

ICB Board – 24 April 2024– Questions received from members of the public

Email 29/05/2024 -11.49ampm received from David Sandbach (**revised questions**)

Question No.	Submitted Questions	Summary Responses
Question 1:	<p>Preamble:</p> <p>023.17 The Board agreed the preferred option (Option 3) for the Delegation of Specialised Services, with the mandate to work hard to make sure that it worked for them over the next year so that they have a really informed discussion at the point of having to decide the next step.</p> <p>Source: STW-Integrated -Care -Board-24 -April-2024 -Agenda-Papers.pdf (shropshiretelfordandwrekin.nhs.uk)</p> <p>Question 1:</p> <p>Is the statement below true? Who are ‘they’ meant to be?</p> <p>“Mr White responded by saying that there was a proposed ‘lock arrangement’ that worked in two ways around financial risk. If there was a surplus within a budget, then they would not get access to it and similarly if there was any overspend, they don’t carry the risk for that.”</p>	<p>Response provided by Claire Skidmore, Chief Finance Officer</p> <p>At the meeting referred to the Board signed off a collaboration agreement which sets out the financial management arrangements for delegated specialised services. This is a pooled budget agreement including provision for risk share.</p> <p>In addition to this, it agreed ‘option three’ which is for extended development arrangements. As a System in NOF4, this allows a level of protection within the collaborative arrangement whilst our local teams focus on addressing our pressing challenges. This is described in the paper presented to the Board. Part of this arrangement, as described by Mr White, also allows an element of financial protection for the System to protect it from any adverse impact of a deficit position in specialised services for as long as the arrangement is in place.</p>

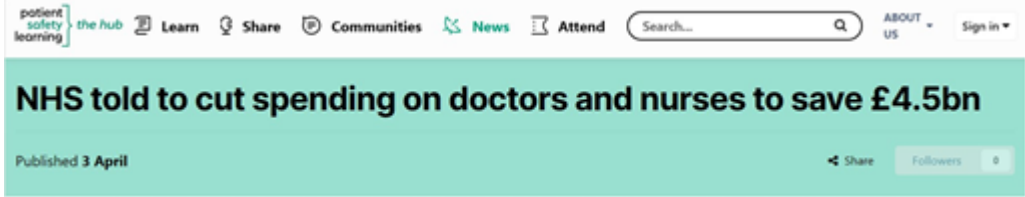
<p><u>Question 2:</u></p>	<p><u>Preamble:</u></p> <p>3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail</p> <hr/> <p>Yes, this report relates to risks around inefficient use of resources, outdated technologies and improving the ability of the system to benefit from opportunities to enable integrated care services with modern digital services, outlined in the Board Assurance Framework.</p> <ul style="list-style-type: none"> • BAF Strategic Risk 2 • BAF Strategic Risk 5 <p>Source: STW-Integrated -Care -Bo ard-Papers -2 7 .0 3 .2 4 .pdf (s hropshiretelfo rdandwrek in.nhs.uk)</p> <p><u>Question 2:</u></p> <p>When will these risks be eliminated as a result of the direction of travel noted in the paper presented to the ST&W ICB?</p>	<p>Response provided by Tristi Tanaka – Head of Digital Innovation and Transformation.</p> <p>In the report to the Board on the 27th of March 2024, the contextual risk factors for Board Assurance Framework Strategic Risks 2 and 5 are described. While the report and approval of the strategy does not eliminate these risks, the Board’s awareness of these factors affects the effectiveness of past and proposed risk responses.</p> <p>The Executive and Board’s commitment to the ICS Digital Strategy’s principles is a first step towards prioritising the related BAF risk responses. The next step includes Board and Executive ownership through a resourced and aligned ICS digital portfolio and the checks for related system actions to prioritise effort for system digital ‘ways of working’, to understand the need for and support of aligned plans for the system’s low digital maturity and to support investment in data and digital literacy for the workforce and public.</p> <p>Working within reported and known constraints, risk elimination is not possible at this time; however, impact reduction and risk escalation reduction actions are in progress under the interim ICB digital leadership role.</p>
<p><u>Question 3:</u></p>	<p><u>Preamble:</u></p>	<p>Response provided by Antony Armstrong – Primary Care Digital Lead.</p>

	<p>STW has received a mandate to transfer their practices to digital telephony, which they have received financial support for. They are 98% complete for the end of March and will be 100% compliant by the end of April.</p> <p><u>Question 3:</u></p> <p>What metrics have the ST&W ICB put in place to measure benefits for the public?</p>	<p>The majority of practices in STW were part of the regional cloud-based telephony procurement in 2017-18 that saw those practices move to a fully cloud-based telephony platform.</p> <p>Through national Primary Care Access Recovery Plan (PCARP) funding support, 15 practices were identified as being on ‘evergreen’ contracts and the PCARP funding support allowed these practices to move to a cloud-based provider on the new ‘Better Purchasing Framework’.</p> <p>One practice remains outstanding due to prior work to be completed by BT that can only be carried out during the weekend. This work is scheduled to complete the 10th July, with the telephony provider go-live date of the 11th July.</p>																				
<p><u>Question 4:</u></p>	<p><u>Preamble:</u></p> <p>Long waits in elective care continue to improve significantly and this has been recognised as a positive response from system partners.</p> <p><u>Question 4:</u></p> <p>Can you please define what significantly is in terms of change in before i.e. date and number on waiting list and after i.e. date and numbers on waiting list.</p>	<p>Response provided by Julie Garside, Director of Planning & Performance</p> <p>The reduction in long waits over the past 2years has been as follows:</p> <table><tr><th colspan="4">NHS Shropshire, Telford and Wrekin - RTT Incompletes</th></tr><tr><th></th><th>Mar-22</th><th>Mar-23</th><th>Mar-24</th></tr><tr><td>65W+</td><td>1978</td><td>1022</td><td>563</td></tr><tr><td>78W+</td><td>965</td><td>97</td><td>7</td></tr><tr><td>104w+</td><td>260</td><td>3</td><td>0</td></tr></table>	NHS Shropshire, Telford and Wrekin - RTT Incompletes					Mar-22	Mar-23	Mar-24	65W+	1978	1022	563	78W+	965	97	7	104w+	260	3	0
NHS Shropshire, Telford and Wrekin - RTT Incompletes																						
	Mar-22	Mar-23	Mar-24																			
65W+	1978	1022	563																			
78W+	965	97	7																			
104w+	260	3	0																			
<p><u>Question 5:</u></p>	<p><u>Preamble:</u></p>	<p>Response provided by Julie Garside, Director of Planning & Performance</p>																				

	<ul style="list-style-type: none"> The external Neonatal Mortality Review from the Royal College of Physicians to review neonatal deaths occurring in the calendar years 2021-22. <p>Question 5:</p> <p>When will this document be put into the public domain?</p>	<p>SATH have not yet received the final report. Once it has been received it will be shared in the public domain. The ICB is not aware of a publication date at this time.</p>
Question 6:	<p>Preamble:</p> <p>025.2 Dr Povey asked whether the £57.1m made any difference. Mrs Skidmore responded by saying that it made a difference to Shrewsbury and Telford Hospital NHS Trust (SaTH) because of their current level of deficit. Dr Povey commented saying that it was important to note that General Practices are seeing more and more patients and doing a huge amount of work with no additional resource.</p> <p>Question 6:</p> <p>How will the total ST&W ICB debt at year end March 2024 be distributed among the ST&W ICB membership, including the MH service?</p>	<p>Response provided by Claire Skidmore, Chief Finance Officer</p> <p>The £57.1m was an allocation to fund the STW System Organisations 23/24 deficit plans and therefore this was allocated to SaTH and the ICB in line with the original deficit plan.</p> <p>Each in-system organisation (i.e. excluding Midlands Partnership University NHS Foundation Trust as they are part of the Staffordshire System) will report its 2023/24 financial position separately in their own annual accounts. The aggregate of these figures will combine to form the System position.</p>
Question 7:	<p>Preamble:</p> <ul style="list-style-type: none"> That the system moved into Tier 1 for UEC in February. <p>Question 7:</p> <p>NB Tier 1 is the worst tier a Trust can be put in and is indicative of a Trust which is failing very badly.</p> <p>When does the ST&W ICB management expect this designation to be removed from the UEC</p>	<p>Response provided by Gareth Robinson, Chief Delivery Officer</p> <p>For clarity, NHS STW as a system was placed into Tier 1 rather than an individual Trust. This reflects the complex and shared nature of the workforce, estates, operational performance and funding challenges the system is seeking to tackle.</p>

	<p>service provided by SaTH?</p>	<p>The Tier 1 status provides a national oversight and support mechanism for the system. This attracts constructive input from the NHSE National team which releases funding and valuable expertise from resources such as GIRFT and ECIST</p> <p>The evidence from other systems that have been included within Tier 1 is that they have achieved significant improvement as a result of the support. Moving out of the Tiering process does not have a specific timeline attached and the criteria for which we included within the Tier 1 will be constantly monitored.</p>
<p><u>Question 8:</u></p>	<p><u>Preamble:</u></p> <ul style="list-style-type: none"> • That IPC metrics are exceeding national target, and the quality assurance actions to manage the risk. <p><u>Question 8:</u></p> <p>Can you please provide the evidence to substantiate this claim?</p>	<p>Response provided by Vanessa Whatley, Chief Nursing Officer</p> <p>IPC metrics are provided in the integrated quality and performance report that is part of the Board papers. There is a summary of action. There is also a risk on the risk register for C diff with actions.</p> <p>In addition there is ongoing quality improvement work in care homes to increase hydration which will reduce urinary tract infections (UTI) and therefore help reduce cases of catheter related infection.</p> <p>Each Provider Board has regular IPC reports which provide detail on their actions and these are publicly available.</p>

<p><u>Question 9:</u></p>	<p><u>Preamble:</u></p> <p>026.3 Mrs Davies asked whether there was a Joint Governance Group that covers all ICS partners. Miss Smith responded by saying that she was trying to set a group up last year, but due to capacity issues has not been able to push that forward. She further added that having a system wide group was an important step to bring this work together.</p> <p><u>Question 9:</u></p> <p>When will this task be completed?</p>	<p>Response provided by Alison Smith, Chief Business Officer</p> <p>Communication has been sent to Governance Leads who have agreed to meeting as a group. An initial meeting is being set up.</p>
<p><u>Question 10:</u></p>	<p><u>Preamble:</u></p> <p>026.5 Dr Catriona McMahon commented by saying that some Boards review the agenda at the end of each meeting and reference it back to the highest risks and then confirm whether these risks have been addressed within the meeting. She suggested that this method would be a good practice to introduce.</p> <p><u>RESOLVE:</u> NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the paper and APPROVED the System Board Assurance Framework. The following RECOMMENDATIONS were made:</p> <ul style="list-style-type: none"> • Framing the discussions around addressing risks by adding them to the Board cover sheet. • Reviewing the Board agenda at the end of each meeting, referencing back to the highest risks and then confirming whether these risks have been addressed within the meeting. <p><u>Question 10:</u></p> <p>Will this review be done in public at the end of the meeting or is it an activity the ST&W ICB would like to complete in secret?</p>	<p>Response provided by Alison Smith, Chief Business Officer</p> <p>These suggestions will need to be discussed with ICB Chair and Chief Executive. The covering report for Board papers already includes a section for highlighting related risks.</p>

<p><u>Question 11:</u></p>	<p><u>Preamble:</u></p> <p><u>Minute No. ICB 27-03-027.5 - Strategy Committee Chairs Report for meeting held on 14 February 2024</u></p> <p>027.5 Ms Cathy Purt highlighted that the Committee discussed the strategic commissioning intentions and the need to ensure that PCNs fit into it.</p> <p><u>Question 11:</u></p> <p>Has this discussion been actioned, do the ST&W ICB commissioning intentions for 2024 / 25 include PCN commissioning intentions.</p>	<p>Response provided by Nicola Williams, Associate Director of Primary Care</p> <p>PCNs are in the process of planning for 24/25 and these are based around the progress and plans that were enacted in 23/24. Following review of the progress in the PCARP processes the ICB has written to each PCN highlighting any areas where further improvements could be made. These will provide the basis and focus for the coming year. These are reflected in the ICB commissioning intentions for 2024/25.</p>
<p><u>Question 12:</u></p>	<p><u>Preamble:</u></p>  <p>Source: NHS told to cut spending on doctors and nurses to save £4.5bn - News - Patient Safety Learning - the hub (pslhub.org)</p> <p><u>Question 12:</u></p> <p>c) Does this policy affect employment and numbers of staff in the primary care sector?</p>	<p>Response provided by Nicola Williams, Associate Director of Primary Care</p> <p>This report is about staffing in hospital trusts. However the ICB has made no cut in funding to GP practices. We have a Primary Care Workforce team who focus on the recruitment and retention of staff working in primary care. We have over 300 staff working in new roles in primary care and this is increasing year on year.</p>
<p><u>Question 13:</u></p>	<p><u>Preamble:</u></p>	<p>Response provided by Claire Skidmore, Chief Finance Officer</p>

	<p>5.2 Integrated Care Boards, trusts and primary care providers are expected to work together to plan and ultimately <u>deliver a balanced net system financial position in collaboration with other integrated care system partners</u>. There is also a focus on laying groundwork for improving and transforming the health service for the next decade, progressing the Long-Term Workforce Plan and investing in technology.</p> <p><u>Question 13:</u></p> <p>Will ST&W ICB NHS members share their financial allocations with local government et al to ensure the financial position of all members of the ICS are able to achieve a '<u>balanced net system financial position</u>'?</p>	<p>NHS STW has, in its plan for 2024/25, set out the expected level of financial allocations and application of available funding to national and locally specified priorities in line with NHS operational and planning guidance. The Integrated Care Board has signed off these plans. Local Authority colleagues are members of the Board. We will now be refreshing our medium to long term plans with a view to achieving a balanced position. We are working with the Local Authorities to ensure that we are considering the broader 'Shropshire, Telford and Wrekin Pound' and not just health expenditure.</p>
<u>Question 14:</u>	<p><u>Preamble:</u></p> <p>"EPRR arrangements have been refreshed within NHS STW since the latest update to the Board where the compliance results were shared."</p> <p><u>Question 14:</u></p> <p>What are the ST&W ICB leadership trying to stop the public knowing about? The compliance result were in fact poor and an embarrassment to the ICB senior management.</p>	<p>Response provided by Gareth Robinson, Chief Delivery Officer</p> <p>The core standards assessment has been publicly shared through the NHS STW Audit Committee and NHS STW Board. A recovery plan is underway with support from the NHSE Midlands regional team and dedicated additional resource. The core standards assessment (to be submitted in August) will demonstrate an evidence base of changes to compliance and will be shared appropriately through the Audit Committee and ICB Board.</p>
<u>Question 15:</u>	<p><u>Preamble:</u></p> <ul style="list-style-type: none"> Primary Care Commissioning Committee will cease. <p><u>Question 15:</u></p>	<p>Response provided by Nicola Williams, Associate Director of Primary Care</p> <p>There are two new groups that have started meeting since the PCCC stopped meeting. These are the Primary Care Improvement and</p>

	If this happens where will the voice of the primary care providers be heard?	Transformation Group and the Primary Care and Secondary Care Interface Group. These both meet monthly. Primary Care also reports directly to the Quality and Performance Group and the Strategic Commissioning Committee.
--	--	---