 Green Plan](#).

The Net zero travel and Transport Strategy sets out key milestones which will mark the transition of NHS travel and transportation:



**Figure 17:** Key milestones for Decarbonisation of Travel and Transformation

Source: [NHS England](#)

As an ICB we will facilitate collaboration across providers to assist in the development of their **sustainable travel strategies** with a focus on assessment of the infrastructure requirements for patients, staff, and the public.

To assist this, we will strengthen our **strategic partnerships** with local authorities to maximise funding and infrastructure opportunities. The Transport Act 2000 requires all Highway Authorities to produce a Local Transport Plan (LTP). These plans address active travel, public transport, and developing the infrastructure to support changing travel demands such as the increased need for EV charging and grid requirements.

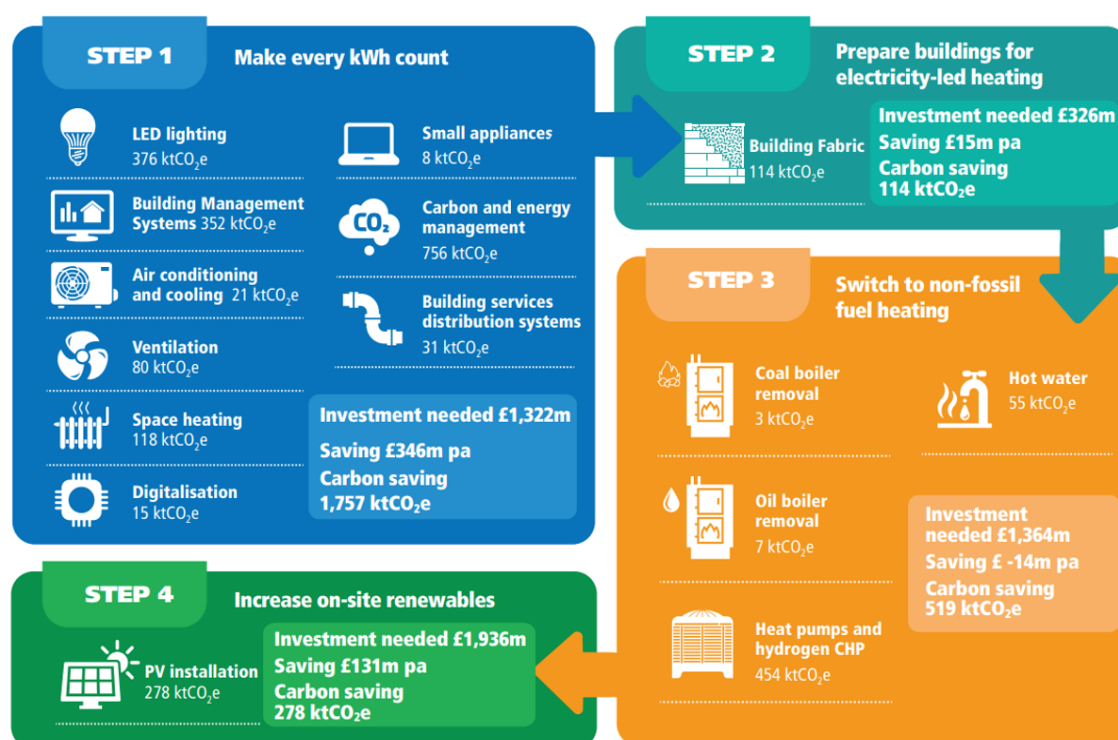
As a system we recognise the limitations to green travel that a rural and sparsely populated geography such as ours presents. However, there is a real commitment to greener travel from both our local authorities and we will expand on how we can support our staff and public to make use of greener modes of transport in commuting to our sites alongside the expansion of care within our neighbourhoods and digitally enabled care. Reference [Shropshire's Local Transport Plan](#) and [Telford and Wrekin Local Transport Plan](#).

Our third priority will focus on **Sustainable procurement** through integrating the purchasing of zero emission vehicles into procurement practices and where possible that vehicles which are part of lease schemes are aligned with the roadmap targets and interim milestones. We will require the ICB and our providers to undertake equity impact assessments of their salary sacrifice lease schemes to ensure we balance accessibility to the scheme with benefits from the scheme.

## 4.6 Estates and facilities

Our Estate has a significant role in reducing our Scope 1 emissions and organisations within our system have made huge progress with reducing our direct emissions burden. by installing photovoltaic (PV) solar panels, replacing lighting for LEDs, replacing boilers and associated equipment with ultra-efficient alternatives, improving to buildings and pipework.

This is in line with the four-step approach to decarbonise the NHS estate by 2040.



**Figure 18:** Four-step strategy for decarbonization, focusing on energy efficiency and renewable energy includes indicative numbers to illustrate the scale of the challenge to decarbonise the NHS estate by 2040. These are not actual.

**Source:** [Estates 'Net Zero' Carbon Delivery Plan](#)

The Shropshire, Telford, and Wrekin Infrastructure (Estate) Strategy 2024 to 2034 has been refreshed in September 2025. The refreshed priorities, objectives and enablers of our system estate strategy reflect the 10 year [Government Infrastructure Strategy](#) published in June 2025 namely developing infrastructure that is fit for purpose, fairer, greener, resilient, innovative and digitally enabled. The commitment to the principles of the decarbonisation of NHS estate remains in line with the four-step approach shared in figure 18. Notable changes relate to partnering with Great British Energy to increase NHS solar generation and the government's intention to explore where and how Public Private Partnerships and other different private finance models can be used for public sector estates decarbonisation projects. Locally SaTH and RJA have been successful in securing public sector decarbonisation funds to address their decarbonisation plans. Shropshire Community NHS Trust are currently receiving support from the Midlands Net Zero Hub to formulate their heat decarbonisation plans and the ICB will work with NHS regional colleagues to assist in exploring bidding for further inward investment for



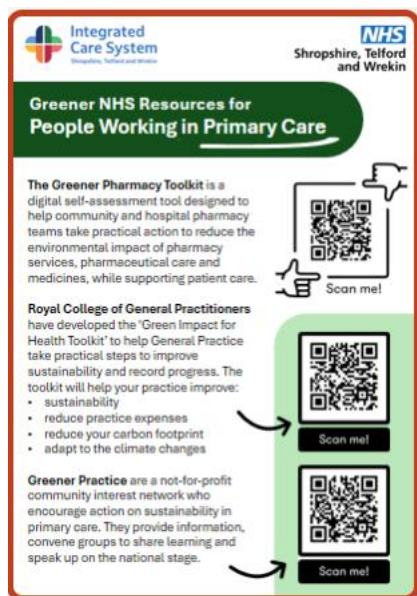
decarbonisation projects going forward once further information is released about the new sources of monies.

The proposed group model between Shrewsbury and Telford Hospital NHS Trust and Shropshire Community NHS Trust further enables collaborative efforts to maximise opportunities, especially relating to funding bids with Shropshire Community Trust building on the extensive work undertaken over the last three years by Shrewsbury and Telford Hospital Trusts which has secured significant inward greener NHS funding bids

Our local estate strategy recognises that as a system we have challenges with ageing and non-compliant estate. It also recognises that our rural geography creates accessibility and colocation challenges and that our population and housing growth places further demand on primary care and community services. Therefore, whilst we seek to streamline estate, we acknowledge that our existing estate will require us to update and rebuild over the next 10 years. As a system we will commit to achieving as a minimum the net zero building standards to develop in an affordable way which aligns with greener principles.

The [NHS Net Zero Building Standard](#) provides technical guidance to support the development of sustainable, resilient and energy efficient buildings that meet the needs of patients now and in the future. The mandatory standard applies from October 2023 to all investments in new buildings and upgrades to existing facilities that are subject to HM Treasury business case approval, and those that were at pre-strategic outline business case approval stage on that date.

In the immediate short term, the ICB will work to identify opportunities to support primary care estates decarbonisation, such as through the [Boiler upgrade scheme](#) where eligibility criteria is met. We will also work with our general practices to share resources. An example of this is our greener posters with QR codes to available resources that we will share at protected learning events and via other channels across our system.



**Figure 19:** the image outlines several Greener NHS Resources for People Working in Primary Care, focusing on initiatives aimed at improving sustainability and reducing environmental impact within healthcare.



**Figure 20:** The image for Greener Practice in Asthma Care, focuses on reducing the environmental impact of asthma treatment, by addressing the carbon footprint associated with inhalers.

Longer term, through our cluster arrangements with Staffordshire and Stoke on Trent ICB we seek to learn from and participate in their proposals to partner with Keele University and the student led projects, working on Primary Care. It is proposed one will focus on exploring decarbonisation options for Primary Care estate and the other on adaptation to identify what and where impacts of prolonged extreme weather events will have on Primary Care estate and the wider integrated care system. Staffordshire and Stoke on Trent ICB have identified that the outputs will help feed into developing a programme of work for Primary Care and demonstrate the potential for building on workforce resilience and career pathways in sustainability within the NHS for both universities and promoting the different career paths, as well as undertaking research, feasibility studies and carbon audits of service areas.

## 4.7 Supply Chain and Procurement

Over 66% of the total NHS Carbon Footprint sits within the supply chain, therefore, suppliers and procurement will play a pivotal role in reducing our emissions.

To ensure a better quality of life now and for future generations, we need to look seriously at the way we use the earth's resources, operate our businesses, and live our lives. A sustainable approach recognises the broader impacts of our actions and aims to minimise any adverse effects.

Following publication of the Delivering Net Zero National Health Service report, NHS England published the Net Zero Supplier Roadmap to help suppliers align with our net zero ambition between now and 2030. The key steps and milestones in this Roadmap are illustrated in 4.7.1 (figure 21).

STW ICB in its' role as a Strategic Commissioner recognises the impact of its purchasing and procurement decisions on the regional economy and the positive contribution it can make to our net zero goals.

[Our ICB Procurement Policy](#) supports this plan in accordance with NHS England guidance when selecting providers and completing due diligence assessments.

From April 2024 a tired approach to Carbon Reduction Plans (CRP) has applied:

- a) A full Carbon reduction plan will be required for procurements of high value (£5m per annum exc. VAT and above) and new frameworks, irrespective of the contract, where relevant and proportionate to the framework.
- b) A Net Zero Commitment will be required for procurements of lower value (below £5m per annum exc. VAT and above £10k exc. VAT)

As an ICB we are committed to ensuring we applying the [NHS Social Value Playbook \(July 2025\)](#) to drive environmental, social and economic benefits through procurement. The playbook emphasises the flexibility of including Fighting Climate Change as a core requirement to the contract deliverables or as social value theme for suppliers to deliver above and beyond the core offer. The ICB will utilise its role through contract management to ensure that commitments in contracts are delivered so the benefits of greener procurement are realised in our system.

As system leaders we will support and engage with collaborative opportunities such as:

- Setting up quarterly meetings between procurement team members from ICB and system partners to share ideas, developments, and successes.
- Engage and work with local suppliers, where possible within current rules, to reduce delivery mileage.

# 4.7.1 NHS Net Zero Supplier Roadmap

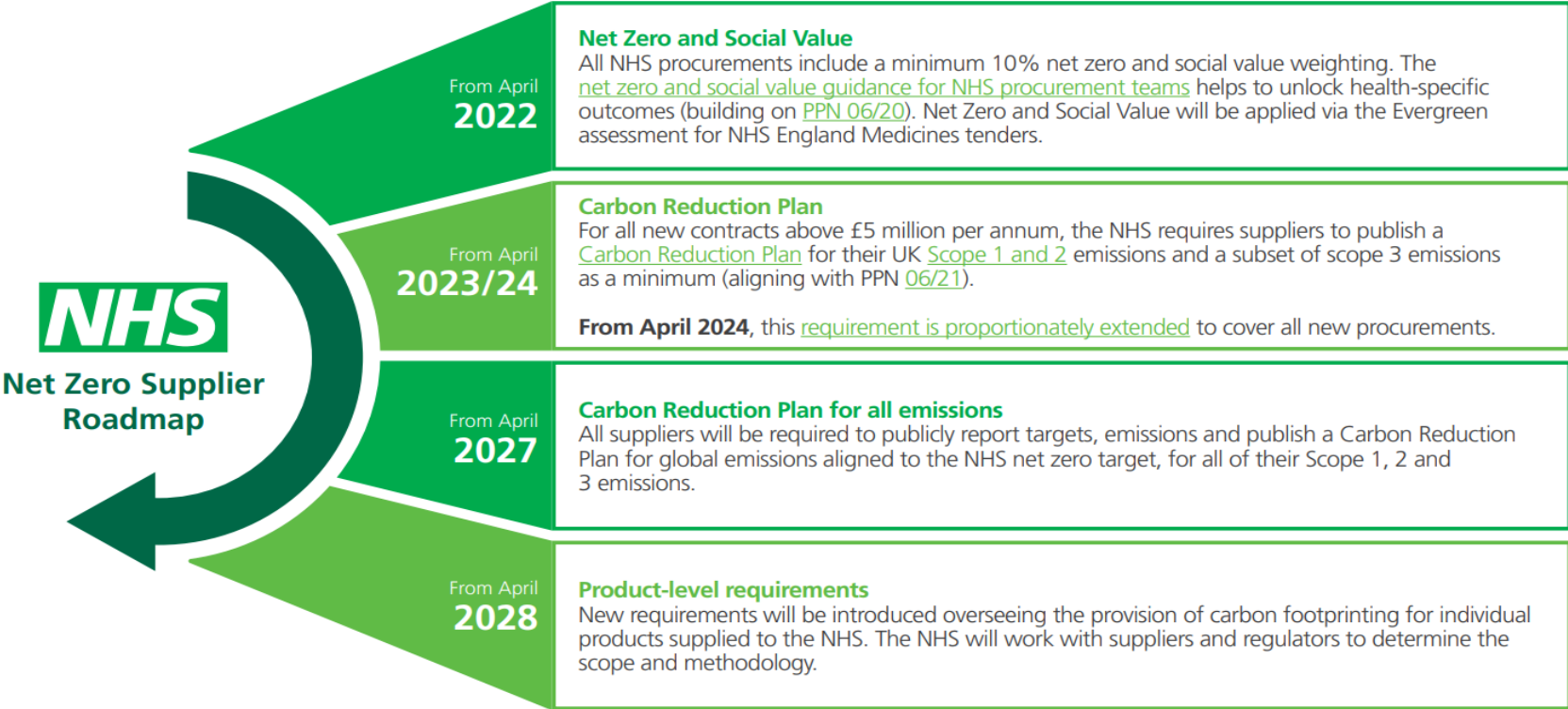


Figure 21: Actions required to achieve 'Net Zero'

Source: [Greener NHS](#)

## 4.8 Food and Nutrition

The refreshed guidance does not require our system plan to address this area, however as an ICB we will support through leadership and collaboration the trust requirements relating to implementing the [National standards for healthcare food and drink](#), which requires NHS organisations to deliver high-quality, healthy and sustainable food and minimise waste. Key actions for our NHS Provider Trusts are to measure food waste in line with the [Estates Returns Information Collection \(ERIC\)](#) and set reduction targets. They are also required to consider opportunities to make menus healthier and lower carbon by supporting the provision of seasonal menus high in fruits and vegetables and low in heavily processed foods.

## 4.9 Adaptation

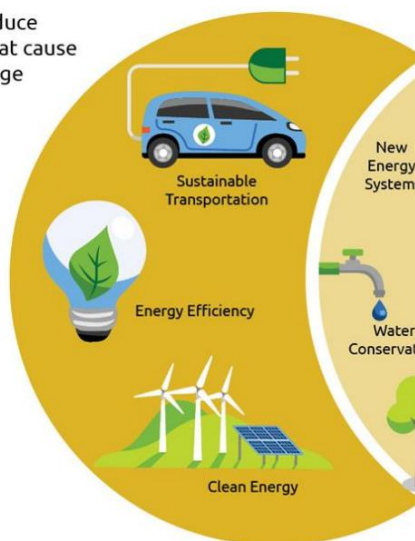
The latest [Met Office's State of the UK Climate](#) annual publication shows that the UK has been warming at a rate of approximately 0.25 degrees C per decade since the 1980s. Extreme temperatures are becoming more frequent and more intense, sea level rise is accelerating, winters are getting wetter, there is a longer leaf-on season and a reduction in frost days by around a quarter since the 1980s. Globally data from [World Health Organisation](#) indicates temperature and precipitation changes enhance the spread of vector-borne diseases. Without preventive actions, deaths from such diseases may rise.

As a result of climate change, extreme weather events such as flooding, drought, and overheating are only expected to increase and intensify. Climate change induces both immediate mental health issues, like anxiety and post-traumatic stress, and long-term disorders due to factors like displacement and disrupted social cohesion. Air pollution increases respiratory and cardiac issues as well as contributing to certain cancers.

Cumulatively these impacts are likely to lead to increased pressure on emergency departments and on the system's healthcare services, as well as having the potential to disrupt local infrastructures, transportation of goods and services and supply chains. It is vital that our ICS enhances its resilience in the face of these risks. Whilst our ambition to achieve net zero via reducing our carbon emissions as an NHS will assist in mitigating the risks and effects of climate change and severe weather conditions on our functions, it is also necessary to build resilience into our systems via adaptability plans.

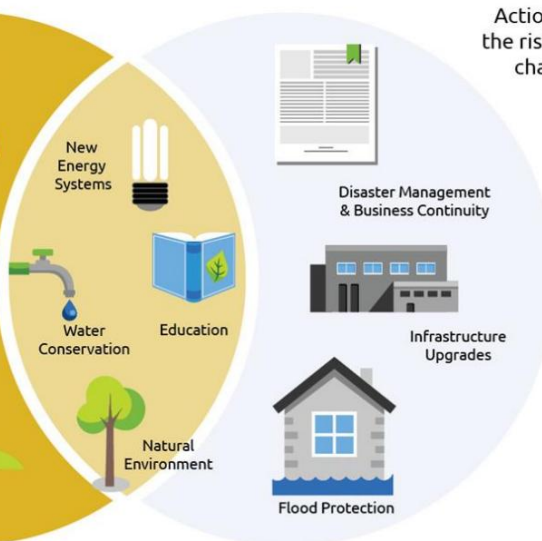
## Mitigation

Action to reduce emissions that cause climate change



## Adaptation

Action to manage the risks of climate change impacts



**Figure 22:** [Mitigation and Adaptation](#)

**Source:** [Presentation Greener NHS](#)

This includes plans to mitigate the effects of flooding and heatwaves on the organisation's infrastructure, patients, and staff across sites identified as being at risk. More than any area, this relies on multi-agency action. Local Authorities have developed a key focus on the more significant areas of flooding in Shropshire, Telford, & Wrekin. Current plans include:

- Identifying actions that will reduce the likelihood and consequences of flooding.
- Improve resilience, which is the capacity of people and places to plan for, better protect, respond to, and to recover from flooding, while informing the delivery of existing flood programmes.
- Work in partnership to explore wider resilience measures – including nature-based solutions, property flood resilience and sustainable drainage systems.
- Plan and adapt to a changing climate through developing longer term, adaptive approaches.
- Developed the Flood Plan Explorer to support these plans.

**Source:** [Severn River Basin District Flood Risk Management Plan 2021 to 2027](#)

Nature recovery delivers wide-ranging ecological, economic and health and wellbeing benefits, which interconnect and overlap. For example, providing green space in urban areas helps to lower temperatures in towns and cities, delivers cleaner air, improves people's mental and physical health, and provides wildlife with an important steppingstone between habitats. Shropshire Council and Telford & Wrekin Council are working in partnerships to develop a Local Nature Recovery Strategy to ensure a joined-up approach to nature recovery across the area. The draft [Shropshire and Telford & Wrekin Local Nature Recovery Strategy](#) (LNRS) has been published. The LNRS will help to inform how and where public and private funds are directed to restore and connect nature-rich areas in the future. It will also help guide decision-making around land use, biodiversity, and natural flood management.

As STW ICB we fully recognise the need to work with our partners at system and particularly place level to adopt shared goals and plans on adaptation. Our Emergency Planning and Resilience Leads have a role to play in this adaptation planning, and our West Mercia Local Resilience Forum is a key forum for developing a shared approach across partners on longer term adaptability planning. This would build on the proven track record of managing climate events such as flooding and significant snow fall that seasonally and more frequently impacts on care provision across our geography. In ensuring regional resilience to climate change, the ICS acknowledges that some of the actions may require the use of additional resources, which could potentially increase the systems carbon footprint. Finding a balance between mitigation and adaptation is therefore fundamental to achieving the long-term sustainability of the ICS.

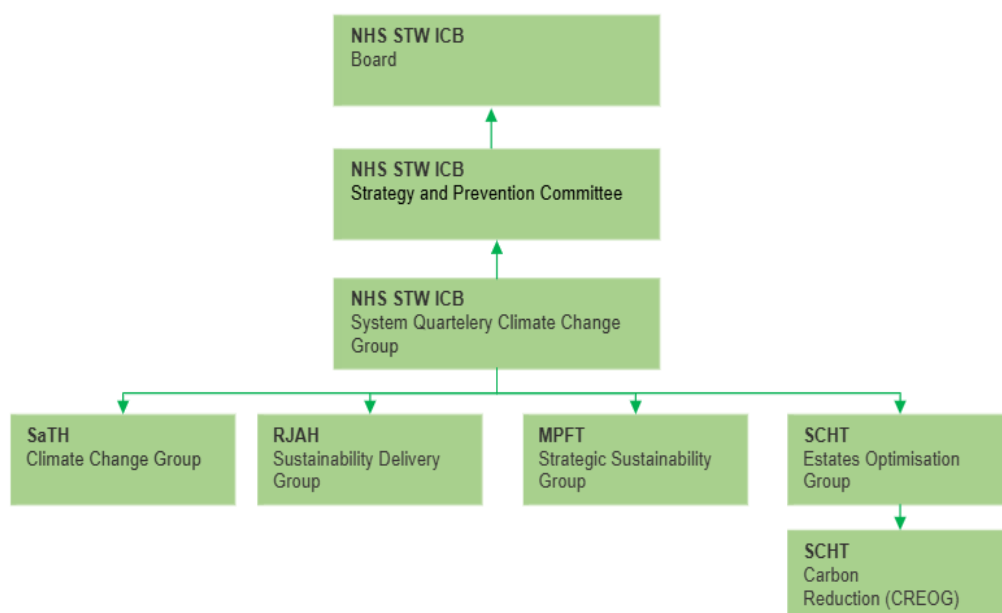


## 5. Governance

Oversight of climate-related matters is embedded within our system of governance. NHS Shropshire, Telford, and Wrekin Board are supported by relevant committees, which receive updates on sustainability, climate risks, and progress against our net zero commitments. Operational responsibility for delivering the climate and sustainability agenda sits with a designated executive lead and is supported by a multi-agency Sustainability Group.

This group will coordinate and monitor the delivery of the Shropshire, Telford, and Wrekin Integrated Care System Green Plan (2025–2028), facilitating collaboration across NHS providers and local authority partners. Individual providers are required to hold action plans for their organisational specific milestones and actions. This system plan draws together the achievements from the last plan and our collective commitments and opportunities for collaboration as a system.

In year, the progress of providers plans will be collaboratively shared via the System Climate change group where the climate change group reports to and then reports to Board levels. Annually progress will be reported via the Annual Plan requirements.



**Figure 23:** Image of the STW ICS Governance Structure

Since the publication of the refreshed Guidance, there have been significant Government announcements including the Government Rest which has signaled a transition of the Green Agenda from ICBs to Providers over time. This plan is constructed with a future vision of the System Climate Change Group assuming full responsibilities collaboratively as providers.

The foundations for this are in place with the Climate Change Group co-chaired by experienced Green Leads from Shrewsbury and Telford Hospital NHS Trust and Robert Jones and Agnes Hunt NHS Foundation Trust.

## **6. Equality Statement**

This plan has clearly identified the positive impact on reducing health inequalities that achieving net zero will deliver. During the preparation and implementation of specific programmes of change related to the initiatives described within this plan, Shropshire, Telford, and Wrekin ICB are committed to taking appropriate steps to prevent discrimination based on sex, racial or ethnic origin, religion or belief, disability, age, or sexual orientation. Accessibility for people with disabilities will be considered during the development and implementation of the Green Plan. All projects will show via integrated impact assessments that they have examined the impact of funded activities on groups with protected characteristics under the Equalities Act 2010 and under the duties to reduce Health Inequalities as National Health Services Act 2006 and amended by the Health and Care Act 2022:

## **7. Communications**

Effective implementation of sustainable healthcare requires system-wide engagement, participation, and collaboration. Therefore, we celebrate our Green Plan successes and encourage engagement from all our staff and community.

We will seek to work with our system communication leads to develop and implement a communications plan for the system Green Plan, which aligns with partner programmes and builds a movement behind the Green Plan activities.

This plan will develop in line with our scheduled deliverables and potential methods of communication with our staff and patients, and the wider community are listed below:

- Dedicated ICS Green Plan web page for the public to be kept updated.
- Monthly Green Plan posts on social media channels.
- Information sharing within the ICS communications leads group.
- Updates within regular email bulletins to system stakeholders.
- Updates within ICS internal staff email bulletins.
- Bespoke communications around key sustainability awareness days.
- Annual updates on Green Plan progress.

# Acronym

Acronym	Definition
CO2e	CO2e accounts for carbon dioxide and other gases such as ethane and nitrous oxide
DPI	Dry Powder Inhaler
EPR	Electronic Patient Records
GHG	Greenhouse Gases
ICB	Integrated Care Board
ICS	Integrated Care System
MPFT	Midlands Partnership NHS Foundation Trust
MS	Microsoft
NICE	National Institute for Clinical Excellence
pMDIs	Pressurised Metered Dose Inhalers
PV	PhotoVoltaic (Solar panels that convert the Sun's energy into useful electrical power)
QIPP	Quality, Innovation, Productivity and Prevention
REGO	Renewable Energy Guarantees of Origin
RJAH	The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
ROI	Return on Investment
SATH	The Shrewsbury & Telford Hospital
SC	Shropshire Council
SCHT	Shropshire Community Health NHS Trust
SM	Salmeterol
STW CCG	Shropshire, Telford & Wrekin Clinical Commissioning Group
TW	Telford & Wrekin Council
WMS	West Midlands Ambulance Service
Wh	Watt-hour

## Appendix A

Reference	Action	Measure of Progress	Target Date
<b>Workforce and Leadership (WL)</b>			
<b>WL1</b>	<p>All organisations to maintain compliance with:</p> <ul style="list-style-type: none"> <li>• Named Board level lead.</li> <li>• Report annually on progress of delivery of green plans, to their board and publish this in their annual report, including actions taken and planned, with quantitative progress data.</li> <li>• Complete NHS Data Collection</li> </ul>	Annual reporting via contractual process and Greener NHS Submission (Quarterly)	May 2026 and recurring
<b>WL2</b>	Undertake an analysis of operational support for delivery of this green plan and to future proof for devolving Green Plan to providers as per for ICB model blueprint.	<p>Report with recommendations/options for improved collaborative system roles presented to System Transformation group and to future proof change of ICB functions.</p> <p>Implement agreed recommendations / options</p>	<p>December 2025</p> <p>February 2026</p>
<b>WL3</b>	<p>All organisations to achieve an increase in percentage of staff who have accessed training <a href="#">Greener NHS Training Hub</a> and/or via <a href="#">e-learning</a> modules.</p> <p>Organisations should identify essential roles as target staff population recognising 10-year plan ambition to reduce mandatory training.</p> <p>Senior leads / SRO for Greener NHS should complete free carbon literacy training in addition to e modules to gain Carbon Literacy Status</p>	<p>Completion of baseline assessments of training access / completion of essential to role staff</p> <p>Set targets for increase at individual provider/ ICB level.</p> <p>Deliver evidence of increase.</p> <p>No of senior staff. SROs who have completed training</p>	<p>March 2026</p> <p>April 2026</p> <p>April 2027</p> <p>October 2026</p>

Reference	Action	Measure of Progress	Target Date
WL4	Ensure ongoing relevance of the plan to monitor progress towards net zero ambitions	Initial 6-month review of System Green Plan Actions, via face-to-face workshop, then 12 monthly thereafter.	April 2026 and then annually for duration of the Plan
<b>Net Zero Clinical Transformation (NZCT)</b>			
NZCT1	All organisations identify clinical lead for net zero clinical transformation.	Lead shared within Provider Plans Lead identified for the ICB	October 2025
NZCT2	Ensure that consideration of greener NHS and sustainability principles are considered when reviewing impacts of new proposals across the ICB via completion of sustainability screening questions in revised IIA process / form.	Revised IIA form including refreshed Sustainability impact screens is launched and in use across ICB.	December 2025
	Audit of review of completeness of screening section for Greener/ Sustainable NHS and report of findings to Climate Change Group in relation to Strategic Decision making in ICS	A copy of the audit will be taken to the Climate Change Group	September 2026
	Provider organisations to review internal business case proposals to ensure sustainability screening is built into paperwork	Individual providers complete audit of internal processes and develop associated action plan.	December 2025
NZCT3	Introducing a network of Net Zero clinical champions.	Active clinical network established.	January 2026
	Task network with completing quality improvement project(s) in the clinical area(s) that focus on a measurable reduction in emissions, with co-benefits for outcomes and quality of care, efficiency and reducing healthcare inequalities. There is guidance	Number of pathways focus on reducing emissions.	September 2026
		Clear evidence of reduction in healthcare inequalities in chosen clinical area e.g., evidence of narrowing health outcomes utilising STW Health inequalities dashboard.	March 2028

Reference	Action	Measure of Progress	Target Date
	provided in 5 key areas within the NHS Greener Guidance Refresh.		
<b>NZCT4</b>	<p>Adopt and embed clinical practices that incorporate lower emissions through ceasing use of single use items and or reduce unnecessary clinical waste.</p> <p>This will support work to reduce emissions across patient pathways, spanning primary, secondary and community care and the third sector.</p>	<p>Reports to System Climate Group on a regular basis of adoption of greener clinical practices and evidence of collaboration across providers to standardise practice across the ICS including involvement of primary care.</p> <p>Quantitative measure of savings / reduction in items used because of greener practice.</p>	Commence Q4 2025/26
<b>Digital Transformation (DT)</b>			
<b>DT1</b>	All system partners actively contribute to the implementation of the Digital Inclusion Plan to maximise participation in our digital transformation as a system.	% of individuals utilising transformed digital pathways disaggregated by key demographics of age, deprivation and ethnicity reported via internal performance reporting and included in Schedule 2N	Commencing August 2025 and ongoing
<b>DT2</b>	STW ICS to join the Community of Practice for Greener Digital Programme; to enable collaborative work, sharing of best practice.	Evidence of active contribution and two ways of sharing best practice in reporting templates to Climate Change Group	Quarterly at Climate change Group
<b>DT3</b>	Supported by the Digital Maturity Assessment embed <a href="#">What good looks like framework</a> to prioritise sustainability in the procurement, design and management of digital services to meet the objectives of the <a href="#">Greening government: ICT and digital services strategy</a>	Reporting by System Digital Group Lead to Climate Change group on a 6 monthly basis	Commence November 2025 with fully embedded by March 2028



Reference	Action	Measure of Progress	Target Date
<b>Medicines (M)</b>			
<b>M1</b>	Achieve the targets (to be set by Regional NHSE) in relation to Nitrous gases	<p>Emissions (tCO2e) and volume (litres) of nitrous oxide by trust Trusts and systems (aggregate of trust data) <a href="#">Greener NHS dashboard</a></p> <p>Emissions (tCO2e) and volume (litres) of nitrous oxide and oxygen (gas and air) by trust</p> <p>Trusts and systems (aggregate of trusts <a href="#">Greener NHS dashboard</a></p>	First review March 2026 then Quarterly there after
<b>M2</b>	<p>Reduce the carbon impact of inhalers (total impacts - SABA &amp; Non-SABA), demonstrating year in year reduction through promotion of greener prescribing guidelines.</p> <p>To include targeted Primary care support for implementation of Asthma Guidelines.</p>	<p>Average inhaler emissions per 1,000 patients Systems (aggregate of primary care data) <a href="#">Greener NHS dashboard</a></p> <p>Mean emissions of Short-acting beta-2 agonist (SABAs) inhalers prescribed <a href="#">Greener NHS dashboard</a></p> <p>Systems (aggregate of primary care data) % of non-SABA inhalers that are MDIs Systems (aggregate of primary care data) <a href="#">Greener NHS dashboard</a></p> <p>Evidence of guidelines in prescribing formulary.</p> <p>Evidence of attendance at General Practice Protected Learning Events.</p>	<p>First review March 2026 then Quarterly there after</p> <p>December 2025</p>
<b>M3</b>	Reduce medicine wastage through the Think Twice Order Right Campaign and other campaigns in line with <a href="#">National medicines optimisation opportunities 2024/25</a>	To be monitored as per individual programme implementation plan KPIs and reported to Climate change Group via Medicines Optimisation reporting Template	November 2025 and on going
<b>M4</b>	Introduce a system wide inhaler recycling scheme	Evidence of scheme set up and spread of venues	July 2026

Reference	Action	Measure of Progress	Target Date
<b>Travel and Transport (TT)</b>			
<b>TT1</b>	All organisation to offer only ZEVs in salary sacrifice schemes.	Trusts and systems (aggregate of trust data) <a href="#">Greener NHS dashboard</a>	December 2026 onwards (for new lease agreements)  Enter new lease arrangements for zero-emission vehicles only from December 2027 onwards.
<b>TT2</b>	Develop a sustainable travel plan, to be incorporated into the green plan (including sustainable travel-related schemes for staff including park and ride options with Local Authorities.  Plan should include evidence of working with Local Authority transport schemes	Plan presented to Climate Change Group	December 2026
<b>Estates and Facilities (EF)</b>			
<b>EF1</b>	System Partners to refresh and review decarbonisation plans, with additional support for those who have yet to implement key decarbonisation plans	Emissions from fossil-fuel-led heating sources Trusts and systems (aggregate of trust data)  Number of oil-led heating systems  Trusts and systems (aggregate of trust data) <a href="#">Greener NHS dashboard</a>	Remove all oil primary heating systems by 2028.  Phasing out of all existing fossil-fuel primary heating systems by 2032
<b>EF2</b>	Engage with General Practice colleagues to promote Greener NHS agenda and maximise opportunities to support primary care estates decarbonisation, such as through the <a href="#">Boiler upgrade scheme</a>	Number of protected learning time sessions attended by HI team (for general Practice subset of Primary Care)  Number of applications to boiler scheme	Commence November 2025 and ongoing throughout plan.

Reference	Action	Measure of Progress	Target Date
		Number of primary care practices who qualify and then successfully apply for Boiler Upgrade scheme	
EF3	Support practices to comply with the requirements within the Simpler Recycling policy (DEFRA).	Evidence of engagement with General Practice of requirements and resources to assist  Evidence of compliance GP practices disposal of a clinical waste as offensive waste (tiger bags)	Minimum of 60% of clinical waste as offensive waste by 2026  70% by January 2028
EF4	Commission new build / refurbishments in line with net zero standards	Evidence of compliance shared at Climate Change Group	Ongoing as per capital and infrastructure strategies
<b>Supply Chain and Procurement (SP)</b>			
SP1	ICB contracts to ensure all suppliers compliant with requirement to publicly report targets, emissions and publish a Carbon Reduction Plan for global emissions aligned to the NHS net zero target, for all their Scope 1, 2 and 3 emissions.	Via Contract Review Meetings and included in Contract KPIs	From April 2027
SP2	New requirements will be introduced overseeing the provision of carbon foot printing for individual products supplied to the NHS as part of procurement process.	The NHS will work with suppliers and regulators to determine the scope and methodology. This action will be further updated on plan refresh in 2026.	From April 2028
SP3	To report ongoing compliance with previous Net Zero roadmap requirements: <ul style="list-style-type: none"> <li>From April 2022: All NHS procurements include a minimum 10% net zero and social value weighting.</li> <li>From April 2023: for all new contracts above £5 million per annum, the NHS requires suppliers to publish a Carbon Reduction Plan for their UK Scope 1 and 2 emissions and a subset of scope 3</li> </ul>	Confirmation via reporting template in Climate Change Group Quarterly by Goods and Services Procurement Leads	November 2025 and quarterly thereafter

Reference	Action	Measure of Progress	Target Date
	emissions as a minimum (aligning with PPN 06/21) <ul style="list-style-type: none"> <li>From April 2024: proportionately extended the Carbon Reduction Plan requirements to cover all new procurements.</li> </ul>		
<b>Adaptation (A)</b>			
<b>A1</b>	System EPRR leads to formulate a comprehensive, long term climate adaptation plan including how we improve climate resilience of local sites and services, including digital services, The use of the <a href="#">NHS Climate Change Risk Assessment (CCRA) tool</a> is advocated for this plan .	Completed Plan	March 2026
<b>A2</b>	Ensure compliance with provisions within the NHS adaptation provisions within the <a href="#">NHS Core Standards for emergency preparedness</a> , resilience and response (EPRR) and the <a href="#">NHS Standard Contract</a> to support business continuity during adverse weather events	Included within plan for Action A1  Monitoring of inclusion in business continuity plans via contractual processes.  Evaluation and learning feedback post events triggering Business Continuity plans relating to environmental causes	March 2026  March 2026  Ongoing as they occur
<b>A3</b>	Ensure system level plans for severe weather events demonstrate how we work in partnership with emergency response colleagues and others to identify interdependencies between services and the necessary mutual aid requirements to prevent service disruption	Evidence of plans and Local resilience forum discussions  Evaluation and learning feedback post events triggering system level severe weather plans	March 2026  Ongoing as they occur
<b>A4</b>	Monitor changes in vector-borne diseases because of climate change to provide more accurate advice on where and when the	Linked to UKHSA monitoring.	Ongoing

Reference	Action	Measure of Progress	Target Date
	likely hotspots in the region will be, and what to do if affected.		

## 1. ICB 25-11.235 – NHS Shropshire, Telford and Wrekin Chief Executive Officer's Report

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 26<sup>th</sup> November 2025

**Report Presented by:** Simon Whitehouse, NHS STW, Chief Executive Officer

**Report Approved by:** Simon Whitehouse, NHS STW, Chief Executive Officer

**Report Prepared by:** Various colleagues across NHS STW

**Action Required:** For Noting and Approval

### 1.1. Purpose

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

### 1.2. Executive Summary

- 1.2.1. The report provides updates in the following areas:
- The local diabetes survey.
  - EPRR Core Standards and Accountable Emergency Officer Update
  - The National Neighbourhood Programme.
  - The All-Age Autism Review
  - Prescription Ordering Direct service engagement
  - Mental Health Inpatient Transformation engagement
  - Integrated Care System Digital Inclusion
  - The new CAMHS Service Model – Contract Award and Mobilisation
  - Seasonal Vaccination Update
  - NHS STW ICB's exit from the Recovery Support Programme (RSP)
- 1.2.2. The report requests **approval** of amendments to NHS STW ICB Constitution and Governance Handbook.

### 1.3. Recommendations

- 1.3.1. **Note** the contents of the report.
- 1.3.2. **Approve** the amendments to NHS STW Constitution and Governance Handbook.

### 1.4. Conflicts of Interest

- 1.4.1. None.



Ambition



Compassion



Optimism



Focus

## 1.5. Links to the System Board Assurance Framework (SBAF)

- 1.5.1. The report covers various national, regional and local updates that may contribute to mitigating some of the risks identified on the SBAF.

## 1.6. Alignment to Integrated Care Board

- 1.6.1. The report demonstrates alignment to the Integrated Care Board through the various collaborative activities undertaken.

## 1.7. Key Considerations

- 1.7.1. **Quality and Safety:** The report reflects a strong commitment to improving quality and safety across services. Initiatives such as the Diabetes Transformation Programme, CAMHS redesign, and Mental Health Inpatient Transformation are grounded in public and professional engagement, aiming to enhance early intervention, care coordination, and patient experience.
- 1.7.2. **Financial Implications:** While specific financial figures are not detailed, the report outlines strategic planning aligned with the Medium-Term Planning Framework, which includes financial obligations and reform initiatives.
- 1.7.3. **Workforce Implications:** Workforce development is a recurring theme, particularly in the NNHIP and Digital Inclusion initiatives. The emphasis on Integrated Neighbourhood Multi-Disciplinary Teams (INT/MDTs), Digital Champions, and stakeholder engagement events highlights the need for upskilling, collaboration, and capacity-building across the system.
- 1.7.4. **Risks and Mitigations:** The report acknowledges system-wide risks such as digital exclusion, service transitions (e.g., POD closure). Mitigations include robust engagement strategies, collaborative planning workshops, and phased implementation of new models.
- 1.7.5. **Engagement:** Extensive engagement is evident throughout the report, with public surveys, outreach events, and stakeholder workshops informing service redesigns.
- 1.7.6. **Supporting Data and Analysis:** The report draws on various survey data, uptake metrics for vaccinations, and digital adoption trends. These data points inform decision-making and help track progress against strategic goals.
- 1.7.7. **Legal, Regulatory, and Equality:** The report shows awareness of legal and equality duties, with the implementation of RADF to support reasonable adjustments and the use of Easy Read formats in engagement.

## 1.8. Impact Assessments

- 1.8.1. **Has a Data Protection Impact Assessment been undertaken?** No



Ambition



Compassion



Optimism



Focus



1.8.2. **Has an Integrated Impact Assessment been undertaken? No**

**1.9. Attachments**

- 1.9.1. Appendix 1 – NHS England Letter dated 7<sup>th</sup> October 2025 confirming formal notice from RSP.

**2. Main Report**

**2.1. Introduction**

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

**2.2. Diabetes Survey Update**

- 2.2.1. Diabetes remains a priority across Shropshire, Telford and Wrekin. After COVID-related delays, we renewed our system-wide commitment this year through three collaborative events and a public survey. In March, partners shaped a shared vision and launched improvement projects. In July, we deepened collaboration and laid the groundwork for a system-wide diabetes network. In September, we shared progress, improved service visibility, and agreed next steps.
- 2.2.2. Alongside this, a public survey ran from March to May with around 400 responses with engagement and support from GP practices, councils, schools, VCSE groups and places of faith, ensuring diverse voices were heard. The final report will be published on the ICB website.
- 2.2.3. Six clear themes came through:
1. Help people understand diabetes.
  2. Clear guidance on symptoms and when to seek help.
  3. Easier digital access to trusted resources.
  4. Practical diabetes management support.
  5. Stronger peer support groups.
  6. Better-integrated mental health support for those with diabetes.
- 2.2.4. In response, we are developing a dedicated diabetes webpage as a single trusted page, standardising signposting to care and support across our region.
- 2.2.5. Next steps are to publish the survey report and launch the webpage with symptom guidance and local signposting. The survey insights will also be used to inform, and direct, the Diabetes Transformation Programme as we move forward.



## 2.3. EPRR Core Standards and Accountable Emergency Officer Update

- 2.3.1. Each year, NHS partners are obliged to complete the nationally mandated NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) assurance process, which sets out the minimum requirements in relation to resilience. The 2025 process has now concluded. The results have been formally agreed by NHS England Midlands and were presented to the West Mercia Local Health Resilience Partnership on the 19<sup>th</sup> November 2025.
- 2.3.2. NHS STW ICB has increased its level of compliance with the Core Standards from partially compliant in 2024, to substantially compliant in 2025, with 91% of applicable standards being rated as fully compliant. This is significant progress over the past 2 years.
- 2.3.3. In addition, all partners across the STW footprint have maintained or improved their level of compliance since 2024, as follows:
- Shrewsbury and Telford Hospitals - increased from partially to substantially compliant
  - Shropshire Community - maintained their substantially compliant rating
  - Robert Jones and Agnes Hunt – increased from non-compliant to partially compliant.
- 2.3.4. HealthHero was not included in this year's Core Standards assessment within the STW area, as their contract commenced while the assurance process was underway. However, in line with their existing contract, they were assured by Bath and North-East Somerset, Swindon and Wiltshire ICB and received a compliance rating of fully compliant.
- 2.3.5. All partners should be congratulated on their hard work and the level of commitment demonstrated to improving EPRR arrangements across the system.
- 2.3.6. The Annual EPRR Report will be presented to the Board in March 2026, providing a full overview of the 2025 Core Standards process and updating on the ICB's progress against the EPRR workstream.



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- 2.3.7 Ian Bett, Chief Delivery Officer has now left the organisation. During the transitional period covering the appointment of the new Executive team, it has been agreed that Vanessa Whatley, Chief Nursing Officer, will cover the Accountable Emergency Officer for EPRR portfolio.

## 2.4. National Neighbourhood Programme Update (NNHIP)

- 2.4.1. After a successful application to the NNHIP, in September Shropshire joined the first wave of 43 Places on this national programme and is now collaborating with a national coach to develop a new approach. The core focus is one that helps people across the county stay happy, healthy, and connected to their communities.
- 2.4.2. The NNHIP is a large-scale national change programme, that will gather and disseminate learning to create exemplars and embed the culture required for delivery. It is overseen by a joint DHSC/NHSE Taskforce which reports to the Secretary of State. The Taskforce has four enabler subgroups: workforce, digital/data, funding flows and estates.
- 2.4.3. The NNHIP in Shropshire is a partnership between NHS STW, Shropshire Council, local GPs, NHS Trusts, and the Voluntary and Community Sector, working together to lay the groundwork for Neighbourhood Health. The national programme's primary focus is on the development of Integrated Neighbourhood Multi-Disciplinary Teams (INT/MDTs) which wrap care around the person. INTs are one of the underpinning components of the Neighbourhood Health Service described in the NHS 10 Year Plan. The model to be implemented complements the NHS's bio-medical model with a psycho-social approach with an emphasis on seeing the patient in the round. The focus is on helping them solve whatever problems are most standing in their way and, ultimately, empowering them to take greater control of their lives and their health. In the first instance, the focus will be on adults with complex long-term conditions and escalating health needs.
- 2.4.4. Our local NNHIP multistakeholder team attended the first of 3 regional learning events on 23 October. Taking the learning from this workshop, through a collaborative approach in each of Shropshire's 5 neighbourhoods, we will develop a local delivery plan which is flexible on ideas and methods but clear on the expected results. A local planning workshop with all partners is scheduled for 13 November.
- 2.4.5. The initial priority is to agree our local Shropshire focus, programme scale and associated delivery plan which moves us into implementation at pace.



- 2.4.6. Whilst Shropshire joining the national programme is a significant achievement, there was disappointment that Telford & Wrekin Place was not selected. However, given the strong relationships across Shropshire, Telford and Wrekin, and the involvement of NHS Trusts, Primary Care Networks and other partners in both Place Partnership Boards, we remain committed to sharing learning and improvements across the system and working as one to better support the needs of our local communities.
- 2.4.7. The work will align to the recently published medium-term planning framework, which contains a significant focus on neighbourhood development; and we also expect further detailed documents on the NHS Model Neighbourhood framework in the next few weeks.

## 2.5. All-age Autism Review

- 2.5.1. We undertook public and professional engagement to understand people's views and feedback about ADHD and autism services to help shape improvements for children, young people, adults, and families. This included looking at existing insight gathered by our partners.
- 2.5.2. The engagement approach included a public and professionals survey, face-to-face community outreach, workshops, community engagement partners, with communications and engagement toolkits shared through local media, community contacts, system partners and ICB channels.
- 2.5.3. The engagement concluded on 31 October 2025.
- 2.5.4. The insight gathered is in the process of being analysed to identify what is working well, what support is missing, and how we can make best use of the resources available. Further updates will be provided as this work is progressed.

## 2.6. Prescription Ordering Direct (POD) service

- 2.6.1. As part of a review of the Prescription Ordering Direct (POD) service, and in line with national priorities to improve digital access to services, the decision has been taken to decommission the POD service. We appreciate that this has had an impact on the staff in the service, the patients that use the service and the GP Practices that were linked to the service. I acknowledge the impact on staff employed in the ICB is significant, and I want to take this opportunity to thank them for the work that they have done as part of this service. The senior team will continue to support all colleagues as part of this decommissioning process and ensure that there is support in place where this is required.



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- 2.6.2. The review that was undertaken to help inform this decision, established that, in many areas, the service duplicates functions already offered through the NHS App and through services offered by our local GP practices. The review further highlighted risks re
- 2.6.3. On 29 September 2025, the ICB launched a public engagement initiative to understand how best to support patients in safely managing their repeat prescriptions once the POD service ends in late November.
- 2.6.4. Engagement closed on Sunday 9 November, and we have heard from over 1,500 patients across the county.
- 2.6.5. Our approach has included an online survey, Easy Read surveys returned by freepost, support from our voluntary and community sector partners and face-to-face patient engagement in practices.
- 2.6.6. We continue to work with practices to support them with a safe and smooth transition away from the service and with partners to ensure there are digital support options available within communities. We will continue to ensure that support is available as this transition continues. We acknowledge that this has required some of our Practices to put systems in processes in place that support this transition and we are grateful for their continued efforts to ensure that patient care remains central at all times.

## **2.7. Mental Health Inpatient Transformation**

- 2.8.1 As part of the delivery of the 2024–2027 strategy for adult mental health inpatient services, a public and professional engagement exercise was undertaken across Shropshire, Telford and Wrekin.
- 2.8.2 Over 130 responses were received (100+ public, 30+ professional) via an online survey which closed on 4 November 2025. A professional stakeholder listening event was held on 19 November 2025 to gather further insight.
- 2.8.3 Feedback will inform the future model of care, with a focus on earlier intervention, improved inpatient experience, and care closer to home.

## **2.8. Integrated Care System Digital Inclusion**

- 2.8.1. The ICS Digital Inclusion Group, a sub-group of the ICS Digital Delivery Group, has been established to oversee the delivery of the system-wide plan for reducing digital exclusion.
- 2.8.2. The plan for reducing digital exclusion has been created and agreed by all partners and focuses on five key areas:



1. Using data and intelligence to identify people and communities most at risk of digital exclusion.
  2. Strengthening Digital Champions and Ambassadors to help staff, residents, carers and volunteers access digital health tools.
  3. Creating practical resources and tools, including a Digital Inclusion Toolkit and training materials.
  4. Improving access to devices and data through partnerships with local authorities and charities.
  5. Improving accessibility so all patient information is clear, easy to understand and available in multiple languages and formats.
- 2.8.3. System partners are working together and pooling their resources to deliver the plan.
- 2.8.4. Progress to date includes:
- Regular digital-literacy drop-ins and training sessions via local authorities, Primary Care Networks and GP practices are empowering residents to adopt digital health care self-service solutions.
  - Refurbished and donated devices made available through partners and charities are providing more people with the means to access and to get online.
  - Community learning programmes such as Get Connected and Learn My Way helping residents build confidence online.
  - NHS App adoption continuing to rise across Shropshire, Telford and Wrekin.
  - Reasonable Adjustments Digital Flag (RADF) is being implemented. It will ensure that people with disabilities or reasonable adjustments are identified and that services are adapted to their needs where possible.

## **2.9. New CAMHS Service Model – Contract Award and Mobilisation**

- 2.9.1. Following a formal procurement process under the national Provider Selection Regime, Midlands Partnership University NHS Foundation Trust (MPFT) has been awarded the contract to deliver a redesigned Child and Adolescent Mental Health Services (CAMHS) model across Shropshire, Telford and Wrekin.
- 2.9.2. The new model has been shaped by extensive engagement and focuses on early help, improved access, and joined-up care.
- 2.9.3. Mobilisation is now underway, with the refreshed service due to go live on 1 April 2026.
- 2.9.4. Implementation will be phased over three years to support a smooth transition and sustainable transformation.

## **2.10. Seasonal Vaccination Update**

- 2.10.1. The system is working hard to promote uptake of flu, COVID-19 and RSV vaccinations across Shropshire, Telford and Wrekin. A



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communications toolkit has been developed and shared with partners to support consistent messaging and outreach to all eligible cohorts. Key target groups include children aged 2–3, pregnant women, and people at high clinical risk.

- 2.10.2. In STW, over 290,000 people are eligible for a free flu vaccine locally (30.9% uptake to date), with 125,000+ eligible for a COVID-19 booster (TBC% uptake to date) and 33,104 eligible for RSV (with 62.5% uptake to date).

## **2.11. Proposed ICB Constitution and Governance Handbook changes**

- 2.11.1. Work to support successful clustering between NHS Shropshire, Telford and Wrekin ICB and NHS Staffordshire and Stoke on Trent ICB is now happening at pace, with the creation of, and appointment to, a joint Executive Team to support both ICBs as Strategic Commissioners and a voluntary redundancy scheme for NHSE and ICBs recently being announced.

- 2.11.2. There are some changes to the ICB's Constitution and the Governance handbook to support this work that the Chief Executive wishes to propose, which have been highlighted by the Chief Business Officer to support the effective and efficient discharge of ICB functions, which the Board is asked to approve and are outlined in summary below:

1. An amendment is required to the ICB's Constitution to accurately reflect the change in some Executive role titles as a result of the management of change process. The board is asked to note that the total number of Executives has also increased from 4 to 5 not including the CEO. Please note that Chief Finance Officer, Chief Nursing Officer and Chief Medical officer remain the same.

Primarily those sections that need to be amended are 2.2.2/ 2.2.3/3.13 with an additional paragraph 3.14 required to be added:

- Delete references to the Chief Delivery Officer role which now no longer exists.
  - Add two new executive roles: Chief Officer Strategy and Improving Outcomes and Chief Officer System Development and Integration.
  - Make amendments to Executive titles throughout the Constitution and Governance Handbook where required.
2. To maintain a balance between executive and non-executive voting board members, the number of non-executive directors on the Board now needs to be increased in the Constitution from four to five. This also has the advantage of aligning the number of non-executive



board members on NHS Shropshire, Telford and Wrekin ICB with those on NHS Staffordshire and Stoke on Trent ICB.

Primarily those sections that need to be amended are 2.2.2/2.2.3/3.12

3. To ensure that the ICB has proper governance in place to administer the recently announced NHS voluntary redundancy scheme, NHS England has advised that the ICB delegates the function of considering redundancy to its Remuneration Committee.

It is recommended that the following paragraph be inserted into the Remuneration Committee's terms of reference in the Governance handbook, section 6.1.4 which outlines the Committee's authority to make specified decisions on behalf of the Board:

*"The Committee's duties include, for all employees, approval of any proposed redundancy, severance or settlement costs and payments, where necessary providing this in advance of any authorisation needed from NHS England and the Treasury."*

In addition, it is also recommended that the ICB's Scheme of Reservation and Delegation set out in the Governance Handbook, is also amended with the following line added under section 5. 'People':

NHS Shropshire, Telford and Wrekin - Scheme of Reservation and Delegation							
Decision / Function	Delegation						
	Reserved by the Board	Committee	Chair	CEO	Director	Joint Committees	Other Statutory Committees PLACE based / Provider
<b>5. People</b>							
<i>Approval of any proposed redundancy, severance or settlement costs and payments, where necessary providing this in advance of any authorisation needed from NHS England and the Treasury.</i>		Remuneration Committee					



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Finally, there is one minor amendment needed to section 3.1 'Purpose' of the Remuneration Committee Terms of Reference, to add at the end of the paragraph "excluding the chair" which now aligns with the NHS England Remuneration Committee template:

### **3. Purpose**

*3.1 The Committee's main purpose is to exercise the functions of NHS STW relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary:*

- *Confirm NHS STW Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members) and non-executive directors, **excluding the chair.***

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

- 2.11.3. **APPROVE** the proposed amendments to the Constitution outlined in (1) and (2) above for onward recommendation to NHS England for ratification;
- 2.11.4. **APPROVE** the proposed amendments to the Remuneration Committee Terms of Reference in the Governance Handbook outlined in (3) above.

### **2.12. STW ICB's Exit from the Recovery Support Programme (RSP)**

- 2.12.1. NHS STW ICB has received formal notification of the approval by the NHS England Executive Performance, Quality and Delivery Group on 26 September 2025 that NHS STW ICB should transition out of the RSP. This decision reflects demonstrable progress against RSP exit criteria in finance, workforce, urgent and emergency care (UEC), governance, and leadership. While challenges remain across the system, alongside a commitment to continue to fully support the delivery of SaTH's Integrated Improvement Plan, this is positive news. In combination with the removal of the Legal Directions and Undertakings earlier this year the ICB has been able to demonstrate progress across a range of areas. A copy of the letter can be found at appendix 1.

### **2.13. Recommendation**

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

- 2.13.1. **NOTE** the contents of this report.
- 2.13.2. **APPROVE** the proposed amendments to the Constitution outlined in (1) and (2) above for onward recommendation to NHS England for ratification;

- 2.13.3. **APPROVE** the proposed amendments to the Remuneration Committee Terms of Reference in the Governance Handbook outlined in (3) above.

## 2.14. Appendices

Appendix 1 – NHS England Letter dated 7<sup>th</sup> October 2025 confirming formal notice from RSP.

Appendix 1.

To:	Mark Brassington
Simon Whitehouse, Chief Executive Officer	Director of Operational Improvement and Recovery Support Programme
Ian Green, Chair	NHS England Wellington House
<b>Shropshire, Telford and Wrekin Integrated Care Board</b>	133-155 Waterloo Road London SE1 8UG

7 October 2025

Dear Simon and Ian,

**Formal notice of Shropshire, Telford and Wrekin Integrated Care Board's exit from the Recovery Support Programme (RSP).**

As you will be aware, a paper was considered at NHS England's Executive Performance, Quality and Delivery Group (PQD) on Friday 26 September 2025 to recommend that Shropshire, Telford and Wrekin Integrated Care Board should transition out of the Recovery Support Programme, having demonstrated sufficient progress against RSP exit criteria for finance, workforce, UEC, governance and leadership. I am pleased to confirm that PQD approved this recommendation. Please accept this letter as formal notification that Shropshire, Telford and Wrekin Integrated Care Board will now exit the RSP.

Thank you for all the hard work that you and your teams have contributed to improve the quality of care for the people of Shropshire, Telford and Wrekin in a sustainable way. You have made promising strides towards tackling the complex challenges that led to the decision to support your organisation via the RSP, and while there is much more to do to continue improving services for your patients, I hope you will feel able to take a moment to acknowledge the improvement you have already achieved.

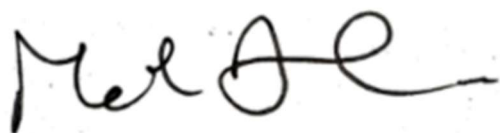
It is important to acknowledge that significant challenges still remain. Regional colleagues will continue to work with you to ensure you are able to build on the progress you have made during your time in RSP. Key priorities as you transition are to support SaTH in the delivery of its Integrated Improvement Plan (IIP) (including participating in evidence review panels chaired by NHSE Midlands) and to ensure that

a strong focus remains on addressing the ongoing UEC challenges through the delivery of the UEC improvement plan.

Please be aware that following the publication of the VSM pay framework we are still working with DHSC and Ministers on the application of, or withholding of, the 2025/26 pay award to organisations who were in RSP as of 1 April 2025. Colleagues will be in touch to advise on next steps in due course.

If you wish to discuss the above or any related issues in more detail, please contact myself, or Dale Bywater, Midlands Regional Director, in the first instance.

Kind regards

A handwritten signature in black ink, appearing to read 'Mark Brassington', with a stylized, cursive script.

Mark Brassington

Director of Operational Improvement and Recovery Support Programme  
NHS England

Copy:

Glen Burley, Financial Reset Director and Accountability Director, NHSE

Sarah Jane Marsh, Urgent and Emergency Care and Operations Director, NHSE

Elizabeth O'Mahoney, Chief Financial Officer, NHSE

Dale Bywater, Midlands Regional Director, NHSE

Fleur Blakeman, Improvement Director, National Recovery Support Teams, NHSE

## 1. ICB –25-11.236 - System Board Assurance Framework (SBAF) and Strategic Risk Register (SORR)

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 26<sup>th</sup> November 2025

**Report Presented by:** Simon Whitehouse, NHS STW, Chief Executive Officer

**Report Approved by:** Alison Smith, NHS STW, Chief Business Officer

**Report Prepared by:** Angela Porter, NHS STW, Governance Manager

**Action Required:** For Assurance

### 1.1. Purpose

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

### 1.2. Executive Summary

- 1.2.1. For ease of reference there have been the following changes to the SBAF and SORRs:

#### 1.2.2. System Board Assurance Framework – Appendix A

- **Risk 2a** – Gaps in control, actions and mitigations have been updated, to include owners and target dates. Current performance highlights and risks on system partner's risk registers have also been updated.
- **Risk 2b** – There have been amendments to actions and mitigations, and current performance highlights have been fully updated. There have also been minor amendments to Risks on system partner's risk registers section.
- **Risk 6** – Current performance highlights have been updated.
- **Risk 7** – Current performance highlights have been updated.

SBAF was discussed at the Board Development Session on 30<sup>th</sup> July 2025. There was a good conversation around the risks, and it was agreed that there would be further discussion with a small working group specifically around risks 1, 4, 6 and 7.

On 20<sup>th</sup> October 2025 a number of Board members and senior stakeholders met. This included representation from NHS STW ICB Non-Executive Members, Executive Members and Trust and GP Partner Members.



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A further discussion took place at the Board Development Session on 29<sup>th</sup> October 2025. This included an update on previous meetings and a discussion around risk appetite.

The outcome of the above meetings and next steps are detailed below:

- **Risk Appetite** – There was valuable discussion at the Board Development session on 29<sup>th</sup> October 2025. Overall, it was felt that there was an increased risk appetite given stability within the system, leading to increased resilience. However, it was felt that, given the move to Cluster ICBs and the need to align across the cluster, that the risk appetite should remain the same at this time.
- **Next Steps** - It has been agreed that the comments received from the Board Development Sessions and the working group, will be shared with risk owners with a view to updating the individual risks 1, 4, 6 and 7 accordingly prior to the next Board meeting.

#### 1.2.3. **System Strategic Operational Risk Register – Appendix B**

- **Risk 3** – Existing sources of assurance, Action plan / cost / action lead /(target date) /sufficient mitigation, target date for closure, and risk owner have been updated.
- **Risk 4** - Action plan / cost / action lead /(target date) /sufficient mitigation and target date for closure have been updated.
- **Risk 6** – Gaps in control or assurances and Action plan / cost / action lead /(target date) /sufficient mitigation have been updated.
- **Risk 8** – opportunity and target date for closure have been updated.
- **Risk 10** - Risk owner has been updated.
- **Risk 17** - Has been reviewed and risk level has been reduced.
- **Risk 18** – Opportunity, existing key controls and target date for closure have been updated.
- **Risk 21** – This risk has been fully updated.
- **Risk 25** – Has been reviewed, with no updates.
- **Risk 28** - Has been reviewed, with no updates.
- **Risk 29** – This risk has been closed, as incorporated within other risks on the SORR.
- **Risk 32** – New Risk

#### 1.2.4. **ICB Strategic Operational Risk Register – Appendix C**

- **Risk 1** – Gaps in control and Action plan / cost / action lead /(target date) /sufficient mitigation have been updated. The plan is to review this risk further after the Medium-Term Financial Plan update in January 2026.
- **Risk 24** – Opportunity and target date for closure have been updated. The plan is to update this risk further in December 2025.
- **Risk 28** – Action plan / cost / action lead /(target date) /sufficient mitigation and Target date for closure have been updated.



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- **Risk 29** – Gaps in controls and assurances and Action plan / cost / action lead /(target date) /sufficient mitigation have been updated.
- **Risk 30** – Has been closed, as it was felt that the organisation risks are now captured under other risks.
- **Risk 32** – This was reviewed, but there were no changes at this time.
- **Risk 33** – Existing key controls, Gaps in controls and assurances, Action plan / cost / action lead /(target date) /sufficient mitigation and target date for closure have been updated.

### 1.3. Recommendations

- 1.3.1. **Note** the report and accompanying appendices.
- 1.3.2. **Review** the populated System Board Assurance Framework (SBAF) to affirm that sufficient levels of controls and assurances are in place in relation to the organisation's strategic risks, and the risks to the system's strategic objectives, are being properly managed.
- 1.3.3. **Review** the current risks from both Strategic Operational Risk Registers (SORRs) that score above 15 for severity and likelihood and consider:
  - If there are any additional assurances necessary; and
  - if any additional risks or amendments to risks are required following discussions in this Board meeting or in other forums i.e. recent committee or group meetings.
- 1.3.4. Be **Assured** that the SBAF and SORR provide oversight of the strategic risks to the system meeting the strategic objectives.

### 1.4. Conflicts of Interest

- 1.4.1. None.

### 1.5. Links to the System Board Assurance Framework (SBAF)

- 1.5.1. Risks are outlined within the SBAF and SORR.

### 1.6. Alignment to Integrated Care Board

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



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fostering collaboration across public services and improving community wellbeing.

## 1.7. Key Considerations

- 1.7.1. **Quality and Safety:** The SBAF and SORR serve as core tools for identifying and mitigating risks that could compromise service quality and patient safety.
- 1.7.2. **Financial Implications:** The SBAF and SORR are reviewed by the Finance Committee, meaning they are actively used to track and manage financial risks. There is specific reference to the Medium-Term Financial Plan, show that financial planning is a key area of concern. These frameworks help the ICB monitor financial performance, to prevent overspend, and support efficient use of resources, which is essential for maintaining service delivery.
- 1.7.3. **Workforce Implications:** The SBAF includes workforce risks as part of its broader remit (as noted in the alignment with ICB objectives on social and economic development).
- 1.7.4. **Risks and Mitigations:** Management of risk is the primary function of SBAF and SORR. The report highlights that risks are regularly reviewed, updated, and linked across system partners, which suggests a robust approach to managing and mitigating risks. Notably, risks have been updated or amended, and one risk is recommended for removal, reflecting dynamic management and governance oversight.
- 1.7.5. **Engagement:** Updates across system partners and alignment with strategic objectives require ongoing dialogue and consultation with stakeholders (NHS England, local providers, communities).
- 1.7.6. **Supporting Data and Analysis:** The SBAF and SORR themselves are forms of structured analysis, especially with the included risk scoring matrix and performance highlights.
- 1.7.7. **Legal, Regulatory, and Equality:** The frameworks contribute to equality monitoring by addressing strategic risks around inequalities in outcomes, access, and experience (as noted under alignment with ICB goals).

## 1.8. Attachments

- 1.8.1. Appendix A - System Board Assurance Framework (SBAF)
- 1.8.2. Appendix B - Strategic Operational Risk Register (SORR) for the System showing risks of 15 or over
- 1.8.3. Appendix C - Strategic Operational Risk Register (SORR) for the ICB as a corporate body showing risks of 15 or over
- 1.8.4. Appendix D - risk scoring matrix

## 1.9. Impact Assessments

- 1.9.1. **Has a Data Protection Impact Assessment been undertaken?** No
- 1.9.2. **Has an Integrated Impact Assessment been undertaken?** No



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# **NHS SHROPSHIRE, TELFORD AND WREKIN – SYSTEM BOARD ASSURANCE FRAMEWORK**

**2025/26**

**Version 11: October 2025**



## NHS Shropshire, Telford and Wrekin Strategic Objectives:

### Reducing Health Inequalities:

Wider determinants

Tackling health inequalities

### Improving population health

Best start in life

Healthy weight

Alcohol drugs domestic abuse

Mental health and wellbeing

### Improving Health and Care

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

Urgent and Emergency Care

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

### Risk Matrix

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

Strategic Objective: ALL					Risk Score 20 Extreme 4 likely x 5 catastrophic
Strategic Risk no.1: Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of integrated care priorities					
If we are unable to develop and sustain a culture of collaborative working and build effective partnerships		Then we will not be able to achieve our aims and focus on our priorities and deliver our objectives		Resulting in poor outcomes for our population, adverse impacts on our partner organisations and increased scrutiny of our effectiveness	
	Consequence	Likelihood	Score	Risk Trend	
Current	Catastrophic 5	Likely 4	Extreme 20		
Target	Major 4	Possible 3	High 12		
Risk Lead	ICB Chief Executive Officer			Assurance committee	NHS STW Board
System Controls				Assurances reported to ICB Board and committees	
<p><b>Strategies and Plans</b></p> <ul style="list-style-type: none"><li>ICB Constitution</li><li>ICP Terms of Reference</li><li>Governance Handbook / Functions and Decisions Map</li><li>System Development Plan</li><li>Better Care Fund Plans</li><li>Primary Care Strategy</li><li>Clinical and Professional Leadership Programme</li><li>Integrated Care Strategy</li><li>Joint 5 year forward plan</li><li>People Priorities</li></ul> <p><b>Partnerships and Services</b></p> <ul style="list-style-type: none"><li>Integrated Care Partnership</li><li>ICS Chief Executive Group</li><li>ShIPP</li><li>TWIPP</li><li>Health and Wellbeing Boards</li><li>ICS People Strategic Workstreams 2024- 2027</li></ul> <p><b>Governance &amp; Engagement Structures</b></p> <ul style="list-style-type: none"><li>Integrated Care Partnership Committee</li><li>Board of the Integrated Care Board</li><li>STW Mental Health Provider Collaborative</li><li>System People Culture and Inclusion Committee</li></ul>				<p><b>First Line of Assurance</b></p> <ul style="list-style-type: none"><li>Monitoring and oversight at ICB Strategic Commissioning and Productivity Committee and ICS Chief Executive Group</li><li>Provider Collaborative Committees in Common</li></ul> <p><b>Second Line of Assurance</b></p> <ul style="list-style-type: none"><li>Population Health Board</li></ul> <p><b>Third Line of Assurance</b></p> <ul style="list-style-type: none"><li>Integrated Care Partnership oversight</li><li>National Health Service England Integrated Care Board Establishment Assessment and Establishment Order</li></ul>	
Gaps in Controls and Assurances				Actions and mitigations to address control / assurance gaps (include action owner and action due date)	
<p>1. Independent assessment (NHSE, CQC)</p> <p>2. Development of provider collaborative and supporting governance structure</p>				<p><b>Action 1:</b> Self-assessment against NHSE/CQC regulatory framework completed. NHSE Improvement Director attendance at CiC meetings.</p> <p><b>Owner:</b></p> <p><b>Planned Date of Completion:</b></p> <p><b>Action 2c:</b> Finalising Provider Collaborative Committees in Common (CiC) ToR and Joint Working Agreement.</p>	

	<p><b>Owner:</b></p> <p><b>Planned Date of Completion:</b></p> <p><b>Action 2d:</b> ICB CEO co-chair of HWBB's</p> <p><b>Owner:</b></p> <p><b>Planned Date of Completion:</b></p> <p><b>Action 2e:</b> Director of Strategy and Development supporting delivery of JFP priorities and integrated place working.</p> <p><b>Owner:</b></p> <p><b>Planned Date of Completion:</b></p> <p><b>Action 2f:</b> Creation of PC CEOs group reporting to CiC</p> <p><b>Owner:</b></p> <p><b>Planned Date of Completion:</b></p> <p><b>Action 3:</b> System Transformation and Digital Group working on collaborative workstreams to drive improvement in areas such as finance, UEC and workforce.</p> <p><b>Owner:</b></p> <p><b>Planned Date of Completion:</b></p>
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#### Current Performance – Highlights

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

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

Risk no.	Description
	Non identified

#### Relevant risks on system partners risk registers


##### Description

SaTH - BAF 12 - There is a risk of non-delivery of integrated pathways, led by the ICS and ICP

MPFT – BAF B8-QS02- There is a risk to service stability and equity, due to the fragmentary influence of Place Based Partnerships on service commissioning

Shropshire Council – Corporate Risk Register - Extreme pressures upon partners (social care, health, and criminal justice) within the system impacting on Shropshire Council through increased expectation, demand, need and complexity.



Strategic Objective: ALL					Risk score 20 Major 4 x Almost Certain 5
Strategic Risk No.2a: Risk of not achieving underlying financial balance (ICB and System)					
If we are unable to adopt best practice and integrated modelling as rapidly as we need to		Then we will be unable to use our budgets and wider resources more effectively and efficiently and share risks and benefits		Resulting in long term financial instability and challenges in service delivery for our population, poor health outcomes, and increased scrutiny of our effectiveness	
	Consequence	Likelihood	Score	Risk Trend  (aligned with system provider scores)	
Current	Major 4	Almost Certain 5	Extreme 20		
Target	Major 4	Possible 3	High 12		
Target Date for risk closure	30/06/2028				
Risk Lead	ICB Chief Finance Officer		Assurance committee	Strategic Commissioning and Productivity Committee and System Finance Committee	
System Controls			Assurances reported to ICB Board and committees		
<b>Strategies and Plans</b> <ul style="list-style-type: none"><li>System Financial Strategy, incorporating:<ul style="list-style-type: none"><li>Healthcare Financial Management Association (HFMA) Financial sustainability checklist</li><li>Strategic Decision-Making Framework</li><li>Capital Prioritisation Framework</li></ul></li><li>Financial Revenue Plan</li><li>Financial Capital Plan</li><li>Joint 5 year forward plan</li><li>Financial Recovery Plan inclusive of the Financial Improvement Programme and Efficiency, Productivity and Strategic Transformation Plans</li><li>ICS Infrastructure Estates Strategy</li><li>General Practice Estate Strategy</li><li>System Digital Strategy</li><li>System Workforce Strategy</li></ul> <b>Partnerships and Services</b> <ul style="list-style-type: none"><li>ShIPP</li><li>TWIPP</li><li>ICS Digital Delivery Group</li><li>Strategic Estates Group</li><li>People Board</li><li>Strategic Transformation Group supported by delivery boards for all major programmes e.g. Planned Care Board, UEC Delivery Board</li></ul> <b>Governance &amp; Engagement Structures</b> <ul style="list-style-type: none"><li>Finance Committee</li><li>Commissioning Working Group</li><li>Strategic Commissioning and Productivity Committee</li><li>Audit Committee</li><li>Provider Collaborative Committees in Common</li></ul>			<b>First Line Assurance</b> <ul style="list-style-type: none"><li>Monitoring delivery of System Financial Strategy and Financial Plan by System Finance Group and System Finance, Planning and Performance Group</li></ul> <b>Second Line Assurance</b> <ul style="list-style-type: none"><li>Finance Report to Finance Committee</li><li>Integrated Performance Report to the Board</li></ul> <b>Third Line Assurance</b> <ul style="list-style-type: none"><li>Monthly Integrated Finance Return (IFR) and Provider Finance Return (PFR) reporting to NHSE</li><li>Quarterly NHSE Financial Stocktake</li><li>NHSE Annual planning process (and triangulation of Finance, Activity and workforce planning)</li></ul>		
Gaps in Controls and Assurances			Actions and mitigations to address control / assurance gaps (include action owner and action due date)		

<ol style="list-style-type: none"> <li>1- <del>Long-term financial plan and strategy now out of date</del></li> <li>2. System transformational projects in place but at varying stages of maturity.</li> <li>3- <del>Existing transformation plans do not fully address the target savings position.</del></li> <li>4. Distance from Target is greater under new Fair Shares target and pace of change is expected to be reduced.</li> </ol>	<p><b>Action 1:</b> Agree the Financial Recovery Plan and refresh and agree with System partners the System financial strategy by Mar 25.</p> <p><b>Owner: ASz</b></p> <p><b>Planned Date of Completion:</b> Complete – ICB Board approved 25<sup>th</sup> June 2025 – Action 4 – Finance Strategy Implementation Plan oversight monthly via System Finance, Planning and Productivity Group. <b>Ongoing.</b></p> <p><b>Action 2:</b> System partners will agree the detail of the three to five-year strategic transformation plans to include recovery of the distance from target to fair shares allocation (quality and inequality impact assessments will be carried out on the impact of equality of population health outcomes and health inequalities as a result of any transformation plans) - to be reported through Financial Improvement Programme Board, known as 'the Recovery Plan'</p> <p><b>Owner: ASz</b></p> <p><b>Planned Date of Completion:</b> Mar 25 aligned to the SIIP delivery action timescale - IB. Completed. EQIAs to be completed by September 2025. <b>Completed.</b></p> <p><b>Action 3:</b> Refresh the medium and long-term financial plan for latest financial projections and HTP by Mar 25. (Including developing the 25/26 operational plan inclusive of efficiency plans (quality and inequality impact assessments will be carried out to confirm the impact to equality of population health outcomes and on health inequalities as a result of any efficiency plans).</p> <p><b>Owner: ASz</b></p> <p><b>Planned Date of Completion:</b> [Links to SBAF entry 2b] ASz. Completed. Refresh of the MTFP to reflect current underlying position, revised HTP planning assumptions, strategic transformation programmes, demand and capacity model <b>approved by ICB Board 25/06/25. Completed. MTFP Refresh updates to Finance Committee</b> October/<b>November</b> 2025, January 2026 and April 2026.</p>
Current Performance – Highlights	
<p><b>Updates as of 15<sup>th</sup> October 2025</b></p> <p>Action 4) Monthly oversight of the Finance Strategy Implementation Plan in place via the System Finance, Planning and Productivity Group.</p> <p>Action 2) High level strategic transformation programmes included within the MTFP and are actively under discussion through the Financial Improvement Programme and progress is reported to the System Transformation Group and System Finance Committee. EQIAs completed by September 2025.</p>	



Action 3) Refresh of the MTFP to reflect current underlying position, revised HTP planning assumptions, strategic transformation programmes, demand and capacity model and presented to 25/06/2025 ICB Board – Completed. Asz to provide MTFP updates to Finance Committee in October/November 2025, Board sign off for the plan submission December 2025, further Finance Committee updates scheduled for January 2026 and April 2026.

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

Risk no.	Description
System Risk 6 System Risk 28	Financial Sustainability Financial Plan Delivery 2025/26 – Capital and Revenue

#### Relevant risks on system partners risk registers

Description
<p>SaTH BAF 5 - The Trust does not operate within its available resources (as per Board papers – Sept 25 (latest) - 5 Consequence and 4 Likelihood) = 20 (Previous score July 25 4 consequence and 5 Likelihood = 20)</p> <p>RJAH BAF 3 - Delivering the financial plan (as per Board Papers – Sept 25 (latest) - 4 Consequence and 5 Likelihood) = 20 (Previous score May 25 5 Consequence and 3 Likelihood = 15)</p> <p>Shropcom BAF 8.1 – Costs exceed plan (as per Board papers Oct 25 (latest) - 4 x 5 = 20) (Previous score July 25 – 4 Consequence and 5 Likelihood = 20)</p> <p>MPFT BAF IB01 – Financial sustainability (as per board papers Oct 25 (latest) (5 x 4 = 20) (Previous score July 25 5 Consequence and 4 Likelihood = 20)</p> <p>Telford &amp; Wrekin Council – Corporate Risk Register R2 - Inability to:</p> <ol style="list-style-type: none"> <li>Match available resources (both financial, people and assets) with statutory obligations, agreed priorities and service standards</li> <li>Deliver financial strategy including capital receipts, savings and commercial income</li> <li>Fund organisational and cultural development in the Council within the constraints of the public sector economy</li> </ol> <p>Shropshire Council – Corporate Risk Register:</p> <ol style="list-style-type: none"> <li>Extreme pressures upon partners (social care, health, and criminal justice) within the system impacting on Shropshire Council through increased expectation, demand, need and complexity.</li> <li>Sustainable budget</li> </ol>


Strategic Objective: ALL				System Risk Score 16 Major 4 x Likely 4
Strategic Risk No.2b: Failure to deliver the System and ICB Revenue and Capital Resource Limit Plans for 2025/26. (New risk 2024/25 closed 29/04/2025)				
If we are unable to adopt best practice and integrated modelling as rapidly as we need to		Then we will be unable to use our budgets and wider resources more effectively and efficiently and share risks and benefits		Resulting in challenges in service delivery for our population, poor health outcomes, and increased scrutiny of our effectiveness
SYSTEM	Consequence	Likelihood	Score	Risk Trend (aligned with system provider scores) 
Current	Major 4	Likely 4	High 16	
Target	Moderate 3	Possible 3	Moderate 9	
Risk closure date	30/06/2026			
ICB	Consequence	Likelihood	Score	Risk Trend 
Current	Major 4	Likely 4	High 16	
Target	Moderate 3	Possible 3	Moderate 9	

Risk closed	30/06/2026		
Risk Lead	ICB Chief Finance Officer	Assurance committee	Strategic Commissioning and Productivity Committee and System Finance Committee
System Controls		Assurances reported to ICB/S Board and committees	
<p><b>Revenue and Capital</b></p> <ul style="list-style-type: none"> <li>System financial principles and risk management framework in place across the system as part of development of system financial recovery plan approach as set out within the financial strategy.</li> <li>System governance arrangements in place through finance committee and system strategic committee and commissioning working group to ensure that new investments are not made unless recurrent resource is available.</li> </ul> <p><b>Revenue</b></p> <ul style="list-style-type: none"> <li>Financial Improvement Programme and System Transformation Group in place.</li> <li>Provider Vacancy Panels, ICB Establishment Control Panel and System vacancy assurance panel in place. Workforce monitoring of vacancies in place.</li> <li>System workforce programme and agency reduction group implemented, weekly agency reporting and action plan to reduce agency expenditure in line with system cap.</li> <li>Discretionary spend controls in place in all partners organisation self-assessments of plan conditions/financial controls in place - Triple Lock, vacancy controls, HFMA sustainability and NHSE Grip and Control.</li> </ul> <p><b>Capital</b></p> <ul style="list-style-type: none"> <li>Capital Prioritisation Oversight Group</li> </ul>		<p><b>First Line Assurance</b></p> <ul style="list-style-type: none"> <li>Monitoring of financial performance by System Finance Group and System Finance, Planning and Performance Group.</li> <li>Standing Orders, Standing Financial Instructions and Delegated Financial Limits.</li> <li>Financial Accounting Performance Metrics .</li> <li>HFMA Financial Sustainability Checklist.</li> <li>NHSE Grip and Control Checklist.</li> <li>Better Payment Practice Code.</li> <li>System productivity and FIP group in place for efficiency.</li> <li>FIP reports into System Transformation Group which provides Assurance to the Board.</li> <li>System agency reduction group implemented, weekly agency reporting and action plan to reduce agency expenditure in line with system cap.</li> <li>System Vacancy Assurance Panel in place.</li> <li>Triple Lock for non-pay expenditure in place.</li> </ul> <p><b>Second Line Assurance</b></p> <ul style="list-style-type: none"> <li>Regular Finance Report and Efficiency Report to Finance Committee.</li> <li>Integrated Performance Report to the Board.</li> </ul> <p><b>Third Line Assurance</b></p> <ul style="list-style-type: none"> <li>Monthly Integrated (Care System) Finance Return and Provider Finance Returns reporting to NHSE.</li> <li>External review of HFMA financial sustainability and NHSE Grip and Control self-assessments.</li> </ul>	
Gaps in Controls and Assurances		Actions and mitigations to address control / assurance gaps (include action owner and action due date)	
<p>£83.8m revenue deficit plan pre deficit funding – breakeven after deficit funding - in year with a forecast that does not have risks fully mitigated. This means that there is limited assurance that the financial forecast can be met.</p> <p>Current risks are as follows:  <b>Bank costs exceeding plan.</b>  Efficiency delivery – risk of not delivering to plan;  UEC escalation costs not reducing as planned due to UEC pressure and links to discharge;  Costs and inflation pressures beyond what was anticipated during budget setting;  New NICE appraisals with significant implementation costs;  Income Risk if income and activity is not in line with the financial plan.</p>		<p><b>Revenue Financial Plan/Limit Efficiency:</b>  Action 1: Review of most likely expected FOT on a regular basis through financial governance, specifically for high risk and medium risk schemes to identify potential slippage, mitigation actions/schemes. [In place]</p> <p><b>Owner: IB/ASz</b></p> <p><b>Planned Completion Date:</b> Complete risks and mitigations process by 30/09/2025. <b>Complete.</b></p> <p><b>Action 2:</b> Ensure sufficient PMO capacity is allocated to support recovery of medium/high risk efficiency schemes and the development of the pipeline mitigation schemes to support ongoing de-risking the overall efficiency programme. [In place]</p> <p><b>Owner: IB</b></p>	

	<p><b>Planned Completion Date: 28/03/2025, Complete.</b></p> <p><b>Cost:</b></p> <p><b>Action 1:</b> As part of the Monthly Financial Review processes interpret current financial performance: 1a) analyse special variation changes in the run-rate trend of spend for Pay and Non-Pay. 1b) analyse key drivers of overspends and underspends and 1c) review cost implications of workforce/activity and performance delivery requirements and 1d) complete refresh of grip and control assessments to identify and remedy gaps in controls. This will inform accurate forecasting and identification of risks and risk mitigations. [In place]</p> <p><b>Owner: ASz</b></p> <p><b>Planned Completion Date: Ongoing</b></p> <p><b>Action 2:</b> Review all requests for pay through the existing Vacancy Control Panels ensuring the completion of the benefits/benefit realisation supports financial delivery and recovery. [In place]</p> <p><b>Owner: ASz</b></p> <p><b>Planned Completion Date: Ongoing</b></p> <p><del><b>Action 3:</b> Review all discretionary non-pay over £10k through the existing financial governance processes including the Triple Lock and reduce discretionary spend. [In place]</del></p> <p><b>Owner: CS</b></p> <p><b>Planned Completion Date: Closed 30/06/2025 – Triple Lock stood down</b></p> <p><b>Action 4:</b> Review all contingencies, provisions and prior year accruals. [In place]</p> <p><b>Owner: ASz</b></p> <p><b>Planned Completion Date: 30/09/2025</b></p> <p><del><b>Action 5:</b> Robust monitoring of the recurrent underlying position in year to ensure that this does not deteriorate and that appropriate actions are taken in-year to maintain or improve the recurrent underlying plan.</del></p> <p><del><b>Owner: ASz</b></del></p> <p><del><b>Planned Completion Date: 30/09/2025, In place, Ongoing.</b></del></p> <p><b>Income:</b></p> <p><b>Action 1:</b> System wide provider and commissioner discussions with Welsh commissioners in relation welsh income discussions for provider activity. [Ongoing]</p> <p><b>Owner: ASz</b></p> <p><b>Planned Completion Date: Ongoing</b></p>
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	<p><b>Action 2:</b> Provider activity management plans to ensure full delivery of activity in line with operational plans.</p> <p><b>Owner:</b> ASz</p> <p><b>Planned Completion Date:</b> 31/07/2025, <b>In Place, Ongoing</b></p> <p><b>Action 3:</b> System providers to maximise all commercial income and non nhs income opportunities.</p> <p><b>Owner:</b> AW/SE, SL/JG &amp; AMW/MS</p> <p><b>Planned Completion Date:</b> Ongoing</p> <p><b>Capital Financial Plan/Limit</b></p> <p><b>Action 1:</b> Use the System prioritisation framework to prioritise capital requirements based on key system criteria including equality of population health outcomes, value for money, broader socio-economic factors and health inequalities including Equality Diversity and Inclusion (e.g. DDA compliance and digital inclusion IT software and hardware).</p> <p><b>Owner:</b> ASz</p> <p><b>Planned Completion Date:</b> Completed</p> <p><b>Action 2:</b> If required - Agree mitigations for potential overspends with budget holders - ie, deferral of uncommitted capital scheme expenditure. Organisational senior finance team and CPOG to review monthly.</p> <p><b>Owner:</b> AW/SL/AMW/CS/ASz</p> <p><b>Planned Completion Date:</b> Ongoing</p> <p><b>Action 3:</b> If required - Agree mitigations for potential underspends with budget holders -i.e. bring forward pipeline schemes - reviewed monthly by organisational senior finance team with budget holder and via CPOG.</p> <p><b>Owner:</b> AW/SL/AMW/CS/ASz</p> <p><b>Planned Completion Date:</b> Ongoing</p> <p><b>Action 4:</b> Review expected capital FOT for national capital programme and opportunities for redeployment in line with the NHSE national exercise timeline by 26/09/25.</p> <p><b>Action Owner:</b> ASz</p> <p><b>Planned Completion Date:</b> 26/09/2025, <b>Completed.</b></p>
Current Performance – Highlights	
Updates as of 15 <sup>th</sup> October 2025	

<p>Revenue: Financial plan Month 6 £2.5m system favourable variance to plan, ICB £3.7m favourable due to individual commissioning delivery ahead of plan and prior year benefits, SCHT £0.1m favourable variance to plan/RJAH on plan, SATH £1.3m adverse variance to plan.</p> <p>Robust monitoring of the recurrent underlying position in year to ensure that this does not deteriorate and that appropriate actions are taken in-year to maintain or improve the recurrent underlying plan.</p> <p>Capital: Capital plans set in line with CDEL and expected national capital programme funding. Month 6 Capital shows capital spend is £22.6m behind at Month 6 due to Hospital Transformation Programme, RAAC and estates safety and decarbonisation and modulars invoices not received. The overall forecast is in line with plan with some risks to delivery for RAAC. HTP cash profiling is being kept under review.</p>	
Associated Risks on the System Strategic Operational Risk Register	
Risk no.	Description
System Risk 6 System Risk 28	Financial Sustainability Financial Plan Deliver 2025/26 Capital and Revenue
Relevant risks on system partners risk registers	
Description	
<p>SaTH BAF 5 - The Trust does not operate within its available resources (as per Board papers – Sept 25 (latest) - 5 Consequence and 4 Likelihood) = 20 (Previous score July 25 4 consequence and 5 Likelihood = 20)</p> <p>RJAH BAF 3 - Delivering the financial plan (as per Board Papers – Sept 25 (latest) - 4 Consequence and 5 Likelihood) = 20 (Previous score May 25 5 Consequence and 3 Likelihood = 15)</p> <p>Shropcom BAF 8.1 – Costs exceed plan (as per Board papers Oct 25 (latest) - 4 x 5 = 20) (Previous score July 25 – 4 Consequence and 5 Likelihood = 20)</p> <p>MPFT BAF IB01 – Financial sustainability (as per board papers Oct 25 (latest) (5 x 4 = 20) (Previous score July 25 5 Consequence and 4 Likelihood = 20)</p> <p>Telford &amp; Wrekin Council – Corporate Risk Register R2 - Inability to:</p> <ul style="list-style-type: none"> <li>Match available resources (both financial, people and assets) with statutory obligations, agreed priorities and service standards.</li> <li>Deliver financial strategy including capital receipts, savings and commercial income.</li> <li>Fund organisational and cultural development in the Council within the constraints of the public sector economy</li> </ul> <p>Shropshire Council – Corporate Risk Register:</p> <ul style="list-style-type: none"> <li>Extreme pressures upon partners (social care, health, and criminal justice) within the system impacting on Shropshire Council through increased expectation, demand, need and complexity.</li> <li>Sustainable budget</li> </ul>	


Strategic Objective: Objective 1 Reducing Health Inequalities					Risk score 16 High Likely 4 x 4 Major
Strategic Risk No.3 Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. There is a risk that with competing priorities in a challenged system, insufficient focus is given to targeted interventions for populations identified as experiencing the greatest levels of inequality i.e. CORE20+ populations					
If we do not ensure sufficient priority and allocation of resources across all system partners to develop capacity and capabilities to identify and target interventions to reduce inequalities		Then we collectively will not be addressing known and emerging avoidable differences in access, experience and outcomes as per Health and Care Act 2022		Resulting in poorer outcomes which will disproportionately impact our Core20+populations. Additionally, it will result in poorer outcomes for all our population due to avoidable additional financial costs and increased demand pressures across the system	
	Consequence	Likelihood	Score	Risk Trend	
Current	Major	Likely	High		



	4	4	16	
Target	Major 4	Unlikely 2	Moderate 12	
Risk Lead	ICB Chief Strategy Officer		Assurance committee	System Strategy and Prevention Committee
System Controls			Assurances reported to ICB Board and committees	
<p><b>Strategies and Plans</b>5 Year Forward Plan</p> <ul style="list-style-type: none"><li>• System Development Plan</li><li>• Integrated Care Strategy</li><li>• System Healthcare Inequalities Operational Plan</li><li>• HWBB Strategies</li><li>• Place based Committee Strategies</li><li>• Clinical Condition Strategies</li><li>• System Digital Strategy</li><li>• Individual Partner Health Inequality and EDI Strategies</li><li>• ICB Inclusion and Health Inequality Strategy</li><li>• Strategic Decision-Making framework</li></ul> <p><b>Partnerships and Services</b></p> <ul style="list-style-type: none"><li>• Urgent and Emergency Care Delivery Group</li><li>• Planned Care Delivery Group</li><li>• Finance Advisory Board</li><li>• ShIPP</li><li>• TWIPP</li><li>• Mental Health Delivery Board</li><li>• Emergency Preparedness Resilience and Response Framework</li><li>• System People Board</li><li>• Local Maternity and Neonatal System</li><li>• Primary Care Networks</li><li>• System Quality Group</li><li>• ICS Digital Delivery Group</li></ul> <p><b>Governance &amp; Engagement Structures</b></p> <p>ICB Board</p> <ul style="list-style-type: none"><li>• ICB Quality and Performance Committee</li><li>• ICB Strategy and Prevention Committee</li><li>• ICB Prevention and Health Inequalities Group</li><li>• ICB Service Review Group</li><li>• Equality and Inclusion Committee</li></ul>			<p><b>First Line of Assurance</b></p> <ul style="list-style-type: none"><li>• ICB Health Inequalities Team review of commissioning projects and business case proposals impact on Core20+5 via Commissioning Working Group.</li><li>• ICB Health Inequalities Team oversight of system delivery of related objectives in system National Improvement programme for healthcare inequalities plans.</li></ul> <p><b>Second Line of Assurance</b></p> <ul style="list-style-type: none"><li>• Quarterly reporting of the ICB Prevention and Health Inequalities Group to the System Strategy and Prevention Committee.</li><li>• Cancer and Planned Care Report to ICB Quality and Performance Committee</li><li>• Urgent and Emergency Care Report to ICB Quality and Performance Committee</li><li>• Integrated Performance Report to ICB Quality and Performance Committee</li><li>• Learning Disability and Autism Assurance Report to ICB Quality and Performance Committee</li><li>• Performance Report to ICB Quality and Performance Committee</li><li>• Annual Operating Plans to Finance Committee</li><li>• Local Maternity and Neonatal System Report to ICB Quality and Performance Committee</li><li>• Primary Care Quality reporting to Quality and Performance Committee</li><li>• Integrated Provider Report to ICB Quality and Performance Committee</li><li>• Quarterly reporting to Board via System Strategy and Prevention Committee</li><li>• Bi- annual reporting by ICB Health Inequalities Team to NHS Shropshire, Telford and Wrekin Board</li><li>• Annual Statement of information on healthcare Inequalities</li></ul> <p><b>Third Line of Assurance</b></p> <ul style="list-style-type: none"><li>• NHSE Quarterly System Review Returns.</li><li>• Core 20 +5 reporting to regional NHSE.</li><li>• In person/ onsite Regional NHSE review meetings.</li><li>• NHSE review of ICB Annual Report which must include content on duty to reduce health inequalities.</li><li>• NHSE Annual ICB assessment includes component on statutory responsibility to reduce health inequalities.</li></ul>	
Gaps in Controls and Assurances			Actions and mitigations to address control / assurance gaps (include action owner and action due date)	
<p>1. Assurance re system governance and internal organisational health inequalities prioritisation processes.</p> <p>2. Assurance re capability building in relation to knowledge and awareness of health inequalities.</p>			<p><b>Action 1</b> Gain assurance that the Provider has an appointed Health Inequalities Lead for taking action on health inequalities and that all services related to or contributing to objectives outlined in Schedule 2N, including all preventative programmes identified within</p>	


<p>3. Quantitative Health Inequalities Metric Reporting to demonstrate reduction across healthcare inequalities contributing to gap in Life and Health Life Expectancy</p>	<p>the remit of Long Term Plan Prevention and Core20PLUS5 key clinical areas have a dedicated and effective operational lead, robust governance and monitoring to evidence outcomes and benefits realisation.</p> <p><b>Owner:</b> ICB Head of Health Inequalities to ensure agreed and incorporated into Schedule 2N of contract</p> <p><b>Planned Completion Date:</b> Expected contract signing date June 25</p> <p><b>July Update</b> Schedule 2N agreed for inclusion/ CV into main NHS provider contracts.</p> <p><b>Action 2:</b> To demonstrate a commitment to improving education and awareness across all levels of the organisation on health inequality and barriers to access (such as digital exclusion) through the promotion of internal and system-level peer networking opportunities, educational learning modules and external educational programmes such as NHS England's Core20PLUS Ambassador Programme.</p> <p><b>Owner:</b> Action to be delivered by providers and ICB</p> <p><b>Planned Completion Date:</b> Quarterly reviews Sept 2025 Jan 2026 and April 26 to System Health Inequalities and Prevention Group</p> <p><b>Action 3a:</b> Complete User Testing of PHM /health inequalities dashboard.</p> <p><b>Owner:</b> ICB Head of Head of Business Intelligence and Analytics</p> <p><b>Planned Completion Date:</b> TBC July Update Phase 1 completed.</p> <p><b>Action 3b:</b> Incorporate metric reporting into performance dashboard to Quality and Performance Committee.</p> <p><b>Owner:</b> ICB Head of Head of Business Intelligence and Analytics</p> <p><b>Planned Completion Date:</b> July Update October</p>
<b>Current Performance – Highlights</b>	
<p>Update as of 14<sup>th</sup> July 2025</p> <ul style="list-style-type: none"> <li>• Evaluation of the 24/25 system Healthcare Inequalities Improvement Plan was presented to the June ICB Board. The notable area of improvement compared to 23/24 include system level work emerging across the two key gaps against the National Healthcare inequalities Improvement programme of restoring elective care inclusively and mitigating digital inclusion. Whilst final elements of 25/26 plan are still being developed in partnership with provider leads due to reduced capacity , plans remain on track for monitoring in Q2.</li> <li>• The incorporation of weighted health inequalities at the highest level of weighting into the strategic hard decisions process provides assurance that the ICB is prioritising this area in its decision making , however there is a risk to programme delivery if specific projects relating to CORE20+5 improvement programmes do not receive ongoing funding particularly relating to CYP asthma , epilepsy and diabetes and smoking prevention, hypertension detection and Alcohol Care Teams. Update .Funding for CYP asthma , epilepsy and diabetes</li> </ul>	

<p>and smoking prevention, hypertension detection extended until September 2025 with a decision-making paper on ongoing funding being presented at Strategic Commissioning and Productivity Committee on 30/7/25.</p> <ul style="list-style-type: none"> <li>The Statement of Information on Health Inequalities as is expected to be finalised for end of June publication which will report on the system direction of travel for a set of nationally selected indicators comparable to 23/24. Update Publication was delayed due to data availability and BI team capacity. Expected date end of July. In addition to the statement provided by the BI team re ICB level indicators, Trust level reports will also be shared alongside a narrative of progress of projects prepared by the HI team.</li> <li>Internal review of ICB EQIA reporting has been undertaken and a refreshed process with associated training planned for end of September to strengthen due regard for duty to reduce health inequalities in all work undertaken as ICB and system.</li> </ul>	
<b>Associated Risks on the System Strategic Operational Risk Register</b>	
Risk no.	Description
Risk 1	CYP Mental Health
Risk 3	Palliative care/end of life
Risk 4	Maternity services
Risk 5	Urgent and Emergency Care
Risk 7	Diabetes Management
Risk 15	Acute Paediatric pathway
Risk 16	C Diff
<b>Relevant risks on system partners risk registers</b>	
Description	
<p>RJAH – BAF 3 - Failure to effectively promote equality, diversity and inclusion.  MPFT – BAF B4 QS02- The Trust is committed to embedding equality and inclusion in everything we do.  Shropshire Council – Corporate Risk Register:</p> <p>a) Extreme pressures upon partners (social care, health, and criminal justice) within the system impacting on Shropshire Council through increased expectation, demand, need and complexity.</p> <p>b) Sustainable Budget (i.e. budget will not keep track with current population projections overlaid with level of need to the demography of the population and long-term investment in preventive/demand management approaches needed)</p>	

Strategic Objective: Objective 3 Improving health and care					Risk score 16 High Major 4 x Likely 4
Strategic Risk No.4: Inability to recruit, retain and keep our ICS Workforce well.					
If we were unable to provide the workforce to deliver clinical and non-clinical services due to inability to recruit, retain and keep our workforce well		Then we will not develop our inclusive culture and effectively deploy a workforce with the necessary skills and expertise that meet service requirements		Resulting in a failure to deliver services to the population of STW.	
	Consequence	Likelihood	Score		
Current	Major 4	Likely 4	High 16		
Target	Moderate 3	Possible 3	Moderate 9		
Risk Lead	Chief People Officer		Assurance committee	System People, Culture and Inclusion Committee	
System Controls			Assurances reported to ICB Board and committees		
<b>Strategies and Plans</b> <ul style="list-style-type: none"><li>System Workforce Strategy and associated delivery plans.</li><li>Workforce information dashboards to consider workforce information (sickness, turnover, vacancies, staff in post, Agency and bank usage etc).</li><li>5-year Joint forward Plan.</li></ul>			<b>First Line of Assurance</b> <ul style="list-style-type: none"><li>Workforce information dashboards outputs.</li></ul> <b>Second Line of Assurance</b> <ul style="list-style-type: none"><li>People Plan Programme Progress Report to the People Collaborative, and People Culture and Inclusion Committee of the Integrated Care Board.</li></ul>		

<p><b>Partnerships and Services</b></p> <ul style="list-style-type: none"> <li>• People related workstreams being led by the ICS People Team.</li> </ul> <p><b>Governance &amp; Engagement Structures</b></p> <ul style="list-style-type: none"> <li>• System People Collaborative brings system partners together to progress key workstreams, offer oversight of activity and sharing of best practice.</li> <li>• System People Committee provides oversight of the development of our system people strategy and annual programmes and strategic direction of travel.</li> <li>• System People Committee oversight of Annual operational workforce planning process to set direction of travel for next 12 months.</li> </ul>	
Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps (include action owner and action due date)
<p>Gaps in controls:</p> <p>1</p> <p>Limited engagement from system CEOs in the development of System People Strategy.</p> <p>Limited resource within the System People Team limiting direct delivery and increasing need for Providers and other System Partners to take ownership.</p>	<p>1. <b>Action:</b> A draft refreshed strategy was presented to Committee in April 2025 and will be going to ICB Board in June 25. Actively involved and engaged Chief Executive Lead for Workforce, providing high level voice and input for the workforce agenda at Board level.</p> <p><b>Owner:</b></p> <p><b>Planned Completion Date:</b> June 2025</p> <p>2. <b>Action:</b> System CPO's acting as SRO's for delivery of the Strategy are supportive of the delivery model set out, this will further evolve through discussions around the Model ICB Blueprint.</p> <p><b>Owner:</b></p> <p><b>Planned Completion Date:</b></p> <p>3. <b>Action:</b> Revised Terms of Reference for People Collaborative and People Culture and Inclusion Committee including membership, frequency and purpose has been approved at Board in April 2025.</p> <p><b>Owner:</b></p> <p><b>Planned Completion Date:</b></p>
Current Performance – Highlights	
<p>A system workforce dashboard is now in place providing robust insights into NHSE workforce data intelligence and oversight to inform against the annual NHS workforce plan. There is a system workforce assurance and planning steering group chaired by the SRO for Reform from which workforce intelligence reports into several system committees and groups including System Transformation Committee, Quality Committee, Finance improvement committee, Agency workforce group, ICS People Culture and inclusion committee and ICS People collaborative.</p> <p>CEOs had not agreed to invest in the ICB people team infrastructure, further compounded by NHSE financial oversight scrutiny during 24/25. An external review of HR/people services and the ICB people team has been completed and the teams are now working through an action plan to address the areas highlighted.</p> <p>People Inclusion and Culture Committee has revised Terms of Reference and meetings are held bi-monthly alternating with People Collaborative with a proposal of 6 meetings per year for Committee and 6 for Collaborative.</p>	

A refreshed People Strategy has been produced focusing on delivery of the operational plan workforce targets, considering the recommendations from the external HR review, and acknowledging the evolving external context and reduction in capacity within the ICB people team.	
Associated Risks on the System Strategic Operational Risk Register	
Risk no.	Description
Risk 10	ICB Financial staff capacity
Risk 12	Chief People Officer for the system
Risk 13	Deputy Chief People Officer capacity
Risk 14	Capacity to deliver 10 people pledge outcomes
Relevant risks on system partners risk registers	
Description	
<p>SaTH – BAF 3 - If the trust does not ensure staff are appropriately skilled, supported and valued this will impact on our ability to recruit/retain staff and deliver the required quality of care</p> <p>SaTH BAF 4 - A shortage of workforce capacity and capability leads to deterioration of staff experience, morale, and well-being.</p> <p>RJAH – BAF 1 – Lack of effective engagement with workforce</p> <p>RJAH – BAF 2 - The workforce does not have the required capacity and capability</p> <p>Shropcom – BAF 3.1 – Recruitment challenges</p> <p>MPFT- BAF <del>F1</del> – PC01. There is a risk to the health and wellbeing of staff due to existing workforce shortages, high acuity and demand, and the long-term effects of the pandemic; leading to staff burnout, absence and increased turnover.</p> <p>MPFT – BAF <del>F2</del> – PC02.- There is a risk to the delivery of Trust services due to national workforce supply issues and skills shortages; leading to an inability to recruit and retain sufficient numbers of clinical, technical and managerial staff.</p> <p>Telford &amp; Wrekin Council – Corporate Risk Register – R3 - Losing skills, knowledge and experience (retention &amp; recruitment) in relation to staffing.</p> <p>Shropshire Council - Corporate Risk Register - Critical skills shortage impacting on Retention, Recruitment &amp; Succession Planning</p>	

Strategic Objective: ALL					Risk score 16 High Major 4 x Likely 4
Strategic Risk No.5: Lack of capacity and strategy to develop and use digital and data systems to enable efficient and effective care across the ICS					
If we are unable to develop and use our digital and data systems		Then we will not be able to make informed decisions, develop integrated services that are digitally enabled and monitor their effectiveness against our aims		Resulting in challenges in service provision, staff dissatisfaction, and poorer health and care outcomes for our local population	
	Consequence	Likelihood	Score	Risk Trend	
Current	Major 4	Likely 4	High 16		
Target	Moderate 3	Possible 3	Moderate 9		
Risk Lead	ICB Chief Medical Officer		Assurance committee	System Transformation and Digital Committee	
System Controls			Assurances reported to ICB Board and committees		
<b>Strategies and Plans</b> <ul style="list-style-type: none"><li>Integrated Care Strategy</li><li>Clinical Strategy</li><li>Infrastructure and Estates Strategy</li><li>Joint Forward Plan</li><li>10 Year Capital Plan</li><li>ICS Green Plan</li></ul>			<b>First Line of Assurance</b> <ul style="list-style-type: none"><li>ICB Digital Operations Group reports to ICB Digital Strategy Group and ICB Digital Strategy Group report to ICS Digital Delivery Group.</li><li>ICB Digital involvement in ICB Senior Leadership Team.</li></ul>		

<ul style="list-style-type: none"> <li>Population Health Roadmap</li> <li>Joint Strategic Needs Assessments</li> <li>Local Operational Plan</li> <li>Big Conversation analysis</li> <li>ICS Digital Strategy and ICS Digital Portfolio Plan</li> <li>Health Inequalities Plan – KLOE for Digital Inclusion</li> <li>NHSE What Good Looks Like/Digital Maturity Assessment</li> <li>NHSE Digital Capability Framework for Electronic Patient Records</li> <li>NHSE GP IT Operating Model</li> <li>NHSE Cyber Assessment Framework</li> </ul> <p><b>Partnerships and Services</b></p> <ul style="list-style-type: none"> <li>Population Health Management Board</li> <li>Telford &amp; Wrekin Integrated Place Partnership (TWIPP)</li> <li>Shropshire Integrated Place Partnership (ShIPP)</li> <li>People's Network</li> <li>Shropshire Digital Inclusion Network</li> <li>MLCSU Contracted Technology Support Services – GPIT, Corporate IT, Cybersecurity, IG, Procurement, BI/Analytics</li> <li>ICB Senior Leadership Team</li> <li>ICB Digital Strategy Group</li> <li>Commissioning Working Group</li> <li>ICS Strategic Programme Boards</li> <li>ICS Climate Change Group</li> <li>ICS Digital Delivery Group</li> <li>ICB Operating Model</li> <li>System Digital Governance Model (Recommended, not in place)</li> </ul> <p><b>Governance &amp; Engagement Structures</b></p> <ul style="list-style-type: none"> <li>Audit Committee (Cybersecurity, ICB IT)</li> <li>Strategic Commissioning and Productivity Committee</li> <li>Integrated Care Board</li> <li>NHS Midlands Digital Transformation</li> <li>NHSE Programme Networks</li> </ul>	<ul style="list-style-type: none"> <li>Regular ICS partner portfolio updates including programmes, projects and group reports to the ICS Digital Delivery Group.</li> <li>Regular involvement in the Commissioning Working Group.</li> <li>Regular engagement and involvement in community and place-based partnership groups.</li> <li>Regular engagement and involvement with clinical and care professional networks.</li> <li>Routine progress reports from key workstreams.</li> <li>Regular Population Health Management Workstream. Update to the Population Health Board.</li> </ul> <p><b>Second Line of Assurance</b></p> <ul style="list-style-type: none"> <li>ICB Digital updates of SBAF and SSORR to Audit Committee.</li> <li>IG updates on DSPT and Cybersecurity to Audit Committee.</li> <li>ICS Digital Delivery Group report to Strategic Commissioning and Productivity Committee</li> <li>Population Health Report to Integrated Delivery Committee.</li> <li>Regular engagement via regional and sub-regional digital transformation and related national programme groups/networks.</li> </ul> <p><b>Third Line of Assurance</b></p> <ul style="list-style-type: none"> <li>Audit Committee on Cybersecurity and ICB IT to the Board.</li> <li>Strategic Commissioning and Productivity Committee report on ICS Digital to the Board</li> </ul>
Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps (include action owner and action due date)
<p>Gaps in controls:</p> <ol style="list-style-type: none"> <li>ICB and ICS Executive roles - remit, authority/span of Data, Digital and Technology (DDAT) decision-making.</li> <li>Involvement and alignment of digital and technology requirements in prioritisation, funding allocation, organisational development e.g. workforce literacy, strategic programmes and functional operations and working groups for 2<sup>nd</sup> and 3<sup>rd</sup> line assurance.</li> <li>Single view of digital/technology spend within the ICB and across the system - BAF Risk 2.</li> <li>Insufficient ICS partner reporting into Digital Portfolio</li> <li>Insufficient resources to support delivery of the Digital Portfolio.</li> </ol>	<ol style="list-style-type: none"> <li><b>Action:</b> Confirm approach and timeline to develop an information and data strategy across ICP.  <b>Owner:</b>  <b>Planned Completion Date:</b></li> <li><b>Action:</b> Clarify and agree the ICB and ICS Executive digital roles.  <b>Owner:</b>  <b>Planned Completion Date:</b></li> <li><b>Action:</b> Commit to a board development programme for data and digital.</li> </ol>

<p>6. Unclear commitment to implement a Digital Inclusion framework.</p> <p>7. Aligned ICS Digital Procurement Framework and Plan.</p> <p>8. Unclear timeline for an information, data, analytics and intelligence strategy across ICP.</p> <p>9. Independent assessment (NHSE, CQC).</p> <p>10. Lack of system policy on use of AI technologies and embedded solutions.</p> <p>Gaps in Assurances:</p> <p>11. System data, digital and technology governance with aligned system digital operating model, evolving from ICB management of change programme</p>	<p><b>Owner:</b></p> <p><b>Planned Completion Date:</b></p> <p>4. <b>Action:</b> Update the Integrated Impact Assessment to include digital inclusion and digital sustainability.</p> <p><b>Owner:</b></p> <p><b>Planned Completion Date:</b></p> <p>5. <b>Action:</b> Incorporate Digital voice in prioritisation and decision-making - strategic commissioning, financial planning and budget allocation, service design, quality improvement, leadership development and public involvement for digital inclusion.</p> <p><b>Owner:</b></p> <p><b>Planned Completion Date:</b></p> <p>6. <b>Action:</b> Commit to specific funding principles for digital operations financial sustainability and digital inclusion services.</p> <p><b>Owner:</b></p> <p><b>Planned Completion Date:</b></p> <p>7. <b>Action:</b> Commit to a system funding allocation model to ensure adequate digital resources to support delivery of the agreed Digital Portfolio and management of operationalised services.</p> <p><b>Owner:</b></p> <p><b>Planned Completion Date:</b></p> <p>8. <b>Action:</b> Involve ICB Digital in Infrastructure and Estates programme design.</p> <p><b>Owner:</b></p> <p><b>Planned Completion Date:</b></p> <p>9. <b>Action:</b> Involve Digital in the design of the Provider Collaborative.</p> <p><b>Owner:</b></p> <p><b>Planned Completion Date:</b></p> <p>10. <b>Action:</b> Commit resources to a system digital operating model for controls that address assurance gaps.</p> <p><b>Owner:</b></p> <p><b>Planned Completion Date:</b></p>
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## Current Performance – Highlights

Update as of 8<sup>th</sup> May 2025


Since the approval of the ICS Digital Strategy in March 2024, significant progress has been made to address the underlying risks associated with digital and data capacity. A structured approach to digital delivery is now being implemented across the system, supported by a refreshed and costed Digital Portfolio Plan for 2025/26 that directly responds to identified gaps in capability, governance, inclusion, and infrastructure.

The ICS Digital Strategy now functions as a system-wide cultural lever, setting the strategic direction for inclusive digital enablement, cyber resilience, and interoperable data.

Key developments include:

- A reorganised ICS Digital Portfolio that aligns initiatives with ICS strategic objectives and national mandates.
- Delivery of mandatory national requirements, such as the NHSE Digital Maturity Assessment, Digital Capability Framework, and maintaining our system's compliance and visibility with regional assurance teams.
- The re-establishment of a substantive ICB Head of Digital post and development of an in-house digital function that is now leading digital coordination, governance, and strategic planning.
- System-wide visibility of high-impact programmes including Shared Care Record (ShCR), Cybersecurity, Population Health Management, and Digital Inclusion.
- Drafting of a costed annual delivery plan that directly addresses capability gaps (e.g. digital inclusion, cyber operating model, adopting AI to enhance efficiency, analytics capacity), reflecting national frameworks and enabling prioritisation.
- Through the subgroups introduced to the governance structure, we have increased engagement with providers and local authorities to embed digital thinking across operational, neighbourhood care transformation and infrastructure programmes.
- Raised visibility of digital risks and gaps through ICB leadership forums, Commissioning Working Group, IG Committee, and Strategic Commissioning and Productivity Committee.
- Digital representation is now active in ICB initiatives.
- Scoping for a system-wide information, data and analytics strategy has begun, led by the BI and Performance team.
- The possibilities of collaborative procurement and shared ICS digital resources are being explored. This progress provides a clear direction of travel and demonstrates that the ICB and ICS are on a pathway to improve assurance and mitigate long-standing digital risks through structured delivery, targeted investment, and strengthened governance.
- ICS Digital Strategy approved by the Board March 2024 as a culture lever to enable change
- Delivered a restructured ICS Digital Portfolio to surface known priorities and show relationships amongst initiatives and programmes to inform gap analysis
- Met deadlines for system submission for NHSE What Good Looks like Digital Maturity Assessment for the ICS including Primary Care
- Identified key work on core digital and data capabilities and high priority STW ICS digital programmes - One Health & Care (our integrated care record), Digital Inclusion, Cybersecurity, while working within unclear, reduced financial envelope, increased delivery pressure and reduced workforce capacity.
- Maintained ICB Digital during management of change programme and completed recruitment of substantive ICB Head of Digital role to support ICB and ICS digital priorities.
- Raised awareness of key opportunities and challenges for ICB and ICS Digital through ICB prioritisation and strategic commissioning workshops.
- Raised awareness of need for ownership of undocumented risks related to operating model design, capacity and experience challenges and prioritised mitigation of issue impacts related to finance/budgeted spend, unmanaged, contracted services and legacy projects/programmes with unclear ownership and reporting.
- Raised awareness and shared opportunities for digital innovation and research.
- Developed relationships across care setting and functional role specialisms to open doors for collaboration, innovation, and joint delivery with a focus on problem assessment, promoting the use of standards and good practice for inclusive engagement, options assessment before solution design and working within known financial and workforce constraints.
- Established first iteration ICB Digital function and role protocols with a focus on service, continuous improvement, and risk management rigour, while ICB undertook management of change.
- Actively practiced and advocated respectful check and challenge within existing governance structure to existing norms, transparent reporting, and continuous sharing of opportunities for learning and improvement.

<ul style="list-style-type: none"> <li>ICB Head of Digital commenced in post which completes full recruitment to the digital structure</li> <li>Has undertaken stocktake of digital workstreams and achievements and identified challenges and opportunities, based on ICS Digital Strategy (approved March 2024)</li> <li>Annual work plan for 25/26 under construction based on the 7 strategic areas of focus in the Strategy</li> </ul>		
<b>Associated Risks on the System Strategic Operational Risk Register</b>		
Risk no.	Description	Current score
Risk 8	Emergency Planning, Resilience and Response	16
Risk 14	System Digital Operating Model	16
Risk 15	Difficulty of finding patient information across different systems	20
Risk 16	System digital inclusion framework	16
Risk 17	System capacity and funding to support digital clinical risk management	20
Risk 23	System-wide Cybersecurity Operating Model and Strategy	16
<b>Relevant risks on system partners risk registers</b>		
Description		
<p>SaTH BAF 7A - Failure to maintain effective cyber defences impacts on the delivery of patient care, security of data and Trust reputation.</p> <p>SaTH BAF 7B - The inability to replace implement modern digital systems impacts upon the delivery of patient care.</p> <p>RJAH BAF 6 - IT unable to support new ways of working.</p> <p>RJAH BAF 7 – Loss of data/unable to restore services following a cyber-attack.</p> <p>MPFT BAF IB04 risk that the appropriate cyber security controls are not in place services following a cyber-attack.</p> <p>Shropshire Council - Corporate Risk Register - Critical skills shortage impacting on Retention, Recruitment &amp; Succession Planning</p>		


Strategic Objective: ALL					Risk score 16 High major 4 x likely 4
Strategic Risk No.6: Inability to respond strategically to ICS objectives due to the impact of external factors beyond the influence of the ICS (e.g. Emergencies, Incidents and Disruptive Events such as: climate change, adverse weather, cyber-attack, utilities failure, transport accidents, malicious attacks, industrial action, infectious disease, economic and political changes).					
If we are unable to respond collectively to the external challenges facing our local area		Then we will not be able to, meet our ICS objectives to improve the health and wellbeing of our population.		Resulting in poorer outcomes for our population and with further pressure on health and care services.	
	Consequence	Likelihood	Score	Risk Trend	
Current	Major 4	Likely 4	High 16		
Target	Major 3	Possible 3	Moderate 9		
Risk Lead	ICB Accountable Emergency Officer (AEO)			Assurance committee	Strategic Commissioning and Productivity Committee
System Controls				Assurances reported to ICB Board and committees	
<b>Strategies and Plans</b> <ul style="list-style-type: none"><li>Integrated Care Strategy</li><li>Joint Forward Plan</li><li>Health and Wellbeing Strategies</li><li>Local Authority Strategies</li><li>Civil Contingencies Act 2004 (CCA), NHS Act 2006, Health and Care Act 2022, NHS Standard Contract.</li><li>NHS EPRR Framework</li><li>NHS England Incident Response Plan</li></ul>				<b>First Line of Assurance</b> <ul style="list-style-type: none"><li>Strategic Commissioning and Productivity Committee</li><li>UEC Delivery Group / STDC</li></ul> <b>Second Line of Assurance</b> <ul style="list-style-type: none"><li>NHSE Annual Assurance Process of NHS Core Standards for EPRR.</li><li>NHSE Quarterly Green meetings.</li></ul>	

<ul style="list-style-type: none"> <li>Local Authorities EPRR Response Plans and Business Continuity Management Plans.</li> <li>ICB EPRR Policy, Incident Response Plan, Business Continuity Management Plans (Corporate &amp; Directorate), EPRR Communications Plan</li> <li>ICB On-Call Policy</li> <li>STW Health Protection Strategy</li> <li>ICS Green Plan</li> <li>Individual NHS organisations EPRR Policies, Incident Response Plans, and Business Continuity Management Plans.</li> <li>Individual NHS organisations Green Plans</li> <li>ICB Risk Management Policy</li> <li>NHS Shropshire, Telford and Wrekin ICS West Mercia Local Resilience Forum Representation Agreement</li> <li>ICB EPRR Training and Exercise Programme (includes systemwide exercising)</li> <li>West Mercia Local Resilience Forum (LRF) response and recovery plans.</li> <li>Winter Plan 24/25</li> </ul> <p><b>Partnerships and Services</b></p> <ul style="list-style-type: none"> <li>Integrated Care Partnership</li> <li>West Mercia Local Resilience Forum (LRF)</li> <li>West Mercia Local Health Resilience Partnership (LHRP)</li> <li>West Mercia Health Emergency Preparedness Operational Group (HEPOG)</li> <li>STW Health Protection Quality Assurance Board</li> <li>ICS IPC &amp; AMR Group</li> <li>Population Health Board</li> <li>Shropshire Integrated Place Partnership (ShIPP)</li> <li>Telford and Wrekin Integrated Place Partnership (TWIPP)</li> <li>Primary Care Networks</li> <li>ICS Climate Change Group</li> </ul> <p><b>Governance &amp; Engagement Structures</b></p> <ul style="list-style-type: none"> <li>Integrated Care Partnership</li> <li>Health and Wellbeing Boards</li> <li>STW ICS EPRR Forum</li> <li>Individual NHS organisations EPRR committees/groups</li> <li>West Mercia Local Resilience Forum (LRF)</li> <li>West Mercia Local Health Resilience Partnership (LHRP)</li> <li>West Mercia Health Emergency Preparedness Operational Group (HEPOG)</li> <li>UEC Board</li> </ul>	<ul style="list-style-type: none"> <li>Board – Winter pressures</li> <li>NHSE – Winter pressures</li> </ul>
Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps (include action owner and action due date)
<ol style="list-style-type: none"> <li>Limited ICB and individual NHS organisations EPRR resource.</li> <li></li> <li>No existing system level EPRR frameworks, policies, plans for organisations to align own policies and plans to enhance a coordinated response.</li> <li></li> </ol>	<ol style="list-style-type: none"> <li><b>Action:</b> ICB EPRR work programme reviewed in May 25 has actions to produce system level EPRR policies, frameworks and plans for organisations to align own policies and plans.</li> <li></li> <li><b>Owner:</b> Gareth Wright / Felicity Govas</li> </ol> <p><b>Planned Completion Date:</b></p>


<p>5. Lack of documented Standard Operating Procedures for the System Coordination Centre (SCC).</p> <p>6.</p> <p>7. Low level of compliance with NHS Core Standards for EPRR.</p> <p>8.</p> <p>9. Gaps in uptake of EPRR mandatory training STW and Herefordshire &amp; Worcestershire form the West Mercia LHRP and HEPOG. An emerging issue as at end May 25 to be resolved will be future structures required under the NHSE/ICB reset alignment with Staffordshire.</p>	<p>4. Action: Individual NHS organisations EPRR work programmes. LHRP work programme will be finalised Jun 25 in conjunction with H&amp;W ICB</p> <p>5.</p> <p>6. <b>Owner:</b> Felicity Govas</p> <p><b>Planned Completion Date:</b> June 2025</p> <p>7. <b>Action:</b> ICB EPRR lead meets with provider EPRR leads monthly.</p> <p>8.</p> <p>9. <b>Owner:</b> Felicity Govas</p> <p><b>Planned Completion Date:</b></p> <p>10. <b>Action:</b> STW ICB EPRR lead to work closely with H&amp;W ICB EPRR lead to drive the LHRP and HEPOG work programme ensuring links to system/locality risks, issues, and challenges.</p> <p>11.</p> <p>12. <b>Owner:</b> Felicity Govas</p> <p><b>Planned Completion Date:</b></p> <p>13. <b>Action:</b> Accountable Emergency Officers (AEO) for each NHS organisation to review EPRR resourcing to ensure it is adequate for the size, type, and services of their organisation and duties placed on them under the CCA, NHS Act 2006, Health and Care Act 2022, and the NHS Standard Contract. May 25 update: EPRR resourcing remains at an irreducible minimum. Intention to consolidate into a System group model has been paused pending progression of the NHSE/ICB reset.</p> <p>14.</p> <p>15. <b>Owner:</b> Ian Bett / Gareth Wright</p> <p><b>Planned Completion Date:</b></p> <p>16. <b>Action:</b> Systemwide exercise schedule. May 25 update: contained within Action 1 – ICB EPRR work programme.</p> <p>17.</p> <p>18. <b>Owner:</b> Gareth Wright / Felicity Govas</p> <p><b>Planned Completion Date:</b></p> <p>19. Action: Completion of NHS Core Standards for EPRR. May 25 update: annual cycle will restart under NHSE Midlands direction expected late Jun 25. Concurrent activity within our work programme to address compliance issues raised last year.</p> <p>20.</p> <p>21. <b>Owner:</b> Gareth Wright / Felicity Govas</p> <p><b>Planned Completion Date:</b></p>
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	<p>22. <b>Action:</b> Complete self-assessment against NHSE/CQC regulatory framework. May 25 update: this forms part of the NHS Core Standards process.</p> <p>23.</p> <p>24. <b>Owner:</b> Gareth Wright / Felicity Govas</p> <p><b>Planned Completion Date:</b></p>
<b>Current Performance – Highlights</b>	
<ul style="list-style-type: none"> <li>The ICB and individual NHS organisations have annual EPRR work programmes in place to ensure there is a continuous cycle of improvement. These work plans cover review and updates of policies and plans, training, exercising, business continuity management systems and incident response arrangements.</li> <li>The ICB and individual NHS organisations will soon commence the annual cycle of self-assessment against the NHS Core Standards for EPRR. These self-assessments will be reviewed by the ICB and NHSE during September with final outcomes of the assessment and assurance levels confirmed in early October. The final assurance level achieved for 2024 as an ICB was of Partial compliance, which was an improvement from Non-Compliant in 2023. The ICB continues to work with all organisations to develop individual and systemwide improvement plans. These improvement plans will be overseen by the ICB EPRR Senior EPRR Lead reporting to the ICB Accountable Emergency Officer (AEO) via the West Mercia LHRP, the Strategic Commissioning and Productivity Committee and Board.</li> <li>Detailed review of Greener NHS progress in STW against the NHSE national objectives and priorities carried out in Aug 24 and discussed with NHSE regional leads. Plan to enhance link to ICS Infrastructure group (chair – ICB Director of Finance). Follow up review with NHSE in late autumn 24, with objective of improving ICS rating.</li> <li>An update on UEC Improvements was provided to the Board at its meeting on 24 Sep 25 as context for the System Winter Plan, which was approved at that meeting, along with a Board Assurance Statement that was submitted to NHSE national team. System-level management of UEC operational risk and escalation is a key feature of the winter plan.</li> </ul>	
<b>Associated Risks on the System Strategic Operational Risk Register</b>	
Risk no.	Description
Risk 8 System SORR	EPRR
Risk 3 System SORR	Delays in UEC
<b>Relevant risks on system partners risk registers</b>	
Description	
<p><b>NHS STW ICB – SORR 24 – EPRR.</b></p> <p><b>ShropCom</b> – BAF 4.1 External pressures impact on capacity (wider system escalation or rising pandemic levels)</p> <p><b>Telford &amp; Wrekin Council</b> – Corporate Risk Register – R4 - Significant business interruption affecting ability to provide priority services, e.g. critical damage to Council buildings, pandemic, etc.</p> <p><b>Telford &amp; Wrekin Council</b> – Corporate Risk Register R7 - Inability to respond adequately to a significant emergency affecting the community and/or ability to provide priority services.</p> <p><b>Telford &amp; Wrekin Council</b> – Corporate Risk Register R8 - Inability to respond to impact of climate emergency on severe weather events including heat, cold and flood.</p> <p><b>Shropshire Council</b> – Corporate Risk Register: Responding and Adapting to Climate Change Delivery of the Economic Growth Strategy Sustainable Budget</p> <p><b>The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust</b> – BAF 7 – <i>if the Trust does not have adequate plans in place to respond to a significant disruptive event beyond the control of the Trust, such as a pandemic, or cyber-attack, then it will be unable to provide an adequate response to the immediate need</i></p>	

and/or maintain other key services due to unavailability of the required resources/staff, **resulting in potential patient harm, increased waiting times etc.**

Strategic Objective: ALL					Risk score 16 High Major 4 x Likely 4
Strategic Risk No.7: Inability to contribute effectively as a system to support broader social and economic development					
If we are unable to respond collectively to the social and economic challenges facing our local area,		Then we will not be able to make a difference to wider economic growth across our system		Resulting in poorer longer-term outcomes for our local population in relation to health and wellbeing	
	Consequence	Likelihood	Score	Risk Trend 	
Current	Major 4	Likely 4	High 16		
Target	Major 4	Possible 3	12 High 12		
Risk Lead	ICB Chief Executive Officer			Assurance committee	Strategic Commissioning and Productivity Committee
System Controls				Assurances reported to ICB Board and committees	
<b>Strategies and Plans</b> <ul style="list-style-type: none"><li>Integrated Care Strategy</li><li>5-year Joint Forward Plan</li><li>Health and Wellbeing Strategies</li></ul> <b>Partnerships and Services</b> <ul style="list-style-type: none"><li>TWIPP</li><li>ShIPP</li><li>Provider Collaboratives</li><li>ICS Chief Executives Group</li></ul> <b>Governance &amp; Engagement Structures</b> <ul style="list-style-type: none"><li>Integrated Care Partnership Committee and Integrated Care Board and associated committees</li><li>ICB – agreed values and behaviours</li><li>Health and Wellbeing Boards</li></ul>				<b>First Line of Assurance</b> <ul style="list-style-type: none"><li>Joint Strategic Needs Assessments</li><li>Workforce mapping</li><li>Strategic Commissioning and Productivity Committee</li></ul> <b>Second Line of Assurance</b> <ul style="list-style-type: none"><li>Population Health Board report to ICB XXXX</li></ul> <b>Third line of Assurance</b> <ul style="list-style-type: none"><li>Health and Wellbeing Boards</li><li>System Transformation Group</li></ul>	
Gaps in Controls and Assurances				Actions and mitigations to address control / assurance gaps (include action owner and action due date)	
<p>Gaps in Controls:</p> <p>1. Strategic partnership focus on broader social and economic development of the area has been limited to date.</p> <p>Gaps in Assurances:</p> <p>2. Risk that fragmented and disjointed due to different strands across the work of the organisation.</p>				<p>1. <b>Action:</b> Population health management approach needs to be adopted.</p> <p><b>Owner:</b></p> <p><b>Planned Completion Date:</b></p>	
Current Performance – Highlights					
<ul style="list-style-type: none"><li>Population Health - Population Health analysts capacity secured in Planning and Performance directorate. Population Health Board now reports into Strategic Commissioning Committee to clarify assurance reporting lines.</li><li>ICB working to support major Local Authority-led initiative – Marches Forward Partnership (Shropshire, Powys, Monmouthshire and Hereford &amp; Worcester). Range of workstreams including health, housing, skills and energy, with focus on economic development.</li><li>ICB participating and contributing to Get Marches Working Operations group aligned to the government's proposals to reform employment, health and skills support to tackle economic inactivity and support people into good work. "Get Marches Working Plan " and subsequent delivery of that plan governance</li></ul>					

arrangements will be reported to the Marches Joint Committee. Membership of the Operations Board include ICB, Local Authorities ( STW and Herefordshire) , Job Center plus, VCS , employer representatives.	
Associated Risks on the System Strategic Operational Risk Register	
Risk no.	Description
	None identified
Relevant risks on system partners risk registers	
Description	
Shropshire Council – Corporate Risk Register:	
a) Delivery of the Economic Growth Strategy	
b) Extreme pressures upon partners (social care, health, and criminal justice) within the system impacting on Shropshire Council through increased expectation, demand, need and complexity.	

Strategic Objective: ALL					Risk score 12 High Major 4 x Possible 3
Strategic Risk No.8: Patient and Public Involvement					
If the ICB fails to meet its statutory duty to involve patients, the public, marginalised groups and to consider the 9 protected characteristics in planning and commissioning arrangements, and in the development of proposals to change or cease existing services		Then services will not be tailored to local people's health and care needs		Resulting in potential judicial review, discrimination, not meeting the population's health needs, increasing health inequalities and leading to poorer health outcomes	
	Consequence	Likelihood	Score	Risk Trend 	
Current	Major 4	Possible 3	High 12		
Target	Moderate 3	Unlikely 2	Moderate 8		
Risk Lead	ICB Chief Business Officer		Assurance committee	Strategic Commissioning and Productivity Committee and Strategy and Prevention Committee	
System Controls			Assurances reported to ICB Board and committees		
<b>Strategies and Plans</b> <ul style="list-style-type: none"><li>Integrated Care Strategy</li><li>5-Year Forward Plan</li><li>Big Health and Wellbeing conversation communications and engagement plan socialised and approved by Board</li><li>Communications and Engagement Strategy for STW ICB approved by the Board – outlines how we will involve, engage and consult including focussing on health inequality groups and the Equality Act 2010 - 9 protected characteristic groups as part of any activity.</li><li>The Gunning Principles</li></ul> <b>Partnerships and Services</b> <ul style="list-style-type: none"><li>Presence of Healthwatch for both areas at Board meetings and Quality and Performance Committee</li></ul>			<b>First Line of Assurance</b> <ul style="list-style-type: none"><li>Reporting on Engagement as part of wider reporting and decision making at Strategic Commissioning and Productivity Committee and system quality and performance Committee on commissioning decisions.</li></ul> <b>Second Line of Assurance</b> <ul style="list-style-type: none"><li>Reporting to Equality and Involvement Sub-Committee. EIC receives comms and engagement plans from commissioners and Integrated Impact Assessments (IIA), Chair provides reports to strategic commissioning and Productivity Committee and system strategy and prevention committee</li><li>EIC also have a role in scoring Equality Delivery System 2 self-assessment for domain 1 - commissioned services.</li></ul> <b>Third Line Assurance</b>		



<ul style="list-style-type: none"> <li>• System Involvement and Engagement Network established which assesses engagement and adherence to the Equality Act 2010 requirements.</li> <li>• Communications and Engagement teams working jointly across ICB, ICS and Providers providing more capacity and expertise in planning and delivery</li> <li>• Board meetings are held in public and board papers published to the ICB website to increase transparency.</li> <li>• In house ICB Comms and Engagement team supplements capacity of partner organisations</li> <li>• System-wide Integrated Impact Assessment (IIA) tool developed to streamline the way we identify the impact of change on equality groups (9 protected characteristics) which are then presented to the ICB's Equality and Involvement Sub-committee for scrutiny.</li> </ul> <p><b>Governance &amp; Engagement Structures</b></p> <ul style="list-style-type: none"> <li>• Integrated Care Partnership and Integrated Care Board and associated committees</li> <li>• Reports to Governing bodies/Committees require section completing on Patient involvement</li> <li>• Equality and Involvement Sub-Committee as part of ICB Governance</li> <li>• Non-Executive Director for Inequalities in place on Board to act as specific check and balance with regard to patient involvement</li> <li>• ICB C&amp;E team focus on ICB prioritised areas of work - programme has been provided by Commissioning team to allow prioritisation of support.</li> </ul>	<ul style="list-style-type: none"> <li>• Health and Overview Scrutiny Committees (HOSC)</li> <li>• NHSE review of ICB Annual Report which must include content on patient and public engagement over the period of reporting.</li> <li>• NHSE Annual ICB assessment includes component on statutory responsibility to engage with the local population and partners.</li> </ul>
Gaps in Controls and Assurances	Actions and mitigations to address control / assurance gaps (include action owner and action due date)
<p>Gaps in Controls:</p> <ol style="list-style-type: none"> <li>1) Limited engagement capacity within the ICB comms and engagement team</li> <li>2) Development of advice, guidance and training resources for commissioners, partner organisations</li> <li>3) Involvement strategy refresh required.</li> </ol> <p>Gaps in Assurances:</p> <p>None</p>	<p><b>Action 1a:</b> At scale hours with CSU for comms and engagement support, will be utilised to provide additional capacity.</p> <p><b>Owner:</b> Alison Smith</p> <p><b>Planned Completion Date:</b> 31st October 2025</p> <p><b>Action 1b:</b> People's network needs focus to add in more diversity to enable ongoing engagement on a regular basis with a wide range of citizens.</p> <p><b>Owner:</b> Kate Manning</p> <p><b>Planned Completion Date:</b> 31 December 2025</p> <p><b>Action 2:</b> ICB C&amp;E team to develop guidance on statutory consultation and non-statutory engagement and on managing media enquiries.</p> <p><b>Owner:</b> Alison Smith</p> <p><b>Planned Completion Date:</b> 31 December 2025</p> <p><b>Action 3:</b> Refresh of Involvement Strategy during 2025. Timeline currently being developed. This</p>

	needs to consider the implications of the ICB Model Blueprint.  <b>Owner:</b> Alison Smith  <b>Planned Completion Date:</b> 31 July 2025
Current Performance – Highlights	
<ul style="list-style-type: none"><li>• Plan in place for use of CSU resources for remainder of 24/25 - Quarter 4</li><li>• Additional recruitment to the People's Forum has started, particularly focussing on groups that are under-represented – currently we have low numbers of young people and men. - quarter 4</li><li>• Work on support resources to new commissioning teams and partners delayed due to need for ICB to prioritise commissioning objectives via Senior Leadership team – quarter 4/quarter 1</li><li>• ICB Communications and Engagement Team have started to collate existing guidance resources and information and identifying gaps to then develop new resources to communicate out to Senior Leadership team and ICB generally via staff huddle. Quarter 4</li></ul>	
Associated Risks on the System Strategic Operational Risk Register	
Risk no.	Description
23	Patient and Public Involvement - risk of not meeting statutory duty.
Relevant risks on system partners risk registers	
Description	
MPFT – BAF P2 QS02- There is a risk that the Trust will not be able to adequately measure and respond to the experiences of our service users due to the limitations of the current feedback systems and approaches. This may impact on the Trust reputation due to reduced confidence in the ability to learn, respond and improve services in response to customers voice / views	

## Appendix B

[illegible]





Appendix C

National Risk Register (ICBSORR) 2024/25																				Appendix B					
Statutory Purpose:																									
Improve outcomes in population health and healthcare																									
Tackle inequalities in outcomes, experience and access																									
Enhance productivity and value for money																									
Help the NHS support broader social and economic development																									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20						
Risk ID	Strategic Objective	Opened / added by	Risk and description		Opportunity	Existing key controls		Existing sources of assurance		Gaps in controls or assurances		Risk score (consequence x likelihood)	Risk score trend	Action plan / cost / action lead (target date) (sufficient mitigation)		Target risk score for end of financial year	Target date for closure	Director of Risk Owner	Risk Owner	Committee/ICB oversight	System Meetings / Committees that feed into committee	Last Review name and date	Amendments: name and date	Rationale for amendments/increasing or decreasing risk levels	
1	1, 2, 3	Angela Szabo, Director of Finance	<b>Financial Sustainability</b> Failure to deliver long term system financial sustainability and exit NDA arrangements		Opportunity to create a financially sustainable system	Strategies and Plans - System Financial Strategy, incorporating Healthcare Financial Management Association (HFMA) Financial sustainability checklist, Strategic Decision Making Framework, Capital Prioritisation Framework, Financial Revenue Plan, Financial Capital Plan, Joint 5 year forward plan, Financial Recovery Plan inclusive of the Financial Improvement Programme and Efficiency, Productivity and Strategic Transformation Plans, ICS Infrastructure Estates Strategy, General Practice Estate Strategy /Programme, Partnerships and Services – SHPP, TWPP, ICS Digital Delivery Group, Strategic Estates Group, People Board, Strategic Transformation Group supported by delivery boards for all major programmes e.g. Planned Care Board, UEC Delivery Board, Governance & Engagement Structures - Finance Committee, Commissioning Working Group, Strategic Commissioning Committee, Audit Committee, Provider Collaborative Committees in Common.		First Line - Monitoring delivery of System Financial Strategy and Financial Plan by System Finance Group and System Finance, Planning and Performance Group/Second Line - Finance Report to Finance Committee, Integrated Performance Report to the Board. Third Line - Monthly Integrated (Care System) Finance Return and Provider Finance Returns reporting to NHSE, Quarterly NHSE Financial Stocktake, NHSE Annual planning process (and triangulation of Finance, Activity and workforce planning)		<b>Gaps in Controls:</b> <del>Using terms financial plan and system financial strategy now out of date.</del> System transformational projects in place but at varying stages of maturity. <del>Existing transformation plans do not fully address the target savings position.</del>  <b>Gaps in assurances:</b> None		Almost Certain 5 x Major 4 = EXTREME 20	➡	Action 1) Finance Strategy/MTFP approved at ICB Board 25/06/2025 - ASZ - Completed Action 2) Strategic Transformation Programme CEIAs <del>now</del> completed by the end of September 2025. High level strategic transformation programmes included within the MTFP and are actively under discussion through the Financial Improvement Programme and progress is reported to the System Transformation Group and System Finance Committee. Ongoing - ASZ/KOIB Action 3) The System MTFP and LTFP model updated with the Financial Recovery Plan by the end of March 2025 - ASZ - Completed. Refresh of the MTFP to reflect current underlying position, revised HTP planning assumptions, strategic transformation programmes, demand and capacity model (AC) - MTFP updates to SCPC October/November 2025, January 2026 and April 2026. Action 4) Monthly Oversight of the Finance Strategy implementation plan at System Finance, Planning and Productivity Group - ASZ - Ongoing.		Possible 3 x Major 4 = High 12	30/06/2026	Claire Skidmore	Angela Szabo	Strategic Commissioning and productivity committee		17/10/2025 Angela Szabo	17/10/2025 Angela Szabo	No change - will review after MTFP refresh in Jan 26	
24	1, 2, 3	Stuart Allen, Senior EPRR Lead	<b>Emergency Preparedness, Resilience and Response (EPRR)</b> If the ICB does not have robust plans in place to respond to emergencies, incidents, or disruptive events (e.g., adverse weather, cyber-attack, utilities failure, transport accidents, malicious attacks, industrial action, etc) impacting on the ICB and/or local healthcare system, the ICB will not meet its statutory obligations and therefore fail in the duties placed on the organisation under the Civil Contingencies Act 2004 (CCA), NHS EPRR Framework, NHS Act 2006, Health and Care Act 2022, and the NHS Standard Contract.		Opportunity to work collaboratively across the STW ICS and the West Mercia LHRP to improve our approach to Emergency Preparedness, Resilience and Response (EPRR), and with West Mercia Local Resilience Forum (LRF) partners.  Further opportunity to collaborate with Staffordshire and Stoke-on-Trent ICB in line with the ongoing NHS reset programme.	•ICB EPRR work programme. •ICB EPRR Training and Exercise Programme. •Reporting to ICB Strategic Commissioning and Productivity Committee and Board. •Civil Contingencies Act 2004 (CCA), National NHS EPRR Framework, NHS Act 2006, Health and Care Act 2022, and the NHS Standard Contract. • NHS Core Standards for EPRR •West Mercia Local Health Resilience Partnership (LHRP) with oversight of EPRR and health related risk register. •West Mercia Health Emergency Preparedness Operational Group (HEPOG) reporting to LHRP. •LHRP and HEPOG work programme. •Risks and risk registers linked to National Risk Register (NRR) and LRF Community Risk Register (CRR). • STW ICS EPRR Forum		•Review of risk registers as a standing agenda item at every meeting of the LHRP and HEPOG. •Annual assurance of NHS Core Standards for EPRR. •Regular review of progress against work programmes at every meeting of the LHRP and HEPOG. •ICB training and exercising schedule. •Systemwide exercising schedule. •ICB holds monthly meetings with EPRR leads for each organisation.		<b>Gaps in controls:</b> •Key limited ICB EPRR resource •Lack of documented Standard Operating Procedures (SOPs) for the System Coordination Centre (SCC).  <b>Gaps in assurance:</b> •Raised as partially compliant with NHS Core Standards for EPRR. •Recent contrary of STW LHRP & HEPOG and West Midlands & Worcestershire LHRP & HEPOG to form the West Mercia LHRP and HEPOG. •Gaps in uptake of EPRR mandatory training •The ICB does not currently have a permanently employed EPRR Practitioner in post; role is currently provided by an interim on a fixed term contract due to end March 2026.		Consequence: 4 (Major) x Likelihood: 5 (Almost Certain) = 20 EXTREME RISK	➡	1.Periodic review and update of key EPRR policies and plans to align with the latest national guidance and best practice; consult with NHSE and providers in the development of plans as part of the annual NHS Core Standards for EPRR assurance process. 2.ICB EPRR work programme has actions to further develop existing policy and plans and introduce new documentation to improve compliance with NHS Core Standards for EPRR. 3.ICB EPRR work programme has actions to produce system level EPRR policies, frameworks and plans for organisations to align own policies and plans. 4.ICB to continue with monthly meetings with EPRR leads for each organisation. 5.STW ICB EPRR lead to work closely with HSW ICB lead to drive the LHRP and HEPOG work programme ensuring links to system/locality risks, issues, and challenges. 6.ICB to reinstate the ICB and systemwide training and exercising schedules. 7. All directorates to ensure that their business continuity arrangements are reviewed and remain fit for purpose 8.Accountable Emergency Officer (AEO) to review EPRR resourcing to ensure it is adequate for the size, type, and services of the ICB and duties placed on the organisation under the CCA, NHS EPRR Framework, NHS Act 2006, Health and Care Act 2022, and the NHS Standard Contract. 9.Accountable Emergency Officer (AEO) to ensure that EPRR resources is maintained within STW ICB to ensure statutory compliance with the Civil Contingencies Act 2004 during the ongoing structural changes to the NHS.		Consequence: 3 (Moderate) x Likelihood: 3 (Possible) = 9 MODERATE RISK	31/12/2026	Ian Bett, Interim Executive Director – Director of Delivery and Transformation / Accountable Emergency Officer for EPRR (AEO) (NHS STW ICB)	Ian Bett, Interim Executive Director – Director of Delivery and Transformation / Accountable Emergency Officer for EPRR (AEO) (NHS STW ICB)	Strategic Commissioning and Productivity Committee ICB Board.		09/10/2025 Felicity Govas, Senior EPRR Lead	13/09/2024 – Stuart Allen, Senior EPRR Lead (NHS STW ICB) (Approved by Ian Bett 17/09/2024)- 03/06/2025 Felicity Govas, Senior EPRR Lead 08/10/2025 Felicity Govas, Senior EPRR Lead	08/10/2025: Minor amendments to reflect current position. No change in risk level at this time. Full review to be undertaken in December 2025 following the conclusion of the annual NHS Core Standards for EPRR Assurance process.  03/06/2025: Minor updates made to reflect: - alignment of EPRR to SCPC rather than Audit Committee; - closure of the ICB EPRR Programme Group, which is no longer required - other updates to reflect the revised work plan and change of EPRR Senior Lead	
28	1,2,3	Gemma Smith	<b>Provider Accreditation - Independent Sector.</b> There are existing national statutory duties around Patient Choice set down by the DoHSC, with a growing emphasis on patient choice, empowering patients and expanding the range of options available to patients, which all forms part of enabling effective recovery through accessing additional capacity. In parallel there is a growing need for greater provider accreditation and listing of additional providers, which all presents a complex and changing financial and sustainability landscape for the ICB.		Reduction of waiting times, improved choice and access.	At present, the legal guidance in relation to choice provides significant challenge in being able to put controls in place as providers can be accredited should they be able to meet the ICB service specification. Where they are also commissioned and hold an NHS contract via another ICB, they can also accept referrals for consultant led services from any ICB in the country. Legal advice has been sought.  The implementation of the utilisation of Indicative Activity Plans (IAPs) within the 2025-26 contract will provide mitigation in terms of preventing overspend.		West Midlands discussion in relation to collective management. Escalation of the issue to SLT. Active discussions with NHSE in relation to the parameters of accreditation.		<b>Gaps in controls</b>  1) At present, the ICB does not have service specifications for each of the services that providers are requesting accreditation for.  2) Financial Risk due to additional providers and capacity entering the system which the ICB does not have additional funding for.  3) Changes to ERF and any further changes within the Operational Planning Guidance.  4) No Accreditation policy in place.  <b>Gaps in Assurance</b>  1) The issue is currently being managed via commissioning and contracting but require wider visibility within the ICB via SLT and Strategic Commissioning Committee.  2) NHSE are not clear in terms of their guidance and offer varied advice.  3) Unknown impact on the acute sector due to movement of activity.		Possible 4 x Major 4 = 16 High	➡	1) Service specifications for all elective pathways to be written and signed off by February's CWG. These will be all age and reflect all conditions which are currently commissioned via our acute contracts. This will ensure that high cost, low complexity procedures cannot be cherry picked by the independent sector. 2) Legal advice from Mills and Reeves to be finalised so that the ICB has a clear position in terms of accreditation and the Independent Sector. 3) Accreditation Policy and Process now in place from 1st March 2025. 4) Continue to work with the wider West Midlands ICBs in terms of a wider approach to managing this challenge. 5) Paper to be prepared in terms of the potential options for the ICB to consider in how to manage the risks associated with this challenge. 6) IAPs completed and being negotiated into any contracts with providers delivering non contracted activity also being written out to with IAPs. 7) Reconciliation processes in place for IAPs on a monthly basis with challenge process were activity is out of line with the IAP undertaken.		Possible 3 x Major 4 = High 12	Ongoing	Gemma Smith	Barrie Rees, Seymour and Meryn Flaherty	SLT Contracts/CRM Strategic Commissioning and Productivity Committee		Gemma Smith 16-10-2025	Gemma Smith 16-10-2025		
29	1, 2, 3	Angela Szabo, Director of Finance	<b>Revenue Financial Plan 25/26</b> Failure to deliver 25/26 ICB and ICS revenue financial plan limit, delivery of the financial improvement programme and management of risk.  <b>Capital Financial Plan 25/26</b> Failure to deliver plans within the capital limit in year.		Opportunity to create a financially sustainable system Adherence with the Financial Frameworks, Revenue and Capital  Organisation self assessments of plan conditions/financial controls in place - Triple Lock, vacancy controls, HFMA sustainability and NHSE Grip and Control.  ICB establishment control panel in place. Workforce monitoring of vacancies in place.  Triple Lock process for non pay expenditure  Capital Capital Prioritisation Oversight Group	<b>Revenue and Capital</b> System financial principles and risk management framework in place across the system as part of development of system financial recovery plan approach as set out within the financial strategy. System governance arrangements in place through finance committee and system strategic committee and commissioning working group to ensure that new investments are not made unless recurrent resource is available.  <b>Revenue</b> System workforce programme and agency reduction group implemented, weekly agency reporting and action plan to reduce agency expenditure in line with system cap Financial Improvement Programme and System Transformation Group  Organisation self assessments of plan conditions/financial controls in place - Triple Lock, vacancy controls, HFMA sustainability and NHSE Grip and Control.  ICB establishment control panel in place. Workforce monitoring of vacancies in place.  Triple Lock process for non pay expenditure  Capital Capital Prioritisation Oversight Group		First Line Monitoring of financial performance by System Finance Group Standing Orders, Standing Financial Instructions and Delegated Financial Limits Financial Accounting Performance Metrics HFMA Financial Sustainability and NHS Grip and Control checklist self assessment Better Payment Practice Code System productivity and SWG in place for efficiency. FIP reports into System Transformation Group which provides Assurance to the Board. System agency reduction group implemented, weekly agency reporting and action plan to reduce agency expenditure in line with system cap. Establishment Control Panel in place. Triple Lock in place. Second Line Regular Finance Report and Efficiency Report to Finance Committee Integrated Performance Report to the Board Third Line Monthly Integrated (Care System) Finance Return and Provider Finance Returns reporting to NHSE External review of HFMA financial sustainability and NHSE Grip and Control self-assessments.		<b>Gaps in Control:</b> Revenue Financial Plan Limit £33.6m system deficit support funding of which £33.7m is ICB deficit support funding.  Key areas of risk to delivery are: 1) Efficiency delivery risk 2) UEC/resolution costs due to UEC pressure and links to discharge to Costs and inflation pressures 3) New NICE appraisals with significant implementation costs  <b>Gaps in Assurances:</b> None - Fully mitigated risks		Likely 4 x Major 4 = 16 High	➡	<b>Revenue Financial Plan/Limit Efficiency:</b> Action 1) Review of most likely expected FOT on a regular basis through financial governance, specifically for high risk and medium risk schemes to identify potential slippage, mitigation actions/schemes. [In place] - IB/ASZ. Complete Q1/FOT confirm and challenge process by 30/09/2025 - ASZ/IB/CS. [complete] Action 2) Ensure sufficient FMO capacity is allocated to support recovery of medium/high risk efficiency schemes and the development of the pipeline mitigation schemes to support ongoing de-risking the overall efficiency programme. [In place] - IB  <b>Cost:</b> Action 1) As part of the Monthly Financial Review processes interpret current financial performance: 1a) analyse special variation changes in the run-rate trend of spend for Pay and Non-Pay, 1b) analyse key drivers of overspends and underspends, 1c) review cost implications of workforce/activity and performance delivery requirements and 1d) complete refresh of grip and control assessments to identify and remedy gaps in controls [complete]. This will inform accurate forecasting and identification of risks and risk mitigations. [In place] - ASZ Action 2) Review all requests for pay through the existing Vacancy Control Panels ensuring the completion of the benefits/benefit realisation supports financial delivery and recovery. [In place] ASZ <del>Action 3) Review all discretionary non-pay over £10k through the existing financial governance processes including the Triple Lock and reduce discretionary spend. [In place] - CS</del> Action 4) Review all contingencies, provisions and prior year accruals. [In place] - ASZ  <b>Capital Financial Plan/Limit</b> Action 1) Use the System prioritisation framework to prioritise capital requirements based on key system criteria including equality of population health outcomes, value for money, broader socio-economic factors and health inequalities including Equality Diversity and Inclusion (e.g. DDA compliance and digital inclusion IT software and hardware). - ASZ. Completed Action 2) If required - Agree mitigations for potential overspends with budget holders - i.e. deferral of uncommitted capital scheme expenditure. Organisational senior finance team and CPQG to review monthly. - ASZ Ongoing Action 3) If required - Agree mitigations for potential underspends with budget holders - i.e. bring forward pipeline schemes - reviewed monthly by organisational senior finance team with budget holder and via CPQG. - ASZ Ongoing		Possible 3 x Major 3 = Moderate 9	30/06/2026	Claire Skidmore	Angela Szabo	Strategic Commissioning and productivity committee		17/10/2025 Angela Szabo	17/10/2025 Angela Szabo		
32	1,2,3	Alison Smith	<b>Impact of Government Reform – ICB Workforce.</b> If the ICB does not support it's workforce through transition, there is a risk it will not retain expertise and organisational memory and will fail to continue to deliver business as usual, as well as transition to cluster.		The transition offers a chance to reshape the ICB workforce by attracting new talent, upskilling existing staff, and fostering a culture of adaptability and innovation. This can lead to a more agile, resilient organisation better aligned with future cluster goals and improved ways of working.	Clear communication and engagement plan to support staff through the transition. Change support programme in place for staff to access this includes support with pensions, finances and management of change. Leadership programme also in place for senior members of the organisation to support with their own leadership development and leading staff through the change. Pulse survey and NHS Staff Survey will continue to be rolled out to all staff to ensure regular monitoring of staff morale and experience.		1st Line (Management): Regular workforce transition updates and monitoring by line managers; staff feedback mechanisms in place (e.g. surveys, huddles). 2nd Line (Oversight): HR oversight and reporting on workforce risks to the executive team; monitoring of workforce KPIs (e.g. turnover, vacancy rates); governance groups (e.g. Transition Committee) reviewing transition progress. 3rd Line (Independent Assurance): Internal audit reviews of workforce transition processes and controls.		<b>Gaps in Control / Assurance</b> Lack of a Detailed Transition Plan: No clear roadmap outlining key milestones, responsibilities, and timelines for workforce changes. Inadequate Retention Measures: No formal retention or knowledge transfer strategy in place to preserve critical skills and organisational memory. Limited Training and Development Support: Lack of structured upskilling or redeployment plans for staff affected by changes, risking loss of talent or capability gaps. No Business Continuity Planning: Lack of contingency planning to ensure delivery of business-critical functions during the transition period. Unclear Leadership Accountability: Uncertainty about who is responsible for managing workforce risk, leading to inconsistent or uncoordinated actions.		Almost Certain 5 x Major 4 = EXTREME 20	➡	Develop and communicate a detailed workforce transition plan. Identify and prioritise critical roles and skills to retain and transfer knowledge. Implement targeted retention strategies, including incentives and career pathways for key staff. Roll out training and upskilling programmes to support staff redeployment or role evolution. Establish regular staff engagement and feedback mechanisms (e.g. pulse surveys). Monitor workforce metrics (e.g. turnover, vacancy rates, morale) and report to senior leadership team. Conduct internal audit of transition readiness and risk controls.		2 (unlikely) x 4 (major) = 8 (moderate)	31/03/2026	Claire Skidm	Ellen Shaw	Transition Committee / Strategic Commissioning and Productivity Committee		<del>Bethan Emberton</del> Alison Smith 06/08/25 Bethan Emberton Alison Shaw - 09/10/25	Bethan Emberton/ Alison Smith 06/08/25 09/10/25 - Reviewed - No changes - ES	No change	
33	1,2,3	Alison Smith	<b>Impact of Government Reform – Transition.</b> If the ICB does not execute a robust plan for transition to cluster model, there is a risk that the ICB fails to deliver the government priorities for 25/26. Cost reduction, UEC and waiting lists.		The transition to the cluster model presents an opportunity to redesign services and structures for greater efficiency, collaboration, and impact. By proactively planning and engaging stakeholders, the ICB can accelerate delivery of government priorities, such as cost reduction, improved urgent and emergency care (UEC), and reduced waiting lists, while fostering a more	Regular reporting and monitoring of progress against key performance indicators (KPIs)  Dedicated programme management and performance teams to oversee priorities.  Engagement with system partners and stakeholders to ensure alignment and buy-in  Risk and issue tracking mechanisms embedded in the programme governance  Alignment with national guidance and assurance processes to ensure compliance and focus on government priorities (e.g. cost, UEC, waiting times)  Structured transition plan with clear milestones, responsibilities, and timelines.  Management of change for cluster Execs has commenced Oct 2025.		1st Line (Management): Programme Manager oversight of transition activities; regular status updates; delivery of downstream-level plans; management of risks, issues, and dependencies at programme level. 2nd Line (Oversight): Review and challenge by internal governance boards (e.g. Transition Steering Group, Transition Committee); assurance reporting to the ICB Board and regional NHSE teams; tracking of progress against national priorities. 3rd Line (Independent Assurance): Internal audit of programme governance and delivery readiness; external review by NHSE or peer organisations; gateway reviews or deep dives into priority areas (e.g. cost reduction, UEC, waiting lists).		<b>Gaps in Control / Assurance</b> <del>Structured transition plan with clear milestones, responsibilities, and</del> <del>Scenario planning and contingency measures to manage disruptions.</del> No dedicated programme management team to oversee transition activities.  <b>Lack of national guidance.</b> Transition of service from CSUs see risk 12.		Almost Certain 5 x Major 4 = EXTREME 20.16	➡	Develop a comprehensive transition programme plan aligned with 2025/26 government priorities (cost reduction, UEC, waiting lists). <del>Establish a dedicated governance structure (e.g. Transition Board, workstreams) with defined roles and</del> 25/26 Conduct a gap analysis and readiness assessment against cluster model requirements. Implement robust reporting and escalation processes for risks, issues, and delays. Engage key stakeholders (including system partners and clinical leaders) through regular briefings and co-design workshops. Align workforce and financial plans to support sustainable delivery within the new cluster model. Schedule internal audit or external peer review of programme governance and progress.		2 (unlikely) x 8 (moderate)	24/09/2026 31/03/2027	Simon Whitehouse	Claire Skidmore	Transition Committee / Strategic Commissioning and Productivity Committee		<del>Bethan Emberton</del> Alison Smith 06/08/25 Alison Smith 10/10/25	Bethan Emberton/ Alison Smith 06/08/25 Alison Smith 10/10/25		

## Appendix D

## RISK MANAGEMENT MATRIX

Likelihood					
Consequence	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5 LOW	10 MODERATE	15 HIGH	20 EXTREME	25 EXTREME
4 Major	4 LOW	8 MODERATE	12 HIGH	16 HIGH	20 EXTREME
3 Moderate	3 VERY LOW	6 LOW	9 MODERATE	12 HIGH	15 HIGH
2 Minor	2 VERY LOW	4 LOW	6 LOW	8 MODERATE	10 MODERATE
1 Negligible	1 VERY LOW	2 VERY LOW	3 VERY LOW	4 LOW	5 LOW

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

	Consequence score (severity levels) and examples of descriptions				
Domains	1. Negligible	2. Minor	3. Moderate	4. Major	5. Extreme
Impact on the safety of patients, staff or public (physical/psychological harm).	Minimal injury or illness, requiring no/minimal intervention or treatment. No time off work.	Minor injury or illness, requiring minor intervention.  Requiring time off work for >3 days.  Increase in length of hospital stay by 1-3 days.	Moderate injury requiring professional intervention.  Requiring time off work.  Increase in length of hospital stay by 4-15 days.  RIDDOR/agency reportable incident.  An event which impacts on a small number of patients.	Major injury leading to long-term incapacity/disability.  Requiring time off work for >14 days.  Increase in length of hospital stay by >15 days.  Mismanagement of patient care with long-term effects.	Incident leading to death.  Multiple permanent injuries or irreversible health effects.  An event which impacts on a large number of patients.
Quality/complaints/audit	Peripheral element of treatment or service suboptimal.  Informal complain/injury.	Overall treatment or service suboptimal.  Formal complaint.  Local resolution.  Single failure to meet standards.  Minor implications for patient safety unresolved.  Reduced performance rating if unresolved.	Treatment or service has significantly reduced effectiveness.  Formal complaint.  Local resolution (with potential to go to independent review).  Repeated failure to meet internal standards.  Major patient safety implications if findings are not acted on.	Non compliance with national standards with significant risk to patient if unresolved.  Multiple complaints/independent review.  Low performance rating.  Critical report.	totally unacceptable level or quality of treatment/ services.  Gross failure of patient safety if findings not acted upon.  Inquest/ombudsman inquiry.  Gross failure to meet national standards.

Human resources/organisational /development/staffing/ competence	Short term low staffing that temporary reduces services quality (1< day).	Low staffing level that reduces the services quality.	Late delivery of key objectives/service due to lack of staff.  Unsafe staffing level or competence (>1 day).  Low staff morale.  Poor staff attendance for mandatory/key training.	Uncertain delivery of key objective/service due to lack of staff.  Unsafe staffing level or competence (>5 days).  Loss of key staff.  Very low staff morale.  No staff attending mandatory/key training.	Non-delivery of key objectives/service due to lack of staff.  On-going unsafe staffing levels or competence.  Loss of several key staff.  No staff attending mandatory training /key training on an on-going basis.
Statutory duty/inspection	No or minimal impact or breach or guidance/statutory duty.	Breach of statutory legislation.  Reduced performance rating if unresolved.	single breach in statutory duty.  Challenging external recommendation/improvement notice.	Enforcement action.  Multiple breaches in statutory duty.  Improvement notices.  Low performance rating.  Critical report.	Multiple breaches in statutory duty.  Prosecution.  Complete systems change required.  Zero performance rating.  Severity critical report.
Adverse publicity	Rumours.  Potential for public concern.	Local media coverage.  Short term reduction in public confidence.  Elements of public expectation not being met.	Local media coverage - long-term reduction in public confidence.	National media coverage with >3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation.  MP concerned (questions raised in the House).  Total loss of public confidence.
Business objectives/projects	Insignificant cost increase/schedule slippage	<5 per cent over project budget.  Schedule slippage.	5-10 per cent over project budget.  Schedule slippage.	Non-compliance with national 10-25 per cent over project budget.  Schedule slippage.  Key objectives not met.	Incident leading >25 per cent over project budget.  Schedule slippage.  Key objectives not met.
Financial Risk in relation to CCGs	Insignificant cost increase	1-2% over plan/target	2-5% over plan/target	5-10% over plan/target	>10% over plan/target
On assessing impact, consideration will also be given to other key financial objectives including but not limited to cash management and receivables/payables control					



Service/business interruption/environmental impact	Loss/interruption of >1 hour.  Minimal or no impact on the environment.	Loss/interruption of >8 hours.  Minor impact on environment.	Loss/interruption of >1 day.  Moderate impact on environment.	Loss/interruption of >1 week.  Major impact on environment.	Permanent loss of service or facility.  Catastrophic impact on environment.
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## 1. ICB 25-11.237 – Planning Update

**Meeting Name:** Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** 26th November 2025

**Report Presented by:** Claire Skidmore, NHS STW, Chief Finance Officer

**Report Approved by:** Claire Skidmore NHS STW, Chief Finance Officer

**Report Prepared by:** Angela Parkes, NHS STW, Deputy Director of Planning and Performance and Vicki Inch, NHS SSOT, Associate Director of Planning and Intelligence

**Action Required:** For Assurance

### 1.1. Purpose

- 1.1.1. To provide board members with an overview of the recently published Medium Term Planning Framework along with an update on progress of plan development for Shropshire Telford and Wrekin (STW).

### 1.2. Executive Summary

- 1.2.1. Key points from framework:

- Medium Term Planning Framework published 24 October 2025
- Planning over 1 to 5 years
- Key strategic shifts in line with 10-year plan; From sickness to prevention, Digital by default and Neighbourhood Health Model
- Outlines key areas for transformation
- Minimum annual productivity improvement of 2%
- Finance key points: 3 year revenue and 4 year capital plans required; a new urgent and emergency care payment model will be introduced; reviews of NHS funding formula and the Carr Hill formula for general practice underway; NHS England will publish trust level productivity data and expand use of costing dashboards
- Challenging targets set for 1 and 3 years for performance measures across planned care, UEC, primary care, community, mental health, learning disabilities and autism and workforce
- The Board will be required to sign off formal board assurance statements for both the draft submission in December and the final submission in January

- 1.2.2 Key points on progress on planning:

- Partner CEOs have agreed to maintain our 'local first' approach to planning
- Commissioning intentions have been developed and priorities identified across the system
- Work in progress to develop modelling assumptions, after considering performance to date
- Work in progress to develop scenario testing and sensitivity analysis to provide assurance to board on robustness of plans



Ambition



Compassion



Optimism



Focus

- Progressing with developing first draft of numerical plans
- Initial discussions taking place about 5 year commissioning plans

### 1.3. Recommendations

- 1.3.1. The board is asked to **note** the headline information from the national medium term planning framework including the requirement for Board to sign off board assurance statements and also **note** progress with the planning process to date.

### 1.4. Conflicts of Interest

- 1.4.1. None identified

### 1.5. Links to the System Board Assurance Framework (SBAF)

- 1.5.1. The subject of the report provides assurance that planning activities will seek to mitigate the following strategic risks within the SBAF:
- Strategic Risk No.1: Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of ICS priorities – mitigated by maintaining a local system first approach to planning both operational and medium-term.
  - Strategic risk no. 2a: Risk of not achieving underlying financial balance (ICB & System)
  - Strategic risk no 2b: Failure to deliver the system and ICB revenue and capital resource limit plans Strategic risk no. 3: Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. There is a risk that with competing priorities in a challenged system, insufficient focus is given to targeted interventions for populations identified as experiencing the greatest levels of inequality i.e. CORE20+ - by ensuring our progress in reducing Health Inequalities across our population is a critical part of our operational medium-term plans.
  - Strategic risk no. 5: Lack of capacity and strategy to develop and use digital and data systems to enable efficient and effective care across the ICS – mitigated by ensuring our digital plans form a key part of our operational and medium-term plans.

### 1.6. Alignment to Integrated Care Board

- 1.6.1. The report aligns to the ICBs goals by:
- Seeking to provide assurance that requirements in relation to planning are understood and communicated within the ICB
  - Outlining progress with planning to assure the board that deadlines will be met
  - Identifying key areas of risk to plan development to assure the board that mitigating actions are in place for managing risk



Ambition



Compassion



Optimism



Focus

## 1.7. Key Considerations

- 1.7.1. **Quality and Safety:** There are no direct implications on patient care or outcomes within this report. Impact will be considered as part of plan development.
- 1.7.2. **Financial Implications:** There are no direct financial implications within this report. Financial implications will be an integral part of the plan development.
- 1.7.3. **Workforce Implications:** There are no direct workforce implications within this report. Workforce implications will be an integral part of the plan development.
- 1.7.4. **Risks and Mitigations:** Risks and mitigations are outlined within appendix two
- 1.7.5. **Engagement:** No direct engagement has taken place as part of this report. The ICB works closely with system partners to develop plans that will meet the needs of our population. Several weekly planning meetings take place with key health partners to ensure all of the elements of the planning round are collectively owned.
- 1.7.6. **Supporting Data and Analysis:** A System Analyst Group is in place to manage the activity and performance submissions. Demand and Capacity Groups are in place to ensure the plans are built on data driven evidence.
- 1.7.7. **Legal, Regulatory, and Equality:** None identified.

## 1.8. Impact Assessments

- 1.8.1. **Has a Data Protection Impact Assessment been undertaken?** No
- 1.8.2. **Has an Integrated Impact Assessment been undertaken?** No

## 1.9. Attachments

- 1.9.1. Appendix one: Summary of Medium-Term Planning Framework
- 1.9.2. Appendix two: STW progress





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# **Appendix one: Medium Term Planning Framework Summary (26/27 – 28/29)**

**31 October 2025**

# Executive Summary

- The update highlights the requirements in the national planning cycle since the planning framework was published in August and local progress and next steps on the work required.
  - The Medium Term Planning Framework delivering change together 2026 27 to 2028 29 was published on 24<sup>th</sup> October 2025.
  - It outlines key strategic Shifts in line with 10-year plan commitments:
    - From sickness to prevention – tackling obesity, CVD, smoking, and antibiotic overuse.
    - Digital by default care – NHS App as the central access point; rollout of NHS Online Hospital.
    - Neighbourhood health model – integrated teams delivering care closer to home.
  - The framework outlines the key areas of transformation and expectations for NHS organisations over the coming three to five years. It is structured into three main areas: the financial landscape and obligations, strategic reform initiatives aimed at establishing a revised operating model, and sector specific performance benchmarks.
  - There are a range of broad headline success measures set out over a three-year period.
  - A number of elements continue to be emerging in relation to planning expectations, with not all guidance and templates yet published or timescales confirmed.
  - Local governance arrangements are in place, and initial planning work has begun, including preparation of cluster-level and ICB submissions informed by population health and productivity data. Next steps include refining commissioning intentions, completing prioritisation and budget setting, and submitting the first integrated plans with board assurance in December, followed by the final submission in February
-

# Medium Term Planning Framework – Areas of Transformation



## Elective Care, Cancer & Diagnostics

**Outpatient transformation:** Shift to digital first, patient led models; reduce low value follow ups.

**Children & Young People:** Ringfenced paediatric capacity and dedicated surgery days.



## Urgent & Emergency Care (UEC)

**Crowding reduction:** Use UTCs and same day emergency care for non-admitted patients.

**Mental health crisis:** Establish mental health emergency centres in Type 1 EDs.

**Digital first UEC:** Expand triage and scheduling based on clinical urgency.



## Primary Care

**GP contract delivery:** Improve access across all modalities (phone, online, walk in).

**Ambient voice tech:** Deploy to free up time for more patient contact.

**Variation reduction:** Target support to practices struggling with access or contract delivery.



## Community Health Services & Pharmacy

**Pharmacy first:** Expand prescribing services, emergency contraception, HPV vaccination.

**Digital integration:** Prescription tracking and medicine management via NHS App.



## Dental Services

**Contract reform:** Implement new dental contract from April 2026.

**Quality improvement:** Focus on high needs and complex patients



# Medium Term Planning Framework – Areas of Transformation



## Mental Health

### Emergency departments:

Co-locate mental health EDs with Type 1 EDs



## Learning Disabilities, Autism & ADHD

**Assessment waits:** Reduce long waits for autism and ADHD assessments.

**Quality of care:** Align with national commissioning frameworks.



## Prevention

**Obesity services:** Expand access to NICE approved treatments and digital weight management.

**CVD mortality:** Support 25% reduction over 10 years.

**Tobacco dependence:** Implement optout models.

**Antibiotic exposure & polypharmacy:** Reduce avoidable harm.



## Digital Transformation

**NHS App:** Make 95% of appointments available via app; integrate triage and care pathways.

**Online hospital:** Launch by 2027 for specialist care access.

**Federated Data Platform:** Full adoption across providers and ICBs.

**Digital therapeutics & AVT:** Deploy for clinical and supportive care.



## Quality & Patient Experience

**Modern Service Frameworks:** Focus on CVD, serious mental illness, sepsis, dementia, frailty.

**National Care Delivery Standards:** Ensure consistent care across the week.

**Patient experience:** Realtime feedback and surveys to improve waiting experience.



## Workforce

**Agency staffing:** 30% reduction in 2026/27; eliminate by 2029/30.

**Job planning:** 95% of medical job plans signed off annually.

**Sickness absence:** Reduce to national average (~4.1%).

**Leadership:** Implement Management & Leadership Framework and establish College of Executive and Clinical Leadership.

# Medium Term Planning Framework - Key Finance Requirements

- ICBs and providers are required to submit 3 year revenue and 4year capital plans, using integrated templates that align finance, workforce, and activity.
  - Plans must demonstrate financial discipline by delivering balanced or surplus positions each year, removing reliance on deficit support funding by 2028/29, and achieving a minimum 2% annual productivity improvement.
  - Updated capital guidance and delegated limits will be released in autumn, supported by new business case templates.
  - A new Urgent and Emergency Care payment model will be introduced, combining fixed and variable elements, along with best practice tariffs to promote efficient care delivery.
  - Reviews of the NHS funding formula and the Carr Hill formula for general practice are underway, supporting a transition toward fair share allocations for ICBs.
  - NHS England will publish trust level productivity data and expand the use of costing dashboards and financial benchmarking tools to improve transparency and data use.
-

# Medium Term Planning Framework - Operational Planning Targets

Area	Performance Measure	2026/27 Target	2028/29 Target
<b>Planned Care</b>	Improve the percentage of patients waiting no longer than 18 weeks for treatment	7% improvement or 65% whichever greater	92%
	28-day cancer Faster Diagnosis	80%	80%
	31-day cancer standard	94%	96%
	62-day cancer standard	80%	85%
<b>UEC</b>	4-hour A&E performance	82% by March 27	85% average for year
	12-hour A&E performance	Higher percentage than 25/26	Year on year percentage increase
	Category 2 average response times	Improve on 25/26 standard of 25 minutes	18 minutes
	Category 2 percentage within 40 minutes	n/a	90%
<b>Primary Care</b>	Same day appointments for all clinically urgent patients (face to face, phone or online)	90% Awaiting consultation	
	Improved patient experience of access to general practice (ONS Health Insights Survey)	Year-on-year improvement	
<b>Community</b>	Community health service activity occurring within 18 weeks	At least 78%	At least 80%

# Medium Term Planning Framework - Operational Planning Targets

Area	Performance Measure	2026/27 Target	2028/29 Target
<b>Mental health</b>	Expand coverage of mental health support teams (MHSTs) in schools and colleges (including teams in training)	77% coverage	94% coverage reaching 100% by 2029
	Number accessing Individual Placement and Support	63,500	73,500
	Number of courses of NHS Talking Therapies	805,000	915,000
	Talking therapies reliable recovery	51%	53%
	Talking therapies reliable improvement	69%	71%
	Number of inappropriate out of area placements	Reduce by March 27	Reduce or maintain at zero
<b>Learning disability and autism</b>	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people	No target given	Minimum 10% reduction year-on-year
<b>Workforce</b>	Agency and bank use	Individual trust targets to achieve national target of 30% reduction in agency and a 10% year on year reduction in bank	Working towards zero in 29/30
	Sickness absence	Reduce to national average (~4.1%).	

# Medium Term Planning Framework - Board Assurance

- As part of the development of plans NHSE sets out their expectations of the role of every NHS organisational board.
- It is essential that each organisation's board is actively engaged and assured of the robustness and deliverability of those plans.
- Boards are expected to complete formal assurance statements, confirming they are satisfied that:
  - Plans are comprehensive, realistic, and deliverable.
  - There is a clear understanding of financial risks.
  - There is an agreed approach to managing and mitigating those risks in-year.
- It aims to ensure that every organisation is aligned, accountable, and confident in the collective ability to deliver against shared ambitions.

# Medium Term Planning Framework - Timeline and Expectations

## Planning Phases

- **Phase 1** Jul–Sep 2025 Governance setup, evidence base, block contract reviews
- **Phase 2** Oct–Dec 2025 First submission: 3year numerical plans + board assurance
- **Phase 3** Jan–Mar 2026 Final submission: updated plans + 5year strategic narrative

## First Submission (Dec 2025)

- 3year revenue & 4year capital plans
- 3year workforce and performance plans
- Integrated planning template
- Board assurance statements confirming oversight of process

- NHS England regional teams will assure plans and provide feedback/support.
- Neighbourhood Health Framework requirements will be published separately and do not need to be submitted in this round.

## Final Submission (Feb 2026)

- Updated versions of the above
- 5 year strategic narrative plan
- Board assurance statements confirming oversight and endorsement of the totality of the plans

## Templates & Supporting Documents

- Model Neighbourhood Framework – due Nov 2025
- Strategic Commissioning Framework – due Oct 2025
- Foundation Trust Framework – draft due Nov 2025
- System Archetypes Blueprint – draft due Nov 2025



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# Appendix two: STW Planning Progress

**31 October 2025**



# Progress to date

- Planning prep workshop held in September to share key known priorities for 26/27 onwards, discuss how we could work together given the expected changes to planning processes and discuss how we could support our boards with changes outlined in the new planning framework
- All system partners agreed to maintain our 'Local First' approach to planning
- Requirements under new Planning Framework reviewed and leads identified
- ICB commissioning intentions developed and shared with providers
- Priorities identified across the system
- System Demand and Capacity groups for elective and non-elective in place with output to inform the planning process
- System Assumptions Group established
- Fortnightly updates to Senior Leadership Team (SLT) on planning progress
- Phase one of planning framework complete



# Operational targets and latest performance

Area	Performance Measure	2026/27 Target	Latest performance (August)
Planned Care	Improve the percentage of patients waiting no longer than 18 weeks for treatment	7% improvement or 65% whichever greater	59.3%
	28-day cancer Faster Diagnosis	80%	76.1%
	31-day cancer standard	94%	90%
	62-day cancer standard	80%	68.5%
UEC	4-hour A&E performance	82% by March 27	53.7% (Sept)
	12-hour A&E performance	Higher percentage than 25/26	76% (Sept)
	Category 2 average response times	Improve on 25/26 standard of 25 minutes	39 mins (Sept)
	Category 2 percentage within 40 minutes	n/a	1hr 25mins (Sept)
Primary care	Same day appointments for all clinically urgent patients (face to face, phone or online)	90% Awaiting consultation	n/a
	Improved patient experience of access to general practice (ONS Health Insights Survey)	Year-on-year improvement	n/a



# Operational targets and latest performance

Area	Performance Measure	2026/27 Target	Latest performance (August)
Community	Community health service activity occurring within 18 weeks	At least 78%	n/a
Mental health	Expand coverage of mental health support teams (MHSTs) in schools and colleges (including teams in training)	77% coverage	n/a
	Number accessing Individual Placement and Support	63,500	n/a
	Number of courses of NHS Talking Therapies	805,000	n/a
	Talking therapies reliable recovery	51%	47%
	Talking therapies reliable improvement	69%	76%
	Number of inappropriate out of area placements	Reduce by March 27	Small number rounded to 5 (Sept)
Learning disability and autism	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people	No target given	Autistic people 12 Learning Disability 7 (Sept)
Workforce	Agency and bank use	Individual trust targets to achieve national target of 30% reduction in agency and a 10% year on year reduction in bank	n/a



**N/A: in latest performance means a new measure where ICB is awaiting the definition**



# Identified risks to plan development (12 and over)

Risk No.	Description	Mitigating actions	Con-sequence	Like-lihood	Current score
007	Risk that there are unknown gaps in relation to the impact of known transformation schemes (e.g. HTP and Neighbourhood Health Improvement Group)	<p>Link to strategy team and Neighbourhood Health Implementation Group to get early sight of plans for neighbourhoods to build into planning</p> <p>Use members of the System Planning group to get information from their own organisations e.g. HTP.</p> <p>Use both Health Improvement Plan and Neighbourhood Commissioning Strategy to identify impact of transformation for inclusion in planning</p> <p>Refresh of HTP modelling (this may not be ready for this planning round)</p>	4	4	16
008	Risk that the cross provider impacts of transformation schemes are unknown in some areas	<p>Use Planning Assumptions Group and other existing groups to identify cross over Sath/SCHT moving to group working should provide some mitigation</p> <p>Undertake mapping exercise to understand groups in place to manage transformation schemes</p> <p>Work to understand the impact of support services and the consequences of the provider collaborative</p> <p>Both Health Improvement Plan and Neighbourhood Commissioning Strategy should include impact of transformation</p>	4	4	16
009	Risk that planning assumptions for 5-year plan are difficult to define across the system	<p>Planning assumptions group established to develop assumptions</p> <p>Sath/SCHT moving to group working should provide some mitigation</p> <p>Use existing groups to feed into the planning process</p> <p>Undertake mapping exercise to understand what groups exist for transformation schemes.</p>	4	4	16
014	Risk that any additional information asks from community, primary care, dentistry etc. may be challenging to complete (e.g. lack of dataset, lack of access)	<p>Use Shared KPIs in secretary of state's ambitions for general practice as starter for ten.</p> <p>Primary Care team seeking clarification of POD ambitions, yet to be clarified.</p> <p>Use information in Planning Framework</p>	4	4	16

# Identified risks to plan development (12 and over)

Risk No.	Description	Mitigating actions	Con-sequence	Like-lihood	Current score
015	Risk that existing contracts do not include the ability to request additional information to feed the planning round	Utilise existing relationships and group members to manage the requests around additional information	4	4	16
016	Risk that the regional changes around workforce planning affect the Local First approach	Indicative plans are 3-6 months for handover. Continue conversations with region Continue to engage with local workforce planning leads	4	5	20
019	Risk that changes to planning requirements are unexpected and required to be delivered in compressed timescales .Delays in guidance and templates	Develop comprehensive plans based on what is known React to changes quickly Reorganisation of workloads to accommodate as changes become known Consider staff mental health and wellbeing of changes Try to find out likelihood of compressed timelines System agreement to do local first approach	4	3	12
023	Risk that planned interventions do not meet the requirements of the 10 year plan and the 3 shifts	Work as a system to agree provider contributions to each element of the plan. Work together to quantify benefits of transformation work across the system. Set out and share our collective and organisational ambition. Ensure the structure is in place to deliver the plan. Ensure the right transformation groups are in place to support the plan.	4	3	12
024	Risk that the board assurance statements are supplied late in the process and the board has not received assurance against them throughout	Developed "best guess" on what will be included in the board assurance statements using the local first approach and the Planning Framework. Use the local first document to work with boards to build up assurance over time.	4	4	16





# Next steps

- Move into phase two of planning framework
- Following publication of the indicative submission dates revised timeline is being developed to ensure deadlines are met
- System Assumptions Group finalising a list of assumptions to inform planning
- Demand and Capacity Groups in the process of developing scenarios for scenario testing and sensitivity analysis to give board assurance of robustness of plan developed
- High level engagement plan for board and senior leaders being developed to ensure involvement and oversight of planning is embedded
- Develop first draft numerical plans for 17/18<sup>th</sup> December submission
- Ongoing discussions around approach to 5 year commissioning plan development taking place across the cluster



## 1. ICB 25-11.238 – Equality, Diversity and Inclusion Update

**Meeting Name:** ICB Board

**Meeting Date:** Wednesday 26<sup>th</sup> November 2025

**Report Presented by:** Vanessa Whatley, Chief Nursing Officer, NHS STW

**Report Approved by:** Simon Whitehouse, Chief Executive Officer, NHS STW

**Report Prepared by:** Vanessa Whatley, Chief Nursing Officer, NHS STW

**Action Required:** The Board is asked to note the report and progress in addressing EDI as a system.  
The Board is asked to support further development of EDI collectively.

### 1.1. Purpose

- 1.1.1. Public sector authorities, including ICBs, are subject to section 149 of the Equality Act 2010 (the Public Sector Equality Duty) including to eliminate unlawful discrimination harassment and victimisation, advance equality of opportunity and promote the fostering of good relations.
- 1.1.2. This paper provides an update on the integrated care system's collective commitments to equality diversity and inclusion in achieving the duty as a Board. The paper includes key developments in the Boards commitment to its strategic EDI objectives.

### 1.2. Executive Summary

- 1.2.1. This STW system approach continues to be supportive of individual organisational statutory requirements but does not replace them.
- 1.2.2. System communications are key to this and, as a result, a campaign called 'Everyone Belongs Here' has been devised, with good system engagement.
- 1.2.3. New activities including a collaborative approach with the University of Leicester will lead to further action to support approaches to racism, particularly in rural geographies as detailed in this report.
- 1.2.4. The system agreed that addressing racial discrimination was a priority and the approach supports the Race Code promoting the reporting and actions of racial discrimination.

### 1.3. Recommendations

- 1.1. The Board is asked to note the report and progress in addressing EDI as a system.
- 1.2. The Board is asked to further promote Board enquiry on incidents of racism and associated actions at organisational level.
- 1.3. The Board is asked to support further development of EDI collectively.

### 1.4. Conflicts of Interest

- 1.4.1. None



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## 1.5. Links to the System Board Assurance Framework (SBAF)

- 1.5.1. Equality diversity and inclusion are key to the System Board Assurance Framework, and the legislation and guidance is integral to the SBAF risks as presented.

## 1.6. Alignment to Integrated Care Board

- 1.6.1. Supports development of the integrated care strategy
- 1.6.2. Establish and support joint working between partners

## 1.7. Key Considerations

- 1.7.1. **Quality and Safety Implications:** STW as a welcoming place for all though retention of a diverse workforce. The report provides progress in engagement with our health and social care workforce.
- 1.7.2. **Financial Implications:** Ensuring equity of services reduces financial burden associated with poor quality of care, poor access to services and workforce supply.
- 1.7.3. **Workforce Implications:** STW as a welcoming place for all though retention of a diverse workforce resulting in quality of information which will help with sustaining the workforce to provide safe services into the future care. The report provides progress in engagement with our health and social care workforce Implications to reduce attrition and retain and attract the workforce.
- 1.7.4. **Risks and Mitigations:** The report provides update on strategic direction to ensure STW ICS is a welcoming place for all and that poor behaviours are not tolerated.
- 1.7.5. **Engagement:** The report provides progress on areas that can improve engagement of our residents and communities.
- 1.7.6. **Supporting Data and Analysis:** Workforce Race Equality Standards

## 1.8. Impact Assessments

- 1.8.1. **Has a Data Protection Impact Assessment been undertaken?** N/A
- 1.8.2. **Has an Integrated Impact Assessment been undertaken?** N/A

## 1.9. Attachments

None



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## 2. Introduction

- 2.1. Public authorities are bound by the Public Sector Equality Duty to Eliminate unlawful discrimination harassment and victimisation, advance equality of opportunity and foster good relations.
- 2.2. The STW ICB Board had previously agreed to work collectively, across the system, to support the activities to reduce all aspects of discrimination, with racial discrimination identified as a priority area.
- 2.3. The Race Code sets out clarity and an accountability framework that is designed to provide organisations across all sectors and sizes with the opportunity to address a very specific challenge. This is shown by its 4-key Principles: Reporting, Actions, Composition and Education.
- 2.4. While individual organisations are bound by their own statutory requirements under section 149 of the Equality Act 2010 (the Public Sector Equality Duty). This paper provides an update on the collective action of the Integrated Care System (ICS) to address the EDI agenda as a collective action and progress against the strategic objectives agreed by the ICB Board.

## 3. Background

- 3.1. The ICB Board agreed strategic objectives for this work, as below, and resourced board development on the legal basis of Equality, Diversity and Inclusion in November 2024.
  1. Foster the development of rewarding careers across our ICS, ensuring they are free from discrimination and offer fair opportunities for all.
  2. Lead collaboratively and take individual action to champion and continually elevate the EDI agenda.
  3. Foster an inclusive and welcoming work culture where colleagues are supported and empowered to openly discuss EDI.
  4. Ensure quality, equitable care for all by empowering people, improving access, enhancing outcomes and embracing diversity.
  5. Celebrate our people and their contributions, while consistently and publicly reaffirming our commitment to EDI ambitions as a system.
  6. Build an ICS that celebrates diversity, empowers change and recognises the impact of our health and care teams
- 3.2. Priority action has featured on Objective 6: *Build an ICS that celebrates diversity, empowers change and recognises the impact of our health and care teams*, as previously reported. This included raising the profile of EDI in the consistent actions of anti-racism at Board level and launching a system-wide communication campaign named Everyone Belongs Here.
- 3.3. The remainder of this paper provides an update to the system actions.

## 4. Current Progress

4.1. The System EDI Steering Group met in July, September and November 2025 with good system representation, this group provides system insight and leadership to the EDI agenda on key system developments. Key points of update are provided below.

### 4.2. Everyone Belongs Here

4.2.1. The Everyone Belongs Here campaign was further developed under direction from the EDI Steering Group with additional resources developed and the following web pages developed, [Everyone Belongs Here - NHS Shropshire, Telford and Wrekin](#). The Steering Group has strongly embraced the campaign, with representatives from all ICS organisations using the campaign visuals, including the voluntary and community sector within the county.

4.2.2. The Steering Group was extremely grateful to the twenty-six STW health and care workers who came forward to be part of the development of this and future campaigns which culminated in the first themed campaign for National Inclusion week September 15-21<sup>st</sup>. The campaign was also presented at the recent, annual VCSE Conference.

4.2.3. Evaluation of the Everyone Belongs Here campaign has been undertaken through the uptake of resource. Current data is provided below.

- LinkedIn: 2,849 total impressions
- Instagram: 178 total reach, with 467 total views
- Facebook: 687 total reach.
- 760 visits to the [main campaign page](#) and [campaign resources page](#)

4.2.4. Qualitative evaluation in planned following further use of the campaign and physical resources.

4.2.5. The Steering Group has agreed the following campaigns across the system as below.

- Freedom to speak up awareness, Disability History Month November 14<sup>th</sup> to December 20<sup>th</sup> This period covers HIV/AIDS Day (1<sup>st</sup> December), UN International Day of Persons with Disabilities (3<sup>rd</sup> Dec.) and International Human Rights Day (10<sup>th</sup> December).
- LGBT+ History Month (February)
- Pride Month (June) and Disability Pride Month (July)

### 4.3. University of Leicester Research

4.3.1. The University of Leicester has carried out an in-depth research project named Rural Racism, with outputs including a film, associated poetry and creative works, and summaries of their findings regarding experiences of hostility and expressions of hostility. They also analysed 19,300 words from below-the-line comments and public debates in the media, encountering misconceptions of what racism is, failures to acknowledge barriers, an 'us versus them' mentality, and a focus on preserving the status quo and resisting discussion.

4.3.2. STW, with leadership from Shropshire Council has taken this opportunity to open up these discussions, using the film to reflect upon the findings, rethink our own attitudes, and reframe our own future



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actions and complement this with poetry, through sharing film of Benjamin Zephaniah reading his poetry and that of Dylan Thomas to emphasise rural and urban commonalities on racism, and through use of headline findings from the University of Leicester research.

4.3.3. There will then be a further screening of the film, plus poetry created through the Rural Racism project, on Wednesday 22 October, again from midday until 1pm. This is aimed at our own workforce to aid our system collective thoughts and discussions. This has been promoted through the EDI Steering Group.

4.3.4. The University of Leicester has now been successful in a funding bid to further the actions from this research, including the co-development of an anti-racist policy/statement of intent for rural organisations which contains evidence-based guidance on strategically addressing racism in rural spaces with other supportive systems with large rural area. NHS STW and Shropshire Council have engaged with this alongside a major charity and another rural ICB. The sharing of resources aimed at strategic change and acceptance will be shared across the system under the guidance of the EDI System Steering Group from April 2026.

#### 4.4. Reporting of Race-related Incidents

4.4.1. One of the key projects from previous board development was to ensure individual Boards had improved reporting to them. Although though some assurance was given that conversations had been had to develop this there has not been a consistent approach to board level reporting of incidents across the system.

4.4.2. This an area requested for further discussion to ensure Board-level buy in to regular review and monitoring of racism.

4.4.3. The People Committee has agreed to review Workforce Race Equality Standard (WRES) and NHS Workforce Disability Equality Standard (DRES) data to understand the opportunity for collective action. The intention is that this will be brought to the March 2026 Board meeting.

## **5. Next steps**

5.1. The EDI Steering Group is currently looking at an evaluation of next priorities in line with the agreed objectives by the Board. The objectives will be reviewed in the next period.

5.2. The Everyone Belongs Here Campaign will be sustained into other campaigns.

5.3. STW will be participating in the roll out of change in association with the University of Leicester.

## **6. Conclusion**

6.1. The system EDI Steering Group highlights good practice across the system in individual organisations and collectively drives the system agreed objectives within current resource. The emphasis in 2025/26 has been on Build an ICS that celebrates diversity, empowers change and recognises the impact of our health and care teams. There has been a communications programme that has had good impact in the system will continue to grow. Sustaining this is key and to then the progress against one of the other

objectives, the Steering Group has this under review including continuing to raise the profile of EDI in the system. The Board is asked to support this approach.

## 7. Recommendations

- 7.1. The Board is asked to note the report and progress in addressing EDI as a system.
- 7.2. The Board is asked to further promote Board enquiry on incidents of racism and associated actions at organisational level.
- 7.3. The Board is asked to support further development of EDI collectively.



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## 1. ICB 25-11- 239 GP Patient Survey 2025 Results

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** 26 November 2025

**Report Presented by:** Dr Lorna Clarson, Medical Director – NHS Shropshire, Telford and Wrekin ICB

**Report Approved by:** Dr Lorna Clarson, Medical Director – NHS Shropshire, Telford and Wrekin ICB

**Report Prepared by:** Primary Care Team, NHS Shropshire, Telford and Wrekin ICB

**Action Required:** For Noting and Approval

### 1.1. Purpose

To present the findings from the 2025 GP Patient Survey (GPPS) for Shropshire, Telford and Wrekin (STW) and outline how insights will inform local quality improvement, assurance, and access planning across Primary Care Networks (PCNs) and practices.

### 1.2. Executive Summary

The 2025 GPPS provides a national benchmark for patient experience in general practice. Across STW, **5,827** patients (response rate **37%**) completed the survey. The data shows a **moderate improvement** in overall experience compared with 2024, with key variations between practices and PCNs.

#### Headline Results:

- **Overall experience rated “Good”:** 75% (-1pp vs 2024; National 75%)
- **Ease of contacting by phone:** 63% (↓4pp vs 2024; National 71%)
- **Ease of online contact (Web/App):** 63% (↑4pp vs 2024; National 71%)
- **Appointment wait time ‘about right’:** 69% (↑4pp vs 2024; National 72%)
- **Clinician interaction rated “Good”:** 68% (↑1pp vs 2024; National 67%)

#### Variation:

Patient experience, according to the results of the survey, varies significantly between practices across STW. From 96% at our highest performer to 45% at our lowest rated practice for overall experience rated as ‘good’.

Access challenges remain concentrated within a small number of practices suggesting local structural or digital inclusion factors rather than geography alone. There is a clear correlation with practices within areas of higher deprivation and lower patient satisfaction feedback.

GPSS is one part of the picture the ICB uses to assess patient access and satisfaction. This is considered alongside data from the national GP Dashboard, identifying practices with negative variation in same day access, 14 day access and practice staffing (clinical and non-clinical) in addition to patient satisfaction scores.



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### 1.3. Recommendations

The Board is asked to:

- **Note** the findings of the 2025 GP Patient Survey, which provide a valuable, independent measure of patient experience across general practice.
- **Acknowledge** the significant work already undertaken by the Primary Care Team, PCNs and practices to improve access, digital inclusion and patient satisfaction, as evidenced through engagement with the PLS and local access improvement support work stream
- **Support** the continued use of GPPS insight and GP dashboard performance metrics to drive local improvement planning, peer learning and targeted support to practices as described within the paper
- **Recognise the local approach for** analysis of inequalities and variation, ensuring these findings directly inform ongoing delivery of the access improvement work streams, peer ambassador initiative and system-wide quality assurance processes.

### 1.4. Conflicts of Interest

None declared.

### 1.5. Links to the System Board Assurance Framework (SBAF)

**Risk 3:** Inequalities in access and experience across primary care.

**Risk 5:** Failure to maintain high-quality, safe, and effective care in general practice. The report supports mitigating controls by identifying variation and enabling targeted support to practices.

### 1.6. Alignment to Integrated Care Board

**Improving access** to primary care.

**Reducing inequalities** in experience and outcomes.

**Strengthening digital inclusion** and patient confidence in online services.

### 1.7. Key Considerations

**Quality and Safety:** Survey results indicate generally high satisfaction and strong clinician-patient interaction scores. However, variation in telephony and digital access requires focused support to ensure equitable patient experience.

The data highlights a small number of practices with access challenges on which the primary care team is focussing and supporting with practice level plans to improve this.

**Financial Implications:** No direct costs; informs prioritisation within existing primary care transformation funding and PLS resources.





**Workforce Implications:** Access, workforce comparators and patient satisfaction data can inform practice planning for staffing models

**Risks and Mitigations:** Risk of persistent access inequality – mitigated through targeted practice level improvement support and alignment with access improvement and digital inclusion plans.

**Engagement:** Findings are shared with PCN Clinical Directors and practice managers via tailored reports, targeted meetings for practices with negative variation in a number of access measures and improvement workshops. Patients are signposted to local authority support to improve digital inclusion, including health data and NHS app utilisation where this is an identified block to improved accessibility.

**Supporting Data and Analysis:** Data from NHS England/Ipsos 2025 GPPS national dataset; benchmarked against 2024 and national averages.

**Legal, Regulatory, and Equality:** The survey is part of the statutory NHS England performance dataset.

## 1.8. Impact Assessments

**Has a Data Protection Impact Assessment been undertaken?** Not required (public dataset).

## 1.9. Attachments

- **Appendix A:** *GP Patient Survey 2025 Summary Slide Pack (Headlines & Key Charts)*
- **Appendix A(i):** *Full GP Patient Survey 2025 Data Slide Pack (ICB-level and PCN-level detail)*

# 2. Main Report – General Practice Patient Survey 2025

## 2.1. Introduction

The GP Patient Survey (GPPS) is an annual, England-wide survey conducted by Ipsos on behalf of NHS England. It provides a robust measure of patients' experiences of access, continuity, and quality of care in general practice.

The 2025 GP Patient Survey provides nationally benchmarked insight into patient experience across general practice.

## 2.2. Background

Across STW, **5,827 patients** responded (37% response rate). Results show an **overall improvement** from 2024, but there remains persistent variation between PCNs and practices. Results are benchmarked nationally and support the ICB's assurance and quality improvement framework.

## 2.3. GPSS data summary – please see attached slide set for full GPSS data analysis

### 2.3.1 Headline Results

Indicator	2024	2025	National Average
Overall experience rated “Good”	76%	<b>75% (-1pp)</b>	75%
Ease of contacting by phone	67%	<b>63% (-4pp)</b>	71%
Ease of online contact (App/Web)	59%	<b>63% (+4pp)</b>	71%
Appointment wait “about right”	65%	<b>69% (+4pp)</b>	72%
Clinician interaction “Good”	67%	<b>68% (+1pp)</b>	67%

### 2.3.2 High-Performing Practices (≥ 90% Overall “Good”)

Brown Clee (96%), Prescott (96%), Station Drive (94%), Bishops Castle (94%), Craven Arms (94%), The Meadows (93%), Shawbirch (92%), Albrighton (92%), Cleobury Mortimer (92%), Portcullis – Ludlow (91%), Court Street (90%), Knockin (90%).

These results reflect exceptional performance in the key “Overall Experience of your GP Practice” indicator — the headline measure of patient satisfaction used nationally.

### 2.3.3 Lower-Performing Practices (< 65% Overall “Good”)

Donnington (45%), TELDOC (47%), Wellington (52%), Riverside (57%), Marden (59%), Severn Fields (63%).

Many of our practices with the highest feedback are our small rural practices and those with the poorest feedback are generally larger practices serving areas of higher deprivation.

### 2.3.4 Overall Experience

75% of patients rated their overall experience with their GP practice as “Good” or better – in line with the national average. Although broadly stable compared with 2024, variation between practices remains wide, ranging from 45% to 96%.

### 2.3.5 Highlights and Areas of Strength

- Twelve practices (24%) – achieved satisfaction levels above 90%, reflecting consistently positive patient feedback on care and communication.
- Patient confidence in clinicians remains high, with listening and compassion scores above national benchmarks.
- Most PCNs report year-on-year improvement in “wait time about right” and “online access” measures.



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### 2.3.6 Challenges and Variation

- **Access and Telephony:** Scores for ease of phone contact remain below the national average, particularly in TELDOC and South East Telford PCNs (below 50%), compared with SW Shropshire (above 80%).
- **Digital Inclusion:** Digital access is improving overall, but uptake and confidence remain lower in more deprived localities.
- **Equity:** Lower experience scores are concentrated in a small cohort of practices with higher deprivation and population growth pressures.

### 2.3.7 Change Since 2024

- Improvement in online access (+4 percentage points).
- Slight decline in phone access (−4 percentage points).
- Stable overall satisfaction (+/− 0).

### 2.3.8 Appointments and Clinician Experience

69% felt wait times were “about right”, 31% said “too long”.  
68% rated clinicians good at meeting needs (+1 pp).

### 2.3.9 Pharmacy and Dental Experience

Pharmacy experience is strong with 87% rating an overall good experience compared to 88% nationally.

Dental experience is rated above national average with 73% rating experience overall as good (71% nationally)

Overall, STW continues to perform comparably to national averages but displays greater internal variation. The data evidences excellent practice in some areas and persistent access inequity in others, supporting the ICB’s targeted approach through the Access Improvement Plan and Practice Level Support (PLS) framework.

## 2.4 Implications and Actions for the ICB

The annual GP Patient Survey results are routinely triangulated with data from the GP Dashboard, which updates each month allowing us to see improvements in access measures at a practice level, Friends and Family scores, Practice Level Support (PLS) assessments (where applicable), and other patient feedback e.g. concerns and complaints to inform targeted improvement activity. Practices that flag as showing negative variation are offered support from a number of sources:

- **Practice Level Support (PLS) Programme:** Using GPPS data to identify practices with negative variation from national benchmarks and provide targeted improvement support. Seven practices are currently engaged with the national programme. All practices who flag in the national GP dashboard as showing negative variation in key access measures at the onset of the programme were offered a place.
- **Peer Ambassador Programme:** Engaging high-performing practices (≥90% “Good”) as exemplars to share good practice and peer mentorship with lower-performing practices. Local SDF funding to expand this programme has been

approved and we are currently seeking expressions of interest from clinicians and managers who would be interested in offering a peer support role.

- **Monthly Feedback and Monitoring:** Circulating monthly insight reports to practices, PCNs, and the Primary Care Committee highlighting trends, outliers, and progress. Our Primary Care Partnership Lead is working proactively with those practices that are negative outliers in access measures.
- **Improving Data Visibility:** We are working with BI to provide practices with access to a local dashboard to enable practices to self-monitor performance and identify improvement opportunities. The national dashboard is not available to practices.
- **Contractual and Access Monitoring:** Incorporating GPPS findings into the October 2025 contract compliance review process and quality visits to practices. Practices who are showing non-compliance to the contract and/or negative variation in access metrics are required to submit plans for improvement, with emphasis on telephony resilience, digital inclusion, and equity in deprived communities.
- **Local Authority Collaboration:** Practices are being supported by the local authorities digital inclusion programmes, which offer courses to the public to improve digital literacy including use of NHS app

These actions collectively strengthen the ICB's assurance and improvement framework, supporting continuous quality improvement and equitable patient experience across all practices.

## 2.5 Changes to the General Practice GMS Contract

From 1st October 2025 three new key GP Contract requirements took effect aiming to improve the experience of accessing general practice for patients and staff. These are;

- Online consultation tools must be switched on for the duration of core hours.
- A link to You and Your General Practice must be on practice websites.
- GP Connect Access Record (HTML and Structured) and Update Record must be enabled within GP Practice clinical systems.

The 2025/26 GMS Contract also sets a clear expectation that patients must be able to contact the practice by telephone, by attendance at the practice premises, and using an online consultation tool, at any point during the core hours of 08:00 to 18:30 Monday to Friday. Any previous restricted opening for example the reliance on subcontracted phone access for margin cover, or lunchtime premises closures, will need to be adapted to ensure patients have access via the three listed routes going forward;

- Online consultation must be switched on from 08:00 to 18:30
- Telephone lines open between 08:00 and 18:30
- A patient must be able to attend the practice and speak to someone between 08:00 and 18:30

NHS STW are working with practices who are currently not compliant to achieve delivery of the full contract requirements as quickly as possible. To be able to give assurance to NHSE the following steps are being taken;



1. A survey was circulated to Practice Managers on 1<sup>st</sup> October to gain the current position on delivery of the three new contractual requirements and practice access, asking practices to raise any issues.
2. NHSE STW contacted all practices in breach of the new contract requirements individually to confirm compliance issues.
3. Practices who were not compliant were required to submit to the ICB a plan of action with a clear timeline for compliance for ICB approval.
4. Progress against the agreed delivery plans and timelines are being monitored by the ICB.
5. Data to assess ongoing contractual compliance is being monitored by both the ICB and NHSE.
6. Where practices do not meet compliance within the agreed timeline of their submitted plan, or are not compliant by 31 December 2026, NHS STW will begin the process of serving remedial notices followed by further contractual management, as directed by NHSE.

## 2.6. Conclusion

The 2025 GP Patient Survey shows continued improvement in patient satisfaction and clinician interaction, achieving national averages overall, but access inequalities persist in a small number of practices. These insights, along with other GP access metrics will help inform targeted support through the PLS and Access Improvement Plan, ensuring equity and quality across all practices.

In addition, the October 1<sup>st</sup> contract changes have ensured a renewed national, regional and local focus on practice access and contractual compliance with the updated requirements. This is intended to reduce the 8am rush, and provide increased accessibility and a better patient experience. The ICB will be taking a supportive approach over the next two months to ensure practices can meet these requirements.

There is recognition of the pressures that GP services are facing across STW and the work they are delivering every single day.

## 2.7. Recommendation

The Board is asked to:

- **Note** the findings of the 2025 GP Patient Survey, which provide a valuable, independent measure of patient experience across general practice.
- **Acknowledge** the significant work already undertaken by the Primary Care Team, PCNs and practices to improve access, digital inclusion and patient satisfaction, as evidenced through engagement with the PLS and local access improvement support work stream
- **Support** the continued use of GPPS insight and GP dashboard performance metrics to drive local improvement planning, peer learning and targeted support to practices as described within the paper
- **Recognise the local approach for** analysis of inequalities and variation, ensuring these findings directly inform ongoing delivery of the access improvement work streams, peer ambassador initiative and system-wide quality assurance processes.

Appendix 1. Shropshire, Telford and Wrekin Integrated Care System 2025 Survey Results (1)

Appendix 2. Shropshire, Telford and Wrekin Integrated Care System 2025 Survey Results (2)



# SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

## 2025 survey results



# Contents

GP PATIENT SURVEY

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# Introduction, background and guidance

# Introduction

- The GP Patient Survey (GPPS) is an England-wide survey, providing data about patients' experiences of their GP practices.
- This slide pack presents some of the key results from the **2025 GP Patient Survey** for **SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM**.
- In **SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM**, **15,821** questionnaires were sent out, and **5,827** were returned completed. This represents a response rate of **37%**.
- Where available, this pack includes trend data from 2024 onwards.
- These results are official statistics. Official statistics are statistics produced on behalf of the UK government. Producers of official statistics follow the professional standards in the Code of Practice for Statistics, to provide official statistics that serve the public good.

## GP PATIENT SURVEY

The screenshot shows the 'GP PATIENT SURVEY' form from Ipsos and NHS. It includes instructions to answer questions by putting an 'X' in one box, a link to the online survey, and an access code field. The form is divided into two columns of questions. Questions 01-04 are on the left, and questions 05-07 are on the right. Each question has a set of checkboxes for responses. A watermark 'Shropshire with the NHS' is visible across the center of the form.

**Ipsos** **NHS**

**GP PATIENT SURVEY**

Please answer the questions below by putting an X in one box for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.

If you would prefer to fill in the survey online, please go to [www.gp-patient.co.uk/survey](http://www.gp-patient.co.uk/survey)

Access code:

**Your GP practice services**

**01** Generally, how easy or difficult is it to contact your GP practice on the phone?

☐ I haven't tried  
☐ Very easy  
☐ Fairly easy  
☐ Neither easy nor difficult  
☐ Fairly difficult  
☐ Very difficult

**02** Generally, how easy or difficult is it to contact your GP practice using their website?

☐ I haven't tried  
☐ Very easy  
☐ Fairly easy  
☐ Neither easy nor difficult  
☐ Fairly difficult  
☐ Very difficult

**03** Generally, how easy or difficult is it to contact your GP practice using the NHS App?

☐ I haven't tried  
☐ Very easy  
☐ Fairly easy  
☐ Neither easy nor difficult  
☐ Fairly difficult  
☐ Very difficult

**04** Overall, how helpful do you find the reception and administrative team at your GP practice?

☐ Very helpful  
☐ Fairly helpful  
☐ Not very helpful  
☐ Not at all helpful  
☐ I don't know

**05** Which of the following online GP services have you used in the last 12 months?

By 'online' we mean on a website or smartphone app.  
Please put an X in all the boxes that apply.

☐ Booking appointments  
☐ Filling in an online form to give information about a health issue (for example, to ask for an appointment or advice)  
☐ Ordering repeat prescriptions  
☐ Accessing medical records  
☐ Registering with a practice  
☐ Finding out test results  
☐ Making an administrative request (for example, asking for a fit note or updating contact details)  
☐ None of these

**06** Is there a particular healthcare professional at your GP practice you usually prefer to see or speak to?

This could be a nurse, GP, or other health professional at your practice.

☐ Yes  
☐ No → Go to 08

**07** How often do you get to see or speak to your preferred healthcare professional when you ask to?

☐ Always or almost always  
☐ A lot of the time  
☐ Sometimes  
☐ Never or almost never  
☐ I haven't tried

Page 1 Please turn over

# Background information about the survey

- The GP Patient Survey (GPPS) is an **annual** England-wide survey about **patients' experiences of their GP practice** and is administered by Ipsos on behalf of NHS England.
- The survey covers a range of topics including:
  - **Your GP practice services**
  - **Your last contact**
  - **Your last appointment**
  - **Overall experience**
  - **When your GP practice is closed**
  - **Your health**
  - **Pharmacy**
  - **Dentistry**
  - **Some questions about you (including relevant protected characteristics and demographics)**
  - **Accessible information needs**
- Results from all questions in the survey are available in the Excel reports: <https://gp-patient.co.uk/latest-survey/results>.
- The survey provides data at **practice level** using a consistent methodology, which means it is comparable across organisations. The survey also provides data at **Primary care network (PCN)**, **Integrated care system (ICS)** and **National** level.
- Every year, the questionnaire content is reviewed to ensure it reflects the primary care context and priorities. Minor changes were made to the questionnaire in 2025 following more significant changes in 2024. Details of the survey changes can be found here: <https://gp-patient.co.uk/report-summary-of-changes>.
- The latest 2025 questionnaire and the Technical Annex with further information about the survey can be found here: <https://gp-patient.co.uk/surveysandreports>.
- It is important to bear in mind that:
  - Sample sizes at practice level are relatively small.
  - The survey is conducted annually and provides a snapshot of patient experience at a given time.
- So, data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice to identify potential improvements and highlight best practice.

The next slide suggests ideas for how the data can be used to help to improve services.

# How to use this data for improvement

The data in this slide pack can be used and interpreted to help to improve GP services, in the following ways:

- **Comparison of an ICS against the national result:** this allows benchmarking of the results to identify whether the ICS is performing well, poorly, or in line with the national picture. The ICS may wish to focus on areas where it compares less favourably.
- **Analysing trends in an ICS's results over time:** this provides a sense of the direction of the ICS's performance. The ICS may wish to focus on areas which have seen a decline in results over time. Where available, this pack includes trend data from 2024 onwards.
- **Comparison of PCN results within an ICS area:** this can identify PCNs in an area that seem to be over-performing or under-performing compared with others. The ICS may wish to work with individual PCNs: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.

An interactive dashboard providing more detail at PCN level can be found at: <https://www.gp-patient.co.uk/pcn-dashboard>.

Please note PCNs have been aligned to the ICS based on the Lead Sub ICB Location identified by the NHS England ePCN mapping file, accessed via the NHS Digital organisation data service. There were a very small number of PCNs which crossed ICS boundaries – if this is the case, this will be noted below.



# Interpreting the results

- The number of participants answering each question (the unweighted base) is stated for each question.
- All comparisons are indicative only. Differences may not be statistically significant.
- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.
- Note on the presentation of the data:
  - A \* represents a percentage greater than 0% but less than 0.5%
  - There are cases where percentages for each of the different responses to a question do not add to the combined percentage totals (e.g. 'Very good' and 'Fairly good', compared with the combined total 'Good'), or where results do not sum to 100%. This may be due to computer rounding, the rounding of weighted data, or where questions allow for multiple responses.
- In cases where fewer than 10 patients have answered a question, the data have been suppressed and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.
- Please note on pie charts where the results are 2% or less, these labels are not shown. Hovering over the segment on the pie chart will show the percentage.
- For further information on using the data please refer to the end of this slide pack.

# Summary



# Summary

## SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

### GP PATIENT SURVEY

 QUESTIONNAIRES  
SENT OUT

15,821

 NUMBER OF  
COMPLETED  
SURVEYS

5,827

 RESPONSE RATE

37%

75%

had a good overall experience of their GP  
practice

Q32 National result: 75%

Base: ICS 5,796; National 699,562



69%

had a good overall experience of  
contacting their GP practice

Q16 National result: 70%

Base: ICS 5,700; National 686,100



57%

had a good overall experience of NHS services  
when their GP practice was closed

Q36 National result: 57%

Base: ICS 1,344; National 193,580



87%

had a good overall experience of  
pharmacy services

Q48 National result: 88%

Base: ICS 5,223; National 631,337



73%

had a good overall experience of NHS  
dental services

Q52 National result: 71%

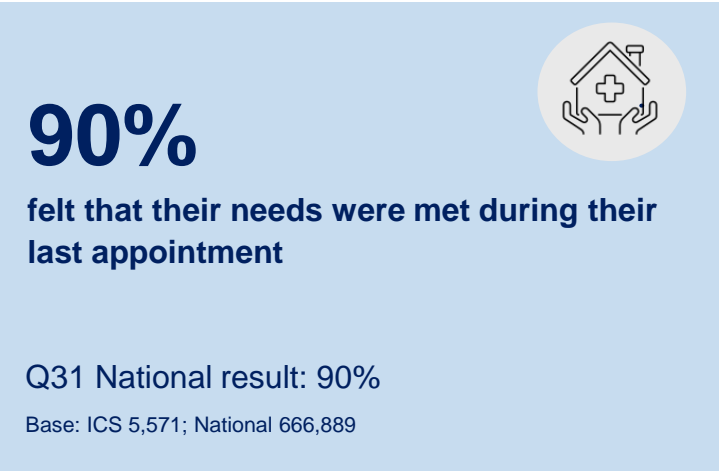
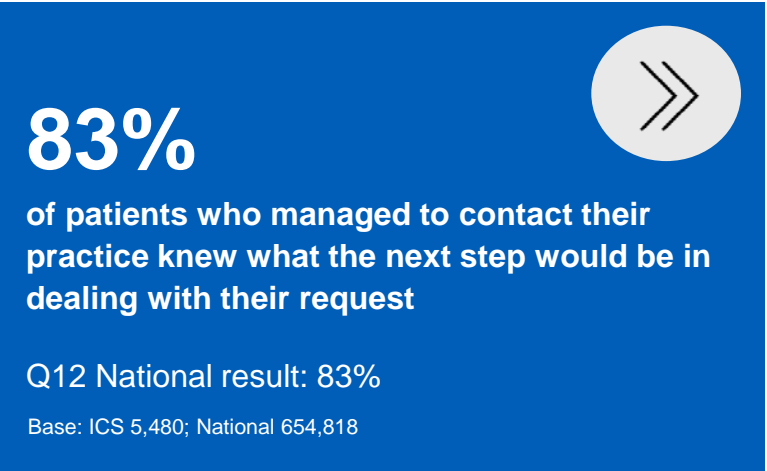
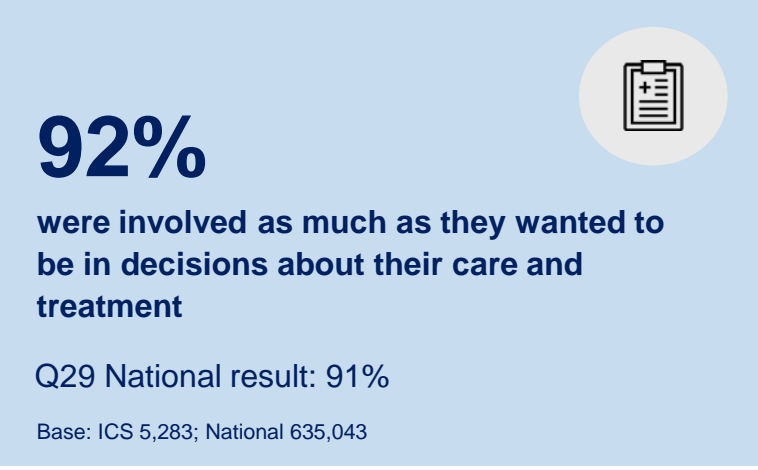
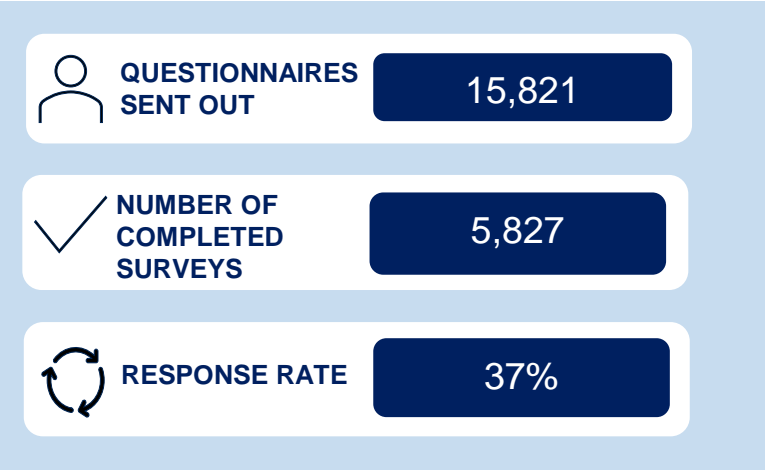
Base: ICS 3,073; National 368,026



# Summary

## SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

GP PATIENT SURVEY



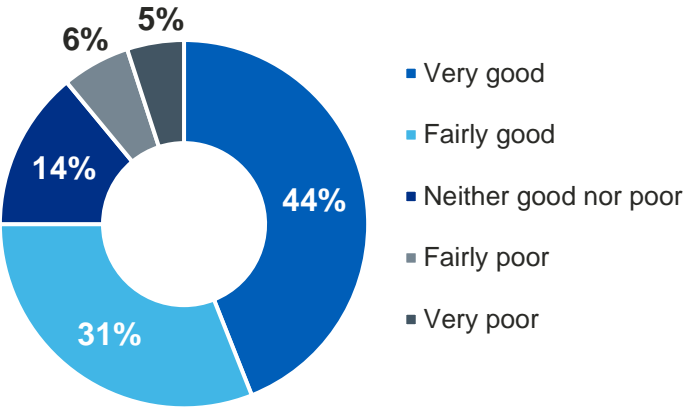
# Overall experience of GP practice

# Overall experience of GP practice

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

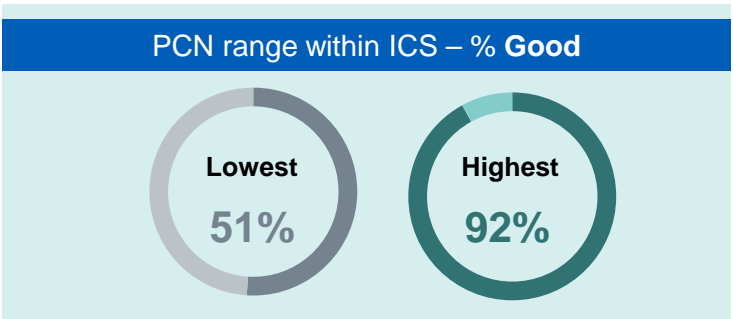
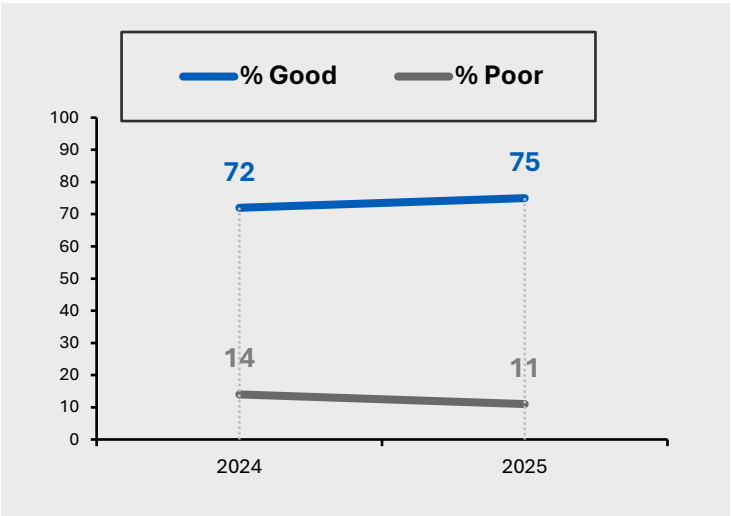
## Q32. Overall, how would you describe your experience of your GP practice?

### ICS result



Base: Asked of all patients. National 2025 (699,562); ICS 2024 (5,680); ICS 2025 (5,796); PCN bases range from 181 to 1,208

### ICS result over time



### Comparison of results

ICS		National	
Good	Poor	Good	Poor
75%	11%	75%	12%

**i** %Good = %Very good + %Fairly good  
%Poor = %Very poor + %Fairly poor

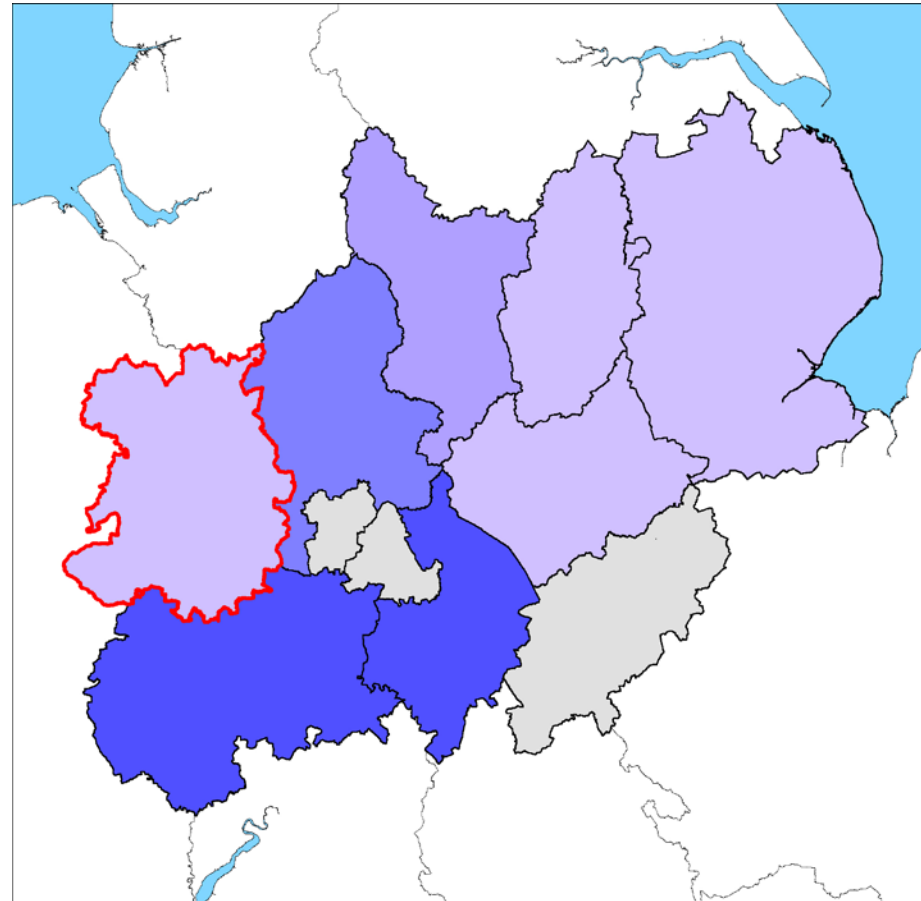


# Overall experience: how the ICS results vary within the region

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

## Q32. Overall, how would you describe your experience of your GP practice?



Results range from

**70%**  
to  
**81%**

ICSs across England are divided into five groups (quintiles) based on their results, as shown in the key. The map shows the ICS results within this region based on these groups (the ICS represented by this pack is highlighted in red).

**Comparisons are indicative only: differences may not be statistically significant**

**i** %Good = %Very good + %Fairly good

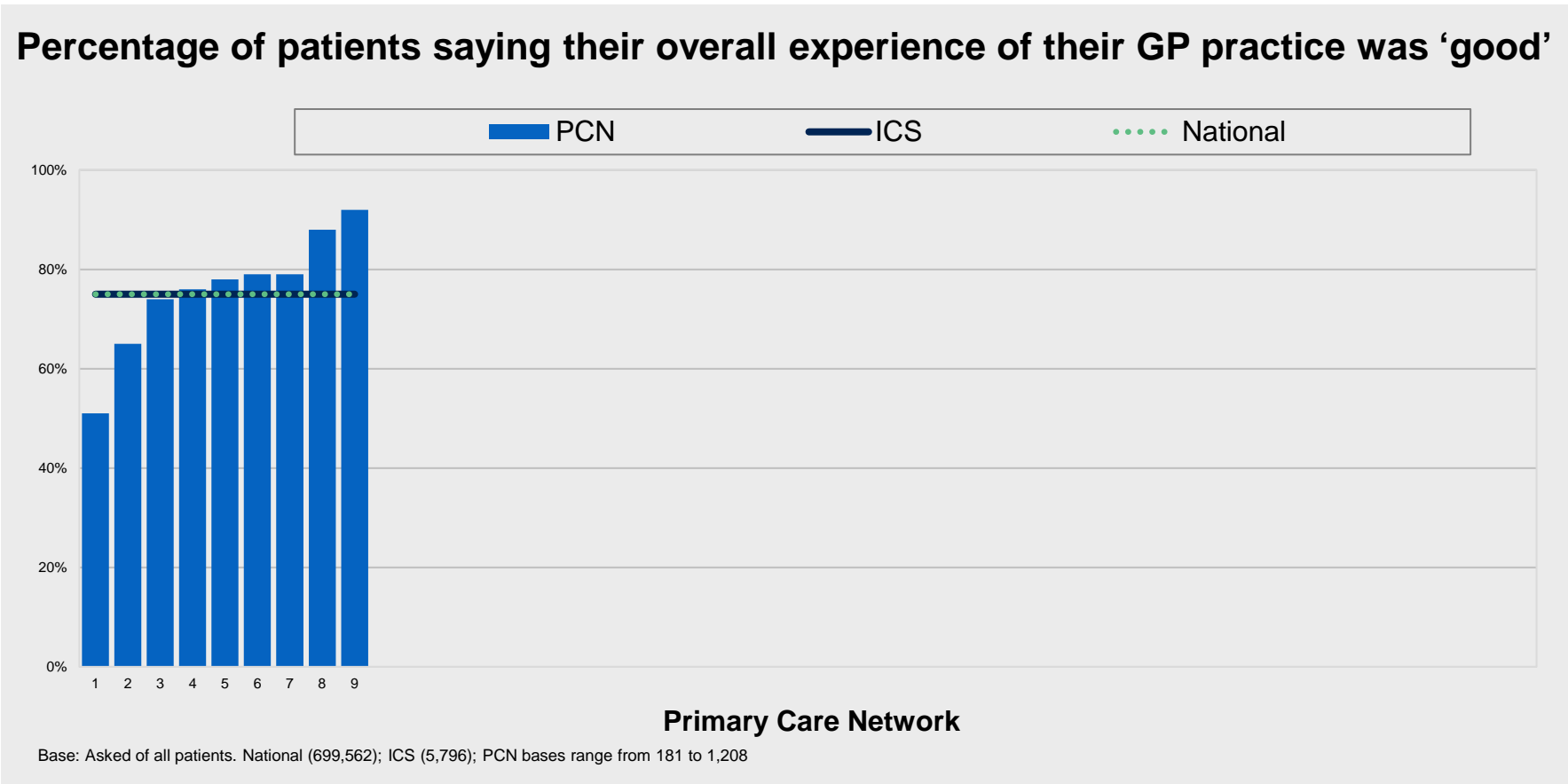
Base: Asked of all patients. ICS bases range from 5,796 to 46,342

# Overall experience: how the results vary by PCN within the ICS

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

## Q32. Overall, how would you describe your experience of your GP practice?



PCN	Name
1	TELDOC PCN
2	WREKIN PCN
3	SOUTH EAST TELFORD PCN
4	SHREWSBURY PCN
5	NEWPORT AND CENTRAL PCN
6	NORTH SHROPSHIRE PCN
7	SE SHROPSHIRE PCN
8	SHROPSHIRE RURAL ALLIANCE PCN
9	SW SHROPSHIRE PCN

**i** Comparisons are indicative only: differences may not be statistically significant

**i** %Good = %Very good + %Fairly good

**i** PCNs are ordered from lowest to highest score, with PCN 1 being the lowest score.





# Use of online GP services

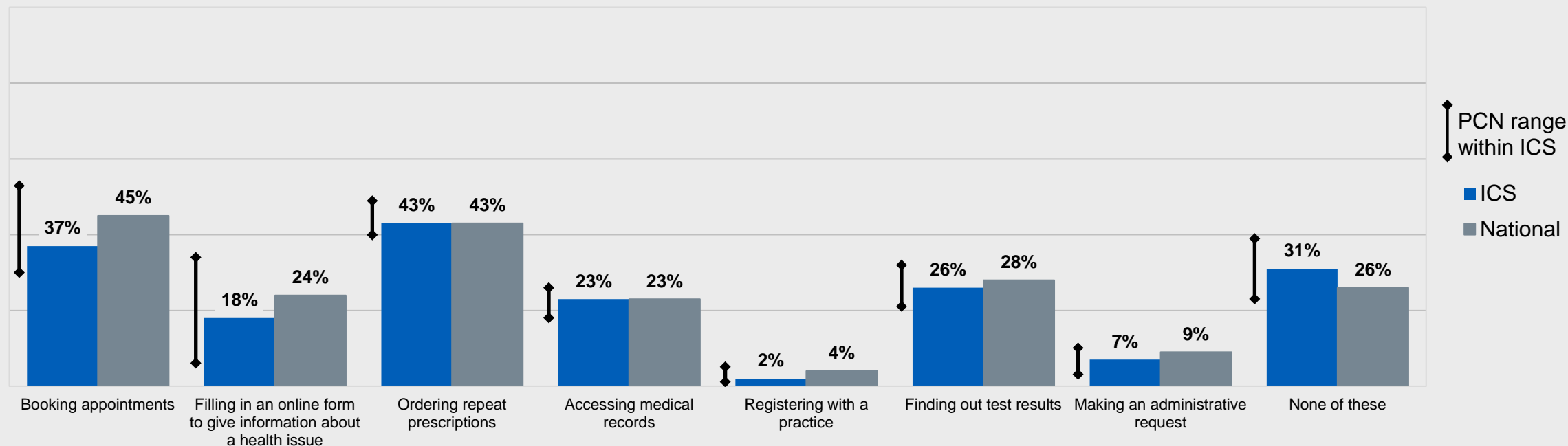


# Use of online GP services in the last 12 months

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

## Q5. Which of the following online GP services have you used in the last 12 months?



Base: Asked of all patients. National (696,351); ICS (5,775); PCN bases range from 183 to 1,203

**i** Comparisons are indicative only: differences may not be statistically significant

# Contacting GP practice

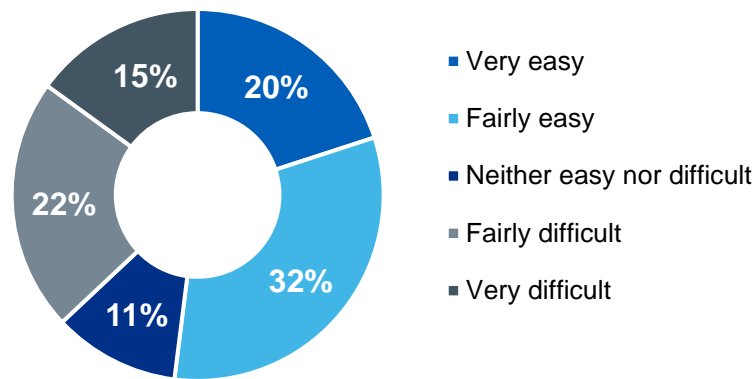


# Ease of contacting GP practice on the phone

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

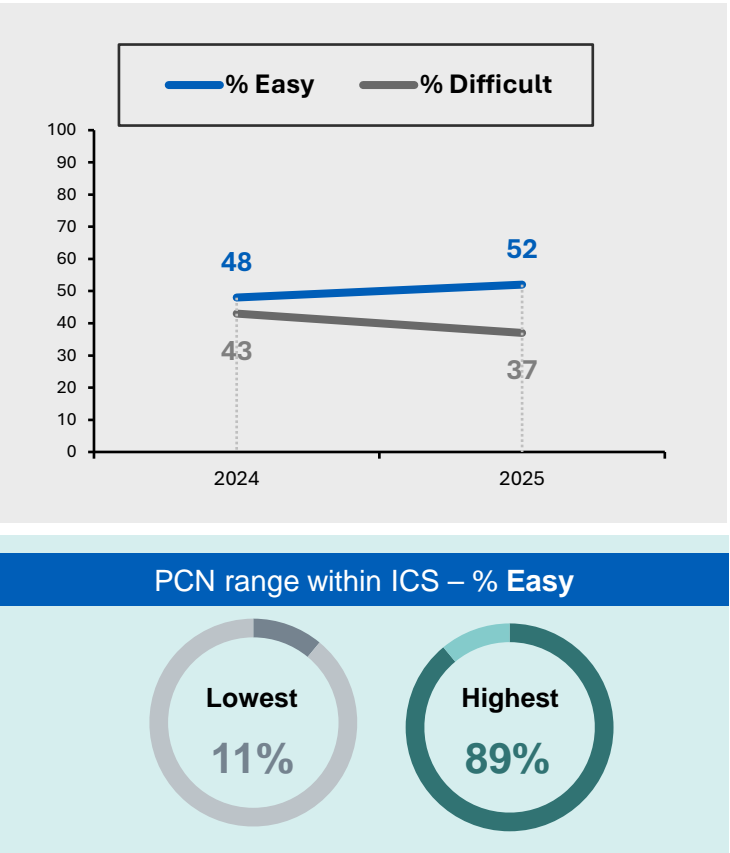
## Q1. Generally, how easy or difficult is it to contact your GP practice on the phone?

### ICS result



Base: Asked of all patients. Patients who selected 'I haven't tried' have been excluded. National 2025 (664,460); ICS 2024 (5,439); ICS 2025 (5,519); PCN bases range from 171 to 1,143

### ICS result over time



### Comparison of results

ICS		National	
Easy	Difficult	Easy	Difficult
52%	37%	53%	35%

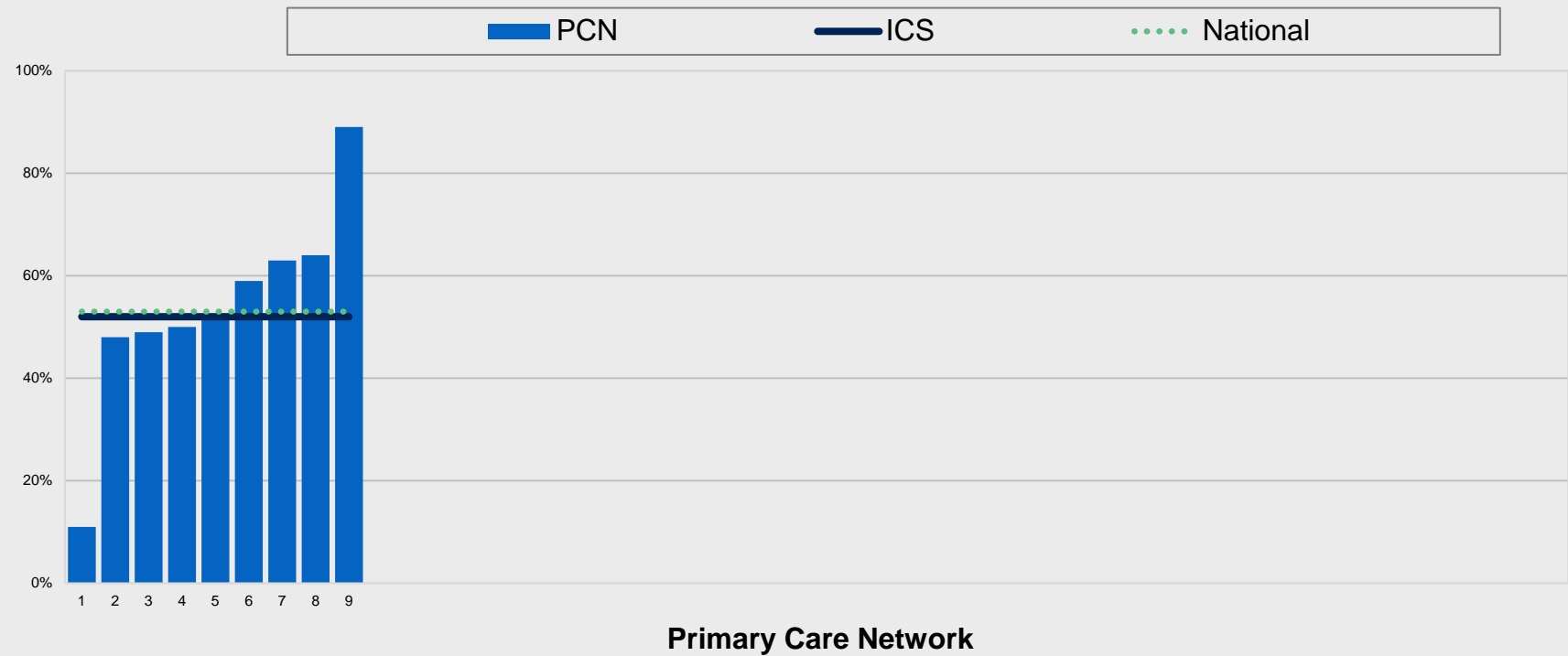
**i** %Easy = %Very easy + %Fairly easy  
%Difficult = %Very difficult + %Fairly difficult

# Ease of contacting GP practice on the phone: how the results vary by PCN within the ICS

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

Q1. Generally, how easy or difficult is it to contact your GP practice on the phone?

Percentage of patients saying it is 'easy' to contact GP practice on the phone



PCN	Name
1	TELDOC PCN
2	SOUTH EAST TELFORD PCN
3	WREKIN PCN
4	NORTH SHROPSHIRE PCN
5	NEWPORT AND CENTRAL PCN
6	SHREWSBURY PCN
7	SE SHROPSHIRE PCN
8	SHROPSHIRE RURAL ALLIANCE PCN
9	SW SHROPSHIRE PCN

i Comparisons are indicative only: differences may not be statistically significant

i %Easy = %Very easy + %Fairly easy

i PCNs are ordered from lowest to highest score, with PCN 1 being the lowest score.

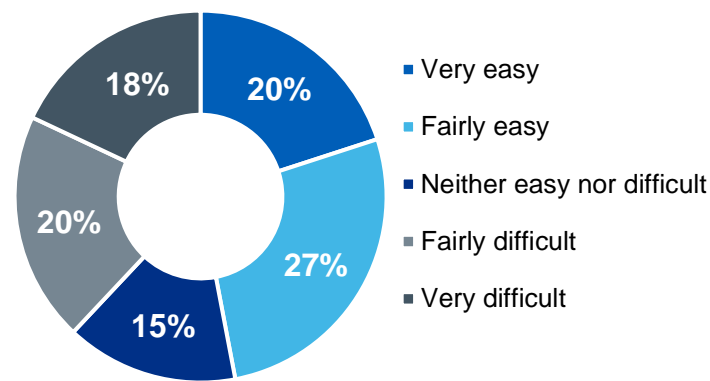


# Ease of contacting GP practice using their website

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

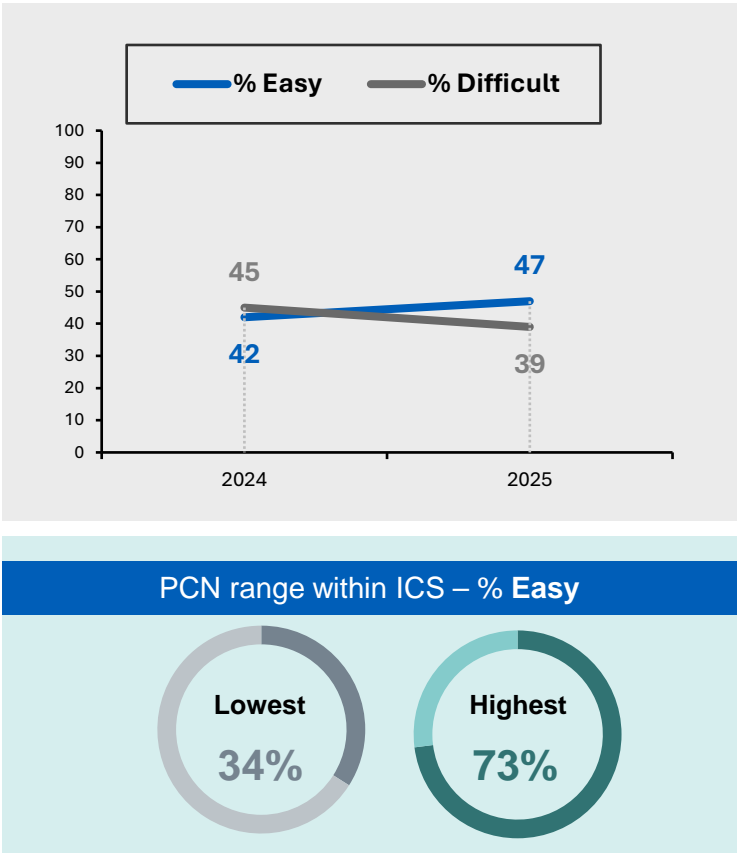
## Q2. Generally, how easy or difficult is it to contact your GP practice using their website?

### ICS result



Base: Asked of all patients. Patients who selected 'I haven't tried' have been excluded. National 2025 (344,811); ICS 2024 (1,873); ICS 2025 (2,061); PCN bases range from 114 to 472

### ICS result over time



### Comparison of results

ICS		National	
Easy	Difficult	Easy	Difficult
47%	39%	51%	34%

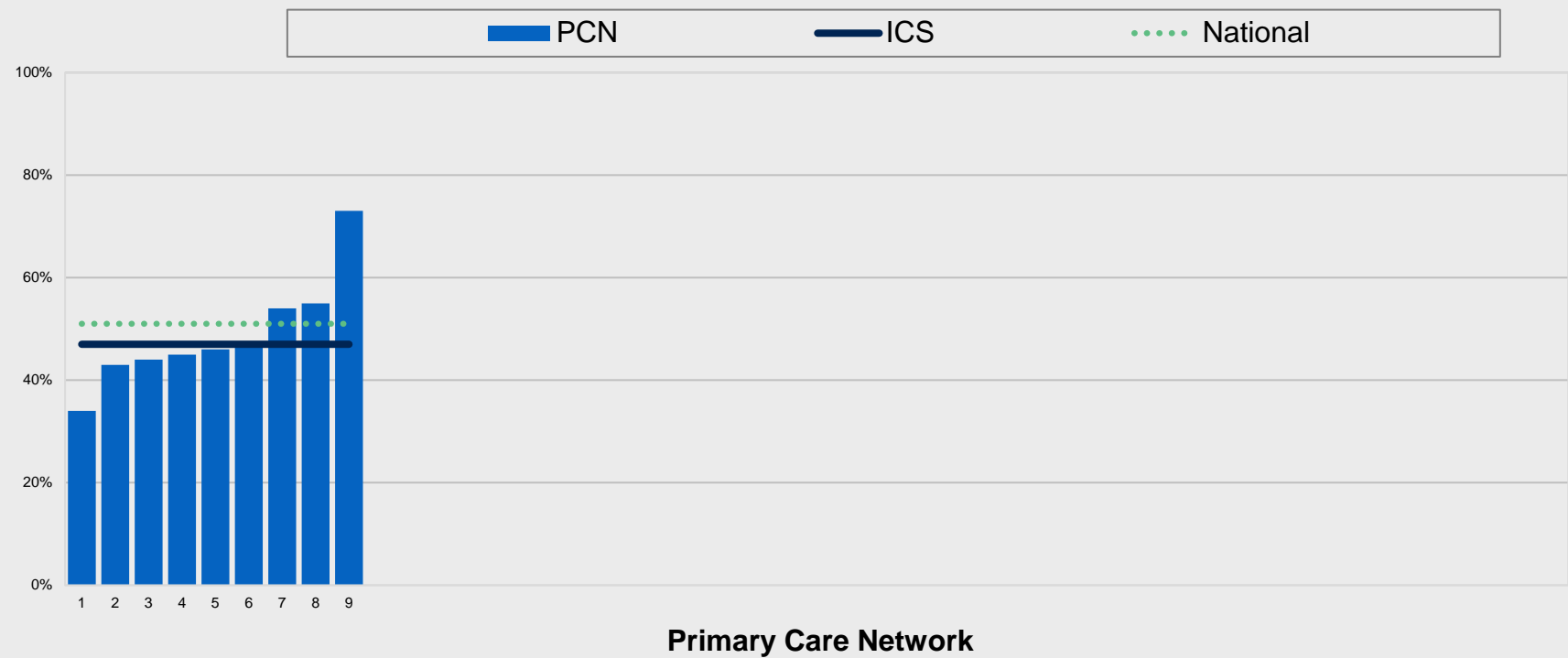
**i** %Easy = %Very easy + %Fairly easy  
%Difficult = %Very difficult + %Fairly difficult

# Ease of contacting GP practice using their website: how the results vary by PCN within the ICS

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

## Q2. Generally, how easy or difficult is it to contact your GP practice using their website?

Percentage of patients saying it is 'easy' to contact GP practice using their website



Base: Asked of all patients. Patients who selected 'I haven't tried' have been excluded. National (344,811); ICS (2,061); PCN bases range from 114 to 472

PCN	Name
1	TELDOC PCN
2	SOUTH EAST TELFORD PCN
3	SHROPSHIRE RURAL ALLIANCE PCN
4	WREKIN PCN
5	SE SHROPSHIRE PCN
6	SHREWSBURY PCN
7	NEWPORT AND CENTRAL PCN
8	NORTH SHROPSHIRE PCN
9	SW SHROPSHIRE PCN

**i** Comparisons are indicative only: differences may not be statistically significant

**i** %Easy = %Very easy + %Fairly easy

**i** PCNs are ordered from lowest to highest score, with PCN 1 being the lowest score.

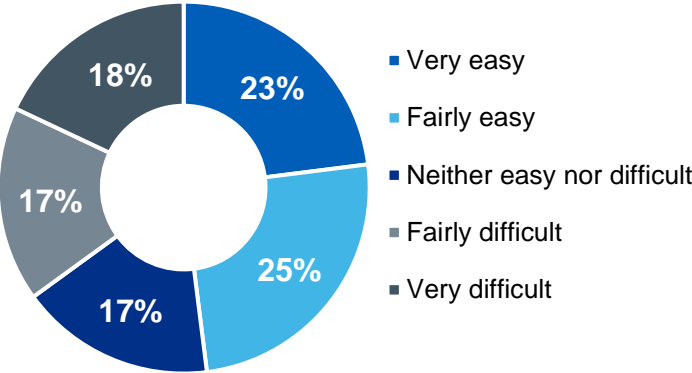


# Ease of contacting GP practice using the NHS App

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

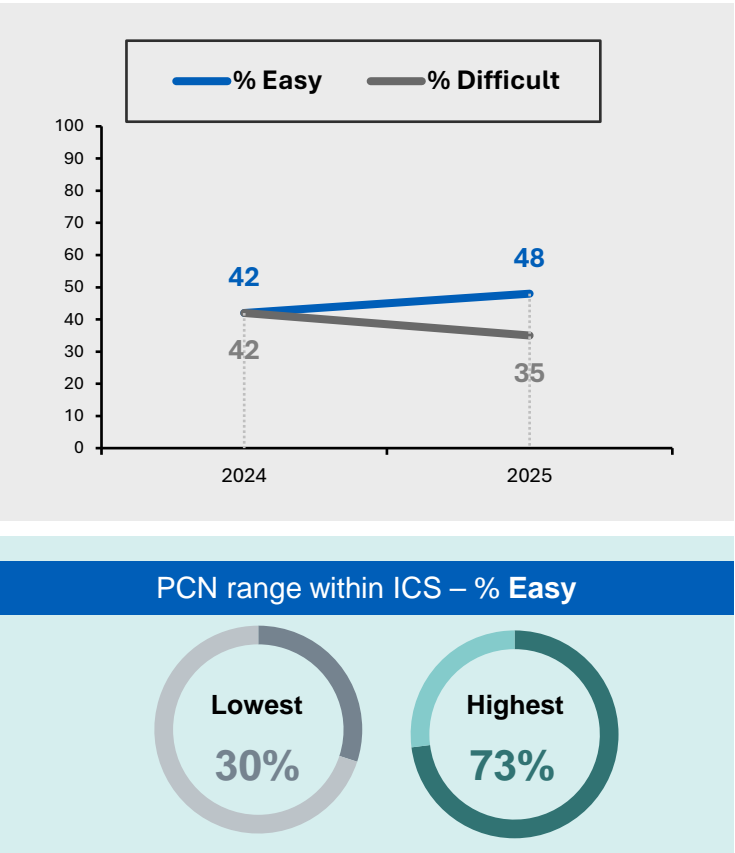
## Q3. Generally, how easy or difficult is it to contact your GP practice using the NHS App?

### ICS result



Base: Asked of all patients. Patients who selected 'I haven't tried' have been excluded. National 2025 (271,115); ICS 2024 (1,446); ICS 2025 (1,838); PCN bases range from 100 to 378

### ICS result over time



### Comparison of results

ICS		National	
Easy	Difficult	Easy	Difficult
48%	35%	49%	35%

**i** %Easy = %Very easy + %Fairly easy  
%Difficult = %Very difficult + %Fairly difficult

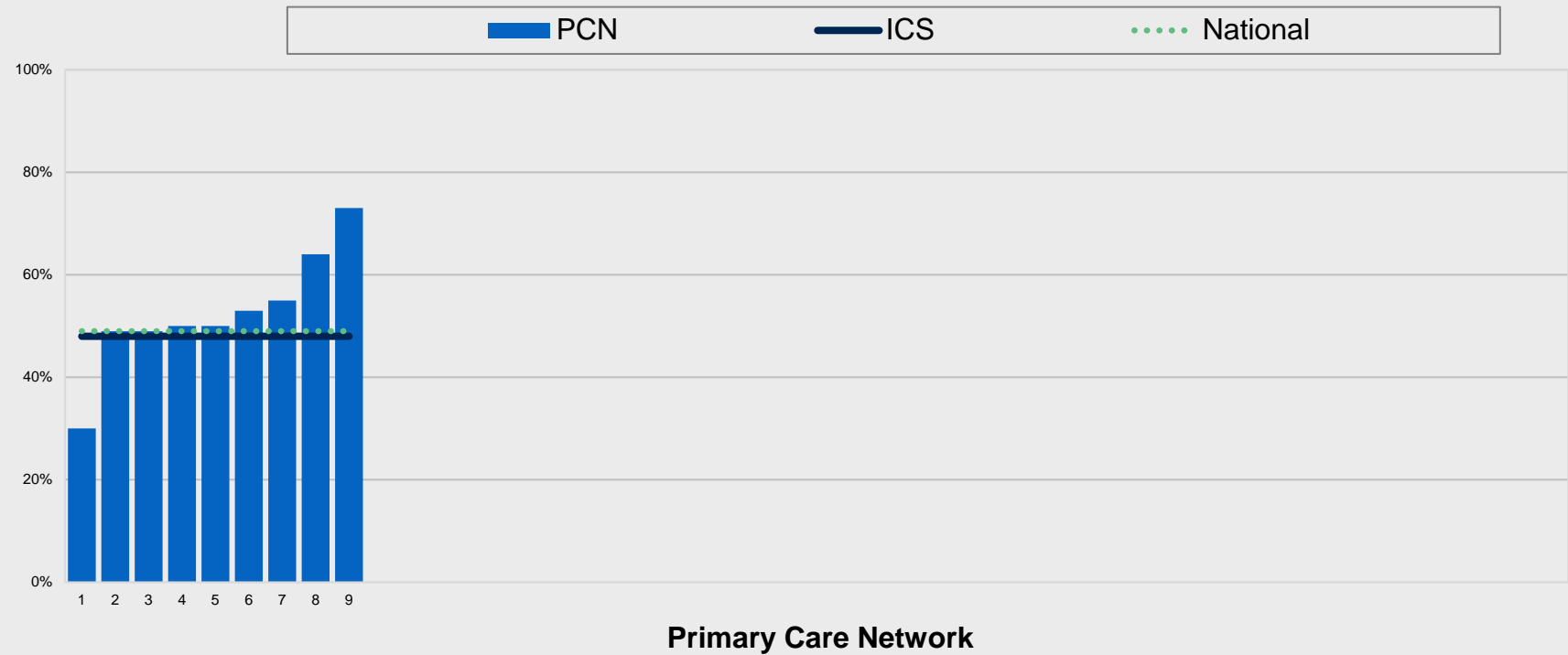


# Ease of contacting GP practice using the NHS App: how the results vary by PCN within the ICS

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

## Q3. Generally, how easy or difficult is it to contact your GP practice using the NHS App?

Percentage of patients saying it is 'easy' to contact GP practice using the NHS App



PCN	Name
1	TELDOC PCN
2	SHREWSBURY PCN
3	NEWPORT AND CENTRAL PCN
4	WREKIN PCN
5	SOUTH EAST TELFORD PCN
6	SE SHROPSHIRE PCN
7	NORTH SHROPSHIRE PCN
8	SHROPSHIRE RURAL ALLIANCE PCN
9	SW SHROPSHIRE PCN

**i** Comparisons are indicative only: differences may not be statistically significant

**i** %Easy = %Very easy + %Fairly easy

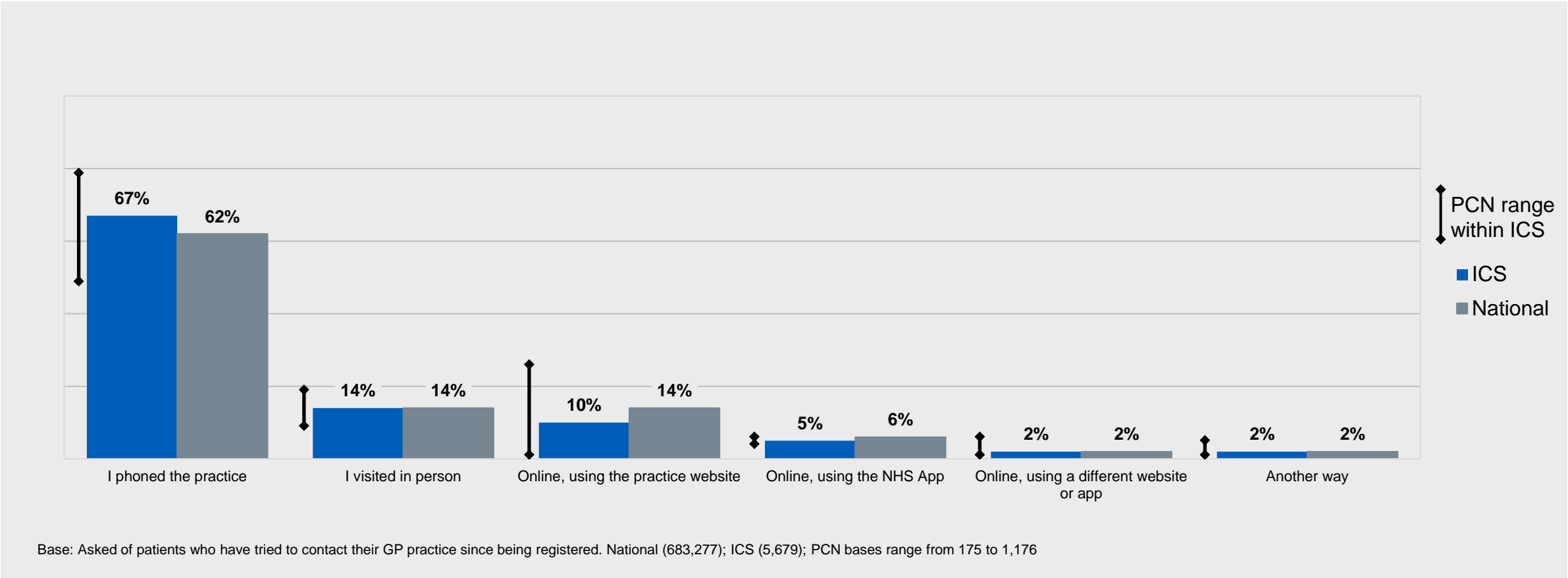
**i** PCNs are ordered from lowest to highest score, with PCN 1 being the lowest score.



# Method of contacting GP practice

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

## Q10. Still thinking about the last time you contacted your GP practice, how did you try to contact them?

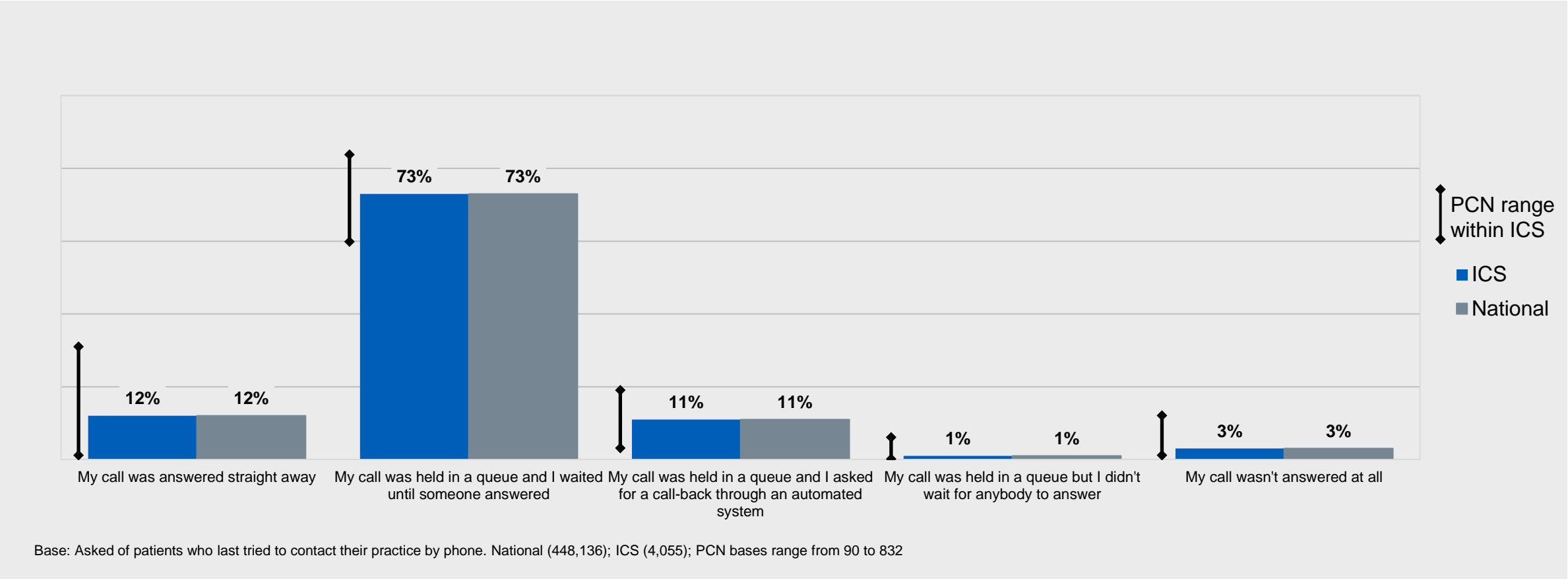


**i** Comparisons are indicative only: differences may not be statistically significant

# Outcome of phoning GP practice

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

## Q11. What happened when you phoned your GP practice on that occasion?



**i** Comparisons are indicative only: differences may not be statistically significant



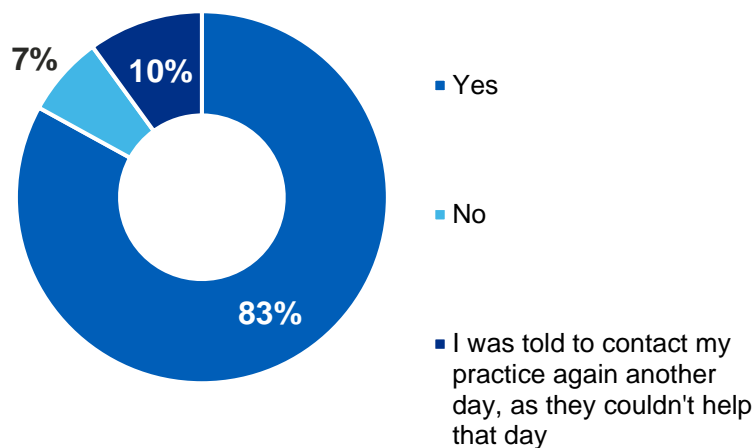
# Next step in dealing with request after contacting GP practice

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

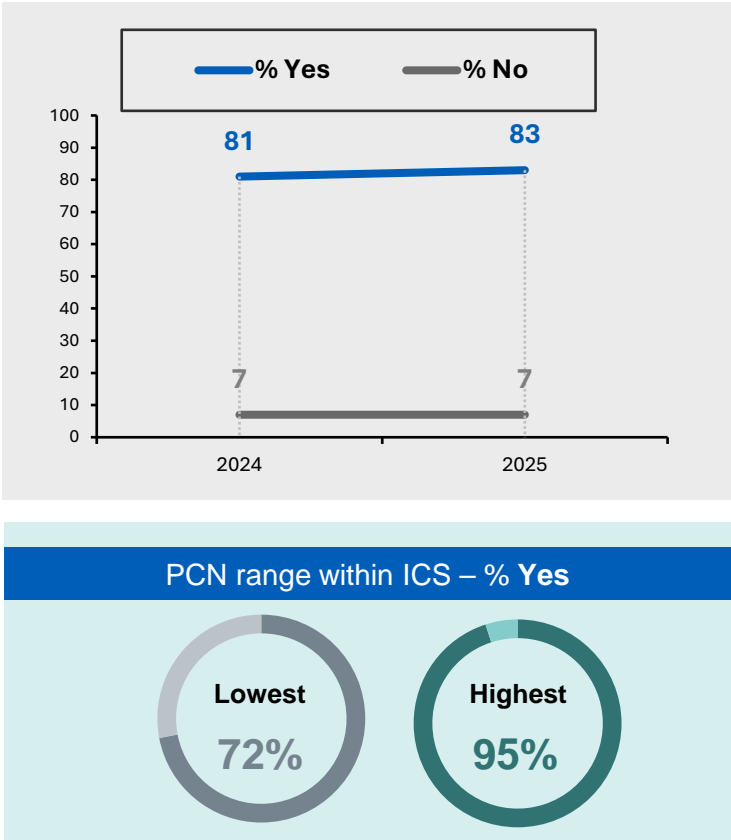
## Q12. Once you had contacted your GP practice, did you know what the next step in dealing with your request would be?

### ICS result



Base: Asked of patients who have tried to contact their GP practice since being registered, except those whose call was not answered. Patients who selected 'I couldn't contact my practice' have been excluded. National 2025 (654,818); ICS 2024 (5,272); ICS 2025 (5,480); PCN bases range from 152 to 1,143

### ICS result over time



### Comparison of results

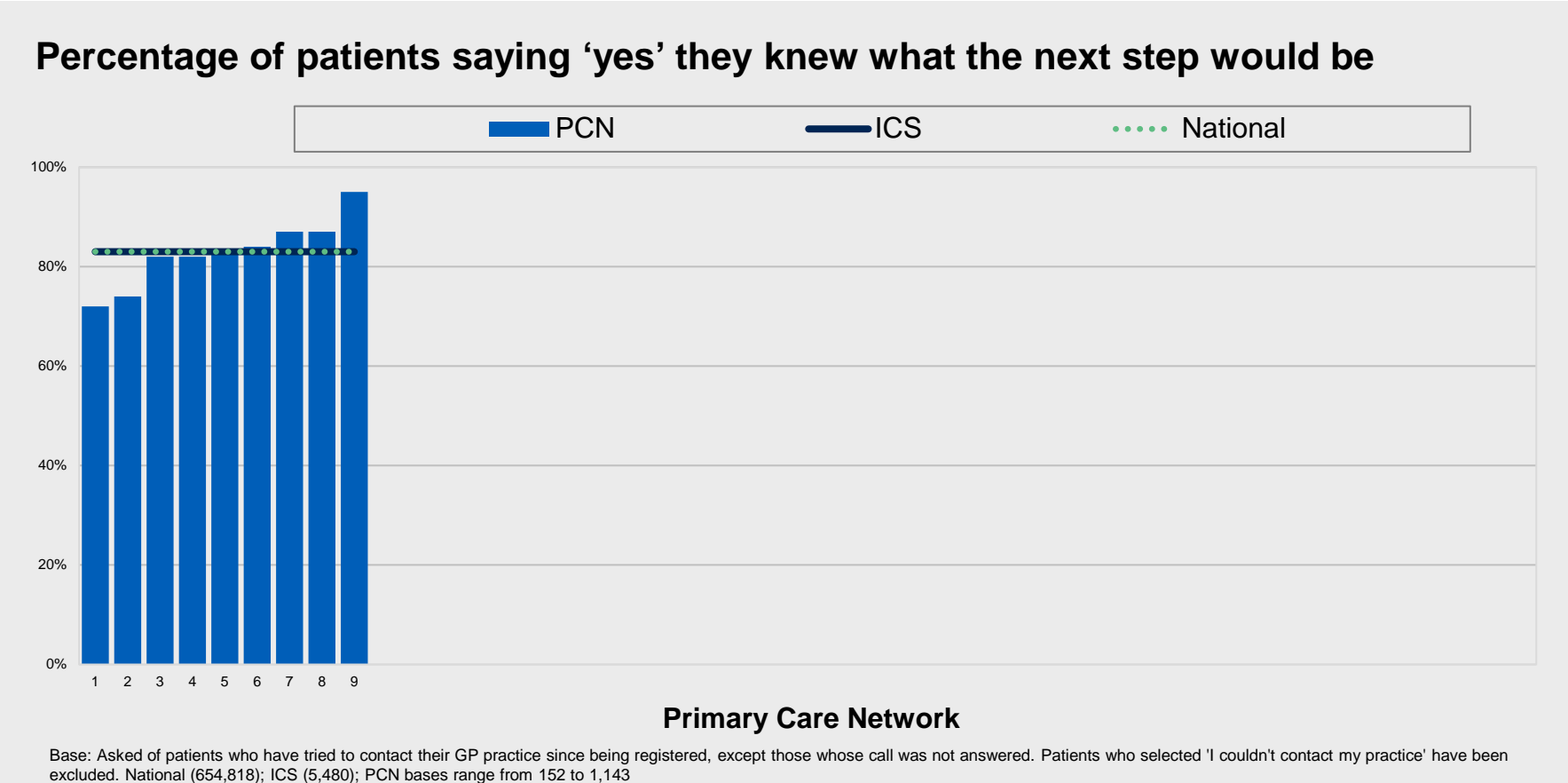
ICS		National	
Yes	No	Yes	No
83%	7%	83%	8%



# Next step in dealing with request after contacting GP practice: how the results vary by PCN within the ICS

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

Q12. Once you had contacted your GP practice, did you know what the next step in dealing with your request would be?



PCN	Name
1	SOUTH EAST TELFORD PCN
2	TELDOC PCN
3	WREKIN PCN
4	SHREWSBURY PCN
5	NEWPORT AND CENTRAL PCN
6	SE SHROPSHIRE PCN
7	NORTH SHROPSHIRE PCN
8	SHROPSHIRE RURAL ALLIANCE PCN
9	SW SHROPSHIRE PCN

i Comparisons are indicative only: differences may not be statistically significant

i %Yes

i PCNs are ordered from lowest to highest score, with PCN 1 being the lowest score.



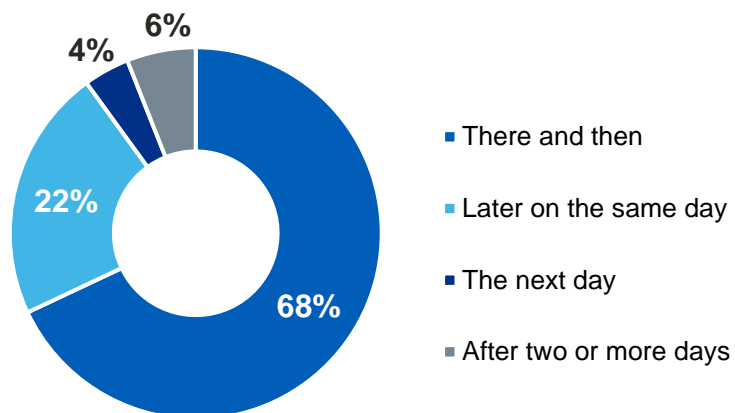
# Time taken to know next step

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

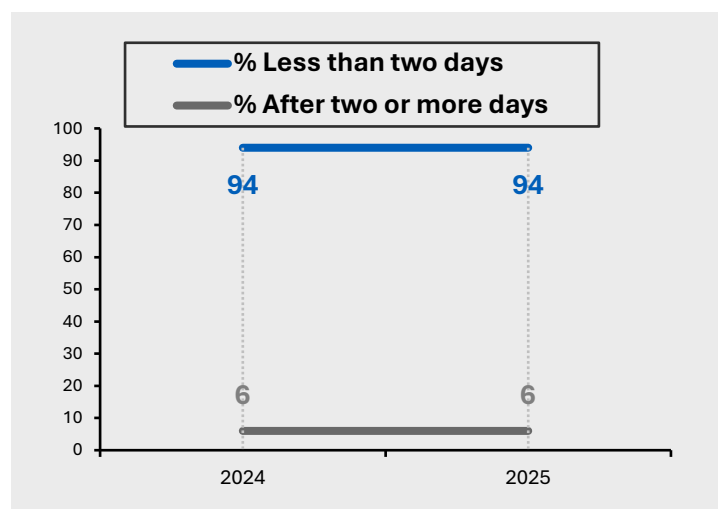
GP PATIENT SURVEY

## Q13. How soon after you contacted your GP practice did you know what the next step would be?

### ICS result



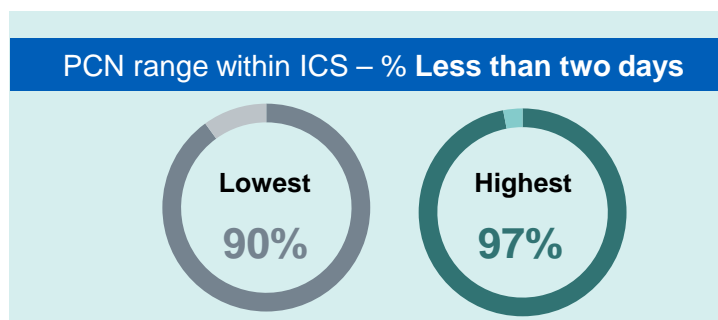
### ICS result over time



### Comparison of results

ICS		National	
Less than two days	After two or more days	Less than two days	After two or more days
94%	6%	93%	7%

Base: Asked of patients who knew what the next step in dealing with their request would be. Patients who selected 'I can't remember' have been excluded. National 2025 (523,686); ICS 2024 (4,319); ICS 2025 (4,500); PCN bases range from 103 to 936



**i** %Less than two days = %There and then + %Later on the same day + %The next day

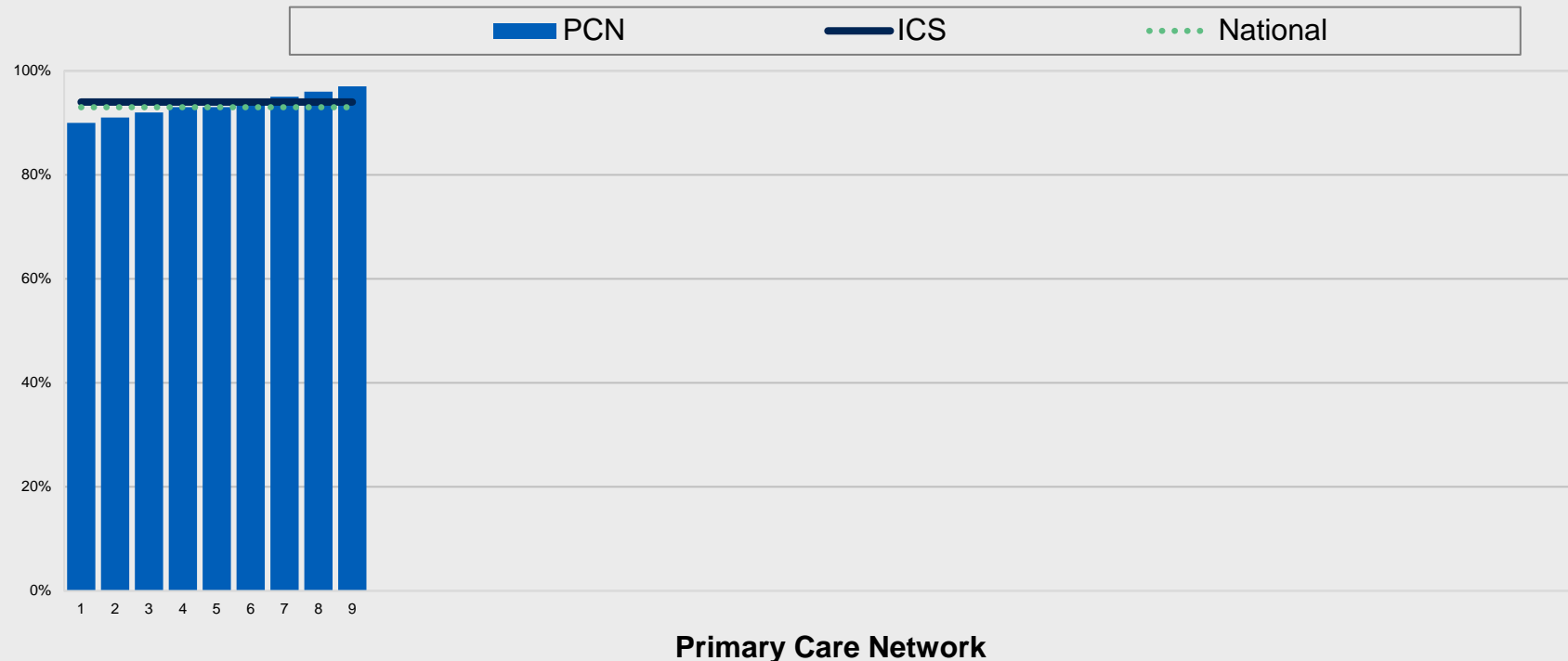
# Time taken to know next step: how the results vary by PCN within the ICS

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q13. How soon after you contacted your GP practice did you know what the next step would be?

## Percentage of patients who knew what the next step would be in 'less than two days'



PCN	Name
1	TELDOC PCN
2	WREKIN PCN
3	SOUTH EAST TELFORD PCN
4	SHREWSBURY PCN
5	SHROPSHIRE RURAL ALLIANCE PCN
6	NORTH SHROPSHIRE PCN
7	SW SHROPSHIRE PCN
8	SE SHROPSHIRE PCN
9	NEWPORT AND CENTRAL PCN

Base: Asked of patients who knew what the next step in dealing with their request would be. Patients who selected 'I can't remember' have been excluded. National (523,686); ICS (4,500); PCN bases range from 103 to 936

**i** Comparisons are indicative only: differences may not be statistically significant

**i** %Less than two days = %There and then + %Later on the same day + %The next day

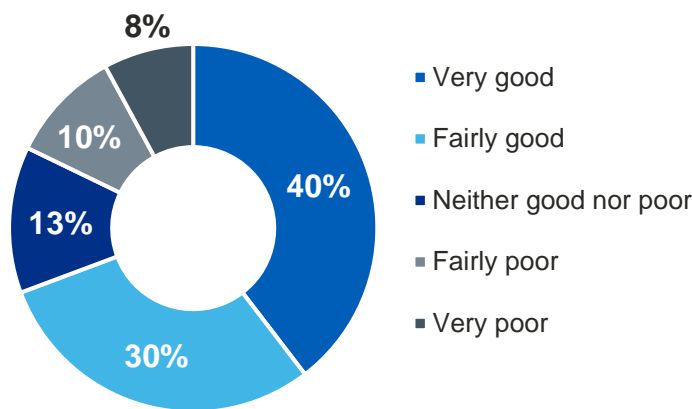


# Overall experience of contacting GP practice

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

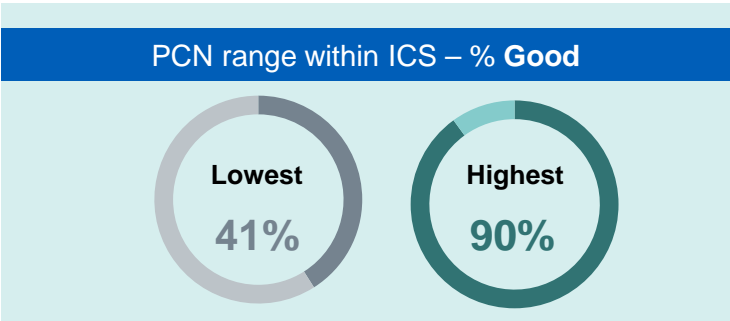
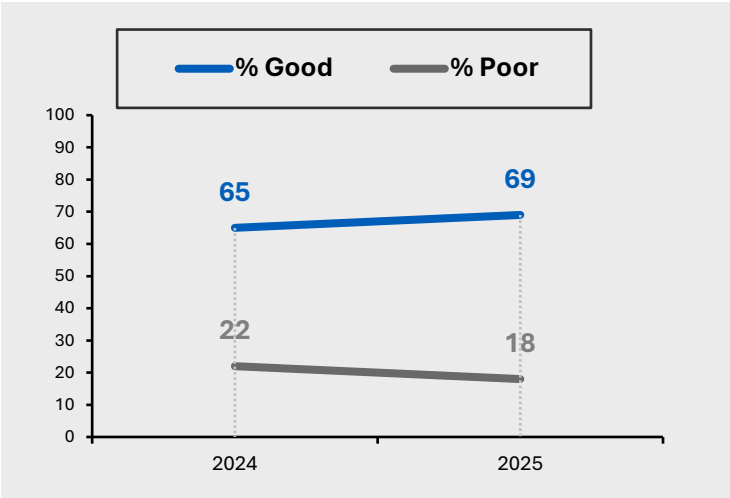
## Q16. Overall, how would you describe your experience of contacting your GP practice on this occasion?

### ICS result



Base: Asked of patients who have tried to contact their GP practice since being registered. National 2025 (686,100); ICS 2024 (5,580); ICS 2025 (5,700); PCN bases range from 178 to 1,182

### ICS result over time



### Comparison of results

ICS		National	
Good	Poor	Good	Poor
69%	18%	70%	17%

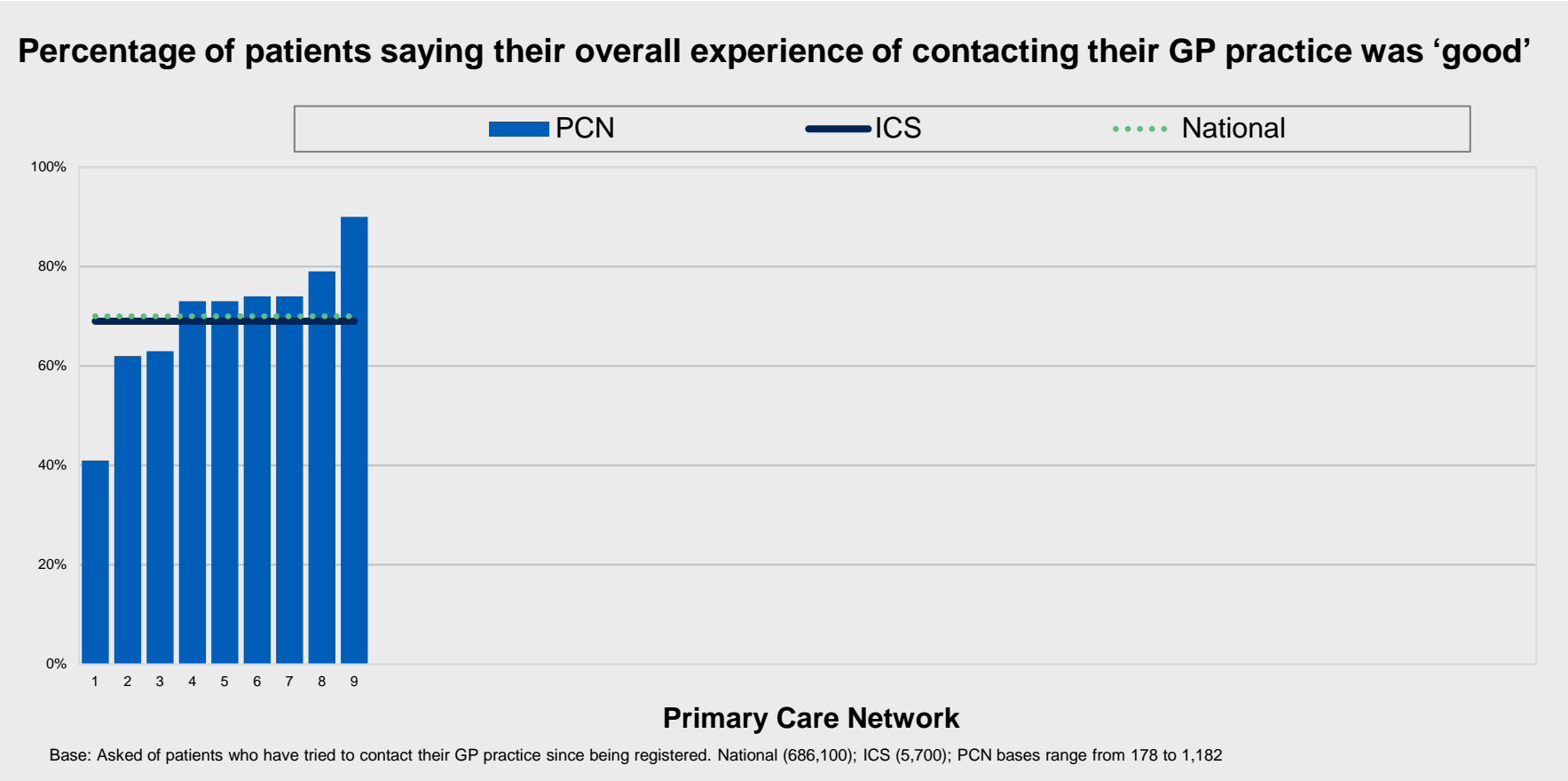
**i** %Good = %Very good + %Fairly good  
%Poor= %Very poor + %Fairly poor



# Overall experience of contacting GP practice: how the results vary by PCN within the ICS

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

## Q16. Overall, how would you describe your experience of contacting your GP practice on this occasion?



PCN	Name
1	TELDOC PCN
2	WREKIN PCN
3	SOUTH EAST TELFORD PCN
4	SHREWSBURY PCN
5	NEWPORT AND CENTRAL PCN
6	NORTH SHROPSHIRE PCN
7	SE SHROPSHIRE PCN
8	SHROPSHIRE RURAL ALLIANCE PCN
9	SW SHROPSHIRE PCN

**i** Comparisons are indicative only: differences may not be statistically significant

**i** %Good = %Very good + %Fairly good

**i** PCNs are ordered from lowest to highest score, with PCN 1 being the lowest score.



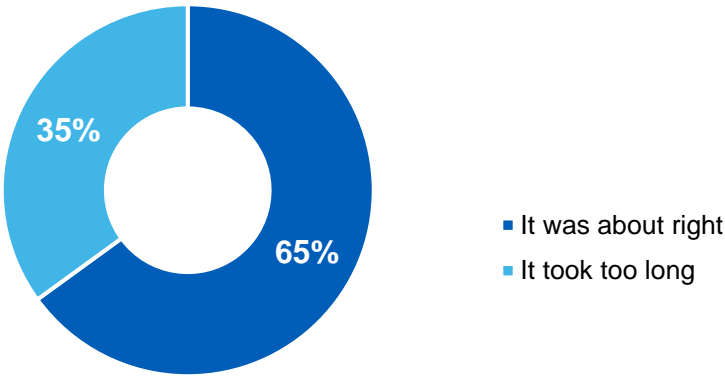
# Last appointment

# How patients felt about appointment wait time

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

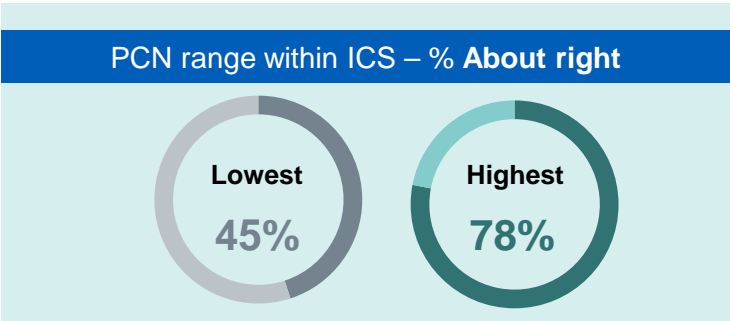
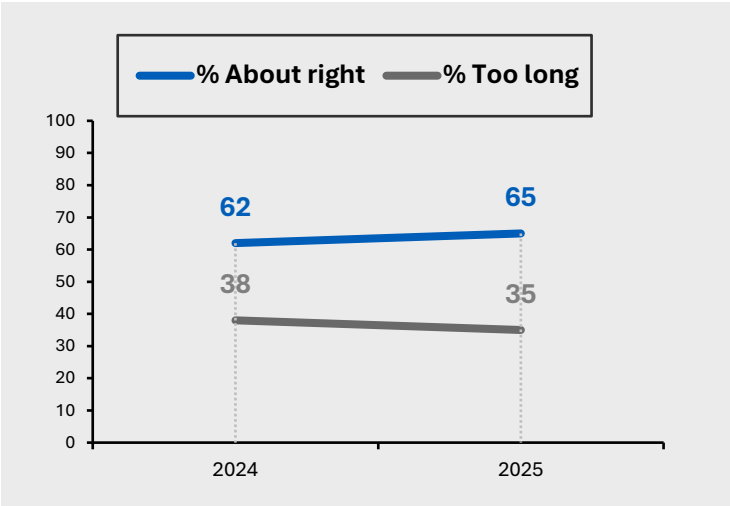
## Q21. How do you feel about how long you waited for your appointment?

### ICS result



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know' have been excluded. National 2025 (620,168); ICS 2024 (5,075); ICS 2025 (5,218); PCN bases range from 158 to 1,081

### ICS result over time



### Comparison of results

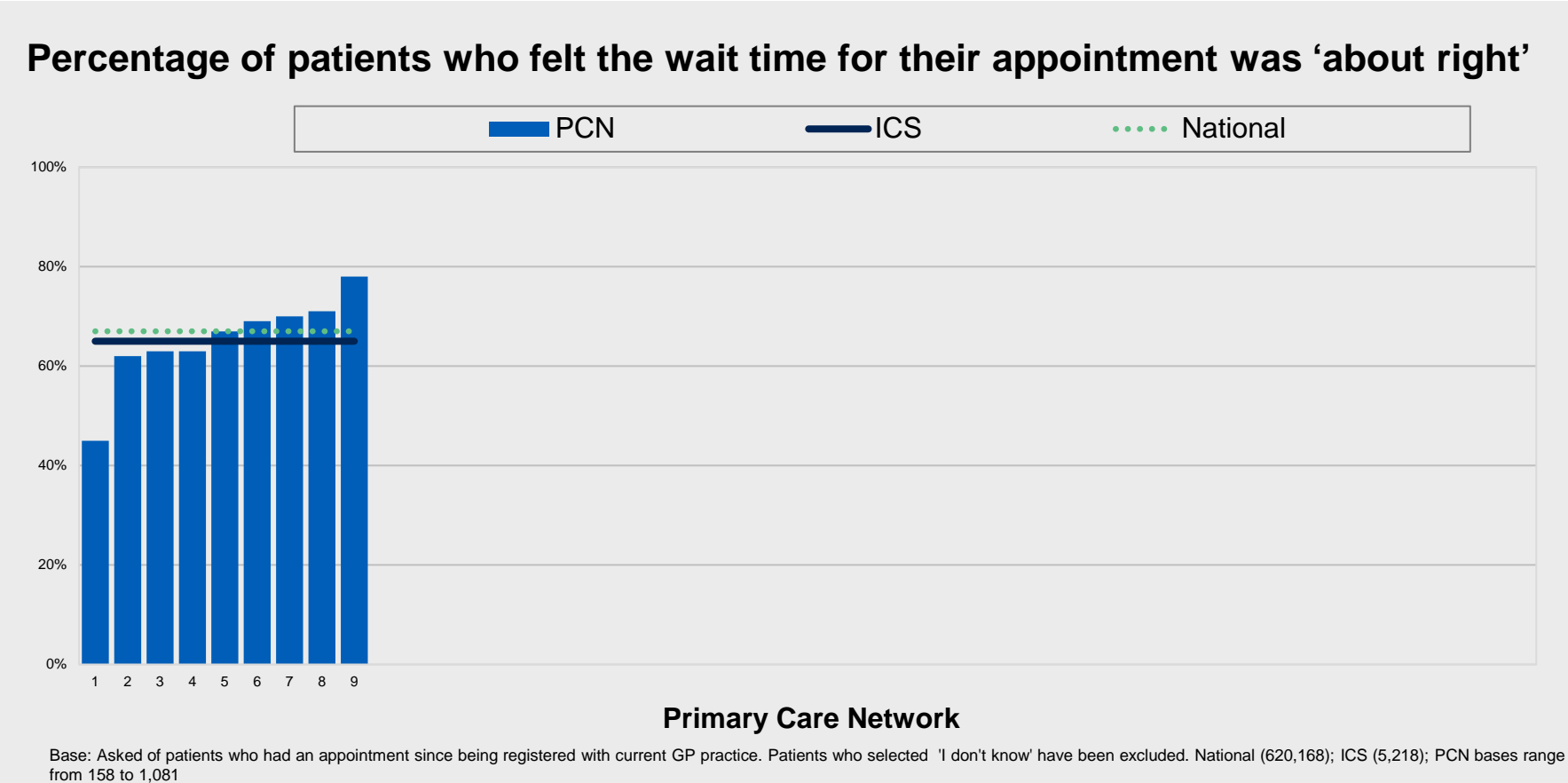
ICS		National	
About right	Too long	About right	Too long
65%	35%	67%	33%



# How patients felt about appointment wait time: how the results vary by PCN within the ICS

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

## Q21. How do you feel about how long you waited for your appointment?



PCN	Name
1	TELDOC PCN
2	WREKIN PCN
3	NORTH SHROPSHIRE PCN
4	SOUTH EAST TELFORD PCN
5	SHREWSBURY PCN
6	SE SHROPSHIRE PCN
7	NEWPORT AND CENTRAL PCN
8	SHROPSHIRE RURAL ALLIANCE PCN
9	SW SHROPSHIRE PCN

**i** Comparisons are indicative only: differences may not be statistically significant

**i** %About right

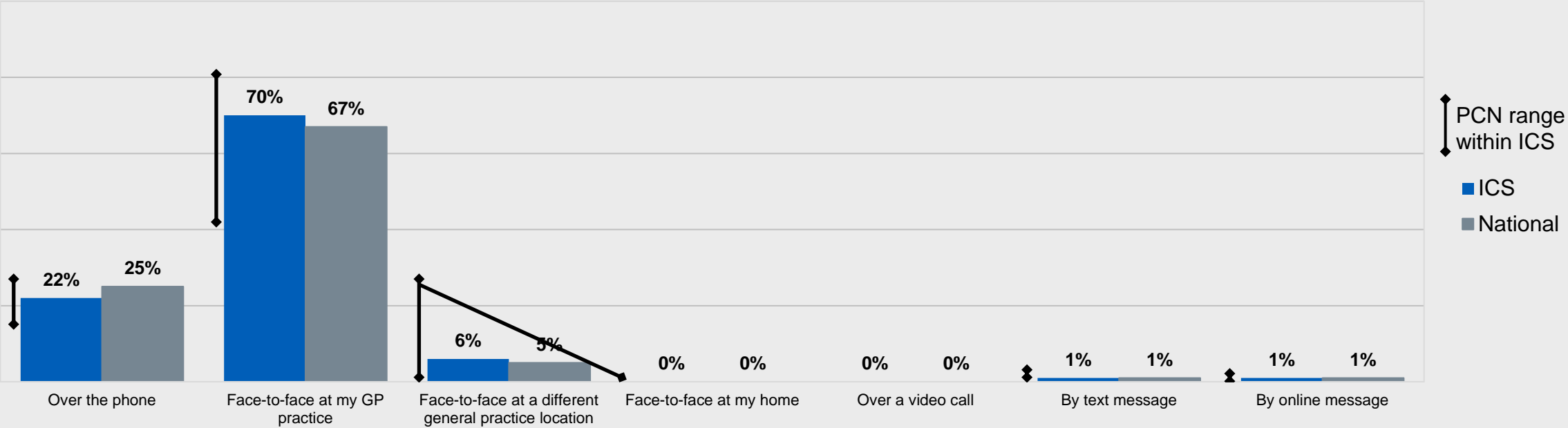
**i** PCNs are ordered from lowest to highest score, with PCN 1 being the lowest score.



# Type of appointment

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

## Q22. How did the appointment take place?



Base: Asked of patients who had an appointment since being registered with current GP practice. National (677,815); ICS (5,642); PCN bases range from 174 to 1,173

**i** Comparisons are indicative only: differences may not be statistically significant





# Perceptions of care at patients' last appointment

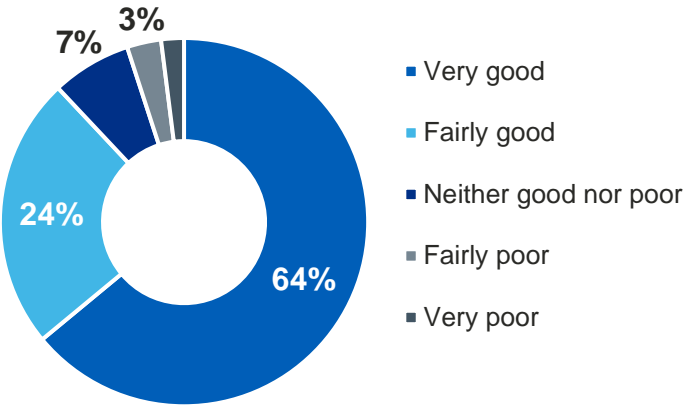


# Listened to by healthcare professional

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

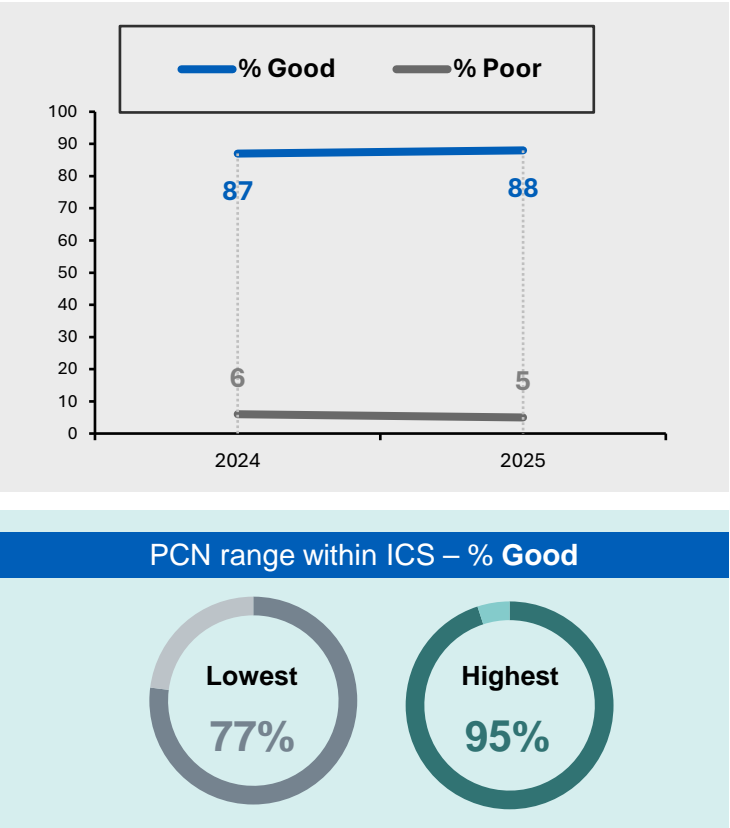
## Q24. During your last appointment, how good was the healthcare professional at listening to you?

### ICS result



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National 2025 (671,414); ICS 2024 (5,430); ICS 2025 (5,571); PCN bases range from 171 to 1,159

### ICS result over time



### Comparison of results

ICS		National	
Good	Poor	Good	Poor
88%	5%	87%	6%



%Good = %Very good + %Fairly good  
%Poor = %Very poor + %Fairly poor



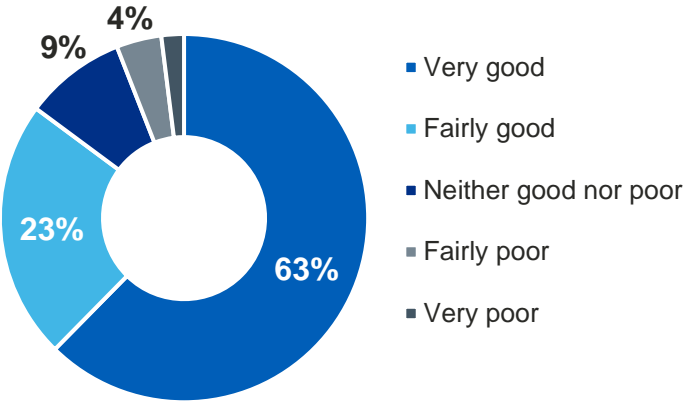
# Treated with care and concern by healthcare professional

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

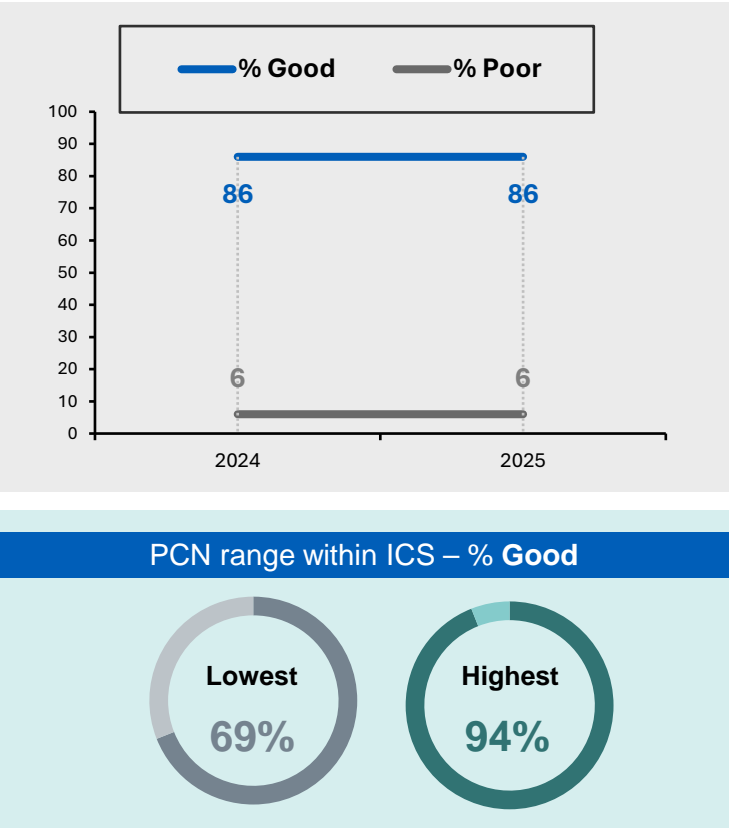
Q25. During your last appointment, how good was the healthcare professional at treating you with care and concern?

## ICS result



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National 2025 (670,865); ICS 2024 (5,431); ICS 2025 (5,574); PCN bases range from 172 to 1,158

## ICS result over time



## Comparison of results

ICS		National	
Good	Poor	Good	Poor
86%	6%	86%	6%



%Good = %Very good + %Fairly Good  
%Poor = %Very poor + %Fairly poor



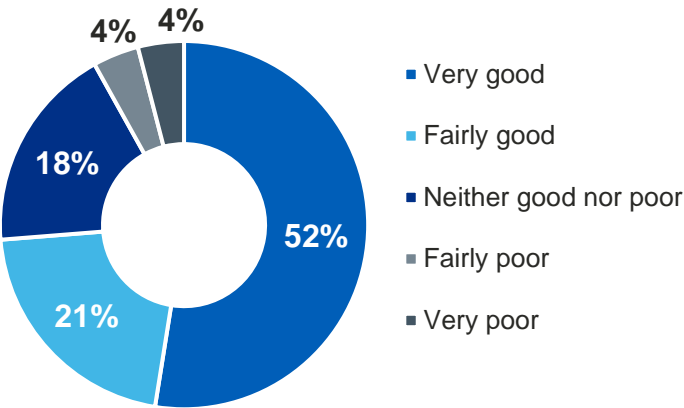
# Mental wellbeing considered by healthcare professional

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

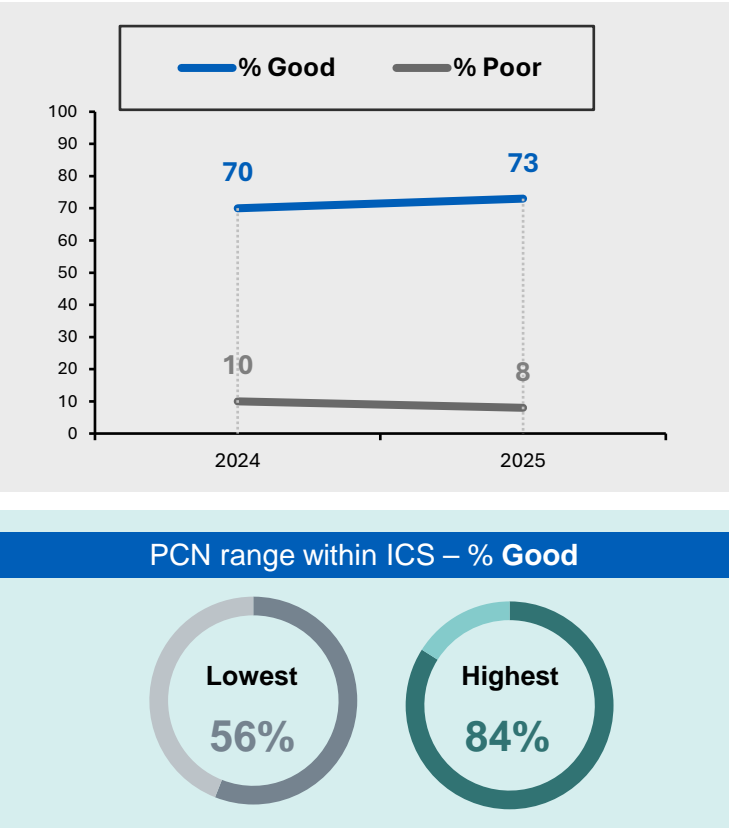
Q26. During your last appointment, how good was the healthcare professional at considering your mental wellbeing?

## ICS result



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National 2025 (514,139); ICS 2024 (3,938); ICS 2025 (4,063); PCN bases range from 125 to 860

## ICS result over time



## Comparison of results

ICS		National	
Good	Poor	Good	Poor
73%	8%	74%	9%



%Good = %Very good + % Fairly good  
%Poor = %Very poor + %Fairly poor

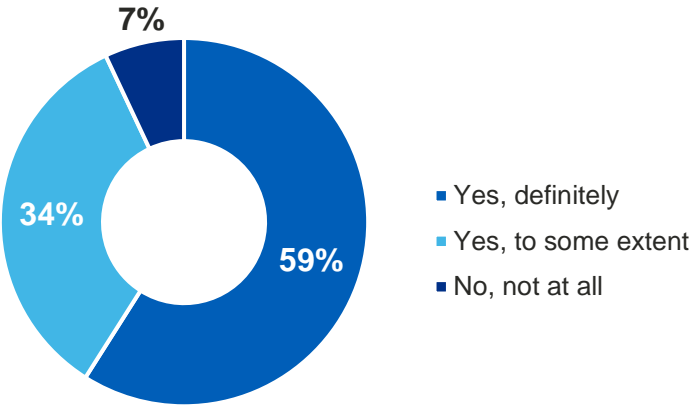


# Felt healthcare professional had information they needed

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

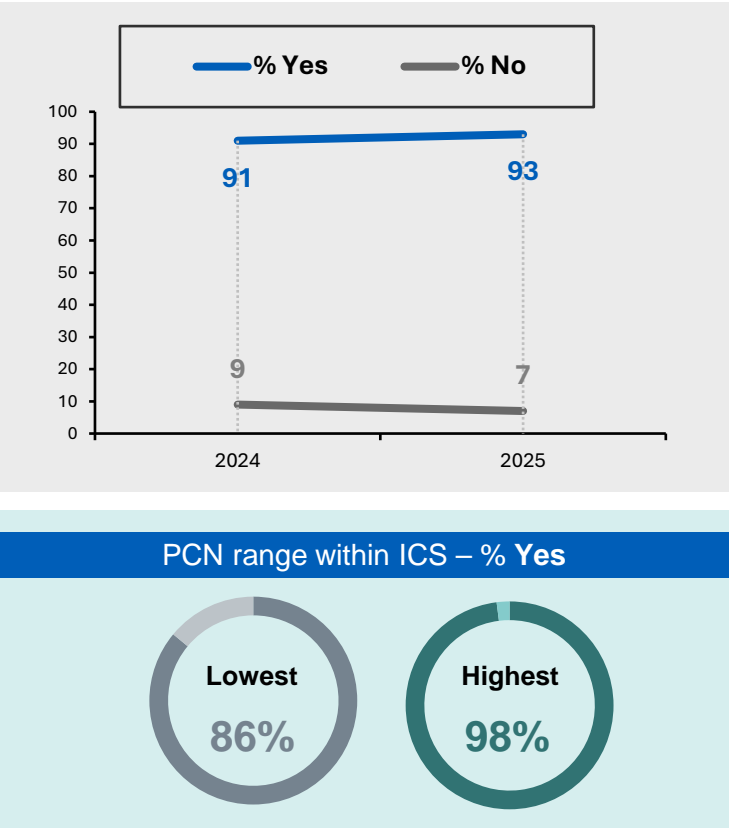
## Q27. Did you feel that the healthcare professional had all the information they needed about you?

### ICS result



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National 2025 (650,445); ICS 2024 (5,265); ICS 2025 (5,420); PCN bases range from 164 to 1,129

### ICS result over time



### Comparison of results

ICS		National	
Yes	No	Yes	No
93%	7%	92%	8%



%Yes = %Yes, definitely + %Yes, to some extent

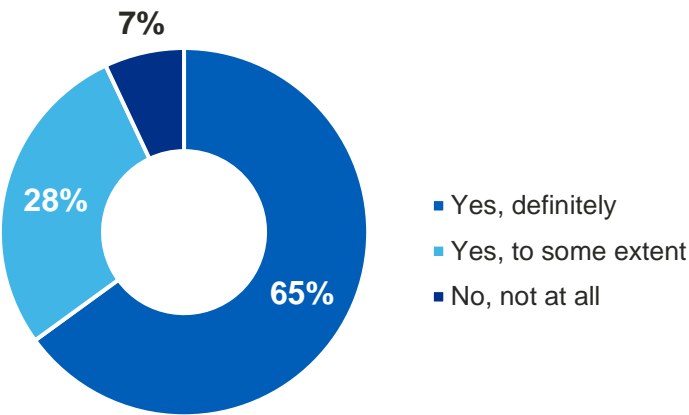
# Confidence and trust in healthcare professional

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

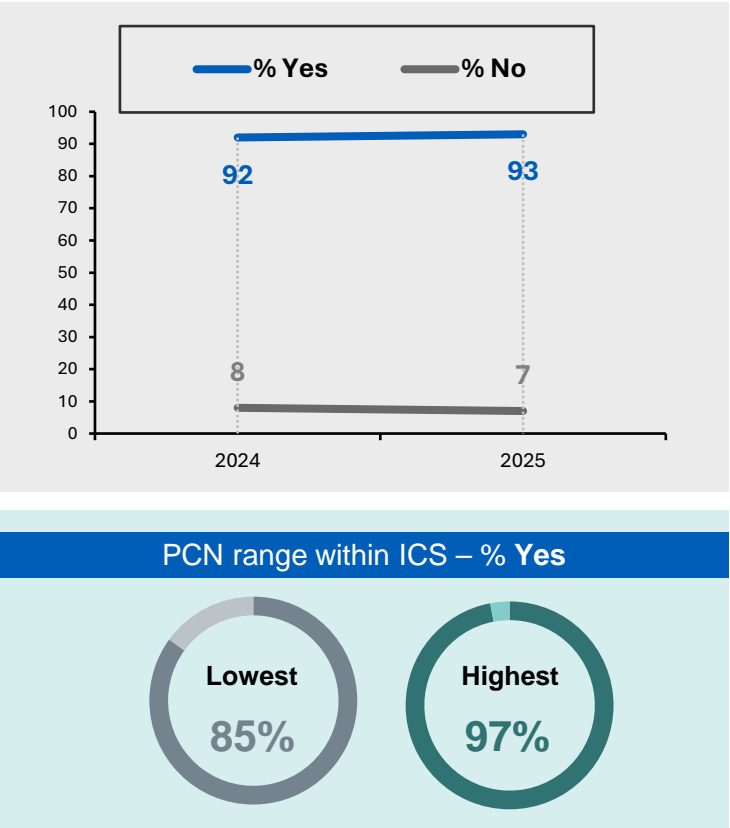
## Q28. Did you have confidence and trust in the healthcare professional you saw or spoke to?

### ICS result



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National 2025 (665,885); ICS 2024 (5,408); ICS 2025 (5,575); PCN bases range from 171 to 1,159

### ICS result over time



### Comparison of results

ICS		National	
Yes	No	Yes	No
93%	7%	93%	7%



%Yes = %Yes, definitely + %Yes, to some extent

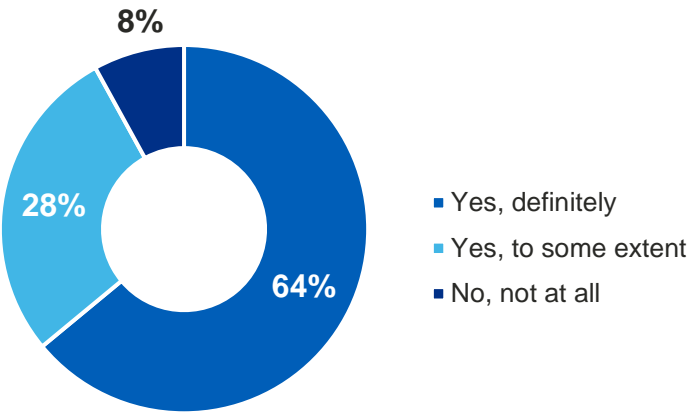


# Involved in decisions about care and treatment

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

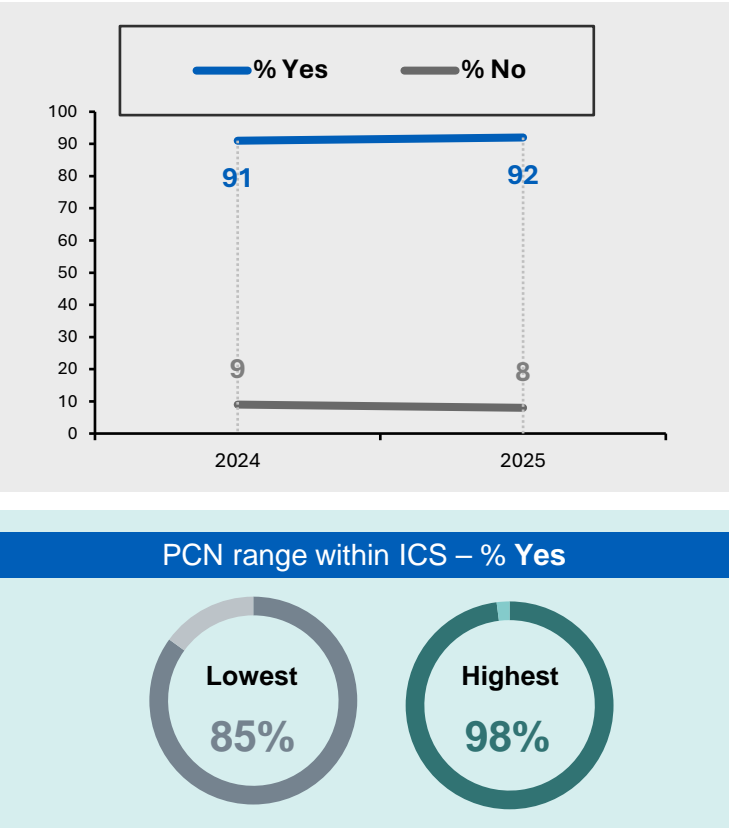
Q29. At your last appointment, were you involved as much as you wanted to be in decisions about your care and treatment?

## ICS result



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National 2025 (635,043); ICS 2024 (5,152); ICS 2025 (5,283); PCN bases range from 163 to 1,087

## ICS result over time



## Comparison of results

ICS		National	
Yes	No	Yes	No
92%	8%	91%	9%



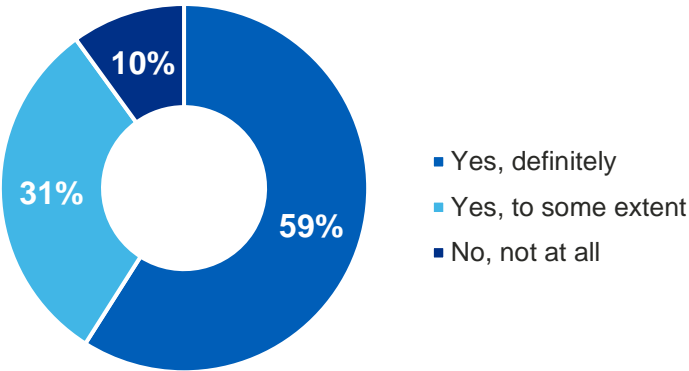
%Yes = %Yes, definitely + %Yes, to some extent

# Needs met

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

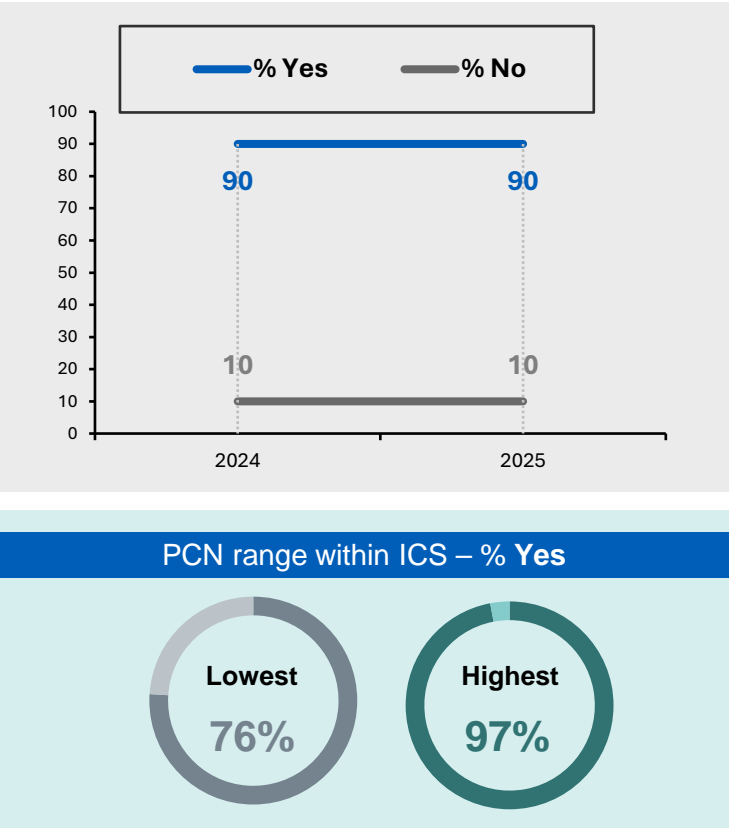
## Q31. Thinking about the reason for your last appointment, were your needs met?

### ICS result



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National 2025 (666,889); ICS 2024 (5,438); ICS 2025 (5,571); PCN bases range from 172 to 1,163

### ICS result over time



### Comparison of results

ICS		National	
Yes	No	Yes	No
90%	10%	90%	10%



%Yes = %Yes, definitely + %Yes, to some extent



# Care and concern

# Care and concern – in detail

GPPS can be used to look at how experience varies among different patient groups.

To demonstrate **one example** of this, the following three slides break down the results by a selection of key demographic variables for the question: “Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?”.

- The charts present a summary result of % Good: a combination of ‘% Very good’ and ‘% Fairly good’.
- The answer options for each of the demographic questions are displayed in the order they appear in the questionnaire.

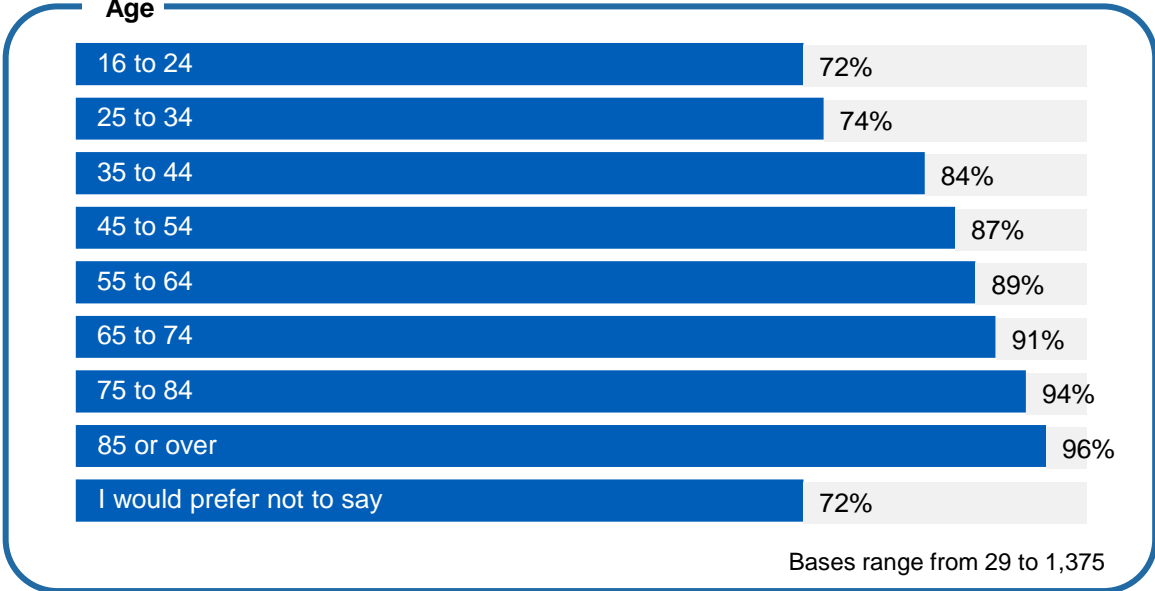
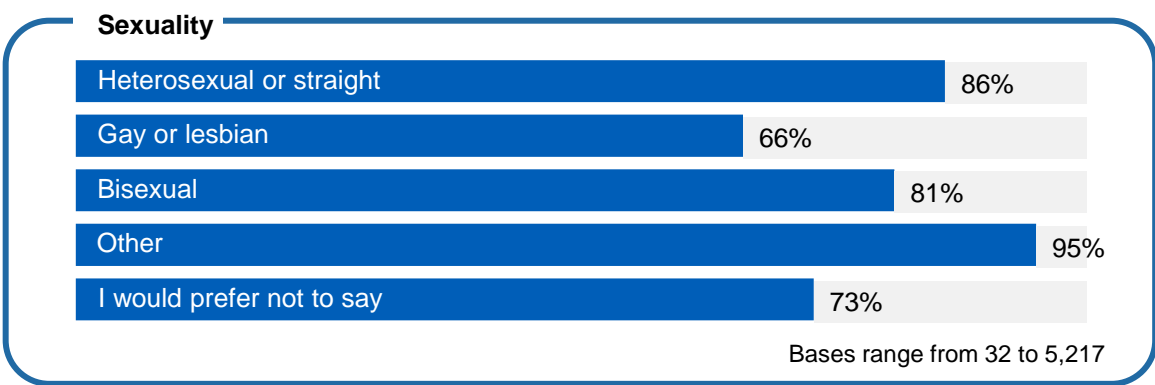
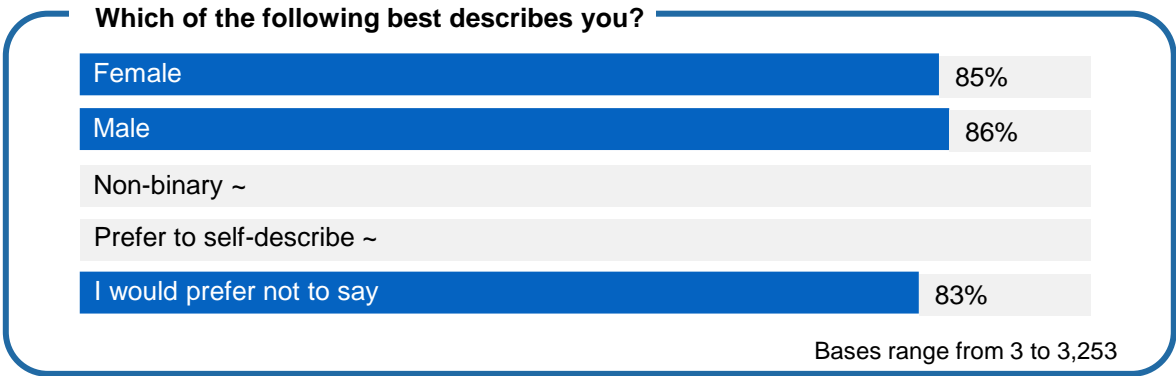
Please note all comparisons are indicative only. Differences in experience between different groups of patients may not be statistically significant and may be influenced by other factors.

To break down the survey results by patient demographics for **all other questions** at national, ICS, PCN and practice level, go to <https://gp-patient.co.uk/analysistool>.

# Q25. During your last appointment, how good was the healthcare professional at treating you with care and concern?

% Good<sup>1</sup> (total)

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM



<sup>1</sup>Good = %Very good + %Fairly good  
Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. ICS (5,574).



# Q25. During your last appointment, how good was the healthcare professional at treating you with care and concern?

GP PATIENT SURVEY

% Good<sup>1</sup> (total)

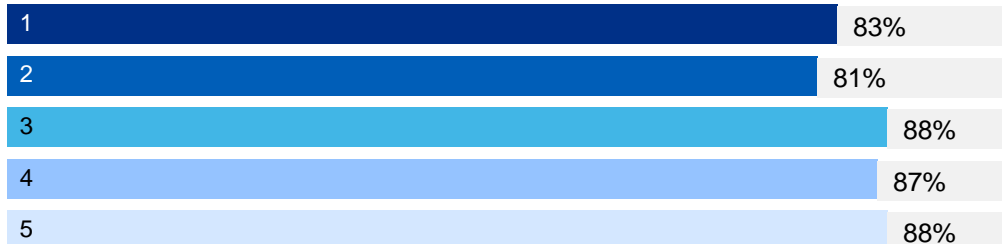
SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

All patients (ICS)



IMD deprivation quintiles

Most Deprived



Least Deprived

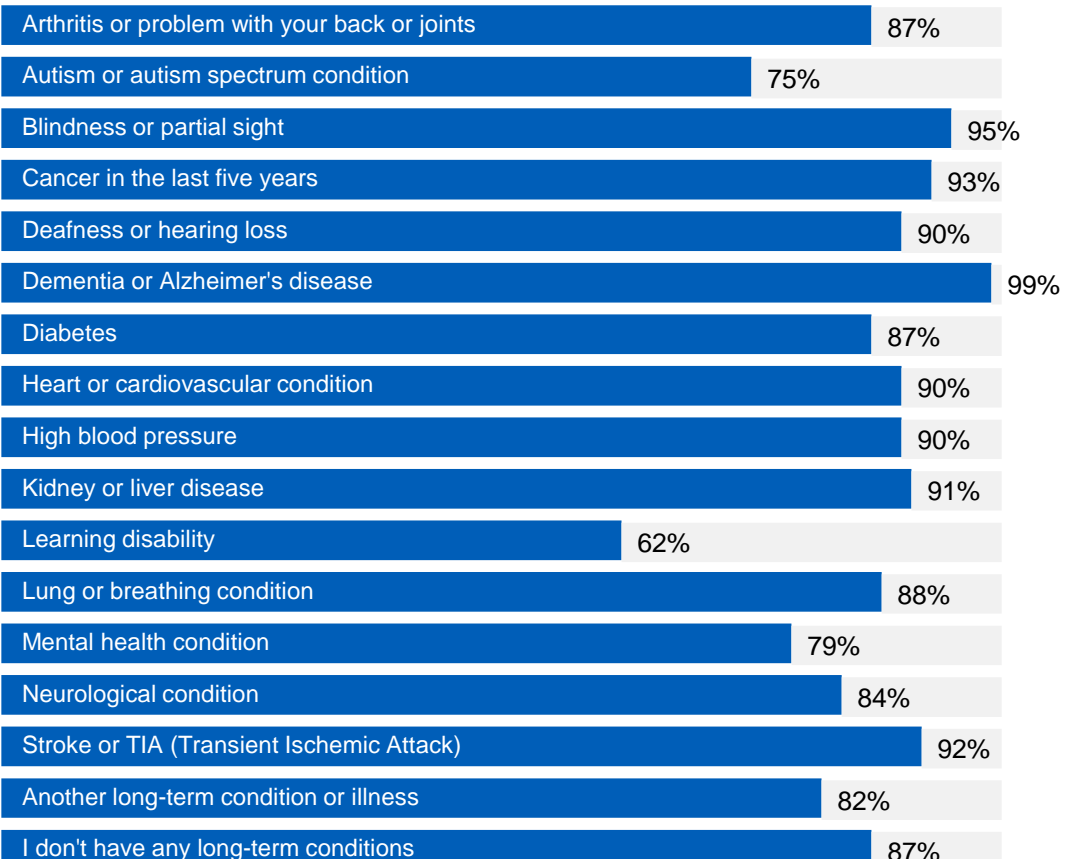
Bases range from 425 to 1,526

Disability<sup>2</sup>



Base: 2,224

Long-term condition



Bases range from 40 to 1,760

<sup>1</sup>Good = %Very good + %Fairly good

<sup>2</sup>Disability = 'Yes, a lot' + 'Yes, a little' at Q41. Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? for patients identified as having a long-term condition or illness expected to last 12 months or more.

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. ICS (5,574).

## Q25. During your last appointment, how good was the healthcare professional at treating you with care and concern?

GP PATIENT SURVEY

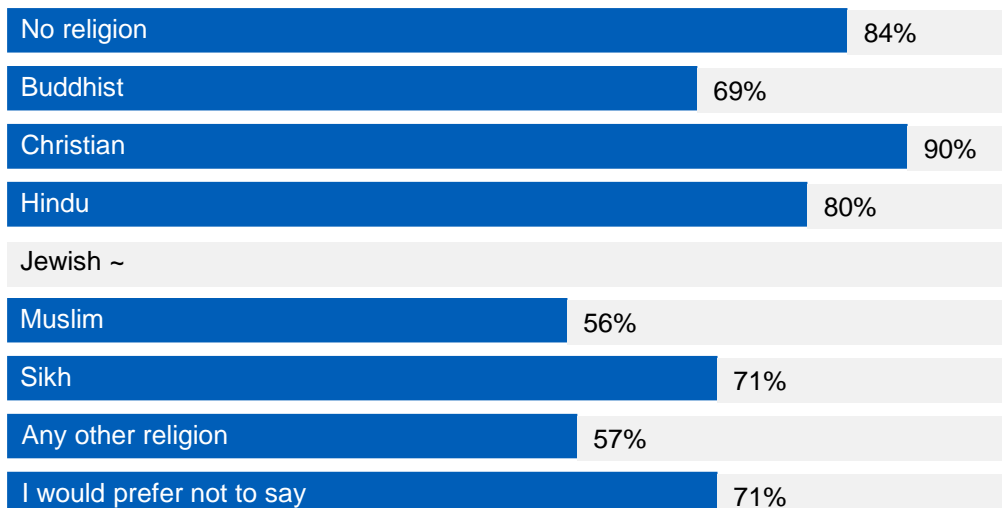
% Good<sup>1</sup> (total)

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

### All patients (ICS)

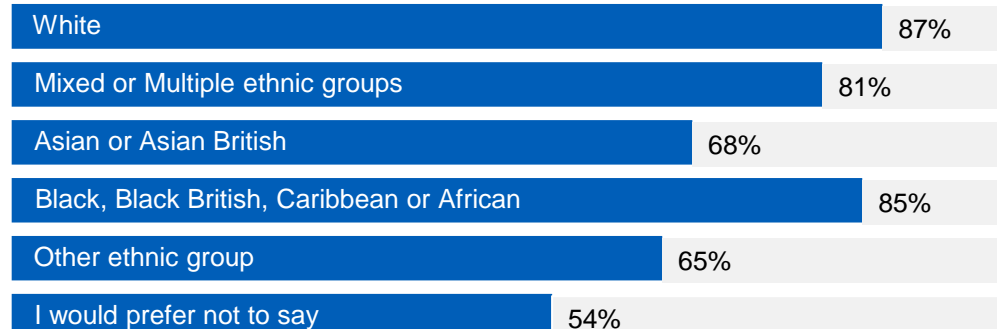


### Religion



Bases range from 2 to 3,284

### Ethnicity<sup>2</sup>



Bases range from 15 to 5,267

### Carer<sup>3</sup>



Bases range from 1,100 to 4,433

<sup>1</sup>Good = %Very good + %Fairly good

<sup>2</sup>A more detailed ethnicity breakdown is available, but individual base sizes may be too small for robust analysis

<sup>3</sup>Carer = Any 'yes' at Q61. Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. ICS (5,574).



# Services when GP practice is closed

*These questions are only asked of people who have recently contacted or used an NHS service when they wanted care or advice from a healthcare professional at their GP practice but it was closed. As such, the base size is often too small to make meaningful comparisons at PCN level. The PCN range within ICS has therefore not been included for these questions.*

*Please note that patients cannot always distinguish between these services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.*

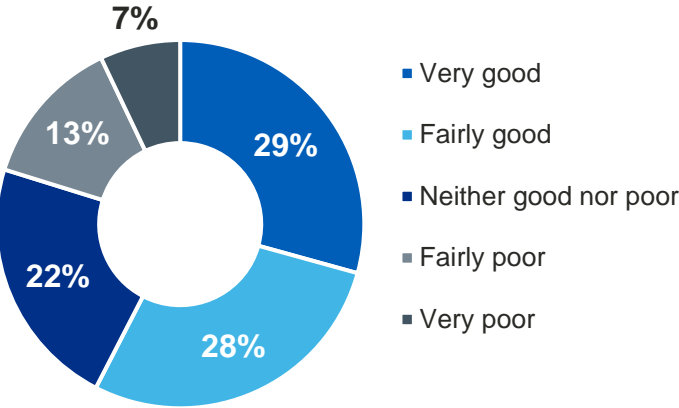
# Overall experience of services when GP practice is closed

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

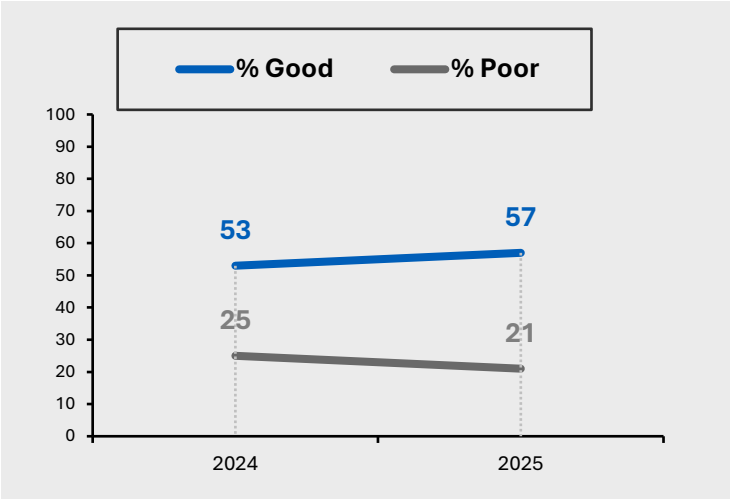
Q36. Overall, how would you describe your experience of NHS services on this occasion when your GP practice was closed?

## ICS result



Base: Asked of patients who contacted or used an NHS service, in the last 12 months, when they wanted care or advice from a healthcare professional at their GP practice but it was closed. National 2025 (193,580); ICS 2024 (1,273). ICS 2025 (1,344);

## ICS result over time



## Comparison of results

ICS		National	
Good	Poor	Good	Poor
57%	21%	57%	21%

**i** %Good = %Very good + %Fairly good  
%Poor= %Very poor + %Fairly poor





# Managing health conditions

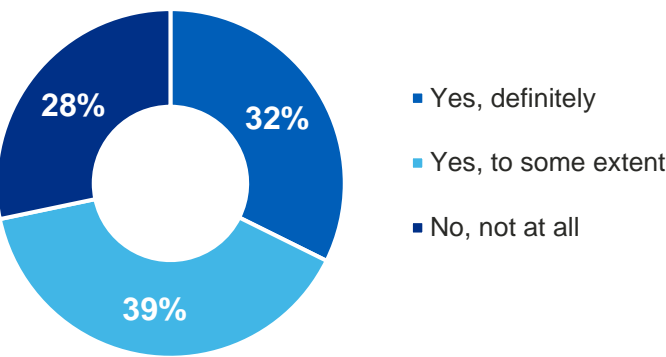
# Support with managing conditions or illnesses

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

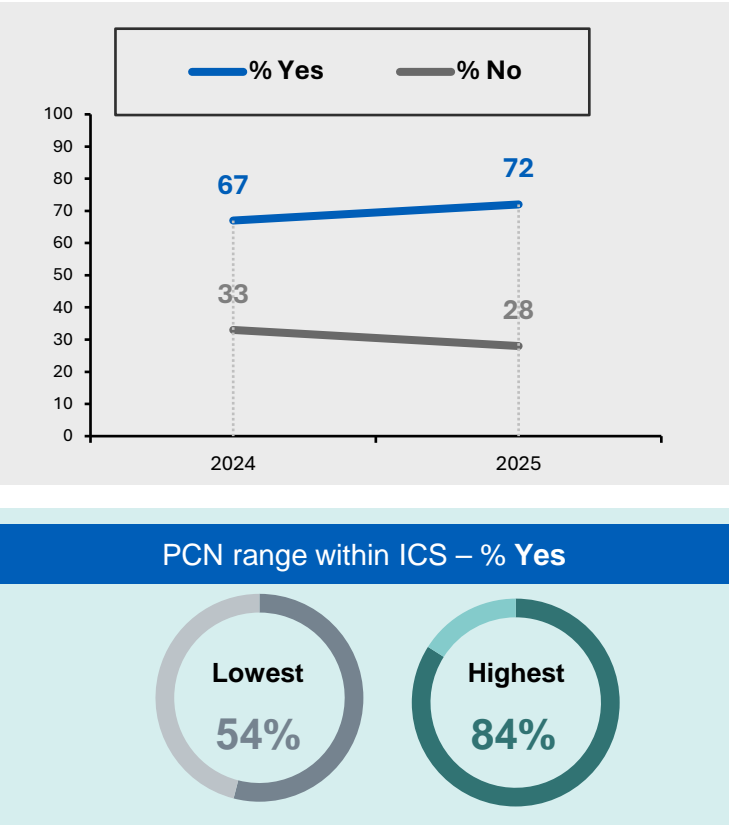
Q43. In the last 12 months, have you had enough support from local services or organisations to help you manage your conditions or illnesses?

## ICS result



Base: Asked of all patients with a long-term condition or illness. Patients who selected 'I haven't needed support' or 'I don't know' have been excluded. National 2025 (337,532); ICS 2024 (2,629); ICS 2025 (2,784); PCN bases range from 93 to 553

## ICS result over time



## Comparison of results

ICS		National	
Yes	No	Yes	No
72%	28%	69%	31%

**i** %Yes = %Yes, definitely + %Yes, to some extent



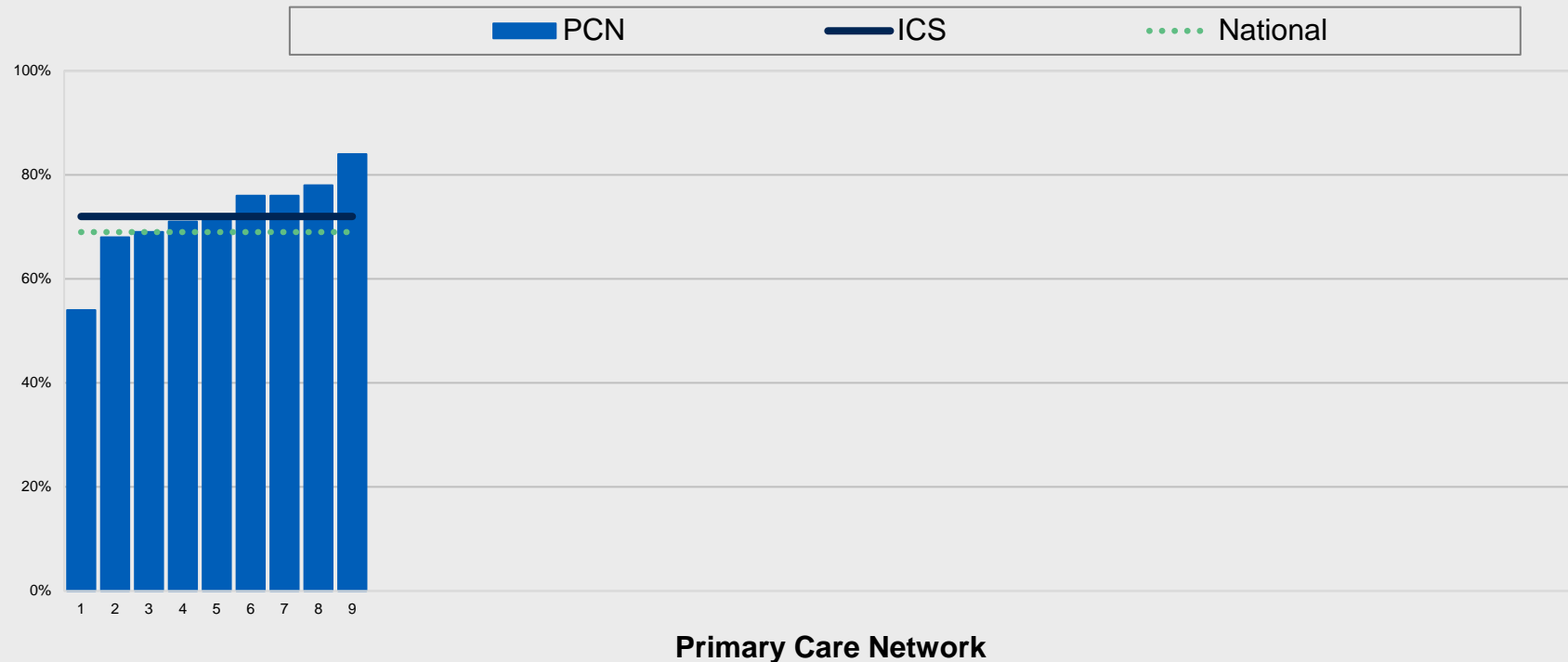
# Support with managing conditions or illnesses: how the results vary by PCN within the ICS

GP PATIENT SURVEY

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

Q43. In the last 12 months, have you had enough support from local services or organisations to help you manage your conditions or illnesses?

## Percentage of patients saying 'yes' they have had enough support to manage their conditions or illnesses



PCN	Name
1	TELDOC PCN
2	WREKIN PCN
3	SOUTH EAST TELFORD PCN
4	NORTH SHROPSHIRE PCN
5	NEWPORT AND CENTRAL PCN
6	SHREWSBURY PCN
7	SHROPSHIRE RURAL ALLIANCE PCN
8	SE SHROPSHIRE PCN
9	SW SHROPSHIRE PCN

Base: Asked of all patients with a long-term condition or illness. Patients who selected 'I haven't needed support' or 'I don't know' have been excluded. National (337,532); ICS (2,784); PCN bases range from 93 to 553

**i** Comparisons are indicative only: differences may not be statistically significant

**i** %Yes = %Yes, definitely + %Yes, to some extent

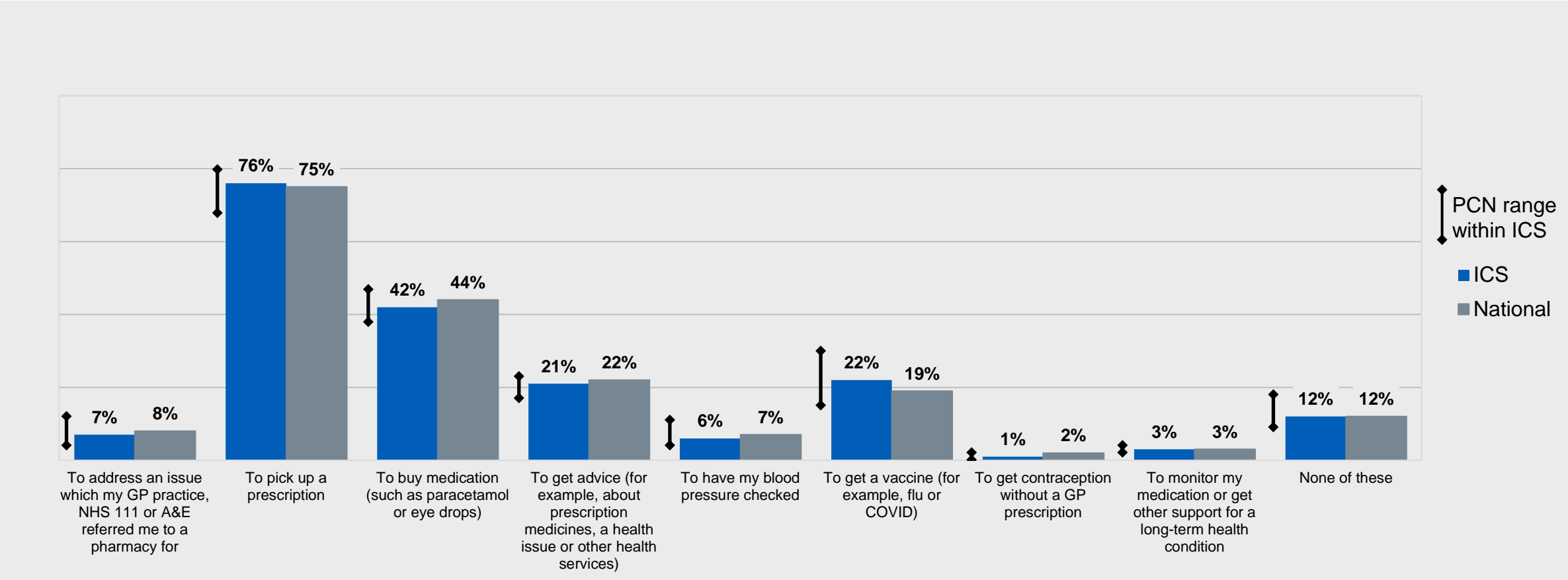
**i** PCNs are ordered from lowest to highest score, with PCN 1 being the lowest score.

# Pharmacy services

# Pharmacy services used in the last 12 months

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

Q47. Thinking about the last 12 months, which of the following services have you used a pharmacy for?



Base: Asked of all patients. National (698,984); ICS (5,797); PCN bases range from 183 to 1,212

**i** Comparisons are indicative only: differences may not be statistically significant

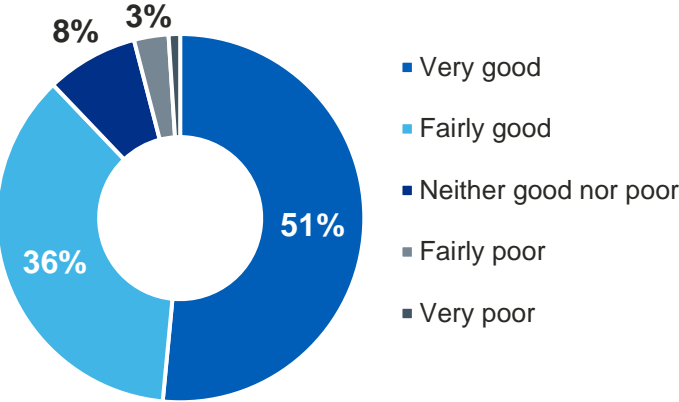


# Overall experience of pharmacy services

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

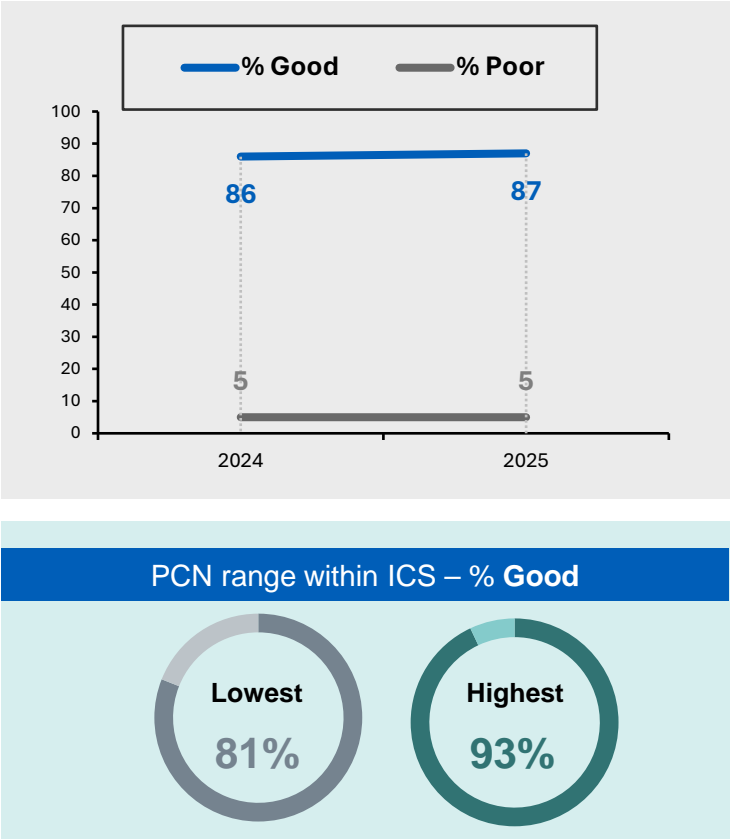
## Q48. How would you describe your experience of using these pharmacy services?

### ICS result



Base: Asked of patients who have used pharmacy services in the last 12 months. National 2025 (631,337); ICS 2024 (5,101); ICS 2025 (5,223); PCN bases range from 165 to 1,091

### ICS result over time



### Comparison of results

ICS		National	
Good	Poor	Good	Poor
87%	5%	88%	4%

**i** %Good = %Very good + %Fairly good  
%Poor= %Very poor + %Fairly poor



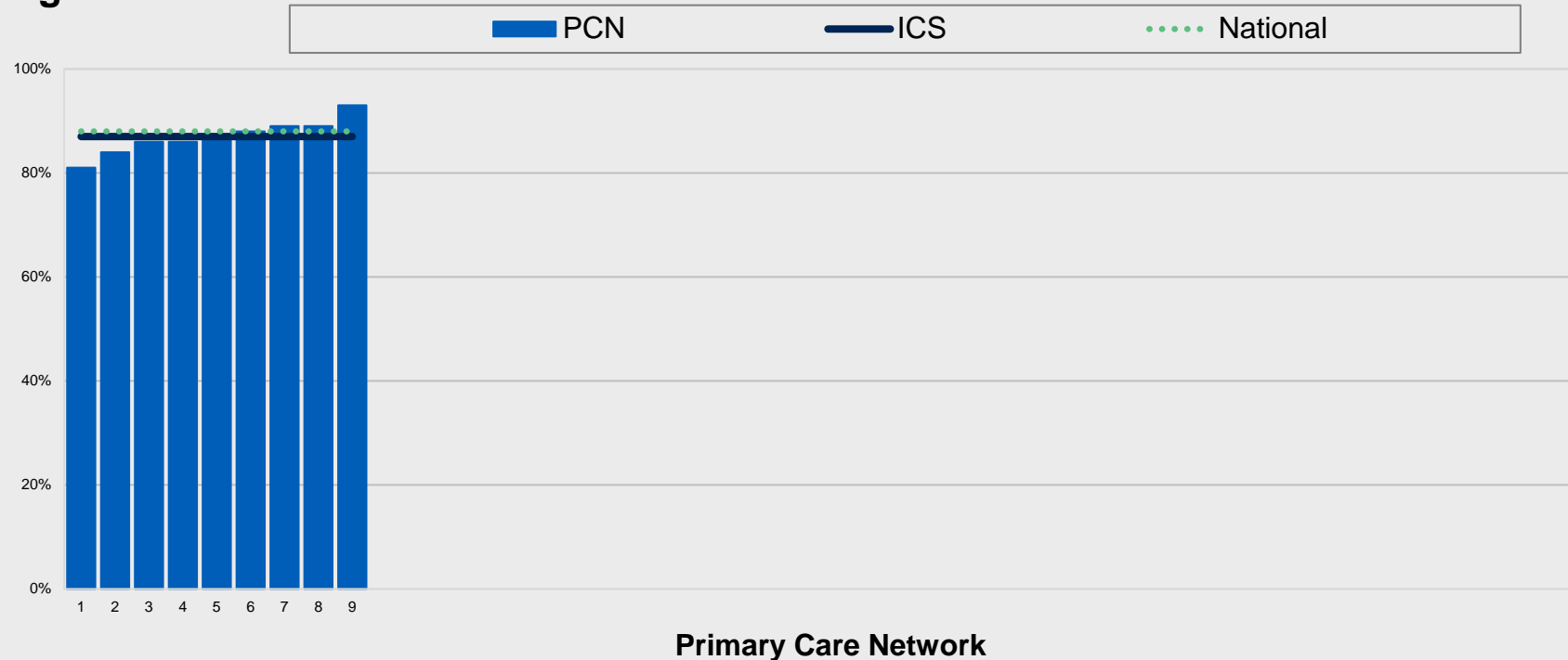
# Overall experience of pharmacy services: how the results vary by PCN within the ICS

GP PATIENT SURVEY

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

## Q48. How would you describe your experience of using these pharmacy services?

### Percentage of patients saying their overall experience of pharmacy services was 'good'



Base: Asked of patients who have used pharmacy services in the last 12 months. National (631,337); ICS (5,223); PCN bases range from 165 to 1,091

**i** Comparisons are indicative only: differences may not be statistically significant

**i** %Good = %Very good + %Fairly good

**i** PCNs are ordered from lowest to highest score, with PCN 1 being the lowest score.



# NHS dental services

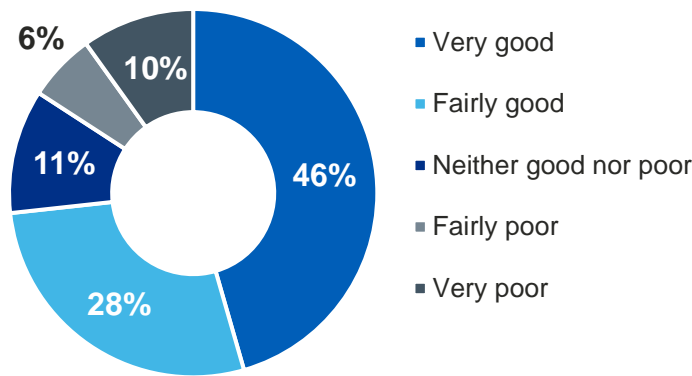
*The PCN range within ICS has not been included for these questions, as we do not know the location of patients' dental practices, therefore the results about experience with NHS dentistry services are not attributable at PCN level.*

# Overall experience of NHS dental services

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

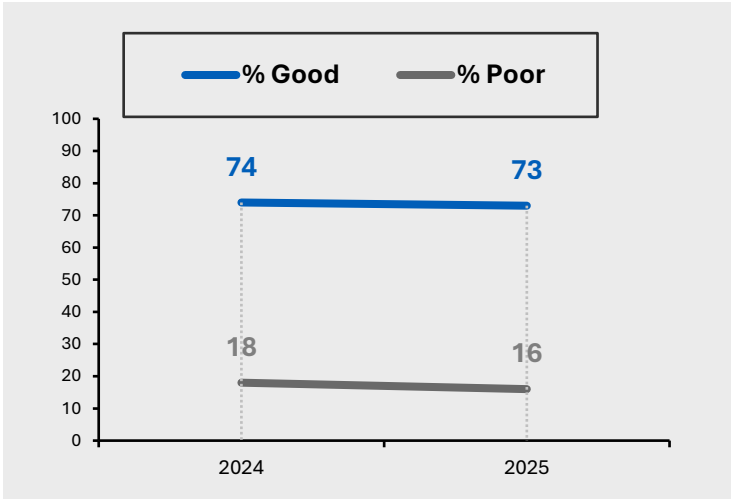
## Q52. Overall, how would you describe your experience of NHS dental services?

### ICS result



Base: Asked of patients who have tried to get an NHS dental appointment in the last 2 years. National 2025 (368,026); ICS 2024 (3,105). ICS 2025 (3,073);

### ICS result over time



### Comparison of results

ICS		National	
Good	Poor	Good	Poor
73%	16%	71%	18%

**i** %Good = %Very good + %Fairly good  
%Poor= %Very poor + %Fairly poor



# Statistical reliability



# Statistical reliability

Participants in a survey such as GPPS represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part (“true values”).

However, we can estimate the true value by considering the size of the sample on which results are based, and the number of times a particular answer is given.

The confidence with which we make this estimate is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the “95% confidence interval”).

This table gives examples of what the confidence intervals look like for an ICS and PCN with an average number of responses, as well as the confidence intervals at the national level, based on weighted data. Confidence intervals will be wider when results are based on a smaller number of responses.

## An example of confidence intervals (at national, ICS and PCN level) with an average number of responses.

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
National	702,837	0.11	0.16	0.18
ICS	16,734	0.68	1.03	1.13
PCN	539	3.42	5.22	5.70

For example, taking an ICS where 16,734 people responded and where 30% gave a particular answer, there is a 95% likelihood that the true value (which would have been obtained if the whole population had taken part in the survey) will fall within the range of +/-1.03 percentage points from that question’s result (i.e. between 28.97% and 31.03%).

When results are compared between separate groups within a sample, the difference may be “real” or it may occur by chance (because not everyone in the population has taken part in the survey).

To view the results with confidence intervals presented, download the ICS results or PCN results (Excel) from here: <https://gp-patient.co.uk/latest-survey/results>.



# Want to know more?

# Further information about the survey

GP PATIENT SURVEY

- The survey was sent to around **2.7 million patients aged 16 or over** registered with a GP practice in England.
- The overall response rate to the survey is **25.8%**, based on **702,837** completed surveys.
- Participants can complete the **survey online**, also with the option of filling out a paper questionnaire or completing via telephone.
- The GP Patient Survey is conducted on an annual basis and has been since 2017.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of eligible patients and the patients who actually complete a questionnaire. The weighting also takes into account

neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.

- For more information about the survey please visit <https://gp-patient.co.uk/>.
- For general FAQs about the GP Patient Survey, go to <https://gp-patient.co.uk/faq>.
- Further information about the methodology and technical information including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: <https://gp-patient.co.uk/technical-annex-introduction-2025>.

## 2.7 million

Surveys sent to patients aged 16 or over registered with a GP practice in England

## 702,837

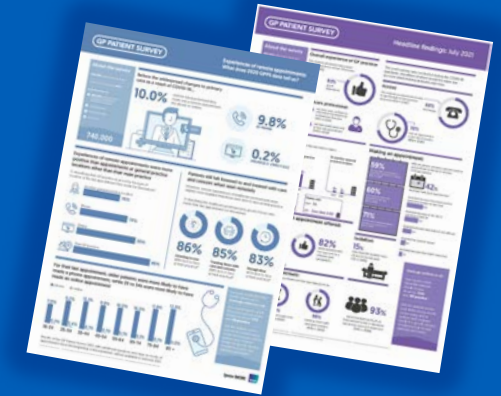
Completed surveys in the 2025 publication

## 25.8%

National response rate

# Where to go to do further analysis ...

- For reports which show the results broken down by ICS, PCN and practice for all questions, go to <https://gp-patient.co.uk/surveysandreports> - you can also see previous years' results here.
- To look at this year's survey data using the interactive analysis tool, go to <https://gp-patient.co.uk/analysistool>. Data can be analysed at national, ICS, PCN, or practice level.
- The analysis tool allows users to filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to compare the relationship between questions using the crosstab function.
- To look at results over time from 2024 onwards, go to <https://gp-patient.co.uk/analysistool/trends>.
- From 2024 onwards results are not comparable with previous years because of two important changes which were made to the survey:
  - Significant changes were made to the questionnaire to ensure that it continued to reflect how primary care services are delivered and how patients experience them.
  - The methodology of the survey was changed to an 'online first' approach.
  - For more information on the changes to the 2025 survey: <https://gp-patient.co.uk/report-summary-of-changes-for-the-year-2025>



For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos at [GPPatientSurvey@ipsos.com](mailto:GPPatientSurvey@ipsos.com)

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.



# SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

## 2025 survey results

# Summary

## SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

### GP PATIENT SURVEY



QUESTIONNAIRES  
SENT OUT

15,821



NUMBER OF  
COMPLETED  
SURVEYS

5,827



RESPONSE RATE

37%

75%

had a good overall experience of their GP  
practice

Q32 National result: 75%

Base: ICS 5,796; National 699,562



69%

had a good overall experience of  
contacting their GP practice

Q16 National result: 70%

Base: ICS 5,700; National 686,100



57%

had a good overall experience of NHS services  
when their GP practice was closed

Q36 National result: 57%

Base: ICS 1,344; National 193,580



87%

had a good overall experience of  
pharmacy services

Q48 National result: 88%

Base: ICS 5,223; National 631,337



73%

had a good overall experience of NHS  
dental services

Q52 National result: 71%

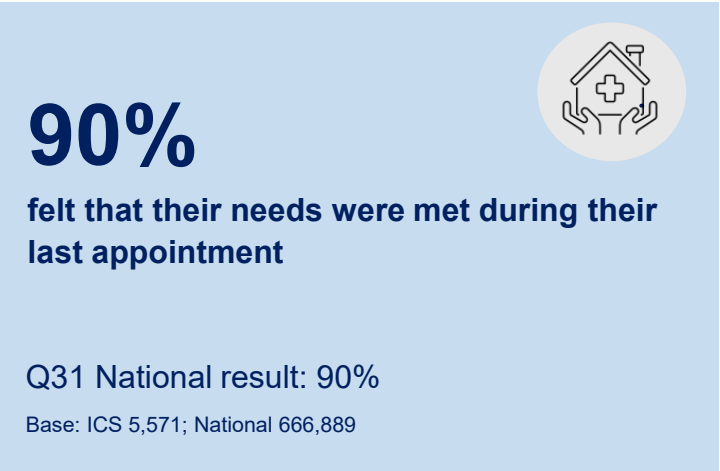
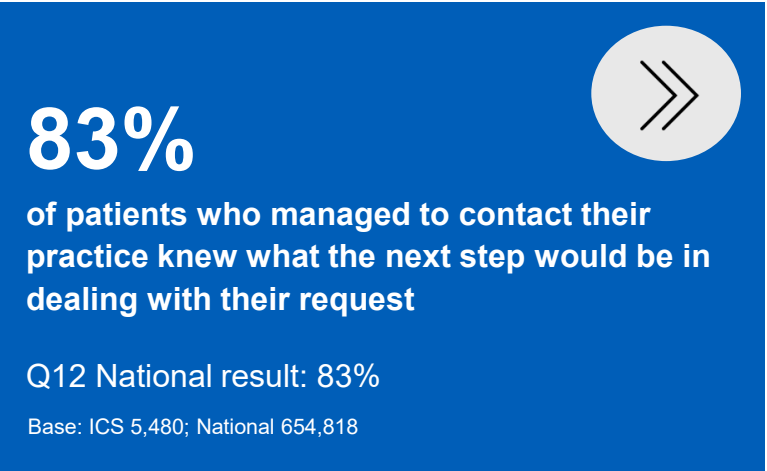
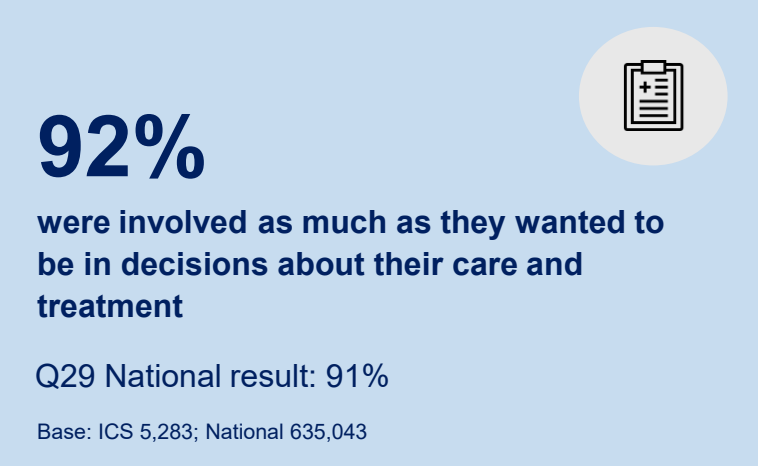
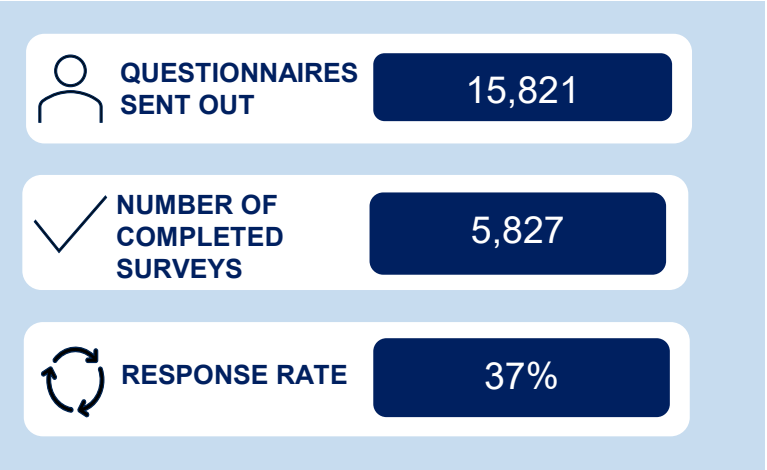
Base: ICS 3,073; National 368,026



# Summary

## SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

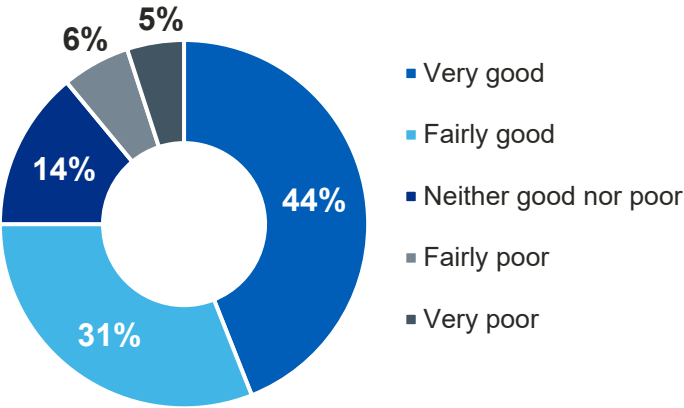


# Overall experience of GP practice

SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

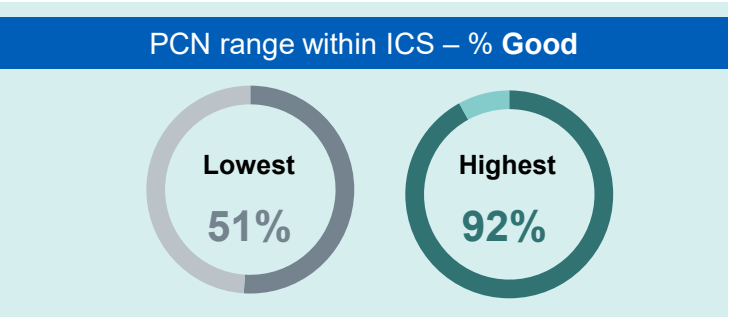
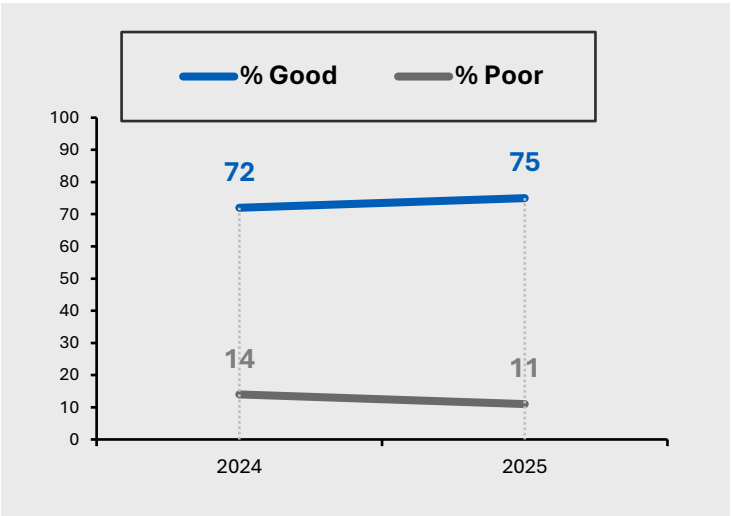
## Q32. Overall, how would you describe your experience of your GP practice?

### ICS result



Base: Asked of all patients. National 2025 (699,562); ICS 2024 (5,680); ICS 2025 (5,796); PCN bases range from 181 to 1,208

### ICS result over time



### Comparison of results

ICS		National	
Good	Poor	Good	Poor
75%	11%	75%	12%

**i** %Good = %Very good + %Fairly good  
%Poor = %Very poor + %Fairly poor

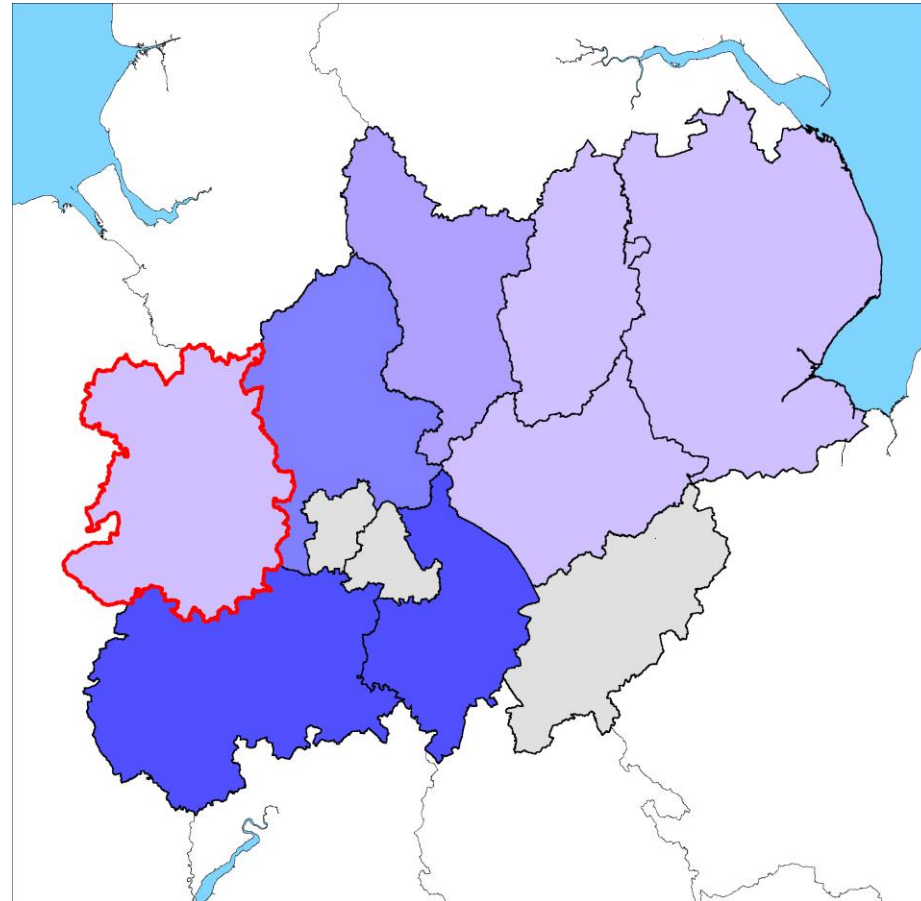


# Overall experience: how the ICS results vary within the region

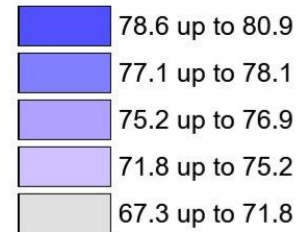
SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

## Q32. Overall, how would you describe your experience of your GP practice?



Overall Experience of GP Practice  
% Good



Results range from

**70%**  
to  
**81%**

ICSs across England are divided into five groups (quintiles) based on their results, as shown in the key. The map shows the ICS results within this region based on these groups (the ICS represented by this pack is highlighted in red).

Comparisons are indicative only: differences may not be statistically significant

**i** %Good = %Very good + %Fairly good

Base: Asked of all patients. ICS bases range from 5,796 to 46,342

## 1. ICB 25-11.240 GPOOH Update post Contract Award

**Meeting Name:** NHS Shropshire, Telford and Wrekin ICB Board

**Meeting Date:** 27<sup>th</sup> November 2025

**Report Presented by:** Dr Lorna Clarson, NHS STW, Chief Medical Officer

**Report Approved by:** Dr Lorna Clarson, NHS STW, Chief Medical Officer

**Report Prepared by:** Gemma Smith, NHS STW ICB, Director of Commissioning

**Action Required:** For Approval

### 1.1. Purpose

- 1.1.1 Following the approval from the NHS STW ICB Confidential Board on the 4<sup>th</sup> July 2025 to award the GP Out of Hours (GPOOH) contract to HealthHero following the outcome of the representation process, this paper seeks to provide an update to the Board on the mobilisation of the contract. It includes the key challenges faced and the early impacts of the provision of the service by HealthHero.

### 1.2. Executive Summary

- 1.2.1 The contract for the GP Out of Hours Service, Care Coordination (CCC), Single Point of Access (SPA), Palliative Care Line, Protected Learning Time (PLT) and Outbreak Management Service was formally awarded to Health Hero on the 14<sup>th</sup> July 2025 following approval to move to final contract award by the ICB Board on the 4<sup>th</sup> July 2025 once the standstill period had ended.
- 1.2.2 Initially, there had been a mobilisation period of 5 months included within the timetable for the procurement. However, the extended timeframe for the internal representation process and the review of the representation by the Independent Patient Choice and Procurement Panel, meant that the mobilisation period was shortened down to under 3 months. This presented some significant challenges for HealthHero to ensure a robust service offer was in place from the 1<sup>st</sup> October 2025. However, their response to this challenge has been one of a 'can do' approach and one that has been positively received across the health system by partners.
- 1.2.3 This paper outlines the key challenges faced and seeks to assure the Board as to the actions undertaken to ensure a safe and effective mobilisation. The paper also includes the mitigations that were put in place during the pre-commencement date and post commencement date of the service going live to ensure a safe transition for local residents.

### 1.3. Recommendations

- 1.3.1 The ICB Board are asked to:



Ambition



Compassion



Optimism



Focus

- Note the challenges faced and actions undertaken to ensure service delivery;
- Note the early impacts of the service post the 1<sup>st</sup> October 2025;
- Note the move to Business as Usual.

#### 1.4. Conflicts of Interest

1.4.1 No conflicts of interest are identified.

#### 1.5. Links to the System Board Assurance Framework (SBAF)

1.5.1 Strategic Risk No.1: Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of integrated care on priorities – the delivery model forms part of the Integrated Out of Hospital Model and Urgent and Emergency Care Improvement Plan and close working is ongoing with system partners to ensure delivery and identification of opportunities to support our UEC system ambitions.

#### 1.6. Alignment to Integrated Care Board

1.6.1 **Improve outcomes in population health and healthcare:** The re-procurement of the GP Out of Hours service and CCCSPA, including the revised service specification and proposed performance monitoring arrangements, is designed to ensure that the best outcomes are delivered for the population of STW. It is expected that this will lead to improvements in the responsiveness and timeliness of the service, preventing admission, use of emergency services and ill health, and leading to improved health outcomes for patients.

1.6.2 **Tackle inequalities in outcomes, experience, and access:** The public engagement approach, IIA and involvement from the Inequalities Team and Equality and Involvement Committee (EIC) ensured that the needs of the local population were outlined to potential bidders for the service. Access and inequalities also formed part of the evaluation criteria for selecting a suitable Provider.

1.6.3 **Enhance productivity and value for money:** The procurement process for the GP Out of Hours service and CCCSPA ensures that NHS STW ICB can demonstrate how the successful provider will deliver the best outcomes for the STW population, alongside high-quality service delivery and value for money.

1.6.4 **Help the NHS support broader social economic development:** The commissioning, re-procurement and delivery of this service is based heavily on integration and collaboration across the STW Integrated Care System, particularly in relation to Integrated Urgent Care and UEC, to provide the best quality of service delivery and outcomes for the STW population. Social value also formed 10% of the evaluation of bids from potential providers.





## 1.7 Key Considerations

- **Quality and Safety:** The contract is underpinned by a clear set of quality and performance outcome indicators with the Contract Review meetings in place on a monthly basis to review and ensure delivery. In addition, during mobilisation there were weekly meetings in place attended by the ICB Chief Medical Officer and Chief Nursing Officer to oversee and provide assurance with quality leads heavily involved in the mobilisation of the service.
- **Financial Implications:** The contract for the service procured on a 3+2 year basis which can be delivered within the existing financial envelope alongside delivering a contribution to the ICB Financial Improvement Programme.
- **Workforce Implications:** TUPE applied for eligible staff and HealthHero continue to recruit to vacant posts in both clinical and administrative roles
- **Risks and Mitigations:** There were a number of risks that were highlighted during the mobilisation period pertinent to TUPE and the condensed mobilisation period which are covered in this paper.
- **Engagement:** As part of the procurement process, NHS STW ICB undertook engagement with local residents and service users. HealthHero have been working with Healthwatch Shropshire and Healthwatch Telford and Wrekin to scope the best ways to continue to engage with local people as the service develops and also utilise patient experience questionnaires and feedback loops to continuously improve service provision.
- **Supporting Data and Analysis:** n/a
- **Legal, Regulatory, and Equality:** This procurement was undertaken using the Health Care Services (Provider Selection Regime) Regulations 2023. Both the ICB Panel and Independent Patient Choice and Panel found that there was no evidence of any breach of the PSR regulations and that NHS STW ICB acted transparently, fairly and proportionately.

## 1.8 Impact Assessments

- 1.8.1 **Has a Data Protection Impact Assessment been undertaken?** Yes
- 1.8.2 **Has an Integrated Impact Assessment been undertaken?** Yes.

## 1.9. Attachments

- 1.9.1 Not applicable.

## 2.1 Introduction

- 2.1.1 This paper seeks to provide an update following the mobilisation of the contract with HealthHero on the 1<sup>st</sup> October 2025 including the challenges faced and positive steps forward as we move to business as usual.

## 2.2 Background

- 2.2.1 The contract for the GP Out of Hours Service, Care Coordination (CCC), Single Point of Access (SPA), Palliative Care Line, Protected Learning Time (PLT) and Outbreak Management Service was formally awarded to Health Hero on the 14<sup>th</sup> July 2025 following approval to move to final contract award by the ICB Board on the 4<sup>th</sup> July 2025 once the standstill period had ended.

## 2.3 Mobilisation

- 2.3.1 Due to the extended NHSE representation timescales following the procurement, the award of contract was delayed and the incumbent provider was not willing to extend the existing contract past 30<sup>th</sup> September 2025. This meant that the originally planned five-month mobilisation period was reduced to less than three months. Despite the significantly reduced mobilisation period, these services were fully mobilised and went live on 1<sup>st</sup> October 2025.
- 2.3.2 In addition to the reduced timescales, a number of challenges were experienced during the mobilisation and go live period, most of which were outside of the ICB and HealthHero's control. These can be summarised as follows:
- The incumbent provider opted to undertake an internal restructure during the mobilisation period which meant that the final details of staff transferring under TUPE was not provided until the day before going live. This significantly reduced the number of staff that transferred across to HealthHero on the 1<sup>st</sup> October 2025 and, for the first few days of operation, it remained unclear which staff would be arriving for their shifts. HealthHero had committed to not advertising any posts whilst the TUPE process was ongoing and therefore were left with substantial gaps in workforce on day one of the contract commencing. There was also a significant number of short notice cancellations for GP shifts over the first weekend, which led to capacity issues and delayed response times. Despite this, the service mobilised with HealthHero's senior team on site 24/7.
  - Three weeks before going live, due to the short notice period given by the incumbent provider directly to SaTH, HealthHero were also asked to pick up delivery of SaTH's Bed Bureau contract, in addition to their contracted services. To note, this contract is not one that was previously held by the ICB and was not part of the procurement that was undertaken. This has represented a significant amount of both admin and clinician activity through CCCSPA, and a longer-term solution has now been agreed between SaTH and HealthHero with additional funding and resource allocations to ensure the required capacity.



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Focus

- The existing CCCSPA pathways were not shared by the incumbent provider. However, HealthHero have worked closely with the ICB, General Practice, SaTH and SCHAT to ensure pathways were agreed and put in place quickly.
- There has also been a delay in obtaining the Controlled Drug License via the Home Office and mitigations are in place to ensure access with General Practice, SCHAT and SaTH also supporting in ensuring that anticipatory medications are in place for patients who are palliative/end of life. NHS STW and HealthHero have applied for an expedited process and also raised via CQC for additional support. At present, we have not been able to progress and therefore the local mitigations alongside an arrangement with Hereford and Worcestershire has ensured that access is always available and no issues have been reported.
- There was also a technical issue between two clinical systems (EMIS and Adastra) which impacted on the information flows between the HealthHero and General Practice which required input and resolution via EMIS during week one. This was resolved swiftly with HealthHero implementing mitigations and also working tirelessly to understand and rectify the issues.

2.2.3 Despite the challenges, the mobilisation has progressed well with the following positives being seen during month one of the contract:

- Recruitment continues into local roles to ensure resilience and, while there will continue to be variation based on demand and resource, call response times have improved significantly since the first weekend and HealthHero are meeting all required performance targets, as shown below.

#### Average Call Response Times

DISPOSITION TIMEFRAME	TARGET RESPONSE TIME (MINS)	AVERAGE RESPONSE TIME (MINS)
15 minute disposition	15	11
30 minute disposition	30	16
1 hour disposition	60	24
2 hour disposition	120	39
4 hour disposition	240	39
6 hour disposition	360	129
12 hour disposition	720	222
24 hour disposition	1440	498

- Positive feedback on HealthHero's services has been received from system partners, GPs, and patients/families, and there is currently a 98% patient satisfaction rate based on the small sample of 50 responses received so far - noting that the service has only been live for a small period of time and this will continue to be monitored.

- HealthHero agreed to commence the Cat 3 WMAS ambulance validation element of CCCSPA from 27th August, five weeks ahead of contract go live, and this has demonstrated significant positive impacts across the system in terms of ambulance conveyances and waiting times. Good feedback has been received, with several days where STW were the best performing in the region and the feedback provided has helped both STW system partners and other systems. In some cases, HealthHero's senior clinicians have escalated patients upwards from Cat3 to Cat2. SaTH are also reporting that a sustained 10% reduction in Category 3 conveyances is being seen and that this is subsequently impacting positively on the Acute Trust.
- The ICB's Quality and Patient Safety leads have been in regular communication with HealthHero's Quality Lead and are confident that quality and safety are priorities for HealthHero. They are assured that appropriate reporting arrangements are in place (e.g. PSIRF) and that no patient safety incidents have occurred as a result of the initial delays experienced. The teams will continue to monitor any incidents reported and attend weekly assurance meetings with the Chief Medical Officer and Chief Nursing Officer.

## 2.3 Conclusion

2.3.1 NHS STW are assured that, via the mobilisation process and the first weeks of go live of the new service, despite initial challenges as would be expected with any new service provision that the service is now operating as business as usual and excellent relationships have been formed across the system, particularly with SHT and SaTH in terms of the delivery of the aims of the UEC Plan.

2.3.2 Following the robust process undertaken to both procure and mobilise the services, as we now transition to business as usual, the ICB will continue to monitor performance. This will be through regular reporting and contract review meetings, which will also include a representative from in-hours General Practice.

## 2.4 Recommendation

2.5.1 The Board are asked to:

- Note the challenges faced and mitigations/actions undertaken to ensure service delivery and safety.
- Note the early positive impacts of the service post the 1<sup>st</sup> October 2025.
- Note the move to Business as Usual for this contract.



Ambition



Compassion



Optimism



Focus

## 1. ICB 25-11.241 Shropshire Integrated Place Partnership Briefing Report (meeting held on 16th October 2025)

**Meeting Name:** Shropshire Integrated Place Partnership (ShIPP)

**Meeting Date:** 16<sup>th</sup> October 2025

**Report Presented by:** Tanya Miles, Shropshire Council, Chief Executive

**Report Approved by:** Tanya Miles, Shropshire Council, Chief Executive

**Report Prepared by:** Rachel Robinson, Shropshire Council, Executive Director, Public Health

**Action Required:** For Assurance and Discussion

### 1.1. Summary of Key Discussions and Decisions

- 1.1.1. ShIPP meets Bi-monthly, with the last meeting on the 16<sup>th</sup> October. The meeting covered an introduction to the National Neighbourhood Health programme (NNHIP), an update on ShIPP Prevention Funding, the STW Healthy Ageing Strategy, the Vaccination Improvement Plan and an introduction to the new Out of Hours GP service, run by HealthHero.
- 1.1.2. The meeting was quorate
- 1.1.3. Two conflicts of interests were declared, concerning bids for ShIPP Prevention Funding
- 1.1.4. The meeting was well attended

### 1.2. Recommendations to the Board

- 1.2.1 The Board is asked to note the following briefing report from the Shropshire Integrated Place Partnership.
  - The ShIPP Accelerator group presented a written report on their progress for information and introduced the National Neighbourhood Health programme (NNHIP) to the committee.
  - It was agreed that the ShIPP Prevention Funding process can proceed to a new timetable with a larger assessment panel.
  - The STW Health Ageing Strategy has been approved by the Shropshire Health & Wellbeing Board and the next steps for implementation and ongoing stakeholder involvement were noted.
  - The STW Vaccination Improvement Plan received suggestions for improvement and points to consider to improve uptake.
  - HealthHero introduced their new out of hours GP service for Shropshire and operational challenges were noted by the committee.

### 1.3. Key Risks and Mitigations

There were no risks raised at this meeting

### 1.4. Performance and Assurance

- 1.4.1. **Assure** - positive assurances and highlights of note:



Ambition



Compassion



Optimism



Focus

- **ShIPP Accelerator Group:** the group presented an introduction to the NNHIP and discussion about the importance and relevance of the work took place. A summary will be provided to the group in due course.
- **ShIPP Prevention Funding:** Bids totalling £1,390,117 were received, considerably exceeding the available fund of £499,692. a new timetable was proposed in principle and a request was made for a larger assessment panel, this was agreed.
- **STW Healthy Ageing Strategy:** the newly approved Healthy Ageing Strategy was presented, outlining its aims, structure, engagement process, and integration with local and national priorities. Next steps for implementation and ongoing stakeholder involvement were discussed.
- **Vaccination Improvement Plan:** vaccination uptake data for flu, COVID, and RSV was reviewed. Mixed performance against targets was noted and actions to increase uptake - identifying priority groups with lower uptake, such as those with chronic heart or respiratory disease and diabetes, are in motion.
- **Change of Out of Hours GP Service** - HealthHero introduced their new service, acknowledging challenges during mobilisation and thanked partners for their support.
- **Any other Business:**  
Dr. Deborah Shepherd shared that she would be retiring next month. The Chair thanked her for her work with ShIPP.

## 1.5. Alignment to ICB Objectives and Core Functions

1.5.1 The committee's discussion directly aligns with the Joint Forward Plan's key elements of:

- Taking a person-centred approach (including proactive prevention, self-help, and population health to tackle health inequalities and wider inequalities).
- Improving place-based delivery, having integrated multi-professional teams providing a joined-up approach in neighborhoods, supporting our citizens and providing care closer to home, where possible.
- ShIPP is a crucial part of the development and delivery of the Joint Forward Plan and ShIPP's new strategy & priorities have been developed with the ICB Strategy Team and our other partners.

## 1.6. Next Steps & Forward Plan

1.6.1.

- **The ShIPP ToR** was put out for review in the light of the NHS 10-Year plan and development of neighbourhood health implementation; Claire Parker will compile results and circulate the revised ToR for approval.
- **Energize STW Place Universal Bid** - this has been submitted and an update will be given on results at a future meeting in the new year.
- **NNHIP** - a summary document is being developed to articulate the Neighbourhood Health Implementation Programme for Shropshire and will be shared with partners once it is ready.
- **ShIPP Prevention Bid** – volunteers were requested for a larger working group and a meeting will be convened for assessment of the next stage bids.



Ambition



Compassion



Optimism



Focus

- **Healthy Ageing Strategy** – the team will coordinate with the SC Community Wellbeing Outreach Team to identify groups for engagement and support the rollout of the healthy ageing strategy, particularly during the winter wellness tour.
- **Vaccination Improvement Plan** - concerns and suggestions from the committee will be fed back to NHS England, exploring the development of digital and print resources, and sharing communication assets.

### 1.7. Attachments

Appendix A. ShIPP minutes 16.10.25

Appendix B. ShIPP ToR Version 1.7 – October 2025





**MINUTES**

<b>Meeting Title</b>	Shropshire Integrated Place Partnership Board (ShIPP)	<b>Date</b>	16.10.25
<b>Chair</b>	Anne-Marie Speke	<b>Time</b>	15.00
<b>Minute/Action Taker</b>	Louisa Jones	<b>Venue/ Location</b>	Over Microsoft Teams

<b>In Attendance:</b>	<b>Members:</b> Anne-Marie Speke (Chair), Bev Baxter, Bridey Davies, Sarah Edwards, Sharon Fletcher, Dr. Charlotte Hart, Simon Jones, Claire Parker, Pete Ezard, Emma Pyrah, Dr. Deborah Shepherd, Sam Townsend, Geraldine Vaughan, Lynn Cawley, Dr. Jess Harvey, Dr. Katy Lewis, Dr. Charlotte Hart
	<b>Observers, Officers &amp; Presenters:</b> Michelle Reader, Ally Davies, Naomi Roche, Victoria McMahon, Chrissla Davis, Vanessa Whatley, Louisa Jones (recording)
<b>Apologies:</b>	Tanya Miles, Rachel Robinson (dep. Anne-Marie Speke), Carla Bickley, Peter Prokopa, Steve Ellis (dep. Sarah Edwards), Julian Birch, Jenny Daisley

	<b>ITEMS FOR DISCUSSION</b>	<b>ACTION OWNER</b>
<b>1a.</b>	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>	<b>Anne-Marie Speke</b>
	Anne-Marie Speke welcomed all members, deputies, and observers to the meeting.  A quorum of members was present.	
<b>1b.</b>	<b>MINUTES OF LAST MEETING AND ACTIONS</b>	<b>Anne-Marie Speke</b>
	<p>The minutes of the last meeting were approved.</p> <p><b>Completed Actions:</b></p> <ul style="list-style-type: none"> <li>ShIPP ToR was sent to committee to review in the light of NHS 10 year plan – two responses received</li> <li>Place Universal Offer: meeting held. Plan on a page summary circulated, bid submitted, awaiting response.</li> </ul> <p><b>Arising Actions:</b></p> <ul style="list-style-type: none"> <li>Claire Parker will review ToR responses and suggest amendments.</li> <li>Place Universal Offer update to be scheduled for an update at the February 2026 meeting</li> </ul>	



1c.	<b>DECLARATION OF PECUNIARY INTERESTS</b>	Anne-Marie Speke
	<p>Geraldine Vaughan and Bev Baxter stated that they had put bids in for ShIPP Prevention Funding.</p> <p>There were no other disclosures of pecuniary interests made.</p>	
2.	<b>ShIPP Accelerator Group – introduction to National Neighbourhood Health Implementation Programme (NNHIP)</b>	Naomi Roche Ally Davies
	<p><b>Programme Overview and Objectives:</b> Ally outlined the National Neighbourhood Health Implementation Programme, emphasising a shift from traditional biomedical models to a wraparound, person-centred approach, focusing on prevention, community-based care, and multi-agency collaboration. The programme aims to build on existing trusted services and promote health and well-being at the neighbourhood level.</p> <ul style="list-style-type: none"> <li>• <b>National and Local Context:</b> 43 sites were selected for wave one, focusing on mature neighbourhood health models, with Shropshire included. The programme is designed to share learning nationally, support local coaching, and influence policy by providing real-time feedback to national teams.</li> <li>• <b>Feedback from Accelerator Group:</b> themes from the ShIPP Accelerator group meeting were summarised, highlighting strengths in collaboration, a positive culture despite financial challenges, the need for better data sharing, and a desire for more integrated workforce planning. Aspirations for the next 12 months include strengthening relationships, building an evidence base, and focusing on prevention and long-term conditions.</li> <li>• <b>Programme Expectations and Next Steps:</b> upcoming activities include regional workshops, the establishment of governance structures, and the development of a clear delivery plan for Shropshire. Naomi added that a summary document is being prepared to articulate the programme's alignment with other local initiatives and to communicate its purpose to partners and the public.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Sarah Edwards described efforts to map children's services and align with neighbouring areas</li> <li>• Claire Parker emphasised the need for new ways of working and broad engagement beyond traditional models.</li> </ul>	



	<ul style="list-style-type: none"> <li>Naomi and Ally addressed questions about integrating the programme with the NHS 10-year plan and managing evolving national priorities.</li> </ul> <p><b>Approval:</b></p> <ul style="list-style-type: none"> <li>The committee noted the introduction to NNHIP and endorsed the work.</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>Share the summary document being developed to articulate the Neighbourhood Health Implementation Programme for Shropshire with partners once it is ready. (Naomi, Ally)</li> </ul>	
<b>3.</b>	<b>ShIPP Prevention Funding – progress update</b>	<b>Naomi Roche</b>
	<p><b>Prevention Funding Overview:</b> Naomi explained that £499,692 of non-recurrent prevention funding was ring-fenced for ShIPP, with criteria agreed by the partnership and specific allocations for children, young people, mental health, and voluntary sector capacity building.</p> <ul style="list-style-type: none"> <li><b>Bid Submission and Assessment:</b> A total of 28 bids were received, exceeding available funding. A working group met to shortlist bids based on alignment with prevention and ShIPP priorities, measurable impact, scalability, and avoidance of duplication. Bids were categorised into mental health, healthy ageing, voluntary sector infrastructure, and community/family hubs.</li> <li><b>Challenges and Opportunities Identified:</b> there were challenges including lack of connectivity in some areas (e.g., CVD and falls), risks of geographical inequity, and limited sustainability without ongoing funding. Opportunities were identified to align bids with the healthy ageing strategy, coordinate voluntary sector efforts, and leverage the neighbourhood health programme.</li> <li><b>Request for Working Group Volunteers:</b> Naomi requested volunteers from member organisations to join a representative working group to review and consolidate bids, aiming for broad system knowledge rather than specialist expertise. Sharon and others expressed willingness to participate, with conflict of interest considerations noted.</li> </ul> <p><b>Approval:</b></p> <ul style="list-style-type: none"> <li>ShIPP agreed to a revised timeline for the assessment process.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li><b>Prevention Funding Bid Evaluation Group:</b> Nominate or volunteer representatives from organisations to join the working</li> </ul>	

	<p>group for evaluating prevention funding bids and inform Louisa by close of play next Thursday (23.10.25). (All members, Louisa)</p> <ul style="list-style-type: none"> <li>• <b>Prevention Funding Bid Evaluation Group Coordination:</b> Contact those who volunteer to be part of the prevention funding bid evaluation group and arrange a meeting to progress the evaluation process. (Naomi, Louisa)</li> </ul>	
4.	<b>STW Healthy Ageing Strategy</b>	<b>Vanessa Whatley</b>
	<p><b>Healthy Ageing Strategy Approval and Implementation:</b> Vanessa presented the newly approved Healthy Ageing Strategy, outlining its aims, structure, engagement process, and integration with local and national priorities, and discussed next steps for implementation and ongoing stakeholder involvement.</p> <ul style="list-style-type: none"> <li>• <b>Strategy Approval and Rationale:</b> Vanessa announced that the Healthy Ageing Strategy, serving as the system's frailty strategy, was approved by the ICB board. The term 'frailty' was replaced with 'healthy ageing' to improve public reception and focus on prevention and early intervention.</li> <li>• <b>Key Components and Drivers:</b> The strategy is built around education, prevention, identification, management, and care, with a strong emphasis on data-driven and digitally enabled approaches. Early actions include implementing the One Health and Care Record for integrated care planning.</li> <li>• <b>Population Engagement and Feedback:</b> Extensive engagement was conducted with nearly 1,000 responses from the public and care workers, revealing that while people understood frailty and sought help from GPs or family, there was confusion about available support and a lack of consistent offers.</li> <li>• <b>Implementation and Collaboration:</b> The strategy's delivery is led by a steering group with representation from primary care, local authorities, and health colleagues. Vanessa invited further collaboration with community groups and emphasised the importance of integrating the strategy with existing local initiatives and ongoing feedback.</li> </ul> <p><b>Approval:</b></p> <ul style="list-style-type: none"> <li>• The committee noted the update on the Healthy Ageing Strategy</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• <b>Healthy Ageing Strategy Community Engagement:</b> Coordinate with Anne-Marie and the Community Wellbeing Outreach Team to identify groups for engagement and support the rollout of the healthy ageing strategy, particularly during the winter wellness tour. (Vanessa, Anne-Marie)</li> </ul>	



5.	<b>Vaccination Improvement Plan</b>	Anne-Marie Speke
	<p>Anne-Marie provided an update on winter vaccination planning.</p> <ul style="list-style-type: none"> <li>• <b>Winter Vaccination Targets and Data:</b> Anne-Marie reviewed vaccination uptake data for flu, COVID, and RSV, noting mixed performance against targets and identifying priority groups with lower uptake, such as those with chronic heart or respiratory disease and diabetes.</li> <li>• <b>Strategies for Improving Uptake:</b> Efforts include consolidating data into a single database, developing a vaccination improvement plan, and securing additional funding for targeted education and outreach, particularly for underserved and vaccine-hesitant groups. A train-the-trainer model is being implemented to extend reach through community and voluntary sector partners.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Claire, Deborah, and Katy, raised concerns about late and unclear national communications, confusion over eligibility criteria (especially for COVID and shingles), and the need for simple, accessible tools or infographics to support conversations with patients and the public.</li> </ul> <p><b>Approval:</b></p> <ul style="list-style-type: none"> <li>• The group noted the update and made suggestions for improvement and points to consider for Anne-Marie to take back to NHSE.</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Anne-Marie committed to feeding back concerns to NHS England, exploring the development of digital and print resources, and sharing communication assets. Suggestions included creating age-group-based infographics and leveraging existing resources, with ongoing feedback to improve future campaigns.</li> </ul>	
6.	<b>Change of Out of Hours GP Service - HealthHero</b>	Michelle Reader, Vicky McMahon, Chrissla Davis
	<p><b>Out of Hours and Care Coordination Service Mobilisation:</b> Michelle, Chrissla, and Victoria from Health Hero introduced their organisation and provided an update on the mobilisation of the out of</p>	



	<p>hours and care coordination services, discussing the model of care, initial challenges, and plans for ongoing collaboration with system partners.</p> <ul style="list-style-type: none"> <li>• <b>Service Introduction and Background:</b> Health Hero, formerly Medvivo, has over 20 years' experience in urgent care and now delivers out of hours and care coordination services for Shropshire, Telford, and Wrekin. The team described their consultant-complete model, use of digital tools, and integration with local urgent care pathways.</li> <li>• <b>Care Coordination Model:</b> The care coordination service is organisationally neutral, staffed by decision-makers (ACPs and GPs) who navigate patients across the system, aiming to reduce unnecessary emergency department visits and support community-based care. The model is informed by experience in other regions and is being adapted for local needs.</li> <li>• <b>Mobilisation Challenges and Progress:</b> The team acknowledged challenges during mobilisation, including a short lead time, uncertainty over staff transfers, delays in obtaining a controlled drugs licence, and technical issues with system migration. Despite these, service delivery is stabilising, and feedback from transferred staff has been positive.</li> <li>• <b>Collaboration and Feedback:</b> Health Hero expressed appreciation for the support from local stakeholders and invited ongoing feedback to refine services. Vanessa and others reiterated system support and commitment to resolving outstanding issues, such as the controlled drugs licence.</li> </ul> <p><b>Approvals:</b></p> <ul style="list-style-type: none"> <li>• The committee noted the introduction</li> </ul>	
8.	<b>Any Other Business</b>	<b>ALL</b>
	<ul style="list-style-type: none"> <li>• Dr. Deborah Shepherd stated that this would be her last ShIPP meeting and that she would be retiring next month. Deborah has been involved in ShIPP since it's inception. Anne-Marie thanked her for her work with ShIPP and other colleagues congratulated her on her retirement and thanked her for her work in the system.</li> </ul>	
9.	<b>REVIEW OF MEETING</b>	



	<p><i>The meeting was well attended, was quorate and held good discussions; agreeing, where appropriate, the report recommendations.</i></p> <p><i>The meeting ended at 16.37</i></p>	
<b>10.</b>	<b>DATE OF NEXT MEETING</b>	
	The next meeting of ShIPP is scheduled to take place on Thursday 18 <sup>th</sup> December 2025.	
	<p>The minutes of this meeting are agreed as an accurate record.</p> <p>Signed:.....</p> <p>Date:.....</p> <p><i>Chair: Anne-Marie Speke</i></p>	





## Shropshire Integrated Place Partnership Committee

### Terms of Reference

#### 1. Our Vision

**HWBB Vision:** *For Shropshire people to be the healthiest and most fulfilled in England*

**ShIPP vision:**

“Working together to ensure people in Shropshire are supported to lead healthy, fulfilling lives.”

#### 2. Constitution and Authority

- 2.1. Shropshire Integrated Place Partnership Committee (ShIPP) has evolved from the Shropshire Integrated Place Partnership that was created in 2022.
- 2.2. ShIPP is a formal committee of the Shropshire, Telford & Wrekin Integrated Care Board and as such it is accountable to the ICB.
- 2.3. ShIPP aligns strategy with the ICB and the Shropshire Health and Wellbeing Board.
- 2.4. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of ShIPP and may only be changed with the approval of ShIPP and its Chair.
- 2.5. Where appropriate ShIPP will also interface and work with the:
  - Joint Health Overview and Scrutiny Committee (and other Shropshire Council Committees as and when appropriate),
  - Shropshire Health & Wellbeing Board; and
  - Shropshire Safeguarding Children and Adult Boards.
- 2.6. ShIPP is authorised by the ICB Board to:
  - Oversee the delivery of key priorities of thematic partnership boards
  - Oversee the delivery of a Neighbourhood Health Service in line with the NHS 10 Year Plan
  - Work with the ICB and Health and Wellbeing Board to agree key priorities for neighbourhood/community centred health and care in Shropshire and alignment wherever possible with the national Neighbourhood Health requirements.
  - Create task and finish groups or working groups to develop and deliver action plans to deliver the agreed priorities for neighbourhood/community centred health and care in Shropshire
  - Assure that locally designed and delivered services deliver the agreed outcomes including those set out in the NHS 10 Year Plan Neighbourhood Health Service
  - Assure programme activities are delivered within agreed timescales
  - Assure requirements for additional activities are highlighted



- Ensure risks are discussed and mitigations sought

2.7. Upon agreement of delegation from the ICB this section will be expanded to include the delegated responsibilities.

### 3. ShIPP Principles

- 3.1 Work together to develop and deliver the ShIPP Strategic Plan.
- 3.2 Take a person-centred approach to all that we do; celebrating and responding to the diversity within our population.
- 3.3 Ensure all programmes involve local people and embed coproduction in all planning.
- 3.4 Take a Population Health Management approach to all transformation.
- 3.5 Recognise the importance of system thinking for all ages and families, ensuring that inequalities are addressed from pre-birth.
- 3.6 Highlight opportunities for system working, at scale, across STW.
- 3.7 Value and support the community and voluntary sector and consider how the voluntary sector can work alongside statutory services to reduce inequalities.
- 3.8 Make decisions that shift resources to preventing ill health and wellbeing and that work to reduce inequalities across our communities.
- 3.9 Use digital resources to remove geographical barriers to place based working.

### 4. Membership and Attendance

Organisation	Representative	Title/Role
Shropshire Council	Tanya Miles	Interim Chief Executive and Chair of ShIPP
	Rachel Robinson	Executive Director of Public Health <b>Deputy:</b> Anne-Marie Speke, Head of Service Healthy Population
	Laura Tyler	Laura Tyler, Service Director – Commissioning <b>Deputy:</b> Deborah Webster, Service Manager - Commissioning, Quality Assurance, and Business Development
	Laura Fisher	Head of Housing, Resettlement & Independent Living <b>Deputy:</b> Jenny Daisley, Strategic Housing & Commissioning Manager
Lived Experience Representative	<i>Representatives to be identified to ensure that programmes of ShIPP and reported to ShIPP have appropriate citizen representation through their development and delivery (through either Patient Participation Group or</i>	



	<i>Making it Real Board and other expert by experience groups); 2 representatives will ensure availability for the meeting</i>	
Voluntary, Community and Social Enterprise Sector	Beverley Baxter Peter Ezard	Voluntary and Community Sector Assembly Chairs
Healthwatch	Lynn Cawley	Chief Officer
NHS Shropshire, Telford & Wrekin	Claire Parker	Director of Strategy and Development <b>Deputy:</b> Emma Pyrah, Head of System Development
	Gemma Smith	Director of Strategic Commissioning
	Lorna Clarson	Chief Medical Officer
	Sharon Fletcher	Head of Safety and Quality Improvement ICB Patient Safety Specialist
	Dr. Deborah Shepherd	GP Partner Member
5 Primary Care Networks (PCNs) - expectation that 2 reps to attend and provide PCN input.	Dr. Jess Harvey	Clinical Director SE Primary Care Network
	Simon Jones / Dr. Nick Von Hirschberg	Clinical Director North Primary Care Network Deputy: Tomas Edge, PCN Lead Manager & Digital & Transformation Lead, North Primary Care Network
	Dr. Charlotte Hart	Clinical Director Shrewsbury Primary Care Network
	Dr. Edwin Green	Clinical Director SW Primary Care Network <b>Deputy:</b> Peter Allen, Manager SW Primary Care Network
	Dr. Daniela Puiu/Dr. Katy Lewis	Clinical Director Shropshire Rural Primary Care Network
Shrewsbury and Telford Hospital NHS Trust	Carla Bickley	Associate Director of Strategy & Partnership
	Dr Jenni Rowlands	Deputy Medical Director (or appropriate clinical lead as needed)
Shropshire Community Health NHS Trust	Steve Ellis	Deputy Director of Operational Service Development <b>Deputy:</b> Sam Townsend Divisional Clinical Manager, Adults & Community.
Midlands Partnership Foundation NHS Trust	Cathy Riley	Managing Director Shropshire, Telford & Wrekin Care Group <b>Deputy:</b> Paul Bowers, Head of Operations (Shropshire and Telford & Wrekin Care Group)
Robert Jones and Agnes Hunt Orthopaedic Hospital	Mike Carr	Deputy Chief Executive and Chief Operating Officer <b>Deputy:</b> Geraldine Vaughn, programme support for MSK



Local Pharmaceutical Committee	Peter Prokopa	Community Pharmacy Chief Officer
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### Officers in Attendance

Organisation	Representative	Title
Shropshire Council	TBC	Joint Partnerships
	Louisa Jones	Business Support Lead, Joint Partnerships
	Other Officers as required	
TBA	TBC	System Finance Lead
ICB	Bridie Davies	Communication and Engagement link
ICB	Emma Pyrah	Head of System Development

Other members may be co-opted by the Partnership as required. System partners may attend the group as needed or by request.

## 5. Role of Members

### 5.1 Chair

- 5.1.1 The Chief Executive of Shropshire Council will Chair the Board.
- 5.1.2 The Executive Director of Public Health, Shropshire Council will deputise

### 5.2 Role and behaviours of members

- 5.2.1 As a collective ShIPP members will ensure that the principles of ShIPP and its purpose are championed throughout the Integrated Care System and in their own organisations.
- 5.2.2 ShIPP members will work collaboratively on all aspects of work including:
  - Seeking to release resource to contribute to the development and delivery of plans to deliver key ShIPP priorities;
  - Across our statutory duties to achieve best outcomes for local children, young people and adults;
  - Looking at all opportunities to pool resources to improve outcomes for local people;
  - Sharing information, experience and resources to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost;
  - Developing the workforce in line with the ShIPP priorities and person centred approaches;
  - Sharing intelligence to achieve the ShIPP priorities;
  - Monitoring progress using high level metrics to understand system improvement;



- Using the Joint Strategic Needs Assessments and data to drive decision making.
- 5.1.1 Ensure that all that we do in terms of development adopts a person-centred, preventative, strengths and community asset-based approach to transformation and delivery.
  - 5.1.2 Learn from people of all ages who experience our services and best practice of partner organisations, and/or other areas, and seek to develop as a partnership to achieve the full potential of the relationship.
  - 5.1.3 Resolve issues of difference positively and professionally, throughout the meetings and through subgroups.
  - 5.1.4 Utilise the agreed branding when presenting about the integration work (internally and externally).
  - 5.1.5 During online meetings members should have their cameras on to promote and foster good communication and engagement.

## 6 Meeting Quoracy and Decisions

### 6.1 Meetings

- 6.1.1 The Group will meet on a bi-monthly basis and arrangements for meetings will be made in accordance with the ICB's Standing Orders.
- 6.1.2 Additional meetings may take place as required.
- 6.1.3 The Board or Chair may ask ShIPP to convene further meetings to discuss particular issues as and when needed.
- 6.1.4 ShIPP may meet virtually or face to face. If ShIPP meet virtually the meeting will be recorded. Members will be asked to have their camera on. Members will also be asked to use the chat function appropriately, including not having separate conversations.

### 6.2 ShIPP Accelerator Group

- 6.1.1 The ShIPP Neighbourhood Accelerator Group (subgroup of ShIPP) will meet monthly and will update ShIPP on activities at each ShIPP meeting.

### 6.3 Quorum

- 6.3.1 For a meeting to be quorate there must be at least four members of different organisations present.
- 6.3.2 If any member of ShIPP has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 6.3.3 If the quorum has not been reached, then the meeting either may be postponed until the meeting can be quorate or the meeting may proceed if those attending agree, but no decisions may be taken.
- 6.3.4 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. Where this happens, the decision made in this way must be reported to the next meeting to ensure it is captured in the minutes.

#### **6.4 Committee Attendance Register**

To support good governance, accountability, and transparency, the Committee shall maintain a formal record of member attendance:

##### **6.3.1 Attendance Register**

Committee Attendance Register shall be maintained by the Committee Secretariat, recording attendance at each meeting by all members, regular attendees, and invited guests.

The register must include:

- The name, job title and organisation of those present;
- Apologies received in advance of the meeting;
- Any instances of non-attendance without notice.

The Secretariat shall also ensure that each meeting formally records and confirms whether the Committee is quorate, in line with the quorum requirements set out in the Terms of Reference.

##### **6.3.3 Review and Reporting**

The Attendance Register shall be reviewed periodically by the Committee Chair to identify patterns of non-attendance or inconsistent engagement.

Persistent non-attendance by any Committee member shall be addressed in line with the Committee's governance expectations and, where necessary, escalated as appropriate.

##### **6.3.4 Transparency and Governance**

Attendance data may be used to inform governance reviews, appraisals, or assurance reports to the Board.

A summary of attendance and quoracy shall be included in the Committee's annual report.

#### **6.5 Decision Making and Voting**

6.5.1 Decisions will be taken in accordance with the ICB's Standing Orders. ShIPP will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

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

6.5.3 Where there is a split vote, with no clear majority, the Chair of ShIPP will hold the casting vote or propose a way forward.

## **7 Action and Decision Log Monitoring**



The Committee shall maintain clear and transparent records of its decisions and actions to support accountability, continuity, and effective governance. To this end:

#### **7.1 Committee Action Log**

- 7.1.1 The Committee shall develop and maintain a formal Action Log, recording all agreed actions, responsible owners, target completion dates, and progress updates.
- 7.1.2 The Action Log must be reviewed and updated following each meeting to reflect completed, ongoing, or overdue actions.

#### **7.2 Committee Decision Log**

- 7.2.1 The Committee shall also maintain a Decision Log, recording all key decisions made, including the rationale, date of decision, and any associated conditions or follow-up actions.
- 7.2.2 This log will support transparency and provide an accessible record of Committee direction and authority, particularly useful for audit, governance assurance, and induction of new members.

#### **7.3 Standing Agenda Item**

- 7.3.1 Review of the Action Log shall be a standing agenda item at each Committee meeting.
- 7.3.2 During this item, the Committee shall monitor progress, confirm closure of completed actions, and agree on next steps for any outstanding or delayed actions.

#### **7.4 Monitoring and Oversight**

- 7.4.1 The Committee will ensure robust oversight of all logged actions and decisions, including assigning clear responsibility and timelines.
- 7.4.2 Where actions are delayed or not progressing as expected, the Committee should agree appropriate remedial steps or escalation, as necessary.

### **8. Committee Business Cycle**

- 8.1 The Committee will develop and agree a business cycle at the start of each financial year to ensure delivery of its responsibilities.
- 8.2 This business cycle should be finalised no later than the end of Quarter 1, shared with Committee members, and formally approved by the Committee to support effective planning, prioritisation, and performance oversight throughout the year.
- 8.3 The business cycle shall be reviewed annually to ensure it remains fit for purpose and aligned with the strategic priorities of the ICB.

### **9. Committee Annual Report**

The Committee shall produce an Annual Report outlining how it has discharged its responsibilities over the course of the financial year.





## **9.1 Content and Purpose**

- 9.1.1 The Annual Report shall summarise the key areas of business considered by the Committee, outcomes of its work, performance against its Terms of Reference, and how it has contributed to the overall objectives of the Integrated Care Board (ICB).
- 9.1.2 It shall include a summary of assurances received and provided, any risks escalated to the Board, actions taken in response to internal and external audit findings (where applicable), and a reflection on committee effectiveness.
- 9.1.3 The report will also include relevant governance metrics such as attendance and quoracy, as well as any recommendations for changes to the Committee's remit, membership, or ways of working.

## **9.2 Approval and Submission**

- 9.2.1 The draft Annual Report shall be prepared by the Committee Secretariat in collaboration with the Chair and relevant Committee members.
- 9.2.2 The report will be timed to support the finalisation of the annual report and accounts.
- 9.2.3 The report must be formally reviewed and approved by the Committee before submission.
- 9.2.4 Once approved, the Annual Report shall be submitted to the ICB Board to provide assurance on the effectiveness of the Committee's governance, oversight, and delivery of its delegated responsibilities.

## **10 Reporting**

### **10.1 Chair of ShIPP**

- 10.1.1 The Chair of ShIPP is the conduit for reporting to and receiving updates and requests from the ICB Board and the Health and Wellbeing Board (and other Boards as required).
- 10.1.2 The Chair's report of ShIPP will be shared with the ICB Board to provide updates on activity and risks. This will be produced from approved minutes after each meeting.

### **10.2 ShIPP Neighbourhood Accelerator Group**

- 10.2.1 The ShIPP Accelerator Group (subgroup) will provide an update at each ShIPP meeting.

## **11 Conflicts of Interest**

### **11.1 Standing Register**

ShIPP will maintain a standing register, as per any other corporate decision-making body. In advance of any meeting of ShIPP, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such



as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.

## **11.2 Declaration of interests**

At the beginning of each meeting of ShIPP, members and attendees will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting. Members must ensure that they continue to comply with relevant organisational policies / guidance.

## **12 Risk Management**

The Committee will play a critical role in supporting the effective identification, management, and escalation of risks within its remit. In fulfilling this role, the Committee shall:

### **12.1 Adherence to ICB Risk Management Policy**

12.1.1 The Committee shall operate in accordance with the Integrated Care Board's (ICB) Risk Management Policy, ensuring a consistent and system-wide approach to risk oversight, reporting, and escalation.

### **12.2 Standing Risk Agenda Items**

12.2.1 Include a standing agenda item at the beginning of each meeting to review the System Board Assurance Framework and the System and/or ICB Operational Risk Registers. This should also be referenced within the committee business cycle.

12.2.2 Following this review, any proposed updates, amendments, or additions shall be:

- Clearly recorded in the Committee minutes;
- Annotated in red on the live versions of the System Board Assurance Framework and the System and/or ICB Operational Risk Registers to indicate suggested changes; and
- Promptly shared with the Integrated Care Board (ICB) Risk Lead for further consideration and action.

12.2.3 Operational Risk Review and Development

The Committee shall review existing operational risks and identify new or emerging risks relevant to its functions.

Such operational risks must be documented and reflected in the System and/or ICB Operational Risk Registers, ensuring a comprehensive and up-to-date register of committee-relevant risks.

### **12.3 End-of-Meeting Risk Reflection**



- 12.3.1 At the conclusion of each meeting, a standing agenda item, “Review and Reflection of new or amended risks”, shall prompt the Committee to reflect on the discussions held and identify any new risks that may have emerged.
- 12.3.2 Any such risks must be captured in the minutes and, where appropriate, incorporated into the System Board Assurance Framework and the System and/or ICB Operational Risk Registers, following the process described above.

## 13 Review

In view of the rapidly evolving nature of our health and social care system, these Terms of Reference will be reviewed in six months (January 2026).

### Version control

Version	Date	Author	Comments
DRAFT 1.0	13.09.2024	P. Bason	Review and re-write of TOR
DRAFT 1.1	16.09.2024	P. Bason	Update following first DRAFT review with Chair
DRAFT 1.2	1.10.2024	P. Bason	Update following ShIPP and ShIPP Subgroup, second DRAFT
DRAFT 1.3	15.10.2024	P. Bason	Update following second draft comments.
DRAFT 1.4	09.12.2024	P. Bason	Added Peter Prokopa , Chief Officer Community Pharmacy Shropshire
DRAFT 1.5	08.07.2025	L. Jones	Added amendments requested by ICB
DRAFT 1.6	18.07.25	L. Jones	ICB amendments accepted at ShIPP meeting 17.07.25, some title changes included.
DRAFT 1.7	23.10.25	C. Parker	ShIPP members amendments made



## 1. ICB 26-11.242 – Telford & Wrekin Integrated Place Partnership Briefing Report (Sept – October 2025 update)

**Meeting Name:** Telford & Wrekin Integrated Place Partnership (TWIPP)

**Meeting Date:** 11<sup>th</sup> September.

**Report Presented by:** David Sidaway, Telford & Wrekin Council, Chief Executive

**Report Approved by:** David Sidaway, Telford & Wrekin Council, Chief Executive

**Report Prepared by:** Louise Mills, Telford & Wrekin Council, Service Delivery Manager Health Improvement & Prevention and Telford and Wrekin Place Lead

**Action Required:** For Assurance.

### 1.1. Summary of Key Discussions and Decisions

- 1.1.1. This report provides an update on the work of the Telford & Wrekin Integrated Place Partnership (TWIPP) Committee.
- 1.1.2. The group meets bi-monthly, with the next meeting scheduled for 13<sup>th</sup> November.
- 1.1.3. Discussions have focussed on
  - The TWIPP Priority - Children and Young People's Mental Health
  - Endorsement of the STW Healthy Ageing Strategy
  - Prevention & Inequalities Initiatives (ICB Grant 2025/26)
  - Sport England Place Expansion Funding
  - Strategic Planning to inform a refreshed Neighbourhood Health Plan

### 1.2. Recommendations to the Board

- 1.2.1. The Board is asked to note the:
  - Current status of the children's mental health and wellbeing priority, acknowledging that further system-wide work is needed to provide assurance across several areas.
  - Progress made against delivery plans of ICB funded prevention initiatives.
  - The allocation of Sport England investment to support a system-wide, place-based "test and learn" approach aimed at increasing physical activity levels across the borough.
  - The review of National Neighbourhood Health Guidance, which will inform a strategic reassessment of the committee's priorities and support the development of a refreshed, forward-looking Neighbourhood Health Plan. Where feasible, opportunities to collaborate across a broader footprint should be explored, taking into



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account the provider landscape while recognising the distinct characteristics of each place.

### 1.3. Key Risks and Mitigations

- 1.3.1. The TWIPP Declaration of Interest Register is in place and is utilised as appropriate.

### 1.4. Performance and Assurance

- 1.4.1. Alert – Matters of concern, gaps in assurance or key risks to escalate:

- An additional risk was added to the Committee's risk register to reflect the NHS England devolution and ICB re-modelling.

#### 1.4.2. Assure – positive assurances and highlights of note:

- The **mental health of children and young people** TWIPP workshop session provided members with an overview of the current position regarding the recommissioning of mental health services. Presentations also covered preventative programmes, including social prescribing - Wellbeing While Waiting and the Link Project, Calm Cafes and support available across schools.

The Committee engaged in discussion and reflection, and identified three key priorities for TWIPP partners to progress over the next 12–18 months:

- **Developing a coordinated communications strategy** - to ensure clear and consistent messaging around the new mental health service.
  - **Mapping Strategic Partnerships and service offers** - a review of complex commissioning and funding arrangements across the system, with the aim of simplifying processes, identifying opportunities for collaboration, improving efficiencies, and scaling up proven interventions.
  - **Assessing and addressing waiting lists** - comprehensive review of current waiting lists, leading to a clear and actionable plan to significantly improve access and reduce delays.
- The **STW Healthy Ageing/Frailty Strategy**, was approved by TWIPP, noting its alignment with the existing T&W Ageing Well Strategy which has a broader scope. The enhanced emphasis on prevention in the NHS on this agenda and the pivotal role of neighbourhoods was welcomed, alongside recognition of the need for a more coordinated and accessible offer of support.
  - The **neighbourhood health prevention and inequalities initiatives** funded through the ICB Prevention Grant for 2025/26 all have delivery plans, and the initiatives encompass both borough-wide programmes



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and targeted interventions in areas of deprivation. These initiatives reflect TWIPP's commitment to reducing health inequalities and improving access to prevention and wellbeing support across Telford & Wrekin. Key achievements to date include:

- Successful launch of the second Live Well Hub in Wellington, expanding access to health and wellbeing support in the community.
  - Launch of the Healthy Conversations Campaign, with the initial focus on flu vaccination. The campaign has reached 14,500 people and is demonstrating strong engagement.
  - Expansion of the Calm Cafés service to include support for 18–25-year-olds from October, enhancing mental health provision for young adults.
  - Recruitment milestones achieved for Care Navigators, with systems now in place and collaborative relationships developing with key stakeholders across Telford & Wrekin. Early engagement activities are showing strong alignment with goals to improve access, empower individuals, and promote health equity for people with Learning Disabilities and Autism.
  - Healthy Hearts Bus Roadshow, a partnership between SET PCN (primarily Stirchley Medical Practice), the Council's Healthy Lifestyles and Active Travel Teams, and Telford College. The roadshow began in September and will run until the end of March 2026. In its first month, 128 residents from South East Telford received full NHS Health Checks, and an additional 70 received mini health checks due to ineligibility for the full check.
- **The Telford & Wrekin Sport England application** secured over £400k to pilot a place-based approach to increasing physical activity over the next 18 months. This initiative aims to embed physical activity into community life by addressing systemic barriers and reducing inequalities. Through strong partnerships across local authorities, health, education, and the voluntary sector, we will use local assets, data insights, and community co-production to drive sustainable change. The investment supports long-term transformation by building capacity, strengthening infrastructure, and empowering residents to lead healthier, more active lives.
- **National Neighbourhood Health Guidance**, the Medium-Term Planning Guidance, and System Maturity Baseline Assessment are being reviewed by the TWIPP Committee and Accelerator Group. This review will inform a strategic re-assessment of the committee's current priorities and guide the development of a refreshed and forward-looking Neighbourhood Health Plan. The aim is to ensure alignment with national expectations, system capabilities, and local population health needs.

1.4.3. **Advise** – areas that continue to be reported on and/or where some assurance has been noted/further assurance sought:

- The TWIPP Committee will receive an update report on children and young people's mental health and wellbeing early in 2026 to seek assurance around progress towards managing waiting times and access to community-based preventative support.

## 1.5. **Sharing of Learning**

1.5.1. Not applicable

1.6. Actions to be considered follow up actions or actions you require colleague support

1.6.1 Given Shropshire's selection for Wave One of the National Neighbourhood Health Implementation Programme, and our shared health provider landscape, the TWIPP Committee and wider partners should be considered for any shared learning opportunities, training, and resources arising from this initiative.



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## 1. 25-11: 243 - Integrated Performance Report October 2025

**Meeting Name:** Integrated Care Board Meeting

**Meeting Date:** November 2025

**Report Presented by:** Claire Skidmore, NHSSTW, Chief Finance Officer

**Report Approved by:** Julie Garside, NHSSTW, Director of Planning, Performance, BI and Analytics

**Report Prepared by:** Angela Parkes, NHSSTW, Deputy Director of Planning and Performance

**Action Required:** For Assurance and Discussion

### 1.1. Purpose

The Integrated Performance Report is brought to the Board to provide the latest position regarding finance, quality, performance and workforce across the system. It provides assurance on the delivery of our key measurable outcomes and informs the Board of the current risks and issues related to that delivery.

### 1.2. Executive Summary

Following the publication of the new NHS oversight framework for 25/26 and the NHS Performance Assessment Framework, the ICB has reviewed the quality and performance metric requirements of these documents and a summary of the new provider and ICB responsible metrics was presented to the Quality and Performance Committee to discuss in October. This included the latest actual performance values against the metrics and high-level analyst commentary. The Director of Planning & Performance for the ICB continues to work with provider leads and the Chair of QPC to agree how we transition our quality and performance reporting to reflect the new requirements alongside providing assurance of the delivery against the current metrics for 2025/26 going forward. Once this has been worked through the Integrated Performance Report presented to Board will be updated to reflect the changes.

#### Areas showing improvement:

##### UEC:

- The funding and staff from the Recovery and Rehabilitation Units (RRU) have been released which has enabled Shropshire Community Health Trust (SCHT) to reinvest in the Out of Hospital Model. This includes Front Door Coordinators achieving admission avoidance, extended Rapid Response, more productive Urgent Care Response (UCR) and Virtual Ward (VW), extended Care Transfer Hub (CTH) operating hours. Health Hero are also supporting GP decision-making at the front door to aid patient flow.

#### Planned Care including cancer, diagnostics and community waits:

- **Long waits:** 65+ weeks wait for Shrewsbury and Telford Hospital (SaTH) has improved over the past 12 months. 52+ weeks waits for STW has improved over the past 10 months. 52+ weeks waits for Children and Young People (CYP) for STW are also on a continuous improvement trajectory.

- **Incomplete Referral to Treatment (RTT):** <18 weeks at month end is better than plan. Time to first appointment <18 weeks is better than plan.
- **Cancer standards:** Faster Diagnosis Standard (FDS) is better than plan: with 80.5% (plan: 73.1%). 62-Day RTT better than plan: with 64.8% (plan: 60.7%). Waits >62 combined backlog: 192 vs planned 228 (October). Faecal Immunochemical Test (FIT) Tests is meeting target in October 25 (83.1% vs 80%). 31-Day Decision to Treat (DTT) is better than plan: 91.8% (plan: 91.4%).
- **Diagnostics:** 85.5% of patients seen within 6 weeks (plan: 89.8%). 97.7% of patients seen within 13 weeks (plan: 100%). SaTH Diagnostics performance is currently the best it has been since February 2020.

#### Adult Mental Health:

- **Average length of stay in a Mental Health bed:** Increased slightly to 55 days from 54 last month but is still ahead of plan (61.3).
- **Access to Perinatal & Maternal MH:** Increasing trend with 935 people accessing services in the 12 months to September. This is significantly above plan of 670. The perinatal equity and equality action plan is due to be presented at the Local Maternity Neonatal Service (LMNS) programme board in January 2026 and will include a recommendation to undertake a deep dive to understand reasons for high referral rates into perinatal mental health services.

#### Learning Disabilities and Autism including ADHD:

- **Children and Young People (CYP) in a Mental Health bed:** There were still 3 patients in a Mental health bed at the end of October, which is over plan, however two children have since been discharged.
- **Adult inpatients in a Mental health bed:** Reduced to 18 which is now just 1 above Q3 plan. Pressures in the wider system support, especially sourcing appropriate housing and suitably skilled providers in community settings, is limiting ability to discharge some individuals.

#### CYP:

- **Eating Disorders:** Routine referrals performance has improved for the second month to 92% (standard is 95%).

#### Quality:

- **Maternity:** Postpartum Haemorrhage rates, Maternity Bookings before 10 weeks' gestation and Mothers Smoking at Time of Delivery are showing sustained, continued improved variation. Caesarean Section Rate for Robson Group 1 and 2 Women is showing sustained improved variation.

#### Areas showing concern:

##### Primary Care:

- **General Practice, Practice Level Support (PLS):** Programme currently has 5 practices accessing the programme, 2 of these are currently unsure whether to continue. Discussions with the practices and NHSE are ongoing. The SDF (Service Development Funding) is being used to recruit peer ambassadors to support practices for the remainder of this year.

#### UEC:

- **12-hour Emergency Department (ED):** Performance remains a priority area of concern as it continues to be significantly off track and has not achieved national target or local plan in 2025/26 period. NHSE Regional Tier 1 fortnightly calls are ongoing.
- **Complex discharge:** Profile has not achieved local plan during 2025/26, with Pathway 2 and 3 consistently missing plan by less than 10%, and Pathway 1 missing plan by more than 10% for the last four months.
- **Frailty:** 8-hour offload delays continue upwards trend, 22 patients reported in October. 6 patients over the age of 80, all admitted. 6 conveyances due to falls, 4 of which were admitted. Frailty Assessment Unit (FAU) remains escalated above agreed bed/chair numbers which is hindering patient flow.

#### Planned Care:

- **Long waits:** 78+ weeks wait for Robert Jones and Agnes Hunt Orthopaedic Hospital (RJA) with 6 for October and a forecast of 4 for November. 65+ weeks waits are currently at 82 for October and forecasting 52 for November.
- **Diagnostics:** 315 diagnostics patients for STW waiting over 13 weeks, which is a decrease on the 360 the previous month (plan: 0).
- **CYP Community Waits:** There are a small number of children with complex neuro-diverse needs who are waiting longer for some restrictive wheelchair adaptations with the community provider. A discussion with the ICB and Local Authorities is planned in relation to the commissioning of the service to resolve this issue.
- **Adult Community Waits:** 22 patients waiting over 52 weeks.

#### Adult Mental Health:

- **Inappropriate Out of area (OOA) inpatient placements:** Remain above national target but is close to plan. Actions in progress include clearer processes around admissions, more clinical oversight of patients placed out of area and pursuing opportunities for repatriation of patients back into area. The underlying issue is the lack of available beds in the system, particularly for patients requiring higher intensity Psychiatric Intensive Care (PICU) beds and those with a clinical diagnosis of Emotionally Unstable Personality Disorder (EUPD). A project group has been implemented to establish a PICU at Redwoods, with capital investment. A deep dive into OOA patients concluded that patients with EUPD have the longest stay and are placed in locked rehabilitation units.
- **Talking Therapies:** First seen within 18 weeks performance deteriorated this month to 88%, (from 90% last month), below the target of 95%. The service is working to address this.

#### Learning Disabilities and Autism including ADHD:

- **Adult ASD Assessment:** Waiting list increasing to 2,256, of which 66% are Shropshire patients. Shropshire patients are also waiting around 20 weeks longer on average than Telford & Wrekin patients. Average waiting time is currently 70 weeks (Shropshire). The number of monthly assessments is increasing but will not be up to full plan until November. Actuals vs plan will be closely monitored monthly, however based on current level of demand even with increased short-term capacity this will not address the number of adults waiting materially.

- **Adult ADHD Assessment:** Waiting list remains stable at 2,478. The backlog of referrals is now reducing with the use of some short-term workforce capacity within the referral management centre. On target to eliminate the backlog completely by end November.

#### CYP:

- **CYP MH Access:** Performance has improved this month but remains below plan by circa 17%. Issues remain around improved data recording in the main provider as well as increasing workforce capacity. A recovery action plan is in place and director oversight is given to weekly meetings to monitor progress. Escalation meetings with NHSE Mental Health regional lead and ICB and MPFT providers have been held in November to support further remedial action plans.
- **Children not brought to appointment:** A review has been completed, and an action plan will be developed based on the findings. A task and finish group is now looking at the themes and identified issues to see how these can be addressed. The local authorities, BeeU and ICB are working together on this to ensure the number of looked after children who are not brought is reduced.
- **Workforce issues:** Vacancy rates and turnover rates remain high in the CYP MH service, although these have reduced over the last three months. This is also having an impact on waiting lists as well as access performance.
- **ASD/ADHD waiting lists:** The number of children aged 5-17 waiting for either an ASD or ADHD assessment continues to increase, now at a combined total of 3,855 including around 600 children who have opted to use online assessments. Validation of waiting list for children waiting with MPFT on the Neuro-developmental pathway is underway however, progress has been slow, due to lack of workforce capacity. This is now overdue, and a contract performance notice has recently been issued to the provider.

#### Quality

- **MRSA:** 2025/2026 objective has been breached.
- **C.Diff:** SCHT have breached C.diff trajectory for 2025/26. C.diff has breached monthly objective at 19 cases for September (trajectory 12),
- **E-coli:** Breached monthly objective at 44 cases for September (trajectory 36),
- **Klebsiella:** Breached monthly objective at 21 cases for September (trajectory 7),

#### Workforce key messages:

- At M7 overall provider workforce expenditure YTD is adverse to plan by £6.1M – this is driven predominantly by a bank overspend of £7.85M (values are provider-only and exclude capital pay costs).
- Current full year run rate is £19.6m adverse to plan although mitigations are forecast to reduce the final outturn to £10.4m adverse to plan with bank spend forecast at £5.4m adverse to plan.
- WTE is marginally over plan at M7 by 5 WTE with bank usage over plan by 135 WTE.
- A new agency rule has been introduced nationally to eliminate Band 2/3 Agency usage by end January 2026 – currently, only SCHT have work to do to be compliant

## Finance key messages:

### Revenue

- The ICS is reporting a £1.3m YTD System deficit v's £2.5m deficit plan, giving a £1.2m favourable variance to plan at M7. The M7 YTD position includes £55.9m of deficit funding.
- The ICS expected FOT is breakeven after £83.8m of deficit funding.
- Efficiency delivery is £9.6m ahead of plan at Month 7 and expected FOT is a £4.1m favourable variance to plan.
- £37.7m gross risk to delivery of the plan has been identified with mitigations described to offset to leave £3m of unmitigated risk at SATH due to Powys contract income risk and the cost of the recent industrial action, SATH are forecasting to hit plan, and further mitigations are under review to achieve that.
- The ICS underlying recurrent position has improved by £7.5m from £99.4m planned to £91.9m. This is due to £12.7m recurrent re-categorisation of ERF income as part of a national exercise to review the reporting of the underlying position. This is netted down by a deterioration of £5.2m, (ICB £2.3m, SaTH £1.3m and RJA 1.5m). There is a commitment from all system organisations to recover this deterioration by March 2026 so as not to impact on the exit run-rate going into 2026/27.

### Capital

- The ICS at Month 7 is reporting a £28.7m underspend against plan for operational BAU capital and national capital programmes including HTP, this underspend is expected to be recovered in year with the exception of £9m for HTP where a request for cash profiling has been requested from NHSE due to the scheme being ahead of plan but requiring less cash in the first year.
- The actual capital FOT is expected to be £2m above planned capital spend due to securing additional in-year capital receipts for SaTH laboratory information management systems (LIMS) and Electric Vehicle (EV) charging points. The ICS has also submitted bids for potential redeployment of capital for digital, constitutional standards and estates safety if this becomes available nationally via NHSE.

## 1.3. Recommendations

For the Board:

- To **note** and **discuss** the contents of the report.

## 1.4. Conflicts of Interest

None identified.

## 1.5. Links to the System Board Assurance Framework (SBAF)

The subject of the report provides second line assurance against the following two strategic risks within the SBAF:

- Strategic risk no. 2a: Risk of not achieving underlying financial balance (ICB & System)

- Strategic risk no 2b: Failure to deliver the system and ICB revenue and capital resource limit plans
- Strategic risk no. 3: STW is seeing a growing and ageing population; services and the workforce will need to adapt and shape to meet these needs. There is a risk that this capacity and capability will not be sufficient to meet population needs nor be able to focus on tackling identified and emergent health inequalities in every instance.

## 1.6. Alignment to Integrated Care Board

The report aligns to the ICBs goals by:

- Seeking to provide assurance against key measurable outcomes and to highlight areas of concern and actions being taken to address these, to support improving outcomes in population health
- Identifying areas of concern which may support a requirement for further investigation to determine whether there is an impact on inequalities
- Identifying areas of concern which may support a requirement for further investigation to determine whether there is any impact on productivity or value for money

## 1.7. Key Considerations

**Quality and Safety:** Quality Leads have worked with Planning and Performance Leads to ensure Quality is reflected throughout the report. There is a Quality section that picks up areas not covered in other sections).

**Financial Implications:** The report identifies areas of concern which may support a requirement for further investigation to determine whether there is any impact on productivity or value for money. Delivery of the financial plan and efficiency plan targets support financial recovery and sustainability.

**Workforce Implications:** There is a workforce section of the report which identifies areas of concern relating to workforce

**Risks and Mitigations:** No risks identified as a direct result of this report

**Engagement:** No engagement requirements identified as a direct result of this report

**Supporting Data and Analysis:** ICB big dash utilised to create the report

**Legal, Regulatory, and Equality:** No legal, regulatory or equality implications identified as a direct result of this report

## 1.8. Impact Assessments

- 1.8.1. Has a Data Protection Impact Assessment been undertaken? N/A
- 1.8.2. Has an Integrated Impact Assessment been undertaken? N/A

## 1.9. Attachments

None.



## 2. Integrated Performance Report October 2025

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## 2.1 Assurance Matrix Summary

### Interpreting SPC charts

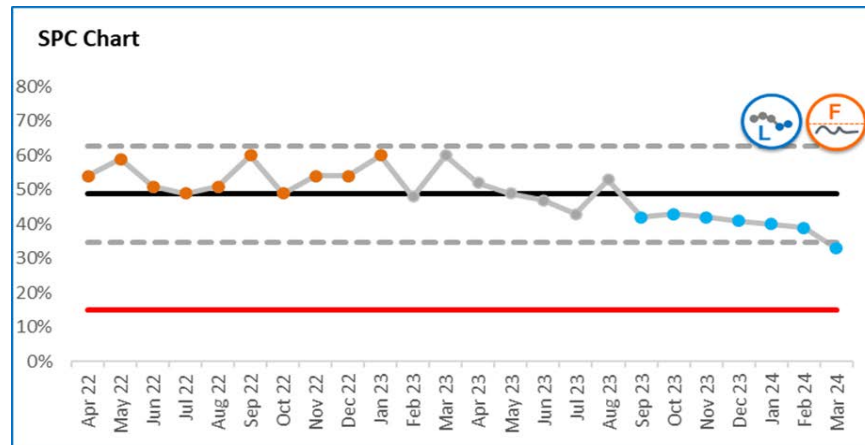
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly).

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

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

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

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



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

Process limits are very helpful in understanding whether a target or standard (the **red** line) can be achieved always, never (as in this example) or sometimes.







SPC charts therefore describe not only the type of variation in data but also provide an indication of the likelihood of achieving target.

Summary icons have been developed to provide an at-a-glance view.

These are described on the following page.







## 2.2 Interpreting summary icons

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

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

## 2.3 Overview Matrix

SPC Matrix		Assurance				Movement in Month
		Consistently Achieving the Target	Inconsistently Achieving the Target	Consistently Failing the Target	No National Target	
Improving Variation		<ul style="list-style-type: none"> <li>♦ Patients accessing perinatal mental health - STW</li> </ul>		<ul style="list-style-type: none"> <li>♦ Time to first appointment &lt;18 weeks - STW</li> <li>♦ All Diagnostics - &lt; 6ww against target - STW</li> <li>♦ All Diagnostics - &lt; 13ww against target - STW</li> <li>♦ 28 Day Faster Diagnosis Standard - STW</li> <li>♦ Referral to treatment &lt; 62 days % - STW</li> <li>♦ CYP - persons U18 supported with at least 1 contact - STW</li> <li>♦ % Annual Health checks per LD register aged 14 or over - STW</li> </ul>	<ul style="list-style-type: none"> <li>♦ ARRS - WTE - STW</li> <li>♦ Direct Patient Care in Post (FTE) - STW</li> <li>♦ Pharmacy First consultations - STW</li> <li>♦ Adult CMH - number of people who receive 2+ contacts - STW</li> <li>♦ Adult CMH - number of people who receive 2+ contacts - STW</li> <li>♦ Proportion of PW split by discharge P1 - SaTH</li> <li>♦ Maternity Booking before ten weeks - SaTH</li> </ul>	Metric Performance deteriorated from improving to normal variation or from normal to concerning variation
			<ul style="list-style-type: none"> <li>♦ LD adults currently inpatient in MH setting - STW</li> <li>♦ Cat 2 Response Mean time - WMAS</li> </ul>	<ul style="list-style-type: none"> <li>♦ Incomplete RTT pathways of 65+ weeks - STW</li> <li>♦ Incomplete RTT pathways of 52+ weeks - STW</li> <li>♦ Incomplete RTT pathways of 52+ weeks where patient age is &lt;=18 - STW</li> <li>♦ Diagnostic waits of 13+ weeks - STW</li> </ul>	<ul style="list-style-type: none"> <li>♦ CYP - ASD Total waits (5-17) - STW</li> <li>♦ Adult - ADHD Total waits - STW</li> <li>♦ Mothers per 1000 with post-partum haemorrhage &gt;=1500ml - SaTH</li> <li>♦ Mothers Smoking at Time of Delivery - SaTH</li> </ul>	
Normal Variation		<ul style="list-style-type: none"> <li>♦ % of GP appointments attended within 2 weeks (ACC-08) - STW</li> </ul>	<ul style="list-style-type: none"> <li>♦ % Urgent Community Response patients seen within 2hrs - STW</li> <li>♦ FIT - % of suspected Lower GI cancers with FIT - STW</li> <li>♦ Talking Therapies reliable recovery after 2+ contacts - STW</li> <li>♦ Autistic adults currently inpatient in MH setting - STW</li> <li>♦ No. of cases - C-difficile - STW</li> <li>♦ No. of cases - E-coli - STW</li> <li>♦ No. of cases - Pseudomonas aeruginosa - STW</li> <li>♦ No. of cases - MRSA - STW</li> <li>♦ Average handover time - WMAS</li> </ul>	<ul style="list-style-type: none"> <li>♦ A&amp;E 4 hour performance achievement (Type 1&amp;3) - STW</li> <li>♦ OAP - Active inappropriate out of area adult placements - STW</li> <li>♦ LDA children currently inpatient in MH setting - STW</li> <li>♦ A&amp;E 4 hour performance achievement (Type 1&amp;3) - SaTH</li> <li>♦ % of Ambulance Handovers within - 45 mins - WMAS</li> </ul>	<ul style="list-style-type: none"> <li>♦ Total Primary care appointments - STW</li> <li>♦ Total Face to Face appointments - STW</li> <li>♦ % of GP appointments attended same or next day - STW</li> <li>♦ Units of dental activity delivered in the period - STW</li> <li>♦ Dental activity as a proportion of contracted activity - STW</li> <li>♦ Referrals U18 from A&amp;E to liaison psychiatry &lt;1hr - STW</li> <li>♦ No. of cases - MSSA - STW</li> <li>♦ Total A&amp;E attendances against plan - SaTH</li> <li>♦ Proportion of PW split by discharge P3 - SaTH</li> <li>♦ FFT: Maternity Birth % Responded - SaTH</li> <li>♦ FFT: Maternity Birth % Positive - SaTH</li> <li>♦ FFT: Maternity Postnatal Community % Positive - SaTH</li> <li>♦ FFT: AE % Positive - SaTH</li> <li>♦ Community Waits for CYP services, total - SCHT</li> <li>♦ FFT: Inpatient % Responded - RJAH</li> <li>♦ FFT: Inpatient % Positive - RJAH</li> <li>♦ FFT: Community % Responded - SCHT</li> <li>♦ FFT: Community % Positive - SCHT</li> </ul>	Metric Performance improved from concerning to normal variation or from normal to improving variation

SPC Matrix		Assurance Matrix - Concerning Variation				Movement in Month
		Consistently Achieving the Target	Inconsistently Achieving the Target	Consistently Failing the Target	No National Target	
						
Concerning Variation			♦ Number of cases - Klebsiella - STW	♦ A&E 12 hour breaches - SaTH	♦ CYP - ADHD Total waits (5-17) - STW ♦ Adult - ASD Total waits - STW ♦ Proportion of PW split by discharge P2 - SaTH ♦ Community Waits for adult services, total - SCHAT	Metric Performance remained static
		♦ Early Intervention in Psychosis < 2 weeks - STW		♦ Proportion of Adult SMI having Physical Health Checks - STW	♦ GPs in Post (FTE) - STW ♦ FFT: Inpatient Percentage Responded - SaTH ♦ FFT: Inpatient % Positive - SaTH ♦ FFT: Maternity Antenatal Care % Positive - SaTH ♦ FFT: Maternity Postnatal Ward % Positive - SaTH ♦ FFT: AE % Responded - SaTH ♦ FFT: MH % Responded - MPFT ♦ FFT: MH Percentage Positive - MPFT	
Insufficient data					♦ CYP - Total Neurodevelopmental waits - STW	New metric for this report

### Monthly Movement in Metrics:

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

- ♦ GPs in Post (FTE) - STW

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

- ♦ % Annual Health checks per LD register aged 14 or over - STW
- ♦ ARRS - WTE - STW
- ♦ Autistic adults currently inpatient in MH setting - STW
- ♦ FFT: AE % Positive - SaTH
- ♦ FFT: Inpatient % Positive - RJAH

No new metrics this report

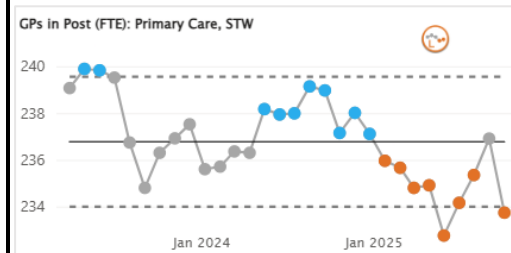
## 2.4 Primary Care

### Primary Care

#### Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
Total Primary care appointments	Primary Care	STW	Sep 25		264,164				✓	252,175
Total Face to Face appointments	Primary Care	STW	Sep 25		168,910					169,523
% of GP appointments attended within 2 weeks (ACC-08)	Primary Care	STW	Sep 25	85%	87.9%			✓	✓	88.4%
% of GP appointments attended same or next day	Primary Care	STW	Sep 25		52.2%					52.4%
ARRS – WTE	Primary Care	STW	Oct 25		282					265
GPs in Post (FTE)	Primary Care	STW	Sep 25		234					237
Direct Patient Care in Post (FTE)	Primary Care	STW	Sep 25		160					159
Units of dental activity delivered in the period	Primary Care	STW	Jul 25		57,790				✓	53,370
Dental activity as a proportion of contracted activity	Primary Care	STW	Jul 25	80%					✗	81.2%
Pharmacy First consultations (CP,BP,OC)	Primary Care	STW	Sep 25		4,127				✓	3,528

#### Escalation charts



### Primary Care Escalation Points

#### Focus Headlines:

- All GP practices are rated good or outstanding by the Care Quality Commission. Further inspections planned and reports due for completed inspections.
- Total numbers and total face to face appointments in primary care both increased by 16% compared to the previous month. The percentage of appointments within 14 days in General Practice improved by 0.6%.
- Numbers of FTE (full time equivalent) GPs dropped by 3 for the month, and overall numbers remain below the average over the last 2 years. For ARRS (Additional Roles Reimbursement Scheme) staff there is a slight increase in headcount, but a steady FTE number due to increase in non-clinical roles e.g. Care Coordinators.
- Dental activity reached the 80% target of contracted activity in the last month with complete data (July) and the numbers of units of dental activity (UDAs) increased by 9% over the previous month

#### Narrative:

- Five practices currently accessing the Practice Level Support Programme (PLS), 2 of these are considering withdrawing. 1 practice was removed from the programme by the provider, and the ICB is in negotiation with NHSE regarding this. Practices found that the data collection in the first four weeks is intensive and those that withdrew cited that it was a difficult time of the year to do this. Cohort 2 is not being progressed as clarity is being sought for the programme.
- The SDF (Service Development Funding) is being used to recruit peer ambassadors to support practices for remainder of this year
- Pharmacy First performance has met the local plan for the latest month but has dipped compared to earlier in the year which is in line with the local trajectory.

#### Key Actions:

- PLS - the ICB is engaging with NHSE to ensure consistent interpretation and alignment with national frameworks for the practices.
- Dental – Investment plan agreed with OWM (Office for West Midlands) and includes recurrent investment and £821k of non-recurrent spend in 25/26 to address capacity in priority areas including urgent appointments
- **Recurrent dental commitments:** Expansion of Shropshire & Staffordshire Oral Health Improvement Team for more targeted preventative work; dental checks in Special Educational Settings; additional recurrent UDAs in local hot spots of poor delivery; additional orthodontic dental contacts in existing contracts
- **Priority non-recurrent commitments for 25/26:** MDT Dental Golden Hello Scheme for recruitment and retention; continuation of Public Health Care Home Pilot; Primary Care Orthodontic Waiting List Initiative; Funding for 110% contracted UDA delivery by year end; Urgent Dental Care Incentive Scheme

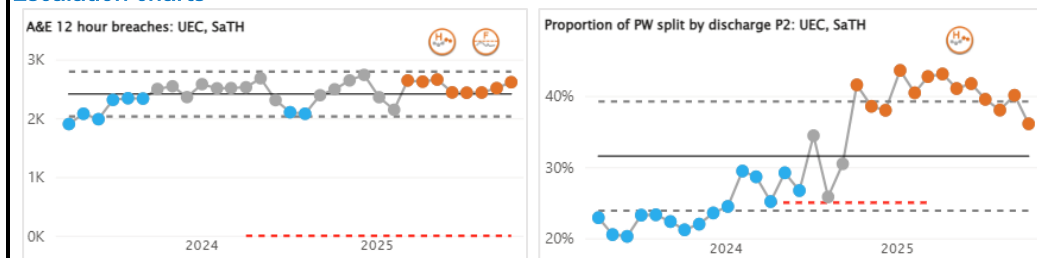
## 2.5 Urgent and Emergency Care

### Urgent and Emergency Care (UEC)

#### Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
Cat 2 Response Mean time	UEC	WMAS	Oct 25	00:30	00:38					00:39
Average handover time	UEC	WMAS	Oct 25	00:45	01:21					01:11
% of Ambulance Handovers within - 45 mins	UEC	WMAS	Oct 25	100%	48.4%					58.1%
A&E 4 hour performance achievement (Type 1&3)	UEC	SaTH	Oct 25	76%	54.2%					51.9%
A&E 4 hour performance achievement (Type 1&3)	UEC	STW	Oct 25	76%	62.7%					61.3%
A&E 12 hour breaches	UEC	SaTH	Oct 25	0	2,613					2,412
Total A&E attendances against plan	UEC	SaTH	Oct 25		13,619					12,991
Proportion of PW split by discharge P1	UEC	SaTH	Oct 25		48.5%					41.4%
Proportion of PW split by discharge P2	UEC	SaTH	Oct 25		36.1%					31.5%
Proportion of PW split by discharge P3	UEC	SaTH	Oct 25		15.4%					13.5%
% Urgent Community Response patients seen within 2hrs	Community	SCHT	Sep 25	70%	87.8%					82.3%

#### Escalation charts



#### Focus Headlines:

- **Category 2 ambulance response mean time** – Shows improving variation but did not achieve national target or West Midlands plan of 00:34. National target not achieved for second month in 25/26. Nationally ranked 33<sup>rd</sup> out of 42 reporting systems (39<sup>th</sup> for September), remain in the bottom quartile
- **Ambulance handovers within 45 minutes** – Shows normal variation. Compliance with the 100% national target slightly improved to 48.4% from 47.3% in September
- **4-hour performance** – Shows normal variation but all continue to be significantly off track for national target, except for the individual Type 3 performance. However, SaTH Type is the second highest month in 25/26 and SaTH Type 1 and 3 is the highest month.
- **Type 1 12+ hours in ED** – Shows normal variation but remains off track against the national target and the local plan however there is a slight improvement from the September position.
- **Attendances** – ED remains above plan with a variance of 1.3%; Urgent Treatment Centres (UTC) increased in October in line with plan with 3.6% variance against local plan; Minor Injury Units (MIU) attendance reduced after a spike in September achieving local plan for the sixth month in a row; Total number of A&E attendances increased by 650 against previous month in line with plan.
- **Proportion of pathways split by discharge** – remains concerning failing to meet local plans with PW2 showing special cause variation since July 24 (PW1 – 15.8%, PW2 – 6.0%, PW3 9.5%)

#### Narrative:

- In response to high pressure across the region, NHSE Midlands directed (23<sup>rd</sup> October) urgent and executive coordinated support to facilitate discharges and maximise community and primary care flow and contribution. System interventions eased pressure in our pathways
- Streaming away from ED continues for patients who are suitable, with the Integrated Community Front Door (IFD) fully implemented across both sites
- ED attendance was just above plan for October. West Midlands Ambulance Service (WMAS) total incidents increased by circa 280 in October, compared to September
- The system continues to feature in the bottom quartile for national performance in both 4- and 12-hour performance



## Urgent and Emergency Care (UEC) – Narrative continued...

### Narrative ctd...:

- October and November are the most challenging months for the system. This pressure should ease when the modular wards at Royal Shrewsbury Hospital (RSH) and reconfiguration of beds at Princess Royal Hospital (PRH) completes week commencing 8th December
- Utilisation of VW occupancy is showing signs of improvement (68.0% against a plan of 80%), with small increases in performance over the previous two months
- Complex discharge profile remains a concern. System Discharge workstream completing actions and oversight sits with UEC Improvement Programme
- Stepping down the RRU wards has released the funding and staff to enable SCHAT to reinvest in the Out of Hospital Model. The vacated wards enable the SaTH bed reconfiguration. In combination, these measures will provide the bed equivalence of the closed RRU beds.
- IFD is now fully implemented at both RSH and PRH, 7 days a week, 08:00 – 20:00 with GP cover 09:00 – 17:00 Monday to Friday, as senior clinical decision maker. IFD admission avoidance case study shared noting positive outcome for patient who has multiple medical issues

### Key Actions:

- Single Point of Access (SPoA) – The Business Intelligence (BI) team are currently working on the data quality queries.
- IOOH model Task & Finish group has now been stood down, with updates to be provided in the usual UEC monthly meeting schedule
- RRU was due to be handed back to SaTH mid-October. Due to system pressures this was partially deferred with a phased reduction towards full handover 26th November
- SaTH are utilising specialty, associate specialist and specialist (SAS) doctors during twilight shifts to support performance with non-admittance from ED
- Final work is taking place on the complex discharge data quality issue, and a new complex data page will be added to the performance pack for UEC Delivery Group
- Winter relief services starting from November, including additional discharge transport and Community Pharmacy enhanced Discharge Medicines Service (3rd November)
- SCHAT 2-hour domiciliary care service in the IOOH model will be provided in-house within the UCR team, rather than agency staff as originally planned, to facilitate an earlier step-up date in December (exact date still to be confirmed)
- The CTH have run webinars in October to support education and staff engagement with discharge pathways and decision making
- Discharge Support Workers are now on wards supporting timely discharge by ordering low-level equipment
- Plans commenced for extending the Discharge Lounge opening hours

### Key Risks and mitigations:

- Deconditioning for frail patients due to delayed ambulance offload. Regional falls pilot with selected care homes to reduce admission
- Risk of reduced Category 3 ambulance call validation by Health Hero due to requirement to split resource with Bed Bureau function to manage GP admissions to our hospitals. Health Hero funded to recruit additional staff.
- Increased pressure on Acute, with underutilisation of Community Services as alternatives to ED and the closure of RRU on 26th November after a phased reduction in capacity. Continued implementation of services and extending to full implementation of the IOOH model services
- Workforce gaps: 81 whole time equivalents required to staff new modular ward requirements. Full staffing review has taken place – recruitment well progressed. IOOH gaps – ongoing recruitment and interim utilisation of temporary staff to bridge gap.
- Frailty Assessment Unit (FAU) remains escalated above agreed bed/chair numbers hindering patient flow. Aim to operate a 7-day frailty model by November 2025, but exact date not known yet. 5-year draft plan frailty model being developed
- Ongoing Bed Bureau Service Transition. HealthHero have taken over responsibility and are working on a revised service option
- Concerns from SCHAT relating to medical oversight of the services within the IOOH model. ICB and SCHAT Executive level involved in discussions to find resolution
- Estate reconfiguration for PRH Acute Medical bed base expansion may exceed original planned delivery dates. Working group in place and monitoring via SaTH UEC Transformation Assurance Committee (TAC)
- Discharge demands exceeding out of hospital capacity for domiciliary care, reablement or care home stay. SCHAT 2-hour domiciliary care service to be stepped up from December (exact date to be confirmed). Collaborative system discharge group have developed focussed workstreams to improve patient flow
- Risk of complaints and incidents relating to transport increasing due to increasing Outpatient appointments, complex discharges and winter pressures. System wide collaborative working group (Discharge Improvement Group) to be stood up to review EMED concerns for patient experience and safety – awaiting date from SaTH.



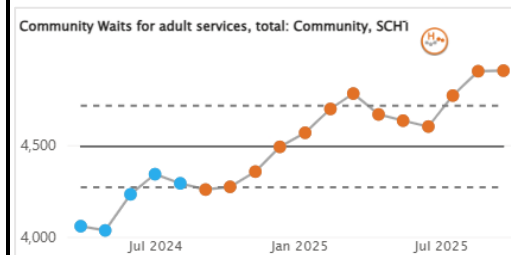
## 2.6 Planned Care

### Planned Care

#### Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
Incomplete RTT pathways of 65+ weeks	Planned Care	STW	Sep 25	0	94					590
Incomplete RTT pathways of 52+ weeks	Planned Care	STW	Sep 25	0	1,138					3,591
Incomplete RTT pathways of 52+ weeks where patient age is <=18	Planned Care	STW	Oct 25	0	45					318
Time to first appointment <18 weeks	Planned Care	STW	Oct 25	67%	75.9%					58.6%
All Diagnostics - < 6ww against target	Diagnostics	STW	Sep 25	95%	85.5%					71.8%
All Diagnostics - < 13ww against target	Diagnostics	STW	Sep 25	100%	97.7%					91.9%
Diagnostic waits of 13+ weeks	Diagnostics	STW	Sep 25	0	315					1,314
28 Day Faster Diagnosis Standard	Cancer	STW	Sep 25	80%	80.5%					70.1%
FIT - % of suspected Lower GI cancers with FIT	Cancer	STW	Oct 25	80%	83.1%					83.0%
Referral to treatment < 62 days %	Cancer	STW	Sep 25	85%	64.8%					56.5%
Community Waits for CYP services, total	Community	SCHT	Sep 25		2,895					3,090
Community Waits for adult services, total	Community	SCHT	Sep 25		4,907					4,493

#### Escalation charts



#### Focus Headlines:

- Long waits in October: 6 breaches of 78+ weeks; 82 patients waiting 65+ weeks and 1,067 waiting 52+ weeks
- Incomplete pathways waiting <=18 weeks for first appointment is 76.2%
- CYP 52 week waits: Reduced from 58 to 45 against a plan of 107
- CYP RTT waitlist on continuous improvement since Dec 24 (7174 to 4262)
- Cancer: 62 day backlog shows improving variation with 192 against a plan of 228; 28-day Faster Diagnosis Standard (FDS) show improving variation with 80.5 against a plan of 73.1%; FIT showing normal variation and above target with 83.1% against a plan of 80%; 62 day RTT showing positive variation with 64.8% against a plan of 60.7%; 104+ Day Breaches increased to 41 for September
- Community Waits: Children and Young People (CYP) patients waiting over 52 weeks has shows normal variation further decreasing to 50; adult patients shows improving variation and has decreased to 22.
- DM01 Performance: Shows improving variation with an increase to 85.5% for patients seen within 6 weeks and 13-week waits decreased from 360 to 315. Echo and Urodynamics are a major concern.

#### Narrative:

- **RTT:** The number of patients waiting over 52 weeks has decreased to 1138 for September and are currently forecasting 1067 for October. These are actively discussed in the tiering calls with NHSE with routes to 18-week waits now an area of focus. RJAH are still in Tier 1 and SaTH is now in Tier 2 for Cancer and Tier 3 for elective.
- **Cancer:** Performance across tumour pathways has continued to improve following focus on diagnostic expansion, strengthened clinical capacity and targeted backlog reduction. Measurable recovery seen in Colorectal, Gynaecology, Lung, Urology, Breast and Radiotherapy. However, risks remain including diagnostic pressures, tertiary delays, complexity of patients and surgical capacity in Breast, Upper GI and subspecialist gynaecology procedures
- **Community waits:** Long waiters in Community Paediatrics, Child Development Centre and Speech and Language Therapy reduced this month due to the actions taken. Wheelchair services for children have 19 neurodivergent patients with complex needs waiting over 52 weeks. All seen at least once but awaiting more specialist wheelchair adaptations. The ICB provides monthly updates to NHSE around reasons for long waits and actions being taken.

## Planned Care – Narrative ctd...

### Narrative:

- **Diagnostics:** The system faces challenges in several areas, including Echo, NOUS, and Urodynamics. However, performance is strong for CT, DEXA scans, Audiology and sleep studies. There are recovery plans in place for both RJAH and SaTH. These are being monitored via the ICB and tiering calls.

### Key Actions:

- **Long waits:** Ear, Nose and Throat (ENT) Locum started 10 November and plan for 52 weeks to be cleared by end of November; Trauma and Orthopaedics (T&O) ongoing work with RJAH to support following ward closure – plan for 5 patients over 52 weeks to be cleared by end of November. Ophthalmology additional corneal capacity being explored with plan to clear 52 week waits by end of November (excluding corneal patients). Gynaecology additional core clinics plans with new rotas to mitigate reduced insourcing in Q4. Urogynae risk as consultant workforce gap. Plans for gynaecology 52 weeks to be cleared by end of November. Dermatology Consultant Connect going live in December with plan for 52 weeks to be cleared by end of November. RJAH exploring Royal Orthopaedic Hospital mutual aid – meeting chaired by region. Final agreements on specific cases to be made by 14 November. RJAH aiming for no 65 week waits by end of November (excluding spinal). Aiming for no 65 week waits for spinal by 21 December, Musculoskeletal Services Shropshire and Telford (MSST) have trajectory in place to achieve zero 18 week waits by end of April 2026
- **Community outpatients:** Challenges within admin teams to manage increased demand but looking to source additional capacity.
- **Cancer:** Additional capacity including MDT capacity across specialties, first outpatient capacity, theatre capacity and utilisation, clinic capacity, expanded TURBT and haematuria capacity from November and waiting list initiatives in Breast. Engagement with tertiary centres to resolve capacity issues in Gynaecology. Pathway redesign in Lung and Urology. Ongoing work with West Midlands Cancer Alliance
- **Community waits:** Demand and capacity modelling and pathway specific backlog recovery initiatives. Extend work to reduce those waiting over 40 weeks. Weekend clinics for Speech and Language. Flash reporting to show actual vs planned no longer shared by provider.
- **Diagnostics:** Additional diagnostic capacity including 150 CT scans per week for colorectal, 63 additional hysteroscopy capacity in November, increased mpMRI, mobile MRI, improved bone scan reporting and improved radiology capacity in Breast. Sustainable Endoscopy Business Case approved: a three-year programme supported by an Independent Sector (IS) provider while substantive staff are recruited and trained to independence

### Key Risks and mitigations:

- Risk that increased capacity is not in place to clear long waiters in ENT, T&O, Ophthalmology, Gynaecology,
- Risk that Consultant Connect is delayed slowing pathway improvement and 52-week clearance.
- Risk that mutual aid agreements are not operationalised resulting in lack of ability to reduce long waits
- Risk that admin capacity pressures in SCHT delay ability to manage rising outpatient demand
- Risk that complexity in cancer caseload continues to affect flow
- Risk of diagnostic delays in pathways or reduced diagnostic capacity
- Risk of capacity issues in specialties
- Risk of delays in tertiary centres and other trusts outside of system control
- Risk that high surgical demand with limited short-term resilience in Breast
- Risk that demand for radiotherapy remains high with limited mutual aid availability
- CYP with complex needs may deteriorate whilst waiting for assessment or treatment which may then impact upon their treatment outcomes including wider impacts e.g. access to education. Patients waiting to be risk assessed.

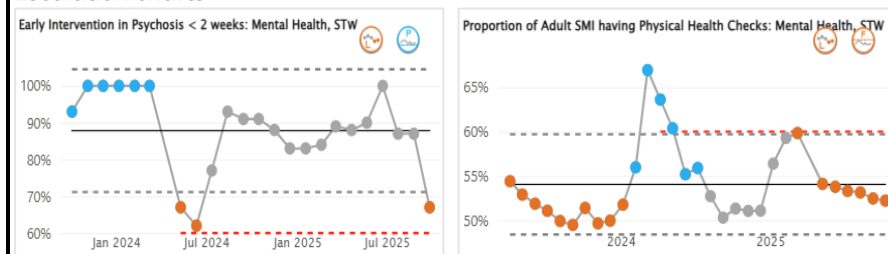
## 2.7 Mental Health - Adults

### Mental Health - Adults

#### Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
Talking Therapies reliable recovery after 2+ contacts	Mental Health	STW	Sep 25	48%	53%			✓	✓	48.2%
Talking Therapies patients reliably improved after 2+ contacts	Mental Health	STW	Sep 25	67%	74%			✓	✓	72%
OAP – Active inappropriate out of area adult placements	Mental Health	STW	Jul 25	0	5			✗	✓	5
Patients accessing perinatal mental health	Mental Health	STW	Sep 25	501	935			✓	✓	794
Early Intervention in Psychosis < 2 weeks	Mental Health	STW	Sep 25	60%	67%			✓		87.8%
Adult CMH – number of people who receive 2+ contacts	Mental Health	STW	Sep 25	4,940						4,392
Proportion of Adult SMI having Physical Health Checks	Mental Health	STW	Oct 25	60%	52.2%			✗	✓	54.0%

#### Escalation charts



#### Focus Headlines:

- Talking therapies – reliable recovery shows normal variation while reliable improvement shows improving variation.
- SMI patients receiving physical health checks performance below target but in line with previous years at 52.2%.
- Number of Inappropriate Out of Area (OOA) patients is stable (rounded to nearest 5) but above the target of zero.
- Average length of stay increased slightly (55 from 54) but remains better than plan (61.3).

#### Narrative:

- SMI Physical Health checks** - Better than same point in previous years. Official Q2 figures due 20<sup>th</sup> November. Target of 60% by end of the year.
- Inappropriate Out of area adult placements** – published data is rounded to nearest 5 so unable to give a specific count against a target of Zero.

#### Key Actions:

- Talking therapies:** Working with patients to offer greater choice of clinic appointments
- Out of Area (OOA) Placements:** Business case for PICU development to go through system governance in Q4 but awaiting confirmation of capital funding; deep dive of OOA placements presented to Inpatient Quality Transformation Programme (IQTP) and showed the most affected are patients with Emotionally Unstable Personality Disorder who are placed in locked rehabilitation units. Currently exploring options for sub-contracting this specialist service locally; OOA patients reviewed by MPFT to identify potential repatriation to Redwoods; an urgent MADE event led by ICB on 4 November identified 5 discharges to Redwoods through unlocking barriers to discharge
- SMI Health checks** – Continued review of SMI data recording to identify opportunities for full checks where partial checks are recorded

#### Key Risks and mitigating actions:

- Placements demand exceeds capacity requiring OOA placements which may lead to clinical harm, poorer outcomes, longer lengths of stay away from family and friends and increased resource requirement. Bed manager and Redwoods team review length of stay and bed flow including OOA patients that need to move to Redwoods. IQTP meetings taking place monthly to review challenges in bed flow and improve care pathway. A protocol involving individual commissioning and MPFT managers in place to monitor and authorise all OOA placements.
- People with Serious Mental Illness are not all monitored for their physical health checks potentially leading to undiagnosed long-term conditions. This includes patients who decline elements of health checks such as blood tests. The development of Intensive and Assertive Outreach approach to ensure people with SMI are on the register and their physical health monitored

## 2.8 Learning Disability and Autism – LDA

Learning disability and Autism (LDA)										
Metric Table										
Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
% Annual Health checks per LD register aged 14 or over	LDA	STW	Sep 25	75%	27.1%					19.5%
Autistic adults currently inpatient in MH setting	LDA	STW	Oct 25	9	10					10.3
LD adults currently inpatient in MH setting	LDA	STW	Oct 25	7	8					9.53
LDA children currently inpatient in MH setting	LDA	STW	Oct 25	1	3					3.06
Escalation charts										
All SPC charts for this area showing normal or improving variation. No escalation charts required.										
Focus Headlines:										
<ul style="list-style-type: none"> <li>18 adults occupying a MH bed (10 Autistic and 8 LD), against Q3 plan of 17.</li> <li>3 CYP occupying a MH bed against the plan of 2 in October. There have been two planned discharges in November.</li> <li>Annual health checks are ahead of plan and expected to meet the 75% target by year end.</li> <li>Quarterly NHSE led performance meeting held in November at which the improvement in processes &amp; increased governance was acknowledged. No actions arising.</li> </ul>										
Narrative:										
<ul style="list-style-type: none"> <li><b>Adult Inpatients</b> – two discharges and no admissions during October. Adults include 7 who are Specialised commissioned (low secure) placed. Overall tracking just above plan, and by 1 with further planned discharge dates in place.</li> <li><b>CYP Inpatients</b> – One child discharged in November and plans in place for the other 2 children.</li> </ul>										
Key Actions:										
<ul style="list-style-type: none"> <li>Continuation of existing meetings including fortnightly LDA Task and finish group and Transforming Care Programme (TCP) multi- agency monthly meeting</li> <li>Implement electronic Dynamic Support Register (DSR) going through information governance - on track to become operational by end of November.</li> <li>Use of Patient Safety Incident Response Framework (PSIRF) using after action reviews (AAR) to learn lessons from all admissions.</li> <li>Local Authorities are engaging in a pilot opportunity: Housing toolkit for autistic adults and adults with a learning disability. First meeting planned for mid-December.</li> <li>Meeting with NHSE every 4 weeks to explore transfer of Oswestry bungalows to a Housing provider. Service specifications &amp; plans for these progressing well.</li> <li>Case managers are not meeting the mandated review of patients every 8 weeks. This has been escalated to the ICB Chief Medical and Chief Nursing Officer awaiting further update.</li> </ul>										
Key Risks and mitigations:										
<ul style="list-style-type: none"> <li>People remaining in restrictive placements longer than necessary impacting quality of life. Mitigations include TCP monitoring treatment and discharge plans; focus on proactive prevention of avoidable hospital admissions; discharge to OOA community placements where no suitable accommodation available locally; MADE events to remove barriers to discharge</li> <li>Lack of appropriate specialised housing and accommodation locally to meet the needs of people with complex care needs leading to delayed discharges</li> <li>Lack of capacity in the case management team to undertake required 8 weekly visits to monitor progress of individual patients. Currently no mitigation in place for this.</li> </ul>										

## 2.9 ASD and ADHD

ASD and ADHD										
All data in this section based on unvalidated local data										
Metric Table										
Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
CYP - ASD Total waits (5-17)	LDA	STW	Sep 25	502						793
CYP - ADHD Total waits (5-17)	LDA	STW	Sep 25	727						473
Adult - ASD Total waits	LDA	STW	Sep 25	2,256						1,418
Adult - ADHD Total waits	LDA	STW	Sep 25	2,478						2,824
CYP - Total Neurodevelopmental waits	LDA	STW	Sep 25	2,626						2,015
Escalation charts										
<div> <div> CYP - ADHD Total waits (5-17): LDA, STW  </div> <div> Adult - ASD Total waits: LDA, STW  </div> </div>										
<b>All Age ASD and ADHD Escalation Points</b> <b>NB – This data is subject to validation, so must not be relied upon until fully validated.</b> <b>Focus Headlines:</b> <ul style="list-style-type: none"> <li>Children aged 5-17 waiting for ASD or ADHD assessment increased to 3,855 from 3,748 last month (local reporting). Average waiting times have similarly increased further.</li> <li>Adults waiting for ADHD assessments (reporting from main provider) reduced to 2,478 from 2,509. This does not include any recent referrals which are being processed by the Referral Management Service.</li> <li>Adults waiting for ASD assessment average waiting time to around 70 weeks (Shropshire) and 50 weeks (Telford &amp; Wrekin).</li> </ul>										
<b>Narrative:</b> <ul style="list-style-type: none"> <li><b>Adult ADHD</b> - Demand remains high with limited commissioned capacity. Remaining adults waiting are experiencing increasing average waiting times. The latest longest wait is now 87 weeks, median of 31 weeks.</li> <li><b>Adult ASD</b> – Increased number waiting 2,256 compared to 2,195. Number of assessments with provider is increasing and expect to be at full capacity (85 per month) by November. Average waiting times remain high, and current level of demand is still outstripping recurrent capacity.</li> <li><b>Children's ASD</b> – 600 children are having online assessments</li> <li><b>Children's ADHD</b> – Further small reduction in number of children waiting 727 compared to 748. Average waiting time still around 52 weeks against plan of 18 weeks,</li> <li><b>Neurodevelopmental pathway</b> - Waiting list validation underway but remains outstanding.</li> </ul>										
<b>Key Actions:</b> <ul style="list-style-type: none"> <li><b>Adult ASD:</b> Monthly monitoring of performance against plan which now includes non-recurrent waiting list activity</li> <li><b>ADHD Assessments Adults:</b> Additional temporary capacity in the referral management centre to clear the backlog; business case proposal from MPFT to address patients with comorbidity presented to ICB and phased approach being formalised.</li> <li><b>CYP ASD/ADHD waits:</b> A contract performance notice issued to provider in November to gain an in-depth understanding of the demand &amp; capacity, support whilst waiting, waiting list validation, and to agree additional actions and escalation; plan to attract more accredited providers</li> </ul>										

## ASD and ADHD – Narrative continued...

### Key Actions ctd....:

- A service proposal for a pilot project for specialist autism and ADHD service for people with mental health problems is to be presented to Clinical Advisory Group on 26/11/2025.

### Key Risks and mitigations:

- Longer waiting times for assessment and treatment that could potentially lead to harm – Physical and Psychological Harm. Related to issues with staff recruitment and low retention rates in BeeU (CAMHS) service which is a concern to meet high level of demand for assessments. People who deteriorate whilst waiting for an assessment have access to Mental Health 24/7 access team for support. Waiting well support programme in place whilst waiting for assessment and treatment to reduce impact or clinical harm. Neurodevelopmental waiting list group meeting to look at ways of improving waiting list times and support from system wider services for those on the waiting lists to ensure their needs are met whilst waiting. People have the option to access other providers with shorter waiting times through Right to Choose.
- Issues around co-morbidity and shared care arrangements still outstanding. Pilot project proposal for specialist autism and ADHD service for people with mental health problems to support people in the community. Improved pathway for adults referred for an ASD assessment with greater levels of support pre-diagnosis and for booking into clinics, as well as provision of information on how to seek earlier support if required, available through Autism Hubs to reduce risks of harm. Business case supported for MPFT to take responsibility for patients with a co-morbidity is in the final stages of being approved.



## 2.10 Children and young people (CYP)

### Children and Young People (CYP)

#### Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
Referrals aged u18 from A&E to liaison psychiatry < 1 hour	Mental Health	STW	Sep 25	30%						41.5%
CYP Eating Disorders (Routine) seen within 4 weeks	Mental Health	STW	Sep 25	95%	92%					82.0%
CYP – persons U18 supported with at least 1 contact	Mental Health	STW	Sep 25	8,341	6,675					6,031

#### Escalation charts

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

### Children and Young People Escalation Points

#### Focus Headlines:

- Eating Disorders (routine) standard not met but shows continued improvement to 92%
- CYP access performance improved but remains below plan. Re-submitted data did not show in published performance for May 2025 as expected.

#### Narrative:

- **Eating disorder:** Performance showing continued improvement (92% against standard of 95%). Urgent referrals figures are too low to allow reporting again this month.
- **CYP access:** Increase of 140 after a period of static or reduced performance. Vacancy rates remain high at around 18% across the service but are continuing to reduce slowly. More robust process in place to capture indirect activity in place, High number of closed referrals with no recorded clinical contact being investigated. Updated workforce trajectory requested but outstanding. A key subcontractor of MPFT submitting data from July 2025, showing a small amount of access activity (60) in September. There are workforce capacity issues with the BeeU leadership team which is being addressed.

#### Key Actions:

- **CYP ED:** Comparison of CYP ED official reporting concluded and identified discrepancy in age groups reported (provider 0-18 and published figure 0-25). Provider to be asked to match published reporting going forward.
- **Cancelled/declined appointments:** Review undertaken of children no bought but full report outstanding. To be raised at contract review meeting in November.
- **CYP access:** Deep dive into resubmitted data requested to be completed by 1 December; contract performance notice issued in November for workforce and activity trajectories to gain assurance in processes and performance including of sub-contractors; new subcontract activity data shown in published performance in September

#### Key Risks and mitigations:

- Reliability of provider data (and MHSDS resubmission) is under review, and therefore we are not yet able to accurately predict any improvement in performance of CYP access
- BeeU reported several CYP placed in the area that are not previously known to CAMHS service who are presenting to ED in crisis; therefore, the clinical and mental health needs of these children is not known. BeeU and SaTH reviewing the data on CYP presenting in ED in crisis but not known to BeeU – being progressed with ICB BI team.
- Difficulties in recruitment & retention of staff, particularly noted for Crisis Teams and for Mental Health Support teams in schools. Use of slippage funding for short term solution using agency staff and outsourcing. The Trust has a recruitment and retention strategy in place to reduce impact of sickness and fill vacancies.



## 2.11 Quality

### Quality

#### Metric Tables

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
FFT: Maternity Birth % Positive	Quality	SaTH	Jun 25		100%					91.3%
Mothers per 1000 with post-partum haemorrhage >=1500ml	Quality	SaTH	Aug 25		21					27.1
Mothers Smoking at Time of Delivery	Quality	SaTH	Aug 25		5.7%					8.06%
Maternity Booking before ten weeks	Quality	SaTH	Jul 25		63.5%					45.0%

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
FFT: Inpatient % Responded	Quality	RJAH	Sep 25		100%					100%
FFT: Inpatient % Responded	Quality	SaTH	Sep 25		2.01%					15.2%
FFT: Inpatient % Positive	Quality	RJAH	Sep 25		97.4%					98.5%
FFT: Inpatient % Positive	Quality	SaTH	Sep 25		92.0%					98.0%
FFT: Community % Responded	Quality	SCHT	Sep 25		0.993%					1.37%
FFT: Community % Positive	Quality	SCHT	Sep 25		98.3%					97.1%
FFT: Maternity Antenatal Care % Positive	Quality	SaTH	Sep 25		0%					80.5%
FFT: Maternity Birth % Responded	Quality	SaTH	Sep 25		0.822%					4.02%
FFT: Maternity Birth % Positive	Quality	SaTH	Jun 25		100%					91.3%
FFT: Maternity Postnatal Ward % Positive	Quality	SaTH	Sep 25		0%					58.5%
FFT: Maternity Postnatal Community % Positive	Quality	SaTH	Jun 25		100%					76.6%
FFT: AE % Responded	Quality	SaTH	Sep 25		1.37%					2.89%
FFT: AE % Positive	Quality	SaTH	Sep 25		62.1%					64.4%
FFT: MH % Responded	Quality	MPFT	Sep 25		0.557%					1.06%
FFT: MH % Positive	Quality	MPFT	Sep 25		87.1%					89.5%

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
Number of cases – C-difficile	Quality	STW	Sep 25	12	19					14
Number of cases – E-coli	Quality	STW	Sep 25	36	44					39.7
Number of cases – Pseudomonas aeruginosa	Quality	STW	Sep 25	2	3					3.33
Number of cases – Klebsiella	Quality	STW	Sep 25	7	21					9.67
Number of cases – MRSA	Quality	STW	Sep 25	0	0					0.667
Number of cases – MSSA	Quality	STW	Sep 25		13					11.8

#### Focus Headlines:

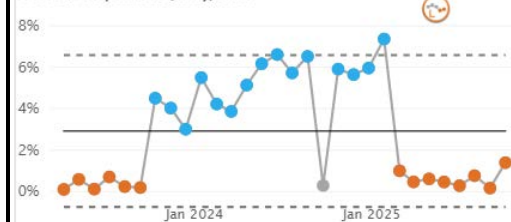
- Mothers smoking at time of delivery (SATOD) – Data continues to show sustained improvement this month of 5.7%
- Maternity Booking before 10 weeks and Post-Partum Haemorrhage (PPH) are also showing sustained improvement.
- For August 25 Percentage of Caesarean section for Robson Group 1 and Group 2 Women is showing improved variation.
- MRSA has breached 2025/2026 objective
- SCHT have breached C.diff trajectory for 2025 / 2026
- C.diff has breached monthly objective at 19 cases for September 25 (trajectory 12),
- E-coil has breached monthly objective at 44 cases for September 25 (trajectory 36),
- Klebsiella has breached monthly objective at 21 cases for September 25 (trajectory 7),

#### Narrative:

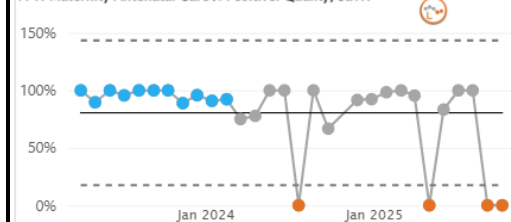
- **Friends and Family Test (FFT)**– RJAH internal reports show they continue to maintain their over 95% positive rating. Maternity working to increase response rate but Maternity Antenatal Care Percentage Positive and Maternity Birth Percentage Positive have flagged as a concern due to having a drop to 0% and 0.235%, this is therefore flagging as a concerning variation point. MPFT percentage positive has flagged as concerning variation point due to the data point dropping below the lower limit line, if this remains below this point or at same level this will then become a concerning variation. SaTH scores show lower satisfaction across all minority ethnic groups compared to the previous year. Waiting times in ED are the most frequent cause of concern in UEC. SCHT overall positive response remains static with low response rates.
- The Friends and Family Test (FFT) collection method has changed to digital only, which SaTH report to yield richer qualitative feedback but a significant drop in response rates, especially for inpatients (now the second lowest in England).
- **Infection Prevention and Control:** SaTH report there are more Community Onset Hospital Acquired cases than Hospital Onset in gram negative bacteraemia. The most common source of infection being UTIs without a catheter. C diff action plan discussed at IPC Assurance Committee – there has been an increase in inpatient bed spaces and increased patient numbers which may account for the increase C diff cases in part. SCHT undertaking monthly review of C diff cases. RCA reviews for device related e-coli cases

## Escalation charts

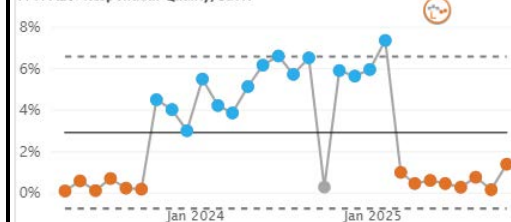
FFT: AE % Responded: Quality, SaTH



FFT: Maternity Antenatal Care % Positive: Quality, SaTH



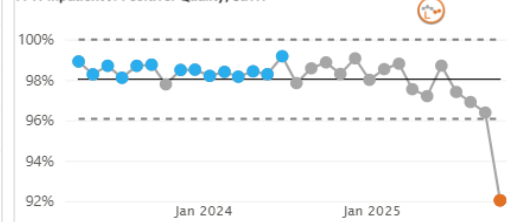
FFT: AE % Responded: Quality, SaTH



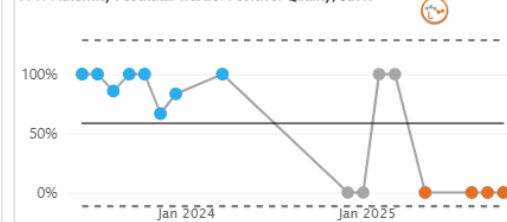
FFT: MH % Positive: Quality, MPFT



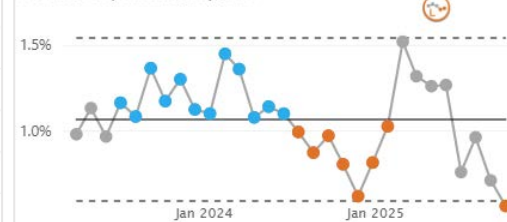
FFT: Inpatient % Positive: Quality, SaTH



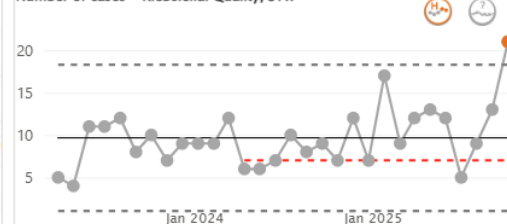
FFT: Maternity Postnatal Ward % Positive: Quality, SaTH



FFT: MH % Responded: Quality, MPFT



Number of cases - Klebsiella: Quality, STW



## Key Actions:

- **Maternity:** Oversight of maternity dashboard monthly by ICB Quality Lead at Maternity Safety Champions and LMNS Programme Board /Perinatal Quality and Surveillance Group (PNQSG). Regular reports shared monthly with Perinatal Quality Surveillance Group showing areas of improvement or areas of concern.
- **FFT:** SaTH are reviewing patient feedback as part of thematic learning. Oversight of patient experience audit themes via weekly ED Quality Assurance Meeting. SCHAT actively seeking volunteer support in completed surveys to increase response rates with Divisional responses discussed at meetings. Telephone feedback being collected for those unable to use digital methods. SMS FFT is expected to improve response rates once implemented.
- **VTE Risk Assessments:** SaTH added a question to the Nursing Quality Metrics "Has the patient had a VTE assessment within 24 hours of admission." Nurses to prompt Dr's - Audited monthly. VTE to be completed on checklist post take ward round - AMU to look at process/reminder at board rounds - Review policy of not to transfer/discharge patient until VTE completed on ward. Monitoring will continue with notifications sent to consultants. Proposal to include VTE assessment performance in Exemplar Ward Programme to reinforce importance. Added to UEC Transformation Programme.
- **IPC:** Focus on winter preparedness for care homes and vaccination programmes. Vaccination numbers for frontline health care workers (FHCW) and the public are also being scrutinised. Work is ongoing with the quality team and education team on management of urinary catheters, this will also address rise in Klebsiella rate. SCHAT monthly review of C.diff cases. RCA reviews for device related e-coli cases. RCA reviews for klebsiella cases

## Key Risks and mitigating actions:

- Potential reputational risk to the System/LMNS if performance not sustained
- Risk of not receiving timely data for FFT from NHS England means that we cannot act upon recommendations of patients.
- The move to digital FFT responses is causing a decrease in response by patient in several organisations.
- FFT responses are not representative of experience due to low response rates. Support change to SMS. Promote QR codes and feedback methods in ED. SCH promoting through divisional meetings
- Harm to patients and potential for extended hospital stay
- Unable to complete deep cleans as no decant ward / area available

## 2.12 Workforce

Workforce	
<p><b>Focus Headlines:</b></p> <ul style="list-style-type: none"> <li>Overall provider workforce expenditure YTD is adverse to plan by £6.1M* - bank overspend YTD at £7.85M.</li> <li>Current full year run rate is £19.6m adverse to plan although mitigations are forecast to reduce final outturn to £10.4m adverse to plan with bank spend forecast at £5.4m adverse to plan</li> <li>WTE is marginally over plan at M7 by 5 WTE with bank usage over plan by 135 WTE</li> <li>NHS Infrastructure Support costs favourable to plan by £3.3M YTD although WTE over plan by 122 WTE. The mismatch in reporting is a national issue due to different definitions within PFRs and PWRs and is being addressed through a regional workforce establishment working group</li> <li>New agency rule introduced nationally to eliminate Band 2/3 agency usage by end January 2026 – currently SCHAT non-compliant</li> </ul> <p><i>*Excluding capitalised costs</i></p>	<p><b>Key Actions:</b></p> <ul style="list-style-type: none"> <li>SaTH increased control of non-clinical bank usage, implementation plan for regional medical rates including all enhanced bank rates eliminated from December except theatre staff, a review of bank usage for clinical nurse specialists and review of weekend working. Enhanced support in place from regional team.</li> <li>Develop productivity plans based on service reviews inc. improvements in coding to record activity more accurately</li> <li>Reconcile contracted and actual worked wte to understand underlying causes of misalignment between workforce spend and WTE alongside the NHSE Regional Pay Spend Disaggregation Template.</li> <li>SCHAT roll out NHSP and implement workforce sharing with SaTH to eliminate Band 2/3 agency usage</li> </ul> <p><b>Key Risks:</b></p> <ul style="list-style-type: none"> <li>Bank usage and costs not reduced back to plan – mitigations in place</li> <li>Escalation exceeds plan – mitigations in place and monitored via the UEC board.</li> <li>Corporate cost reduction plans delayed due to consultation period required – mitigations in place across other efficiency schemes</li> <li>Workforce planning not delivered to deadline given the initial submission of draft plans in December – planning task &amp; finish group established</li> <li>Non-compliance with new agency rule re. elimination of Band 2/3 – SCHAT in discussions with NHSP and reviewing potential for workforce sharing with SaTH</li> </ul>

## Shropshire, Telford and Wrekin: Workforce Highlight Report: M7 (Oct 2025)

**STW M7 Workforce Expenditure (£000)** NB: Numbers below are provider only and exclude capital pay costs

	Plan YTD £000	Actual YTD £000	Var YTD £000	FY Plan £000	FY Forecast £000	FY Run Rate £000	FY Plan vs Forecast £000	FY Plan vs Run Rate £000
<b>Substantive</b>								
Non Medical Clinical	204138	214416		345921	367849	367570	21928	21649
Non Medical Non Clinical	53480	49658		91284	85615	85128	-5669	-6156
Medical Dental	97211	90078		165976	155006	154419	-10970	-11557
<b>Total Substantive</b>	<b>354829</b>	<b>354152</b>	<b>-677</b>	<b>603181</b>	<b>608470</b>	<b>607118</b>	<b>5289</b>	<b>3937</b>
<b>Bank</b>								
Non Medical Clinical	15783	19422		25948	30003	33295	4055	7347
Non Medical Non Clinical	2381	2874		3774	3940	4927	166	1153
Medical Dental	11867	15589		19834	21098	26724	1264	6890
<b>Total Bank</b>	<b>30031</b>	<b>37885</b>	<b>7854</b>	<b>49556</b>	<b>55041</b>	<b>64946</b>	<b>5485</b>	<b>15390</b>
<b>Agency</b>								
Non Medical Clinical	4194	3549		6283	5767	6084	-516	-199
Non Medical Non Clinical	410	390		700	700	669	0	-31
Medical Dental	4474	4120		6531	6697	7063	166	532
<b>Total Agency</b>	<b>9078</b>	<b>8059</b>	<b>-1019</b>	<b>13514</b>	<b>13164</b>	<b>13815</b>	<b>-350</b>	<b>301</b>
<b>GRAND TOTAL</b>	<b>393938</b>	<b>400096</b>	<b>6158</b>	<b>666251</b>	<b>676675</b>	<b>685879</b>	<b>10424</b>	<b>19628</b>

### Overall Headcount (WTE)

WTE	M7 Plan	M7 Actual	M7 Variance
Substantive	10731	10608	- 123
Bank	660	795	+ 135
Agency	106	99	- 7
<b>Total</b>	<b>11497</b>	<b>11502</b>	<b>+ 5</b>

### NHS Infrastructure Support (£000 & WTE)

	WTE M7 Plan	WTE M7 Actual	WTE M7 Var	£000 M7 YTD Plan	£000 M7 YTD Actual	£000 M7 YTD Var
Subs	2590	2674	+ 84	53480	49658	-3822
Bank	82	122	+ 40	2381	2874	+493
Agency	6	4	- 2	410	390	-20
<b>Total</b>	<b>2678</b>	<b>2800</b>	<b>+ 122</b>	<b>56271</b>	<b>52922</b>	<b>- 3349</b>

KPI	Plan	Performance *exc MPFT
Delivery of 2025/26 Workforce Plan: WTE	WTE 11497	WTE 11502
Delivery of 2025/26 Workforce Plan: Expenditure across all staff types (exc capitalised pay costs)	£393.94m	£400.01m (£6.1m adverse variance)
Turnover	9.8%	9.6%
Sickness	5.2%	5.2%
% Agency Price Cap Compliance	80% (national target)	50.5% (based on M6 YTD spend)
% Agency Framework Compliance	100%	100%
Agency as % Total Pay	2.0%	2.0%
Consultant Job Plans	95% (national target)	SCHT 6/6 (100%) RIAH 96/106 (91%) SATH 260/263 (99%) <b>STW TOTAL 362/375 =97%</b>

### Key Messages:

- Overall provider workforce expenditure YTD is adverse to plan by £6.1M\* - bank overspend YTD at £7.85M.
- Current full year run rate is £19.6m adverse to plan although mitigations are forecast to reduce final outturn to £10.4m adverse to plan with bank spend forecast at £5.4m adverse to plan
- WTE is marginally over plan at M7 by 5 WTE with bank usage over plan by 135 WTE
- NHS Infrastructure Support costs favourable to plan by £3.3M YTD although WTE over plan by 122 WTE. The mismatch in reporting is a national issue due to different definitions within PFRs and PWRs and is being addressed through a regional workforce establishment working group.
- New agency rule introduced nationally to eliminate Band 2/3 Agency usage by end January 2026 – currently SCHT non-compliant

### Key Actions:

- SaTH increased control of non-clinical bank usage, implementation plan for regional medical rates including all enhanced bank rates eliminated from December except theatre staff, a review of bank usage for clinical nurse specialists and review of weekend working. Enhanced support in place from regional team.
- Develop productivity plans based on service reviews inc. improvements in coding to record activity more accurately
- Reconcile contracted and actual worked wte to understand underlying causes of misalignment between workforce spend and WTE alongside the NHSE Regional Pay Spend Disaggregation Template.
- SCHT roll out NHSP and implement workforce sharing with SaTH to eliminate Band 2/3 agency usage

## 2.13 System Financial Position

Finance	
<p><b>Focus Headlines:</b></p> <p><b>Narrative - Revenue:</b></p> <p>The ICS is reporting a £1.3m actual YTD System deficit, £1.2m favourable to plan YTD at M7, this includes deficit support funding.</p> <p>The 2025/26 expected forecast outturn is breakeven after £83.8m deficit support funding.</p> <p>Month 7 figures include delivery of efficiency of £62.1m YTD against a target of £52.4m, a favourable variance to plan of £9.6m.</p> <p>The ICS underlying recurrent position has improved YTD by £7.5m from £99.4m planned to £91.9m due to £12.7m recurrent re-categorisation of ERF income which is netted down by a deterioration of £5.2m, (ICB £2.3m, SaTH £1.3m and RJA 1.5m).</p> <p><b>Narrative - Capital:</b></p> <p>The year-to-date system operational capital underspend against plan is £3.3m and total system capital spend, including national programmes is £28.7m behind plan. Delays in spend are understood and being actively managed with the slippage expected to be recovered in the FOT with the exception of HTP which is running ahead of plan but requiring less cash in year 1, a request has been made to NHSE to defer £9m of capital spend to 2026/27.</p> <p>ICB capital expenditure commences in Month 8, all schemes are now fully approved by NHSE and the full £2.1m of ICB capital is expected to be spent in year.</p> <p>The actual capital FOT is expected to be £2m above planned capital spend due to securing additional in-year capital receipts for SaTH laboratory information management systems (LIMS) and Electric Vehicle (EV) charging points.</p> <p>Bids have been submitted to NHSE for constitutional standards, digital and estates safety if redeployment of capital becomes available.</p>	<p><b>Key Actions:</b></p> <p><b>Revenue:</b></p> <p>Actions focus on continued delivery of the 2025/26 plan with attention given to reducing or removing risk where possible and seeking alternate mitigations. There is a commitment from all system organisations to recover the deterioration in recurrent underlying by March 2026 to not impact on the exit run-rate going into 2026/27.</p> <p><b>Capital:</b></p> <p>SATH are awaiting a response from NHSE to agree £9m cash profiling of capital spend for HTP into 2026/27. The ICS is awaiting a response on the bids against potential redeployment of capital if available.</p> <p><b>Key Risks and mitigating actions:</b></p> <p><b>Revenue:</b></p> <p>The system is exceeding our bank spend limit by £7.9m, this is partly mitigated by substantive and agency underspends and non-pay efficiency YTD. Oversight of recovery actions is undertaken through SATH's Finance Recovery Group and the System Workforce Group.</p> <p>The system has identified gross risk of £37.7m which is reported as fully mitigated bar £3m, additional mitigations will continue to be developed to delivery of the financial plan. Efficiency schemes are fully developed with additional pipeline/mitigation schemes under development ongoing.</p> <p><b>Capital:</b></p> <p>All in-year system capital risks are fully mitigated by capital contract performance management and deployment of pipeline capital schemes to ensure all capital is used in year.</p>

	Capital FOT is expected to be to plan except for £9m cash reprofiling for HTP, bids have been submitted for potential redeployment of available capital.
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# System Financial Position Month 7

Financial Performance	YTD			FULL YEAR		
	Plan	Actual	Variance	Plan	Forecast	Variance
	Surplus/ (Deficit)	Surplus/ (Deficit)		Surplus/ (Deficit)	Surplus/ (Deficit)	
Organisation	£000	£000	£000	£000	£000	£000
<b>Commissioners</b>						
NHS Shropshire, Telford and Wrekin	(1,591)	1,985	3,576	(2,000)	(2,000)	0
<b>Total Commissioners</b>	<b>(1,591)</b>	<b>1,985</b>	<b>3,576</b>	<b>(2,000)</b>	<b>(2,000)</b>	<b>0</b>
<b>Providers</b>						
The Shrewsbury and Telford Hospital NHS Trust	0	(2,290)	(2,290)	0	0	0
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	(2,021)	(2,252)	(231)	0	0	0
Shropshire Community Healthcare NHS Trust	1,045	1,228	183	2,000	2,000	0
<b>Total Providers</b>	<b>(976)</b>	<b>(3,314)</b>	<b>(2,338)</b>	<b>2,000</b>	<b>2,000</b>	<b>0</b>
<b>TOTAL SYSTEM Performance Financial Position Surplus/(Deficit)</b>	<b>(2,567)</b>	<b>(1,329)</b>	<b>1,238</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Non-Recurrent Deficit Funding</b>	<b>(55,892)</b>	<b>(55,892)</b>	<b>0</b>	<b>(83,795)</b>	<b>(83,795)</b>	<b>0</b>
<b>NHSE Approved Position</b>	<b>(58,459)</b>	<b>(57,221)</b>	<b>1,238</b>	<b>(83,795)</b>	<b>(83,795)</b>	<b>0</b>

## Key Data

- **System** - In month 7 the system is reporting a £1,329k deficit, £1,238k favourable variance to plan.
- **ICB** - Month 7 surplus of £1,985k which is £3,576k favourable to plan. This is after the recognition of £22.5m non recurrent deficit funding. Efficiency delivery is ahead of the phased plan year to date (£8.0m favourable) due to individual commissioning but is in line with the overall annual efficiency plan.
- **SaTH** - Month 7 £2,290k deficit, supported by £33.3m of non-recurrent deficit funding. £21.7m efficiency delivery year to date which is £0.9m favourable against plan. Pressures on pay of £8.6m year to date –partly offset by income backed posts overspend on bank is due to additional support for escalation activity and the effect of holding vacancies, however, is partially offset against reduced agency and substantive pay. Industrial action costs and pay award pressures have also contributed to the adverse variance. The adverse variance is offset by income, namely in respect of WMCA income, and early recognition of some efficiency schemes.
- **RJAH** - Month 7 £2,252k deficit, £231k deficit to plan. £5,694k efficiency delivery year to date, £673k favourable to plan. Shortfalls in clinical and commercial income are being offset by expenditure decreases from marginal cost reductions, recruitment slippage and continued delivery of Investigation and Interventions action.
- **SCHT** - Month 7 surplus of £1,228k, £183k favourable to plan due mainly to cost pressures in Prison mental health and Rehab and Recovery Unit out of hours being offset by non-recurrent pay savings and efficiency performance. Pay underspend £456k driven by delays in filling substantive vacancies. Bank staff overspend offset by substantive vacancies and agency underspend. Efficiency is £102k favourable to plan.



# System Risk Summary

System Risk	25/26 Gross Risk £'000	Mitigation £'000	Un-Mitigated Risk/ (Opportunity) £'000
NHS Shropshire, Telford & Wrekin ICB	10,610	(10,610)	0
Robert Jones & Agnes Hunt Hospital	7,222	(7,222)	0
Shrewsbury & Telford Hospitals	16,700	(13,700)	3,000
Shropshire Community Hospital Trust	3,152	(3,152)	0
<b>Grand Total</b>	<b>37,684</b>	<b>(34,684)</b>	<b>3,000</b>

To Note:

- The FOT assumes that the System receives its deficit support funding in full.

## ICB - Total Risk £10.6m; fully mitigated

- Efficiency risk **£2.9m** – Independent Sector activity, other High and Medium risk efficiency schemes – mitigated by UEC Improvement Programme, Acceleration of pipeline efficiency schemes and stretch to existing schemes.
- Cost risk **£7.7m** – Individual Commissioning activity and inflation, Cat M prices and Prescribing costs, Better Care Fund, SaTH excluded drugs & devices, Mental Health NCAs and estimated Government Reset costs – mitigated by internal processes for reducing Individual Commissioning cost, Commissioning policies under development and control processes in place to monitor spend in line with agreed criteria.

## RJAH - Total Risk £7.2m; fully mitigated

- Income risk **£6.6m** – LVA, Insourcing, non delivery of elective activity plan, Contract activity and Powys contract – mitigated by activity monitoring, workforce controls and ongoing contract negotiation.
- Efficiency risk **£0.5m** – medium risk schemes – mitigated by additional contingency schemes being reviewed monthly.
- Cost risk **£0.1m** – Inflation – mitigations identified – project oversight and contract management.

## SATH - Total Risk £16.7m; £13.7m mitigated

- Income risk **£2.4m** – Activity and Clinical income – **£2.4m** unmitigated Powys Non-Elective activity growth – escalated to NHSE for support.
- Efficiency risk **£2.8m** – medium risk schemes – increased efficiency scheme delivery to meet the original plan target plus UEC investment – fully mitigated by additional contingency and pipeline mitigation schemes, being reviewed monthly.
- Cost risk **£11.5m** – Workforce, inflation, escalation and pay award additional costs – **£10.9m** mitigated through delayed investments, additional temporary staffing controls for bank/agency, reduced insourcing and elective activity cost reductions (reduced RTT activity in second 6 months), further non pay controls, balance sheet flexibilities and workforce management and FIP/FRG oversight and management. **£0.6m** unmitigated arising due to future industrial action activity.

## SCHT - Total Risk £3.2m; fully mitigated

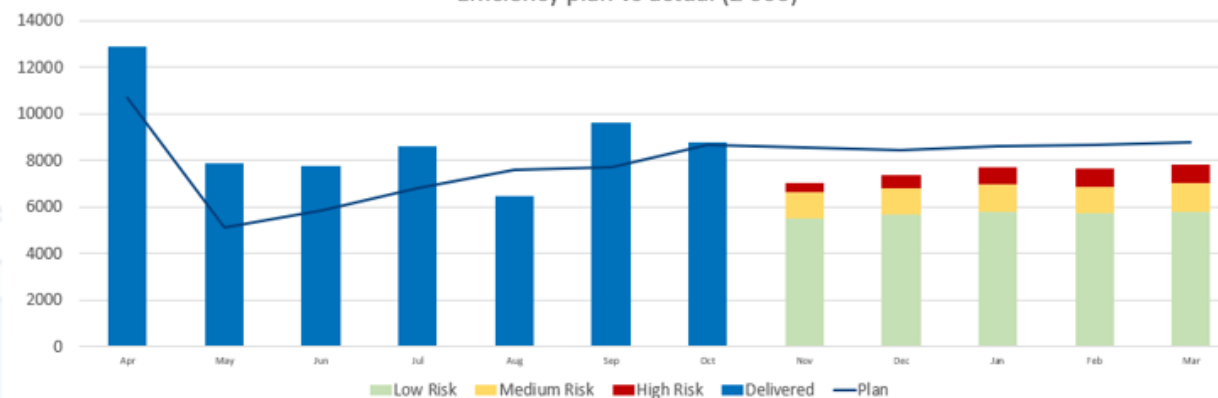
- Efficiency risk **£0.4m** – medium risk schemes – mitigated by weekly CIP meetings with FIP/FRG oversight.
- Cost risk **£2.8m** – Estates, inflation, agency & staffing, NI and Prison Mental Health, pay award/NI impact – mitigated by contract monitoring, workforce management, FRG oversight, vacancy savings.

# Efficiency Summary Month 7

25/26 Month 7 Planned Savings <b>£52.4m</b>	25/26 Month 7 Actual Savings <b>£62.1m</b>	25/26 Savings Month 7 Variance <b>£9.6m</b>	25/26 Savings Plan <b>£95.5m</b>	25/26 Savings Forecast <b>£99.6m</b>	25/26 Savings Variance <b>£4.1m</b>
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Partner Organisation	Annual Plan £'000	YTD Plan £'000	YTD Delivery £'000	YTD Variance to Plan £'000
ICB	39,180	23,747	31,759	8,012
SaTH	41,400	20,793	21,653	860
RJAH	9,594	5,023	5,692	669
SCHT	5,359	2,919	3,019	99
<b>Total</b>	<b>95,534</b>	<b>52,483</b>	<b>62,123</b>	<b>9,641</b>

Efficiency plan vs actual (£'000)



## Key Updates

- At Month 7 YTD STW has delivered **£62m** in efficiency savings against a plan of **£52.4m** which is **£9.6m** favourable to plan.
- This is primarily driven by savings realised by the individual commissioning team through case review, reduced cost of UEC Pathways, Elective Efficiency and savings through vacancy factor.
- High-Risk schemes have increased this month and total **£4.4m** of the forecast namely due to slippage on the wte scheme this is expected to be mitigated through delay in investments and other non-pay reductions. These are being closely monitored and mitigating actions are detailed on slides 38 & 39 of this pack.
- Focus remains on all Medium Risk and pipeline Plans continue to be sourced to further mitigate.
- A System Financial Improvement Group continues to be held fortnightly to oversee progress of the plans.

# Capital Summary

CAPITAL PROGRAMME Organisation	YTD			FULL YEAR		
	Plan	Actual	Variance to Plan	Plan	Forecast	Variance to Plan
	£000	£000	£000	£000	£000	£000
<b>Total Charge against Capital Allocation (including impact of IFRS16)</b>						
NHS Shropshire, Telford and Wrekin	0	0	0	6,191	1,191	(5,000)
The Shrewsbury and Telford Hospital NHS Trust	12,810	10,883	(1,927)	22,530	27,321	4,791
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	3,432	2,939	(493)	6,336	6,336	0
Shropshire Community Healthcare NHS Trust	2,205	1,272	(933)	4,253	5,025	772
<b>TOTAL SYSTEM</b>	<b>18,447</b>	<b>15,094</b>	<b>(3,353)</b>	<b>39,310</b>	<b>39,873</b>	<b>563</b>
<b>Total CDEL</b>						
NHS Shropshire, Telford and Wrekin	545	0	(545)	7,083	2,083	(5,000)
The Shrewsbury and Telford Hospital NHS Trust	80,898	53,192	(27,706)	145,915	151,274	5,359
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	3,532	3,972	440	9,243	10,137	894
Shropshire Community Healthcare NHS Trust	2,457	1,528	(929)	4,975	5,547	572
<b>TOTAL SYSTEM</b>	<b>87,432</b>	<b>58,692</b>	<b>(28,740)</b>	<b>167,216</b>	<b>169,041</b>	<b>1,825</b>

- SaTH operational capital YTD is £1.9m behind plan due to the delay in invoices being received for the decarbonisation scheme, noting the capital scheme is on track. The operational forecast also includes £4.8m additional allocation awarded for UEC capital with capital allocated to the ICB for this spend, and £3.3m additional CDEL received for LIMS/EV charging points. FOT is expected to be delivered in line with plan except for HTP where the project is ahead of plan but under the original cash profile, a formal request has been made to NHSE to defer £9m of capital spend to 2026/27. Total SATH capital is £27.8m underspent year to date due to delays in billing for the decarbonisation, RAAC, Estates Safety and UEC/Constitutional Standards schemes in addition to a different cash profile for HTP.
- RJAH operational capital is £0.5m behind plan due to the diagnostic capital scheme which is expected to be caught up by December 2025.
- SCHT operational capital is £0.9m behind plan due to delays in finalising an internal estates capital project which will be recovered in future months. The forecast/Plan also includes £0.2m additional allocation awarded for UEC capital, and £0.6m confirmed via Freedom and Flexibility regime allowing capital spend against prior year surplus to be spent on IT Hardware and Software.

YTD System spend against CDEL is behind plan by £3,353k primarily due to a delay in the receipt of invoices for SATH decarbonisation scheme, and phasing of a major capital scheme for estate reconfiguration in the internal SCHT capital programme - spend for both schemes are expected to fall in line with planned FOT.

The total system capital spend - CDEL plus national capital schemes including the Hospital Transformation Programme (HTP) - is £28,740k behind plan due to delays in SaTH schemes (RAAC/Modulars). Recovery is anticipated in the coming months with a large increase in capital spend projected in future months.

System FOT has increased by £880k due to additional CDEL received for RJAH CIR, EV charging points and cyber security.

SaTH have submitted a change request to defer c.£9m of capital spend in relation to HTP, this is awaiting authorisation from NHSE.

SCHT – the Capital Freedoms and Flexibility regime allows capital spend against prior year surplus (25/26 - £0.6m (IT Hardware and Software), 26/27 - £3.0m (Whitchurch Ward Refurbishment)).

RJAH – the Capital Freedoms and Flexibility regime allows capital spend against prior year surplus (26/27 - £1.9m (Theatre refurbishment)).

ICB spend is phased from Month 8 onwards, some spend was delayed due to the PID sign off process taking longer than expected with NHSE but spend is expected to catch up by year end. The £2m forecast is compared to a £7m plan as £5m system capital plan for UEC Incentive Capital has expenditure recorded against SaTH/SCHT.

## 1. ICB 25-11.244 - Local Maternity and Neonatal System Annual Position Statement.

**Meeting Name:** NHS STW Board

**Meeting Date:** Wednesday 26<sup>th</sup> November 2025

**Report Presented by:** Vanessa Whatley, Chief Nursing Officer, NHS STW

**Report Approved by:** Vanessa Whatley, Chief Nursing Officer, NHS STW

**Report Prepared by:** Sue Bull LMNS Programme Lead NHS STW

Emma Biggs Clinical Quality Lead, maternity and neonatal services NHS

**STW Action Required:** For Discussion and Assurance.

### 1.1. Purpose

- 1.1.1. This paper provides an annual position from the Local Maternity and Neonatal System Senior Responsible Officer on maternity care in Shropshire Telford and Wrekin including progress on independent reviews.

### 1.2. Executive Summary

- 1.2.1. Maternity and Neonatal care is central to the health and wellbeing of families and communities. Perinatal care has been under scrutiny in the system, and we acknowledge the findings and impact of the independent review into maternity services at SaTH (Ockenden 2020, 2022). In particular we recognise the impact on birthing people and families who experience loss and harm due to failures in maternity and neonatal care.

### 1.3. Recommendations

- 1.3.1. Accept/discuss the report as an annual position of Maternity and Neonatal Services in Shropshire Telford and Wrekin.

### 1.4. Conflicts of Interest

- 1.4.1. None identified.

### 1.5. Links to the System Board Assurance Framework (SBAF)

- 1.5.1. Strategic risk 3, This report supports addressing health inequalities which is key to maternity and neonatal care to ensure that there is equitable access to services to ensure that positive outcomes are achieved where ever possible.

### 1.6. Alignment to Integrated Care Board

- 1.6.1. This report supports the improvement of outcomes in population health and healthcare and addresses tackling inequalities in outcomes, experience, and access.



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## 1.7. Key Considerations

- 1.7.1. **Quality and Safety:** The report provides information to support safety and quality of maternity and neonatal care.
- 1.7.2. **Financial Implications:** meeting NHS Resolution Maternity Incentive scheme supports quality and safety and supports best use of financial resources.
- 1.7.3. **Workforce Implications:** The report supports system to sustain the workforce though demonstrating quality and safety in Maternity and Neonatal care.
- 1.7.4. **Risks and Mitigations:** No risks identified.
- 1.7.5. **Engagement:** The report provides progress on areas that can improve engagement of our residents and communities in relation to Maternity and Neonatal care.
- 1.7.6. **Supporting Data and Analysis:** The national maternity data set supports the monitoring of safe maternity and neonatal care.
- 1.7.7. **Legal, Regulatory, and Equality:** Maternity and neonatal care is underpinned by the Local Maternity and Neonatal Network System inequalities plan. The report provides update on strategic direction to ensure STW ICS has equitable maternity and neonatal services.

## 1.8. Impact Assessments

- 1.8.1. **Has a Data Protection Impact Assessment been undertaken?** No
- 1.8.2. **Has an Integrated Impact Assessment been undertaken?** No

## 1.9. Attachments

- 1.9.1. N/A

## 2. Main Report

### 2.1. Background

- 2.1.1. Maternity and Neonatal services are predominantly provided to the population in Shropshire, Telford and Wrekin Integrated Care System (STW ICS) by Shrewsbury and Telford Hospital NHS Trust (SaTH).
- 2.1.2. The ICB/LMNS has a nominated Senior Responsible Officer for Maternity and Neonatal care in the ICS, this is the ICB Chief Nursing Officer. In addition, the Chief Medical Officer chairs the LMNS Programme Board.
- 2.1.3. The Local Maternity and Neonatal System (LMNS) support the co-ordinated, integrated approach to providing maternity and neonatal care within STW ICS. It involves the collaboration of various health and social care providers and voluntary and community services to ensures that those that birth, newborns, and families receive high-quality, personalised care throughout pregnancy, childbirth, and the neonatal period (the first 28 days of life) with positive outcomes.
- 2.1.4. The Independent Maternity Review at SaTH undertaken by Donna Ockenden produced two reports, with actions specifically for SaTH and



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actions to be undertaken by the wider NHS. The review and its reports were published in response to concerns about poor care and a high number of avoidable baby and maternal deaths at the Trust and in December 2020 (interim report) and March 2022 (final report).

- 2.1.5. Since then, further reviews have taken place at East Kent Hospitals University NHS Trust (Kirkup Oct 2022) and Nottingham University Hospitals NHS Trust (NUH) (currently in progress), learning from NUH is being published in a series of letters in advance of the final report. These are being reviewed through maternity governance including LMNS Programme Board.
- 2.1.6. The ICB and its partners are committed to learning from these reports and to ensuring that local services are safe and of high quality. This remains a clear priority for the ICB and SaTH.

## **2.2. Introduction**

- 2.2.1. This report provides an annual summary of the position of maternity and neonatal care in STW Integrated Care System (ICS) provided by the LMNS SRO. It is required by the ICB Board and is provided to QPC for discussion on any points of update prior to Board.
- 2.2.2. Shropshire Telford and Wrekin had 3932 births in 2024/25, similar to previous years.
- 2.2.3. The 10-year Health Plan for England (July 2025) gives a renewed commitment to quality and committed to a review of maternity and neonatal care leading to a new national maternity and neonatal action plan overseen by a national task group chaired by the Secretary of State.
- 2.2.4. In June 2025, the Secretary of State for Health and Social Care announced a rapid, national, independent investigation into NHS maternity and neonatal services. Shrewsbury and Telford NHS Trust are not now part of this investigation due to the ongoing police enquiry into the Maternity care during the review period.

## **2.3. Local Maternity and Neonatal System (LMNS)**

- 2.3.1. The LMNS currently oversees implementation of the current Three-Year Delivery Plan for Maternity and Neonatal Services (published by the UK government in March 2023-26) which outlines a strategy for improving maternity and neonatal care across the National Health Service. The plan aims to address the shortcomings in maternity and neonatal care in the UK by implementing systemic changes that focus on safety, workforce support, personalised care, leadership, and the reduction of inequalities. The overall goal is to create a safer, more efficient, and more compassionate maternity and neonatal system for women, babies, and families. It has 5 workstreams which are now replicated in STW with involvement from partners including service user voice, public health and the neonatal network.



- 2.3.2. There are four themes to the plan: 1) Listening to and working with women and families with compassion 2) Growing, retaining and supporting our workforce 3) Developing and sustaining a culture of safety, learning and support 4) Standards and structures that underpin safer, more personalised and more equitable care each with a work plan to align priorities, and the LMNS has organised its work into aligning workstreams.
- 2.3.3. Progress continues against this plan. To date, 22.9% of actions are complete and 77.1% are in progress. Of the actions currently in progress, 74% are on track for completion by 31 March 2026. There are no actions not being progressed, providing assurance that all areas of the plan remain in scope and under active management.
- 2.3.4. The LMNS itself is developing. As STW only has one maternity provider (SaTH) the LMNS is classed as a single provider LMNS. This is not recommended best practice and is an action from the Independent Maternity Review to address.
- 2.3.5. Since December 2024, there have been bi-monthly LMNS collaborative learning forum between NHS STW and NHS Staffordshire and Stoke-on-Trent (SSoT) LMNSs which has facilitated shared learning on infant mortality, birth trauma, and system maturity matrix reviews, promoting partnership working to address common challenges and enhance outcomes across the system. Discussions have led to further improvements in pathways and joint working to address national issues.
- 2.3.6. The LMNS/ICB undertakes on-site insight visits to maternity and neonatal services are undertaken by the ICB with input from external partners (including NHSE and external experts) and the MNVP to gain assurance that key actions are in place and develop deeper system understanding key risks and issues which need to be addressed. But also promote a culture of openness, shared learning and support.
- 2.3.7. The below insight visits have been undertaken in 2024/25:
- April 25 – Maternity Insight Visit themed on community and continuity of care.
  - May 25 – NHSE national leads visit to SaTH on maternity and neonatal care.

## 2.4. Listening to birthing people and families

- 2.4.1. Ensuring there is engagement and learning from lived experience is key to the development of maternity and neonatal services. Two key areas of work of the LMNS facilitate this:

### 2.4.2. [The Maternity and Neonatal Independent Senior Advocate \(MNISA\) pilot](#)





- 2.4.3. The role of the MNISA is being explored as an NHSE pilot across 16 ICBs including STW. The role offers independent support and advocacy for those families who have the worst outcomes, amplifies their voices, helps them navigate complex systems, and promotes learning and system-wide change through engagement at a senior level with Trusts and ICBs. There is a strict acceptance criterion, with a maximum of 15 caseload.
- 2.4.4. The STW MNISA was recruited in November 2024 and commenced working directly with women, birthing people, and families in April 2025, following completion of requisite training, information governance and reporting and escalation processes they have received 10 referrals through a variety of routes.
- 2.4.5. There have been 10 referrals to date through a variety of routes including self-referral.
- 2.4.6. Families have fed back as below. These findings mirror those of the [independent evaluation of the national MNISA pilot](#), where families overwhelmingly valued the MNISA role, describing it as instrumental in them feeling heard and supported, particularly during distressing investigations and reviews.
- They feel truly listened to, often for the first time.
  - They would have given up trying to find out what happened to them and/or their babies without the MNISA's support.
  - The MNISA, being independent of the Trust, has enabled them to feedback, ask questions and to feel confident that the Trust have addressed/will address their concerns.
  - The MNISA's support has, in some cases, helped them to rebuild a relationship with the Trust.
- 2.4.7. The MNISA pilot is due to end on 31 March 2026. A decision on the future of the role from NHSE has been postponed from October 2025 to rest with the National Maternity Investigation and/or Taskforce decisions. Due to a gap between post holders providing some unspent project funds, NHS STW has taken the decision to extend the role until October 2026.
- 2.4.8. [The Maternity and Neonatal Voices Partnership \(MNVP\)](#)
- 2.4.9. The MNVP champions the voices of women, birthing people, and their families in the development of maternity and neonatal services.
- 2.4.10. A permanent MNVP lead was recruited to the ICB in January 2025 (0.6 WTE), embedded within the LMNS and working closely with the EDI Midwife at SaTH to strengthen engagement and inclusivity as an early action.
- 2.4.11. In June 2025, the MNVP delivered 15 Steps visits at both Princess Royal Hospital and the Midwifery-Led Unit at Royal Shrewsbury Hospital, involving 18 diverse participants, including fathers and ethnically diverse and neurodivergent service users. This initiative is aimed at improving

patient care quality by assessing healthcare environments from the patient's perspective within 15 steps of entering the care environment.

2.4.12. An LGBTQIA+ Q&A session with community maternity leaders was also held, with further sessions planned to enhance staff awareness and inclusion.

2.4.13. Collaborative projects are underway with maternity, gynaecology, and perinatal pelvic health services to co-design user surveys exploring experiences of care and awareness of available support. An example is the Perinatal pelvic health service have engaged with the MNVP to support promotion, including a targeted survey on women's awareness and understanding of available support.

2.4.14. The MNVP volunteer recruitment project is on track to expand and diversify the network, with clear governance, training, and alignment to SaTH onboarding processes. A volunteer recruitment drive is scheduled for October 2025 to further strengthen co-production and engagement across LMNS activities.

## 2.5. Reducing Health Inequalities

2.5.1. Reducing health inequalities remains a core priority for the LMNS. Current work focuses on improving equity of access, experience, and outcomes across maternity and neonatal services, supported by robust data analysis, targeted interventions, and strong partnership working.

2.5.2. In September SaTH's EDI Midwife, Sherilyn Ndhlovu, was awarded Midwife of the Year at the National B.A.M.E. Health and Care Awards in recognition of work to support families in accessing equitable care.

2.5.3. A Perinatal Equity Analysis for STW has been completed with the support of public health analysts. This has provided population insight to guide preconception and maternity planning on which to base actions for the system.

2.5.4. It is essential that data supports these plans and outcomes, to further improve data quality a Data Quality Improvement Plan has been developed in the Trust contract to strengthen Maternity Service Data submissions.

2.5.5. The existing Maternity and Neonatal Equity & Equality Action Plan 2025–27 has been reviewed and updated with MNVP and Trust collaboration.

2.5.6. A national tool, endorsed by the DHSC has been adopted by the LMNS to explore system-wide access to support data-driven targeting of inequalities, known as the [SHAPE Tool](#).

2.5.7. There are several key areas of early intervention, below are two of these where the LMNS is supporting following the attraction of external funding.



- Early booking of pregnant people into maternity services is vital to early screening and wellbeing of birthing person and baby. A £43k NHSE Midlands grant has been secured to improve early booking and antenatal screening uptake. A key objective of this work is to strengthen access to services in neighbourhoods.
- The LMNS has secured Burdett Nursing Trust funding for a 12-month nurse-led preconception education pilot to improve reproductive health, outcomes for mothers and babies and reduce disparities.

2.5.8. Other initiatives tackling inequalities in progress are Antenatal education classes, NSPCC guide for expectant parents, Dads Pads (perinatal mental health), Mini First Aid and accident prevention classes which are rolled out across STW.

## 2.6. Assuring Maternity and Neonatal Care

2.6.1. The LMNS has a role in coordinating maternity and neonatal care so the outcome is families receiving high-quality, personalised care throughout pregnancy, childbirth, and the neonatal period (the first 28 days of life) with positive outcomes that involves assuring safe care in maternity and neonatal services. The Perinatal Quality Surveillance Group meets monthly and LMNS Programme Board meets quarterly. Both include wider system partners.

2.6.2. Following the Independent Maternity Review (1.4) the combined reports provided a total of 210 actions for SaTH to undertake.

- 192 Actions have been completed with evidence of implementation.
- 11 actions are on track to complete
- 7 actions have been descope as these are recommendations for organisations outside SaTH However, the ICB is now tracking these in collaboration with NHSE.

2.6.3. A robust governance process tracks the monitoring of these actions through to implementation. Outcome data is provided monthly to the LMNS Perinatal Quality Surveillance Group (PQSG) as assurance and areas of priority. ICB teams are included in the governance structure as are other partners such as the West Midlands Neonatal Operational Delivery Network (ODN). Full details are available in a monthly report to the SaTH Board.

2.6.4. The Saving Babies' Lives Care Bundle (SBL) is a set of evidence-based practices and guidelines aimed at reducing stillbirths and improving the care provided to expectant mothers during pregnancy. It was introduced in the UK by the National Health Service (NHS) in 2016 as part of a national initiative to reduce stillbirth rates by 50% by 2025.

2.6.5. The care bundle is now composed of six key elements that focus on improving prenatal care, early identification of risks, and timely intervention to improve maternal and fetal outcomes. SaTH have declared and evidenced compliance with all 6 key elements.

- 2.6.6. The Maternity Incentive Scheme (MIS) is a financial incentive programme designed to enhance maternity safety within NHS Trusts. It refunds the Maternity Incentive Scheme payment made to NHS Resolution for Trusts that can demonstrate they have implemented a set of core safety actions. SaTH has declared and evidenced compliance in its annual declaration (24/25) which includes oversight by Maternity and Neonatal Safety Champions (includes MNVP, SaTH exec and NED champion) and the LMNS Senior Responsible Officer.
- 2.6.7. The Neonatal Care Unit at SaTH provides Level 2 care and is a designated Local Neonatal Care Unit (LNU). For Level 3 care (Intensive care) babies are managed through the Operational Delivery Network and receive care in an appropriate location. The LMNS are working closely with the ODN to optimise the cot location service.
- 2.6.8. The key focus is on ensuring a positive experience, supporting babies and families and reducing neonatal mortality. The LMNS monitors key metrics and outcomes as with Maternity data.
- 2.6.9. MBRRACE-UK data trends are looked at as part of LMNS system meetings and escalated via the perinatal quality surveillance model (PQSM) which provides strategic oversight for perinatal safety and clinical quality in order to facilitate appropriate action and support (latest available data is for 2023, published in February 2025). STW improved across all 3 measures, still birth, neonatal mortality and extended perinatal mortality (a measure that combines both stillbirths and neonatal deaths).
- The stabilised & adjusted stillbirth rate was 2.87 per 1,000 total births for 2023. This is around the average for similar Trusts & Health Boards and reduced from 2022 when the rate was 3.19 per 1,000 total births.
  - The stabilised & adjusted neonatal mortality rate for 2023 was 1.05 per 1,000 live births improved from 2022 when the rate was 1.39 per 1,000 live births but remaining >5% above comparator organisations. This is similar to several other ICSs in the West Midlands who also exceed the >5% over the national average. The West Midlands region as a whole remained an outlier. To address this there is regionally co-ordinated action plan led by the regional director of public health.
  - The stabilised & adjusted extended perinatal mortality rate for 2023 was 3.92 per 1,000 total births, around the average for similar Trusts & Health Boards reduced from 2022 the rate was 4.59 per 1,000 total births.
- 2.6.10. The below presents the above 2023 data reported March 2025 [accessible here](#).



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## The Shrewsbury and Telford Hospital NHS Trust

Year	Births	Stabilised & adjusted stillbirth rate	Stabilised & adjusted neonatal mortality rate	Crude extended perinatal mortality rate	Stabilised & adjusted extended perinatal mortality rate
2019	4,369	3.00	1.35	5.26	4.37
2020	4,319	2.97	1.28	4.40	4.30
2021	4,322	3.13	1.30	4.86	4.45
2022	4,209	3.19	1.39	5.23	4.59
2023	3,985	2.87	1.05	3.51	3.92

2.6.11. LMNS has developed its equity and equality action plan prioritising actions to reduce mortality though early intervention and pre-conception care targeted at minority groups and those in areas of deprivation.

2.6.12. In response to the MBRRACE-UK report an external neonatal review was commissioned by SaTH in November 2023 to provide an independent and expert view of perinatal mortalities, focusing on two consecutive years, 2021 and 2022 (latest published data). This was undertaken by the Royal College of Physicians.

2.6.13. The ICB/LMNS is supporting the action plan to address the recommendations in the invited review. Position September 2025

- 15 Actions have been completed with evidence of implementation.
- 9 actions are on track to complete
- 11 actions not yet delivered however, only 2 of these are not yet started.

2.6.14. The ICB/LMNS also has an action plan to support the SaTH action plan, through convening system partners to address aspects of some of the recommendations. There is ongoing presence through SaTH governance and oversight by the Perinatal Quality Surveillance Group (PQSG).

2.6.15. The statutory Child Death Overview Process (CDOP) and resulting learning from the CDOP panel, provides insight into learning from deaths at system level providing public health focus and has strengthened further during 2024/25 and 2025/26. National data reporting on CDOP data for 2024/5 is expected in November 2025.

## 2.7. Regulation

2.7.1. SaTH has retains its core service of Maternity as Good (inspected October 2023).

2.7.2. The rating for the core service of Services for Children and Young People (includes neonatal unit care) at SaTH is Good (inspected October 2023).

## 2.8. Conclusion

2.8.1. This annual position statement provides evidence of continuously improving maternity and neonatal services in Shropshire Telford and Wrekin fostering a culture of system learning and support.

2.8.2. Following discussion at Quality and Performance Committee this report will form the basis of an annual report to the ICB Board.

## 2.9. Recommendations

2.9.1. Accept the report as an annual position of Maternity and Neonatal Services in Shropshire Telford and Wrekin.

2.9.2. Ensure that these services remain a priority area of focus for the ICB as the commissioner and for SaTH as the provider.

## 2.10. Appendices

None



Ambition



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Optimism



Focus



## 1. ICB 25-11.245 – Conflicts of Interest and Petitions Policy Sections of the Governance Handbook

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 26<sup>th</sup> November 2025

**Report Presented by:** Alison Smith, Chief Business Officer, NHS STW

**Report Approved by:** Alison Smith, Chief Business Officer, NHS STW

**Report Prepared by:** Angie Porter, Governance Manager, NHS STW

**Action Required:** For Approval

### 1.1. Purpose

- 1.1.1. The purpose of this report is to request approval to amendments to the Conflicts of Interest Policy and Petitions Policy sections of NHS STW Governance Handbook.

### 1.2. Executive Summary

#### Conflicts of Interest Policy

- 1.2.1. NHS Shropshire, Telford and Wrekin Conflicts of Interest Policy has recently been updated, following recommendations made following an internal audit and changes in the way Conflicts of Interest are recorded. NHS STW Board are therefore asked to approve the amendments to the policy, which are highlighted within appendix 1, but summarised below for ease of reference:

- Pg 6 – Changes to wording following change to Provider Selection Regime in 2023.
- Pg 7 – Minor wording change.
- Pg 9 – Change from Audit Committee to NHS STW Board in line with current arrangements.
- Pg 13-16 – Update to information around how to record information on the electronic staff record.
- Pg 17 – Minor wording change.
- Pg 23-25 – Minor wording change.
- Pg 28 – Change to policy name.
- Pg 31-32 – Update to training section, following changes in training to be undertaken.
- Pg 38 – 42 – Additional appendices added providing guidance around recording Conflicts of Interest on ESR.

#### Petitions Policy

- 1.2.2. NHS Shropshire, Telford and Wrekin Petitions Policy have recently been reviewed and updated. The Petitions Policy outlines how NHS Shropshire, Telford and Wrekin will handle any petitions received from the local community. NHS STW are therefore asked to approve the



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amendments to the policy, which are highlighted within appendix 2, but summarised below for ease of reference.

1.2.3. A petition represents the expression of the views of the people who sign it. For the Board of NHS Shropshire, Telford and Wrekin petitions are an important mechanism for local people to have a voice on local health matters.

1.2.4. Policy amendments include;

- formatting,
- use full Integrated Care Board name in first paragraph then use “NHS STW” throughout the policy,
- converted to the organisation’s policy template,
- removed reference to committee names to make it generic,
- removed reference to “governing body”, and
- added “Officer” to Chief Executive

### 1.3. Recommendation

1.3.1. NHS STW Board is asked to **APPROVE** the amendments to the Conflicts of Interest Policy section of the Governance Handbook.

1.3.2. NHS STW Board is asked to **APPROVE** the updated version of NHS Shropshire, Telford and Wrekin Integrated Care Board Petitions Policy.

### 1.4. Conflicts of Interest

1.4.1. None identified.

### 1.5. Links to the System Board Assurance Framework (SBAF)

1.5.1. The report contributes to the overall governance, risk management, and strategic objectives outlined in the NHS STW System Board Assurance Framework.

### 1.6. Alignment to Integrated Care Board Core Aims

1.6.1. The report contributes to the overall goals and roles of the NHS STW, ensuring that the organisation operates in a manner that upholds the highest ethical standards and delivers high-quality care to the community.

### 1.7. Key Considerations

1.7.1. **Quality and Safety:** The proposed changes to Conflicts of Interest policy aim to enhance the understanding and management of conflicts. By ensuring that conflicts are appropriately recorded and managed, the ICB can maintain high standards.

1.7.2. **Financial Implications:** There are no financial implications.

1.7.3. **Workforce Implications:** The updated policies ensures staff are fully aware of processes that should be followed in respect of Conflicts of Interest and receipt of petitions.



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- 1.7.4. **Risks and Mitigations:** The report addresses the identification and management of conflicts of interest, which is a critical component of risk management. By improving training and recording processes, the ICB can better identify, monitor, and mitigate risks associated with conflicts of interest, aligning with the SBAF's risk management objectives.
- 1.7.5. **Engagement:** Staff engagement will be via sharing during in the all staff huddle and newsletter. A petition represents the expression of the views of the people who sign it.
- 1.7.6. **Supporting Data and Analysis:** The report ensures that data is collected, recorded, and analysed effectively, supporting informed decision-making and enhancing the overall governance and compliance of the NHS STW.
- 1.7.7. **Legal, Regulatory, and Equality:** The report ensures that NHS STW ICB operates in a manner that upholds its legal, regulatory, and equality functions, promoting transparency, accountability, and inclusivity in its operations.

## 1.8. Impact Assessments

- 1.8.1. **Has a Data Protection Impact Assessment been undertaken?** No
- 1.8.2. **Has an Integrated Impact Assessment been undertaken?** No

## 1.9. Attachments

- 1.9.1. Appendix 1 - NHS Shropshire, Telford and Wrekin Conflicts of Interest Policy.
- 1.9.2. Appendix 2 – NHS Shropshire, Telford and Wrekin Petitions Policy



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# Conflicts of Interest Policy

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<b>Version No.:</b>	3.1
<b>Approval Date:</b>	TBC
<b>Review Date:</b>	TBC

## Document Control Sheet

<b>Title:</b>	Conflicts of Interest Policy		
<b>Electronic File Name:</b>	Conflicts of Interest Policy (to be updated with v number etc once completed)		
<b>ICB Reference No:</b>			
<b>Placement in Organisational Structure:</b>	Corporate and Governance		
<b>Consultation with stakeholders:</b>	Updated policy shared with staff members		
<b>Equality Impact Assessment:</b>	Included.		
<b>Approval Level:</b>	NHS Shropshire, Telford and Wrekin Integrated Care Board		
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<b>Method of Dissemination:</b>	Directors, managers, stakeholders, specialist staff, website newsflash		

## Document Amendment History

Version No.	Date	Brief Description
1	1 July	n/a
2	11 April 2024	Change of contact details
3	27 November 2024	Changes as a result of revised guidance issued by NHSE on 17 <sup>th</sup> September 2024 Amend reference to Raising Concerns Policy to Freedom to Speak Up Policy Amend title of Director of Corporate Affairs to Chief Business Officer Revised Equality Impact Assessment
3.1	Jul 25	Updated with information around training and recording on ESR. Addition of Appendices relating to these changes. Minor wording changes.

The formally approved version of this document is that held on the NHS Shropshire, Telford and Wrekin website:

[www.shropshiretelfordandwrekin.nhs.uk](http://www.shropshiretelfordandwrekin.nhs.uk)

Printed copies or those saved electronically must be checked to ensure they match the current online version.

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# 1 Introduction

NHS Shropshire, Telford and Wrekin (NHS STW) and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients. These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that conflicts of interest may arise.

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

Managing conflicts of interests appropriately is essential for protecting the integrity of NHS STW from perceptions of wrongdoing. The organisation must meet the highest level of transparency to demonstrate that conflicts of interest are managed in a way that cannot undermine the probity and accountability of NHS STW.

It will not be possible to avoid conflicts of interest. They are inevitable in many aspects of public life, including the NHS. However, by recognising where and how they arise and dealing with them appropriately, commissioners will be able to ensure proper governance, robust decision-making, and appropriate decisions about the use of public money.

Section 14O of the National Health Service Act 2006, inserted by the Health and Social care Act 2012, sets out that each ICB must:

- maintain one or more registers of interest of the members of the organisation, members of its board, members of its committees or sub-committees of its board, and its employees;
- publish, or make arrangements to ensure that members of the public have access to these registers on request;
- make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the organisation, and record them in the registers as soon as they become aware of it, and within 28 days; and
- make arrangements, set out in their constitution, for managing conflicts of interest, and potential conflicts of interest in such a way as to ensure that they do not or do not appear to, affect the integrity of the organisation's decision-making processes.

NHS England has published guidance for Integrated Care Boards (ICBs) on the discharge of their functions under this section and each ICB must have regard to this guidance. This policy has been based upon this guidance.



In addition, the NHS Health Care Services (Provider Selection Regime) Regulations 2023, set out that commissioners:

- must manage conflicts and potential conflicts of interests when awarding a contract by prohibiting the award of a contract where the integrity of the award has been or appears to have been affected by a conflict.
- must keep appropriate records of how they have managed any conflicts in individual cases.

NHS STW has set out in its constitution under Section 6, and specifically sections 6.1 and 6.2, on how NHS STW will comply with these requirements.

## 2 Purpose

The aim of this policy is to protect both the organisation and individuals involved from impropriety or any appearance of impropriety by setting out how NHS STW will manage conflicts of interest to ensure there can be confidence in the probity of commissioning decisions. The policy will help to foster an open and transparent culture which provides an environment where everyone working on behalf of NHS STW is able to identify and help manage conflicts of interest where they may arise. It is important to emphasise that by managing conflicts or perceived conflicts of interest, this is not a judgement on the integrity of the individual concerned, but the mechanism by which both the individual and organisation can be protected from criticism of impropriety.

This policy will help our staff manage conflicts of interest risks effectively. It:

- Introduces consistent principles and rules
- Provides simple advice about what to do in common situations.
- Supports good judgement about how to approach and manage interests

Conflicts of interest may arise where an individual's personal interests or loyalties or those of a connected person (a relative or close friend) conflict with those of NHSSTW or might be perceived to conflict with those of NHS STW. Such conflicts may create problems such as inhibiting or being seen to inhibit free discussion which could result in decisions or actions that are not in the interests of NHS STW, and risk giving the impression that NHS STW has acted improperly.

The Board's responsibility includes the stewardship of significant public resources and the commissioning of health and social care services to the population of Shropshire, Telford and Wrekin. The Board is therefore determined to ensure the organisation inspires confidence and trust amongst its staff, partners, funders, suppliers and the public by demonstrating integrity and avoiding any potential or real situations of undue bias or influence in the decision-making of NHS STW.

NHS STW requires all serving members of the Board, committees/sub-committees and staff who take decisions where they are acting on behalf of the public or spending public money to observe the principles of good governance:

- (a) The Nolan Principles
- (b) The Good Governance Standards for Public Services (2004), Office for Public Management (OPM) and Chartered Institute of Public Finance and Accountancy (CIPFA)
- (c) The seven principles of the NHS Constitution
- (d) The Equality Act 2010
- (e) The UK Corporate Governance Code
- (f) Standards for members of NHS Boards and ICB Governing bodies in England.

**Appendix 1:** First report of the Committee on Standards in Public Life (1995) The Nolan Principles.

This policy should be considered alongside NHS STW's other organisational **key documents**.

- NHS Shropshire, Telford and Wrekin Constitution NHS Shropshire, Telford and Wrekin Governance Handbook
- NHS Shropshire, Telford and Wrekin Standing Orders, Scheme of Reservation and Delegation of Powers and Standing Financial Instructions
- Declaration of Gifts, Hospitality and Sponsorship – Anti-Bribery Policy and Procedure.
- Policy and Guidance for Joint Working with the Pharmaceutical Industry (including rebate schemes) and Commercial Sponsorship of Meetings/Training Events
- Freedom to Speak Up Policy
- Other relevant HR Policies

### **3 Fraud, Bribery and Corruption**

As set out in this policy, all employees, members of the Board and its committees and sub committees, and contractors and providers of services working on behalf of NHS STW or the Integrated Care System (ICS) will at all times comply with this policy. They will declare any conflicts of interest both on appointment and as personal circumstances change during the course of their working with NHS STW. Failure to declare such interests or alternative employment, may result in disciplinary action and/or criminal investigation by NHS STW.

All employees, members of the Board and its committees and sub committees and contractors and providers of services have a duty to ensure that public funds are safeguarded.

If there are any suspicions that there has been a potential act of fraud, bribery or corruption, or there has been any suspicious acts or events witnessed, these concerns must report the matter to NHS STW's Counter Fraud Team (contact details can be found in Section 5, page 33 of the policy or on NHS STW's website or alternatively the concerns can be reported to the NHS Fraud and Corruption Reporting Line on 0800 028 4060. Alternatively reports can be made through the online reporting tool at <https://cfa.nhs.uk/reportfraud>

## **4 Responsibilities**

Employees, Board members and its committees and sub committees and contractors and providers of services working on behalf of NHS STW or ICS will at all times comply with this policy.

It is the responsibility of all NHS STW employees, Board members and members of its committees and sub committees, contractors and provider of services to familiarise themselves with this policy and comply with its provisions.

The Board will ensure that all employees, the Board itself and members of its committees and sub committees, contractors and providers of services are aware of the existence of, and responsibilities resulting from, the policy.

### **4.1 The Chief Executive Officer**

The Chief Executive Officer has overall accountability for NHS STW's management of conflicts of interest.

### **4.2 The Chief Business Officer**

The Chief Business Officer is responsible for:

- The day-to-day management of conflicts of interest matters and queries;
- Maintaining NHS STW's register(s) of interest and the other registers referred to in this policy;
- Supporting the Conflicts of Interest Guardian to enable them to carry out the role effectively;
- Providing advice, support and guidance on how conflicts of interest should be managed; and
- Ensuring that appropriate administrative processes are put in place.

### **4.3 The Conflicts of Interest Guardian**

The role of Conflicts of Interest Guardian will be undertaken by the Chair of Audit Committee, providing they have no provider interests. They should, in collaboration with the Chief Business Officer:

- Act as a conduit for Board members, staff, members of the public and healthcare professionals working on behalf of NHS STW or ICS, who have any concerns with regard to conflicts of interest;
- Be a safe point of contact for employees, contractors, Board and committee members of NHS STW to raise any concerns in relation to this policy;
- Support the rigorous application of conflicts of interest principles and policies;
- Provide independent advice and judgment where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;

- Provide advice on minimizing the risks of conflicts of interest.

NHS STW Chair and Conflicts of Interest Guardian are responsible for making decisions on arrangements for mitigating conflicts or potential conflicts of interest once declared, based upon the decision-making framework set out in section 5.8 of this policy. NHS STW Chair and the Conflicts of Interest Guardian are also responsible for reviewing the operation of this policy and for proposing changes to this policy for consideration by **NHS STW Board** as part of its assurance review.

#### **4.4 Executive members of NHS STW's Board**

Executive members of NHS STW's Board have an ongoing responsibility for ensuring the robust management of conflicts of interest. All NHS STW employees, Board and committee members and ICS providers will continue to have individual responsibility in declaring their interests when required at meetings or other situations, keeping their declarations up to date and following the mitigating actions set out in the register of interests if a conflict arises.

Line Managers of NHS STW must ensure members of staff are aware of the policy and the process to be followed for declaring interests. Line managers must consider any declarations of interest made by their staff and put in place mitigating arrangements where appropriate. Where this is not clear, they should consult the Chief Business Officer, the Chair of NHS STW or the Conflicts of Interest Guardian for advice and guidance.

#### **4.5 Heads of Commissioning and the procurement function in the Commissioning Support Unit**

The Heads of Commissioning and the procurement function in the Commissioning Support Unit (CSU) must ensure that bidders, contractors and direct service providers adhere to this policy, and that the service re-design and procurement processes used by NHS STW reflect the procedures set out in this policy.

## **5 Processes and Procedures**

### **5.1 Definition of a conflict of Interest**

A 'conflict of interest' is:

"A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."

A conflict of interest may be:

- **Actual** - there is a material conflict between one or more interests.
- **Potential** – there is the possibility of a material conflict between one or more interests in the future.

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

A conflict of interest occurs where an individual's ability to exercise judgement or act in a role is, could be, or is seen to be impaired or otherwise influenced by, his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise. A potential for competing interests and/or a perception of impaired judgement, or undue influence can also be a conflict of interest.

Conflicts can arise in a number of different ways; an indirect financial interest (e.g. payment to a spouse) or a non-financial interest (e.g. kudos or reputation). Conflicts of loyalty may arise (e.g. in respect of an organisation of which the individual is a member or has an affiliation). Conflicts can arise from personal or professional relationships with others, e.g. where the role or interest of a family member, friend or acquaintance may influence an individual's judgement or actions or could be perceived to do so. These are all conflicts of interest.

The important things to remember are that:

- a perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
- if in doubt, it is better to assume a conflict of interest and manage it appropriately, rather than ignore it;
- for a conflict to exist, financial gain is not necessary.

## **5.2 Identifying conflicts of interest**

Interests can arise in a number of different contexts. A material interest is one which a reasonable person would take into account when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision. A benefit may arise from making of a gain or the avoidance of a loss.

Interests can be captured in four different categories:

### **5.2.1 A financial interest:**

this is where an individual may get a direct financial benefit from the consequences of a commissioning decision they are involved in making. This could, for example, include being:

- a director including a non-executive director or senior employee in another organisation which is doing or is likely to do business with an organisation in receipt of NHS funding
- a shareholder, partner or owner of an organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding

- someone in outside employment
- someone on receipt of secondary income
- someone in receipt of a grant
- someone in receipt of other payments (e.g. honoraria, day allowances, travel or subsistence)
- someone in receipt of research sponsorship

#### **5.2.2 Non-financial professional interest:**

This is where an individual may obtain a non-financial professional benefit (a benefit may arise from the making of gain or avoiding a loss) from the consequences of a decision their organisation makes, such as increasing their professional reputation or status or promoting their professional career. This may, for example include situations where the individual is:

- An advocate for a particular group of patients;
- A clinician with special interests
- An active member of a particular specialist professional body
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE)
- Undertaking a research role, particularly sponsored research.

ICB partners, who are members of NHS STW Board or committees of NHS STW, should declare details of their roles and responsibilities held within their practices or businesses.

#### **5.2.3 Non-financial personal interest:**

This is where an individual may benefit (a benefit may arise from the making of a gain or avoidance of a loss) personally from a decision their organisation makes in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

- A member of a voluntary sector board or has any other position within a voluntary sector organisation.
- A member of a lobbying or pressure group with an interest in health and care.

#### **5.2.4 Indirect Interests:**

This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit (a benefit may arise from the making of a gain or avoiding a loss) from a decision they are involved in making (as those categories are described above) for example:

- A close family member and relatives
- A close friend and associates;
- Business partners.

However, a common-sense approach should be applied to these terms. It would be unrealistic to expect staff to know of all the interests that people in these classes might hold. However, if staff do know of material interests (or could be reasonably expected to know about these) then these should be declared.

Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between the person and the individual, and the role of the individual within NHS STW.

The above categories and examples are not exhaustive, and discretion will be exercised on a case-by-case basis, having regard to the principles set out in section 2 of this policy in deciding whether any other role, relationship or interest which would impair or otherwise influence the individual's judgement or actions in their role with NHS STW.

Where individuals are unsure whether a situation falling outside of the above categories may give potential for a conflict of interest, this should be discussed initially with the Chief Business Officer who will co-ordinate advice from the Conflicts of Interest Guardian of NHS STW, if necessary, who will provide an independent view. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

When considering if an interest is relevant and material, the Financial Reporting Standard No. 8 (issued by the accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest.

NHS STW requires individuals employed by or contracted to provide services to NHS STW, to obtain prior permission to engage in secondary employment, and reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed.

### **5.3 Declaring and registering interests**

NHS STW uses the skills of many different people, all of whom are vital to its work. This includes people on differing employment terms, who for the purposes of this policy we refer to as 'staff' and are listed below:

- All salaried employees
- All appointed members of the Board
- All prospective employees – who are part- way through recruitment
- Contractors and sub-contractors
- Agency staff; and



- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation)

Some staff are more likely than others to have a decision-making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this policy these people are referred to as 'decision making staff.'

Decision making staff in this organisation are:

- Executive and non-executive directors (or equivalent roles) who have decision making roles which involve the spending of taxpayers' money.
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services.
- Those at Very Senior Manager (VSM) level but who are not Executive Directors.
- Those at Agenda for Change band 8d and above.
- Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation.
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.

In line with the points set out above, examples of the categories of staff this may apply to includes:

- NHS STW Employees – all full and part time staff, permanent staff, staff on sessional or short-term contracts, students, trainees and apprentices, agency staff and seconded staff;
- Partner Members of the ICS - all ICS Partners and any other NHS organisation, practice or business individual (clinical or non-clinical) directly involved with business or decision making of NHS STW;
- Members of the Board (and its committees and sub committees) – including co-opted members, appointed deputies and any members from other organisations.
- Anyone else required to declare interests under a contract for their services
- All self-employed consultants, CSU embedded staff.

All these categories must complete a declaration of Interest form. For staff who are employed by NHS STW directly a declaration of interest is to be completed on the Electronic Staff Record (ESR). Guidance around how to log a conflict of interest on ESR can be located at Appendix 2.1 All other staff should complete the declaration of interest form available at Appendix 2. Guidance for managers on reviewing a staff members conflicts of interest within ESR can be found at Appendix 2.2 Declarations of interest must be kept up to date and below are examples of specific circumstances when updates should be completed.

- On appointment: Applicants for any appointment to NHS STW should be asked to declare any relevant interests as part of the election/recruitment process. When an appointment is made, a formal declaration of interests should be made and recorded.
- Annually: All interests should be confirmed annually to ensure that the register is accurate and up to date. Where interests have changed ESR will need to be updated by the staff member or a newly completed and signed form will be required. Where interests have not changed a "nil return" should be completed on ESR or an email will be accepted, where individuals do not have access to ESR.
- At meetings: All attendees should be asked under a standing item on the agenda of the meeting by the Chair, to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent. Even if the interest is declared in the register of interests, it should be declared in meetings where matters relating to that interest are discussed. Declarations of interest made should be recorded in the minutes of the meeting.
- On changing role or responsibility: Where an individual changes role or responsibility within NHS STW or its Board, any change to the individual's interests should be declared.
- On any other change of circumstances: Whenever an individual's circumstances change in a way that affects the individual's interests (e.g. where an individual takes on a new role outside NHS STW or sets up a new business or relationship), a further declaration should be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising.
- At the beginning of a new project/piece of work: In keeping with the Health and Social Care Act Regulations, individuals who have a conflict should declare this as soon as they become aware of it, and in any event no later than 28 days after becoming aware. For staff who are employed by NHS STW directly a declaration of interest is to be completed on the Electronic Staff Record (ESR). All other staff should complete the declaration of interest form available at Appendix 2.

Where an individual is unable to provide a declaration in writing, e.g. if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter, but no later than 28 days. If the individual, for any reason, has difficulty making a declaration in writing, then they should contact the Chief Business Officer for assistance and support.

If an individual fails to declare an interest or the full details of the interest this may result in disciplinary action resulting in the individual being dismissed or removed from their role.

There may be occasions where staff declare an interest but upon closer inspection it is clear that this is not material and so does not give rise to the

risk of a conflict of interest. The Chief Business Officer or the Head of Governance and Corporate Affairs will decide whether it is necessary to transfer such declarations to the ICB's register of interests.

## **Appendix 2: Declaration of Conflicts of Interest Form**

### **Appendix 2.1: ESR Conflicts of Interest Employee Guidance**

### **Appendix 2.2: ESR Conflicts of Interest Manager's Guidance**

## **5.4 What should be declared**

### Outside Employment

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises.
- The nature of the outside employment (eg who it is with, a description of duties, time commitment) and relevant dates.

Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.

Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the organisation to engage in outside employment.

The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict.

### Shareholdings and other ownership issues

- Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation. Including the nature of the shareholdings/other ownership interest and relevant dates.
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

### Patents

- Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation.

- Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.

Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

### Loyalty interests

Loyalty interests should be declared by staff involved in decision making where they:

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision-making forums that can influence how an organisation spends taxpayers' money.
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
- Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

Where loyalty interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

## **5.5 Maintaining a Register of Interests**

Information provided either via ESR or via a declaration of interest form will be used to create registers of interest. The Chief Business Officer will maintain the following registers of the declared relevant and material interests of:

- Members of NHS STW Board
- Members of the committees and sub committees of the Board
- Employees of NHS STW and other NHS bodies acting for them and Contractors of NHS STW

The registers will be published on NHS STW's website at [Register of Interests - NHS Shropshire, Telford and Wrekin \(shropshiretelfordandwrekin.nhs.uk\)](https://shropshire.telfordandwrekin.nhs.uk) and will be made available on request for inspection at NHS STW's headquarters. The registers will also be reported to Audit Committee three times a year, and a weblink included in NHS STW's Annual Report.

By declaring an interest, the individual is deemed to give permission for this information to be shared publicly. If there is any reason that the individual believes that their interest should not be included on the public register, then they should contact the Chief Business Officer to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception, and information will not be withheld or redacted merely because of a personal preference.

NHS STW will send annual reminders to all its members of the Board and committee members and employees to check for accuracy of the register.

An interest should remain on the public register for a minimum of 6 months after the interest has expired. In addition, NHS STW will retain a private record of historic interests for a minimum of 6 years after the date on which it expired. This record of historic interests may be viewed by members of the public following application to the Chief Business Officer.

The register of interests will also record the planned mitigating action if the actual or potential conflict arises. Individuals declaring interests should make themselves aware of these proposed actions, so they can comply if the conflict arises.

### **Appendix 3: Declarations of Interest Register**

## **5.6 Managing conflicts of interest**

NHS STW will seek to manage interests sensibly and proportionately. If an interest presents an actual or potential conflict of interest, then management action is required.

Within a week of any relevant interest being declared for the first time in line with section 5.3 above, the arrangements for managing any actual or potential conflicts of interest arising from the declared interest will be set out in the register of interests against the specific declared interest for the individual by the Chief Business Officer.

All individuals covered by this policy must comply with the arrangements communicated to them in the register of interests. Where an interest has been declared, the individual will ensure that before participating in any activity connected with commissioning, he or she has received confirmation of the arrangements to manage the conflict of interest via the register of interests.

In relation to the procedure for declaring interest at meetings, the chair will ask at the beginning of each meeting under the “Declarations of Interest” agenda item if anyone has:

- Any interest already declared on the register that conflicts with any item on that specific agenda; and/or
- Any new interest that has not already been declared on the register, that may or may not conflict with any item on that specific agenda.

In response, where an individual, employee or person providing services to NHS STW is attending a meeting and is aware of an interest that has previously been declared on the register, the individual will bring this interest and the agenda item it conflicts with, to the attention of the chair of the meeting, together with details of arrangements which have been confirmed in the register of interests for the management of the conflict of interest or potential conflict of interest.

The Chair will then make a decision about what action needs to be taken in the meeting based upon the arrangements already stated in the register.

Alternatively, where an individual, employee or person providing services to NHS STW attending a meeting is aware of any new interest which has not been declared in the register (whether this conflicts with an agenda item or not), he or she will declare this under the "Declaration of Interest" agenda item. If the declaration of the interest is simply because it is a new interest and does not conflict with any item on the agenda, this will be noted by the Chair and added to the minutes and the Chief Business Officer will be informed to add to the register of interests.

If this new interest conflicts with an item on the agenda, the individual will also outline what the conflict is. As no arrangements will have been confirmed in the register for managing this new conflict, the Chair of the meeting will decide how the conflict will be managed in the meeting. If the Chair feels the conflict is sufficiently material, they may require the individual to withdraw from the meeting or part of it until the arrangements for managing the conflict in the future are added to the register. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting. The Chair will then communicate this to the Chief Business Officer.

The Chair of the Board or any of its committees or sub committees has ultimate responsibility for determining how any conflict should be managed and will inform the individual of the decision. This may mean that the management arrangements in the register are overridden, if the Chair feels the circumstances warrant it. In making such decisions, the Chair (or vice chair or remaining non-conflicted members) may wish to consult with the Conflicts of Interest Guardian or another member of the Board if this is possible.

It is the responsibility of each individual member of the meeting to declare any relevant interest which they may have. However, should the Chair or any other member of the meeting be aware of facts or circumstances which may give rise to a conflict, but which the individual themselves have not declared, then they should bring this to the attention of the Chair. This may happen particularly if the individual has not realised that an agenda item has an indirect link with the declared interest, yet another member of the meeting has.

It is good practice for the Chair, with support of the Chief Business Officer and if required the Conflicts of Interest Guardian, to proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private meetings are not sent to conflicted individuals in advance of the meeting where relevant.

Where the Chair him/herself has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, he or she must make a declaration, and the deputy Chair will act as Chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interest or potential conflict of interest in relation to the Chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the Deputy Chair may require the Chair to withdraw from the meeting or part of it. Where there is no Deputy Chair, the members of the meeting will agree between themselves who will chair the meeting. In making such decisions, the chair (or vice chair or remaining non-conflicted members) may wish to consult with the Conflicts of Interest Guardian if this is possible.

Declarations of interests, and the arrangements agreed to manage them, will be recorded in the minutes of the meeting.

To support chairs in their role, they should refer to the declaration of interest checklist attached as Appendix 4.

#### **Appendix 4: Declarations of Interest Checklist for Chairs**

### **5.7 Declarations of Interests on Application for Appointment or Election/appointment to NHS STW**

Individuals applying for appointment for any position in NHS STW will be required, as part of the appointments process, to declare any relevant interests. This includes:

- Non-Executive Director appointments to the Board;
- Other appointments of external individuals to the Board, its committees, sub committees and other working or project groups;
- Professional medical practitioners or practice employees standing for selection to the Board; and
- All employees and individuals contracted to work for NHS STW, particularly those operating at senior or Board level.

The purpose of such declarations will be to enable the Conflicts of Interest Guardian (for Board/Committee roles) or line manager (for staff) to assess, on a case by case basis, whether any of the declared interests are such that they could not be managed under this policy, and would prevent the individual from making a full and proper contribution to NHS STW, thus excluding the individual from appointment or election to NHS STW.

In so doing the Conflicts of Interest Guardian or line manager will take into consideration the materiality of the declared interest and the extent to which the individual could benefit from any decision of NHS STW. For example, any individual who has a material interest in an organisation that undertakes, or is likely to undertake, substantial business with NHS STW as a healthcare provider or a



commissioning support service should not be a member of the Board, if the nature of their interest is such that they are likely to need to exclude themselves from decision making on so regular basis that it significantly limits their ability to effectively operate as a Board member.

## **5.8 Mitigating conflicts of interest**

Where a conflict of interest exists, there are various ways in which the conflict may be managed, depending on its impact. The level of mitigating action will be determined by the Chair of the meeting based upon previously prescribed mitigating actions stated in the register of interests, in consultation with the Conflicts of Interest Guardian or another non-conflicted Board member, and in the case of an employee, by the line manager. This decision will be recorded in the relevant minutes based upon what is stated in the register of interests and communicated to the individual making the declaration in writing as per section 5.5 above.

The appropriate course of action will depend on the particular circumstances, but could include:

- Requiring the individual who has a conflict of interest not to attend the meeting;
- Ensuring the individual concerned does not receive the supporting papers or minutes of the meeting which relate to the matter where these are not already available in the public domain;
- Requiring the individual to leave the discussion when the relevant matter(s) are being discussed and when decisions are being taken in relation to those matters. When this happens in a public meeting the individual would still need to leave the room and not sit in the public gallery, as they may be perceived to influence any decision taken by remaining in the room.
- Allowing the individual to participate in some or all of the discussion when the relevant matter is being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matters. This may be appropriate where, for example, the conflicted individual has important relevant knowledge and experience of the matter under discussion, which it would be of benefit for the meeting to hear, but this will depend on the nature and extent of the interest which has been declared;
- Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest, but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be appropriate course of action where it is decided that the interest which has been declared is either immaterial or not relevant to the matter under discussion.

The following framework will be used to determine what level of mitigation can be put in place to limit the conflict of interest.

Application of the different levels is cumulative, so each interest will be judged against level 1 in the first instance, and if not suitable then level 2 and so on.

Where mitigation arises from any level of management strategy above level 1, the Chair and Conflicts of Interest Guardian would be expected to conduct informal discussions with the individual concerned to ensure they fully understand the action requested of them, and they have an opportunity to seek clarity or raise concerns.

It is imperative that to ensure complete transparency, if any conflicts of interests are declared or otherwise arise in a meeting the Chair must ensure the following information is recorded in the minutes:

- Who has the interest
- The nature of the interest and why it gives rise to a conflict
- The items on the agenda to which the interest relates
- How the conflict was agreed to be managed
- Evidence that the conflict was managed as intended i.e. by recording when individuals left or returned to the meeting.

A table is available at Appendix 5, which provides guidance around level of restriction required and possible mitigating actions outlining the levels in relation to Conflicts of Interest can be viewed

A template used for taking minutes is appended as Appendix 6.

## **Appendix 5 – Levels of Restriction and Mitigations**

## **Appendix 6 – Template Minutes**

### **5.9 Quorum**

If members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests and the number of unconflicted members left is below the quorum stipulated for the meeting, the Chair (or Deputy Chair) will determine whether or not the discussion can proceed.

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

These arrangements must be recorded in the minutes.

## 5.10 Declarations of Interest in relation to Procurement

In order for NHS STW to recognise and manage any conflicts or potential conflicts, declarations of interest, including nil returns where appropriate, will be required from ICB members and ICB/CSU staff in relation to every procurement exercise, including the use of single tender actions (waivers), on which they are engaged. NHS STW Commissioning Lead overseeing a procurement process should ensure that the CSU Procurement Team seeks declarations of interest at the outset from those individuals involved, and at key points in the procurement process, including at the beginning of project meetings, upon receipt of tenders and during the moderation process. The original signed declaration of interest will be held by the CSU Procurement Team and a copy sent to the Chief Business Officer for inclusion in the Register of Interests, and for notification to the Audit Committee and Board. A copy of the declaration of interest form for procurement is attached as Appendix 7.

Particular consideration needs to be given to the role of NHS STW members in procurement exercises where:

- NHS STW is proposing to commission through competitive tender and ICS partners are likely to bid
- NHS STW is proposing to commission through an **Accreditation** process, where ICS partners are likely to be among the qualified providers offering to provide the service
- NHS STW is proposing to commission through single tender from ICS Partners
- NHS STW is proposing to continue to commission by contract extension from ICS partners

Where a declaration states an interest that has not already had mitigating action considered and communicated to the individual concerned, then the Chief Business Officer will liaise with the Chair and Conflicts of Interest Guardian to consider whether the conflicts of interest declared specifically for a procurement process would preclude the individual from continuing, or whether mitigating actions can be taken to allow the individual to continue to take a part in the procurement process.

### **Appendix 7: Procurement declaration of Interest (Project Team)**

## 5.11 Register of Procurement Decisions

In order for NHS STW to maintain transparency of decision making and to demonstrate conflicts of interest are managed effectively, NHS STW will maintain and publish a register of procurement decisions. A copy of the register of procurement decisions is attached at Appendix 7 and will be made public on NHS STW's website.

The register should be updated whenever a procurement decision is taken, which includes procurement of a new service, any extension of a current contract or material variation to a current contract.

In the interests of transparency, the register of Procurement decisions, like the register of interests, will be published on NHS STW's website [Register of Procurement Decisions - NHS Shropshire, Telford and Wrekin \(shropshiretelfordandwrekin.nhs.uk\)](https://shropshiretelfordandwrekin.nhs.uk) and will be made available on request for inspection at NHS STW's headquarters. The registers will also be reported to Audit Committee three times a year, reported twice yearly to the Board and included in NHS STW's Annual Report.

## **Appendix 8: Register of Procurement Decisions**

### **5.12 Designing services and conflicts of interest**

NHS STW recognises the benefits to be gained from engagement with relevant providers, especially clinicians, in confirming the design of service specifications. However, Monitor's procurement regulations highlights that conflicts of interest can occur if a commissioner engages selectively with only certain providers (be they incumbent or potential new providers) in developing a service specification for a contract for which they may later bid for in a competitive process.

The same difficulty could arise in developing a specification for a service that is to be commissioned using 'accreditation' process, such as where there is not a competitive procurement, but patients can instead choose from any accredited provider that wishes to provide the service and can meet NHS standards and prices.

NHS STW will seek, as far as possible, to specify the outcomes that they wish to see delivered through a new service, rather than the way in which these outcomes are to be achieved. As well as supporting innovation, this helps prevent bias towards particular providers in the specification of services.

NHS STW will seek to follow the principles set out in the Office of Government Commerce guidance on pre-procurement engagement with potential bidders, in engaging with potential providers when designing service specifications. Such engagement should follow the three main principles of procurement law, namely equal treatment, non-discrimination, and transparency. This includes ensuring that the same information is given to all at the same time and procedures are transparent.

NHS STW will consider the following points when engaging with potential service providers:

- Use engagement to help shape the requirement but take care not to gear the requirement in favour of any particular provider(s).
- Ensure at all stages that potential providers are aware of how the service will be commissioned, e.g. through competitive procurement or through the accreditation process.
- Work with participants on an equal basis, e.g. ensure openness of access to staff and information.
- Be transparent about procedures.

- Maintain commercial confidentiality of information received from providers.

Engagement with potential providers should be used to:

- frame the requirement;
- focus on desired outcomes rather than specific solutions; and
- consider a range of options for how a service is specified.

Other practical steps NHS STW may also consider adopting are:

- Advertise the fact that a service design/re-design exercise is taking place widely (e.g. on NHS Supply2Health) and invite comments from any potential providers and other interested parties (ensuring a record is kept of all interactions) – i.e. do not be selective in who works on the service specifications unless it is clear conflicts will not occur;
- As the service design develops, engage with a wide range of providers on an ongoing basis to seek comments on the proposed design, e.g. via the commissioner's website or workshops with interested parties;
- Use engagement to help shape the requirement to meet patient need but take care not to gear the requirement in favour of any particular provider(s);
- If appropriate, engage the advice of an independent clinical adviser on the design of the service;
- Be transparent about procedures;
- Ensure at all stages that potential providers are aware of how the service will be commissioned;
- Maintain commercial confidentiality of information received from providers; and
- When specifying the service, specify desired (clinical and other) outcomes instead of specific inputs.

Where an individual has declared a relevant and material interest or position in the context of the specification for, or award of, a contract the individual concerned will be expected to act in accordance with the arrangements for the management of conflicts of interest outlined with this policy and may be excluded from the decision making process in relation to the specification or award.

Monitor has issued guidance on the use of provider boards in service design: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/284832/ManchesterCaseClosure.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284832/ManchesterCaseClosure.pdf)

### **5.13 Commissioning New Care Models (NCM)**

This section addresses the management of conflicts of interest in the changing landscape of the NHS. As this landscape changes and providers/ commissioners develop new models of care consideration of the Conflicts of Interest that may result will be needed. New care models refer to any multi-speciality community provider (MCP), Primary and Acute Care Systems (PACS) or other arrangements of a similar scale or scope that (directly or indirectly) includes primary medical services.

Where NHS STW is commissioning new care models, particularly those that include primary medical services, it is likely that there will be some individuals with roles in NHS STW (whether clinical or non-clinical) that also have roles within a potential provider, or may be affected by decisions relating to new care models. Any conflicts of interest must be identified and appropriately managed, in accordance with statutory guidance and this policy. The position should also be reviewed whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests.

There may be occasions where the conflict of interest is profound and acute, to an extent where NHS STW will want to consider whether, practically, such an interest is manageable at all. If an interest is not manageable, the appropriate course of action may be to refuse to allow the circumstances which gave rise to the conflict to persist. This may require an individual to step down from a particular role and/or move to another role within NHS STW and may require NHS STW to take action to terminate an appointment if the individual refuses to step down as set out in the table in appendix 5, level 7 - terminate.

Where a member of NHS STW staff participating in a meeting has dual roles, for example a role with NHS STW and a role with a new care model provider organisation, but it is not considered necessary to exclude them from the whole or any part of a ICB meeting, he or she should ensure that the capacity in which they continue to participate in the discussions is made clear and correctly recorded in the meeting minutes, but where it is appropriate for them to participate in decisions they must only do so if they are acting in their ICB role.

NHS STW should identify as soon as possible where staff might be affected by the outcome of a procurement exercise, e.g., they may transfer to a provider (or their role may materially change) following the award of a contract. This should be treated as a relevant interest, and ICBs should ensure they manage the potential conflict. This conflict of interest arises as soon as individuals are able to identify that their role may be personally affected.

Similarly, NHS STW should identify and manage potential conflicts of interest where staff are involved in both the contract management of existing contracts and involved in procurement of related new contracts.

Appropriate governance arrangements must be put in place that ensure that conflicts of interest are identified and managed appropriately, in accordance with this statutory guidance, without compromising NHS STW's ability to make robust commissioning decisions.

NHS STW should consider whether it is appropriate for the Board to take decisions on new care models or (if there are too many conflicted members to make this possible) whether it would be appropriate to refer decisions to an ICB committee. There are a number of options NHS STW could consider:

- NHS STW could consider delegating the commissioning and contract management of the entire new care model to a committee of the Board. The Committee should be constituted with a non-executive and executive majority and includes a requirement to invite a Local Authority and Healthwatch representative to attend.
- The establishment of a New Care Models (NCM) Commissioning Committee as a sub-committee of the Board could help to provide an alternative forum for decisions where it is not possible/appropriate for decisions to be made by the Board due to the existence of multiple conflicts of interest amongst members of the Board.

#### **5.14 Contract Monitoring**

The management of conflicts of interest applies to all aspects of the commissioning cycle, including contract management.

Any contract monitoring meeting needs to consider conflicts of interest as part of the process by the Chair of the contract meeting inviting declarations of interest, recording any declared interests in the minutes of the meeting (see Appendix 6); and managing any conflicts appropriately in line with this guidance. This applies equally where a contract is held jointly with another organisation such as the Local Authority or with other ICBs under co-ordinating commissioner arrangements.

The individuals involved in the monitoring of a contract should not have any direct or indirect financial, professional or personal interest in the incumbent provider or in any other provider that could prevent them, or be perceived to prevent them, from carrying out their role in an impartial, fair and transparent manner.

Commissioning Leads should be mindful of any potential conflicts of interest when they disseminate any contract or performance information/reports on providers, and manage the risk appropriately.

#### **5.15 Specific safeguards for managing conflicts of interest for General Practices that are potential providers of ICB-commissioned services**

NHS STW may commission primary care services, including incentive schemes, from General Practices. If a General Practice, or group of practices, provides a service, NHS STW will need to demonstrate to the Audit Committee (and to the external and internal auditors) that the service:

- a) clearly meets local health needs, and has been planned appropriately;
- b) goes beyond the scope of the GMS / PMS contract;
- c) offers best value for money; and
- d) has been commissioned via the appropriate procurement process.



A General Practice or group of practices may belong to a provider consortium in which GPs have a financial interest.

Where General Practices are potential providers of ICB-commissioned services, the NHS England's Code of Conduct for managing conflicts of interest should be followed (Appendix 9) and the procurement should be approved by the Audit Committee.

#### **Appendix 9: Code of Conduct template**

##### **4.16 Specific safeguards for managing conflicts of interest for contractors and people who provide services directly to NHS STW**

Anyone participating in the procurement, or otherwise engaging with ICB, in relation to the provision of services or facilities, will be required to make a declaration of any conflict or potential conflict of interest.

The Commissioning Lead overseeing a procurement process should ensure that the CSU Procurement Team seeks declarations of interest from potential bidders/contractors in the procurement process (Appendix 10), with the original signed declaration of interest held by the CSU Procurement Team.

Anyone contracted to provide services or facilities directly to NHS STW will be subject to the same provisions of the Constitution in relation to managing conflicts of interests. This will include services provided by external organisations like Commissioning Support Services, private businesses, and third sector/non-profit organisations. This requirement will be set out in the contract for services. Contractors will be required to make a declaration on the form included as Appendix 10, which will need to be returned to the CSU Procurement Team.

#### **Appendix 10: Declaration of conflicts of interest for bidders/contractors template**

### **5.16 Raising Concerns and Reporting Breaches**

Failure to comply with NHS STW's policy on conflicts of interest could result in NHS STW facing civil challenges to decisions they make which could delay development of better services for patients. In extreme cases staff and other individuals could face personal civil liability e.g. a claim of misfeasance in public office. Failure to manage conflicts of interest could also lead to criminal proceedings including for offences such as fraud, bribery and corruption. The Conflicts of Interest Policy should be read in conjunction with NHS STW's Declaration of Gifts, Hospitality and Sponsorship – Anti Bribery Policy and Procedure and Counter Fraud and Corruption response Policy.

It is therefore the duty of every ICB employee, Board member, committee or sub-committee member to speak up about genuine concerns in relation to the administration of NHS STW's policy on conflicts of interest management and to report these concerns to the Conflicts of Interest Guardian or the Chief Business Officer who will investigate.

However, where an individual wishes to have their concern dealt with in confidence, non-compliance or suspected non-compliance with the Conflicts of Interest Policy should be reported in the first instance to the Chief Business Officer following NHS STW's **Freedom to Speak Up Policy**. If anyone wishes to report non-compliance who is not an employee of NHS STW and they wish it to be treated confidentially then they should ensure that they follow their own organisation's Freedom to Speak Up Policy. The procedure for investigation and reporting back is set out in NHS STW's Freedom to Speak Up Policy which can be found on NHS STW's website.

Following investigation, an anonymised report would be presented to NHS STW's Audit Committee, together with an action plan and/or areas for lessons learnt to be disseminated.

In those cases where the breach is of such a material nature that it requires an HR investigation, the Chief Business Officer will liaise with HR on evoking processes under NHS STW's Disciplinary Policy. In these circumstances the Chief Executive will inform The Area Director at NHS England Midlands and East.

In addition to the reporting mechanisms described above, patients and other third parties can make a complaint to NHS England in relation to a commissioner's conduct under the Procurement Patient Choice and Competition Regulations. The regulations are designed as an accessible and effective alternative to challenging decisions in the courts.

Any suspicions or concerns of acts of fraud, bribery or corruption should be reported to NHS STW's nominated Counter Fraud Specialist:

- Mr Paul Westwood, Counter Fraud Specialist  
**Telephone:** 07545 502400  
**Email:** [pwestwood@nhs.net](mailto:pwestwood@nhs.net)

Or ICB's Fraud Champion:

Ms Angel Szabo, Director of Finance  
**Telephone:** 07551 292259  
**Email:** [angela.szabo2@nhs.net](mailto:angela.szabo2@nhs.net)

Alternatively any suspicions or concerns of acts of fraud, bribery and/or corruption can be reported online via <https://cfa.nhs.uk/reportfraud> or via the NHS Fraud and Corruption reporting line on 0800 028 4060.

Anonymised details of breaches will be published on NHS STW's website for the purpose of learning and development.

## 5.17 Breaches of the Policy

### Disciplinary Sanctions

If any individual fails to declare an interest or the full details of the interest, this may result in disciplinary action resulting in the individual being dismissed or removed from their role.

This may include employment law action such as:

- o informal action such as a reprimand or signposting to training and/or guidance
- o formal action such as formal warning, the requirement for additional training, re-arrangement of duties, redeployment, demotion or dismissal
- o referring incidents to regulators
- o contractual action against organisations and staff

Where the staff member is not a direct employee, review of their appointment to the role that have given rise to the conflict.

### Professional Regulatory Sanctions

Statutorily regulated healthcare professionals who work for, or are engaged by, organisations are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. The ICB will consider reporting statutorily regulated healthcare professionals to their regulator if it is believed that they acted improperly, so that these concerns can be investigated. The consequences could include fitness to practise proceedings being brought against them, and that they could, if appropriate be struck off by their professional regulator as a result.

### Civil Sanctions

If conflicts of interest are not effectively managed, organisations could face civil challenges to the decisions made for instance if interests were not disclosed that were relevant to the bidding for, or performance of contracts. If a decision-maker has a conflict of interest, then the decision is also potentially vulnerable and could be overturned on judicial review. In extreme cases, staff and other individuals could face personal liability, for example a claim of misfeasance in public office.

### Criminal Sanctions

Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. This could have implications for the ICB and linked organisations and the individuals who are engaged in them.

The Fraud Act 2006 created a criminal offence of fraud and defines 3 ways of committing it:

- o fraud by false representation
- o fraud by failing to disclose information

- o fraud by abuse of position

In these cases, an offender's conduct must be dishonest and their intention must be to make a gain, or cause a loss (or the risk of a loss) to another. Fraud carries a maximum sentence of 10 years imprisonment and/or a fine and can be committed by a body corporate.

The Bribery Act 2010 makes it easier to tackle this offence in public and private sectors. Bribery is generally defined as giving or offering someone a financial or other advantage to encourage a person to perform certain activities and can be committed by a corporate body.

Commercial organisations (including NHS bodies) will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.

The offences of bribing another person or accepting a bribe carry a maximum sentence of 10 years imprisonment and/or fine. In relation to a body corporate the penalty for these offences is a fine.

#### Reputational Sanctions

A failure to manage conflicts of interest (including the perception of such a failure) can lead to reputational damage and undermine confidence in the integrity of the decision-making process and give the impression that the organisation or individual has not acted in the public interest.

Any unwitting failure to declare a relevant and material interest or position of influence, and/or to record a relevant or material interest or position of influence that has been declared, will not necessarily render void any decision made by NHS STW or its properly constituted committees and sub-committees, although NHS STW will reserve the right to declare such a contract void.

## **6 Related Documents**

The following documents contain information that relates to this policy:

- NHS Shropshire, Telford and Wrekin Constitution
- NHS Shropshire, Telford and Wrekin Standing Orders, Scheme of Reservation and Delegation of Powers and Standing Financial Instructions
- Declarations of Gifts, Hospitality and Sponsorship - Anti-Bribery Policy and Procedure
- Fraud, Bribery and Corruption Policy
- Freedom to Speak Up Policy
- NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for ICBs gateway reference 06768 16/06/17
- NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for NHS bodies published 17 September 2024

## 7 Dissemination

This policy will be disseminated by the following methods: Publication on NHS STW website and intranet site: Staff:

- Staff bulletin with declaration of interest form attached for completion.
- Executive Directors/line managers to raise awareness of the policy via staff briefings.

Board members:

- Email circulated by the Chief Business Officer to highlight the new policy and ask for any amended interests to be declared.

ICS Partners:

- Awareness raising to ICS Partners by the Chair of NHS STW.

## 8 Training and Advice

All staff and board members of the organisation are required to complete mandatory training on conflicts of interest, in line with NHS England guidance for Integrated Care Boards (ICBs). This training is designed to ensure staff and board members understand their obligations regarding identification, declaration, and management of conflicts of interest, and are equipped to act in accordance with relevant policies and statutory guidance.

### 8.1 Mandatory Training Requirements:

#### Module 1: For All Staff

All employees must complete Module 1 annually. This module provides an overview of what constitutes a conflict of interest, responsibilities of individuals in declaring and managing conflicts, and procedures for reporting concerns. Completion of Module 1 ensures all staff are familiar with the requirement to identify and record conflicts of interest.

#### Module 2: For Staff Making Decisions for the Organisation

Staff involved in decision-making processes or with delegated authority for decisions relating to commissioning, procurement, recruitment, or other organisational business must complete Module 2 annually. Module 2 provides enhanced guidance on managing conflicts of interest across the commissioning cycle and during recruitment, supporting staff in ensuring transparency and integrity in decision-making. All NHS Shropshire, Telford and Wrekin employees are required to complete module 2 training annually.

#### Module 3: For Board Members and Chairs

All voting members of the Board, including the Chair, are required to complete Module 3 annually. Module 3 provides advice on how to effectively manage conflicts of interest at board level, outlines safeguards for key committees, and supports identification and management of breaches of conflicts of interest through practical case scenarios. This

training serves as both induction for new board members and a refresher for existing members.

Appropriate levels of training will be available to staff, as part of their mandatory training on ESR.

## **8.2 Training Modality and Frequency:**

Training modules are delivered as online self-paced learning, each expected to take approximately 35 minutes to complete.

All mandatory modules relevant to each individual's role must be completed annually.

The Human Resources team shall maintain records of training completion and report compliance to Strategic Commissioning and Productivity Committee.

Advice on declaration of interests can be sought from the following people:

Name: Alison Smith  
Title: Chief Business Officer  
NHS Shropshire, Telford and Wrekin  
Wellington Civic Offices Larkin Way,  
Tan Bank Wellington  
Telford  
TF11LX  
Tel: 07975 757188  
Email: alison.smith112@nhs.net

Name: Roger Dunshea  
Non-Executive Director - Audit  
Conflicts of Interest Guardian  
NHS Shropshire, Telford and Wrekin  
Wellington Civic Offices Larkin Way, Tan  
Bank Wellington  
Telford  
TF11LX  
Email: roger.dunshea@nhs.net

## **9 Review and Compliance Monitoring**

### **9.1 Review**

An annual review of the policy will be undertaken by Internal Audit as part of their audit plan. The outcomes will be reported to the Audit Committee and in NHS STW's Annual Governance Statement which forms part of NHS STW's Annual Report.

### **9.2 Compliance Monitoring**

The Audit Committee will require assurance annually on compliance with the policy as part of its assurance programme.

## Appendix 1 – The Nolan Principles

### First report of the Committee on Standards in Public Life (1995) The Nolan Principles:

**Selflessness** – holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

**Integrity** – holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

**Objectivity** – in carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

**Accountability** – holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

**Openness** – holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

**Honesty** – holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

**Leadership** – holders of public office should promote and support these principles by leadership and example.



## Appendix 2 - COI Form for Employees and Members

### Declaration of Interest Form for Employees and Members

<b>Name:</b>	
<b>Relevant ICB(s):</b>	
<b>Position within, or relationship with, NHS STW (or NHS England in the event of joint</b>	

**Detail of interests held (complete all that are applicable). If there are no interests please indicate a 'nil' response:**

Type of Interest * *See reverse of	Description of Interest (including, for Indirect Interests, details of the relationship with the	Date interest Relates from and to:		Actions to be taken to mitigate risk (to be agreed with line manager)
		From	To	

The information submitted will be held by NHS STW for personnel or other reasons specified on this form and to comply with the organisations' policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and, in the case of 'decision making staff' (as defined in the statutory guidance on managing conflicts of interest for ICBs) may be published in registers that NHS STW hold.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to NHS STW as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result. The information detailed on this signed declaration can be used by NHS STW's Counter Fraud Team for the purposes of investigation, sanction and redress.

Decision making staff should be aware that the information provided in this form will be added to NHS STW's register which are held in hardcopy for inspection by the public and published on NHS STW's website. Decision making staff must make any third party whose personal data they are providing in this form aware that the personal data will held in hardcopy for inspection by the public and published on NHS STW's website and must inform the third party that NHS STWs' privacy policy is available on NHS STWs' website.

If you are not sure whether you are a 'decision making' member of staff, please speak to your line manager before completing this form.

***This paragraph applies to decision making staff only (if not applicable please indicate in box below)***

**I do / do not [~~delete as applicable~~] give my consent for this information to published on registers that NHS STW holds. If consent is NOT given please give reasons in the box below:**

**Employee/individuals Signature:**

**Signature:**

**Position:**

**Date:**

**Line Manager or Senior ICB Staff Member**

**Signature:**

**Position:**

**Date:**

## Types of interest

Type of Interest	Description
<b>Financial Interests</b>	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> <li>• A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;</li> <li>• A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.</li> <li>• A management consultant for a provider;</li> <li>• In secondary employment (see paragraph 56 to 57);</li> <li>• In receipt of secondary income from a provider;</li> <li>• In receipt of a grant from a provider;</li> <li>• In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider</li> <li>• In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and</li> <li>• Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).</li> </ul>
<b>Non-Financial Professional Interests</b>	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> <li>• An advocate for a particular group of patients;</li> <li>• A GP with special interests e.g., in dermatology, acupuncture etc.</li> <li>• A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);</li> <li>• An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE);</li> <li>• A medical researcher.</li> </ul>
<b>Non-Financial Personal Interests</b>	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> <li>• A voluntary sector champion for a provider;</li> <li>• A volunteer for a provider;</li> <li>• A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;</li> <li>• Suffering from a particular condition requiring individually funded treatment;</li> <li>• A member of a lobby or pressure groups with an interest in health.</li> </ul>

<b>Indirect Interests</b>	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"> <li>• Spouse / partner;</li> <li>• Close relative e.g., parent, grandparent, child, grandchild or sibling;</li> <li>• Close friend;</li> <li>• Business partner.</li> </ul>
---------------------------	--

## Appendix 2.1 – ESR COI Employee Guidance

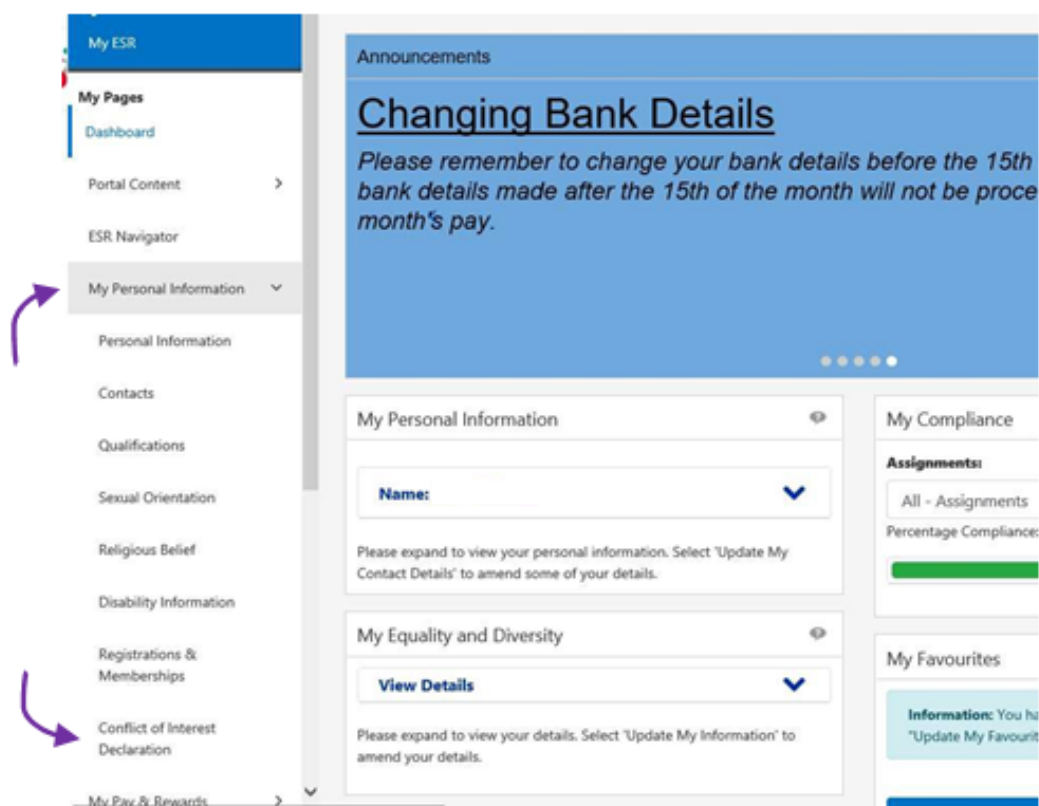
### How to Record a Conflict of Interest in ESR

1. Log into the ESR Portal using your normal username and password.

If you have forgotten your ESR username or password, there are instructions on how to reset them at

[https://my.esr.nhs.uk/localresponse/?TAM\\_OP=login&PAGE=ForgotUsernameOrPassword&source=glis](https://my.esr.nhs.uk/localresponse/?TAM_OP=login&PAGE=ForgotUsernameOrPassword&source=glis)

2. Click the **Conflict of Interest Declaration** link within the **My Personal Information** sidebar navigation pane.



3. The **Conflict of Interest Declarations Employee Summary** page will be displayed.
4. Click the **Add Declaration** button in the top-right corner of the screen to enter a new declaration.



5. Fields that are prefixed with an \* are mandatory unless there are no conflicts to declare.
6. If there are no conflicts of interests to declare tick, **I have no interests to declare** checkbox and move to step 10.
7. To enter a declaration, click the dropdown arrow in the **Category** field and select as applicable from the list of values.

This is a mandatory field. The following options are available:

  - Financial interests
  - Indirect interests
  - Non-financial personal interests
  - Non-financial professional interests
  - I have no interests to declare
8. Click the dropdown arrow in the **Situation** field and select as applicable from the list of values.

This is a mandatory field. The following options are available:

  - Clinical Private Practice
  - Donations
  - Gifts
  - Hospitality
  - Loyalty interests
  - Outside employment
  - Patents
  - Shareholdings and other ownership interests
  - Sponsored events
  - Sponsored posts
  - Sponsored research
9. Click in the **Description** field and enter any further details regarding the conflict as applicable. Please remember to include the organisation name here if it is relevant.
10. The **Date From** field will default to the current date.

The **Date From** and **Date To** fields can be amended as required to reflect when the interest arose and, if relevant, when it ceased.

If you have no interests to declare, please put the dates of the financial year just ending (e.g. for declarations completed in Spring 2023, put 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023)

Click in the **Comments** field and enter any further details regarding the conflict as applicable.
11. The “I give my consent for this information to be published on registers that my Organisation holds” checkbox will be ticked by default. Please ensure that you read and agree to the disclaimer.

12. Click the **Apply** button in the top-right corner of the screen.



The declaration will be displayed on the Employee Summary page.

13. Additional declarations can be recorded as required. Should the details of the conflict change, the record can be amended by using the **Update** icon.
14. Click the **Home** button to return to the Employee Self Service homepage or click the **Portal** icon to return to the My ESR Dashboard.



## Appendix 2.2 – ESR COI Manager’s Guidance

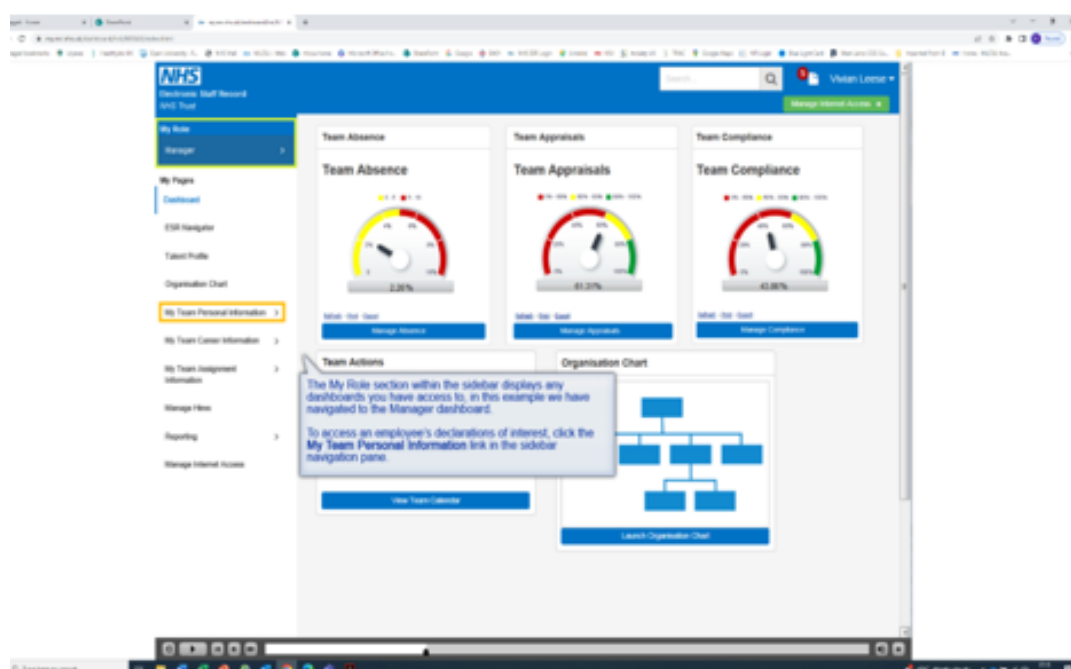
### How to Acknowledge a Conflict of Interest in ESR

1. Log into the ESR Portal using your normal username and password.

If you have forgotten your ESR username or password, there are instructions on how to reset them at

[https://my.esr.nhs.uk/localresponse/?TAM\\_OP=login&PAGE=ForgotUsernameOrPassword&source=gl5](https://my.esr.nhs.uk/localresponse/?TAM_OP=login&PAGE=ForgotUsernameOrPassword&source=gl5)

2. This functionality can be accessed from the Managers Dashboard. Click the **My Teams Personal Information** on the side bar navigation page.



3. Clicking the 'Conflict of Interest Declaration' link will open the hierarchy where the Conflict of Interest action can be selected for a given employee. Clicking the Action icon will display the following Summary page for the selected employee:

Clicking the Update icon will open a read-only version of declaration. At the bottom of the page there is an enterable area for Manager Actions:

**Manager Actions**

Add Action

Date	Manager Action	Update
No results found		

The information submitted will be held by your Organisation for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that your Organisation holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to my Organisation as soon as practicable and no later than 28 days after the latest action. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, internal disciplinary, or professional regulatory action may result.

Give my consent for this information to be published in registers that my Organisation holds. ☒

**Return**

- The manager can enter new actions for this declaration, by clicking on the Add Action button, or edit existing actions:

**NHS** My Team Personal Information

Create Manager Action

Apply Cancel

Action Date: 05 Jan 2020

Action Taken: This is a free text field

- Where a new Manager Action is entered and saved then the summary page for the employee will reflect that Manager Actions exist for this declaration:

**NHS** My Personal Information

Conflict of Interest Declarations

Employee Summary

Employee Name: Craig B. Teal Position: Test Pos 01

Assignment: 2000002

Categories	Situation	From Date	To Date	Date Submitted/Last Updated	Manager Actions	Update	Delete
Have no interests to declare		20-Dec-2019		20-Dec-2019			

- The employee can see the details of any Manager Actions against their declarations, but these will be read only.

## Appendix 3 – Register of Interest

### Register of Interests for ICB Members and Employees

Name	Current position (s) held in NHS STW i.e. Board member; Committee member; ICS partner; ICB employee or other	Declared Interest (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or	Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To	

## Appendix 4 – COI Checklist for Chairs

### Declaration of interests Checklist for Chairs

Timing	Checklist
In advance of the meeting	<ol style="list-style-type: none"> <li>8 Check agenda has standing item for declarations of Interest and states a definition of a conflict of interest</li> <li>9 Check the register of interests to establish any actual or potential conflicts of interest that may occur in the meeting from the public register held on NHS STW website</li> </ol>
During the meeting	<ol style="list-style-type: none"> <li>1 Check and declare the meeting is quorate</li> <li>2 Chair requests members to (1) declare any interests in specific agenda items – stating what conflict has arisen and (2) any new interests that may not have been declared previously, and if they conflict with a specific agenda item.</li> <li>3 Chair makes decision as to how to manage each interest which has been declared, either (1) following the prescribed mitigating action outlined in the register of interests for interests already declared on the register or (2) determining for interests newly declared in the meeting, whether /to what extent the individual member should continue to participate in the meeting and that this decision is recorded and actioned.</li> </ol>
Following the meeting	<ol style="list-style-type: none"> <li>8 Check that all new interests declared in the meeting are promptly updated onto a declaration form and transferred onto the register of interests by the Chief Business Officer.</li> <li>9 Report what action was taken in relation to a conflicts of interest arising at the meeting or where a conflict of interest has affected quoracy in the Chair's report to the Board or to the meeting's parent Committee.</li> </ol>

## Appendix 5 – Levels of Restriction Guidance

Mitigation	When most suitable	When least suitable	Strategies
<p><u>Level 1 - Register</u></p> <p>Where details of the existence of a possible or potential conflict of interest are formally registered</p> <p><b><u>All interests must be registered in full</u></b></p>	<ul style="list-style-type: none"> <li>For very low-risk conflicts of interest and potential conflicts of interest</li> <li>Where the act of transparency through recording the conflict of interest is sufficient</li> </ul>	<ul style="list-style-type: none"> <li>The conflict of interest is more significant or of higher risk</li> <li>The potential or perceived effects of a conflict of interest on the proper performance of the individual acting for NHS STW requires more pro-active management</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that the interest is widely known by including in the publicly available register of interests</li> <li>Ensure register of interests is included with the Board agenda so Board members are aware of the conflict.</li> <li>Ensure register of interests is shared and accessible to all managers so they are aware of staff declarations of interest</li> <li><b>If an individual fails to declare an interest or the full details of the interest, this may result in the individual being dismissed or removed from their role.</b></li> </ul>
<p><u>Level 2 - Restrict</u></p> <p>Where restrictions are placed on the individual's involvement in the matter</p>	<ul style="list-style-type: none"> <li>The individual can be effectively separated from parts of the activity or process</li> <li>The conflict is not likely to arise frequently</li> </ul>	<ul style="list-style-type: none"> <li>The conflict is likely to arise more frequently</li> <li>The individual is constantly unable to perform a number of their regular duties/role because of the conflict of interest issues.</li> </ul>	<ul style="list-style-type: none"> <li>Non-involvement in any critical criteria setting or decision-making role in the process concerned</li> <li>Refrain from taking part in any debate about the issue</li> <li>Abstaining from voting on decision proposal</li> <li>Withdrawing from discussion of affected proposals and plans whether in part 1 or part 2 or a meeting.</li> <li>Having restricted access to information relating to the conflict of interest</li> </ul>

			<ul style="list-style-type: none"> <li>Being denied access to sensitive documents or confidential information relating to the conflict of interest</li> </ul>
<p><u>Level 3 - Recruit</u></p> <p>Where a disinterested third party is used to oversee part or all of the process that deals with the matter.</p>	<ul style="list-style-type: none"> <li>It is not feasible or desirable for the individual to remove themselves from the decision making process</li> <li>Where the expertise of the individual is necessary and not genuinely not easily replaced</li> </ul>	<ul style="list-style-type: none"> <li>The conflict is serious and ongoing, rendering ad hoc recruitment of others unworkable</li> <li>Recruitment of a third party is not appropriate for the proper handling of the matter</li> <li>A suitable third party is unable to be sourced</li> </ul>	<ul style="list-style-type: none"> <li>Arranging for the affected decision to be made by an independent third party</li> <li>Engaging a third party or auditor to oversee or review the integrity of the decision making process.</li> <li>Increase the number of people sitting on the decision-making body to balance the influence of a single member who may have a conflict of interest but who has a defensible reason for remaining on the decision making body</li> <li>Seeking the views of those likely to be concerned about a potential, actual or reasonably perceived conflict of interest, about whether they object to the individual having any, or any further, involvement in the matter</li> </ul>
<p><u>Level 4 - Remove</u></p> <p>Where the individual is removed from the matter</p>	<ul style="list-style-type: none"> <li>For ongoing serious conflicts of interest where ad hoc restriction or recruitment of others is not appropriate</li> </ul>	<ul style="list-style-type: none"> <li>The conflict of interest and its perceived or potential effects are of low risk or low significance</li> <li>The individual is prepared to relinquish the relevant private interest rather than radically change their work responsibilities or environment</li> </ul>	<ul style="list-style-type: none"> <li>Removing the individual from any involvement in the matter</li> <li>Abstaining from any formal or informal discussion about the matter</li> <li>Removing the individual from the situation where they may still exert or be perceived to exert a covert influence on decisions or actions in the matter.</li> </ul>



			<ul style="list-style-type: none"> <li>• Rearranging the individual's duties and responsibilities to a non-conflicting function</li> <li>• Transferring the individual to another project</li> <li>• Transferring the individual to another area of NHS STW</li> <li>• Ensuring that the duties/role in which the conflict of interest has arisen are not reallocated to another officer who is supervised by the individual concerned.</li> </ul>
<p><u>Level 5 - Relinquish</u></p> <p>Where the individual relinquishes the private interest that is creating the conflict</p>	<ul style="list-style-type: none"> <li>• The individual's commitment to public duty outweighs their attachment to their private interest</li> </ul>	<ul style="list-style-type: none"> <li>• The individual is unable or willing for various reasons to relinquish the relevant private interest</li> </ul>	<ul style="list-style-type: none"> <li>• Individual liquidates their private interest</li> <li>• Individual divests themselves of or withdraws their support for the private interest (this would not be appropriate if the interest is an essential part of the individual's qualification for the position, such as membership of a professional body.)</li> </ul>
<p><u>Level 6 - Resign</u></p> <p>Where the individual resigns from their position with NHS STW</p>	<ul style="list-style-type: none"> <li>• No other options are workable</li> <li>• The individual cannot or will not relinquish their conflicting private interest and changes to their work responsibilities or environment are not feasible</li> </ul>	<ul style="list-style-type: none"> <li>• The conflict of interest and its potential or perceived effects are of low risk or low significance</li> <li>• Other options exist that are workable for the individual and ICB</li> </ul>	<ul style="list-style-type: none"> <li>• Resignation from the position with NHS STW</li> </ul>



	<ul style="list-style-type: none"><li>• The individual prefers this course as a matter of personal principle</li></ul>		
--	--	--	--

## Appendix 6 – Minutes Template



**NHS Shropshire, Telford and Wrekin**  
***Name of Committee/Sub Committee* Meeting**

***Day Date Month Year at Time am/pm***  
***Via Microsoft Teams/ Add in venue address***

**Present:** *These are the committee/sub committee members as set out in the terms of reference*

**Name** **Title, Organisation**

**In Attendance:** *These are those people who are not members of the committee or sub committee but attend to present papers or provide support during the meeting*

**Name** **Title, Organisation**

**Apologies:**

**Name** **Title, Organisation**

**Minute No. *XX-25.01.001* – Welcome & Apologies** *(Please note: Minute no to include the initials of the Committee, i.e. AC for Audit Committee followed by year – month – and then unique next sequential number. Numbering to follow on to the next meeting's agenda.)*

1.1 **Name**, Chair, welcomed **name of committee** members to the meeting.

**Minute No. *XX-25.01.002* – Quoracy**

2.1 Apologies were noted as above.

**Minute No. *XX-25.01.003* – Members' Declarations of Interests**

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



Ambition



Compassion



Optimism



Focus

Members were asked to confirm any new interests that needed declaring or any existing conflicts of interest that they had relating specifically to the agenda items. *There were no further conflicts of interest declared or Mr..... declared a new interest related to.....*

**Minute No. XX-25.01.004 – Title of Agenda Item**

4.1 ....

4.2 ....

4.3 ....

4.4 ....

4.5 ....

4.6 ....

**ACTION:** Dr/Mr/Mrs/Miss ....

4.7 ....

4.8 ....

**ACTION:** Dr/Mr/Mrs/Miss ...

4.9 ....

4.10 .... etc

4.11 The Committee/Sub Committee is asked to: [add in here verbatim the recommendation as set out in the paper]

1. Provide approval for ...

2. To support the proposal for ....

**RESOLVE:** ~~XXXXXXXX~~ Committee Members NOTED the content of the report and APPROVED the recommendation as stated above.

**Minute No. XX-25.01.005 – Any Other Business**

5.1 There were no further matters to report.

*00.00pm – Meeting Closed*

**Date and Time of Next Meeting**



Ambition



Compassion



Optimism



Focus

**Day Month Year** – time, venue and modality of the meeting to be confirmed nearer the time.

**If there is a part 2 then use the following wording for the resolution to move the meeting into private session:**

***NHS Shropshire, Telford and Wrekin Board RESOLVED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section 1(2) Public Bodies (Admission to Meetings) Act 1960.)***

## Appendix 7 – Procurement COI Form

Procurement declaration of Interest (Project Team)  
NHS Shropshire, Telford and Wrekin

[INSERT PROJECT TITLE AND ICB NAME]

TENDER REF: [INSERT REF]

### PART 1 – CONFLICT OF INTEREST DECLARATION

#### Name & Organisation:

Name:-	
Title:-	
Organisation:-	
Date:-	

#### Project Role:

--

#### Nature of Conflict (please state "none" if no conflict exists):

--

Signed:-	
----------	--

#### Summary Assessment / Recommendation (to be completed by Project Manager)

This person's involvement in the project [should cease/can continue]:-

Signed:-	
Name:-	
Date:-	

**[INSERT PROJECT TITLE]**  
**NHS SHROPSHIRE, TELFORD AND WREKIN**  
**TENDER REF: [INSERT REF]**

**PART 2 – CONFIDENTIALTY UNDERTAKING**

**Name & Organisation:**

<b>Name:-</b>	
<b>Title:-</b>	
<b>Organisation:-</b>	
<b>Date:-</b>	

**Project Role:**

--

I understand that I may be invited to participate either directly or indirectly in the procurement process and hereby undertake:

- To treat all information and documents under conditions of strict confidentiality.
- Not to disclose, make any copies of, or discuss any received information with any person who is not directly involved in the procurement process.
- Not to use (or authorise any other person to use) information and documents other than for the purpose of my work in connection with the procurement process.
- To dispose of, or return to the project manager, documents as confidential material as soon as I have no further use of them.

This undertaking applies until the time when the tendering process is complete and a contract signed with the chosen supplier. This undertaking shall not apply to any document or information that becomes public knowledge otherwise than as a result of a breach of any of the above undertakings.

<b>Signed:-</b>	
<b>Date:-</b>	

### **Notes and Guidance**

The commissioner is required to ensure that any procurement exercise is undertaken in such a way that ensures:

1. Transparency – procurement activities must be fair and open.
2. Objectivity – decisions must be based on objective data and criteria.
3. Non-discrimination – the procurement process must not discriminate amongst providers.

In support of the above, the commissioner requires that any individual involved in procurement exercise signs up to a conflict of interest and confidentiality undertaking.

Both parts should be completed. All pages should be dated and signed. If the document is completed by hand please ensure that the information required is presented clearly.

- **Notes - Conflict of Interest Declaration**

Examples of conflicts of interest include:

2. Having a financial interest (e.g. holding shares or options) in a Potential Bidder or any entity involved in any bidding consortium including where such entity is a provider of primary care services or any employee or officer thereof (Bidder Party);
3. Having a financial or any other personal interest in the outcome of the Evaluation Process;
4. Being employed by or providing services to any Bidder Party;
5. Receiving any kind of monetary or non-monetary payment or incentive (including hospitality) from any Bidder Party or its representatives;
6. Canvassing, or negotiating with, any person with a view to entering into any of the arrangements outlined above;
7. Having a close member of your family who falls into any of the categories outlined above; and
8. Having any other close relationship (current or historical) with any Bidder Party.

The above is a non-exhaustive list of examples, and it is the participant's responsibility to ensure that any and all potential conflicts – whether or not of the type listed above – are disclosed in the declaration prior to participation in the procurement process.

Any disclosure will be assessed by the commissioner on a case-by-case basis. Individuals will be excluded from the procurement process where the identified conflict is in the commissioner's opinion material and cannot be mitigated or be reasonably dealt with in another way.



- Notes – Confidentiality Undertaking

The procurement process encompasses any formal and informal meetings, associated discussions, meeting preparation and follow up or any other related activity.

Information means all information, facts, data and other matters of which knowledge is acquired, either directly or indirectly, as a result of participating in the procurement process.

Documents means all draft, preparatory information, documents and any other material, together with any information contained therein, to which the participant has access, either directly or indirectly, as a result of participation in the procurement process. Furthermore, any records or notes made by the participant relating to information or documents shall be treated as confidential documents.

**Midlands and Lancashire CSU**

Kingston House  
438-450 High Street,  
West Bromwich  
B70 9LD

## Appendix 8 – Template Procurement Decision Form

Ref No	Contract/ Service title	Procurement description	Existing contract or new procurement (if existing include details)	Procurement type – ICB procurement, collaborative procurement with partners	ICB clinical lead (Name)	ICB contract manager (Name)	Decision making process and name of decision making committee	Summary of conflicts of interest noted	Actions to mitigate conflicts of interest	Justification for actions to mitigate conflicts of interest	Contract awarded (supplier name & registered address)	Contract value (£) (Total) and value to ICB	Comments to note

## Appendix 9 – Code of Conduct Template

### Code of Conduct Template

Service:	
Question	Comment/ Evidence
1. How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect NHS STW's proposed commissioning priorities? How does it comply with NHS STW's commissioning obligations?	
2. How have you involved the public in the decision to commission this service?	
3. What range of health professionals have been involved in designing the proposed service?	
4. What range of potential providers have been involved in considering the proposals?	
5. How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
6. What are the proposals for monitoring the quality of the service?	
7. What systems will there be to monitor and publish data on referral patterns?	
8. Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers?	
9. In respect of every conflict or potential conflict, you must record how you have managed that conflict or potential conflict. Has the management of all conflicts been recorded with a brief explanation of how they have been managed?	
10. Why have you chosen this procurement route e.g., single action tender? <sup>2</sup>	
11. What additional external involvement will there be in scrutinising the proposed decisions?	

<sup>2</sup>Taking into account all relevant regulations.

12. How will NHS STW make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?	
Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)	
13. How have you determined a fair price for the service?	
Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers	
14. How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	
Additional questions for proposed direct awards to GP/NHS providers	
15. What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	
16. In what ways does the proposed service go above and beyond what GP practices /NHS Provider should be expected to provide under the GP contract?	
17. What assurances will there be that a GP practice/NHS Provider is providing high-quality services under the GP/standard NHS contract before it has the opportunity to provide any new services?	

## Appendix 10 - Template COI Form for Bidders/Contractors

<b>Name of Organisation:</b>	
<b>Details of interests held:</b>	
<b>Type of Interest</b>	<b>Details</b>
Provision of services or other work for NHS STW or NHS England	
Provision of services or other work for any other potential bidder in respect of this project or procurement process	
Any other connection with NHS STW or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence NHS STW's or any of its members' or employees' judgements, decisions or actions	

<b>Name of Relevant Person</b>	<i>[complete for all Relevant Persons]</i>	
<b>Details of interests held:</b>		
<b>Type of Interest</b>	<b>Details</b>	<b>Personal interest or that of a family member, close friend or other acquaintance?</b>
Provision of services or other work for NHS STW or NHS England		
Provision of services or other work for any other potential bidder in respect of this project or procurement process		
Any other connection with NHS STW or NHS England, whether personal or professional, which the		

public could perceive may impair or otherwise influence NHS STW's or any of its employees' judgements, decisions or actions		
--	--	--

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to NHS STW as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.

The information detailed on this signed declaration can be used by NHS STW's Counter Fraud Team for the purposes of investigation, sanction and redress.

Signed: .....

On behalf of: .....

Date: .....

## Equality Impact Assessment

<b>Title of policy</b>	Conflicts of Interest Policy	
<b>Names and roles of people completing the assessment</b>	Chief Business Officer	
<b>Date assessment started/completed</b>	November 2024	November 2024
<b>Reviewed</b>	Alison Smith, Chief Business Officer	

### 1. Outline

<b>Give a brief summary of the policy</b>	The Conflicts of Interest Policy seeks to ensure a consistent and transparent approach to managing conflicts of interest.
<b>What outcomes do you want to achieve?</b>	<p>To ensure:</p> <ul style="list-style-type: none"> <li>□ NHS STW remains impartial and honest in the conduct of business and employees remain beyond suspicion;</li> <li>□ NHS STW operates within an environment of mutual openness, honesty and transparency; and</li> <li>□ both staff and NHS STW are protected against contention or allegations of misconduct.</li> </ul>

### 2. Analysis of Impact

This is the core of the assessment. Using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to eliminate unlawful discrimination; advance equality of opportunity; and foster good relations.



	<p>Are there any likely impacts?</p> <p>Are any groups going to be affected differently?</p> <p><b>Please describe.</b></p>	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
<b>Age</b>	None identified.		
<b>Carers</b>	None identified.		
<b>Disability</b>	None identified.		
<b>Sex</b>	None identified.		
<b>Race</b>	None identified.		
<b>Religion or belief</b>	None identified.		
<b>Sexual orientation</b>	None identified.		
<b>Gender reassignment</b>	None identified.		
<b>Pregnancy and maternity</b>	None identified.		
<b>Marriage and civil partnership</b>	None identified.		
<b>Other relevant group</b>	None identified.		
<p>If any negative/positive impacts were identified are they valid, legal and/or justifiable?</p> <p>Please detail.</p>		N/A	

4. Monitoring, Review and Publication			
How will you review/monitor the impact and effectiveness of your actions?	Whilst no specific actions have been identified to address any equality issues, the policy will be reviewed at scheduled intervals, and the review of this assessment will form part of those reviews.		
Lead Officer:	Alison Smith	Review date:	15 <sup>th</sup> November 2024

5. Sign off			
Lead Officer			
Senior Manager	Alison Smith	Date approved :	15 <sup>th</sup> November 2024



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# Petitions Policy

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<u>Author(s) (name and post)</u>	<u>Alison Smith, Chief Business Officer</u>
<u>Version no.:</u>	<u>2.1</u>
<u>Approval Date:</u>	<u>Septem<u>e</u>ber 2025</u>
<u>Review Date:</u>	<u>September 2028</u>

## Document Control Sheet

Document Title:	Petitions Policy
Author/originator: <del>Electronic</del> File name:	Alison Smith
Date of approval: <del>CB</del>	24 <sup>TH</sup> April 2024
Reference Number:	
Approving Committee: Placement in Organisational Structure:	The Board <u>Governance and Corporate</u>
Responsible Director: Consultation with Stakeholders:	Executive Director of Strategy and Integration <u>Shared with</u>
Category: Equality Impact Assessment:	General <u>Completed</u>
Sub-Category: Approval Level:	Corporate <u>Board</u>
Date policy due for review: Dissemination Date:	April 2026 <u>September 2025</u>
Implementation Date:	<u>September 2025</u>
Target audience: Method of Dissemination:	<del>Members of NHS-STW's Board (clinical, executive and non-executive), committee and sub-committee members, localities and their members and all decision making</del> <u>decision-making staff involved in commissioning, contracting and procurement processes and decision-making</u> This policy will be available within our governance handbook that is published on our website.

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## VERSION CONTROL

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### Document location

This document is only valid on the day it was printed.

### Revision History

Date of this revision: ~~24<sup>th</sup> April 2024~~ September 2025

Date of next revision: ~~April 2026~~ September 2028 (or as required)

Version	Date	Author	Change Description
1	1 <sup>st</sup> July 2022	Alison Smith	n/a
2	24 <sup>th</sup> April 2024	Alison Smith	Change of ICB headquarters address
2.1	18 <sup>th</sup> July 2025	Bethan Emberton	Formatting amendments. Amendment to use full ICB name in first paragraph then use "NHS STW" throughout the policy. Converted to our policy template. Removed reference to committee names to make it generic. Removed reference to "governing body". Added "Officer" to Chief Executive.

### Approvals

This document requires the following approvals:

Name/Committee	Title (if individual)
The Board	n/a

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## 1. Introduction

A petition represents the expression of the views of the people who sign it. For the Board of NHS Shropshire, Telford and Wrekin [Integrated Care Board](#) (NHS STW) petitions are an important mechanism for local people to have a voice on local health matters.

However, to ensure that the voices are heard appropriately and ~~in order to~~ avoid the danger of listening only to active lobby groups, petitions will not be viewed in isolation but as one piece of evidence and information which contributes to an overall picture of public opinion. Petitions can be raised as a discrete statement by the signatories or as a response to a public consultation or proposal being made by NHS STW.

This policy outlines how NHS ~~Shropshire, Telford and Wrekin~~ [STW](#) will handle any petitions received from the local community.

## 2. Aims & Objectives

This guidance outlines how NHS ~~Shropshire, Telford and Wrekin~~ [STW](#) will handle any petitions from the local community. This guidance is relevant to the receipt and management of either paper or e-petitions.

It sets out two circumstances in which petitions may be received, outside a formal consultation period or during a formal consultation period.

## 3. Scope

This policy relates to the receipt and management of either hard copy or e-petitions. When considering the receipt and management of e-petitions, NHS STW wishes to ensure that it follows best practice. ~~Therefore~~ [Therefore](#), it has drawn on published terms and conditions for submitting e-petitions, utilised by HM Government.

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Petitions may be pro-active e.g. unsolicited; where there is public opinion that a new service may be required to fill a perceived gap in service provision or re-active i.e. in response to an NHS STW initiated proposal to change an existing service.

The policy sets out how petitions will be received whether outside a formal consultation period or during a formal consultation period.

#### **4. Definitions of terms used**

For the purpose of this policy a petition is defined as a written document signed by a number of people demanding some form of action from NHS STW.

#### **5. Principles**

In order to be received for consideration, petitions should meet the criteria outlined below:

A petition amounting to any number of signatures will be considered by NHS STW in their commissioning decisions. The sentiment indicated in the petition will be forwarded to the most appropriate internal commissioning process. This will be determined by the subject of the petition e.g. the petition may be passed to a Commissioning Manager to incorporate into a service specification, or a Place Committee, or Integrated Delivery Committee, Strategy Committee or Quality and Performance Committee.

Where a petition, with significant support (with a minimum of 1000 signatures) has been received by NHS STW, the Chair of the Governing Board shall include the petition as a specific item for the agenda and consideration of the next meeting of the Board, if received within 3 weeks of the next Board Meeting. to agree any appropriate actions.

Petitions may be received in paper or electronic (e.g. email, web based or social media) format.

Petitions should include a statement of petition which should include:

- the organisation to which the petition is being addressed
- the proposition which is being promoted by the petition
- the timeframe over which the petition has been collected

The following information about each petitioner should be included:

- Name
- Postcode
- Signature (in the case of a written petition)
- Email address (in the case of an electronic petition). If this data is not collected due to the data controller not sharing the data e.g. a social media (e.g. Facebook) or 38 degrees petition, the petition will only be acknowledged as an indicator of public sentiment.

The name and address of the petition organiser, who must be resident within the area to which the petition relates, should be provided on the first page of the petition.

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## 6. Roles & responsibilities

Where a petition, with significant support (with a minimum of 1000 signatures), has been received by NHS STW, the Chair shall include the petition as an item for the agenda of the next meeting of the Board.

NHS STW is responsible for considering the petition and providing a response to the petition organiser.

### 6.1 Executive Directors

The Executive Directors of NHS STW are responsible for producing and reporting to the NHS STW the response to any petitions received.

### 6.2 Chief Executive

The Chief Executive [Officer](#) has responsibility for ensuring that this policy is adhered to by the NHS STW.

### 6.3 Governance and Corporate Affairs Team

The [Governance and Corporate Affairs Team](#) is responsible for providing administrative support to the process of acknowledging receipt of the petition.

### 6.4 All Staff

All NHS STW staff are responsible for forwarding all petitions received by their team to the Corporate Services Team for attention of the Chair.

## 7. Review of the policy

The policy will be reviewed in every three years unless there are any significant changes which require an earlier review.

## 8. Policy Statement

This policy has been assessed in relation to having due regard to (1) the public sector equality duty (PSED) 3 aims, dropping down from the Equality Act 2010 to: eliminate discrimination, harassment victimisation; advance equality of opportunity; and foster good relations", (2) The Health & Social Care Act 2012 re evidencing showing due regard to reducing health inequalities between the people of England.

## 9. Management of Petitions

Acceptance of Petitions is as follows:

- a) ~~a)~~ An acknowledgement of receipt of the petition will be provided to the lead petitioner within 5 working days of receipt with a clear explanation about what will happen next.

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- ~~b) b)~~ Petitions will not be considered if they are repeated, vexatious or if they concern issues which are outside NHS STW's remit. Petitions will also not be considered if the information contained is confidential, libellous, false, defamatory or offensive.

A petition will be considered as a repeat petition if:

- ~~a) a)~~ it covers the same or substantially similar subject matter to another petition received within the previous six months;  
~~b) b)~~ it is presented by the same or similar individuals or groups as another petition received within the previous six months.

A petition will be considered as a vexatious petition if:

- ~~a) a)~~ it focuses on individual grievances  
~~b) b)~~ it focuses on the actions or decisions of an individual and not the organisation

A petition will be considered as outside NHS STWs' remit if:

- ~~a) a)~~ it focuses on a matter relevant to another organisation  
~~b) b)~~ it requests information available via Freedom of Information legislation  
~~c) c)~~ its aim is to correspond on personal issue(s) with an individual(s)  
~~d) d)~~ signatories are not based in the UK

A petition will be considered as confidential, libellous, false or defamatory if:

- ~~a) a)~~ it contains information which may be protected by an injunction or court order  
~~b) b)~~ it contains material which is potentially confidential, commercially sensitive, or which may cause personal distress or loss

A petition will be considered as offensive if:

- ~~a) a)~~ it contains language that may cause offence, is provocative or extreme in its views.

Where a petition does not meet the requirement set out in the criteria above then the ~~relevant~~ ICB will respond in writing within ten working days to confirm that the petition has been received and that ~~as~~ the petition does not meet the criteria. The reason for rejection will be given clearly and explicitly.

For petitions received outside a formal consultation period, the Chair may delegate responsibility for receiving a petition to a nominated representative. The Chair or nominated representative will arrange for a short private meeting with the Petition Organiser to formally receive the Petition. All photographic opportunities may be politely declined by NHS STW during this meeting.

Once received, the Chair's nominated representative will ensure that the petition receives appropriate and proportionate consideration and that a response is made in writing.

Petitions received during a formal consultation period and relating to a subject, proposal or matter about which NHS STW is actively seeking public opinion, and if the petition is submitted before the publicised close date of the engagement or consultation process, the

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petition will be considered as an item of correspondence, in the same way that any other response would be considered. Petitions will be considered as valid for consideration as part of the consultation if they meet the requirements set out in the criteria outlined in this policy.

## **10. Management of Petitions during formal consultation**

When a report on the outcome of consultation is prepared, the following issues will be taken into account when considering a petition:

- If a petition is raised about a perceived lack of or missing service,
- Consultation is not a public referendum or public vote.
- Influence will be afforded to the most cogent ideas and arguments, based upon clinical effectiveness, quality, patient safety, clinical and cost effectiveness and not necessarily to the views of the most numerous stakeholders.
- The petition should be relevant to the subject of the consultation. It may not necessarily use the same words, but it should have a bearing on the proposal(s) that NHS STW/s have put forward.
- The petition should reflect the latest proposals and policy statements being made by NHS STW and not relate to issues that are no longer under consideration. This is particularly relevant when considering the timescale during which signatures have been collected.
- The petition should provide an accurate reflection of the proposals in the consultation, rather than including misleading information or statements.
- The petition should relate to the consultation and to the proposed action of NHS STW (and/or its stakeholders), rather than to broader policy agenda beyond the scope of the consultation.
- The petition's concerns will be assessed in relation to the aims being put forward in the consultation, and the rationale and constraints behind it. For example, a petition that proposes a realistic alternative option will normally be given greater weight than a petition that simply opposes an option that has been put forward for valid reasons.
- The petition's concerns will also be assessed in relation to the impact on other populations if these demands were accepted. This assessment could take into account views expressed in other petitions (which may conflict) or in more direct responses to the consultation.

The organiser of the petition will receive correspondence from NHS STW as the body that has initiated the consultation, in the same manner as other respondents (e.g. acknowledgement, an outcome letter describing how the issues raised during consultation have or will influence the decisions made following consultation) within 28 days of receipt of the petition.

Petitions will be formally acknowledged in the analysis of consultation responses, along with all the other responses. If what Petitioners call for is accepted or rejected, the reasons for this should be given.

Hard copy and electronic petitions will be stored in a secure place within NHS STW for 3 years and will then be destroyed as Confidential Waste (in the case of hard copies) or deleted (e-petitions.).

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## 11. Return of petitions

Hard copy petitions should be addressed to

The Chief Executive [Officer](#)  
C/O Chief Business Officer  
NHS Shropshire, Telford and Wrekin  
Wellington Civic Offices  
Larking Way, Tan Bank  
Wellington  
Telford  
TF11

9.12.2 E- petitions should be sent to the general enquiries inbox:

[stw.generalenquiries@nhs.net](mailto:stw.generalenquiries@nhs.net) ~~stw.generalenquiries.nhs.net~~

## 12. Appendix 1 - Equality Impact Assessment

Title of policy	Petitions Policy	
Names and roles of people completing the assessment	Chief Business Officer	
Date assessment started/completed	1 June 2022	14 June 2022
Reviewed	<del>20<sup>th</sup> June 2022</del> <a href="#">September 2025</a>	

[Se](#)

### 1. Outline

<b>Give a brief summary of the policy</b>	The Petitions Policy seeks to ensure a consistent and transparent approach to receiving and responding to petitions submitted by members of the public
<b>What outcomes do you want to achieve?</b>	<p>To ensure:</p> <p>That petitions are identified and managed in a consistent way</p> <p>That members of the public can have their concerns and views raised through a petition</p> <p>That the organisation has a standard approach to responding to petitions</p>

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## 2. Analysis of impact

This is the core of the assessment. Using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to eliminate unlawful discrimination; advance equality of opportunity; and foster good relations.

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	<b>Are there any likely impacts?</b>  <b>Are any groups going to be affected differently?</b>  <b>Please describe.</b>	<b>Are these negative or positive?</b>	<b>What action will be taken to address any negative impacts or enhance positive ones?</b>
<b>Age</b>	None identified.		
<b>Carers</b>	None identified.		
<b>Disability</b>	None identified.		
<b>Sex</b>	None identified.		
<b>Race</b>	None identified.		
<b>Religion or belief</b>	None identified.		
<b>Sexual orientation</b>	None identified.		
<b>Gender reassignment</b>	None identified.		
<b>Pregnancy and maternity</b>	None identified.		
<b>Marriage and civil partnership</b>	None identified.		
<b>Other relevant group</b>	None identified.		
<b>If any negative/positive impacts were identified are they valid, legal and/or justifiable?</b> <b>Please detail.</b>		N/A	

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#### 4. Monitoring, Review and Publication

**How will you review/monitor the impact and effectiveness of your actions?** Whilst no specific actions have been identified to address any equality issues, the policy will be reviewed at scheduled intervals, and the review of this assessment will form part of those reviews.

<b>Lead Officer:</b>	Alison Smith	<b>Review date:</b>	July 2025 September

#### 5. Sign off

<b>Lead Officer</b>			
<b>Senior Manager</b>	Alison Smith	<b>Date approved:</b>	1 <sup>st</sup> July 2022 September 2025

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## **1. Agenda Item ICB 25-11.246: Finance Committee Briefing Report (meetings held on 29<sup>th</sup> July and 30<sup>th</sup> September 2025)**

**Meeting Name:** Finance Committee

**Meeting Date:** 29<sup>th</sup> July and 30<sup>th</sup> September 2025

**Report Presented by:** Dave Bennett, NHS STW Associate Non-Executive Director, & interim Chair of the Finance Committee

**Report Approved by:** Dave Bennett, NHS STW Associate Non-Executive Director, & interim Chair of the Finance Committee

**Report Prepared by:** Claire Skidmore, NHS STW CFO

**Action Required:** Content for Noting

### **1.1. Summary of Key Discussions and Decisions**

1.1.1. Both the July and September meetings were quorate.

1.1.2. The Committee received the Quarter 1 position in July and were pleased to note that, after deficit support, the System is on track to deliver the finance plan. An update was provided by the ICB on the status of contract negotiations with a small number of contracts being noted as still requiring signature. No escalation was required to the committee at this point. Risks to delivery of the finance plan were discussed with each provider briefing on their position and mitigating actions.

1.1.3. At the September meeting, it was confirmed that the System is reporting continued delivery to plan year to date and that the forecast position should be met. As part of a deep dive into risks to the position and mitigations, it was acknowledged that the ICB, SCHT and RJAHS had measures in place to mitigate currently identified risks. SATH shared that as a result of comprehensive work to review financial performance to date, it had been identified that there was potential that not all risk could be mitigated in-year. The management team are working on this with oversight through the relevant governance and Board committee structure.

1.1.4. The September Committee were also informed of progress with nationally requested work on the underlying position that had resulted in a net improvement of £7.5m as a result of harmonisation of treatment of expenditure with national guidance. This does however mask a deterioration in some elements of the position which are being actively managed by organisations given the impact this would have on the start point for future year's plans.

1.1.5. Capital spend to date was discussed at the July and September meetings and whilst some schemes were noted to be either behind or ahead of plan, providers confirmed that they were confident that



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schemes were being managed to fall within budget by the end of the year.

- 1.1.6. For its deep dive in July, the Committee received a presentation on Urgent and Emergency Care (UEC). Opportunities for improvement in performance, quality and cost were discussed, and the Committee were briefed on the extensive programme of work that the UEC Delivery Group are overseeing, including the Winter Plan. After the meeting, information on the phasing of the financial impact of the winter plan was shared with Committee members.
- 1.1.7. As noted above, the Committee deep dive in September focused on a review of risk to delivery of the planned finance position and actions being taken to mitigate them. A comprehensive discussion was held which provided clarity on the current position. It was agreed that active oversight of risks and mitigations would continue through this committee, and in particular, that RJAH and SATH would update future meetings with progress to ensure that the finance plan would be delivered. The Chair acknowledged the hard work in all organisations and highlighted the benefit of sharing information at this committee with a view to partners supporting each other.
- 1.1.8. Both meetings received a report on progress against the finance actions in the System Integrated Improvement Plan (SIIP). There were no material items of concern raised at the meetings and it was reported that work continues to deliver the action plan.
- 1.1.9. A brief update was given at the September meeting on the commencement of a refresh of the medium term finance plan in light of the planning round for 2026/27 onwards.
- 1.1.10. The Committee received a further update to its Terms of Reference (TOR) at the July meeting and endorsed the additional content added to align all Board Sub Committee TORs. These updates were signed off at the Integrated Care Board in September.

## **1.2. Recommendations to the Board**

- 1.2.1. The Board is asked to note the content of this paper.

## **1.3. Key Risks and Mitigations**

- 1.3.1. The Finance Committee is established to provide oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan.
- 1.3.2. The SBAF and SORR were reviewed at both the July and September meetings and the Committee acknowledged that the principal risks to the ICS of not achieving the strategic and operational priorities had been accurately identified and that appropriate actions are being taken to manage them.
- 1.3.3. At the July meeting, the Committee agreed that the scoring for risk to delivery of the in-year position should be reviewed, this was in light of



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the fact that the Q1 plan had been delivered. Subsequently, at the September meeting, in light of the emerging unmitigated risk at SATH, it was agreed that the score should be held for the time being, This will be kept under review at the Committee.

- 1.3.4. There is a significant task ahead to deliver a challenging but achievable finance plan for 2025/26 (and the medium term to deliver breakeven for the System). Risks to addressing the underlying financial deficit of the system feature in the Board Assurance Framework and through that are reported to the Board.

#### 1.4. Performance and Assurance

- 1.4.1. See commentary above.

#### 1.5. Alignment to ICB Objectives and Core Functions

- 1.5.1. The work of this committee supports the four core aims of the ICB as follows:

**1.5.1.1. improve outcomes in population health and healthcare**

The Committee ensures that strategic finance risks (including risks to the delivery of value for money) and the consequential impact to health outcomes and care quality are effectively highlighted and considered, enabling the ICS to focus on improving the health and healthcare services delivered to the population.

**1.5.1.2. tackle inequalities in outcomes, experience and access**

There is regular committee oversight of financial performance which includes reviewing and addressing finance risk and the consequential impact. This impact may sometimes be related to access and equity. This supports the ICS's aim of reducing health inequalities and ensuring fair access to services for all communities. Population Health Management and Health Inequalities data is used to inform changes to services to improve outcomes, experience and access and is linked to use of resources

**1.5.1.3. enhance productivity and value for money**

System Finance is scrutinised by the Finance Committee to ensure that financial risks are mitigated, allowing the ICS to enhance efficiency, optimise resource use, and achieve better value for money in delivering health services.

**1.5.1.4. help the NHS support broader social and economic development**

Collaborative working with the Local Authorities through the Better Care Fund, CHC and joint procurement may support broader economic development.

#### 1.6. Next Steps and Forward Plan

- 1.6.1. N/A

#### 1.7. Attachments

- 1.7.1. Minutes for the meetings held on 29<sup>th</sup> July and 30<sup>th</sup> September 2025 are provided for information

## NHS Shropshire, Telford and Wrekin System Finance Committee

**Minutes of Meeting held on  
Tuesday 29<sup>th</sup> July 2025, 14.15**  
Via Microsoft Teams

### Present

David Bennett (DB) (Interim Chair) - <b>Part</b>	Non-Executive NHS STW
Trevor McMillan (TMc)	Non-Executive NHS STW
Claire Skidmore (CS)	Chief Finance Officer NHS STW
Sarah Lloyd (SL)	Director of Finance SCHT
Sarah Edmonds (SE) on behalf of AW	Acting Deputy Director of Finance – Strategy SATH
Marianne Cleeve (MC) on behalf of FP	Head of Accountancy and Assurance MPFT
Tracey Cotteril (TC)	Interim Director of Financial Recovery and Transformation SATH
Ian Bett (IB) <b>Part</b>	Chief Delivery Officer NHS STW
Richard Peach (RP)	Group Accountant T&W Council
Mark Salisbury (MS) on behalf of (AM-W)	Deputy Chief Finance Officer RJAH
Michelle Brockway (MB)	Interim Director Finance & HR T&W Council

### In Attendance:

Kate Owen	Head of PMO NHS STW
Cynthia Fearon	Executive Assistant NHS STW (Note taker).
Andy Proctor - <b>Part</b>	UEC Transformation Improvement Lead

### Apologies:

Richard Minor	Non-Executive SATH
Angela Szabo	Director of Finance NHS STW
Adam Winstanley	Acting Director of Finance SATH
Tina Long	Non-Executive SCHT
Angela Mulholland-Wells	Chief Finance Commercial Officer RJAH

### **Minute No. SFC-25.07.001 – Welcome & Apologies**

**1.1 TMc** welcomed members and attendees to the meeting. Apologies were noted.



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### **Minute No. SFC-25.07.001 – Quoracy**

1.2 The meeting was noted as being quorate.

### **Minute No. SFC-25.07.002 – Members' Declarations of Interests**

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

[Register of Interests - NHS Shropshire, Telford and Wrekin  
\(shropshiretelfordandwrekin.nhs.uk\)](https://shropshiretelfordandwrekin.nhs.uk)

Members were asked to confirm any new interests that needed declaring or any existing conflicts of interest that they had relating specifically to the agenda items. There were no further conflicts of interest declared.

### **Minute No.SFC-25.07.003 – Minutes of Previous meeting**

3.1 Minutes of the previous meeting held on Tuesday 24<sup>th</sup> June 2025, were agreed as a true and accurate recording of its proceedings.

### **Minute No.SFC-25.07.004 – Matters Arising and Action List from Previous Meetings**

4.1 **TMc** referred to the action list from the previous meeting. Actions outlined on the action logs were reviewed and the committee agreed that actions that were noted as completed could be closed.

### **Minute No.SFC-25.07.005 - SBAF and SORR**

#### **Report received as read**

5.1 **CS** reported that there have been no material changes made to the BAF and SoRR this month and confirmed that she was not recommending at this point that any of the scores or the risk items are changed. **CS** suggested that at the next meeting in September, the scoring for the in-year position and the risk of not achieving that should be considered in more detail, particularly in light of the fact that we have achieved our Q1 position. She suggested that it would be helpful for the committee to discuss whether the level of severity of the risk assessment still stands or whether it needs to change.

#### **The System Finance Committee:**

- confirmed that the principal risks to the ICS of not achieving delivery of the financial plan and recovery plan have been accurately identified and that appropriate mitigating actions have been taken to mitigate or manage them.

## **Minute No.SFC-25.07.006 - Monthly Revenue and Efficiency Report**

### **Report received as read**

- 6.1 CS** reported that the System had met its planned position for month 3.

#### **ICB**

- 6.2 CS** highlighted that from an ICB perspective, we have had a strong start. Our efficiency programme is very much ahead of plan and that is due predominantly to the hard work of the Individual Commissioning team. **CS** added that the ICB will continue looking at how we can make further savings through the year.
- 6.3 CS** explained that the ICB do have some risks with some of their contracts where these are not yet signed by providers. However, noted that all in-System contracts and the MPFT contract are signed.
- 6.4 CS** noted that the WMAS contract has not been signed. As a collective our regional peers and the ICB are moving into potential arbitration with WMAS, as we are unable to agree a contract figure for the year.
- 6.5 CS** also noted, from an independent sector perspective, the contract for Spa Medica is still yet to be signed, as they are taking a stance of not signing any contracts across the Country, which is also the case for other ICBs.
- 6.6 TMc** queried the impact on the financial risks with Spa Medica and WMAS. **CS** explained that with Spa Medica there is some concern but the impact of resolution (if it were to not be in the ICB's favour) should not be material. Regarding WMAS, there is a difference in opinion between the Commissioners and the Provider which could be material if the outcome of negotiation favours the provider.

#### **SCHT**

- 6.7 SL** reported that SCHT are on plan at the end of Q1. Efficiencies are marginally ahead of plan and recurrent delivery is in line with expectations. All of SCHT schemes are at Gateway 4 stage, which are now being developed. Contingency efficiencies have been put into place to offset cost pressures or should SCHT have no further cost pressures, the plan is to improve SCHT position as far as possible.
- 6.8 SL** reported that SCHT risk has reduced from month two to month three, and that SCHT currently does not have any high-risk schemes. SCHT currently have 20% of their schemes rated at amber.
- 6.9 SCHT** have a number of cost pressures which they are managing with a recovery action plan in place. The level of risk regarding those cost pressures is reducing month by month.





- 6.10 SL** flagged that SCHAT have a new risk reported in relation to the Pay Award funding, which is also affecting other System partners. Conversations are currently being held across all System partners regarding the approach to funding any shortfall in additional income against actual costs and how it will be managed.

### **SATH**

- 6.11 SE** reported that at month 3, SATH have a £10k favourable variance to plan after being supported by £16.1m of non-recurrent deficit funding. They have also delivered £7.7m efficiency year to date which is in line with plan.
- 6.12 SE** noted that SATH have made good progress and now have a risk adjusted CIP figure of around £33m. Ongoing conversations are being held around bringing new projects into the pipeline and mitigations that need to be in place against cost pressures.
- 6.13 SE** reported pressures for SATH on pay of £0.1m year to date. An overspend on bank is due to additional support for escalation activity and the effect of holding vacancies. This is partially offset against reduced agency and substantive pay. The adverse variance is offset by income, namely in respect of WMCA income.
- 6.14 SE** flagged that SATH also have a new risk in relation to the Pay Award Funding.
- 6.15 SE** also flagged an emerging risk around the data warehousing related to the fact that SATH's income position is based on planned levels of activity and income and is not reflecting the actual activity that is coming through due to SATH's inability to process that data.
- 6.16 SE** also noted risk regarding Welsh Commissioner contracts. CEO to CEO conversations are ongoing due to their ask to work to Welsh Government guidelines of 104 week waits.

*Andrew Proctor joined the meeting*

### **RJAH**

- 6.17 MS** reported that at month 3 RJAH have a £1,756k deficit, £9k favourable to plan with £1,949k efficiency delivery year to date, (£94k favourable to plan). Shortfalls in clinical and commercial income are being offset by expenditure decreases from marginal cost reductions, recruitment slippage and continued delivery of Investigation and Intervention actions.
- 6.18 MS** explained that it has been a very challenging quarter for RJAH due to the implementation of a new EPR system mid-May 2025. Challenges include not being able to achieve the level of elective activity that RJAH planned for May and June, which has led to a shortfall in clinical income. However, RJAH has made good progress in mitigating a reasonable amount of that through reducing their variable expenditure and the controls they have in place for vacancies and temporary staffing. With the additional help of balance sheet flexibilities, RJAH was able to land the planned position at the end of Quarter One.



- 6.19** For July and August, **MS** reported that RJAH's position is looking more promising though acknowledged ongoing challenges with delivery of the RTT target.
- 6.20** **MS** reported that RJAH are currently on plan for their efficiency delivery. RJAH are continuously working up pipeline projects and mitigating schemes to try to manage any risk and cost pressures that they arise in year. RJAH currently have around 27% of their schemes rated as amber and red. De-risking these is an area of focus.
- 6.21** **MS** flagged that RJAH had experienced some challenges with getting contracts signed due to the new methodology for contracting for electives this year. He noted that the agreement with Cheshire and Merseyside ICB was still outstanding.
- 6.22** **TMc** asked whether the contract discussions had been more difficult this year. **CS** explained that discussions are challenging every year given our financial constraints. The key difference this year has been the change in approach to contracting for elective activity and the fact that we now have to use indicative activity plans. The ICB can set the amount of activity that it will buy, but the reality is that negotiating that across a broad range of Providers means that it can get quite challenging. From an ICB perspective, we are trying to look at how we distribute our money across all of our Providers in order to achieve our waiting times targets. The Providers will also be making assumptions about what income they would expect based on their view of the activity they do for Commissioners and that doesn't always line up with the ICB's analysis of what they would like to be done.

### **Telford and Wrekin Local Authority**

- 6.23** **RP** reported a £5.6m pressure for adult social care this year, with a number of significant risks flagged, particularly around rates for providers. He noted that the Local Authority is reporting being on target to meet its finance plan at the latest reporting round. **RP** explained that there are mitigations in place for cost pressure risks.
- 6.24** **RP** noted that the Local Authority have received around twenty-eight fast-track hand backs for CHC and queried whether they were likely to receive anymore. **KO** agreed to find out more information from the Individual Commissioning Team.

**Action:** **KO** to liaise with **RP** outside of this meeting regarding any additional Fast Track referrals/ costs that are likely to be passed through to the Telford and Wrekin LA for the remainder of this year.

- 6.25** **RP** also asked if there were any contract implications for Public Health as a result of the agreement of the staff pay award. He noted that Telford and Wrekin Local Authority have only been awarded additional funds of £53K for the additional pay award settlement, which he anticipated would not be sufficient. **SL** noted that SCHAT

would ensure that information is shared appropriately in line with the agenda for change requirements.

**Action:** *SL to share with RP the SCHAT contract value inclusive of pay award impact.*

#### **The System Finance Committee:**

- noted that the ICS month 3 position is a £2.1m favourable variance to plan, after deficit support funding of £83.8m (full year):
- ICB £2,089k favourable variance to plan due to individual commissioning efficiency delivery being ahead of plan.
- SCHAT £3k surplus and favourable variance to plan, pay is underspent which is offsetting overspends on non-pay for prison contracts.
- RJA £9k favourable variance to plan, due to efficiency delivery ahead of plan through held vacancies offsetting reduced income.
- SaTH £10k surplus and favourable variance to plan (after deficit support), pay is overspent by £113k offset by income overperformance, non-pay and finance costs mitigations.

#### **Minute No.SFC-25.07.007 - Capital Prioritisation Oversight Group Update - Monthly Capital Report**

##### **Report received as read**

- 7.1 **CS** reported that the System is currently on track with Capital expenditure.
- 7.2 **CS** flagged that there were a couple of schemes that were behind, but there are strong plans in place to bring them back on track.
- 7.3 The HTP programme is currently spending a little ahead of plan with capital expenditure at Month 3 Year-To-Date around £1m over plan though this is expected to fall back within the expected forecast by year end.
- 7.4 **CS** noted that there was nothing specific on capital to escalate to the System Finance Committee at this time.

#### **The System Finance Committee:**

- noted that Capital spend to M3 is £1m over plan due to HTP although the 2025/26 forecast is expected to be on plan.

*Ian Bett joined the meeting*

#### **Minute No.SFC-25.07.008 – Deep Dive Report - UEC**

- 8.1 **IB** led a presentation on the UEC plans and delivery for 2025/26. He reported that this year's UEC plan was designed based on learning from previous years and in particular had been considered much earlier than in previous years.

- 8.2** He noted agreement to ensure this year, that any improvement in UEC quality, performance and finance would need to be identified and in place by November, in order to be ready for winter pressures.
- 8.3** **IB** also noted that a number of objectives were agreed during the planning round tailored across the entire UEC pathway and a lot of work was done on mapping escalation costs. He felt much more comfortable and assured with this UEC plan as he could see that the associated finance, quality and performance metrics are better aligned.

*Dave Bennett joined the meeting*

- 8.4** **IB** highlighted that NHSE benchmarking for UEC shows opportunities for improvement relative to other Systems in terms of performance, cost and quality.
- 8.5** **AP** explained that the urgent and emergency care programme has four main work streams which are Community Pathways, Acute Flow, Discharge, and Winter. These all contribute to the overall planned trajectory which is overseen on a monthly basis.
- 8.6** **AP** noted that there are significant actions that are happening this year that will prepare us for winter. He noted for example, that there has been a review of the R&R wards at SATH. A proposed change of use will allow part of the contribution to those to be reinvested into more community-based services, which aligns with the NHS 10-year plan that has been recently published. The reinvestment will also allow a more financially viable way of working and improve patient care and experience.
- 8.7** **AP** highlighted some of the challenges experienced so far with ED performance, including category two ambulance response times, average ambulance handover times, four-hour performance for type one/type three activity combined and twelve-hour performance.
- 8.8** From a finance performance perspective, **AP** reported that more of the savings opportunities are phased in the forecast towards the end of the year, and he gave assurance that the programme looked to be on track to deliver the plan position by the end of the financial year.
- 8.9** Overall, **AP** described the good progress that has been made in a number of improvement areas and noted, that engagement from Primary Care colleagues had been excellent.
- 8.10** **AP** noted that there is no national funding contribution to supporting winter pressures. The ICB holds a budget of £740k for winter schemes, which will be utilised and is comparable to last year.
- 8.11** He highlighted that the UEC Delivery Group has agreed that greatest impact will be seen from allocating system winter funding to ED attendance avoidance with support from primary care; transport and enabling. He noted too that support would be given to communicating with our patients to inform their decision making and also

that a capacity reserve would be set aside to help with de-escalation in a super-surge scenario.

- 8.12** **IB** reported that within the UEC plan, there are two main areas of savings. One is related to the introduction of modular wards at SATH, with better planned staffing of workforce for escalation areas. There have also been savings generated in the repurposing of the two R&R wards which will be invested into bolstering community services.
- 8.13** **DB** asked if the phasing of the financial benefits from the programme had been modelled which **IB** confirmed that they had and that he would circulate this information along with the slide deck.

**Action:** **IB** and **AP** to include an additional slide in the UEC deck, outlining the phased financial benefits. The presentation will then be shared with the System Finance Committee.

- 8.14** **DB** said that he would like this committee to hear more about delivery against the System's operational targets at this meeting, specifically, to consider the risk to delivery of the finance plan if funding is needed to improve performance. **CS** added that she was looking to incorporate this into the narrative on risks and mitigations. We are currently focused on what could change within the envelope that we have but that may not always be the case as sometimes trade-offs may need to be considered between finance and performance.
- 8.15** **TC** explained from SATH's perspective, regarding planned care they are currently tracking ahead of trajectory, so SATH are doing well on that. However, on the unplanned care side, SATH do have some issues. There is not an appetite to wait until November to resolve some of those issues and that is what SATH are currently working through.
- 8.16** **IB** also highlighted that SATH were likely to be removed from tier one escalation for electives, as they currently have in place good assurance around performance, both for cancer and elective care. He also reported, that if we deliver our plan for UEC, we would be one of the most improved Systems in the country for UEC.
- 8.17** **RP** queried if there would be any impact on the Better Care Fund. **CS** explained she was unaware of any negative impact to the Better Care Fund from the UEC programme and **IB** noted that it should improve our overall discharge position.
- 8.18** **DB** commended the level of cross system engagement in the delivery of UEC plans and the good progress that had been made so far. He acknowledged and thanked everyone across the System for their contribution.

#### **The System Finance Committee:**

- o noted the work being done in UEC and discussed potential risks to the finance position and mitigations as captured in the presentation.



## **Minute No.SFC-25.07.009 - System Finance Improvement Programme (SIIP) Update**

***Report received as read.***

- 9.1 CS reported that actions in the SIIP remain on track. She shared that the ICB is preparing for a review with NHS England in September 2025 to provide evidence to apply for exit from NOF 4 (new 5) status.

### **The System Finance Committee:**

- o noted the progress made so far in relation to delivery against the SIIP Finance delivery plan actions.

## **Minute No.SFC-25.07.010 – Terms Of Reference**

**Report received as read**

- 10.1 CS explained the proposed additions to the Terms of Reference, which mainly describe administrative duties and align these committee TOR with the other sub-committees of the Integrated Care Board.

### **The System Finance Committee:**

- o noted and approved the Terms of Reference.

## **Minute No.SFC-25.07.011 – Risk review and escalations to Board**

- 11.1 No additional risks or escalations to Board were noted.

## **Minute No.SFC-25.07.012 – A.O.B**

- 12.1 TC reported that SATH have changed the risk on their BAF financial strategic objective switching 5 for likelihood and 4 for consequence with 4 for likelihood and 5 for consequence. This is based on the fact that the consequence of not hitting target in 2025/26 would be a restriction to cash which would result in a bigger impact than previously described.

*Meeting Closed at 15.17*

### **Date and Time of Next Meeting**

Tuesday 30<sup>th</sup> September 2025, 14.15 via Teams.



## **NHS Shropshire, Telford and Wrekin System Finance Committee**

**Minutes of Meeting held on  
Tuesday 30<sup>th</sup> September 2025, 14.15  
Via Microsoft Teams**

### **Present**

David Bennett (DB)	Non-Executive NHS STW
Claire Skidmore (CS)	Chief Finance Officer NHS STW
Angela Szabo (ASz)	Director of Finance NHS STW
Jonathan Gould (JG) on behalf (SL)	Deputy Director of Finance SCHAT
Richard Peach (RP)	Group Accountant T&W Council
Mark Salisbury (MS) on behalf of (AM-W)	Deputy Chief Finance Officer RJAH
Feroz Patel (FP) - <b>Part</b>	Chief Finance Officer MPFT
Richard Minor (RM)	Non-Executive SATH
Adam Winstanley (AW)	Acting Director of Finance SATH
Tina Long (TL)	Non-Executive SCHAT

### **In Attendance:**

Kate Owen (KO)	Head of PMO NHS STW
Tracey Cotterill (TC)	Interim Director of Financial Recovery and Transformation SATH
Sarah Edmonds (SE)	Acting Deputy Director of Finance – Strategy SATH
Cynthia Fearon (CF)	Executive Assistant NHS STW (Note taker).

### **Apologies:**

Angela Mulholland-Wells (AM-W)	Chief Finance Commercial Officer RJAH
Ian Bett (IB)	Chief Delivery Officer NHS STW
Trevor McMillan (TMc)	Non-Executive NHS STW

### **Minute No. SFC-25.09.001 – Welcome & Apologies**

**1.1 DB** welcomed members and attendees to the meeting. Apologies were noted.



### **Minute No. SFC-25.09.001 – Quoracy**

1.2 The meeting was noted as being quorate.

### **Minute No. SFC-25.09.002 – Members' Declarations of Interests**

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

[Register of Interests - NHS Shropshire, Telford and Wrekin  
\(shropshiretelfordandwrekin.nhs.uk\)](https://shropshiretelfordandwrekin.nhs.uk)

Members were asked to confirm any new interests that needed declaring or any existing conflicts of interest that they had relating specifically to the agenda items. There were no further conflicts of interest declared.

### **Minute No.SFC-25.09.003 – Minutes of Previous meeting**

3.1 Minutes of the previous meeting held on Tuesday 29<sup>th</sup> July 2025, were agreed as a true and accurate recording of its proceedings.

### **Minute No.SFC-25.09.004 – Matters Arising and Action List from Previous Meetings**

4.1 DB referred to the action list from the previous meeting. Actions outlined on the action log were reviewed and the committee agreed that actions that were noted as completed could be closed.

### **Minute No.SFC-25.09.005 - SBAF and SORR**

#### **Report received as read**

- 5.1 CS highlighted the risks as outlined in reports.
- 5.2 Referring to the recent meetings with providers and the ICB, held to discuss financial risk and delivery of the financial plan, CS confirmed that no further changes or actions were recommended at this time for the risks scores as outlined in the SBAF/SORR.
- 5.3 DB thanked CS for the paper and suggested that this viewed was revisited as part of the deep dive on risk to delivery of the finance plan.
- 5.4 The System Finance Committee noted that the recently added entry on the SORR for the impact of government reform, had now been superseded by another entry. On that basis, they agreed to close the item.

### **The System Finance Committee:**

- Reviewed the current SBAF/SORR risk scores and confirmed that the principal risks to the ICS of not achieving delivery of the financial plan and recovery plan have been accurately identified and appropriate mitigating actions taken to mitigate or manage them. (This was also confirmed to still be the case after the deep dive item).
- Approved the closure of SORR risk 29 for Government Reform as this is superseded by a wider Government Reform risk logged elsewhere.

### **Minute No.SFC-25.09.006 - Monthly Revenue and Efficiency Report**

#### **Report received as read**

- 6.1 CS** reported that the System had met its planned position for Month 5.
- 6.2 CS** noted that the contribution from NHSE for the deficit funding has now been received for Quarter one and Quarter two, with the System currently being on track to also receive the payment for Quarter three. **CS** flagged that securing the Quarter four payment is a risk if the System does not meet planned delivery. She explained that this will be assessed at month eight. The Quarter four figure being £5.9m for SATH and £9.6m for the ICB.
- 6.3 CS** reported that good progress continues to be made on the efficiency programmes, as outlined in the written report.

*Feroz Patel joined the meeting*

### **The System Finance Committee:**

- Noted that the ICS Month 5 position is a £1.3m favourable variance to plan, after a contribution from deficit support funding (£83.8m full year). The month 5 position by organisation is as follows:
  - ICB £1,284k favourable variance to plan due to individual commissioning efficiency delivery being ahead of plan.
  - SCHAT £17k surplus and favourable variance to plan, pay is underspent which is offsetting overspends on non-pay for prison contracts.
  - RJA £27k favourable variance to plan, due to efficiency delivery ahead of plan through held vacancies offsetting reduced income.
  - SaTH £5k surplus and favourable variance to plan (after deficit support), pay is overspent by £3m offset by income overperformance, non-pay and finance costs mitigations.
- Noted that all System partners are forecasting to deliver their planned year end position and whilst they are reporting risks to that delivery, mitigations have been identified to offset those risks if they arise.



- Noted that the underlying recurrent position has improved overall by £7.5m from £99.4m planned to £91.9m due to £12.7m recurrent re-categorisation of ERF income which is netted down by a deterioration at Month 5 of £5.2m, ICB £2.4m, SaTH £1.3m and RJA 1.5m. All partners aim to recover this deterioration by year end so as not to impact on the exit run-rate going into 2026/27.

## **Minute No.SFC-25.09.007 - Capital Prioritisation Oversight Group Update - Monthly Capital Report**

### **Report received as read**

- 7.1 CS** reported that delivery against the capital plan year to date is significantly behind. From an ICB perspective, this is due to the programme not commencing until the latter months of this financial year.
- 7.2 CS** highlighted that all providers have plans in place to fully spend capital within this financial year.
- 7.3 CS** explained that **AW** and his team are liaising with NHSE specifically regarding the profile of funding for the HTP programme for this year. To note, the programme is ahead of plan but costs year-to-date are profiled differently to the original plan. She also noted, that the RAAC scheme is also behind plan for SATH and subject to discussion with NHSE.
- 7.4 CS** reported that the System had recently been asked to complete a return to NHSE to confirm the likely forecast out-turn position for this year. **CS** flagged that penalties may be applied if there is a material deviation from the forecast outturn.
- 7.5 ASz** highlighted that the capital guidance rules clearly outline whatever is not spent this year/ or is overspent for this year will be adjusted accordingly off the CDEL for next year 26/27.
- 7.6 CS** explained that NHS England had also requested information on priorities that could be deployed in-year if additional capital funding were to be made available. This was being reviewed by the Capital Prioritisation Oversight Group.

### **The System Finance Committee:**

- Noted that Capital spend to Month 5 is £16.5m behind plan Year-To- Date and the expected FOT is £1.9m spend above plan due to additional capital funding received in year.
- Noted that providers are reviewing the expected FOT for national capital schemes and a return is due 26/09/25. A verbal update on progress will be provided in the Finance Committee meeting.
- Noted the update provided on digital capital funding opportunities and the £80k capital funding secured for SaTH cyber risk reduction to date.
- Noted the recently requested returns from NHSE relating to the forecast outturn and potential for spending additional funds.



**Minute No.SFC-25.09.008 – Deep Dive Report - DoFs to present key risks and mitigations for their organisations to delivering the 25/26 plan and any potential impact on the exit run rate**

**Report received as read**

- 8.1 **CS** reported that a series of review meetings were held with the System Providers (SCHT, SATH and RJA) and the ICB executive team. **CS** emphasised that these extended beyond a financial review and sought a more holistic understanding of workforce activity and provider performance, and the resulting financial risks and actions to mitigate them.
- 8.2 **CS** highlighted the strong engagement at all the meetings and thanked everyone that had been involved for the open and transparent discussions about the challenges that we are currently facing as individual organisations and as a System.

**ICB**

- 8.3 **ASz** gave an overview of the ICB's mitigated risk position. She reported that for efficiency, the ICB is carrying around £6m gross risk of delivery, of which £2m is for the UEC Improvement Programme. A Task and Finish Group is now in place to oversee the delivery of the efficiency scheme and to mitigate the risk.
- 8.4 **ASz** highlighted under delivery against the WMAS handover and elective fund efficiencies. However, stated that mitigations are now in place for both due to receipt of an additional pharmacy allocation and some prior year benefits.
- 8.5 **ASz** noted work with the individual commissioning team and the medicines team to ensure that their efficiency programmes are delivered in full. This includes looking at the pipeline of opportunities to see if any can be brought forward into this year.
- 8.6 **ASz** explained that costs for ASD and ADHD right to choose; Mental Health NCAs, (as there is no PICU capacity in this area) and complex children with expensive packages (non CHC) were all growing and placing pressure on the underlying position. The ICB team are looking for mitigations for these recurrent costs.
- 8.7 **ASz** reported that an overspend year to date of £2.4m against the Elective Recovery Fund. This overperformance is attributable to several factors, with the most significant being SATH's strong delivery against its year-end elective activity target.
- 8.8 **AW** explained that by the end of September 2025, SATH is expected to have delivered its year-end elective recovery plan. While progress will continue, activity levels will taper to remain on plan overall, unless additional funding were to become available to support further activity. **AW** added that SATH's RTT target had significantly improved as a result of the work to date.

- 8.9 ASz** reported that, year to date, RJAH is underperforming against its ERF target. This is expected to be recovered and delivered in full by the end of the year. In contrast, activity levels in the independent sector are exceeding plan. As a result, the ICB is now implementing contract measures to manage the activity against contracted activity plans.
- 8.10** In response to a question about whether further savings could be achieved in CHC, **ASz** highlighted that the efficiency target for CHC was already set at a challenging 20% at the start of the year. **ASz** flagged that the remaining elements of the future efficiency programme will be significantly more challenging to deliver. These include implementing changes to Funded Nursing Care and applying the Individual Commissioning Policy more rigorously.
- 8.11 CS** added that from the ICB's perspective, sufficient balance sheet flexibility will be held to manage the in-year costs associated with structural changes as a result of the government reform programme. This has not yet been factored into the position.
- 8.12 CS** also noted that the ICB executive team has been clear that our default approach is to focus on recurrent actions when determining our financial position.
- 8.13 DB** summarised the ICB position and noted that a route to delivery of the plan could be clearly seen.
- 8.14 RP** asked if there was any potential impact of the CHC efficiency work on packages for Telford and Wrekin Council. **ASz** explained that there should not be an impact and that this is a continuing programme of work to test eligibility for NHS care. Regarding complex children, there is a shared interest in reviewing future service provision. **KO** noted that there was further detail in the efficiency PIDs which would help to explain.

*Action: KO to share with RP the CHC PIDs where relevant to the LA.*

## RJAH

- 8.15 MS** outlined RJAH's position and reported that RJAH's primary risk relates to activity delivery, affecting both NHS and commercial private patient services. The implementation of a new Electronic Patient Record (EPR) system in the first quarter of the year has had a notable impact, particularly on activity levels during May and June.
- 8.16 MS** explained a gross financial risk of approximately £8m, which is currently being mitigated in the forecast outturn position and noted that an activity recovery plan has been approved by both the RJAH Finance Committee and the RJAH Board. This plan is expected to return activity levels to target by year-end, aligning the year-to-date position with planned expectations.
- 8.17 MS** highlighted that RJAH has fully mitigated income losses for month five the year-to-date position, primarily through reduced expenditure.
- 8.18 MS** noted that strengthened pay and non-pay controls - underpinned by last year's grip and control measures, have positioned the organisation well to respond to reduced activity levels.



- 8.19** While some non-recurrent flexibility was available in Quarter one to support the financial position, **MS** emphasised this has now been exhausted. As a result, the organisation is now reliant on recovering activity levels to maintain financial stability for the remainder of the year. Reducing the waiting list and achieving Referral to Treatment (RTT) targets remains a key priority.
- 8.20** A wide range of internal capacity-building interventions are underway, supported by non-recurrent initiatives such as insourcing and the appointment of locum staff.
- 8.21** **MS** explained that RJAHA is currently broadly on track to meet overall targets, but there are no contingencies in place, making the position fragile and reactive. The most significant risk is the potential failure to meet the 65-week wait target by December 2025. To manage this, RJAHA is in close, ongoing dialogue with NHS England through weekly Tier 1 escalation calls. While a trajectory is in place to deliver the target, earlier operational challenges may make this difficult to achieve without further support or intervention.
- 8.22** **MS** reported that RJAHA is currently on track with its efficiency delivery for the Year-to-date, with a strong focus on achieving recurrent savings. While some non-recurrent measures have supported the income and expenditure position, the aim is to exit the financial year having fully delivered the recurrent efficiency plan, thereby avoiding residual challenges in 2026/27. Although the efficiency target for this year is particularly demanding and not without risk, performance to date is positive, and the forecast indicates continued delivery.
- 8.23** Significant work has been undertaken to assess and report the underlying financial position, which is being monitored through formal reporting channels. **MS** reported that Year-To-Date, RJAHA are reporting a deficit of approximately £1.5m. However, the plan for this financial year remains to achieve a break-even position.
- 8.24** **MS** explained further focus on developing the financial plan for 2026/27, components with an emphasis on establishing a stable underlying position. However, some key information off the financial framework is still missing, making it difficult to fully assess the level of risk involved. In parallel, RJAHA are reviewing which of the current year activity interventions can be made recurrent into next year. There are several moving parts, and the situation remains fluid as planning progresses.
- 8.25** **DB** noted that in his opinion, the financial and operational position at RJAHA was riskier than that the ICB position. Whilst a mitigation plan is in place, the 'real' risk will require close tracking over the coming weeks to assess progress and emerging risks. **DB** asked for an update to the next meeting to identify whether the position had stabilised and whether confidence in delivery was increasing.

**Action:** **DB** requested that RJAHA provide an update at the next meeting on efforts to mitigate their position and confidence in delivery.





## SCHT

- 8.26** **JG** reported that one of the main risks for SCHT is an estimated potential £1m cost of nursing and midwifery re-banding. SCHT are working closely with SATH on this matter, following ongoing discussions with the unions. Both SCHT and SATH are working with their Cost Improvement Programme (CIP) teams to mitigate the associated risks.
- 8.27** Regarding efficiency risk, **JG** highlighted that a large part of this is planned workforce reduction, specifically linked to the corporate services element of the Cost Improvement Programme. The risk is that implementation may need to be rephased later in the year. **JG** gave assurances that SCHT will deliver, but this may be at a slower pace than what was initially forecasted.
- 8.28** **JG** reported that SCHT had been overspending on its prison contract though this had now been resolved through a combination of contract uplift (income) and cost management.
- 8.29** **DB** noted that SCHT had received an HSJ Award for digital and productivity improvement. **DB** queried how the benefits of this recognition are being realised in terms of measurable productivity gains within SCHT. **JG** explained that the initiative has been beneficial, as it originated from collaborative work within the digital team. Systems are now being established to support and enhance productivity.
- 8.30** In terms of the underlying position, **JG** reported that SCHT is forecasting that it will be able to achieve the position set out in its financial plan. This is contingent on the continued delivery of the recurrent Cost Improvement Programme. At present, the forecast indicates that the risk associated with CIP delivery has continued to reduce over the course of the year. There are currently no high-risk areas identified, and the focus remains on maintaining this level of performance.
- 8.31** **DB** summarised that SCHT were confident in delivering their end of year position and holding the underlying position steady.

## SATH

- 8.32** **AW** explained that, since the recent meeting between SATH and the ICB, SATH had undertaken significant work to review and update its risk and mitigation plans. **AW** presented the position that had been shared with SATH's Finance Committee that morning which showed that without action, SATH had £16m unmitigated risk. Mitigating actions identified to date had reduced that figure to £9.7m.
- 8.33** **AW** noted that the recent pay award has introduced a recurrent pressure of £1.7m for SATH, which impacts the underlying financial position. To address this, SATH had utilised non-recurrent technical adjustments as of Month 5. However, an ongoing pressure of approximately £100k per month remains, which will need to be addressed through further mitigation.
- 8.34** **AW** reported that, at the SATH Board meeting in September, approval was given for a £1.7m annual investment in Urgent Care (UC) to support winter resilience. This decision was based on the current balance of risks within the Urgent and Emergency Care (UEC) pathway, particularly following the closure of the Recovery and Rehab





ward. The closure has enabled the Trust to reconfigure ward space and utilise decant areas to support essential infrastructure work.

- 8.35 AW** explained that SATH currently have a CIP risk of £2.8m, which has reduced significantly from previous months. He gave credit to the SATH team for their work in achieving this.
- 8.36 AW** also noted that there is a potential pressure of £2.4m related to elective activity contracts with Powys. Initially, Powys intended to remove £4m from the contract, but following discussions, a revised figure of £2.4m has been proposed. SATH continue to engage with NHS England at both regional and national levels, as well as with their Welsh counterparts, to progress this further.
- 8.37 AW** highlighted that SATH's most significant workforce pressure relates to bank staffing costs. While overall staffing numbers are broadly in line with the workforce plan, there is a higher reliance on bank staff, particularly within medical staffing, compared to substantive posts. **AW** highlighted that SATH have introduced new rates from October which will help to reduce those costs, but there is further work that needs to be done with regards to substantive recruitment and bank rates.
- 8.38 AW** noted that elective activity is ahead of plan and that if SATH were to continue to deliver at that rate, there would be a £1.5m pressure in non-pay. He explained that this would be mitigated by returning to planned activity levels.
- 8.39 AW** reported that further action was being taken with the executive team to agree options to reduce the unmitigated risk. For example, **TC** and the team had already identified an additional £1.4m in potential efficiency opportunities. He also noted work to review what remains in the balance sheet and mentioned that there may be some flexibility in the accrual for Healthcare Support Worker backpay once negotiations with staff side were concluded.
- 8.39 AW** summarised that the Trust's Finance Committee was fully sighted on the position and that whilst some actions have already been taken, there is also a comprehensive list of further actions that are either in progress or scheduled for implementation. He noted upcoming support from NHSE who were planning to hold a bank review meeting with the Trust and also that the Financial Recovery Group were reviewing initiatives from the previous year that had not been implemented to assess whether circumstances had changed, and they could now be implemented. All of this work is being closely monitored by the Executive Team. **AW** committed to sending the information shared on screen with **CS** after the meeting.

**Action:** **AW** to share information on unmitigated risk with **CS** after the meeting.

- 8.40 AW** also highlighted that further work is also underway with Management of Change (MoC) processes and that a number of Mutually Agreed Resignation Scheme (MARS) applications have already been approved, with departures expected between October and December.



- 8.41 DB** asked about SATH's underlying position and whether focus was being maintained on not allowing this to deteriorate. **AW** explained that by the end of Month 12, SATH expect to deliver their recurrent Cost Improvement Programme (CIP) on a full-year effect basis. Additionally, some of the mitigations that have been implemented, or are being considered, may also have a recurrent impact.
- 8.42 DB** highlighted that SATH represents a significant portion of the STW system plan and will require a substantial reduction in expenditure, including bank staffing, to meet the target. He noted the significant challenge to reduce bank costs and sought reassurance about the plans to do that. **AW** explained that there is still significant work to be done in relation to reducing bank staffing, however, also noted the positive impact of bank use, for example where expensive insourcing has been reduced and the Trust has increasingly utilised its in-house staff bank which is a positive development, as this has proven to be more productive and cost-effective.
- 8.43 DB** asked about the £1.7m additional UEC investment, as it was understood that this would be funded through the second phase of the Four Eyes Productivity Programme. This would mean that the necessary resources would be released to cover the £1.7m cost, and therefore this would not create an additional cost pressure. **AW** clarified that the efficiencies expected from the Programme are already included within the overall efficiency delivery forecast.
- 8.44 TC** emphasised the importance of clearly distinguishing between gross efficiency delivery and cost pressures to avoid conflating the two. The paper presented to SATH's Board highlighted the strong progress being made in the efficiency programme. She noted that the fact that SATH is on track to over-deliver cost against its CIP target provides an opportunity to absorb some pressures without jeopardising the overall financial plan.
- 8.45 ASz** noted the reduction in efficiency risk in the bridge compared to last month and that it appears that the plan is to over-deliver on the efficiency target. In response to her question about managing residual risk before stretching the programme further, **TC** explained that, in Month 5, SATH revised its approach to forecasting. Rather than comparing delivery risk against the original plan, the team has moved to a more realistic assessment of what is expected to be delivered from each scheme currently on the tracker. This includes newly developed schemes that were not part of the original plan but have since been added. Working closely with divisions, a forecast has been developed and acknowledging that forecasts are estimates. The team then applied a risk lens to assess whether the forecasts were optimistic or pessimistic. **TC** explained that the current forecast, including the additional schemes, totals approximately £41.4m. However, not all schemes are expected to deliver in full, resulting in a residual risk of around £2.7m – £2.8m.
- 8.46** In addition, **TC** explained there are further mitigating schemes in development currently valued at approximately £1.4m that have not yet been added to the tracker. These will be risk-adjusted before being included. As more schemes are developed and added, the mitigation position will continue to evolve. **TC** noted that, as with all forecasts, this is a dynamic process. If schemes underperform against their forecasts, the in-year risk will increase. The team is doing its best to provide accurate estimates at each point in time, recognising that the position is fluid and subject to change.

- 8.47 ASz** noted the current mitigations reported by SATH's temporary staffing controls, additional efficiency schemes, and productivity improvements which are expected to contribute to closing the financial gap. However, these figures have not yet been fully validated. At present, the reported gap stands at £9.7m, raising the question of whether further mitigations are available to address the shortfall. **TC** explained that over the past week and a half, she has worked closely with each of the SATH divisions to review their run rates against budget projections through to year-end. This exercise included identifying any potential "cliff edges" in spending and analysing year-to-date variances. While these are two distinct areas of focus, the analysis was triangulated with each division to ensure a comprehensive understanding of financial performance. As a next step, the team is looking to implement an escalation process to provide greater visibility of key cost pressures within each area. This will enable the Executive Team to make informed decisions about how to respond, whether through additional mitigation schemes or by challenging and reducing specific cost pressures. This work is ongoing and forms part of a broader effort to strengthen financial grip and ensure proactive management of in-year risks.
- 8.48 CS** summarised that, as outlined in the report, the current gross financial risk stands at approximately £16m. Of this, around £6m has a clear line of sight in terms of mitigation, and that while not fully secured, there is reasonable confidence in its deliverability. She then raised concern regarding addressing the remaining £9.7m gap, noting that, when viewed over the remaining five months of the financial year, this equates to approximately £2m additional reduction in costs per month above the current plan which is an increasingly challenging figure given the other pressures the organisation is managing.
- 8.49 CS** asked for assurance from **RM** on the level of confidence in closing this gap and how closely it will be monitored to prevent further slippage. While acknowledging the efforts underway, she emphasised the importance of maintaining tight oversight and proactive management of the residual risk. **RM** acknowledged that the team had a productive session earlier in the day, which included attendance from NHS England. He emphasised that key messages were clearly communicated, and the presence of the CEO underscored the seriousness of the financial position. He confirmed that the executive team is fully aware of the scale of the challenge, and that the CEO has given clear expectations of her leadership team. **RM** is also committed to reinforcing this at Board level. **RM** noted that pressure is being applied across the organisation, with a Financial Recovery Group meeting scheduled for the following day. He concluded by stating that the usual grip and control mechanisms are being pushed to their limits, reflecting the urgency and intensity of the current financial recovery efforts.
- 8.50 DB** summarised the current financial position across the system. He noted that the ICB and Shropshire Community Health (ShropCom) are in relatively stable positions. However, recognised the risk at Robert Jones and Agnes Hunt (RJA) related to activity levels and income and the work underway to address that. While this is being actively managed, it remains a concern, albeit with limited system-wide financial impact. In contrast, SATH is facing a more significant challenge, with a financial gap of approximately £9m. He noted that whilst the team has plans

in place and is actively working to mitigate this, the scale of the gap means it could have a more substantial impact across the wider system.

- 8.51 DB** suggested that the positions at both RJAH and SATH should be revisited in the near future, to assess progress and maintain visibility. He emphasised the value of detailed reviews, even if they are challenging, as they can help identify opportunities for system-wide support to individual providers facing specific pressures.

**Action:** RJAH and SATH to provide a detail update at the next meeting, as a follow-up of progress to the information they both presented at today's meeting (30.09.25).

- 8.52 TC** requested that the review be focused on the full year position and not just on a particular month. She noted that the next few months may be 'bumpy' therefore a full year focus is key.

- 8.53 DB** thanked attendees for a helpful conversation, noting the benefit of sharing information with a view to System partners supporting each other.

- 8.54** The committee then reconsidered the BAF risk score for in-year delivery of the finance plan presented earlier in the meeting. **CS** recommended that based on the information shared in the meeting, it would be prudent to hold the score of 4x4 for a while longer as a likelihood score of 3 (ie possible) felt too low. This approach was agreed.

#### **The System Finance Committee:**

- Noted a summary of the financial risks and mitigations from each system organisation and discussed key areas of interest.
- Noted the key risks to delivery of the financial plan and the discussions held by senior leads to consider mitigations and actions required.
- Sought further assurance about confidence in delivery.
- Agreed to hold the BAF score for in-year delivery at 16 (4x4) and to review again at future meetings.

#### **Minute No.SFC-25.09.009 - System Finance Improvement Programme (SIIP) Update**

##### ***Report received as read.***

- 9.1 CS** noted that a formal response to the ICB's application to exit the Recovery Support programme was still awaited. In the meantime, Julie Garside is working closely with **AW** and colleagues, to support SATH in their process to apply for exit.

#### **The System Finance Committee:**

- Noted the progress made in relation to delivery against the SIIP Finance delivery plan actions.

## **Minute No.SFC-25.09.010 – Medium-Term Financial Plan & Long-Term Financial Plan - Revenue**

### **Report received as read**

**10.1 ASz** reported that a refresh of the Medium-Term Financial Plan (MTFP) has commenced in light of the new planning round for 2026/27 onwards. The system transformation programmes are currently being reviewed in detail, with a focus on understanding the activity, whole-time equivalent (WTE), and performance impacts of each scheme across multiple years.

**10.2** Further updates are scheduled to be presented to the Committee in October and November when it is hoped that the System will have received the planning guidance and allocation information.

### **The System Finance Committee:**

- Noted the updated MTFP planning assumptions, proposed Strategic Transformation Programmes opportunities and agreed next steps.
- Noted that a further update will be provided to Finance Committee in November 2025 following the expected receipt of planning guidance.

## **Minute No.SFC-25.09.011 – Risk review and escalations to Board**

**11.1** No additional risks or escalations to Board were captured.

## **Minute No.SFC-25.09.012 – A.O.B**

**12.1** There were no requests for any items to be recorded under A.O.B.

*Meeting Closed at 15.43*

### **Date and Time of Next Meeting**

Tuesday 28<sup>th</sup> October 2025, 14.15 via Teams.



Ambition



Compassion



Optimism



Focus

## 1. ICB 25-11.247 – Quality and Performance Committee Briefing Report

**Meeting Name:** Integrated Care Board (ICB) Board Meeting

**Meeting Date:** 30<sup>th</sup> November 2025

**Report Presented by:** Vanessa Whatley, Chief Nursing Officer, NHS STW

**Report Approved by:** Vanessa Whatley, Chief Nursing Officer, NHS STW

**Report Prepared by:** Vanessa Whatley, Chief Nursing Officer, NHS STW, Julie Garside Director of Performance, Planning BI and analytics, NHS STW

**Action Required:** For Noting.

### 1.1. Committee/Group Meeting Details

1.1.1. Committee/Group Meeting Date(s):

- 25<sup>th</sup> September 2025
- 30<sup>th</sup> October 2025

### 1.2. Recommendations to the Board

1.2.1. Detail specific actions or decisions required from the board, including:

- Approved on behalf of the board were
  - The ICB Safeguarding Annual Report
  - The Reasonable Adjustment Digital Flag Policy
  - Child Death Service Policy
  - Schools Asthma Policy
  - Complaints policy (update)
  - ICB Accessible Information Standard policy
- Issues requiring escalation.
  - The Committee remains concerned on the system response to the Diabetes risk, though there is some progress in the improvement plans which are being closely monitored.
  - TB is a fragile service and is now commissioned in line with the national service specification following a successful business case. SaTH are implementing the business case actions.
  - 2 new system risks have been escalated. Both are expected to resolve within 3-6 months with current actions.
    - If there is no adequate capacity for child protection medicals over 7 days this could result in delays.
    - If there are gaps in paediatric palliative care pathway (following changes in NHSE specialist commissioning of medical support) and lack of 7 days of paediatric care there could be delays in childrens care.
- Items for noting
  - The below were supported by the Committee



Ambition



Compassion



Optimism



Focus



- The Winter Plan 2025/26
- The Healthy Ageing Strategy (Frailty)

### 1.3. Key Risks and Mitigations

The System Operational Risk Register (SORR) is discussed at each meeting. The quality and performance risks are discussed in detail including the effectiveness of mitigations. The System Board Assurance Framework (SBAF) is received by the Committee quarterly for information and discussion. Key risk updates are below:

- 1.3.1. Urgent and emergency (UEC) care performance and the impact on quality of care remains a high risk, there is noted ongoing improvement in some UEC metrics, however, the number of Type 1 attendances, where the patient was waiting over 12 hours in A&E remains high. Type 1, 12+ hours in ED – continues to remain off track, against national target and local plan (19.4%). This is the second month in a row reporting an increase for this measure since April 2025. Type 1 4hr off track for national target by 30.4% also for the second month in a row. Category 2 response time for September 25, was 39:38 mins on average against a target of 30 min. The system UEC improvement plan remains in progress. Additional capacity (modular wards) and reconfiguration of short stay capacity at PRH is expected to deliver improvement during Q3.
- 1.3.2. Diabetes and the impact on the population due to variability in services to support coordinated diabetes pathways, leading to poorer outcomes. Quality Improvement projects are in progress and additional quality metrics are developed. The Committee has received further reports with improvement trajectories, while the Committee continues to seek assurance against these there are positive steps. Specific bimonthly update reports to the Committee remain on the progress against this risk.
- 1.3.3. *Clostridioides difficile* infection continue to be above trajectory with these are being addressed by providers through action plans and by primary care prescribers of high-risk medication. However, there is currently no change to the rate of health care associated acquisitions and the system remains off monthly trajectory with a total of 69 cases against a trajectory of 55 at system level by August 25. Assurance on local organisational action plans has sought by system partners with commitment to take significant actions in quarter 3, including a decision on a business case to prescribe Fidaxomicin as first line treatment (above the current of relapses and severe cases). Gram negative bacteraemia numbers (e coli, pseudomonas and klebsiella) are also off trajectory but will be positively impacted by current focus on C diff actions.
- 1.3.4. The TB risk remains at 16 due to a fragile service. However, this is now commissioned in line with the national service specification as a business case has now been approved by the ICB. The SaTH TB team are delivering essential patient care and are recruiting to the structure to support the agreed outcomes and service specification.



Ambition



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- 1.3.5. The Committee has identified a need for a consistent approach to assurance and is identifying a solution through a collaborative learning event with an education partner.

#### 1.4. Performance and Assurance

- 1.4.1. Cat 2 ambulance response mean time did not achieve the national target for the first time in September and average ambulance handover time also deteriorated with the number of 8hr delays increased to 18 patients, the highest since April. Harm reviews are in place for all patient ambulance offload delays of more than 8 hours.
- 1.4.2. Diagnostics- both acute providers continue to have patients waiting over 13 weeks but both providers have recovery plans in place to reduce to zero by the end of December. SaTH's diagnostic performance overall is the best it has been for five years.
- 1.4.3. Children & Young People's Neurodevelopmental Pathways waiting lists continue to rise. However, CYP waits for both acute and community services are falling. CYP mental health access continues to be of concern and the ICB and MPFT are meeting with NHSE to see what additional action can be taken to improve this.
- 1.4.4. There continues to be improvement in cancer and reduction in long waits, especially at SaTH. The small but persistent number of longer waits (>78wks) at RJAH remains cause for concern and all efforts including mutual aid are being made to improve this position. The Spotlight on Risk report for September was Planned Care and on the basis on the significant improvement at SaTH it was agreed these were no longer needed but that RJAH would bring updates on their progress in reducing long waits whilst they remain in Tier 1.
- 1.4.5. Primary Care – continued upward trend in the number of GP fulltime equivalents, for the third month in a row. Dental activity is now reported 3 months in arrears to ensure data is complete, and several actions are underway to continue to improve dental across the county.
- 1.4.6. Talking Therapies first seen within 18 weeks performance having improved to 93%, (from 91%) however has fallen back to 90% and remains below the target of 95%.
- 1.4.7. There is positive assurance that Maternity Booking before 10 weeks, postpartum haemorrhage rates and Mothers Smoking at time of delivery continues to show sustained improving variation.
- 1.4.8. CQC inspections are dynamic in their approach but currently there are no inadequate-rated organisations in Shropshire (acute, primary care, care homes including LD&A). This is due to a focussed approach across a range of system partners.
- 1.4.9. The Spotlight on risk report for October was Infection, Prevention & Control highlighted challenges with healthcare acquired infections in the system. It was discussed that C diff actions as a priority would impact on

other infections. All partners committed to executive focus on health care associated infection.

1.4.10. In September the Committee received the annual safeguarding report showing strong compliance and system-wide training (e.g., CSE awareness), robust partnership engagement and audit completion. In October it also received the Health Protection Assurance Report and the Discharge Effectiveness Report. Progress on the later will be brought back to the Committee in 3 months.

1.4.11. The annual maternity and neonatal position paper from the LMNS SRO was presented to the Committee prior to the ICB Board meeting in November. The Committee were assured on the LMNS oversight and supported the paper to progress to Board.

## 1.5. Alignment to ICB Objectives and Core Functions

1.5.1. The Quality and Performance Committee assures the ICB Board that regulatory elements of quality are being met as set out in the Health and Care Act 2022 and in line with The National Quality Board (NQB) Shared Commitment to Quality <https://www.england.nhs.uk/publication/national-quality-board-shared-commitment-to-quality/>. It assures the ICB that our services are safe, effective, caring, well-led, sustainable, and equitable and in line with STW Pledge 1 – Improving Quality.

1.5.2. The Quality and Performance Committee assures the ICB that all system providers have oversight of their key performance indicators and / or oversight frameworks and are reporting to the required national standards and that where national standards/local targets are not being met there are effective recovery plans in place with associated trajectories for achievement of those standards/ targets.

1.5.3. The Committee provides the ICB with assurance that our system providers are utilising performance reporting for the purposes of quality improvement (QI) and provides assurance that performance risks are recognised, controlled, mitigated, and escalated as appropriate.

1.5.4. In line with the ICB aims it particularly:

- Improves outcomes in population health and healthcare
- Tackles inequalities in outcomes, experience, and access
- Enhances productivity and value for money

## 1.6. Next Steps and Forward Plan

1.6.1. The Committee has the following spotlight reports plans for the next period

- November 25 - Diabetes
- November 25 – Mental Health, Learning Disability and Autism

## 1.7. Attachments

1.7.1. Approved minutes of QPC

- 31<sup>st</sup> July 2025
- 25<sup>th</sup> September 2025



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

**Thursday 31<sup>st</sup> July 2025**  
Via Microsoft Teams

**Members Present:**

Cheryl Etches	ICB NED - Chair	NHS STW
Sharon Fletcher	Head of Safety & Quality Improvement	NHS STW
Paula Gardner	Interim Chief Nursing Officer	SaTH
Rosie Edwards	NED	SaTH
Clair Hobbs	Director of Nursing	SCHT
Jill Barker	NED	SCHT
Tracey Slater	Head of Quality	NHS STW
Julie Garside	Director of Planning & Performance	NHS STW
Lynn Cawley	chief officer, Healthwatch Shropshire	
Lisa Rowley	Meeting Administrator & EA to CNO	NHS STW
Dr Ganesh	Medical Director	SCHT

**In attendance:**

Name	title	Organisation
Kirsty Foscett	Assistant Chief Nurse & Patient Safety Officer	RJAH, Representing Paul Kavanagh Fields
Sara Reeve	Deputy Director of Quality, MPFT	MPFT Representing Anne MacLachlan
Sam Mclver	Patient safety specialist	NHS STW
Laura Powell	Designated Nurse for Safeguarding Children & ICB Senior Responsible Officer for SEND	NHS STW
Sue Bull	Local Maternity and Neonatal System (LMNS) Senior Programme Lead	NHS STW
Viv Marsh	Clinical Lead for Children's Asthma Transformation	NHS STW



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Elena Lloyd	Designated Nurse for Safeguarding Children & Lead for the Child Death Service	NHS STW
Jane Sullivan	Clinical Quality Lead	NHS STW

**Apologies:**

Paul Kavanagh-Fields, CNO RJAH  
Sara Ellis Anderson – SCHAT  
Laura Tyler – Shropshire Council  
Vanessa Whatley – CNO NHS STW  
Simon Fogell – Chief executive, Healthwatch Telford & Wrekin  
Helen Onions - Director of Public Health T&WC

**1.0 Minute No. QPC-25.07.105 – Welcome & Apologies**

Cheryl Etches welcomed Quality & Performance Committee members to the meeting.

2.2 Apologies were noted as above.

**2.0 Minute No. QPC-25.07.106 – Quoracy**

2.1 Following an internal discussion within the ICB, it was identified that the current Terms of Reference require the Chief Nurse, Vanessa Whatley, to be present for meetings to be quorate. This stipulation presents operational challenges, particularly in cases of planned leave or unforeseen absence. To ensure continuity and avoid delays in decision-making, the Chair proposed that either Sharon Fletcher or Tracy Slater be formally designated as deputies for the Chief Nurse for the purposes of establishing quoracy. The Committee supported this proposal and agreed for the meeting to proceed.

**3.0 Minute No. QPC-25.07.107– Members’ Declarations of Interests**

3.1 Members had previously declared their interests, which were listed on the ICB’s Register of Interests for ICB Staff only and was available to view on the website at: Non ICB Staff have been requested to complete a Declarations of Interest form which is held separately on the attendance/action log of this Committee.  
[Register of Interests - NHS Shropshire, Telford and Wrekin \(shropshiretelfordandwrekin.nhs.uk\)](https://shropshiretelfordandwrekin.nhs.uk)

3.2 Members were asked to confirm any new interests or any existing conflicts of interest that they had relating specifically to the agenda items. No further conflicts of interest were declared.

**4.0 Minute No. QPC-25.07.108 Minutes of QPC 26<sup>th</sup> June2025**

4.1 The Committee reviewed the minutes of the meeting held on 26<sup>th</sup> June 2025 which were accepted as an accurate record of the meeting subject to: apologies list being updated to include Rosie Edwards and Jill Barker and Tracie Black to be added to the attendance list.

5.0 **Minute No. QPC25.07.109 SORR – Sharon Fletcher**

5.1 This document was provided to the Committee for information purposes only.

6.0 **Minute No. QPC-25.07.110 System Quality Risk Register, including System Oversight Risk Register (SORR) and Board Assurance Framework (SBAF) – Sharon Fletcher**

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

- 6.1 The System Quality Group oversees risks rated 16 and above, with updates and escalations managed in collaboration with risk owners and system partners. Currently, six live risks meet the reporting threshold, including diabetes which is rated extreme and C. difficile, ADHD, shared care and TB each rated 16 and classified as high risk.
- 6.2 The delay in receiving timely and accurate updates from risk owners remains a challenge. To improve collaboration, all risk owners received the draft paper ahead of submission, with the aim of encouraging updates to the risk register or providing verbal updates for this QPC. Where appropriate, contributors will be invited to future meetings.
- 6.3 Rosi Edwards commented: The TB risk is a good example of where system-wide communication needs to improve. As pointed out, risk owners may not have full visibility of developments such as SaTH's resubmitted business case. This creates a situation where updates are incomplete or outdated and risks become difficult to manage effectively. To address this the following may need to be considered - Clarification of shared ownership of system-level risks especially where multiple organisations are involved; Establishing a clearer feedback loop between the ICB and risk owners so updates such as business case submissions are proactively shared; Using QPC as a key touchpoint to flag and fill information gaps.
- 6.4 Sharon Fletcher referred to shared ownership at system level and commented that risks such as TB do not sit neatly with a single owner. A more effective model might be to assign a lead responsible for maintaining the risk entry, ensuring updates are logged, while recognising that ownership is collaborative across organisations with real-time updates and communication: An update was given relating to the TB business case, the refined business case has now been shared with the ICB and will go to CWG in August, however the TB service that SaTH delivers currently whilst awaiting the business case approval has now been paused due to workforce concerns is information that needs to be reflected in the risk register. This reinforces the need for a clear process for updating shared risks, including who is responsible for maintaining the register entry; better visibility of ICB level developments for all risk contributors; a mechanism for real-time updates to be captured between meetings.

**Action: Sharon Fletcher to draft a short proposal or action plan to formalise this approach for system-level risks.**

- 6.5 Paula Gardner referred to the TB Business Case and commented the TB service has been temporarily paused due to workforce fragility and rising case numbers. The EQIA relating to the paused service has been signed off by herself and John Jones with public health oversight. A communications plan is ready, and the update will go to Overview and Scrutiny Committee. The business case is now scheduled for the August commissioning working group, not July as previously thought; Jackie Robinson at the ICB remains a key contact and is fully cited on developments.
- 6.6 Sharon Fletcher confirmed that the TB business plan is scheduled for presentation at the August Commissioning Working Group (CWG) meeting and clarified that she had contacted Jackie to confirm the timeline.
- 6.7 Cheryl Etches raised a concern regarding the potential for further delays in the approval process and asked whether there is now sufficient confidence that the business plan is in a format likely to be supported.
- 6.8 Tracey Slater responded that while final approval rests with CWG members, both the Quality Team and the Health Inequalities Team have reviewed and signed off the Equality and Quality Impact Assessment (EQIA)) without further comments.
- 6.9 Julie Garside explained that a functional sign-off process is underway, involving reviews from finance, contracting, quality, and medical teams and confirmed that she has not received any concerns to date and will follow up with Jackie to ensure all feedback is captured.
- 6.10 Julie committed to keeping Paula Gardner informed due to the urgency of the matter.
- 6.11 Sara Reeve raised a process query regarding risk SQG 13, noting that MPFT appears to be responsible for implementing mitigations, despite not being the designated risk owner. Sara questioned whether consulting only the formal risk owners is sufficient and suggested that MPFT should also be asked for updates if they are actively managing the risk.
- 6.12 Sharon Fletcher acknowledged the concern and proposed a "test of change" approach for the SQG 13 risk and offered to follow up with Sara outside the meeting to explore improvements in assurance processes for SQG and QPC. Sharon confirmed willingness to adapt the process to ensure better clarity and assurance.
- 6.13 Cheryl Etches raised a concern regarding the visibility of risk trends in the presented paper and noted that some risks appear unchanged over time and requested clarification on whether this is due to delays in action, ineffective mitigations or long-term impact timelines.
- 6.14 Cheryl suggested that future reports include context or commentary on the duration and rationale behind static risk levels to improve assurance. Cheryl informed attendees that at a recent board development session with system partners the system BAF (Board Assurance Framework) was reviewed and it was noted that some risk wordings may no longer be appropriate or reflective of strategic risks and over the coming months, the wording and classification of certain risks may be revised.

**Actions:**

- **Sharon Fletcher to follow up with Sara Reeve regarding SQG 13 and explore a test of change process;**



- **Future risk reports to include commentary on static trends and rationale for unchanged risk levels - SF**
- **Board Assurance Framework risks to be reviewed and potentially reworded over the next few months.**

**Following Discussion, the committee: -**

- **Reviewed the Report**

## **7.0 Minute No. QPC-25.07.111 - Quality & Performance Exception Report**

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

### **7.1 Performance Update– Julie Garside**

- 7.1.1 Julie Garside reported signs of improvement in several areas: Four-hour ED performance, particularly in Type 1 attendances. Elective care, cancer, diagnostics, and mental health programme areas. Despite persistent challenges with 12-hour decision-to-admit (DTA) breaches, the overall direction of performance metrics is improving. Julie noted that increased demand is hampering the pace of improvement, but actions are in place to address this.
- 7.1.2 Julie highlighted the introduction of a new National Performance Assessment Framework for the NHS. The framework introduces different metrics, with greater emphasis on strategic indicators such as health inequalities and outcomes for ICBs with more operational metrics assigned to providers.
- 7.1.3 Julie requested that the Mental Health Data Quality Report be submitted on a quarterly basis rather than monthly, due to the slower pace of change. The committee agreed to this adjustment.
- 7.1.4 Julie asked whether the committee would like the August performance report to be circulated for information, despite no formal meeting being scheduled. The committee agreed to receive the report to maintain continuity of reporting and momentum.
- 7.1.5 Cheryl raised a query regarding the validation of Quarter 4 data from the Learning from Patient Safety Events (LFPSE) dashboard and asked who is responsible for validating this data.
- 7.1.6 Sharon Fletcher confirmed that NHS England is responsible for validating data from the Learning from Patient Safety Events (LFPSE) dashboard. Currently, national databases are caveated as “use with caution” due to the unvalidated status of the data. The ICB is working with governance leads across the system to produce a locally assured version of patient safety data while awaiting national validation. The issue has been escalated through regional and national forums by patient safety specialists over the past 12 months. NHS England has indicated that validation may occur between now and November, but progress has been slow. Mitigations are in place to ensure collaborative safety oversight across the ICS.
- 7.1.7 Cheryl Etches inquired about the outcomes of the Test for Change Week held on 9th June at Princess Royal Hospital (PRH), focusing on rapid triage and streaming.



7.1.8 Paula Gardner responded that the evaluation is still in progress due to some anomalies in the data. Preliminary learning points suggest improvements are needed in patient placement strategies, but formal feedback is pending from the UEC team.

**Actions:**

- **Julie and Cheryl to meet ahead of the September meeting to review implications of the new oversight framework.**
- **Mental Health Data Quality Report to be submitted quarterly going forward.**
- **August performance report to be circulated to committee members for information.**
- **Sharon Fletcher to update on the National validation process for LFPSE Quarter 4 data at future meeting**

## **7.2 Quality Update – Tracey Slater**

- 7.2.1 Tracey Slater reported a slight increase in ambulance offloads exceeding 8 hours with some waits reaching up to 13 hours.
- 7.2.2 Harm reviews for offloads over 8 hours are being conducted by the Trust and shared with the ICB. Preliminary scrutiny of these reviews suggests that alternative pathways to the emergency Department may have been viable in some cases, supporting ongoing discussions around system flow and pathway redesign.
- 7.2.3 The ICB has participated in CQC reviews of both Emergency Departments over recent months. Compared to the previous year, there has been noticeable improvements, including: Positive cultural changes among staff; Implementation of a 24/7 nurse-led offload-to-assess model; continued development of the call-to-convey model
- 7.2.4 Infection control concerns remain, Klebsiella cases were above target in May. One C. diff-related death was reported in April. A review is underway to identify learning from the incident.
- 7.2.5 MRSA, E coli, Pseudomonas, and CDiff met monthly targets in May, although year-to-date figures remain above target. A system-wide Infection Prevention and Control (IPC) meeting continues to monitor and coordinate mitigation efforts.
- 7.2.6 Concerns were raised regarding the increased numbers of adult inpatients in mental health beds. Children and young people in mental health beds remain at five, against a target of two. Significant system-wide work is underway, particularly with MPFT, including Multi-disciplinary team (MDT) meetings; Targeted events and reviews; Focus on out-of-area placements for residents requiring mental health support.
- 7.2.7 Paula Gardner shared insights from the mock CQC reviews conducted in April at Shrewsbury ED. The CQC described the transformation of the new majors area as “night and day” compared to the previous year. Staff were observed to be open, communicative, and positive despite ongoing pressures. Paula noted that while improvements were evident, post-industrial action effects are now emerging, including renewed ambulance handover delays.

- 7.2.8 Cheryl Etches raised the issue of data context, suggesting that incident figures (e.g., total counts) should be presented with denominators to reflect organisational size or activity levels which would improve clarity and allow for more meaningful interpretation of metrics.
- 7.2.9 Sharon Fletcher agreed and proposed forming a project group to standardise and enhance the representation of patient safety data across the ICS to ensure data is both professionally presented and meaningful, with iterative improvements planned.
- 7.2.9 Cheryl Etches asked about learning from the 4 never events reported in the past year.
- 7.2.10 Kirsty Foskett responded that RJAH has implemented several measures: Adoption of NatSSIPs 2 (National Safety Standards for Invasive Procedures), expanding from 5 to 8 steps; Rollout across theatres, radiology, and outpatient departments; Focus on theatre culture, human factors, communication, and environmental design and the Introduction of Scan for Safety and other process improvements aimed at reducing risk.
- 7.2.11 Sharon Fletcher highlighted the successful integration of patient experience insights into the performance report for the first time marking a significant step toward triangulating performance data with patient feedback. Further work is planned to embed this data into future reports.

**Actions:**

**Sharon Fletcher to form a project group to improve patient safety data representation across the ICS.**

**Following discussion, The Committee:**

- Noted the continued collaborative content of the performance and quality integrated report regarding performance of key metrics and quality against national standards and local targets.
- Noted that where performance/quality falls short of national standards and/or locally agreed targets/plans, to note the actions being taken and that risks are being appropriately mitigated and provide the necessary assurance.
- Noted that the ICB will review the metrics in this report and align them with the requirements of the recently published NHS oversight framework 25/26 once the full technical definitions are published.
- Noted the recommendation that Data Quality for Mental Health is reported on a quarterly basis in the future due to little month on month variation.

**8.0 Minute No. QPC-25.07.112- System Quality Group Chairs Report – Sharon Fletcher on behalf of Vanessa Whatley**

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

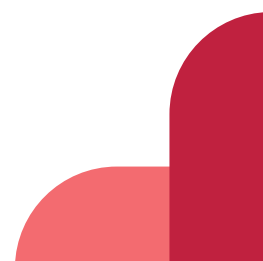
- 8.1 The System Quality Group (SQG) meeting highlighted several key risks: Urgent and Emergency Care (UEC); Diabetes; Clostridium difficile (C. diff); Learning Disabilities and National reporting challenges
- 8.2 The National Reporting and Learning System (NRLS) has been replaced by the Learning from Patient Safety Events (LFPSE) dashboard, challenges have

been identified with the quality and interpretation of patient safety data. The issue has been escalated to the Regional Quality Group. In the absence of a fully functional data application, provider partners are currently relying on internal BI processes to maintain oversight and assurance. ICB staff are collaborating with governance teams across provider organisations to ensure continued monitoring and support.

- 8.3 Cheryl Etches raised concerns regarding persistent challenges in emergency care performance, specifically ambulance offload delays (notably the 8-hour offload cases); Four-hour target breaches and 12-hour decision-to-admit (DTA) delays
- 8.4 Cheryl asked for clarification on the extent of delays beyond the 12-hour DTA threshold and the worst-case scenarios.
- 8.5 Paula Gardner confirmed that delays beyond 12 hours do occur and acknowledged the severity of the issue. Paula reported that the Trust has received clear directives from NHSE to reduce 12-hour DTAs. Key actions are underway which include Opening additional beds at Telford Hospital; increasing capacity in Acute Medical Assessment (AMA) and Same Day Emergency Care (SDEC); reviewing and updating Standard Operating Procedures (SOPs); Revising nursing templates to support expanded capacity. A detailed paper outlining these measures is scheduled for presentation at the Trust's private board meeting on 14 August, 2025.
- 8.6 Paula highlighted that the issue extends beyond ED operations and is impacted by wider system flow challenges. Over 100 patients currently have no criteria to reside, resulting in blocked wards and limited discharge capacity, this significantly affects the ability to move patients through the system and contributes to ED delays.
- 8.7 Clair Hobbs highlighted ongoing work to reduce hospital admissions and improve patient flow by strengthening community pathways. Key initiatives include; Senior medical cover from SHT at the ED front door and in-reach to wards; extension of Rapid Response service hours to midnight. These efforts aim to support the system-wide "left shift" strategy by keeping patients in their own homes and avoiding unnecessary hospital admissions.
- 8.8 Julie Garside reported a significant increase in ambulance conveyances since April, 2025. Data from ambulance colleagues indicates that the current out-of-hours service is not effectively managing calls or appropriately mapping to alternative pathways via the Single Point of Access (SPA). This issue is being addressed in contractual discussions with the current provider. The ICB is in the process of mobilising a new provider for the SPA service, effective from 1<sup>st</sup> October.
- 8.9 Julie noted that the transition period is expected to be challenging due to lack of cooperation from the current provider. Legal advice is being sought to manage the situation. Julie confirmed that the reduction in Category 3 call management by the current provider is contributing to increased ED pressures. The number of Category 3 calls managed has dropped to nearly half of previous levels (January–March), exacerbating flow issues and increasing risk across the system.

**Following Discussion, the Committee:**

- Noted the update provided



## **9.0 Minute No. QPC-25.07.113 – LMNS Programme Board & Perinatal Quality Report – Sue Bull**

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

- 9.1 Sue Bull introduced the update from the Local Maternity and Neonatal System (LMNS) Programme Board and the Perinatal Quality Surveillance Group (PQSG). Historically, these groups met jointly, but following a recent review, the decision has been made to separate the meetings. LMNS Board will now meet quarterly, focusing on strategic oversight and long-term planning and PQSG will continue to meet monthly, maintaining quality oversight of maternity and neonatal services. Future LMNS reports will reflect a system-wide strategic approach, while PQSG will report by exception on quality matters.
- 9.2 As of June 2025, the following progress was reported on Ockenden recommendations - 190 actions (91%) have been evidenced and assured. 11 actions (5%) have been delivered but are awaiting evidence. 9 actions (4%) remain undelivered, of which 7 are scoped and fall outside the system's direct remit. These scoped actions are still subject to review and oversight.
- 9.3 Paula Gardner provided further detail on the Maternity and Neonatal Transformation Assurance Committee (MNTAC) process: The committee uses a reverse RAG rating approach to ensure robust evidence is in place for each action. All 190 "green" actions are being re-reviewed to confirm they remain implemented and effective. Descoped actions have been referred to the Regional Chief Midwife, as they fall under NHSE or DHSC, responsibility and are outside the system's control.
- 9.4 David Probert has now taken on the role of Chair for the Learning and Development Group, following meetings with families affected by the Ockenden review and he has met with divisional staff and will engage directly with families to shape the group's future direction, including developing new terms of reference.
- 9.5 Sue Bull highlighted that the Maternity Dashboard was presented to the Perinatal Quality Surveillance Group (PQSG). Key highlights from June data are Delivery suite acuity remains strong, with 96% in May, above the national target of 85%; Staff availability remains a concern, particularly for clinical staff, with elevated levels of sickness absence noted.
- 9.6 An MNVP Lead was appointed in January 2025 and has made significant progress; a work plan has been approved focusing on diverse community engagement; In collaboration with the EDI midwife has led to outreach with Afro-Caribbean and LGBTQIA+ communities; a LGBTQIA+ Q&A session with staff was well-received and led to new volunteers and training initiatives.

### **Following Discussion, The Committee:**

- Noted the contents of the report

## **10.0 Minute No. QPC-25.07.114 – System Integrated Improvement Plan – Julie Garside**

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

- 10.1 Good progress is being made on the overall plan. A self-assessment is underway with weekly meetings involving NHS England. The goal is to present the self-assessment to the Strategic Commissioning Committee in September, followed by the ICB Board, with a recommendation to exit RSP (Recovery Support Programme) later this year.
- 10.2 Overall progress is positive, and the team is focused on closing remaining actions to maintain momentum.

**Following Discussion, the Committee:**

- Noted the contents of the highlight report

**11.0 Minute No. QPC-25.07.115 – Child Death Service Policy/SOP for sign off – Elena Lloyd/Maddie Kempself-Smith**

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

- 11.1 Presented for final approval. The Child Death Policy is the first of its kind within the ICB, reflecting a public health system-wide approach. The Policy has already been reviewed at the Child Death Business Management meeting and has been circulated across the system for comments. Comments have been incorporated.
- 11.2 The Standard Operating Procedure (SOP) is a local adaptation of national guidance.
- 11.3 Cheryl Etches raised a concern about the absence of an Equality Impact Assessment EQIA.
- 11.4 Elena Lloyd confirmed that system experts are happy with the policy but acknowledged the EQIA may have been omitted due to it being a new policy and service.
- 11.5 Tracey Slater confirmed that once the EQIA is completed, it will be reviewed and signed off by the Quality Team and Health Inequalities Team, providing assurance to the committee.
- 11.6 Clair Hobbs emphasised that policy approval should not proceed without an EQIA, as it is essential for ensuring the policy is appropriate and inclusive.
- 11.7 Cheryl Etches agreed, noting that once a policy is approved, it becomes a legal document, and missing an EQIA could pose risks.
- 11.8 Sharon Fletcher suggested a pragmatic approach. If there is no urgent deadline, the policy and EQIA can be brought back to the next meeting. If needed, the EQIA could be circulated between meetings for virtual approval and brought back under Any Other Business. Elena confirmed there is no immediate deadline.

**Actions:**

- **EQIA to be completed and brought to the next meeting (Elena Lloyd)**
- **SOPs to be reviewed and updated to clarify EQIA requirements. (Sharon Fletcher/Tracey Slater )**

**Following discussion the Committee:**

- Agreed to defer approval until the EQIA is completed and reviewed.

**12.0 Minute No. QPC-25.07.116 – School Asthma Policy for sign off – Viv Marsh**

- 12.1 The document is advisory guidance, not a formal policy. It supports schools in managing asthma effectively and inclusively.
- 12.2 No standalone EQIA was submitted for the guidance. However, an EQIA exists for the broader Children's Asthma Transformation Programme, which this guidance is part of.

**Actions:**

- **Viv Marsh to link with Tracey Slater to complete/ align the EQIA. The EQIA will be reviewed by the Quality Team and Health Inequalities Team.**
- **Cheryl Etches and Tracey Slater to meet to ensure the policy development process is clear and consistent, preventing future delays due to missing EQIAs.**

**Following Discussion, The Committee:**

- The committee agreed that all new policies or guidance documents should undergo an EQIA or IIA (Integrated Impact Assessment).
- Approval of the guidance was given in principle, pending EQIA review.
- If the Equality Impact Committee (EIC) is satisfied, the guidance can be formally approved without returning to the committee.

**13.0 Minute No. QPC-25.07.117 – STW ICB Complaints policy**  
**STW ICB Accessible Information Standard policy for sign off – Jane Sullivan/Heather Collette**

- 13.1 These two policies are existing ICB policies brought forward for routine review. Minor updates were made to reflect the current structure. The Policies have been aligned with NHS England guidance. An Equality Impact Assessment (EQIA) has been completed. However, the policies have not yet been reviewed by the Equality Impact Committee (EIC).
- 13.2 Rosi Edwards raised a concern about lack of clarity in the complaints policy regarding coordination between ICB and providers. Jane Sullivan agreed to clarify and update the policy to reflect the coordinating role of the Patient Services Team.
- 13.3 Tracey Slater confirmed that under the new IIA process, all new or revised policies require an EIA (which includes equality considerations). The EIC will have the final say on the EQIA.
- 13.4 Lynn Cawley highlighted Healthwatch's role in independent health complaints advocacy (ICAS) and requested time to review the policy and discuss coordination, as Healthwatch often guides the public on where to direct complaints. She emphasized the need for joined-up complaints handling across the system, as the public sees the NHS as one entity.



### **Actions:**

- Jane Sullivan to update the policy based on feedback (e.g. clarifying coordination of complaints across providers).
- EQIA to be submitted to EIC for review and assurance.
- Final approval process to be confirmed based on EIC outcome.
- Jane to arrange a meeting with Lynn and the Patient Services Team Manager to discuss improvements.

### **Following discussion, The Committee:**

- Reviewed the 2 STW ICB policies attached.
- Provided feedback to support completion of the final policies

### **14.0 Minute No. QPC-25.07.118 Joint Targeted Inspection Area (JTAI) Verbal Update – Laura Powell**

- 14.1 The joint targeted area room inspection, also known as JTAI follows a specific theme. There are several themes including domestic abuse, with children being victims of domestic abuse. This theme followed the multi-agency response to identification of initial need and risk focusing on front door. There are two front doors within the system; Shropshire which is Compass and Family Connect which is Telford and Wrekin. For this JTAI it was the Telford and Wrekin partnership they impacted on
- 14.2 It was announced on the 30th of July and is a three-week inspection; Week 1 was information sharing, performance and management data and evidence; Week 2 was local audits and the MACFAS and also those interviews with key stakeholders; Week 3 was the field work where there were case sampling and KIPP meetings as well with those inspection findings. It is carried out jointly with Ofsted, CQC and His Majesty Inspectorate and Fire and Rescue services and is part of the Section 20 Children Act.
- 14.3 Good practice was identified within the 3 weeks from evidence provided to practitioner interviews and it demonstrated strong leadership with continuous improvement. Dedication for safeguarding being strong across the partnership from referral into partnership meetings. They identified the tools that are available to support practitioners, and they also advised around the multi-agency safeguarding arrangement (MASA). However, there were some areas as with all inspections of improvement identified and where the safeguarding practice across the system can be enhanced.
- 14.4 In terms of triage and logging that, the threshold document needs to be embedded across the health service, so it is appropriate for health services to be able to access.
- 14.5 A Multi agency plan will be developed and also individual action plans within each area visited following the field work, in terms of time frames, it is expected that a draft letter will be shared with the Executive Director for Telford and Wrekin (Jo Britton) on 8<sup>th</sup> August, and shared with the ICB's Executive Lead - Vanessa Whatley and Simon Whitehouse. A response to this letter needs to be submitted by the 21st of August, the pre-publication letter will be received on the 2nd September with the publication date being on the 5th of September. In addition to the action plan for the areas of improvement identified, feedback was received throughout the process



**Action: Laura Powell to circulate the JTAI presentation to Committee Members**

**Following Discussion, the Committee:**

- Noted the verbal Update

**15.0 Minute No. QPC-25.07.119 Healthwatch Shropshire Verbal Update**

- 15.1 Lynn Cawley said the goal of Healthwatch is to maintain an independent approach to gathering public feedback and reporting on patient experience and suggested Integrating Healthwatch volunteers into existing quality visits across the system. To collaborate with ICB colleagues to explore joint working opportunities; Use Healthwatch's entry and view visits and public engagement expertise to enhance system-wide quality assurance; Offered Healthwatch's support for targeted engagement or communication projects, especially where evidence is needed to support service development or funding bids.
- 15.2 Lynn highlighted that Healthwatch reports have helped shape; Maternal mental health services (MPFT); Falls prevention initiatives and Broader community health programmes.

**Action: Sharon Fletcher expressed full support and agreed to set up a meeting with Lynn to explore collaborative opportunities under the reset agenda.**

**Following Discussion, the Committee:**

- Noted the verbal Update.

**16.0 Minute No. QPC-25.07.120 - Healthwatch Telford & Wrekin – Simon Fogell**

- 14.1 Healthwatch Shropshire were not in attendance to provide an update.

**17.0 Minute No QPC-25.07.121 Closing Items** - None Noted

**18.0 Minute No 25-07.122 – Escalations** - No escalations raised.

**19.0 Minute No. 25.07.123 – Any Other Business** - None noted.

**20.0 Minute No. 25.06.124 - Evaluation of Meeting**

- 20.1 Committee were asked to provide comments/suggestions on the running of the meeting to the note taker at [Lisa.Rowley2@nhs.net](mailto:Lisa.Rowley2@nhs.net)

**Date and Time of Next Meeting** - The next meeting will be held on 25<sup>th</sup> September 2025, 2.00pm to 4.00pm Via Microsoft Teams.

***4.13pm – Meeting Closed***

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

**Thursday 25<sup>th</sup> September 2025**  
Via Microsoft Teams

**Members Present:**

Cheryl Etches	ICB NED - Chair	NHS STW
Vanessa Whatley	CNO	NHS STW
Sharon Fletcher	Head of Safety & Quality Improvement	NHS STW
Clair Hobbs	Director of Nursing	SCHT
Jill Barker	NED	SCHT
Tracey Slater	Head of Quality	NHS STW
Julie Garside	Director of Planning & Performance	NHS STW
Lisa Rowley	Meeting Administrator & EA to CNO	NHS STW
Dr Ganesh	Medical Director	SCHT
Claire Parker	Director of Strategy & Development	NHS STW
Helen Onions	Director of public Health	T&W Council

**In attendance:**

<b>Name</b>	<b>title</b>	<b>Organisation</b>
Kirsty Foscett	Assistant Chief Nurse & Patient Safety Officer	RJAH, Representing Sarah Needham
Sara Reeve	Deputy Director of Quality, MPFT	MPFT Representing Anne MacLachlan
Sam Mclver	Patient safety specialist	NHS STW
Laura Powell	Designated Nurse for Safeguarding Children & ICB Senior Responsible Officer for SEND	NHS STW
Sue Bull	Local Maternity and Neonatal System (LMNS) Senior Programme Lead	NHS STW
Gareth Wright	Deputy Director of Ops - Urgent & Emergency Care / EPRR	NHS STW



**Ambition**



**Compassion**



**Optimism**



**Focus**

Elena Lloyd	Designated Nurse for Safeguarding Children & Lead for the Child Death Service	NHS STW
Dr Taz Syed	Designated Doctor For Safeguarding Children STW ICS	NHS STW
Kath Preece	Head of Clinical Governance	SaTH Representing Paula Gardner
Elizabeth Walker	Deputy Director of Primary Care	NHS STW
Loraine Mahatchi	Senior Quality Lead Cancer Services	NHS STW
Paul Cooper	Designated Adult Safeguarding Lead	NHS STW
Laura Powell	Designated Nurse for Safeguarding Children & ICB Senior Responsible Officer for SEND	NHS STW
Jan Suckling	Healthwatch Telford & Wrekin	Representing Simon Fogell

#### **Apologies:**

Sara Ellis Anderson – SCHAT  
 Laura Tyler – Shropshire Council  
 Simon Fogell – Chief executive, Healthwatch Telford & Wrekin  
 Helen Onions - Director of Public Health T&W Council  
 Paula Gardner – Interim Director of Nursing, SaTH  
 Kara Blackwell – Deputy Director of Nursing, SaTH  
 Ann MacLachlan – Clinical & Care Director MPFT  
 Rosie Edwards – NED, SaTH  
 Jaz Dhillon – Clinical Pharmacist – Interface & Governance, NHS STW  
 Lynn Cawley – Chief Officer, Healthwatch Shropshire

### **1.0 Minute No. QPC-25.09.125 – Welcome & Apologies**

Cheryl Etches welcomed Quality & Performance Committee members to the meeting.

2.2 Apologies were noted as above.

### **2.0 Minute No. QPC-25.09.126 – Quoracy**

2.1 The meeting is not initially quorate due to the absence of council representatives and RJA. The meeting was quorate from 2.22pm

- Helen Onions, Telford & Wrekin Local Authority joined the meeting at 2.11pm
- Kirsty Foscett, RJA joined the meeting at 2.22pm

### **3.0 Minute No. QPC-25.09.127– Members' Declarations of Interests**

- 3.1 Members had previously declared their interests, which were listed on the ICB's Register of Interests for ICB Staff only and was available to view on the website at: [Register of Interests - NHS Shropshire, Telford and Wrekin \(shropshiretelfordandwrekin.nhs.uk\)](http://shropshiretelfordandwrekin.nhs.uk)  
Non ICB Staff have been requested to complete a Declarations of Interest form which is held separately on the attendance/action log of this Committee.

- 3.2 Members were asked to confirm any new interests or any existing conflicts of interest that they had specifically relating to agenda items. No further conflicts of interest were declared.

- 3.3 The chair reminded external ICB members to complete their declaration of interest forms.

**4.0 Minute No. QPC-25.09.128 Minutes of QPC 31<sup>st</sup> July 2025**

- 4.1 The Committee reviewed the minutes of the meeting held on 31<sup>st</sup> July 2025 which were accepted as an accurate record of the meeting subject to: The date being updated on the Agenda.

**5.0 Minute No. QPC25.09.129 SORR – Sharon Fletcher**

- 5.1 This document was provided to the Committee for information purposes only.

**6.0 Minute No. QPC-25.09.130 System Quality Risk Register, including System Oversight Risk Register (SORR) and Board Assurance Framework (SBAF) – Sharon Fletcher**

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

- 6.1 The paper shows improved clarity and assurance, aligning with the System Oversight Risk Register (SORR).  
6.2 Six system quality risks have been identified, including two extreme risks.  
6.3 Some risks e.g., diabetes pathway has not been updated and is expected to be updated after the discussion on the later focussed paper.  
6.4 Shared care prescribing risk is pending updates following a test of change with Sara Reeve and Andy Riley.  
6.5 The TB business case was approved in August with additional investment for the TB service; The current TB testing costs are being covered by the ICB to help with pressures in the team but expected to be short term. An update on the recruitment progress to the TB team was requested for QPC in October.

**Action: Kath Preece to investigate the recruitment process status for the TB service.**

- 6.7 Cheryl Etches raised concern over the lack of updates to some extreme risks and questioned the process and accountability for risk updates.  
6.8 Vanessa Whatley responded that ownership issues have delayed updates, especially following the departure of the programme lead. Vanessa

emphasised the need for clear expectations around risk ownership and updates.

**Action: Sharon Fletcher to follow up the delay in updates to the Shared Care prescribing risk with Medicine Management colleagues.**

- 6.9 Cheryl Etches emphasised the need for a system-wide process to ensure oversight and timely updates of risks—not just relying on individual risk owners; she also raised concerns about the Board Assurance Framework (BAF) in that Several mitigation actions lack assigned leads and timescales and commented if this is being addressed in any other committee, it should be reflected in future updates to QPC.

**Action: Sharon Fletcher Agreed to take forward the action to establish as system to prompt risk owners for updates**

**Following Discussion, the committee: -**

- Discussed and reviewed the Report

- 7.0 **Minute No. QPC-25.09.131 - Quality & Performance Exception Report**  
The report was taken as read and the following key points were highlighted:

**7.1 Performance Update– Julie Garside**

- 7.1.1 Ambulance Performance (UEC) is proving challenging due to higher-than-expected ambulance volumes; with an anticipated deterioration in performance for September.
- 7.1.2 4-hour performance and patients waiting > 12-hour are still a concern, however, actions approved by SaTH Board should lead to improvements in Q3, despite the upcoming winter pressures.
- 7.1.3 The Discharge Programme had previously stalled but is now progressing well
- 7.1.4 Elective and Cancer Care continues to be positive; RJAH remains in Tier 1 reporting with NHSE but is improving and gradually returning to plan.
- 7.1.5 Diagnostics (13+ Week Waits) are still a concern for both main providers. Recovery plans are in place and being monitored.
- 7.1.6 Dental Activity: A drop in reported activity has been noted. Julie is investigating reporting accuracy and timelines as data may be up to 3 months in arrears; an update will be provided at the next QPC meeting in October.
- 7.1.7 Children & Young People's Neurodevelopmental Pathways - Long waits remain a concern; urgent assessments have been requested from MPFT.

**Action: Julie Garside to provide an update on dental activity reporting and timelines at QPC in October.**

**7.2 Quality Update – Tracey Slater**

- 7.2.1 Emergency Department 4hr and 12-hour performance remains off track. Mitigations include actions from the August system workshop and reinvigoration of the System Discharge Group. UEC continues to be listed on the Quality Risk Register.

- 7.2.2 Infection Prevention (IPC) - There are challenges with MRSA, C. diff, E. coli, Clostridium difficile, and Pseudomonas all exceeding July targets. IPC planning is included in the winter plan.
- 7.2.3 Cancer – 104 Day Breaches - A Standard Operating Procedure (SOP) is being finalised. Momentum needs to continue despite the departure of the cancer quality lead at the end of September 2025.
- 7.2.4 Mental Health & LDA – Adult Inpatients Levels remain above plan, actions are underway.
- 7.2.5 Helen Onions referred to maternity & dentistry and commented positive progress has been noted in relation to early maternity booking however, further work is needed on equity and neighbourhood-level access. Dentistry access has been raised at the Health and Wellbeing Board, elected members have requested a report for November and further scrutiny.
- 7.2.6 Julie Garside highlighted that Telford is nearly 3 times the national average for hospital admissions due to dental extractions, this issue is being addressed in the Strategic Commissioning plan refresh and flagged in draft commissioning intentions and will be a priority in the new 5-year strategic plan.
- 7.2.7 Jill Barker referred to Primary care access and asked how feedback beyond GP access is handled.
- 7.2.8 Vanessa Whatley commented that feedback mechanisms might need strengthening and clearer pathways put in place for escalation/learning. Primary care feedback is fed into the Primary Care Commissioning Group, which reports to the Commissioning Working Group and SCPC. Vanessa suggested that System Quality Group (SQG) and QPC could take action to ensure feedback is shared and assurance provided across organisations.
- 7.2.9 CQC Inspections - CQC is undergoing major changes, including A target of 60,000 inspections by September 2026. The system currently has no inadequate-rated organisations, but tracking this status is challenging due to frequent updates.

**Action : Vanessa Whatley to review feedback mechanisms for non-primary care services and ensure SQG and QPC have clear roles in escalating and learning from patient insight. Monitor CQC changes and inspection outcomes more dynamically in system reports.**

- 7.2.10 Julie Garside confirmed patient insight and experience data is now being actively used to inform commissioning intentions and priorities as part of the planning process; This includes feedback from Children and Young People's Mental Health Service procurement and Healthy Ageing strategy consultation. This linkage will now form part of the annual planning refresh, ensuring patient voice is embedded in strategic decisions.
- 7.2.11 National challenges with infection rates were highlighted (C. diff, MRSA) post-COVID. Benchmarking against other organisations may create a false sense of security. SaTH's review suggests 50% of C. diff cases may be unavoidable, but the other half present opportunities for prevention.
- 7.2.12 Cheryl Etches expressed concern that no progress on C. diff (fidaxomycin) since July



- 7.2.13 Vanessa Whatley explained that Fidaxomicin is in place in line with guidance for recurrent and severe cases. The business cases proposed additional first line use for those in inpatient care. The cost-benefit has been reviewed as sitting predominantly within trusts, not the wider system therefore the business case was redirected back to SaTH's internal governance for further review. Minesh Parbat, the ICB's Chief Pharmaceutical Officer and Vanessa Whatley are supportive of the business case and working with SaTH colleagues.
- 7.2.14 Clair Hobbs expressed disappointment at delays in the business case given SCHAT is above trajectory (6 cases vs. threshold of 4).

**Actions:-**

1. **Julie Garside to ensure SaTH expedite the review and approval of the Fidaxomicin business case.**
2. **Tracey Slater/Julie Garside to ensure latest CQC inspection status and infection data are reflected in system reports.**

**7.3 National Oversight & Performance Assurance Framework – Julie Garside**

Julie introduced a new reporting appendix to the Quality & Performance Report, the purpose of this is to ensure all our metrics under review by the committee are aligned with the new NHS Oversight and Performance Assurance Frameworks (NOF and PAF).

- 7.3.1 Key changes are that NHS England will directly hold providers directly accountable for more metrics. The new metrics are now split between provider and ICB accountability. In the appendix the metrics have been colour coded:- Green = already reported; Amber= Data available, minor definition changes; Red= awaiting national data definitions and Purple = Not under QPC remit (e.g. reported via the People or Finance Committees)
- 7.3.2 Transition Plan - From October, the appendix will include new amber coded metrics; the main report remains unchanged in the meantime to ensure continuity. NHS England expects provider oversight accountability transition to begin from 1st October 2025.
- 7.3.3 Julie advised that she will be meeting with NHSE to try and ensure a joined-up approach with ICB and provider performance leads.
- 7.3.4 Julie emphasised the importance of not letting reporting gaps undermine recent improvements and acknowledged that the next few months may be clunky due to dual reporting, but this is preferable to risking deterioration in quality or performance.

**Actions:**

1. **Julie to coordinate with NHS England to align ICB and provider leads to manage the transition to the new framework.**

**Following discussion, The Committee:**

- Noted the continued collaborative content of the performance and quality integrated report regarding performance of key metrics and quality against national standards and local targets.



- Noted where performance/quality falls short of national standards and/or locally agreed targets/plans, to note the actions being taken and that risks are being appropriately mitigated and provide the necessary assurance.
- Noted the summary of the provider and ICB responsible quality and performance metrics enclosed for information within a separate Appendix 5 taken from the new national NHS Oversight Framework and the NHS Performance Assessment Framework.
- Agreed and supported the work over the next few months to be done by the ICB's Director of Planning & Performance working with provider leads and the Chair of QPC to agree how we transition our existing quality and performance reporting to reflect the new framework requirements alongside providing ongoing assurance of the delivery against the current metrics for 2025/26.
- Noted the report continues to evolve to improve the way data and actions are presented to provide assurance to the Committee.

**8.0 Minute No. QPC-25.09.132- System Quality Group Chairs Report – Vanessa Whatley**

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

- 8.1 Vanessa Whatley provided assurance around child death data for Q1, noting a significant reduction in numbers compared to previous years. Vanessa emphasised that while every child death is a tragedy, the decrease from what would typically be around 20 by this point in the year to just seven is a positive sign, likely due to cumulative efforts across various areas.
- 8.2 Cheryl Etches followed up to confirm whether there were any concerns with the five cases mentioned, and Vanessa clarified that none were classified as serious incidents. Most were related to premature births and are going through the usual review processes, which may later highlight public health themes like smoking in pregnancy or obesity.

**Following Discussion, the Committee:**

- Noted the contents of the report

**9.0 Minute No. QPC-25.09.133 – Monthly System Integrated Improvement Plan – Julie Garside**

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

- 9.1 The ICB has formally requested to exit the regional support programme (RSP) which has been approved by the Integrated Care Board and waiting final confirmation from NHSE.
- 9.2 The ICB is supporting SaTH colleagues in their RSP exit process, sharing lessons learned and ensuring continuity of actions.

**Following Discussion, The Committee:**

- Noted the contents of the report

**11.0 Minute No. QPC-25.09.134 – Diabetes Quality progress assurance Report – Claire Parker**

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

- 11.1 Baseline metrics and trajectories now included in the report.
- 11.2 Primary care engagement is improving supported by work on locally commissioned services.
- 11.3 DSNs and SCHAT to be represented in the Diabetes Steering Group. Delivery is being shaped through a neighbourhood-based approach.
- 11.4 Lorna Clarson, ICB CMO continues as clinical lead; funding is available to support a temporary lead, potentially a Diabetes Specialist Nurse (DSN) to alleviate workload until March 2026.
- 11.5 A diabetes dashboard is in place to track improvements.
- 11.6 Health improvement plans will be developed based on neighbourhood and place-based ambitions, aiming to improve population outcomes and reduce inequalities.
- 11.7 The Clinical Lead Role is recognised as critical for programme success, with reference to asthma programme outcomes.
- 11.8 Claire Parker is the SRO for weight management; A Phase 2 funding bid is being prepared. Weight management is seen as a priority due to its links with diabetes, mental health, and lifestyle factors.

**Action: Add weight management to the QPC forward planner for future discussion.**

**Following discussion the Committee:**

- Noted the transformation programme report update.
- Noted the risks as described relating to capacity supporting the programme and availability of finance for investment which are significant barriers to progress, and escalate these further should they feel it is appropriate.

**12.0 Minute No. QPC-25.09.135 – Safeguarding Annual Report – Adult & Children Paul Cooper & Laura Powell**

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

**12.1 Safeguarding Children – presented by Laura Powell**

- 12.1.1 The report reflects embedding of changes from the Working Together to Safeguard Children guidance (Dec 2023).
- 12.1.2 The Lead Safeguarding Partner is Simon Whitehouse with Vanessa Whatley being the Delegated Safeguarding Partner.
- 12.1.3 Safeguarding training compliance remains strong across the system. Mitigation plans and trajectories are in place for areas with lower compliance.
- 12.1.4 CSE Awareness Training is now rolled out system-wide across primary care, ICB, and provider trusts. Training has been well received.
- 12.1.5 There is robust partnership engagement with strong representation on safeguarding partnerships and subgroups in both Shropshire and Telford. Laura Powell and Ellie Lloyd chair the Child Safeguarding Practice Review (CSPR) and Rapid Review Panels. Progress has been made on action plans across both areas.

12.1.6 The Section 11 Audit has been completed and was submitted on 24<sup>th</sup> September which provided a valuable opportunity for self-reflection across the ICB and wider system.

12.1.7 Ongoing assurance is provided to NHSE via reporting frameworks and the case review tracker for rapid reviews and CSPRs.

12.1.8 Current challenges in safeguarding, including early help and prevention was acknowledged. Anticipated changes due to social care reforms; collaborative work underway to embed these changes.

#### **12.2.1 Adult Safeguarding - presented by: Paul Cooper**

12.2.2 There are strong safeguarding processes across NHS trusts; Shropshire Community Trust conducted 43 targeted safeguarding QA visits. The key learning theme identified was self-neglect locally and nationally. 60% of national Safeguarding Adult Reviews (SARs) relate to self-neglect; 11 SARs are currently in progress, 8 relate to self-neglect.

12.2.3 There is structured team engagement with SARs using five reflective questions, including: (1) “Could this happen here?” (2) “What are we doing differently?” (3) “How can we share best practice?”.

12.2.4 Prevent Programme referrals increased by 400% post-Southport incident with focus on teenage boys with interest in mass casualty events, even without clear ideological links, addressing emerging issues such as rape culture and misogyny in schools.

12.2.5 Vanessa Whatley highlighted the national assessment concluded safeguarding cannot be moved out of the ICB and primary legislation requires safeguarding to remain within ICBs. Any future change would be at least two years away.

12.2.6 Helen Onions expressed appreciation for the safeguarding team’s professionalism and partnership working and suggested a minor correction in the report’s contents page to clarify the independent chair role as “Shropshire Independent Chair” for clarity.

**Action : Paul Cooper to update the contents page for clarity.**

12.2.7 The Chair noted that whilst most mandatory training compliance was high, the Child Sexual Exploitation (CSE) module was at 83%.

12.2.8 Paul Cooper clarified the CSE module was initially targeted and only rolled out trust-wide from April 2025. Some Trusts, such as SCHT experienced technical difficulties uploading the module to ESR as a mandated training field. Trajectories and mitigation plans are in place for each provider to improve compliance.

#### **Following Discussion, The Committee:**

- **Approved the annual Report**

- Noted the update

### **13.0 Minute No. QPC-25.09.136 – Assurance on Discharge Effectiveness Verbal Update – Clair Hobbs**

- 13.1 Clair Hobbs advised there have been 4 discharge improvement meetings held so far (joint between SaTH & SCHAT) focussing on setup and governance. Terms of Reference has been agreed; 9 workstreams have been established aligned with key discharge/transfer issues identified from 12-month data review i.e., Handover & Communications; Medication & TTOs and Therapy involvement.
- 13.2 The meeting feeds into Quality Committees at both provider organisations. It is proposed to provide regular updates to system-level forums.
- 13.3 Workstreams have leads and are building membership; baseline data, metrics, and measurables are being sourced for assurance; first outputs expected within the next two weeks.
- 13.4 A thematic review is planned for November which will be led by Kath Preece and governance colleagues.

**Following discussion, The Committee:** Noted the verbal update

### **14.0 Minute No. QPC-25.09.137-104 day Breach Harm Review – Loraine Mahachi**

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

- 14.1 Final ratification of the Standard Operating Procedure (SOP) for implementation across system partners has been co-produced with acute providers, SaTH, Commissioners, Clinicians, Patient safety leads and the Cancer Alliance.
- 14.2 The SOP has undergone extensive discussion and collaboration with reporting mechanisms built into the SOP to ensure consistency across the system. The Equality Impact Assessment (EQIA) has been signed off by health inequalities and quality leads but needs clarification on next steps for sign off.
- 14.3 Kath Preece and Vanessa Whatley praised the co-production effort and quality of the SOP and thanked Loraine for her leadership and contribution.

**Following discussion, The committee:**

- Approved the SOP for adoption across the STW system.
- Supported implementation within provider governance structures.
- Endorsed the governance and reporting framework, including escalation to the ICB.
- Agreed to review the SOP after 12 months to assess impact and refine as required.

### **15.0 Minute No. QPC-25.09.138 Reasonable Adjustment Digital Flag Policy & EQIA- Sharon Fletcher**

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

15.1 The Equality Impact Assessment (EQIA) has been reviewed and approved by both the Health Inequalities Team and the Quality Team. However, it has not been to EIC which needs confirming.

- **Action: Sharon Fletcher to ensure the EQIA is addressed through relevant governance.**

15.2 A system-wide Reasonable adjustment policy is in place and has been shared across the system. Workshops have already been held to support its implementation.

15.3 Clair Hobbs confirmed that SCHAT Clinical Safety Officer reviewed the policy and raised no major concerns. SCHAT will create an internal Standard Operating Procedure (SOP) to align with the system policy, noting they do not use SNOMED codes. Minor feedback will be sent via email.

15.1 **Following Discussion, the Committee:**

- Discussed and agreed the strategic plan on how it can be ensured that all system partners utilise and implement this policy.
- Discussed how all services continue to provide and meet the requirements of Reasonable Adjustment Digital Flag across the system.

#### **16.0 Minute No. QPC-25.09.139 Spotlight Report - Planned Care - Julie Garside**

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

16.1 Julie Garside reported strong progress in elective and planned care, with SaTH now performing at Tier 2 for cancer and Tier 3 for elective care, indicating improved performance. RJAH remains in Tier 1 but is meeting planned targets. Despite ongoing improvements in cancer pathways and diagnostics, delays and capacity constraints remain a concern, alongside workforce shortages in key areas like radiology and surgery. RJAH is also facing challenges with insourcing, particularly around spinal surgery wait times.

16.2 Julie proposed changes to reporting, including ending the System Spotlight report for planned care due to improved performance, while RJAH will continue quarterly exception reports. Exception reporting will be triggered if performance metrics fall short for two consecutive months. The Chair supported this but raised concerns about data delays, suggesting earlier action using internal intelligence. Julie agreed, confirming the Planned Care Group can act on internal data. Concerns were raised about delays and backlogs in the Referral Management Centre, with potential impacts on patient pathways. Julie acknowledged this and confirmed that recovery plans, weekly monitoring, and harm assessments are being developed, with minimal impact expected for RJAH but greater concern for SaTH.

**Action(s):**

**Spotlight on risk for planned care to be removed.**

### **Following Discussion, the Committee:-**

- Agreed to support Julie's proposal.
- Agreed that two consecutive months of adverse performance will trigger reporting.
- Noted that RJAH will provide a dedicated update in three months.

### **17.0 Minute No. QPC-25.09.140 Spotlight Report - Primary Care – Elizabeth Walker**

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

- 17.1 Community pharmacy services in the area are performing well, with delivery rates for Pharmacy First, contraception, and blood pressure checks exceeding the national average. However, Pharmacy First is currently below national targets due to increased expectations from NHS England, prompting local efforts to boost referrals from under-engaged practices. Dental access for both adults and children is also above the national average, though still below pre-COVID levels, which were previously among the best in the country.
- 17.2 Julie Garside reported that practice-level support plans are being monitored and integrated into the Primary Care section of the QPC report, with successful preparations securing additional funding.
- 17.3 Elizabeth Walker highlighted strong practice engagement, noting that one outlier practice has been escalated due to its unique operational model rather than poor care. Vanessa Whatley confirmed that quality oversight is robust and aligned with primary care efforts.
- 17.4 Jill Barker raised a question about strengthening primary care's role in neighbourhood teams, and Elizabeth Walker responded that three emerging GP collaboratives are being developed to support this, with PCNs central to the approach. Action plans are in place for outlier practices.

### **Following Discussion, the Committee:-**

- Noted the comparative performance across Shropshire and T&W and their generally favourable position against national benchmarks for general practice, community pharmacy and dental performance
- Were assured that the ICB has robust data and performance indicators and processes to identify areas of positive and negative variation (access variation workforce resilience, key clinical indicators and digital outages) and these are mitigated through PLS, Quality Visits, and targeted system interventions.
- Supported the approach to improve patient access within general practice, embed Pharmacy First, improve dental access and ensure patient and practice engagement.
- Endorsed the continued alignment of quality intelligence, patient feedback, and dashboard data to inform place-based improvement and targeted support offers.

### **18.0 Minute No. QPC-25.09.141 Winter Planning preparedness Assurance – Gareth Wright**



**The report was taken as read and the following points highlighted:**

- 18.1 Gareth Wright presented the approved Winter Plan, noting that the plan was approved by the ICB Board due to NHSE submission deadlines.
- 18.2 The plan reflects improved preparedness compared to last year: The system is two months ahead of last year's timeline.
- 18.3 Several enduring schemes are in place to support performance beyond winter.
- 18.4 Performance trajectories have been adjusted to reflect seasonal pressures, with confidence in returning to plan during Q3.
- 18.5 Emphasis has been placed on maintaining quality and decompressing Emergency Departments (EDs) to improve patient experience; Quality of care and staff wellbeing.
- 18.6 Staff engagement and public communication are key priorities.
- 18.7 The Equality and Quality Impact Assessment (EQIA) has been iterated and will be updated again following further assurance reviews.
- 18.8 A new requirement this year is the submission of a Board Assurance Statement to NHSE by the end of September signed by the Chair and Chief Executive.
- 18.9 Cheryl Etches Praised the robustness of the Winter Plan, noting it was one of the most comprehensive she has seen and acknowledged that no plan is entirely watertight but expressed strong confidence in the system's preparedness.
- 18.10 The Chair requested that the EQIA be taken to EIC for further review, especially given the system-wide scope.
- 18.11 Vanessa Whatley expressed support for the plan and noted that this review was the final step in a well-publicised and collaborative process.

**Action: Gareth Wright to take forward the EQIA to EIC for further iteration and Scrutiny**

**Following Discussion, the Committee:**

- The committee approved the Winter Plan and its recommendations.
- Confirmed assurance that quality considerations have been sufficiently addressed to support the submission of the Board Assurance Statement to NHSE.

**19.0 Minute No. QPC-25.09.142 Ageing well and Frailty Strategy- Vanessa Whatley**

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

- 9.1 The Ageing Well Frailty Strategy has been approved by the ICB Board and brought to QPC for information.
- 19.2 The strategy has been developed following **extensive consultation** and has had input from a wide range of groups and committees; Nearly **1,000**



**comments** have been received from professionals and members of the public to help shape the strategy.

#### **Following Discussion, the Committee:**

- The committee noted the strategy for information and no further discussion was required at this stage.

#### **20.0 Minute No. QPC-25.09.143 Healthwatch Shropshire Verbal Update – Lynn Cawley**

**20.1** Healthwatch Shropshire were not present to provide an update.

#### **21.0 Minute No. QPC-25.09.144 - Healthwatch Telford & Wrekin Verbal Update – Jan Suckling**

- 21.1 Discharge Project: -Findings will be shared with the Patient Experience and Expectation Working Group in October.
- 21.2 A revisit to the Emergency Department at PRH has been completed to compare current conditions with those observed after the Dispatches programme last year.
- 21.3 Veterans Health & Wellbeing - A survey is underway to assess veterans' awareness of healthcare access and whether they are identified as veterans during GP registration or hospital appointments; the survey ends this month, with potential extension. Focus groups will follow, and findings will be presented to relevant committees.
- 21.4 Jan Suckling announced that she will become Chief Officer of Healthwatch Telford and Wrekin starting 1st October.

#### **Following Discussion, the Committee**

- Noted the verbal update

**22.0 Minute No QPC-25.09.145 Closing Items** –\_None Noted

#### **23.0 Minute No 25-09.146 – Escalations**

- 23.1 Assertive Outreach Service- Raised by Cheryl Etches as a potential risk.
- 23.2 Vanessa Whatley confirmed the issue is being mitigated by MPFT and is recorded on their risk register with a score of 12 and will be escalated if national policy changes or local conditions deteriorate.

**24.0 Minute No. 25.09.147 – Any Other Business** -

None noted.

#### **25.0 Minute No. 25.09.148 - Evaluation of Meeting**

- 25.1 The chair reflected on the full agenda and acknowledged the meeting ran over time and suggested considering whether spotlight items should be moved earlier in the agenda for better flow.
- 25.2 Committee were asked to provide comments/suggestions on the running of the meeting to the note taker at [Lisa.Rowley2@nhs.net](mailto:Lisa.Rowley2@nhs.net)

**Date and Time of Next Meeting -** The next meeting will be held on 30<sup>th</sup> October 2025, 2.00pm to 4.00pm Via Microsoft Teams.

***4.15pm– Meeting Closed***

## 1. ICB 25-11.248 - Strategic Commissioning and Productivity Committee (SCPC) Briefing Report (meetings held on 30<sup>th</sup> September and 28<sup>th</sup> October 2025)

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 26<sup>th</sup> November 2025

**Report Presented by:** Ian Green OBE, NHS STW, Chair

**Report Approved by:** Lorna Clarson, NHS STW, Chief Medical Officer

**Report Prepared by:** Lorna Clarson, NHS STW, Chief Medical Officer

**Action Required:** For Noting and Approval

### 1.1. Summary of Key Discussions and Decisions

Below is a summary of the discussions that took place during the SCPC meetings held on 30<sup>th</sup> September 2025 and 28<sup>th</sup> October 2025.

#### 1.1.1. 30<sup>th</sup> September

- The first draft of NHS STW Commissioning Intentions document was approved, noting that further work is required to inform planning submissions.
- The month 5 Revenue and Efficiency Report was presented for assurance.
- The Capital Prioritisation Oversight Group update was presented for assurance.
- A Finance Deep Dive was shared with SCPC for noting.
- A Medium-Term Financial Plan update was presented for assurance.
- A verbal update was provided in relation to the System Integrated Improvement Plan (SIIP) for assurance.
- The Equality and Involvement Committee (EIC) Report was presented for noting. SCPC discussed and approved the EIC's recommendations.
- The following NHS STW Policies were approved:
  - NHS STW Continuing Health Care Appeals Policy.
  - NHS STW Joint Funding Policy.
  - NHS STW Continuing Health Care Dispute Resolution Policy.
  - NHS STW Freedom to Speak up Policy
  - NHS STW Policy on Management of Policies
  - NHS STW Employee Privacy Notice
  - NHS STW Information Governance Data Protection and Security Policy
  - NHS STW Information Governance Handbook
  - NHS STW Public Privacy Notice



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- NHS STW Standard Operating Procedures – Information Governance Data Breach Reporting
- An update was provided in relation to the Prescription Ordering Direct (POD) Decommissioning for assurance. SCPC noted the update and endorsed the planned approach to patient and public involvement.
- The Commissioning Working Group Chair's report was presented for noting and assurance.

#### 1.1.2. **28<sup>th</sup> October**

- A 12-month extension to the Strategic Commissioning Framework Policy was approved. This had previously been approved in October 2024 for 12 months.
- SCPC noted the processes that had been undertaken using the ICBs Strategic Decision Making Framework and the Hard Decisions Proposals for 2026/27 were approved, with the exception of 2 services, which will be reviewed at a future committee meeting in the new year.
- The Integrated Impact Assessment policy was approved.
- An increase in the practice boundary for Portcullis Medical Practice was approved.
- Risks relevant to SCPC were reviewed and it was noted that risks had been updated during October 2025.
- The monthly finance revenue and efficiency update was presented for assurance.
- The Capital Prioritisation Oversight Group update was presented for assurance.
- An update was provided on the Medium-Term Financial Planning guidance (MTFP) for assurance.
- An update was provided in relation to the implementation of the Integrated Single Financial Environment (ISFE2) for assurance.
- The Equality and Involvement Committee (EIC) Report was presented for noting. SCPC discussed and approved the EIC's recommendations.
- The Commissioning Working Group Chair's report was presented for noting and assurance.
- The People Forum Update was presented for discussion and assurance.
- A paper was presented in respect of Provider Capability Assessments describing the processes and engagement with providers that had been undertaken and the feedback – the paper was approved for submission.
- Information was provided around the System Data Strategy for information.
- It was agreed that a Chairs report from the Primary Care Commissioning Group would come to the committee in future for information



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## 1.2. Key Risks and Mitigations

- 1.2.1. The System Operational Risk Register (SORR) and System Board Assurance Framework (SBAF) are discussed at each meeting. Relevant risks, particularly SORR risk 29 where the risks and mitigations to delivery of the ICB financial plan in 2025/26 are detailed, and the newly added SORR risk 30 which reflects the potential impact of government reform (ICB cost reductions) on delivery of the plan, are discussed in detail including the effectiveness of mitigations.

## 1.3. Performance and Assurance

- 1.4.1 The range of papers presented provides assurance by demonstrating robust oversight across all key areas of organisational performance.
- 1.4.2 Financial reports and capital updates confirm progress against efficiency targets and investment priorities, while commissioning intentions and strategic frameworks show alignment with long-term objectives.
- 1.4.3 Policy approvals and risk reviews evidence compliance with statutory and governance requirements, and equality and involvement reports ensure decisions address quality, inclusion, and patient experience.
- 1.4.4 Operational updates on service changes and system implementations highlight effective delivery and risk mitigation, and workforce-focused items such as the People Forum and Freedom to Speak Up policy reinforce a positive organisational culture.
- 1.4.5 Collectively, this provides a comprehensive picture of financial sustainability, strategic delivery, operational resilience, quality of care, and governance, giving the Board confidence that performance is being managed effectively.

## 1.5 Alignment to ICB Objectives and Core Functions

- 1.5.1 The work of the committee supports the ICB's core functions and overarching goals in the following ways:

Improve outcomes in population health and healthcare – The committee oversees commissioning decisions, ensuring prioritisation of investment and delivery of value for money, both of which are linked to improved outcomes and population health. The system integrated improvement plan will deliver improvements in urgent and emergency care, workforce, culture and leadership.

Tackle inequalities in outcomes, experience, and access – The committee discusses Population Health Management and Health inequalities data, as well as EQIAs as part of decisions relating to commissioning of services to ensure targeted improvement in outcomes, experience and access.

Enhance productivity and value for money - Productivity improvements and delivering value for money inform the financial improvement programme and ensure that resources are targeted to best effect for the population of STW



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## Help the NHS support broader social economic development –

The SIIP sets out improvements in workforce and partnership working which will support broader social and economic development.

- 1.4.2 Outline actions agreed upon by the committee, timelines, and any plans for future meetings or reviews.

### **1.6 Next Steps and Forward Plan**

- 1.6.1 The committee will continue to meet monthly.

### **1.7 Attachments**

- 1.7.1 None



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## ICB 25-11.149- System Transformation and Digital Group Briefing Report

**Meeting Name:** Integrated Care Board Meeting

**Meeting Date:** 24 September 2025

**Report Presented by:** Andrew Morgan Committee Chair and Chair in Common  
Shropshire Community Health NHS Trust and The Shrewsbury and Telford Hospital  
NHS Trust

**Report Approved by:** Ian Bett, ICB Chief Delivery Officer

**Report Prepared by:** Ian Bett, ICB Chief Delivery Officer

**Action Required:** For Noting

### 1. Committee/Group Meeting Details

1.1 System Transformation and Digital Group Meeting held on 24<sup>th</sup> September 2025

### 2. Summary of Key Discussions and Decisions

#### 2.1 Deep Dives

- It was agreed by the Committee a schedule of deep dives over the coming year to provide further assurance and an opportunity to get into a greater level of detail and ensure delivery and alignment.

#### 2.2 Future System Transformation Governance

- A discussion was had on the evolving governance structures considering ICB cluster formation. Agreed emphasis should remain on maintaining neighbourhood, place-based and provider focus despite cluster-wide changes.
- A further discussion was agreed to take place at the next meeting with Mark Axcell joining the discussion on how the governance of transformation can evolve.

#### 2.3 Shared Services

- Progress noted across three main workstreams: Workforce, Digital, and Finance.
- For facilities and estates initial meetings have been held.
- Escalation and mitigations agreed of support and engagement from primary carer and digital teams.

#### 2.4 Neighbourhood Health

- Shropshire accepted into national neighbourhood programme, with plans to share learning and apply principles across both places.
- Integrated Neighbourhood Teams gaining momentum, including children and young people's services.



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- Risk stratification and urgent care response pilots planned of winter.
- General practice engagement ongoing; themes emerging from practice visits.
- Need for consistent delivery and follow-through on transformation promises.
- Proposal for joint sessions with acute, community, and mental health teams to align feedback and actions.

## 2.5 **Elective Reform**

- MSK transformation aligned with neighbourhood strategy.
- Concerns raised about locally commissioned services being overloaded without additional funding.
- Need for clarity on programme scope and prioritisation.
- Noted successful joint consultant appointments between RJAH and PRH

## 2.6. **UEC**

- UEC delivery group praised for impactful patient story and implementation of key initiatives to address issues raised in patient story.
- All initiatives related to bolstering community services on track for full implementation by 1st December.

## 2.7. **Mental Health and LD&A**

- Update on psychiatric intensive care unit (PICU) planning provided.
- Potential for VCSE grant funding to support targeted interventions.
- Plans to align funding and initiatives with local authorities and VCS partners.

## 2.8 **System Improvement Plan:**

- ICB application to exit Recovery Support Programme (RSP) supported by regional panel with review scheduled for end of September 2025.
- Continued commitment to support SaTH in exiting RSP in March 2026.

## 3. **Recommendations to the Board**

- To note updates within the highlight reports.

## 4. **Key Risks and Mitigations**

- Risks reviewed and no new risks to be escalated.

## 5. **Performance and Assurance**

N/A

## 6. **Alignment to ICB Objectives and Core Functions**

N/A



Ambition



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Focus

## **7. Next Steps and Forward Plan**

- A further system transformation governance discussion to be had at the October meeting

## **8. Attachments**

N/A



## 1. ICB 25-11. 250- Audit Committee Briefing Report

**Meeting Name:** NHS Shropshire, Telford and Wrekin Board

**Meeting Date:** 26<sup>th</sup> November 2025

**Report Presented by:** Roger Dunshea, Non-Executive Director

**Report Approved by:** Roger Dunshea, Non-Executive Director

**Report Prepared by:** Roger Dunshea, Non-Executive Director

**Action Required:** For Assurance.

### 1.1. Committee/Group Meeting Details

- 1.1.1. Committee/Group Meeting Date(s): 17 September 2025
- 1.1.2. The meeting was quorate with no conflicts of interest.
- 1.1.3. The meeting finished on time with good contributions from participants.

### 1.2. Summary of Key Discussions and Decisions

- 1.2.1. A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:
  - New finance system: The Integrated Single Financial Environment Programme (ISFE 2) will replace the existing financial platform in use across NHS England (NHSE), Integrated Care Boards (ICBs), Commissioning Support Units (CSUs) and the Health Services Safety Investigations Body (HSSIB). The go live is due 1 October; the committee was given reassurance on the preparation for the switch over and asked to be updated on any escalating concerns.
  - The ISFE briefing was presented for information and noting.
  - The committee received updates on: Losses and waivers etc

### 1.3. Recommendations to the Board

- 1.3.1. NHS Shropshire, Telford and Wrekin Board is asked to consider the following recommendations arising from the meeting:
  - The Board is recommended to seek assurances in the near future, regarding the governance of the SSOT cluster transition arrangements and the delivery of the evolving operating model and financial targets, all within a changing timeframe. The context remains that each ICB remains statutorily accountable for its performance.

### 1.4. Key Risks and Mitigations

- 1.4.1. Quoracy - It was noted the previous meeting had not been quorate. This requires the attention of the Non-Executive Directors (NEDs) and the secretariat to ensure the committee's terms of reference are met in future.



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- 1.4.2. Action log - The log requires attention to ensure actions are recorded, assigned and completed on time.
- 1.4.3. System Board Assurance Framework (SBAF) and Strategic Operational Risk Register (SORR) - The SBAF and SORR has gaps identifying mitigating actions, responsibilities and dates. Most of the risks are assessed as red (high risk). The committee recommended that Executives regularly review the SBAF and SORR to ensure it is updated, comprehensive and underpins the aim of reducing the strategic risks of the ICB.
- 1.4.4. Staffordshire, Stoke-on-Trent (SSOT) and STW ICBs cluster transition - The committee reviewed the governance structure and delivery groups for the transition to the new cluster. It was noted there is no group set up dedicated to financial delivery of the Department of Health and Social Care (DHSC) objectives. The transition high level risk register shows the overall high-risk assessments and the due target dates; all for completion by December 2025. The committee was informed these dates may slip.

## 1.5. Performance and Assurance

- 1.5.1. Assurances were received via Internal Audit reports on -
- Cyber security.
  - Freedom to speak up procedures and governance.
  - Financial management and controls.
  - System Integrated Improvement Plan- collaborative working processes.
- 1.5.2. Other reports were received on-
- Information governance.
  - Policies management.
  - Conflicts of interest, gifts and hospitality governance procedures.
  - Counter fraud actions and reporting.
- 1.5.3. The committee requested the SBAF is reviewed and that any gaps in ownership, actions and dates are addressed.
- 1.5.4. The meeting was felt to be effective and working within the terms of reference.

## 1.6. Alignment to ICB Objectives and Core Functions

- 1.6.1. The committee report aligns well with NHS STW core objectives and functions by supporting improved financial governance, system-wide collaboration, and risk management. It contributes to better population health outcomes and productivity through assurance on cyber security, financial controls, and integrated improvement planning. The oversight of the ISFE 2 transition and SSOT cluster governance reflects a commitment to statutory accountability, value for money, and effective service delivery, while the review of strategic risks and internal audit findings ensures robust governance and supports the ICB's statutory duties.



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## **1.7. Next Steps and Forward Plan**

- 1.7.1. The principal follow-up action is to ensure the audit committee's work plan and agenda reflects the interdependency of the risks/changes associated with the new cluster arrangements with SSOT.

## **1.8. Attachments**

- 1.8.1. None



## 1. ICB 25-11.251- Strategy and Prevention Committee Briefing Report

**Meeting Name:** Strategy and Prevention Committee

**Meeting Date:** 8 October 2025

**Report Presented by:** Cathy Purt, Non-Executive, SCHT (Committee Chair)

**Report Approved by:** Cathy Purt, Non-Executive, SCHT (Committee Chair)

**Report Prepared by:** Nigel Lee, Chief Strategy Officer NHS STW

**Action Required:** For Noting

- 1.1.1. Committee established April 25 and meets quarterly. Additional extraordinary committee meetings would be held if necessary, subject to Chair's approval.
- 1.1. Committee Group Meeting Details**

### 1.2. Summary of Key Discussions and Decisions

- 1.2.1. Review of the ICB BAF and SORR with noting of relevant risks to the Committee. No changes noted.
- 1.2.2. Following confirmation of Shropshire successful place on National Neighbourhood Health Implementation Programme, a brief update on the scope and aims of the programme was provided. First regional workshop on 23 Oct 25, with 18 members of the system attending (from General Practice, NHS Trusts, Local Authority, ICB and VCSE). Great opportunity for Shropshire and the STW system.
- 1.2.3. Update from Shropshire HWBB including vaccination improvement plan report and Shropshire Pharmacy Needs assessment.
- 1.2.4. Presentation on development of workstreams in the prevention framework, cross-referencing and aligning work between Local Authorities and NHS. Noted that PCNs and pharmacies are fully engaged with this work.
- 1.2.5. Update on 25/26 healthcare inequalities plan, with progress of individual programmes and projects against their agreed deliverables for Quarter 1.
- 1.2.6. Progress update on the ICS digital strategy; key discussions on the progress on the shared patient record, and the integrated approach to support clinical pathways.
- 1.2.7. Overview of community transformation work underway, and the role of the ICS Neighbourhood Health Implementation Group and the 2 Place Partnership Boards.
- 1.2.8. Summary of latest position on medium term planning process.
- 1.2.9. Reviewed draft NHS Shropshire, Telford and Wrekin ICB Data and Analytics Strategy 2025–2030. Approved for publication.



Ambition



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### **1.3. Recommendations to the Board**

- 1.3.1. To note the report, recognising the priorities set out in the NHS 10 year plan.
- 1.3.2. To note the importance that the Committee continues to place on Prevention activity.

### **1.4. Key Risks and Mitigations**

- 1.4.1. STW ICB has a clear view on prevention activity and spend but risk remains for continued resourcing for prevention given multiple priorities. Mitigated by continuing to raise the profile on prevention work, value for money and importance of prevention in longer term sustainability.

### **1.5. Performance and Assurance**

- 1.5.1. Health Inequalities Q1 progress update presented and discussed.

### **1.6. Alignment to ICB Objectives and Core Functions**

- 1.6.1. The Committee is focused on a strong whole-system approach to implementing the strategic objectives, with neighbourhood health, digital strategy and prevention at the core. Promoting integration across partners, with senior Local Authority representation) supports a consistent population health approach and a strong focus on health inequalities. The Strategy and Prevention Committee continues to work closely with the System Transformation and Digital committee.

### **1.7. Next Steps and Forward Plan**

- 1.7.1. Development of medium term plan, with review at Strategy & Prevention Committee in Jan 26.

### **1.8. Attachments**

- 1.8.1. None



Ambition



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## 1. ICB 25-11.252 People Culture and Inclusion Committee Briefing Report (meeting held on 15.10.25)

**Meeting Name:** STW ICS Board

**Meeting Date:** 26<sup>th</sup> November 2025

**Report Presented by:** Stacey Lea Keegan, CEO RJAH and System Executive Workforce Lead

**Report Approved by:** Martin Evans, Non-Executive Director RJAH, Vice Chair of PCIC

**Report Prepared by:** Ellen Shaw, Strategic Lead Workforce, STW ICB

**Action Required:** For Assurance.

### 1.1. Summary of Key Discussions and Decisions

- 1.1.1. The committee were presented with highlight reports on the delivery of the System People Strategy. A positive discussion was held in relation to overall progress and delivery with a recognition that the wider context is challenging and posing some risks due to competing priorities. There was also recognition that key activities within the strategy including strategic workforce planning and education and learning, are highlighted within the ICB Model Blueprint to be services that will transfer to Region and Providers respectively over time.
- 1.1.2. A presentation was received from Telford College relating to their partnership launch with Keele University, including the commencement of 51 Nursing Associate Apprenticeships within the system. The Committee proposed that this partnership should be showcased at a future ICB Board meeting to celebrate the great work and ensure all partners are sighted on the strategic opportunity.
- 1.1.3. Positive progress on the delivery of the workforce aspects of the operational plan was shared. Turnover and sickness are both below plan, and the target for consultant job planning has been met. Bank usage is higher than plan but reducing with mitigations in place to further improve the position.
- 1.1.4. A summary of the system vacancy panel was presented showing that 275 roles were received, and 82% approved by the panel. Members requested that given reduction in rejections and context of clustering arrangement being developed that the panel is reviewed to ensure it is still providing positive impact. The committee acknowledged the grip and control taking place within individual organisations before reaching the system vacancy panel hence the low number of roles being rejected.
- 1.1.5. An update on the Equality Diversity and Inclusion work was provided including an update on the success of the anti-racism campaign and plans



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to expand this to other protected characteristics the partnership with University and Leicester on the rural racism research, and some wider discussion on the inclusion of EDI metrics for future updates. It was agreed that the PCIC would review RES, DES and Staff Survey data prior to Board submission.

- 1.1.6. The opportunity to apply to be part of the new national High Potential Scheme (HPS) was discussed with the Committee agreeing that after involvement and investment into the pilot, and the successful outcomes recorded for participants to date, STW (along with SSOT partners where appropriate) would submit an expression of interest to join the next cohort commencing early in 2026. The principle of a 'fair share' approach to funding was positively received, with a view to organisations paying for the required system coordination functions on a pro rata basis aligned to the volume of participants from each organisation.

## **1.2. Recommendations to the Board**

- 1.2.1. The Committee requests that the Board considers scheduling a presentation on the Partnership Launch of Telford College and Keele University at a future Board meeting.

## **1.3. Key Risks and Mitigations**

- 1.3.1. Updated risks within SBAF and SORR were reflected, and no new risks identified to be added.
- 1.3.2. A local risk was highlighted in discussion on the delivery of System People Strategy which related to the delivery of Oliver McGowan training falling short of the 30% target for delivery which was the 24/25, target and significantly behind the current year target of 63%. This poses potential quality concerns as well as removing the opportunity for system partners to access further central funding to support this training.

## **1.4. Performance and Assurance**

- 1.4.1. Assurance was provided to the Committee on the continuing successful delivery of the System People Strategy, workforce aspects of the operational plan and wider workforce related activity, including the identification of opportunities for greater cross sector working with social care and the voluntary sector which will be further explored.

## **1.5. Alignment to ICB Objectives and Core Functions**

- 1.5.1. The PCIC supports the delivery of the ICB's statutory duties, as well as the 10 People Outcomes, People Plan and People Promise. It provides oversight and assurance to the delivery of workforce aspects of the operational plan as well as progress and risks around tackling inequalities.

## **1.6. Next Steps and Forward Plan**

- 1.6.1. The PCIC meets bi-monthly, with People Collaborative taking place to progress the people agenda on intermediate months.
- 1.6.2. The Committee requested that the draft Pharmacy Workforce Strategy, which was presented at People Collaborative, be shared at the next PCIC.



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1.6.3. In line with Audit recommendations planning for delivery of the FTSU report will be worked through with the NED responsible for this item within PCIC, and clarified in the Cycle in the Business.

## **1.7. Attachments**

1.7.1. Minutes of the meeting can be found in Appendix A.



**NHS Shropshire Telford and Wrekin  
People Culture and Inclusion Committee Meeting  
Wednesday 15 October 2025 at 15:00  
Via Microsoft Teams**

**Present:**

Martin Evans	Non-Executive Director, Robert Jones and Agnes Hunt NHS Foundation Trust
Jan Heath	System Workforce Lead, NHS Shropshire Telford and Wrekin
Vanessa Whatley	Chief Nursing Officer, NHS Shropshire Telford and Wrekin
Stacey Keegan	Chief Executive Officer, Robert Jones and Agnes Hunt NHS Foundation Trust
Denise Harnin	Chief People Officer, Robert Jones and Agnes Hunt NHS Foundation Trust
Alex Brett	Chief People Officer, Midlands Partnership University Foundation Trust
Carol Bagnall	People Transformation Manager, NHS Shropshire Telford and Wrekin
Teresa Boughey	Non-Executive Director, Shrewsbury and Telford Hospital NHS Trust
Debbie Nixon	Non-Executive Director, Midlands Partnership University Foundation Trust
Emma Wilkins	Deputy Chief People Officer, Shrewsbury and Telford Hospital NHS Trust/Shropshire Community Health Trust
Amanda Battey	Senior Manager Workforce Transformation, NHSE
Hannah Preece	HR Manager, Telford and Wrekin Council
Ellen Shaw	Strategic Workforce Lead NHS Shropshire Telford and Wrekin

**In Attendance:**

Pete Ezard	Co Chair VCSA and Chief Executive of Energize Shropshire Telford and Wrekin
Sarah Davies	Executive Director Partnerships & Employer Engagement Telford College

**Apologies:**

Harry Turner	Committee Chair, and Chair, Robert Jones and Agnes Hunt NHS Foundation Trust
Claire Parker	Director of Strategy and Development NHS Shropshire Telford and Wrekin
Alison Trumper	Associate Director of Quality NHS Shropshire Telford and Wrekin
David Crosby	Chief Officer Partners in Care

**Minute No. PCIC 15-10.026 – Welcome & Apologies**

26.01 Martin Evans chaired the meeting in Harry Turner's absence.

26.02 Apologies were noted as listed above.

26.03 The Chair confirmed approval of the strategy by the Board following the last meeting (18 June).



Ambition



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**Action: The Chair asked Ellen Shaw to update the attendee list for this Committee**

**Minute No. PCIC 15-10.027 – Quoracy, Attendance Register, Conflicts of Interest Declarations**

27.01 The Committee meeting was noted as quorate,

27.02 No conflicts of interest were declared.

**Minute No. 15-10.028 Minutes, Chairs Report and Action Log from last PCIC meeting held on 18 June 2025**

28.01 PCIC members reviewed and discussed the minutes and action log from the previous meeting.

28.02 All actions were noted as closed or on-going

**RESOLVE: Committee members reviewed and approved the minutes from 18 June 2025**

**28.03 Chairs Report last PCIC meeting held**

Key points from the last PCIC were presented and discussed.

**RESOLVE: Committee members noted the updates from the Chairs report.**

**Minute No. PCIC 15-10.029 Chairs Report from last People Collaborative meeting**

Stacey Keegan presented the report and highlighted the following key points.

- Strategy delivery overview well received.
- High Potential Scheme (HPS) discussed; update to follow.
- Concerns raised about challenges in social/independent care sector and voluntary organisations.
- Pharmacy workforce strategy aligns with system people strategy; recommended for next committee agenda.
- Risks and opportunities identified in training and education collaboration with voluntary sector.

**Action: Pharmacy Workforce Strategy: Agreed to include it in the agenda for the next committee meeting in December.**

**Minute No. PCIC 15-10.030 – Update on ICB Reform**

Ellen Shaw presented the item and highlighted the following key points.

- Simon Whitehouse confirmed as Cluster CEO; Ian Green as Cluster Chair (from November).
- Executive team design and consultation underway; appointments expected in 4–6 weeks.
- Collaborative working increasing, especially in people agenda.
- Engagement with staff forums ongoing.
- EDI collaboration with SSOT initiated; joint workshop planned.



### **Minute No. PCIC 15-10.031 – Partnership Launch Telford College and Keele University**

Sarah Davies gave the presentation and after discussions the following points noted.

- Official launch on 1 October at Telford College.
- 51 Nursing Associate Apprentices started.
- Strategic collaboration with Keele University praised.
- Plans to expand provision and track impact.
- Proposal to showcase initiative at ICB Board supported.

### **Minute No. PCIC 15-10.032 – Update on System People Strategy Delivery**

Ellen Shaw presented the paper and key points were noted.

- Four strategy pillars rated amber/green.
- Delivery pace impacted by reform and clustering.
- Workforce plan delivery progressing well.
- Risks identified across all pillars due to competing priorities.
- Strategic workforce planning and education services under review due to regional transfer.

### **Pillar updates**

#### **Train**

- Qualification added to academy.
- Expansion into social care underway.
- LMS decommissioning discussed; potential cross-cluster opportunity.
- Cluster-wide response to 10-year workforce plan in development.
- **Risks:**
  - Occupational health screening for T-levels ongoing; mitigated at cost.
  - Oliver McGowan training target (30%) not met; collaborative action agreed.

#### **Retain**

- People Promise Lead funding withdrawn; portal created for access to resources.
- Workforce reductions impacting focus.
- Emphasis on culture, leadership, and staff engagement to support retention.

#### **Transform**

- HPS update pending.
- Leadership support and coaching continuing.
- System leadership conference delayed.
- CO development programme being refreshed for cluster-wide delivery.



- Pete Ezard (VCSA) highlighted opportunities for system leadership collaboration via Sport England investments.

## **Reform**

- Shared services programme expanded to include SSOT; delivery benefits expected in 2026–27.
- Workforce planning guidance unclear; risk flagged.
- Consultant job planning target (95%) exceeded (now 96%).

**Action: Address Oliver McGowan training shortfall: Action agreed to clarify barriers and report back at November collaborative.**

### **Minute No. PCIC 15-10.033 – Workforce Plan Delivery – exception report**

Jan Heath presented the paper and key points noted.

- Month 5 data reviewed: bank usage high but reducing.
- Turnover and sickness below plan.
- Consultant job planning target met.
- Metrics for training and education to be added from next month.

### **Minute No. PCIC 15-10.034 – System Vacancy Panel Activity Summary**

Jan Heath updated Committee members on the following

- 275 roles reviewed; 82% progressed to system panel.
- Internal scrutiny improved, fewer rejections.
- Time to recruit increased to 71 days.
- Fixed-term roles less attractive; permanent roles reinstated in some cases.
- Agreed to review the future of the panel in light of evolving system processes and reduced need.

**Action: Review future of System Vacancy Panel: To be discussed outside the meeting**

### **Minute No. PCIC 15-10.035 – Equality Diversity and Inclusion Update**

Vanessa Whatley introduced the paper and highlighted the following

- Anti-racism campaign well received; 26 staff featured.
- Plans to expand campaign to other protected characteristics.
- Partnership with University of Leicester on rural racism research.
- Recommendation to maintain visibility of race-related incidents at Board level.
- Proposal to include metrics (RES, DES, staff survey) in future reports; agreed to review data at committee before Board submission.

**Action: EDI Data Reporting: Vanessa to bring proposed metrics to next committee before Board submission.**

### **Minute No. PCIC 15-10.036 – High Potential Scheme National Launch**

Stacey Keegan and Alex Brett presented the paper and key points noted





- STW and SSOT led pilot; now adopted nationally.
- Strong support for continued participation.
- Funding model proposed: approx. £3,000 per participant.
- Deadline for expressions of interest imminent; committee supports continuation.
- Committee endorsed continued participation in the national rollout, pending final organisational approvals.

**Action: HPS Participation: Ellen to confirm partner commitments and coordinate with national team.**

**Minute No. PCIC 15-10.037 – Planning for FTSU Annual Report**

- Internal audit query raised; report due February.
- Clarity needed on contents of report

**Action: Freedom to Speak Up Report: Ellen to clarify scope with Teresa and respond to internal audit query**

**Minute No. PCIC 15-10.038– Review of Risks – SBAF and SORR**

- No new risks proposed.
- Updated BAF and workforce risks approved previously; minor updates noted.

**Minute No. PCIC 15-10.039 - Review and Reflection of new or amended risks**

Meeting praised for constructive and positive tone despite challenges.

**Any Other Business**

No additional business raised.

The Chair closed the committee meeting 16:36hrs

## 1. ICB 25-11.253 – NHS Shropshire, Telford and Wrekin Remuneration Committee Briefing Report for Board

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** 26<sup>th</sup> November 2025

**Report Presented by:** Professor, Trevor McMillan, Non-Executive Director

**Report Approved by:** Professor, Trevor McMillan, Non-Executive Director

**Report Prepared by:** Angie Porter, Governance Manager, NHS STW

**Action Required:** For Noting and Approval

### 1.1. Committee/Group Meeting Details

- 1.1.1. This report relates to Remuneration Committee meetings that took place on 19<sup>th</sup> September 2025 and 30<sup>th</sup> September 2025.

### 1.2. Summary of Key Discussions and Decisions

- 1.2.1. The meetings on the 19<sup>th</sup> and 30<sup>th</sup> of September 2025 were deemed to be quorate and there were no Conflicts of Interest identified.
- 1.2.2. 19<sup>th</sup> September 2025 – The Remuneration Committee approved the business case for the transition approach for the formation of Shropshire, Telford and Wrekin (STW) and Staffordshire, Stoke-on-Trent (SSOT) Cluster ICBs' Executive Director and Director level posts.
- 1.2.3. 30<sup>th</sup> September 2025 – It was confirmed that NHS England had formally recruited to the post STW and SSOT Cluster CEO, with a start date of 1<sup>st</sup> October 2025. The Remuneration Committee approved the Remuneration Package for the STW and SSOT Cluster CEO post in line with NHS England guidance.
- 1.2.4. 30<sup>th</sup> September 2025, The Remuneration Committee approved the indicative redundancy costs associated with the decommissioning of Prescription Ordering Direct (POD), subject to NHS England approval.

### 1.3. Recommendations to the Board

- 1.3.1. The Board are asked to **NOTE** the decisions that were made at the meetings on 19<sup>th</sup> and 30<sup>th</sup> September 2025.

### 1.4. Key Risks and Mitigations

- 1.4.1. The Remuneration Committee's decisions align closely with NHS STW's strategic risk framework by addressing key transformation and workforce challenges.

### 1.5. Performance and Assurance

- 1.5.1. Supports Leadership Stability: CEO appointment and cluster transition ensure strong executive leadership, a key enabler of system performance and accountability.



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- 1.5.2. Enables System Oversight: Aligns with the System Integrated Improvement Plan (SIIP) and NHS Accountability Framework by reinforcing governance and performance monitoring.
- 1.5.3. Demonstrates Financial Prudence: Redundancy cost approval for POD service reflects responsible financial planning and alignment with value-for-money principles.

## **1.6. Alignment to ICB Objectives and Core Functions**

- 1.6.1. The Remuneration Committee's decisions align with NHS STW's objectives and core functions by supporting system leadership, financial stewardship, and service transformation. The cluster transition and CEO appointment strengthen integrated leadership and accountability, essential for delivering population health outcomes and collaborative system working. The approval of redundancy costs for the POD service supports the ICB's aim to modernise services, improve digital access, and ensure value for money - core functions outlined in NHS STW's statutory duties and Joint Forward Plan. Together, these actions reinforce NHS STW's commitment to effective governance, workforce planning, and patient-centred service delivery.

## **1.7. Next Steps and Forward Plan**

- 1.7.1. The need for more regular Remuneration Committee's was highlighted during the meeting on 19<sup>th</sup> September 2025, due to the level of change that is taking place within the organisation. To ensure availability of Remuneration Committee members, meetings have therefore been booked in for future dates, with a view that these can be cancelled if not needed.

## **1.8. Attachments**

None



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## 1. ICB 25-11.254 – NHS Shropshire, Telford and Wrekin Transition Committee Briefing Report for Board

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 26<sup>th</sup> November 2025

**Report Presented by:** Ian Green OBE, Chair, NHS STW

**Report Approved by:** Ian Green, OBE, Chair, NHS STW

**Report Prepared by:** Alison Smith, Chief Business Officer, NHS STW and Angie Porter, Governance Manager, NHS STW

**Action Required:** For Noting and Assurance

### 1.1. Committee/Group Meeting Details

- 1.1.1. This report relates to the Transition Committee meetings that took place on 9<sup>th</sup> September 2025, 23<sup>rd</sup> September 2025 and 7<sup>th</sup> October 2025.

### 1.2. Summary of Key Discussions and Decisions

- 1.2.1. The Transition Committee receives reports from the Programme Group which has been created between NHS STW and NHS Staffordshire, Stoke on Trent ICB (NHS SSOT) to provide management oversight to the creation of a clustering arrangement between the two ICBs. To date these reports have been largely focussed on the creation and development of a programme structure to ensure that the transition to a cluster arrangement is managed efficiently and effectively in line with the ICB Blueprint document.
- 1.2.2. The Transition Committee agreed that future meetings would be held jointly with NHS SSOT, to take place monthly.
- 1.2.3. The Transition Committee discussed risk levels, to include a discussion around the System Board Assurance Framework. A reduced risk level was felt appropriate, given the pace of change.
- 1.2.4. The Transition Committee received a summary of model good practice in relation to Special Education Needs (SEND), Safeguarding, Continuing Health Care and Medicines Optimisation.
- 1.2.5. The Transition Committee discussed the management of change process for the Executive Team, which included a discussion around the planned consultation with Executive Team members. It was confirmed that the business case for the Executive Team management of change process redundancy impact was awaiting NHS England approval.
- 1.2.6. The Transition Committee approved the workforce sharing agreement between NHS SSOT and NHS STW.
- 1.2.7. The Transition Committee approved in principle the Collaboration Agreement between NHS SSOT and NHS STW.



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- 1.2.8. The Transition Committee received a high-level transition plan, which was felt to be helpful and will be a standing agenda item at future meetings.
- 1.2.9. The Transition Committee received updates in relation to regional and national Chair and Chief Executive Officer discussions. This included confirmation of the appointment of Ian Green as Cluster Chair for both NHS STW and NHS SSOT from 1<sup>st</sup> November 2025.

### 1.3. Recommendations to the Board

- 1.3.1. The Board are asked to **NOTE** that the Transition Committee has been moved to a joint meeting with NHS SSOT, to take place monthly.
- 1.3.2. The Board are asked to be **ASSURED** of oversight provided by Transition Committee on behalf of the Board, in relation to the programme of work between NHS STW and NHS SSOT regarding the NHS Reset Programme.

### 1.4. Key Risks and Mitigations

- 1.4.1. Risks around the NHS model blueprint and the impact that upcoming changes will have on staff were considered. Risks around this have been added to both the Strategic Operational Risk Registers and Programme Risk Log and updated as required.

### 1.5. Performance and Assurance

- 1.5.1. Supports leadership stability and workforce planning.
- 1.5.2. Reinforces governance and financial oversight.
- 1.5.3. Proactive risk management enhances assurance.

### 1.6. Alignment to ICB Objectives and Core Functions

- 1.6.1. The Transition Committee's discussions and decisions align with the Integrated Care Board's (ICBs) core functions as they are proactively addressing system transformation risks linked to the NHS Model Blueprint. These actions contribute to organisational stability, compliance, and readiness for national change, reinforcing the ICB's commitment to effective leadership, risk management, and system-wide improvement.

### 1.7. Next Steps and Forward Plan

- 1.7.1. Future meetings will be joint with NHS SSOT and will take place monthly, with the first scheduled joint meeting planned for 25<sup>th</sup> November 2025.

### 1.8. Attachments

- 1.8.1. None



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