

NHS STW Extraordinary Integrated Care Board - Agenda Papers

MEETING
20 June 2025 11:00 BST

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Agenda

Meeting title: Extraordinary Integrated Care Board

Date: Friday, 20 June 2025

Time: 11:00am

Location: Teams

Chair: Roger Dunshea

Secretary: Claire Colcombe

1. Welcome and Opening Remarks

Agenda items:

Duration: approximately 5 minutes, 11.00am-11.05am

EICB 20-06.004 – Apologies – for information - verbal

Presenter: Roger Dunshea

EICB 20-06.005 – Declarations of Interest – for assurance - verbal

Presenter: Roger Dunshea

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

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

2. System Governance and Performance

Agenda items:

Duration: approximately 45 minutes, 11.05am – 11.55am

EICB 20-06.006 – Integrated Care Board Annual Reports and Accounts– for approval – enclosure

Presenter: Claire Skidmore

Duration: approximately 40 minutes, 11.05am – 11.45am

EICB 20-06.007 – Data Security and Protection Toolkit - Objective E3.a – for approval – enclosure

Presenter: Claire Skidmore

Duration: approximately 10 minutes, 11.45am – 11.55am

3. Any Other Business

Duration: approximately 5 minutes, 11.55am – 12.00am

EICB 20-06.008 – Any Other Business – for Discussion - Verbal

Presenter: Roger Dunshea

Next Meeting Details

Date: TBD

Time: TBD

Location: TBD



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RH Dunshea

Mr Roger Dunshea
Acting Chair
NHS Shropshire, Telford and Wrekin



Mr Simon Whitehouse
Chief Executive
NHS Shropshire, Telford and Wrekin



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1. EICB 20-06.006 – NHS Shropshire, Telford and Wrekin Annual Report and Accounts 2024/25 Submission to Board

Meeting Name: NHS Shropshire, Telford and Wrekin Board

Meeting Date: Friday 20th June 2025

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

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

Report Prepared by: Bethan Emberton, NHS STW, Head of Governance and Corporate Affairs

Action Required: For Noting, For Approval, and For Assurance.

1.1. Purpose

- 1.1.1. This report presents for approval the NHS Shropshire, Telford, and Wrekin Annual Report and Accounts for 2024/25 which is attached as **Appendix 1**.

1.2. Executive Summary

- 1.2.1. NHS Shropshire, Telford and Wrekin is required to produce an annual report and accounts (including Annual Governance Statement) in line with NHS England and Department of Health and Social Care guidance for the financial year 2024/2.
- 1.2.2. The NHS Manual for accounts 2024/25 sets out the minimum content requirement for the Annual Report for Integrated Care Boards (ICBs), however the Annual Report should provide additional information to give an overview of the NHS body and to facilitate local accountability.
- 1.2.3. The NHS Shropshire, Telford and Wrekin Annual Report (including the Annual Governance Statement) 2024/25 is presented for consideration and approval by the Board, prior to submitting as the final version for signing by the Accountable Officer and then to the external auditors Grant Thornton, with final submission to NHS England in line with the annual audit timetable deadline.
- 1.2.4. The Government Financial reporting manual requires ICBs to also prepare a Governance Statement as part of the Annual Accounts, and this is contained in the Annual Report as a separate section. The Statement reflects the financial year being reported on for the ICB and the period up to the signing of the Annual Report and Accounts by the Accountable Officer.



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- 1.2.5. The annual accounts are for a full 12-month period ending 31st March 2025, with full year comparatives for 2023/24. The accounts have been reviewed by Grant Thornton auditors. No adjustments are required to the accounts which are submitted for review. Any minor presentational adjustments identified during the audit have been actioned including those identified by an independent hot review of the accounts within Grant Thornton.
- 1.2.6. The Audit Findings Report is prepared by Grant Thornton to provide their overall audit opinion and highlight areas of work performed during the audit process.
- 1.2.7. Audit opinion for the ICB entity is unqualified.
- 1.2.8. This report has been presented to Audit Committee and assurance provided that no further adjustments are required to the accounts arising from any of the audit findings disclosed in their report. Audit Committee have also been assured of the management control recommendations and responses included and are satisfied that the appropriate mitigating controls will be in place going forward.

1.3. Recommendations

- 1.3.1. **Note** the content of the NHS Shropshire, Telford and Wrekin Annual Report and Accounts (including the Annual Governance Statement) for 2024/25.
- 1.3.2. **Assure** itself that the content of the NHS Shropshire, Telford and Wrekin Annual Report and Accounts (including the Annual Governance Statement), 2024/25, is accurate and sufficiently reflects the position of NHS Shropshire, Telford and Wrekin.
- 1.3.3. **Approve** the NHS Shropshire, Telford and Wrekin Annual Report and Accounts (including the Annual Governance Statement), for 2024/25 prior to submission to the external auditor and NHS England.
- 1.3.4. **Approve** the Letter of Representation for the organisation.
- 1.3.5. **Note** the content of the Audit Findings Report for the organisation.

1.4. Conflicts of Interest

- 1.4.1. None.

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

- 1.5.1. None.



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1.6. Alignment to Integrated Care Board

- 1.6.1. The annual report provides a structured review of progress toward our Integrated Care Board goals, helping us to assess performance, identify areas for improvement, and align our activities with our strategic objectives.

1.7. Key Considerations

- 1.7.1. **Quality and Safety:** The annual report provides insights into the quality and safety of healthcare services provided across the system. This includes data on patient outcomes, safety incidents, and initiatives aimed at improving quality and reducing risks.
- 1.7.2. **Financial Implications:** The annual report includes a financial overview, detailing funding allocations, spending, budget deficits, and surpluses.
- 1.7.3. **Workforce Implications:** Workforce data and are included in the annual report.
- 1.7.4. **Risks and Mitigations:** The annual report includes an assessment of the risks faced by the healthcare system.
- 1.7.5. **Engagement:** The annual report details how the organisation has engaged with local communities, patients, and stakeholders, including how feedback has been integrated into service planning and decision-making.
- 1.7.6. **Supporting Data and Analysis:** The annual report relies heavily on data and analysis to support its conclusions, such as health outcomes, patient satisfaction surveys, and financial assessments.
- 1.7.7. **Legal, Regulatory, and Equality:** Legal and regulatory compliance, as well as addressing health inequalities, which is an essential part of the organisation's 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 Annual Report and Accounts (including the Annual Governance Statement) 2024/25.
- 1.9.2. Appendix 2 – Final Accounts 2024/25
- 1.9.3. Appendix 3 - Letter of Representation
- 1.9.4. Appendix 4 – Audit Findings Report



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Annual Report and Accounts 2024/25



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Performance Report



Performance Report

Performance Overview

This section of the Annual Report provides summary information on NHS Shropshire, Telford and Wrekin – its purpose, key risks to the achievement of the organisation’s objectives and how the organisation has performed over the period 01 April 2024 to 31 March 2025.

Statement from Simon Whitehouse, Chief Executive Officer, NHS Shropshire, Telford and Wrekin

Welcome to the NHS Shropshire, Telford and Wrekin Integrated Care Board Annual Report for 2024/25. As we reflect on the past year, NHS Shropshire, Telford and Wrekin has played an integral role in the local health and care system.



This past year has been another challenging one for the NHS in Shropshire, Telford and Wrekin and across the country. Colleagues from across our health and care system have worked hard to respond effectively to operational pressures, ensure the delivery of safe services, and develop a plan to address shared financial challenges. The performance overview contained in this report offers further insight into the achievements and performance of NHS Shropshire, Telford and Wrekin during this period.

In 2024/25, we saw the conclusion of the organisation's Management of Change process and the successful implementation and embedding of our new staff structure and operating model. This marks a significant milestone in our journey, ensuring we are well-equipped to deliver on our priorities and statutory responsibilities. By aligning our resources and processes to this new model, we have created a strong foundation to continue driving improvements in health and care outcomes for the population we serve. The significant improvement in our national NHS Staff Survey Results is testament to the progress that has been made whilst also signalling the next steps that we need to take.

Despite the challenges, our staff have consistently shown remarkable dedication, resilience, and innovation to safeguard the wellbeing of our communities. By working collaboratively with colleagues across NHS provider organisations, local authorities, primary care services, the voluntary, community and social enterprise sector and our wider community partners, we have tackled these challenges together. This report offers a detailed overview of the pressures faced and the joint efforts made by NHS Shropshire, Telford and Wrekin and our partners in response. I am incredibly proud of how our teams came together to meet these demands.

At the beginning of the year, we continued to deliver on our Integrated Care Strategy for Shropshire, Telford and Wrekin ([link here](#)). This strategy outlines our vision for everyone in Shropshire, Telford and Wrekin to have a great start in life and to live healthy, happy and fulfilled lives. Alongside this, we progressed with our Joint Forward Plan, which sets out the actions across health and care to achieve our ambitions for the Shropshire, Telford and Wrekin community over the next five years.

Our Joint Forward Plan sets an ambitious vision for how our system will work collaboratively to develop and review our system priorities, meet the needs of our distinct populations at

‘place’ and ‘neighbourhood’ localities and engage with our communities to ensure their needs are considered whilst understanding the system challenges too.

The demand for health and care services has been steadily increasing due to factors such as (but not limited to) an ageing population and a rise in individuals living with multiple long-term conditions. Consequently, the challenge to ensure that our services change and evolve to meet that demand is more important than ever. In response to growing demand, we have increased the availability of same-day diagnostic tests and consultations, reducing delays between different stages of care. By expanding the range of tests available at Community Diagnostic Centres, more patients can now receive a quicker diagnosis and begin treatment sooner. This approach has not only improved patient outcomes but also helped alleviate pressure on hospital services by streamlining care pathways and reducing unnecessary follow-ups. The ability to provide same-day diagnostics has been particularly beneficial for those requiring urgent assessments, ensuring timely intervention and better overall healthcare experiences.

We have strengthened our partnerships with local stakeholders, enhancing collaborative efforts to address inequalities across our region and strive to deliver top-tier health and care services closer to our residents' homes. For example, in 2024/25, the Highley Community Hub in Shropshire was developed as an integrated space combining relocated GP services, health visiting, women's health, and dementia Multi-disciplinary Teams (MDTs). The hub also provides preventative services like blood pressure checks, enabling more person-centred care delivery alongside social care and voluntary sector partners directly within the community. This integrated approach helps residents access a range of services in one location, supporting early intervention and reducing the need for hospital visits.

It is important we involve and listen to our population to ensure we meet the need of the population. This year, we supported the national Change NHS programme to hear the views, experiences, and ideas of local people to shape the new 10 Year Health Plan. We captured the views and ideas of our staff and members of local patient participation groups, ran virtual engagement sessions for members of the public, and joined a diverse range of groups within our voluntary sector to understand what is important to them. The feedback that we heard will not only be used nationally but also inform our local strategic decision making.

In March 2025, the UK Government announced significant changes to the NHS in England. As part the wider NHS reset programme, the Government has asked all Integrated Care Boards to reduce their running costs by an average of 50%. The impact this has on our organisation will play out through the 2025/26 year; however, we anticipate significant change to the way we operate, and the expectations of the functions and purpose of an Integrated Care Board. Through this period, we will work closely with all our partners across Shropshire, Telford and Wrekin to ensure that any changes are managed carefully to maintain stability and continuity for our population. We are committed to act in the best interests of our patients and communities and of course do the best for our valued and hard-working staff.

Finally, I would like to extend my thanks to our health and care staff across the system, as well as our voluntary, community and social enterprise colleagues, for their unwavering commitment and dedication. As a partnership, it is our shared responsibility to support our colleagues in achieving their full potential, delivering our statutory duties, and striving for continuous improvements in outcomes for the population we serve.

Simon Whitehouse
Accountable Officer
20 June 2025

Key Achievements 2024/25

Despite a challenging year, NHS Shropshire, Telford and Wrekin has made significant progress in delivering high-quality, integrated health and care services. Some of our key achievements include:

Strengthening Local Services and Partnerships

- Opened the Highley Community Hub — integrating GP services, health visiting, women's health, and dementia support in one accessible location, delivering truly joined-up care.
- Launched the Care Transfer Hub, supporting smoother hospital discharges and reducing delays by connecting NHS, council, and voluntary sector partners.

Listening to and Involving Our Communities

- Collected almost 500 responses and focus group insights to inform improvements to Child and Adolescent Mental Health Services (CAMHS).
- Delivered listening events in Telford and Shrewsbury to hear the experiences of people who have received a cancer diagnosis or treatment in the county with the aim of enhancing cancer care.
- Listened to feedback and ideas from our staff, members of patient participation groups, members of the public and our local voluntary sector to inform the Change NHS programme.

Driving Productivity and Efficiency

- Delivered £4.6 million in savings through the Medicines Optimisation Cost Improvement Programme, including safer prescribing and reducing waste.
- Delivered £12.5 million in savings through the Individual Commissioning Cost Improvement Programme, whilst improving the quality of care.
- Exceeded our annual efficiency targets by £2.1 million, helping protect frontline services despite financial pressures.

Focusing on Prevention and Early Intervention

- Completed over 20,700 blood pressure checks through community pharmacies, detecting risks earlier and preventing cardiovascular conditions.
- Expanded same-day diagnostic access at Community Diagnostic Centres, delivering 85,000 tests locally.

Tackling Health Inequalities

- Increased mobile tuberculosis screening uptake from 0% to 33% among migrant communities, improving early detection and reducing risk.
- Continued expanding services like lung health checks and optometry services in community locations to improve access.

Investing in Our Workforce and Future

- Trained over 3,200 NHS staff and 1,480 social care staff in the Oliver McGowan learning disability and autism awareness training.
- Partnered with Keele University and Telford College to help to boost skills and education opportunities for local people, with health and social care courses delivered at Telford College's Wellington campus.
- Supported 41 diverse leaders through our High Potential Scheme, with 67% securing leadership roles.
- Introduced the staff passport and collaborative staff bank to improve workforce flexibility and career development.

Statement on Our Purpose

NHS Shropshire, Telford and Wrekin Integrated Care Board was created on 01 July 2022 and is responsible for planning and buying a wide range of health and care services for the whole of Shropshire, Telford and Wrekin. These include general practice and primary care services such as optometry, pharmacy and dentistry, hospital care, community healthcare and mental health services. The principal location of the organisation during 2024/25 has been Wellington Civic Offices, Larkin Way, Wellington, Telford, Shropshire, TF1 1LX.

NHS Shropshire, Telford and Wrekin is committed to leading and supporting the delivery of the four Integrated Care System (ICS) aims. These aims include:

- Improving outcomes in population health and healthcare.
- Tackling inequalities in outcomes, experience, and access.
- Enhancing productivity and delivering value for money.
- Helping the NHS to support broader social and economic development.

As set out in the Health and Care Act 2022, Integrated Care Boards are statutory NHS organisations and are required to:

- Arrange for the provision of health services to meet the needs of people living in Shropshire, Telford and Wrekin, including fulfilling the financial responsibilities associated with this.
- Arrange for the provision of health and care services in an integrated manner where this benefits residents of Shropshire, Telford and Wrekin, particularly by addressing inequalities.

These requirements align closely with our organisational purpose. As a Strategic Commissioner, we ensure that services are commissioned to reduce health inequalities and improve outcomes for local people through prevention and effective intervention. As a System Convenor, we collaborate with partners to develop and implement system-wide strategies to transform health and care services. Our role in System Assurance ensures oversight and accountability, adding value to the delivery of services and improving the experience of our communities. Finally, as a System Partner, we play an influential role in creating strategic solutions, reducing duplication, and supporting social and economic development as an anchor institution.

Together, these roles underpin our commitment to fulfilling our legal responsibilities while delivering on our ambition to improve the health and wellbeing of everyone in Shropshire, Telford and Wrekin.

Our Population

Shropshire, Telford, and Wrekin is home to 509,200 people, with 185,600 in Telford and Wrekin and 323,600 in Shropshire. While Telford and Wrekin is a largely urban geographic area, Shropshire is predominantly rural.

Both areas have ageing populations, with a rising number of retirees and fewer young people. Shropshire has one of the UK's oldest populations, with the average age increasing from 44 in 2011 to 48 in 2021. In Telford, the 50-64 age group grew by 20% (6,100 people), while the 35-49 group declined by 3.4% (1,300 people).

In 2021, 9.1% of Telford and Wrekin residents reported being disabled, which is a reduction from 10.8% in 2011. Shropshire saw a similar decrease, from 8% in 2011 to 6.7% in 2021. However, Telford and Wrekin continues to have a higher proportion of disabled residents than both the UK and West Midlands.

Shropshire remains one of the least diverse areas in the UK, with 97% identifying as White in 2021 (a slight decrease from 2011). Meanwhile, 1.3% identified as Asian, Asian British, or Asian Welsh, and 1.2% as Mixed. In contrast, Telford and Wrekin is more diverse: 88% identify as White (down 5% in 10 years), 5.4% as Asian, and 3% as Black, Black British, Black Welsh, Caribbean, or African.

Religious affiliation is declining in both areas. In 2021, 48% of Telford and Wrekin residents identified as Christian (down from 62%), while 56% in Shropshire identified as religious (down from 69%). Christianity remains the largest single group, with Muslims making up 2.7% and Sikhs 1.5% of Telford's population, while no other religion exceeds 1% in Shropshire.

In 2021, there were 6,161 pregnancies across Shropshire, Telford, and Wrekin. Both counties recorded rates below the West Midlands average, with Shropshire reporting one of the lowest in England and Wales. Nationally, conception rates rose for the first time in six years, with the West Midlands leading at 78.1 conceptions per 1,000 women aged 15-44.

In 2021, 10,429 residents across Shropshire, Telford, and Wrekin identified as LGBTQ+. This equates to 2.8% of Telford's population and 2.3% of Shropshire's.

Our Integrated Care System

Integrated Care Systems are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. Our Integrated Care System spans two Places, Shropshire, and Telford and Wrekin.

NHS Shropshire, Telford and Wrekin is the commissioning body within the Integrated Care System. It came into being as a statutory body on 01 July 2022 and took on the duties and responsibilities of the former NHS Shropshire, Telford and Wrekin Clinical Commissioning Group.

Shropshire, Telford and Wrekin Integrated Care System includes the following healthcare providers:

- The Shrewsbury and Telford Hospital NHS Trust
- Shropshire Community Health NHS Trust

- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Midlands Partnership University NHS Foundation Trust
- West Midlands Ambulance Service University NHS Foundation Trust
- 50 GP Practices across nine Primary Care Networks
- 80 community pharmacies
- 68 dental practices

There are also two local authorities within our Integrated Care System:

- Shropshire Council
- Telford and Wrekin Council

Shropshire Council and Telford and Wrekin Council's Health and Wellbeing Boards

Our Chief Executive Officer, Simon Whitehouse, sits on the Health and Wellbeing Boards of both local authorities and is co-chair for both Health and Wellbeing Boards.

The Health and Wellbeing Boards also form part of the organisation's governance structure to ensure that partnership working is truly at the centre of the delivery of the Integrated Care System Strategy.

Both Health and Wellbeing Boards have a Health and Wellbeing Strategy in place, and this underpins the development work on the Joint Forward Plan. NHS Shropshire, Telford and Wrekin has consulted each lead officer of the relevant Health and Wellbeing Boards in preparing this annual report.

Our Performance Appraisal

This section introduces the key lines of enquiry that will assess the Integrated Care Board's performance across its statutory duties and themes. These key lines of enquiry examine the organisation's effectiveness in system leadership, governance, population health improvement, tackling health inequalities, enhancing productivity, and supporting broader social and economic development, with a focus on both national priorities and local system circumstances.

This section evaluates the ability to lead the NHS and the wider system effectively. It focuses on how the organisation has developed strategies and plans, led partnerships across the system, and arranged care for its population. Additionally, it examines the organisation's assurance of performance and delivery, its role in driving transformation and learning, and its implementation of effective governance aligned with the triple aim and clinical expertise. In 2024/25 NHS Shropshire, Telford and Wrekin has developed the following strategies and plans:

- Operating Model
- Operational Plan
- Adult Mental Health Inpatient Transformation Strategy
- Joint Forward Plan
- System Integrated Improvement Plan
- System Winter Plan

Each strategy and plan were developed in partnership with our system providers and local authorities, along with wider stakeholders.

In 2024/25, notable progress has been made in improving population health outcomes by prioritising prevention and early intervention. For example, the system expanded its Community Pharmacy services, delivering over 20,700 blood pressure checks as part of hypertension detection work. This proactive approach supported early identification of cardiovascular risk, helping prevent strokes, heart attacks, and other complications linked to undiagnosed hypertension.

Addressing inequalities in healthcare outcomes and access has been a key priority in 2024/25. One example is the delivery of mobile tuberculosis screening for migrants, which increased uptake from 0% to 33%, enabling the early detection of active cases and reducing health risks in an underserved population. This targeted intervention demonstrates our commitment to reducing health inequalities and protecting vulnerable groups.

Throughout 2024/25, the work to enhance productivity and deliver value for money by streamlining processes and improving operational efficiencies across the health and care system has taken place. A key example is the Medicines Optimisation Cost Improvement Programme, which achieved £4.6 million in savings (92% of target) through initiatives such as the Direct Oral Anticoagulant (DOAC) review, blood glucose test strip optimisation, and opioid deprescribing. This programme, focusing on safer and more cost-effective prescribing, delivered significant savings while maintaining patient safety and quality. Our Individual Commissioning team also delivered a saving of £12.5m in 2024/25 through the Cost Improvement Programme.

In 2024/25, the organisation has played a vital role in helping the NHS contribute to broader social and economic development. The introduction of the staff passport and collaborative staff bank has facilitated greater workforce mobility, improving job security and career development opportunities across partner organisations. Expanding the Community Diagnostic Centres means that more people can access diagnostic services locally, reducing the need for travel and time off work, which supports economic productivity and reduces inequalities in healthcare access.

Strategic Policy Direction

In 2024/25, NHS Shropshire, Telford and Wrekin made progress in shifting from an acute-centred model of care to one that is grounded in community-based delivery. This transformation was exemplified through the development of integrated initiatives such as the Highley Community Hub, which co-locates GP services, health visiting, women's health, dementia support, and preventative services like blood pressure checks, offering accessible, person-centred care closer to where people live. Similarly, the expansion of our Community Diagnostic Centre offer enabled more than 85,000 tests to be delivered locally, with many available on a same-day basis. This has accelerated diagnosis and treatment pathways while reducing reliance on hospital-based services. Complementary initiatives, including over 20,700 community pharmacy-led hypertension checks and increased mobile tuberculosis screening uptake, have strengthened early intervention efforts, particularly among underserved populations. The establishment of the Care Transfer Hub has also played a critical role in supporting safe and timely hospital discharges by connecting NHS, council, and voluntary sector partners around a shared "home first" ethos.

As part of this wider shift, the system is also embedding a strategic move from analogue to digital – although there remains more to do on this agenda. Major digital transformation programmes are underway across our system, including the implementation of System C Electronic Patient Records at The Shrewsbury and Telford Hospital NHS Trust and the Robert

Jones and Agnes Hunt Orthopaedic Hospital. These systems eliminate the need for paper records, allowing real-time access to patient information and enhancing continuity of care. Both trusts are also rolling out Electronic Prescribing and Medicines Administration (ePMA), replacing handwritten charts with fully digital systems that improve medication safety and streamline discharge processes.

In community settings, Shropshire Community Health NHS Trust is exploring the adoption of electronic observations (eOBS) to enhance patient monitoring and early detection of deterioration through automated scoring tools. At the corporate level, the system is exploring the use of Artificial Intelligence (AI) and Robotic Process Automation (RPA) to improve efficiency in functions such as workforce onboarding. These advancements are laying the groundwork for digitally enabled, integrated care pathways that are safer, more efficient, and aligned with modern service expectations.

Looking ahead to 2025/26, NHS Shropshire, Telford and Wrekin will continue to build on these foundations by embedding digital and a community-first approach into its refreshed Joint Forward Plan. A key priority will be enhancing neighbourhood-level delivery through stronger collaboration with Primary Care Networks and voluntary sector partners to deliver coordinated wraparound care. Digital infrastructure will play a central role in enabling care to be delivered flexibly and closer to home, supported by virtual consultations, remote monitoring, and seamless data sharing via connected systems. Ongoing expansion of community diagnostics and targeted care pathways such as teledermatology will support faster access to care and early diagnosis. Through this integrated model, combining prevention, digital innovation, and community empowerment, the system is reshaping the way care is delivered to better meet the needs of its population today and into the future.

Climate-Related Financial Disclosures – Task Force on Climate-related Financial Disclosures Statement

In line with the requirements set out in the Department of Health and Social Care's Group Accounting Manual (DHSC GAM), NHS Shropshire, Telford and Wrekin has aligned its climate-related financial disclosures with the framework developed by the Task Force on Climate-related Financial Disclosures (TCFD). This section outlines how the organisation is addressing the governance, strategy, risk management, and performance monitoring of climate-related risks and opportunities.

Oversight of climate-related matters is embedded within our system governance. NHS Shropshire, Telford and Wrekin Board is 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 coordinates the delivery of the Shropshire, Telford and Wrekin Integrated Care System Green Plan (2022–2025), facilitating collaboration across NHS providers and local authority partners.

Climate change poses both physical and transitional risks to our health system. These include the increased frequency of extreme weather events which may affect service delivery and infrastructure, particularly in our more rural communities, as well as the regulatory and economic implications associated with decarbonisation. In response, our Integrated Care Strategy and Green Plan incorporate clear objectives aimed at mitigating environmental impact and strengthening system resilience. Decarbonisation initiatives include the transition to low-emission vehicles, investment in solar energy infrastructure, and a continued shift to

low-carbon inhalers, which has positioned us among the top-performing systems nationally in this area.

We have incorporated climate-related resilience into our wider system planning, including business continuity arrangements and participation in the Local Resilience Forum. These efforts are designed to ensure that health and care services remain operational during periods of environmental disruption. Identification and monitoring of climate-related risks are coordinated through our Sustainability Group and system risk management structures, with emerging risks reported to executive leadership. Environmental criteria are also integrated into our procurement processes, with all tenders requiring carbon reduction plans and commitments to social value.

We have committed to supporting the NHS target of achieving net zero direct emissions by 2040, and for emissions we can influence, by 2045. Our Green Plan sets out a clear trajectory for meeting these goals, and progress is monitored against key metrics. These include reductions in tonnes of carbon dioxide equivalent emissions achieved through system-wide interventions, the proportion of low-emission vehicles within provider fleets, the shift in prescribing towards lower carbon inhalers, and the volume of renewable energy generated through local projects. In 2024/25, NHS providers across the system collectively generated over 1.25 million kWh of solar energy, and our system has achieved a 25.7% increase in greener inhaler prescribing.

As we look ahead to 2025/26, we will build on the progress made by refreshing our Integrated Care System Green Plan in accordance with the latest NHS Greener Guidance. We will also strengthen the integration of climate risk within programme planning, enhance system-wide carbon data and reporting, and further embed sustainability into our capital investment decisions. In doing so, we will continue to demonstrate our commitment to sustainable healthcare delivery and to playing our part in addressing the climate emergency.

Going Concern

NHS Shropshire, Telford and Wrekin's accounts have been prepared on a going concern basis. In the year ended 31 March 2025 NHS Shropshire, Telford and Wrekin has reported a breakeven position – this is significant progress compared with previous years. The Shropshire, Telford and Wrekin NHS System reported a £17.9m deficit in the year ended 31 March 2025. This includes an impairment of £5.8m resulting from the abandonment of a capital build project at SaTH.

At the end of the financial period, it was judged that the going concern status of the organisation remained unchanged on the following basis:

- NHS Shropshire, Telford and Wrekin has taken steps to maintain business continuity for the finance function throughout the period in order that payments and collection of debt are not materially impacted. These steps include continuing with secure remote access to financial systems for all finance staff and budget holders and working with our third-party providers (Midlands and Lancashire Commissioning Support Unit and Shared Business Services), to ensure transactional processing is not adversely affected. This is evidenced in the low value of NHS Shropshire, Telford and Wrekin's aged debt and its continued high achievement against the Better Payment Practice Code.

- There is a presumption that Integrated Care Boards are deemed to be a going concern because there is a statutory requirement to perform the commissioning function by a public body – and this determines the requirement to apply the going concern principle – not whether the specific Integrated Care Board will be doing the function in future.

The Governing Body, having made appropriate enquiries, have reasonable expectations that NHS Shropshire, Telford and Wrekin will have adequate resources to continue in operational existence for the foreseeable future.

Further, NHS Shropshire, Telford and Wrekin submitted its 2025/26 financial plan covering the 12-month period for the organisation on the 27 March 2025 and again on the 30 April 2025, both submissions comply with the Revenue Financial Plan Resource Limit and Capital Depreciation Expenditure Limit. This plan was based on the allocations notified by NHS England for the full financial year of 2025/26.

On this basis, NHS Shropshire, Telford and Wrekin has adopted the going concern basis for preparing the financial statements and has not included any adjustments that would result if it was unable to continue as a going concern

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Performance Analysis of Our Key Statutory Duties

Duty to develop, publish and update annually a Joint Forward Plan

The Joint Forward Plan is a rolling 5-year system plan created to deliver the integrated strategy set out by the Integrated Care Partnership Committee. The Integrated Care strategy was refreshed and approved by the Integrated Care Partnership Committee in October 2024.

The Joint Forward Plan focusses on the delivery of the integrated care strategy and sets the systems ambitions for delivery against the strategy. In 2024/2025 the Joint Forward Plan was refreshed to review the progress status of delivery of the key actions contained in it. Many of the actions were completed including initiatives to strengthen the approach to health inequalities, for example, consideration of health inequalities in prioritising elective waiting lists and waiting well initiatives, launching the diabetes transformation programme, increased targeted community case finding for hypertension, improvements in the service offer for people living with dementia and the development of a system estates and physical infrastructure strategy.

The narrative was also updated to ensure that the plan accurately reflects the current position and dates and, wherever possible, is aligned with the known priorities and focus expected in the new NHS 10 Year Plan to be published in 2025. The Joint Forward Plan refresh is presented to the NHS Shropshire, Telford and Wrekin Board and both Health and Wellbeing Board's for Shropshire and Telford & Wrekin. The Joint Forward Plan focusses on these areas:

- Person Centred care
- Place, Neighbourhoods and Collaboration
- Improving Access to Services – General Practice, Dentistry, Elective and Diagnostics, Urgent and Emergency Care, Cancer
- Clinical Transformation Priorities – Hospital Transformation, Diabetes, CVD, MSK, Mental Health, Children and Young People, Healthy Ageing and Frailty, End of Life
- Enablers - Finance, digital, workforce and estates

The Place plans are key to the delivery of the system strategy and are articulated in the Joint Forward Plan and delivered through the place partnership committees. For 2025/26 the Joint Forward Plan will focus on the foundations for delivering a focus on prevention, the shift from acute services to community and from analogue to digital.

For more information on our Joint Forward Plan please visit our website [Our Strategies - NHS Shropshire, Telford and Wrekin](#)

Duty to develop a joint capital resource use plan

As part of the Health and Care Act 2022 (the 2006 Act), Integrated Care Boards, partner NHS trusts and NHS foundation trusts are required to prepare joint capital resource use plans. The plans are intended to ensure there is transparency for local residents, patients, NHS health workers and other NHS stakeholders on how the capital funding provided to Integrated Care Boards is being prioritised and spent to achieve the Integrated Care Board's strategic aims. This aligns with Integrated Care Board's financial duty to ensure that their allocated capital is not overspent and their obligation to report annually on their use of resources.

2024/25 is the third of a three-year Integrated Care System capital allocation. A Shropshire, Telford and Wrekin Capital Prioritisation and Oversight Group is established as a subcommittee of the Finance Committee to monitor the system capital programme against the capital envelope, gain assurance that the estates and digital plans are built into system financial plans and to ensure effective oversight of future prioritisation and capital funding bids.

The System Capital Resource Plan can be viewed on our website [Joint Resource Capital Plans - NHS Shropshire, Telford and Wrekin \(shropshiretelfordandwrekin.nhs.uk\)](https://shropshiretelfordandwrekin.nhs.uk)

Financial duty as to resource use limits

For 2024/25, the reported financial outturn is a breakeven position which is £4.7m favourable against the planned £4.7m deficit. There are a small number of key drivers of increased expenditure for the organisation which have continued throughout the year:

- Increases in acute elective recovery fund costs, non-contract expenditure and excluded drugs and devices costs.
- Increases in mental health out of area non-contract activity.
- Increases in transforming care package costs in the community.

These costs were mitigated through delivery of efficiency in excess of target (£2.1m) and the application of the balance of funds not spent for delegated Pharmacy and Specialised Commissioning.

The full year financial position includes £38m total efficiencies delivered in year; this is an increase in total savings of £11.2m from 2023/24. Significant efficiencies were delivered in Individual Commissioning and Medicines Management, of which £24.8m (65.2%) was recurrent.

NHS Shropshire, Telford and Wrekin has an established Budgetary Control Framework which is a key element of its internal control environment and is designed to assist budget holders and managers in the discharge of their responsibilities. It sets out the rules for the financial year within which the budgets are to be operated, clarifies roles and responsibilities, and ensures that budgetary processes form part of the overall assurance framework. This guide has been prepared to help all budget holders fulfil their financial and corporate responsibilities and is intended as a supplement to the support and advice available from the Finance Department within NHS Shropshire, Telford and Wrekin.

NHS Shropshire, Telford and Wrekin is part of the National Recovery Support Programme. As an organisation we are therefore subject to significant scrutiny around finances and financial decisions, with a specific requirement to develop an approach to recovering our deficit financial position. A System Integrated Improvement Plan has been developed in 2024/25 and approved by all NHS organisations within our system.

As part of our System Integrated Improvement Plan, NHS Shropshire, Telford and Wrekin has agreed to undertake the following actions for finance:

- develop and deliver a single Recovery Plan, to be agreed with NHS England, that brings together the NHS Shropshire, Telford and Wrekin, provider and additional system wide recovery initiatives, that has clear demonstrable improvement in financial performance for 2024/25 including supporting metrics such as increased efficiency delivery (cost reduction), adherence to agency rules and workforce

numbers. This is to have Board agreement from all Shropshire, Telford and Wrekin organisations and is signed off Regionally and Nationally.

- Have an agreed Capital Plan that is clearly aligned to system strategic priorities, supporting the financial recovery plan with realistically agreed funding sources.

The System Finance Strategy and Medium-Term Financial Plan have been updated to reflect the 'recovery plan' and our agreed System Transformation Programmes which have been developed to address the system excess spend areas and national productivity opportunities. We aim to publish these in 2025/26.

In July 2024 a draft System Infrastructure Strategy and supporting 10-year capital plan was developed. The final updated version of the System Infrastructure Strategy inclusive of the updated 10-year capital plan, updated following the release of 2025/26 capital allocations and guidance, will be submitted to the board in June 2025 for final approval.

To ensure that all decision-making is transparent and that changes are understood and approved by all, the system has implemented a Strategic Decision-Making Framework which aligns to the Integrated Care System core aims. This ensures that the value is maximised in terms of outcomes for patients alongside value for money (efficiency and productivity), reducing health inequalities and broader social and economic benefits. The framework provides a fair, equitable and transparent process under which investment is removed where value is not demonstrated, the framework also provides a basis for prioritisation of investment and disinvestment under the 'hard decisions' process.

Further to this, we have continued with additional System-wide controls for both pay and non-pay expenditure as part of an enhanced Triple Lock Process with a system vacancy control panel and weekly review of non-pay expenditure above £10k. System organisations have also continued to maximise the principle of 'No purchase order No pay'.

Duty of co-operation between NHS bodies and local authorities

NHS Shropshire, Telford and Wrekin is committed to fostering strong partnerships between NHS bodies and local authorities to enhance health and social care outcomes for our communities. In fulfilling our duty of co-operation, we have undertaken a range of collaborative initiatives, ensuring that services are effectively integrated and responsive to the needs of our population.

We have worked closely with local authorities in the development and implementation of our Joint Strategic Needs Assessment (JSNA) and each Local Authority's Health and Wellbeing Strategy. This collaborative approach ensures that commissioning decisions align with local health priorities and social care needs, promoting a seamless and person-centred care experience.

A key achievement this year has been the significant development of integrated care pathways that bring together NHS services, social care, and community support. For example, the Highley Community Hub in Shropshire now delivers a range of services from the leisure centre including the GP practice being relocated into the hub, drop in health visiting services, women's health services and dementia multi-disciplinary team meetings jointly delivering person centred care with social care, voluntary and community sector services, the primary care network and therapy services. The hub also offers a range of primary prevention services such as blood pressure measuring to identify undiagnosed high blood pressure.

Recognising the importance of a cohesive workforce, we have partnered with local authorities to deliver joint training programmes for NHS and social care staff. As part of this effort, the Oliver McGowan training has been led by Joint Training at Shropshire Council for system

partners. By the end of January 2025, a total of 3,214 NHS staff and 1,480 non-NHS staff in social care had received training, strengthening skills and understanding across the sector.

Our commitment to co-operation extends to engaging with service users, carers, and voluntary sector partners. Through our two jointly-chaired Health and Wellbeing Boards, we have co-produced service improvements, such as the community and family hubs, women's health services and weight management strategy. Both Health and Wellbeing boards have engaged the public on the joint strategic needs assessment to understand the needs of the population.

By embedding collaboration at every level of our work, we continue to uphold our duty of co-operation between NHS bodies and local authorities. Moving forward, we will build on these successes by deepening our partnerships, strengthening joint planning efforts, and ensuring that integrated care remains at the heart of our approach to service delivery.

Public involvement duty

NHS Shropshire, Telford and Wrekin is committed to fulfilling its statutory duty to involve individuals, carers, and communities in the planning, development, and delivery of health and care services. This is achieved through a structured and strategic approach, as outlined in our [Involving People and Communities Strategy](#)

During 2024/25, we met our duty to involve through the following activity. As part of the Change NHS programme, we submitted a response on behalf of the organisation and developed bespoke communications and engagement toolkits tailored for different audiences to promote the initiative. These toolkits were shared widely, including with our Voluntary, Community and Social Enterprise and community contacts. We maximised the use of all communication channels to encourage stakeholder participation and offered a variety of engagement opportunities. These included both online and in-person workshops for staff, as well as sessions with Voluntary, Community and Social Enterprise organisations and members of the public, with particular emphasis on Core20PLUS and inclusion groups. Further information is available at [Change NHS - NHS Shropshire, Telford and Wrekin](#)

To inform the re-procurement of the Child and Adolescent Mental Health Service (CAMHS) and planned service improvements, a six-week engagement period took place between January and March 2025. During this time, we sought feedback from children, young people, parents, carers, and professionals. Almost 500 individuals contributed to the public engagement process through a combination of online survey responses and discussions facilitated by trusted adults with an established relationship with children and young people. In parallel, 53 professionals responded to the professional survey, and a stakeholder workshop was held with representation from mental health professional from across health and care sectors. All feedback gathered is being carefully considered in the development of the final service specification and will be recorded in the engagement report. Further information is available [Children and Young People's Emotional Wellbeing and Mental Health Services - NHS Shropshire, Telford and Wrekin](#).

We undertake significant involvement activity throughout the year to fulfil our public involvement duty. Further detail and examples can be found on our website at [Get Involved - NHS Shropshire, Telford and Wrekin](#)

Duty of Integrated Care Boards to commission certain health services

NHS Shropshire, Telford and Wrekin is committed to ensuring that all services are commissioned in line with the requirements under the Health and Social Care Act 2022 to meet the needs of the population in which we serve, and over the past year we have also worked closely with our Local Authority partners to ensure that we integrate our approach to commissioning wherever possible.

NHS Shropshire, Telford and Wrekin have developed a multi-year set of Commissioning Intentions which clearly articulate the ambition across the system bring into play how we commission through our Provider Collaboratives and also how we enact commissioning to support delivery at a neighbourhood level.

In addition, there have been several notable areas of commissioning and procurement undertaken in 2024/25, a selection of which is as follows:

- Commissioning of an Adult Attention Deficit Hyperactivity Disorder (ADHD) Assessment Service to support the reduction in long waits and to ensure services are available locally.
- Investment and commissioning of an additional Children and Young People Mental Health Service to improve access and reduce waiting times.
- Commissioning and procurement of an Optometry service to deliver eyecare within community locations, improving accessibility and waiting times.
- Commissioning and procurement of Targeted Lung Health Checks as part of the improving access to diagnostics within the cancer pathway.
- Commissioning of the Community Diagnostic Centre in Telford.

Duty to promote the NHS Constitution

NHS Shropshire, Telford, and Wrekin is committed to ensuring that all services are designed and delivered in alignment with the principles and values preserved in the NHS Constitution. Over the past year, the organisation has acted to secure the provision of health services in ways that promote the NHS Constitution and has worked to raise awareness of the Constitution among patients, staff, and the public.

We expanded access to care through initiatives such as delivering mobile tuberculosis screening for migrants, significantly increasing uptake from 0% to 33%, detecting active cases, and reducing health risks. Additionally, improvements to palliative care pathways made it easier for patients nearing the end of life to access appropriate support and avoid unnecessary emergency care.

We prioritised patient-centred care by strengthening the Maternity and Neonatal Voices Partnership, employing a dedicated lead to enhance service user engagement. Furthermore, our Experience of Care programme was co-produced with patients and carers to define quality improvement priorities based on real experiences.

Our commitment to delivering safe, high-quality services was demonstrated through strong performance in Continuing Healthcare assessments, achieving 93% completion within 28 days and ensuring no cases exceeded 12 weeks. System-wide implementation of the Patient Safety Incident Response Framework further reinforced safety and learning from incidents.

We worked to reduce health inequalities by improving vaccination uptake in underserved communities, targeting faith groups and areas of deprivation for measles, mumps and rubella (MMR) and human papilloma virus (HPV) vaccinations. In addition, the 'Wellbeing While

Waiting' social prescribing pilot provided vital support to children and young people awaiting mental health services, reducing reliance on emergency care and promoting early help.

To empower patients and promote awareness of their rights, we partnered with the National Society for the Prevention of Cruelty to Children (NSPCC) to develop a Parent's Guide booklet, supporting families—particularly harder-to-reach groups—through the first 100 days of parenting.

We strengthened staff understanding of the NHS Constitution and their responsibilities through mandatory Oliver McGowan training, improving care for people with learning disabilities and autism. Additionally, relaunching our Provider Partner Feedback system encouraged a culture of shared learning and continuous improvement.

Public awareness was further promoted through collaboration with Healthwatch, local authorities, and NHS England. Their engagement in emergency care improvement work ensured that public concerns were heard and directly influenced service changes.

NHS Shropshire, Telford and Wrekin is committed to enhancing its efforts to promote the NHS Constitution through a series of future initiatives. The organisation will maintain its focus on embedding the principles of the NHS Constitution into its commissioning frameworks and governance processes, ensuring that these values remain integral to decision-making and service delivery.

Duty as to effectiveness, efficiency and economy

Throughout 2024/25, NHS Shropshire, Telford and Wrekin has maintained a clear focus on delivering its statutory duty to operate effectively, efficiently, and economically. Recognising the significant challenges faced across the health and care system, we have worked in close partnership with our providers, stakeholders, and NHS England to ensure our actions align with our statutory responsibilities and support the delivery of sustainable, high-quality care.

A key area of focus has been the development of a robust system-wide Financial Recovery Plan, which underpins our Medium-Term Financial Plan. This plan sets a challenging trajectory to breakeven and targets significant productivity and efficiency gains. In addition, our improvement programmes focus on high-cost areas including Continuing Healthcare, Temporary Staffing, Urgent and Emergency Care, Corporate Back Office, and Elective Care pathways. By prioritising these areas, we are working to maximise value from every pound spent, reduce unnecessary expenditure, and reinvest savings into frontline care.

During the year, we strengthened our financial governance and grip across the system. A comprehensive self-assessment against NHS England's financial control checklist was completed and externally reviewed, with key recommendations implemented. Further system-wide controls, including an updated System Vacancy Assurance Panel and the establishment of a Programme Management Office (PMO), have been embedded to enhance financial oversight, ensure robust decision-making, and track delivery of transformational programmes.

Our focus on effectiveness is evident through the delivery of the system-wide Urgent and Emergency Care Improvement Plan. This has resulted in measurable improvements in key areas such as reduced Emergency Department attendances, increased use of community-based alternatives, and better patient flow through hospital sites. Notably, increased use of Same Day Emergency Care and community Minor Injury Units has provided patients with more appropriate and timely care options while reducing pressure on hospital services.

We recognise that challenges remain, particularly around ambulance handovers and Emergency Department wait times, as well as financial deficits driven by high temporary staffing costs. Addressing these areas remains a priority, and we continue to work collaboratively across the system to implement mitigations, improve performance, and reduce reliance on temporary staff.

Our approach to delivering economy has been strengthened by the leadership of system Chief Executives in our transformation programmes and the establishment of the System PMO, ensuring alignment of resources, streamlined governance, and a collective focus on delivering system-wide improvements. By targeting areas of greatest inefficiency and aligning transformation initiatives to national productivity expectations, we are laying the foundations for sustainable improvement.

Overall, NHS Shropshire, Telford and Wrekin remains committed to delivering its statutory duty. While significant challenges persist, the plans, actions, and improvements implemented this year demonstrate our clear focus on driving effectiveness, efficiency, and economy in the use of public resources to improve outcomes for our population.

Duties as to improvement in quality services

In line with Section 14Z34 of the Health and Care Act 2022, NHS Shropshire, Telford and Wrekin remains committed to its statutory duty to continually improve the quality of commissioned services and improve outcomes for our population. Throughout 2024/25, we have embedded a strong quality governance framework and implemented several key programmes of work to drive improvement, support continuous learning, and ensure safe, high-quality care.

Our quality governance arrangements have been rigorously reviewed and strengthened, ensuring clear oversight and accountability. The Quality and Performance Committee, supported by the System Quality Group (SQG) and clinical leadership forums, has provided robust assurance to NHS Shropshire, Telford and Wrekin. System-wide quality intelligence sharing, risk identification, and incident learning have enabled proactive quality management. This collaborative infrastructure was further enhanced by the full implementation of the Patient Safety Incident Response Framework, embedding a just culture that promotes openness, learning, and continuous improvement.

Significant progress has been made in supporting providers through regulatory improvement. The Shrewsbury and Telford Hospital NHS Trust improved its Care Quality Commission (CQC) rating from "Inadequate" to "Requires Improvement," with notable service-level improvements in End-of-Life Care, Maternity, and Children's Services. Our support included insight visits, mortality reviews, and quality audits, particularly in Urgent and Emergency Care, where we worked closely with The Shrewsbury and Telford Hospital NHS Trust, local authorities, Healthwatch, and NHS England to develop and monitor a system-wide improvement plan.

Partnership working remained central to our improvement strategy. We collaborated with Robert Jones and Agnes Hunt Orthopaedic Hospital to strengthen infection prevention and pilot Martha's Rule, empowering patients and families to escalate care concerns. Our joint work with Midlands Partnership University Foundation Trust enhanced the children's mental health crisis response, contributing to improved CQC ratings and better patient outcomes.

We also led several quality improvement projects aligned with NHS IMPACT priorities. These included increasing palliative care register enrolment, expanding a falls prevention response to reduce emergency admissions, and piloting the Experience of Care project to embed patient and carer perspectives into service improvement. A targeted quality improvement initiative improved timeliness in Initial Health Assessments for children entering care, achieving 100% compliance with national standards.

Patient safety remained a priority. Our Patient Safety Specialist provided system leadership, embedding the Patient Incident and Response Framework and enhancing shared learning from significant incidents. We relaunched NHS-to-NHS feedback processes, supporting a culture of continuous learning. Additionally, our safeguarding teams strengthened multi-agency partnerships, contributing to domestic abuse strategies and the delivery of the Safeguarding Commissioning Assurance Toolkit.

Learning from Lives and Deaths reviews, and child death reviews were enhanced, ensuring actionable learning drives service improvements. Our focused work in Special Educational Needs and Disability services, infection control, vaccination uptake, and maternity and neonatal care demonstrates the breadth of our efforts to enhance quality and safety.

Duties as to reducing inequalities in access and outcomes

NHS Shropshire, Telford and Wrekin has a statutory duty under the Health and Care Act 2022 to reduce health inequalities. NHS England defines these as unfair and avoidable differences in health outcomes across different populations. This includes disparities in life expectancy, health conditions, and access to healthcare services.

To address healthcare inequalities, we follow the National Healthcare Inequalities Improvement Programme, known as the CORE20PLUS5 approach. The Core20 element identifies the most deprived 20% of the national population based on the Index of Multiple Deprivation (IMD). PLUS refers to specific groups facing additional health inequalities, including those nationally identified, such as individuals with learning disabilities and people experiencing homelessness, as well as locally identified groups like rural farming communities. The approach also prioritises five key clinical areas requiring urgent improvement for both adults and children.

In 2024/25, we identified 53 projects targeting health inequality, including new services specifically designed to address inequities and modifications to existing services to improve accessibility. NHS Shropshire, Telford and Wrekin Health Inequalities Team collaborates with system-wide Commissioning and Service Leads to integrate health inequality considerations into all decisions. This focus is embedded within our Strategic Decision-making Framework and commissioning processes. The team also reviews commissioning proposals, procurement tenders, and impact assessments to mitigate risks of widening inequalities. Healthcare providers are required to act on health inequalities through contractual obligations.

NHS and Public Health Data and Intelligence Leads have developed tools for Population Health Management, identifying areas with worsening health outcomes and increasing long-term conditions. The use of targeted data has successfully driven interventions, such as community-based blood pressure checks in areas with high cardiovascular disease risks. Improving the recording of ethnicity data has been a key focus in 2024/25 and remains a priority for 2025/26.

Collaboration with NHS, public health, and voluntary, community, and social enterprise partners has strengthened healthcare accessibility for disadvantaged populations. Our recognition as a Core20PLUS Connector Exemplar Site highlights the effectiveness of these partnerships. The Cancer Champions initiative has trained over 400 individuals from diverse backgrounds to identify early cancer symptoms, leading to increased screening uptake. In 2024/25, breast and bowel screening rates were 5% above national and regional averages.

Efforts to address barriers faced by socially excluded groups have included adapting healthcare pathways, raising awareness of cardiovascular and cancer risks, and establishing outreach caseworkers for rough sleepers. Future initiatives will focus on expanding inclusion health efforts to communities such as Gypsy, Roma, and Traveller populations.

A growing network of Core20PLUS Ambassadors promotes awareness of healthcare barriers and solutions. In 2024, 23 healthcare staff joined NHS England's Ambassador Programme, developing projects to improve healthcare access for underrepresented groups. Beyond healthcare, the NHS contributes to social value through employment opportunities, supporting individuals with disabilities, and repurposing NHS-owned properties for community use. Sustainability initiatives remain a priority, aligning with the NHS' Net Zero commitments.

NHS England's Statement on Information on Health Inequalities, published in November 2023, outlines the powers available to NHS bodies to collect, analyse, and publish health inequality data. This continues to reinforce our commitment to reducing disparities and ensuring equitable healthcare for all communities in Shropshire, Telford, and Wrekin.

Our full response to NHS England's Statement on Information on Health Inequalities (duty under section 13SA of the National Health Service Act 2006) can be found here on our website <https://www.shropshiretelfordandwrekin.nhs.uk/our-work/health-inequalities/>

Duty as to patient choice

NHS Shropshire, Telford, and Wrekin is committed to ensuring that patients have access to clear information and meaningful choices about their care. In 2024/25, significant steps have been taken to improve access, flexibility, and service options across elective care, cancer services, and diagnostics.

The Referral Management Centre has aligned pathways across the system, ensuring that patients can choose from consistent, efficient referral options. The rollout of the electronic Eye Referral System to all optometrists has also expanded patient access to specialist services. Looking ahead, NHS Shropshire, Telford and Wrekin will continue to work with primary care teams to improve transparency around waiting times and provider options, giving patients more control over their care.

Community Diagnostic Centres have been expanded, offering a wider range of tests with extended opening hours to improve accessibility. More same-day tests and consultations mean patients can progress through their care pathway without unnecessary delays, reducing hospital visits while improving convenience.

In cancer care, the introduction of teledermatology has given patients faster and more convenient diagnostic options without needing a hospital visit, while the Non-Specific Symptom pathway ensures quicker triage for those with vague but concerning symptoms. These initiatives reflect the organisation's commitment to increasing patient choice and ensuring timely, effective care.

Going into 2025/26, NHS Shropshire, Telford and Wrekin will build on these improvements by enhancing digital systems, expanding service availability, and continuing to put patient choice at the centre of care delivery.

Duty to obtain appropriate advice

NHS Shropshire, Telford and Wrekin recognises the critical importance of seeking expert advice to support safe, effective, and evidence-based decision-making. Throughout 2024/25, NHS Shropshire, Telford and Wrekin has maintained robust systems and processes to ensure clinical, technical, and professional expertise informs the commissioning and delivery of health services across our system.

A key part of this approach is the established governance structures, which provide continuous access to specialist advice. The System Quality Group remains central to this, bringing together clinical, operational, and quality leads from across the system to share intelligence, identify risks, and develop coordinated improvement plans. This group also leads system-level learning from incidents and supports areas of collaboration, such as palliative and end-of-life care.

Our Clinical Cabinet provides senior clinical leadership and oversight, offering expert advice on pathway development and clinical strategies. This year, the Cabinet's input was critical in shaping the diabetes care pathway, particularly the integration of psychological support, and informing clinical considerations for the Hospital Transformation Programme. The Health and Care Senate further enhances this, acting as a multi-disciplinary forum to review evidence, challenge assumptions, and advance clinical knowledge, ensuring decisions are rooted in best practice and current clinical thinking.

In addition to our internal structures, NHS Shropshire, Telford and Wrekin sought external expert advice to strengthen governance and quality oversight. In 2024/25, we commissioned a quality governance review by NHS England and completed an internal audit to evaluate the effectiveness of our quality structures. All recommendations from these reviews were implemented, reinforcing our accountability and assurance mechanisms.

Regulatory and external partners have also been instrumental in shaping our work. NHS Shropshire, Telford and Wrekin works closely with the Care Quality Commission (CQC), Healthwatch, and local authorities, incorporating their intelligence and findings into system improvement plans. National guidance, including the National Quality Board 2022 framework on quality risk response, has underpinned our approach to identifying and addressing areas of concern and supporting risk escalation when necessary.

Specialist clinical advice has been embedded across key programmes. NHS Shropshire, Telford and Wrekin commissioned expert-led Learning from Lives and Deaths reviews to improve care for people with learning disabilities and autism, while the establishment of a Learning from Deaths Forum provided a platform to engage clinical partners in reviewing cases and identifying system learning. In safeguarding, we continued to work closely with multi-agency partners, appointing a Designated Doctor for Safeguarding Children and drawing on the expertise of our Designated Professionals to protect the most vulnerable in our communities.

Further, NHS Shropshire, Telford and Wrekin supported the Medical Examiner process rollout across primary care, enhancing scrutiny of deaths and ensuring expert oversight of this sensitive area. Clinical leadership was also integral to vaccination programmes, infection prevention strategies, and maternity service developments.

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Duty to promote innovation

NHS Shropshire, Telford, and Wrekin has actively driven innovation across the healthcare system to improve patient outcomes, enhance efficiency, and modernise services. In 2024/25, a range of initiatives have been implemented to transform care pathways, diagnostics, and digital healthcare solutions.

The introduction of teledermatology has provided a faster, more accessible way for patients to receive skin lesion assessments without needing a hospital appointment. This service, now considered a regional exemplar, reduces waiting times and ensures early diagnosis, demonstrating the organisation's commitment to using technology to enhance patient care. Similarly, the development of the Non-Specific Symptom pathway has streamlined cancer diagnosis, ensuring that patients with unclear but concerning symptoms can be assessed more quickly.

Innovation in diagnostics has also been a priority. The expansion of Community Diagnostic Centres has improved access to essential tests outside of hospital settings, while the adoption of a digital performance dashboard provides real-time data to manage demand and optimise resources. Additionally, the rollout of the electronic Eye Referral System across all optometrists has improved referral efficiency and reduced delays in ophthalmology services.

Workforce innovation has played a key role in improving service delivery. The introduction of a staff passport and collaborative staff bank has supported more flexible working, reduced duplication, and increased workforce efficiency. Investment in training and digital transformation continues to drive improvements, ensuring that staff have the tools and knowledge to deliver high-quality care.

Looking ahead to 2025/26, NHS Shropshire, Telford and Wrekin will continue to embed innovation by expanding digital platforms, enhancing data-driven decision-making, and further developing innovative care pathways that improve access, efficiency, and patient outcomes.

Duty in respect of research

NHS Shropshire, Telford and Wrekin has fulfilled its statutory duty in respect of research through the development and implementation of a system-wide Research and Innovation Strategy, agreed by the Staffordshire and Stoke-on-Trent, Shropshire, Telford and Wrekin Health and Care Research Partnership (SSHERPa) and signed off by the Shropshire, Telford and Wrekin Integrated Care System Research and Innovation Committee in November 2023.

The strategy is built on six key pillars:

- Delivering collaborative research addressing regional health and care priorities.
- Embedding a culture of research and innovation, with strong leadership.
- Growing capacity and capability for evidence-based care.
- Expanding research participation opportunities.
- Building infrastructure to support a growing research portfolio.

- Supporting the use of best evidence in commissioning and service delivery.

The Staffordshire and Stoke-on-Trent, Shropshire, Telford and Wrekin Health and Care Research Partnership is now fully established, with executive leadership, programme management, and a dedicated Integrated Care Board research lead (Chief Medical Officer) providing senior oversight. A provider executive sponsor is also in place.

We continue to strengthen partnerships across health, care, and the voluntary, community and social enterprise sector, aligned to the four Integrated Care System aims. Our approach prioritises community engagement, including under-served groups, through voluntary, community and social enterprise research coordinators and a regional research connectors network. This ensures wider access to research opportunities and enables studies to reflect the diversity of our population.

A dedicated Patient, Public and Community Involvement and Engagement workstream is in place, drawing together voluntary, community and social enterprise partners and engagement leads to shape research priorities and promote participation. As a result, nearly 5,000 people have been recruited into research studies across the Shropshire, Telford and Wrekin geographic footprint since February 2024, with ongoing efforts to increase reach through community networks.

We have successfully secured NHS England Research Engagement Network funding, supporting the establishment of voluntary, community and social enterprise research coordinators and delivery of the NHS England Touchpoints programme, which directed over 11,000 people to the National Institute for Health and Care Research's (NIHR's) Be Part of Research platform. We are also supporting community research champions and joint academic appointments to grow research capability.

Collaborative projects include a national dementia biomarker study, a proposed NIHR Mental Health Research Group (with Keele University and voluntary, community and social enterprise partners), and a dementia study focusing on rural communities. We work closely with universities, NIHR Clinical Research Network West Midlands, local authorities, NHS trusts, and the West Midlands Health Innovation Network to support research delivery.

Staffordshire and Stoke-on-Trent, Shropshire, Telford and Wrekin Health and Care Research Partnership partners contribute to regional initiatives, such as the West Midlands Secure Data Environment Network and are engaged in shaping the future NIHR Regional Research Delivery Network, ensuring primary and community care research is supported.

A collaborative research governance workstream is streamlining approvals for studies spanning multiple organisations, including those without formal research infrastructure like voluntary, community and social enterprises. Partners share best practice, workforce development opportunities, and foster innovation through evidence-based practice groups and research engagement initiatives across diverse health, care, and community settings.

Duty to promote education and training

NHS Shropshire, Telford and Wrekin are committed to the ongoing training and development of its staff. In 2024/2025 NHS Shropshire, Telford and Wrekin has continued to monitor its

compliance rates on statutory and mandatory training and share these with staff and encourage them to complete their training. As a result, the rates have increased to their highest levels over the last 12 months. NHS Shropshire, Telford and Wrekin has also introduced a variety of training opportunities to help staff improve their skills, which include specialised courses tailored for health and care professionals. These are delivered in diverse formats, including webinars, forums, Continuing Professional Development (CPD) sessions, and face-to-face events.

At a local level there is regular access to specialised training such as Human Resources (HR) workshops, lunch and learn sessions which cover a variety of topics and new for this year is pension workshops. All training and development opportunities are regularly communicated and staff encouraged to participate. For 2025/2026 NHS Shropshire, Telford and Wrekin will build on its achievements and work with the system to offer further opportunities for staff.

Completing our work as an employer, NHS Shropshire, Telford and Wrekin has strong partnerships with further education providers locally. These partnerships support our commitment to delivery of the duty beyond only our employed staff including the provision of health T-levels currently running for two cohorts with a total of 94 students. The Integrated Care System partners provide diverse and meaningful placements across health and care to support the T level programme. Further, 56 employees from across the system have successfully completed the BTEC Level 3 in Education and Training to enhance skills for deployment within their roles and to upskill others. In addition, we have a group of 18 new to care Healthcare and Social Worker apprentices, and further new apprenticeship routes are being developed for the Pharmacy Faculty. Plans for the year ahead include the expansion of the above programmes and the addition of more routes into health and care across the system.

Over the last year, NHS Shropshire, Telford and Wrekin successfully partnered with our Local Authority colleagues to use existing capacity to develop expertise and capacity in the delivery of Oliver McGowan training for all system partners.

Duty as to promoting integration

Integration of services and partnerships is a foundation of the strategy and planning of our system through the Joint Forward Plan.

- Integration through governance includes our place partnership committees being formal subcommittees of NHS Shropshire, Telford and Wrekin. This is reinforced through key groups being chaired by local authority Directors of Public Health, reporting not only through local authority Health and Wellbeing Boards but also through system committees.
- Our integrated neighbourhood approach is the foundation for building our service redesign approach and delivery of care as close to home as possible.
- Our neighbourhoods are currently mapped to our Primary Care networks with integration neighbourhood teams developing between primary, community and social care and work with the voluntary, community and social enterprise to provide person centred wrap around services that support people to stay well, prevent ill health and improve access.

Duty to have regard to the wider effect of decisions (the Triple Aim)

The 'Triple Aim' is a legal duty on NHS bodies which requires them to consider the effects of their decisions on:

- the health and wellbeing of the people of England (including inequalities in that health and wellbeing);
- the quality of services provided or arranged by both themselves and other relevant bodies (including inequalities in benefits from those services); and
- the sustainable and efficient use of resources by both them and other relevant bodies.

As outlined above, NHS Shropshire, Telford and Wrekin is legally required to consider the effects of their decisions on the health and wellbeing of the people of England (including inequalities in that health and wellbeing) and is also committed to tackling health inequalities in line with the requirements of the NHS Long Term Plan, the Shropshire, Telford and Wrekin Integrated Care Strategy, and our legal obligations as a public sector organisation.

Our Integrated Impact Assessment tool helps us demonstrate these requirements and apply systematic analysis to all our plans and end to end decision-making processes in the organisation.

In addition to this, all NHS Shropshire, Telford and Wrekin Board and Committee papers have the following statutory requirement for completion: "How does this report support the Integrated Care Board's core aims: [which includes] Tackle inequalities in outcomes, experience, and access", and "what are the reports implications for: [which includes] Equality, Diversity and Inclusion" to ensure that Committees can therefore gain assurance that the 'Due Regard' process has been carried out to inform decision-making.

Duties as to climate change

NHS Shropshire, Telford and Wrekin has 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 with regard to the greener agenda. NHS Shropshire, Telford and Wrekin's procurement policies can be found on our website [Procurement Policies - NHS Shropshire, Telford and Wrekin](#)

NHS Shropshire, Telford and Wrekin does not own or have control over any estate, other resources, natural capital or landowning that require reporting in this annual report.

During 2024/25 NHS Shropshire, Telford and Wrekin has not owned, hired or leased car fleets and none of our travel costs include any flights, either international or internal within the United Kingdom. However, for 2024/25 NHS Shropshire, Telford and Wrekin has introduced a lease car scheme for its staff which includes both traditional fuel and electric/electric hybrids as options.

In 2024/25 NHS Shropshire, Telford and Wrekin's gross expenditure on the purchase of energy (including water services) was £191k. In 2024/25 NHS Shropshire, Telford and Wrekin's total expenditure on official business travel was £99k. In 2024/25 NHS Shropshire, Telford and Wrekin's total expenditure on waste disposal was £4k.

Following the consolidation from two office locations to one just prior to the beginning of the reporting period, NHS Shropshire, Telford and Wrekin expects total usage of electricity, gas and water to have reduced in 2024/25 when compared to previous years. However, as a result of meter reading arrangements at Wellington Civic Offices, we are not in a position to report detailed consumption information for these utilities. In 2024/25 NHS Shropshire, Telford and Wrekin's paper usage was 225 packs of paper compared to 270 in 2023/24.

The Shropshire, Telford and Wrekin Integrated Care System Green Plan (2022-2025) and its action plan outline commitments to achieving NHS net zero targets. The NHS aims for net zero by 2040 for direct emissions, with an 80% reduction by 2028-2032, and by 2045 for emissions it can influence, with an 80% reduction by 2036-2039.

Failure to reduce emissions threatens healthcare services and exacerbates health inequalities, particularly through illnesses linked to poor air quality. Rising fossil fuel costs further highlight the financial benefits of decarbonisation. The Green Plan aligns with NHS England guidance, driving progress through various initiatives.

During 2024/25, NHS system provider boards increased awareness through Net Zero/Sustainability workshops, Carbon Literacy training, and integrated carbon reduction into staff appraisals. All providers have developed decarbonisation plans, securing funding to implement them. The Robert Jones and Agnes Hunt Orthopaedic Hospital completed a solar carport project, and NHS system providers received £2.874 million in March 2025 to enhance solar energy capacity, generating 1.256 million kWh annually.

The NHS Clinical Waste Strategy (2023) aims to cut waste-related carbon emissions by 30% through better waste segregation, elimination of unnecessary waste, and innovative reuse methods. Locally, the Robert Jones and Agnes Hunt Orthopaedic Hospital surpasses targets, while the Shrewsbury and Telford Hospital NHS Trust is on track to meet them by March 2025, ahead of the 2026 national deadline. Efforts include reducing single-use items like tourniquets and couch rolls and adopting reusable sharps containers.

The 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). A new Fleet Services framework, launched in December 2024, ensures long-term commitment to electric vehicles. The Shrewsbury and Telford Hospital NHS Trust and the Robert Jones and Agnes Hunt Orthopaedic Hospital have transitioned to electric fleets and expanded on-site charging infrastructure. Cycling schemes, though limited in rural areas, have been supported with new cycle shelters at The Royal Shrewsbury Hospital and The Princess Royal Hospital.

Medicines contribute 25% of NHS carbon emissions, with anaesthetic gases and inhalers being key focus areas. The NHS Shropshire, Telford and Wrekin Medicines Optimisation team has driven significant change, reducing 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. Awareness campaigns have encouraged the use of lower-emission alternatives. Acute Trusts have reduced emissions from anaesthetic gases by repairing nitrous oxide leaks, decommissioning unnecessary piped systems, and replacing them with portable alternatives where appropriate.

Sustainable food initiatives include implementing an Electronic Meal Ordering system to reduce waste. The Robert Jones and Agnes Hunt Orthopaedic Hospital has prioritised low-carbon menu items, increasing plant-based options and sourcing local produce, including a

partnership with a local farm for a three-weekly Sunday special. NHS providers have also phased out single-use plastics in staff canteens and patient catering.

Climate change poses a long-term threat to NHS service delivery. Resilience and adaptation are integrated into business continuity planning, with training and testing conducted in 2024/25. Given Shropshire, Telford and Wrekin's rural geography, flooding and severe weather events are key concerns, and system partners actively participate in the Local Resilience Forum for emergency planning.

Biodiversity efforts include installing swift and bat boxes, beehives, and planting trees and hedges. The NHS providers procurement team has met the System Total Roadmap Green Procurement Challenge to cut supply chain emissions, further reinforcing sustainability commitments. Further NHS Greener Guidance 2025 has been released in February 2025 which will require the Integrated Care System to publish a revised Green Plan for the next three years by October 2025.

Duty to establish an Integrated Care Partnership

The Integrated Care Partnership Committee is crucial to the Integrated Care System's ambition to achieve better health and care outcomes for the residents of Shropshire Telford and Wrekin. The Integrated Care Partnership Committee provides a forum for leaders from the two local authorities, health (including NHS) and social care, and public health to come together with stakeholders from across the health system and community. The Integrated Care Partnership Committee meeting is held in public, and papers are published [online](#).

Our Integrated Care Partnership Committee met formally once on 30th October 2024 and key leaders met in parallel, supported by our two Health and Wellbeing Boards. The Integrated Care Partnership Committee reviewed the outcomes against the joint forward plan and held a workshop on delivering prevention across the system with all partners. The committee approved the refresh of the Integrated Care Strategy on 30 October 2024.

Public Sector Equality Duty ('PSED')

As part of NHS Shropshire, Telford and Wrekin's commitment to upholding the principles of the Equality Act 2010, the organisation has embedded the Integrated Impact Assessment process within its service and policy development framework. This ensures that all decisions are made with due regard to eliminating discrimination, advancing equality of opportunity, and fostering good relations among diverse communities.

The Integrated Impact Assessment process systematically assesses the impact of policies, service changes, and functions on individuals with protected characteristics, including age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. By identifying both positive and negative impacts, the assessment enables the organisation to implement mitigating actions that address potential inequalities and ensure compliance with statutory obligations.

A key aspect of the assessment process is the focus on health inequalities, ensuring that services are designed to meet the needs of underrepresented and vulnerable groups. Engagement with affected populations, including socially excluded communities and carers, is central to this approach, allowing for inclusive decision-making and the development of equitable healthcare services. Additionally, the organisation remains committed to making

reasonable adjustments for individuals with disabilities and ensuring that access to services is not compromised.

The Integrated Impact Assessment also plays a vital role in fostering good relations by promoting engagement, mutual understanding, and inclusion. The process considers the impact of policies on seldom-heard groups, rural communities, and those with mental health conditions, ensuring that services are accessible and responsive to diverse needs.

Beyond equality considerations, the assessment evaluates broader factors such as environmental sustainability, workforce implications, and access to services. Travel and accessibility impacts are reviewed to ensure that any service reconfiguration does not disproportionately affect individuals with protected characteristics or those experiencing socio-economic deprivation.

Through the implementation of the Integrated Impact Assessment, the organisation continues to demonstrate its legal and moral commitment to equality, diversity, and inclusion. By embedding these considerations within strategic planning, it ensures that services are fair, inclusive, and aligned with the principles set out in the NHS Constitution and the Health and Care Act 2022. Our Integrated Impact Assessment template and policy can be found on our website by clicking on the below link:

<https://www.shropshiretelfordandwrekin.ics.nhs.uk/home/ourequalityobjectives/>

NHS Shropshire, Telford and Wrekin extends compliance with this duty by completing and publishing the annual NHS England Equality Delivery System, publication of equality objectives, and publication of the organisation's gender pay gap. Evidence can be found on our website by clicking on the below link: [Equality, Diversity and Inclusion - NHS Shropshire, Telford and Wrekin](#)

Duty to have regard to the NHS Constitution

NHS Shropshire, Telford and Wrekin reaffirms its commitment to upholding the principles, values, rights, and pledges enshrined in the NHS Constitution. We recognise that these commitments are fundamental to the delivery of high-quality, patient-centred care across our local health system.

Our leadership team is dedicated to ensuring that every decision, policy, and service initiative aligns with the values of the NHS Constitution. Regular training and briefings ensure that all Board members and senior leaders are fully aware of their responsibilities. In May 2024 Board members engaged in a Health Inequality Development Session delivered in conjunction with NHS Health Inequality Leads and Directors of Public Health. In February 2025 Board members took part in an Equality, Diversity and Inclusion Board Development Session arranged in conjunction with NHS Confederation.

We have embedded patient and public involvement into our decision-making processes. Our strategies ensure that patient rights are protected, and local communities have a voice in shaping services. For example, in a re-procurement exercise during 2024/25, we ensured public involvement was central to decision making by involving lay members from the Equality and Involvement Committee within the evaluation process for the re-procurement. Lay members were given the opportunity to assess bidders against key criteria which focussed on patient engagement and patient experience.

Supporting our workforce is paramount. We strive to uphold the NHS Constitution by ensuring fair treatment, continuous professional development, and robust support systems for our

staff. In the last 12 months NHS Shropshire, Telford and Wrekin has started to implement the national policies that have been released. From the first phase, Domestic Violence, Flexible Working and Baby Loss have been in place for some time, with the Sexual Misconduct policy and revised Bullying and Harassment policy due to implemented in the first quarter of 2025/2026. Additional support for staff continues to be available via the employee assistance programme and the freedom to speak up guardians.

We are committed to improving service quality, reducing health inequalities, and ensuring timely access to care. This year, targeted initiatives increased tuberculosis screening uptake among migrants from 0% to 33% and expanded vaccination efforts in underserved communities. Quality improvement projects strengthened services, including enhancing palliative care registers, improving falls prevention, and achieving 100% compliance with health assessments for children entering care. We closely monitor performance, with 93% of Continuing Healthcare assessments completed within 28 days. Timely access to urgent care remains a priority, with system-wide action plans and regular audits supporting improvements. Risks such as infection control and diabetes care are actively managed through our system risk register, ensuring we act quickly to protect patient care and outcomes.

Collaboration with local NHS trusts, community organisations, and other stakeholders is critical in delivering integrated care. Our joint initiatives ensure that the NHS Constitution's principles are upheld across the entire care continuum. Staff from the NHS, Shropshire Council, Telford & Wrekin Council, and the voluntary and community sector are working together on the Care Transfer Hub. Multi-organisational professionals from across these organisations facilitate safe and timely discharges from hospital, ensuring appropriate support is in place for each patient. Since its launch in October 2024, the Hub has helped to significantly reduce the number of patients waiting in hospital beds for discharge into home or community care settings. It's also shortened the average wait times for discharge and advocates a "home first" philosophy, supporting patients returning home from hospital. [Read more.](#)

We have established robust systems for patients, service users, and partners to raise concerns and provide feedback, ensuring continuous improvement and high standards of care. Our rebranded Provider Partner Feedback process promotes open communication between organisations, supporting a learning culture and driving improvements. Patient safety is embedded through the Patient Safety Incident Response Framework and Learning from Patient Safety Events, enabling concerns to be identified, shared, and acted upon system wide. We work closely with Healthwatch, local authorities, and NHS England to incorporate patient and community feedback, as demonstrated in our emergency care improvement work.

In maternity services, the Maternity and Neonatal Voices Partnership provides a dedicated platform for service user input, while our Experience of Care project has ensured public involvement shapes quality priorities. Additionally, our Child Death Workshops and thematic reviews help us learn from difficult experiences and drive change. These mechanisms reflect our commitment to listening, learning, and improving services based on the voices of those we serve.

Duty to have regard to assessments and strategies

Our governance and operating model demonstrate the fundamental role that strategy and redesign in the future of delivering health care to the population of Shropshire, Telford and

Wrekin. Our overarching Integrated Care Strategy outlines our system strategic priorities, built from Joint Strategic Needs Assessments, and our governance supports a process for partners across the system to ensure that strategies are relevant and deliverable. Our Strategy and Development Group, made up of strategic leads from all system partners, ensures that strategies align to delivery and planning and that partner organisation strategies also align to the delivery of the overarching system plan.

NHS Shropshire, Telford and Wrekin has significant involvement in both Health and Wellbeing Boards including development of the Health and Wellbeing Board strategies and updates. NHS Shropshire, Telford and Wrekin Chief Executive Officer is co-chair of the Shropshire Health and Wellbeing Board and the Telford and Wrekin Health and Wellbeing Board. The Health and Wellbeing Boards and the Place Partnership Committees for each of our Places hold workshops jointly to develop the strategies in partnership.

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Performance Analysis of Our Key Performance Indicators

Figure 1: Oversight Metrics Performance

Region	Organisation Type	Organisation	Categories	Apply colour coding for National Averages						
Midlands	ICB	Shropshire, Telford & Wrekin ICB	All	No						
	Indicator	Aggregation Source	Latest Period	Previous	Latest		Good Is	Target / Nat Ave*	National Value	Rank
S000a	NHSOF Segmentation	ICB	2025 01	4	4					
S000d	UEC Tier	ICB	2024 07	1	1					
S007c	Elective Activity - value weighted elective activity growth vs. target	ICB	2024 11	400.0%	400.0%					1/42
S009d	Total patients waiting more than 65 weeks to start consultant-led treatment	ICB	2024 12	526	259	↘		363.8*	15,278	25/42
S009d	Total patients waiting more than 65 weeks to start consultant-led treatment	Provider	2024 12	612	280	↘		329.6*	13,842	28/42
S011a	Cancer: 62 days backlog	Provider	w/e 02/02/2025	152.8%	150.5%	↘	Low	95.6%*	95.6%	40/42
S012a	Proportion of patients meeting the faster cancer diagnosis standard	ICB	2024 12	70.0%	68.3%	↘	High	75%		42/42
S029a	Adult inpatients with a learning disability and/or autism per million adult population	ICB	24-25 Q3	53	51	↘	High	30	42.4	32/42
S030a	Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check	ICB	24-25 Q3	24.5%	49.2%	↗	High	51.1%*	51.1%	24/42
S037a	Percentage of patients describing their overall experience of making a GP appointment as good	ICB	2023	57.0%	54.7%	↘	High	54.4%*	54.4%	23/42
S040a	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Provider	2024 03	4	4		Low	0	344	8/42
S040a	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	SubICB	2024 03	11	10	↘	Low	0	909	8/42
S041a	Clostridium difficile infection rate	Provider	2024 03	294.1%	300.0%	↗	Low	100%	137.3%	42/42
S041a	Clostridium difficile infection rate	SubICB	2024 03	190.8%	196.1%	↗	Low	100%	126.1%	42/42
S042a	E. coli bloodstream infection rate	Provider	2024 03	169.2%	173.6%	↗	Low	100%	130.0%	42/42
S042a	E. coli bloodstream infection rate	SubICB	2024 03	149.5%	150.5%	↗	Low	100%	125.0%	42/42
S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	SubICB	2024 07	96.3%	96.3%		Low	87.1%	93.8%	25/42
S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	SubICB	2024 07	6.9%	6.9%		Low	10%	7.8%	6/42
S046a	Population vaccination coverage: MMR for two doses (5 year olds)	ICB	24-25 Q2	90.5%	88.1%	↘	High	95%		16/42
S047a	Proportion of people over 65 receiving a seasonal flu vaccination	SubICB	2024 12	72.6%	75.4%	↗	High	85%	73.8%	21/42
S050a	Cervical screening coverage - % females aged 25 - 64 attending screening within the target period	SubICB	24-25 Q1	73.8%	73.8%	↗	High	75%	69.7%	7/42
S053b	% of hypertension patients who are treated to target as per NICE guidance (S053b)	ICB	2024-09	62.7%	62.0%	↘	High	80%	66.8%	42/42
S053c	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins (S053c)	ICB	2024-09	60.4%	60.8%	↗	High	45%	62.4%	23/42
S063a	Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, b...	ICB	2023	11.9%	9.5%	↘	Low			21/42
S063b	Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, b...	ICB	2023	20.3%	18.1%	↘	Low			26/42
S063c	Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, b...	ICB	2023	24.0%	20.2%	↘	Low			1/42
S067a	Leaver rate	ICB	2024 12	6.95%	6.86%	↘	Low	6.9%*	6.94%	18/42
S068a	Sickness absence rate	ICB	2024 09	5.01%	5.24%	↗	Low	5%*	5.01%	31/42
S069a	Staff survey engagement theme score	ICB	2023	6.56	6.76	↗	High			37/42

S069a	Staff survey engagement theme score	ICB	2023	6.56	6.76	↗	High			37/42
S072a	Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless ...	ICB	2023	53.2%	55.2%	↗	High			33/42
S075a	Direct patient care staff in GP practices and PCNs per 10,000 weighted patients	ICB	2024-12	8.3	8.43	↗	High	8.*	8	18/42
S081a	Access rate for IAPT services	ICB	2024 03	35.0%	21.0%	↘	High	100%		42/42
S084a	Children and young people (ages 0-17) mental health services access (number with 1+ contact)	ICB	2024 03	70.0%	68.0%	↘	High	100%		39/42
S086a	Inappropriate adult acute mental health placement out -of-area placement bed days	ICB	2024 03	365	365		Low	0		13/42
S107a	Proportion of Urgent Community Response referrals reached within two hours	ICB	2024 11	76.5%	71.4%	↘	High	70%		40/42
S109a	Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	ICB	2024 04	87.3%	80.8%	↘	High	100%	87.0%	29/42
S110a	Access rates to community mental health services for adult and older adults with severe mental illness	ICB	2024 03	85.0%	84.0%	↘	High	100%		31/42
S121a	NHS Staff Survey compassionate culture people promise element sub-score	ICB	2023	6.6	6.8	↗	High			38/42
S121b	NHS Staff Survey raising concerns people promise element sub-score	ICB	2023	6.1	6.2	↗	Low			39/42
S123a	Adult general and acute type 1 bed occupancy (adjusted for void beds)	Provider	2025 01	95.3%	96.0%	↗	Low	95.8%*	95.8%	17/42
S124a	Percentage of beds occupied by patients who no longer meet the criteria to reside	Provider	2025 01	13.2%	13.2%	↘	Low	14.4%*	14.4%	20/42
S126a	Diagnostic activity waiting percentage of patients on the waiting list who have been waiting more than 6 weeks	Provider	2024 09	41.0%	38.4%	↘	Low	22.4%*	22.4%	38/42
S126a	Diagnostic activity waiting percentage of patients on the waiting list who have been waiting more than 6 weeks	SubICB	2024 09	39.4%	36.7%	↘	Low	21.9%*	21.9%	39/42
S127a	A&E - percentage of patients managed within 4 hours.	ICB	2025 01	0.6	0.6	↗			0.7	41/42
S128a	Virtual ward - percentage capacity occupied.	ICB	2025 01	56.3%	58.7%	↗		80.5%*	80.5%	38/42
S129a	GP appointments - percentage of regular appointments within 14 days.	SubICB	2024 12	88.6%	89.9%	↗	High	88.7%*	88.7%	14/42
S130a	Dementia diagnosis rate	ICB	2024 05	60.8%	61.2%	↗	High	64.8%*	64.8%	29/42
S131a	Women accessing specialist community perinatal mental health services	ICB	2024 03	85.0%	81.8%	↘	High	82.8%*	82.8%	24/42
S133a	Staff survey - compassionate and inclusive theme score.	ICB	2023	7.1	7.2	↗				33/42

Figure 2: Operational Plan Performance

		<p>Formatted against 24/25 planned trajectories</p>													
Key Performance Indicators 2024/25		<p>Key:</p> <p>Better than Target</p> <p>Within 10% of target</p> <p>Greater than 10% off Target</p>													
Work Program	Metric	National target	Local year-end target	Q1 Apr	Q1 May	Q1 Jun	Q2 Jul	Q2 Aug	Q2 Sep	Q3 Oct	Q3 Nov	Q3 Dec	Q4 Jan	Q4 Feb	Q4 Mar
Cancer Waiting Times and Activity	28 Faster Diagnosis Standard	75%		74.4%	69.1%	66.3%	71.2%	68.6%	68.3%	71.3%	70.0%	68.3%	58.1%	65.8%	63.5%
	<31 days to treatment from a decision to treat	96%		83.7%	89.6%	79.0%	81.6%	84.1%	85.4%	89.2%	89.6%	91.7%	86.9%	91.9%	96.6%
	Suspected lower GI cancer referrals with FIT result	80%		86.9%	87.0%	89.5%	89.3%	90.6%	87.7%	89.2%	92.6%	94.9%	88.8%	87.5%	93.4%
	Referral to treatment within 62 days	85%		59.4%	59.7%	58.7%	55.0%	54.5%	51.3%	56.7%	64.5%	64.0%	51.4%	53.2%	66.6%
RTT and Diagnostic Waits	All diagnostics within 6 weeks	85%	82%	73.1%	71.4%	66.0%	63.9%	60.2%	62.2%	63.2%	62.2%	58.4%	61.0%	74.4%	79.9%
	All diagnostics at 13 weeks+		0	614	735	1139	1823	2201	2676	2565	2760	2955	2184	1042	547
	Referral to Treatment waits <18 weeks	92%		51.9%	53.4%	51.3%	51.7%	48.7%	47.4%	50.4%	51.3%	49.5%	50.5%	51.1%	50.8%
	Referral to treatment waits 52 weeks+			4581	4914	5851	5768	5992	5719	5038	4610	4252	3655	3189	2583
	Referral to treatment waits for children, 52 weeks+			436	491	564	542	481	395	387	387	356	368	281	176
	Referral to treatment waits 65 weeks+		0	934	1097	1438	1228	1170	744	606	526	259	196	132	58
	Referral to treatment waits 78 weeks+		0	5	3	5	3	53	58	18	26	24	10	6	7
	Referral to treatment waits 104 weeks+		0	0	0	0	0	0	0	0	0	0	0	0	0
	Total waiting			77137	80811	83556	86824	88003	84964	84851	84225	81454	79132	77903	76079
Primary Care	General practice appointments			261637	254425	236570	260537	238345	252229	324820	261563	237206	277421	249265	256398
	GP appts same or next day	54%	54%	53.6%	53.9%	52.6%	51.8%	53.5%	51.0%	45.5%	51.6%	55.1%	53.6%	52.5%	51.8%
	GP appts within 2 weeks (Acc08)	88%	85%	88.5%	89.3%	89.1%	88.8%	89.0%	89.0%	87.9%	88.6%	89.9%	89.6%	89.5%	88.3%
	Dental activity delivered as a proportion of contracted activity			54.5%	76.6%	77.5%	90.6%	81.1%	74.1%	91.5%	82.2%	78.0%	72.0%	74.8%	94.0%
Community	Urgent Community Response (UCR) referrals			310	240	160	440	550	595	620	625	665	655	555	350
	2-hour Urgent Community Response	70%		80.4%	82.9%	83.9%	73.2%	75.6%	82.6%	78.0%	71.4%	70.0%	66.7%	80.6%	76.9%
	Community bed occupancy			96.4%	95.4%	97.0%	91.3%	89.7%	91.8%	92.6%	92.1%	93.7%	95.8%	94.5%	93.6%
	Community services waits >52 weeks: ages under 18			122	159	89	73	75	71	101	106	128	157	188	180
	Community services waits >52 weeks: ages 18 and over			65	69	74	68	57	51	49	60	53	55	46	39

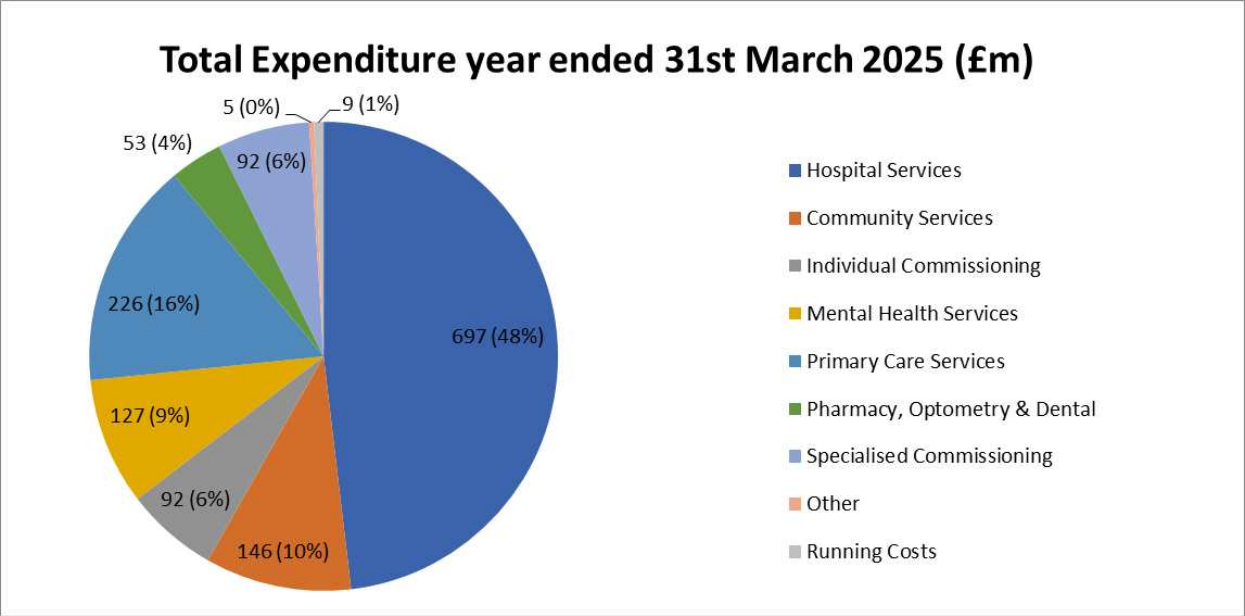
Learning Disability and Autism (LDA)	LDA patients aged 14+ having annual health check, cumulative YTD	75%		2.7%	6.8%	11.1%	16.4%	21.3%	24.5%	32.6%	42.3%	49.2%	61.0%	70.6%	82.9%
	LDA patients aged 18+ inpatient in MH ward, per million	30		45.8	45.8	45.8	48.3	53.4	53.4	55.9	53.4	55.9	50.8	45.8	50.8
	LDA patients aged <18 inpatient in MH ward, per million	10.0		40.1	40.1	40.1	30.1	30.1	30.1	30.1	30.1	30.1	30.1	30.1	30.1
Mental Health (MH)	Inappropriate Out of Area Placements			9	5	3	1	2	5	7	5	4	8	6	5
	Reliable Recovery after Talking Therapies	48%		52.0%	52.0%	51.0%	46.0%	47.0%	49.0%	48.0%	48.0%	52.0%	51.0%	49.0%	52.0%
	Reliable Improvement after Talking Therapies	67%		75.0%	77.0%	75.0%	73.0%	73.0%	72.0%	72.0%	74.0%	76.0%	76.0%	76.0%	76.0%
	Dementia diagnosis rate	67%		60.8%	61.2%	61.2%	61.3%	61.3%	61.4%	61.4%	61.9%	62.0%	62.3%	62.5%	62.9%
	Access to perinatal MH services YTD ⁴ (to nearest 5)		540	455	560	590	625	655	680	720	745	775	780	810	855
	SMI ⁵ patients having 2+ contacts with community MH services (rolling year)			4115	4255	4235	4250	4255	4310	4330	4335	4400	4465	4490	4595
	Proportion of SMI patients having core health checks (rolling year)	60%	60%	63.6%	60.4%	55.2%	55.9%	52.7%	50.3%	51.3%	51.0%	51.1%	56.4%	59.3%	59.8%
	MH patients aged <18 having 1+ contact (to nearest five, rolling year)		8341	5790	5860	5920	6105	6170	6250	6300	6370	6415	6465	6470	6555
	Timely access to treatment for eating disorders (urgent referrals)	95%		56.0%	63.0%	-	-	-	-	-	-	100.0%	-	-	-
UEC	Timely access to treatment for eating disorders (routine referrals)	95%		86.0%	74.0%	71.0%	73.0%	83.0%	87.0%	77.0%	65.0%	81.0%	71.0%	70.0%	82.0%
	SaTH ED attenders admitted/discharged/treated <4 hours (Type 1 & 3)	76%		49.9%	48.4%	52.0%	54.7%	55.7%	52.2%	52.2%	50.7%	50.3%	52.3%	52.6%	52.5%
	SaTH ED attenders admitted >12 hours from Decision to Admit		700	579	790	647	560	546	587	1060	1562	1494	1316	1130	1390
	SaTH ED attenders have initial assessment within 15 minutes	50%		45.5%	50.6%	57.3%	63.0%	64.8%	59.8%	58.9%	52.9%	51.6%	62.7%	61.2%	57.4%
	4-hour performance, all providers, departments type 1 and 3 (System)	76%		60.2%	59.1%	61.8%	64.6%	64.9%	62.1%	61.3%	59.6%	58.7%	61.7%	61.5%	61.4%
	Emergency Ambulance category 2 mean response in minutes (STW)	30		38.17	39.20	34.31	28.04	24.07	34.43	40.54	49.21	61.06	33.42	31.04	29.53
	Number of Super Stranded Patients (21+ days)			99	91	107	106	99	94	79	96	97	104	119	96
	Virtual Ward Occupancy			60.1%	58.1%	68.9%	67.2%	69.2%	56.7%	77.4%	70.6%	68.8%	55.5%	60.7%	60.0%
	Hospital discharges - pathway 1			50.1%	44.7%	46.1%	38.8%	48.8%	49.1%	47.3%	51.6%	51.1%	45.1%	44.9%	54.4%
	Hospital discharges - pathway 2			30.8%	39.5%	37.9%	42.0%	36.5%	38.4%	41.5%	38.5%	38.0%	43.6%	40.4%	38.2%
	Hospital discharges - pathway 3			19.1%	15.8%	16.0%	19.2%	14.7%	12.5%	11.2%	9.9%	10.9%	11.3%	14.7%	7.4%

Notes: 1 - FIT=faecal immunochemical test; 2 - UEC=urgent and emergency care; 3 - CPCS=community pharmacy consultation service; 4 - YTD=year to date; 5 - SMI=serious mental illness; 6 - reporting changed mid-year; see narrative.

Finance

In the year ended 31 March 2025 NHS Shropshire, Telford and Wrekin received a total allocation of £1,447 million to spend on the healthcare of its residents. Figure 3 below shows a breakdown of the organisation’s expenditure for the period by spend type totalling £1,447 million.

Figure 3: Breakdown of the organisation’s expenditure for the period by spend type.



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Figure 4: Further analysis of expenditure, by type for the year ended 31 March 2025.

	Year ended 31st March 2025	Year ended 31st March 2024
	Total £'000	Total £'000
Pay	18,730	18,911
Purchase of goods and services		
Services from other ICBs and NHS England	4,518	3,948
Services from foundation trusts	229,100	180,122
Services from other NHS trusts	730,399	577,663
Purchase of healthcare from non-NHS bodies	188,513	206,629
General Dental services and personal dental services	33,596	28,727
Prescribing costs	100,320	97,972
Pharmaceutical services	16,163	15,163
General Ophthalmic services	13,809	6,642
GPMS/APMS and PCTMS	112,309	102,232
Supplies and services – clinical	2,456	2,012
Supplies and services – general	4,848	(2,463)
Consultancy services	1,603	511
Establishment	2,999	3,827
Transport	887	839
Premises	505	796
Audit fees	150	132
<u>Other non statutory audit expenditure</u>		
· Other services	40	24
Other professional fees	916	1,797
Legal fees	424	87
Education, training and conferences	258	547
Total Purchase of goods and services	1,443,813	1,227,207
Depreciation and impairment charges		
Depreciation	115	344
Total Depreciation and impairment charges	115	344
Provision expense		
Provisions	(9)	20
Total Provision expense	(9)	20
Other Operating Expenditure		
Chair and Non Executive Members	134	132
Grants to Other bodies	34	33
Expected credit loss on receivables	890	(44)
Other expenditure	(3)	9
Total Other Operating Expenditure	1,055	130
Total Expenditure	1,463,704	1,246,612

Figure 5: An analysis of the Statement of Financial Position, detailing assets and liability balances.

	31st March 2025	31st March 2024
	£'000	£'000
Total Non Current Assets	938	1,053
Current assets:		
Trade and other receivables	13,214	13,042
Cash and cash equivalents	660	518
Total current assets	13,874	13,560
Total assets	14,812	14,613
Current liabilities		
Trade and other payables	(81,129)	(85,720)
Lease liabilities	(107)	(39)
Provisions	(3,353)	(3,296)
Total current liabilities	(84,589)	(89,055)
Non-Current Assets plus/less Net Current Assets/Liabilities	(69,777)	(74,442)
Non Current Liabilities	(926)	(1,034)
Assets less Liabilities	(70,703)	(75,476)
Financed by Taxpayers' Equity		
General fund	(70,703)	(75,476)
Total taxpayers' equity:	(70,703)	(75,476)

Workforce

Following the management of change process which took place in early 2024 NHS Shropshire, Telford and Wrekin have implemented several initiatives to improve staff experience and improve the culture within the organisation. These have included a focus on the national Human Resource (HR) policies where a number have been implemented during 2024 which provide a more people centred approach to supporting staff.

NHS Shropshire, Telford and Wrekin has also continued with using the quarterly pulse survey and for the second year also participated in the annual [NHS Staff Survey](#) to ensure staff have a voice and feel they are being listened to. As a result of feedback from the surveys, the organisation has also implemented further initiatives in terms of staff benefits, reward and development.

Initial results from the 2024 NHS Staff Survey are positive and demonstrate ongoing improvement. Further detail is contained below, however many of our scores have improved indicating a more positive experience overall for staff

A selection of the main improvements include:

- Colleagues recommending the organisation as a good place to work (this has increased significantly by 15% on last year)
- Increased colleague satisfaction with the extent that the organisation values their work.
- Quality of appraisal has improved with colleagues reporting positive experiences. Particularly noted were agreeing clear objectives, improving how they do their job and feeling their work is valued.
- Disability: the organisation has made reasonable adjustments to enable colleagues to carry out their job.
- Increase in colleague experience in not feeling every working hour is tiring (this is a 15% increase compared to last year)

Areas for focus for 2025/2026 include a focus on health and wellbeing, team effectiveness, performance review and development.

We continue to work to deliver our People Strategy, reflecting the national priorities in the people promise, people plan and long-term workforce plan. This year we have expanded our training offer through a broadening of our T-levels, our apprenticeship provision and delivery of Oliver McGowan across the system.

The work of the People Promise Managers within Trusts, and the focus on Retention at a system and regionally level have support work to better understand trends in attrition and to develop system level plans to mitigate.

There has been great success with our High Potential Scheme supporting aspirant leaders from diverse backgrounds to develop skills and confidence to step into leadership positions. 41 individuals have been supported through the programme this year with 67% of HPS graduates from the programme having so far achieved promotions into leadership positions, and 80% of previous graduates now holding leadership roles.

Our focus on reducing agency usage has seen positive outcomes, and focus will continue driving activity to align bank and agency reduction to the operational plan for the year ahead. Risks remain around alignment of workforce, activity and finance and our system level priorities relating to workforce will be reviewed to reflect this, along with the objectives set out in the refreshed System People Strategy.

Urgent and Emergency Care

Our Urgent and Emergency Care Delivery Group has representatives from all system partners which is accountable to the Integrated Care Board for the delivery of quality of care and operational performance. Our system-wide improvement programme was agreed with NHS England regional and national support in April 2024 as being the most appropriate and impactful to improve care for our patients.

The five workstreams areas of focus were:

1. Improving four-hour performance and reduced length of stay in our Emergency Departments.
2. Improving ward processes and internal professional standards.
3. Providing alternatives to our Emergency Department.
4. A system-wide focus on patients with frailty.
5. Improving discharge processes.

Key achievements in delivery of this improvement programme include:

- Improved working across system partners to ensure patients receive more appropriate and timely care rather than attending the Emergency Departments. This has resulted in more patients receiving alternative care which has resulted in no increase in patient attending the emergency departments from the previous year.
- The length of time patients who are in a hospital bed continues to reduce and benchmarks well in comparison to other hospitals.
- The creation of our Care Transfer Hub which brings several professions together, working in a multi-disciplinary way to support patients with an effective discharge and ongoing support. This has resulted in patients who are identified as 'no criteria to reside', waiting less time for discharge with appropriate level of support.
- Improved working across system partners to mitigate risks and improve care for our population.

Key risks remain regarding the congestion seen within our emergency departments resulting in excessive waits in ambulance handover, performance to the four-hour standard and the number of patients waiting over 12 hours for a hospital bed.

Our improvement plan over the coming year will continue to focus on supporting our patients to receive the most appropriate care in the right setting, ensuring patients who need emergency services receive these in a timely manner.

General Practice

Shropshire, Telford and Wrekin is made up of 50 GP practices across nine Primary Care Networks. Over the past year, Primary Care Networks have continued to deliver national requirements under the Directed Enhanced Service contract. This included offering extended access with additional weekday evening and Saturday appointments, providing coordinated care in care homes, and improving early cancer diagnosis through increased screening, fecal immunochemical testing, teledermatology trials, and a focus on prostate cancer.

Primary Care Networks enhanced patient support through social prescribing and a focus on continuity of care. Structured Medication Reviews targeted patients most likely to benefit, while cardiovascular disease prevention and diagnosis work expanded, including hypertension detection, community pharmacy collaboration, and identifying those at risk of atrial fibrillation and familial hypercholesterolaemia. Reducing health inequalities also remained a priority, alongside support for patients through weight management services and strengthened links with community and mental health providers.

Access to general practice continued to improve, supported by the System Level Primary Care Access Improvement Plan. Efforts focused on better digital telephony, easier online requests, and faster care navigation and response. Several practices adopted a Total Triage model to ensure consistent access whether face-to-face, online, or by phone. Online GP registration is now standard across all practices, alongside increased use of the NHS App for appointment booking, prescription ordering, test results, and record access.

Workforce expansion continued through the Additional Roles Reimbursement Scheme (ARRS), supporting the recruitment of Clinical Pharmacists, Care Coordinators, Social Prescribers, Paramedics, and First Contact Physiotherapists. General practice now operates with a more diverse, multidisciplinary team. From October 2025, GPs were included in ARRS funding, enabling Primary Care Networks to recruit newly qualified GPs. By the end of 2024/25, nearly 100% of the ARRS budget will be utilised, with over 360 additional staff in place, including around 16 full-time equivalent GPs—one of the highest ratios in the Midlands.

The NHS Shropshire, Telford and Wrekin's General Practitioner Strategy, developed in 2022, continues to support GP recruitment and retention. Led by the Primary Care Workforce Lead and GP Leads, initiatives have included a GP Fellowship scheme, networks for newly qualified and international GPs, support for Foundation Year doctors and locums, and resources for female GPs. Although GP Partner numbers remain a concern, overall GP numbers have stabilised after previous decline, with 320 GPs (headcount) and 240 (WTE) in post as of January 2025. A recent GP Partner survey will inform further action.

Primary care estates also saw significant investment. New premises opened at Highley in July 2024 and in Whitchurch in March 2025, expanding clinical capacity. Further projects are in development for 2025/26. NHS England capital funding supported improvements at five practices. All Primary Care Network Estates Plans and the NHS Shropshire, Telford and Wrekin Primary Care Estates Strategy were completed, helping shape the System Infrastructure Plan. Future funding includes £6.8 million in developer contributions and £490,000 secured through infrastructure levy bids. Over £120,000 in business rates rebates was recovered this year, with further opportunities under review.

Pharmacy and Medicines Optimisation

Effective pharmacy and medicines optimisation remain central to delivering safe, patient-centred care across Shropshire, Telford and Wrekin. Over the past year, pharmacy teams have driven system-wide collaboration, innovation, and improvements in prescribing, medicines safety, and health outcomes.

Key achievements include expanding structured medication reviews, optimising prescribing to reduce waste and costs, and enhancing the role of clinical pharmacists in multidisciplinary teams. Focused work on polypharmacy and antimicrobial resistance has promoted safer, evidence-based prescribing. Digital initiatives such as electronic repeat dispensing and population health analytics have further improved prescribing efficiency and decision-making.

Our network of 80 community pharmacies provides vital clinical services, supporting prevention, self-care, and treatment closer to home. Over the past year, pharmacies delivered significant patient care, including:

- 48,150 Pharmacy First consultations
- 21,305 Clinical Pathways consultations
- 20,704 blood pressure checks
- 29,075 flu vaccinations
- 33,901 New Medicines Service consultations

This work created an estimated 8,380 additional clinical hours, supported early detection of conditions like hypertension, prevented over 280 hospital readmissions, and reduced flu infections.

The Community Pharmacy Independent Prescribing Pathfinder Programme is testing models of care in acute care, women's health, and long-term condition management, supporting future growth in clinical pharmacy services.

Workforce challenges, particularly in rural areas, remain a priority. A Pharmacy Workforce Summit informed the upcoming Shropshire, Telford and Wrekin Pharmacy Workforce Strategy (2025-2030). Collaboration has strengthened multi-sector training placements and independent prescribing development. From 2026, Telford College will deliver a new

Pharmacy Technician apprenticeship. A new Shropshire, Telford and Wrekin Pharmacy brand will also promote the area as a destination for pharmacy professionals.

NHS Shropshire, Telford and Wrekin led the Valproate safety programme to ensure compliance with national Medicines and Healthcare products Regulatory Agency (MHRA) alerts, protecting women and girls of childbearing potential. This included establishing valproate registers, ensuring specialist reviews, implementing double clinician sign-off, and enhancing patient information. As a result, prescribing is now more tightly controlled, significantly reducing risk.

The Medicines Optimisation Cost Improvement Programme (CIP) achieved £4.6m in savings (92% of target) in 2024/25. Key initiatives included:

- £2.5m saved through the Direct Oral Anticoagulant (DOAC) review
- Blood Glucose Test Strip optimisation
- ScriptSwitch decision support tool
- Opioid deprescribing initiatives

Antimicrobial stewardship remained a priority, reducing fluoroquinolone use and increasing short-course amoxicillin prescribing to 59%, close to the 60% national target. Broad-spectrum antibiotic prescribing stayed well below national thresholds at 6.3%.

Optometry

There are 60 optical practices in Shropshire, Telford and Wrekin providing optometry services, with a good geographical spread across the county. Key areas of work include successful roll out of a Midlands-wide regional Electronic eyecare Referral System, with Shropshire, Telford and Wrekin being the first system in the Midlands to go live with the Electronic eyecare Referral System and to reach 100% of practices on-boarded. This provides a platform for ongoing work on improving digital eyecare referral pathways.

Shropshire, Telford and Wrekin Optometrists have accessed regional funding to support Optometry Independent Prescribing qualifications and glaucoma higher qualifications at Aston and Cardiff Universities. This will support workforce development to align with eyecare service improvement. Ophthalmology clinical placements and mentorship, where required are being provided by clinical colleagues at The Shrewsbury and Telford Hospital NHS Trust.

Key areas of focus for optometry services include:

- Mobilisation of a new Optometry First service from July 2025, which will improve diagnostics and digital connectivity between primary and secondary care. This will support a shift in eyecare services from hospital to community and enable a range of eye conditions to be managed, where appropriate, in a primary care setting.
- Work on implementing sight testing within Special Educational Settings (SES) will be led by the Office of the West Midlands across the six West Midlands Integrated Care Boards. Details on timeline, service specification and support for this to be delivered is awaited from NHS England.

Dentistry

A Dental Services Equity Audit for Shropshire, Telford, and Wrekin was completed in February 2024. Following this, a system-wide units of activity Dispersal Plan was approved by the Dental Assurance and Improvement Group in June 2024. The plan focuses on improving NHS dental access across the area, aiming to restore access to pre-pandemic levels as an initial target.

The plan identified priority areas across Shropshire, Telford and Wrekin where additional capacity would be targeted, particularly to support deprived and vulnerable populations. Work is ongoing with the NHS Shropshire, Telford and Wrekin health inequalities team and local authority partners to implement this. Progress has been made in increasing capacity, with active recruitment of dentists, especially in Telford, where access challenges are greatest.

Implementation of audit recommendations is still in the early stages but showing positive momentum. Children's NHS dental access has now exceeded pre-COVID levels, with 64% seen in the past 12 months. Adult access remains above the national average but is at 86% of pre-COVID levels, with 41% of adults seen in the past 24 months.

We will continue to build on this progress over the coming year, including commissioning additional urgent and routine NHS dental appointments.

Elective

During 2024/25 all providers have worked hard to reduce the waiting time for all our patients receiving planned care. For all but a handful of patients, regardless of speciality, the wait is less than 65 weeks. This is the shortest overall waiting time within Shropshire, Telford and Wrekin since pre-covid.

This has been achieved through additional capacity, both internal additional work, and/or insourcing/outsourcing and some productivity gains. The system has benefitted from the opening of a new surgical hub at the Princess Royal Hospital which opened in September 2024, which has created additional day case capacity that is ring fenced for elective care.

In addition to focusing on reducing waiting times for residents, we have also focused on ensuring we support people whilst they are waiting. In 2024/25 we supported local provider trusts to establish pathways, in partnership with Public Health, to reach out to people waiting for musculoskeletal appointments and offer them both holistic and lifestyle-based support. Looking toward 2025/26, we are confident the waiting time will continue to reduce, the next milestone being to have all patients under 52 weeks. We will also increasingly focus on working with our local communities to understand barriers to accessing their appointments and making reasonable adjustments. We will also be looking to expand on initiatives which support people to wait well into other specialities.

Although we are proud of the progress made in reducing waiting times for our planned care patients, we recognise that in some cases, people are still having to wait too long for treatment. There is a lot more for us to do in this area, and it remains a core focus for the organisation as we look forward into 2025/26.

Diagnostics

In 2024/25, Shropshire, Telford, and Wrekin continued to align with the NHS Long Term Plan and the NHS Elective Reform Plan (January 2025) to enhance patient access to timely diagnostic tests and results.

The expansion of Community Diagnostic Centres remains a priority, easing hospital pressures and improving patient experience. The Telford Community Diagnostic Centre performed approximately 85,000 tests (April 2024 – January 2025) and plans for an additional Shropshire Community Diagnostic Centre are underway, pending national approval. Extended opening hours (12 hours a day, seven days a week) have increased access to diagnostics closer to home, reducing waiting times and unnecessary hospital admissions. A dedicated Clinical Lead for Physiological Sciences has been appointed to drive innovation and improve service delivery in collaboration with regional partners.

Shropshire, Telford and Wrekin has focused on workforce efficiency, including the development of a staff passport and collaborative staff bank to improve resource sharing and reduce long waits. Training and recruitment initiatives continue to address workforce shortages.

Demand for diagnostic services has risen, and system partners remain committed to achieving the six-week national waiting time standard. Key recovery initiatives include a system-wide review of diagnostic capacity to optimise resources, development of a digital performance dashboard for real-time service management, and a whole-system approach to workforce and service provision. Vulnerable populations and cancer patients continue to be prioritised to ensure timely access to diagnostics. These efforts support earlier diagnosis, improved patient outcomes, and a more efficient, accessible diagnostic service for our population.

Cancer

NHS Shropshire, Telford and Wrekin prioritises enhancing cancer pathways, reducing waiting times, and improving outcomes as part of its system recovery and development strategy. In 2024/25, non-recurrent funding from the West Midlands Cancer Alliance supported the establishment of an NHS Shropshire, Telford and Wrekin Cancer Programme Team to drive this work.

Through 2024/25, The Shrewsbury and Telford Hospital NHS Trust, the main cancer care provider, faced challenges in workforce availability and rising referrals. Diagnostic service shortages affected pathways but were mitigated through engagement with independent providers. Continued support from NHS Shropshire, Telford and Wrekin, West Midlands Cancer Alliance, and NHS England is in place for further recovery in high-demand specialties.

A two-year teledermatology pilot concluded in December 2024 and is set for full commissioning in April 2025. This model streamlines skin lesion assessments via high-quality imaging, reducing unnecessary hospital visits. In the colorectal pathway, Faecal Immunochemical Testing (FIT) in primary care exceeds national standards, while the Non-Specific Symptom pathway, launched in February 2024, improves access and diagnostics for vague gastrointestinal symptoms.

Gynaecology referrals have risen, likely due to increased Hormone Replacement Therapy (HRT) use. A new pathway focused on HRT management in primary care is expected to be finalised in early 2025/26, reducing unnecessary secondary care referrals. In lung cancer,

strengthened GP referral pathways allow direct specialist reviews, expediting diagnosis. The National Lung Cancer Screening Programme, launching in spring 2025, will screen smokers aged 55-74.

The breast pain pathway, established in 2023, expanded in 2024 and is now sustainably funded. A 'straight to test' approach for low-risk head and neck lesions will launch in March 2025, reducing wait times. Support for patients living with and beyond cancer includes personalised care initiatives, psychosocial support, and patient engagement, with strong involvement from primary care and the charitable sector.

The Cancer Programme Team will continue into 2025/26, strengthening cancer services in Shropshire, Telford and Wrekin through collaboration with system partners and external stakeholders.

Mental Health

NHS Talking Therapies service completed a transformation programme in early 2024 and delivered a series of improvements including significantly reducing the number of people waiting over 52 weeks, as well as improving the proportion of people completing a course of treatment reaching reliable recovery - gaining recognition as one of the best in England for recovery outcomes.

Similarly for patients waiting for an assessment of dementia, services focussed on reducing the waiting time for patients for assessment, by March 2025 over 98% of people are seen within 6 weeks for initial assessment delivered through non-recurrent capacity. The dementia diagnosis rate increased to around 63% from 60.9% at the end of March 2024; despite the improvement the system has not met the 66.7% target.

Challenged services include Children's and Young People Mental Health, with continued long waiting times in some areas such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) pathways and material increases in demand. Despite increased investment, recruitment and retention of workforce has been challenging and whilst average waiting times for core mental health have reduced in 2024, waiting times for ASD pathway have not reduced. A combined pathway for Neurodevelopmental pathway has been introduced in late 2024 to provide triage and ensure that children go onto the most appropriate waiting list sooner. Operational and clinical leads have process in place for risk assessment and management of young people on waiting lists using caseload management tools.

The number of adults accessing Community Mental health services has continued to increase in 2024/25 in a transformed model across Primary Care Networks (PCNs), and services expanded to reach out to harder to engage populations with serious mental illness. Greater focus on assertive outreach principles during 2025/26; awaiting further national strategy and guidance following the recent review into assertive outreach functions across all England systems.

Performance of annual physical health checks for patients with a serious mental illness has continued to be below plan despite reaching 67% achieved at the end of March 2025. There is some variation in performance evident across PCNs and changes to the way that local data is extracted from GP practices are making comparisons to previous years more difficult. The target is to meet a minimum of 60% by end of March 2025, and activity is usually highest in the final quarter of the year.

Adults in inappropriate out of area mental health acute and Psychiatric Intensive Care (PICU) beds remain above the ambition of zero during 2024/25, ranging from 3 active placements (end of reporting month) up to 9. Demand for local beds is volatile, and with no female PICU beds available locally in particular, often admissions out of area are unavoidable. Length of stay and levels of clinical specialising for patients is also often high and repatriation of patients to in area is difficult to do with current limitations on bed capacity in the region.

Looking ahead to 2025/26, the priority is to meet delivery of the 10 high impact changes and on improving the culture of care on all mental health inpatient settings.

Table 1: Amount and proportion of expenditure incurred in relation to mental health.

Financial Years	2024/25 £'k	2023/24 £'k
Mental Health Spend	127,030	113,922
Integrated Care Board Programme Allocation	1,182,632	993,361
Mental Health Spend as a proportion of Integrated Care Board Programme Allocation	10.74%	11.47%

Learning Disabilities and Autism

NHS Shropshire, Telford and Wrekin, alongside a contracted service provider, continues to lead on supporting the discharge and healthcare of people with learning disabilities and autism (LD&A). We remain on track to meet our revised target of reducing adult inpatients to 17 by March 2025, with a strong focus on ensuring safe discharge and providing the right support in the community to prevent avoidable admissions.

Working closely with system partners, NHS Shropshire, Telford and Wrekin has prioritised preventing the admission of children into Tier 4 services wherever possible and continues to seek innovative approaches in collaboration with providers. This system-wide effort reflects our commitment to delivering personalised care and improving outcomes for people with LD&A.

Looking ahead to 2025/26, our priorities include delivering an action plan aimed at minimising admissions to mental health services, with a particular focus on supporting individuals with autism only. We will also ensure that all possible discharges are made where it is safe to do so and work collaboratively to co-produce at least one 'crash pad' environment, providing short-term support to prevent unnecessary admissions.

In addition, we are proud to have ensured that staff across the health system have completed the Oliver McGowan training, embedding this as part of their mandatory programme and strengthening our collective understanding of the needs of people with learning disabilities and autism.

Maternal, Neonatal and Perinatal

NHS Shropshire, Telford and Wrekin has embedded multidisciplinary workstreams to support delivery of the three-year *Delivery Plan for Maternity and Neonatal Services*. Throughout the year, the Local Maternity and Neonatal System (LMNS) has worked collaboratively to

implement initiatives that improve outcomes for women, babies, and families across the system.

A mini first aid pilot was completed to address the first aid needs of new parents, including paediatric basic life support and accident prevention. The project focused on targeting support in areas where people are experiencing higher levels of socio-economic deprivation. Following its success, plans are in place to roll the programme out across both areas of the system next year. In addition, antenatal classes have been planned and secured to commence in April 2025, providing vital support and education for expectant parents.

The LMNS has strengthened collaborative working with Staffordshire and Stoke-on-Trent LMNS, establishing a shared learning meeting where joint priorities—such as the neonatal pathway—have been identified and developed, further improving cross-system pathways. Collaborative discussions have also progressed around the pre-term birth pathway to ensure more consistent care.

Our Maternity and Neonatal Voices Partnership underwent a full review, resulting in a restructure and the appointment of a Maternity and Neonatal Voices Partnership Lead to strengthen service user engagement. We also completed a gap analysis of our LMNS using a regionally designed maturity matrix, which has informed a targeted action plan for continuous improvement.

Other key achievements this year include pump-priming community family peer support training in partnership with Shropshire Council and embedding the review and learning process for babies born off-pathway. Additionally, we have recruited and trained a Maternity and Neonatal Independent Senior Advocate (MNISA) to provide specialist advocacy for families.

In partnership with the NSPCC, we have also developed a *Parents' Guide* booklet designed to support families through the first 100 days of parenting. This resource aims to build confidence, particularly among new fathers and those families we find harder to reach.

Looking ahead to 2025/26, our priorities include further strengthening neonatal pathways and launching a new role to ensure families receive expert, independent support. We will also pilot a 12-month programme to train nurses in public healthcare with a focus on preconception care and continue our drive to reduce neonatal mortality through a targeted health inequalities approach.

Women's

The Women's Health Strategy for England sets out 10-year ambitions to improve the health and wellbeing of women and girls and ensure the health and care system listens more effectively to their needs. A central aim is the expansion of Women's Health Hubs to improve access to care, enhance experiences, reduce health inequalities, and achieve better outcomes for women.

Women's Health Hubs bring together healthcare professionals and services to offer integrated support tailored to women's needs across their lives. These hubs are designed to serve communities rather than being confined to a single location. In 2024, we introduced our Women's Health Hub approach with a particular focus on addressing inequalities, including those experienced in rural areas.

The model builds on family and community hubs within Primary Care Networks, using local population health data, Joint Strategic Needs Assessments, and clinical evidence to shape services. Our plans involve developing these hubs through integrated neighbourhood teams, strengthening digital capabilities, and enhancing the skills and knowledge of the workforce. Collaboration with commissioned and non-commissioned providers remains key to delivering a system-wide approach that meets the needs of women and young women across Shropshire, Telford and Wrekin.

The first Women's Health Hub opened in Highley at the Severn Centre in July 2024, marking a significant milestone. The hub provides sexual health outreach support, including access to the C-card, Sexually Transmitted Infection testing, and contraception advice. It also offers menopause education and support, led by a GP, with group discussions, question and answer sessions, and the involvement of local voluntary and community sector organisations as well as health champions focusing on blood pressure and cancer care.

In Highley, the hub also delivers enhanced community services such as open-access health visitor clinics supporting child development, parental health, and mental wellbeing. Early Help partnership work is underway with health visitors, while family and community information sessions offer advice and guidance from a range of health and wellbeing partners. The hub also hosts social prescribing, themed library displays, a food share initiative, and stay-and-play sessions, further embedding itself within the community.

To support the ambition of developing sustainable, community-based Women's Health Hubs, all nine Primary Care Networks in Shropshire, Telford and Wrekin submitted expressions of interest outlining their priorities. These include increasing cervical screening uptake, particularly among women less likely to attend, and providing health education sessions in community venues such as libraries. Primary Care Networks are also working to better understand barriers to care using health belief models and ensuring reasonable adjustments are in place where needed. Plans are underway to expand access to menopause education, advice, and treatment, including group consultations, while also increasing awareness around lifestyle changes that support women's health.

Efforts will focus on targeted outreach to specific age groups, improving access to long-acting reversible contraception consultations and fittings, and offering extended hours clinics covering a wide range of women's health needs, including contraception, menstruation, pessary care, menopause, and breast pain. Raising awareness of women's health services led by GPs and nurses through community groups, online platforms, and drop-in sessions will also form a vital part of the programme.

This approach reflects our commitment to developing sustainable, accessible Women's Health Hubs designed to improve experiences and outcomes for women and young women, particularly those in rural and underserved areas.

Children and Young People

During 2024/25 considerable work has taken place to reduce the number of children waiting over 52 weeks for treatment in both the acute and community sector.

Our main acute provider recorded over 510 children waiting over 52 weeks in June, which by November had significantly reduced by 35%, with plans in place to reduce by 85% at year end. Work to continue this trend includes Paediatrics featuring in the Elective Improvement Program, an increase in dedicated paediatric surgical slots and the recruitment of a Paediatric clinical lead. Our local Orthopaedic Trust has also led on reviewing the rates of children and

young people who are not brought to their appointments. This work focused on understanding potential inequalities in waiting lists and working with our communities and partner organisations to understand barriers to access. This has led to a significant reduction in children not being brought.

The community provider was reporting 242 of Children and Young People waiting over 52 weeks in November 2024 and during the 2024/25 they began a workforce review and develop subcontracting arrangements and would have reduced this by 30% at year end and have trajectories to continue to reduce into 2025/26 with only one service having small numbers of 52 weeks by the end of August 2025.

Next year there will be work across both the acute and community to develop and improve key areas such as pathways, triage, workforce and Advice and Guidance. The system is confident that the planned service improvement will enable the national ambition of having no more than 1% of all Children and Young People waiting being over 52 weeks to be met and maintained.

Special Education Needs and Disability (SEND)

The Children and Families Act (2014) places a statutory duty on the NHS to work with local authorities to support children and young people aged 0-25 with Special Educational Needs and Disabilities (SEND). In 2024/25, NHS Shropshire, Telford and Wrekin continued to play an active role in two SEND partnerships with Shropshire Council and Telford and Wrekin Council. Neither area underwent a joint Care Quality Commission/Ofsted inspection during the year.

Key areas of progress included leading a project to improve access to speech and language therapy, strengthening our staffing model following organisational restructure, and enhancing our data dashboard as part of a wider digital improvement project. We also supported the remodelling of the Neurodevelopmental Service, focusing on early help and the creation of resources for families waiting for assessment. Group interventions were introduced to target specific needs and ensure creative and effective use of limited resources. Additionally, we facilitated the Social Prescribing pilot *Wellbeing While Waiting*, providing support for children and young people waiting for BeeU clinical assessment or intervention.

Our priorities for 2025/26 focus on further improving inclusive practice across health services. We are developing guidance and resources to clarify the universal health support available to children and young people across the four SEND domains—Communication and Language, Cognition and Learning, Social, Emotional and Mental Health, and Physical and Sensory needs. This work will support a graduated response by outlining pathways to targeted and specialist services.

We will also embed learning from the Early Language Support for Every Child (ELSEC) programme, which showed strong impact in its first year. Eighty percent of children initially assessed as needing moderate support improved following *Talk Boost* group interventions delivered by trained school staff. This early intervention approach helps prevent the escalation of need. Targeted work will continue with children requiring further support, with the impact on speech and language therapy referrals assessed later in the year.

Further development of the collaborative data dashboard will continue, with the first phase focusing on health data and the second expanding to a system-wide view. Supported by our Quality Analyst, this work will help us better understand activity, demand, and service needs in each locality, driving ongoing improvement and more effective service delivery.

Community

Our community services provision continues to provide a wide range of coverage to support our patients within the community supporting care closer to home.

Shropshire Community Health NHS Trust has seen an increase in demand which as expected, is in line with our commitment to delivering the NHS Long Term Plan 2019, in keeping people well, treating and managing acute illness and long-term conditions, and supporting people to live independently in their own homes.

Demand and workforce have been pressured however, we have continued to work closely with Shropshire Community Health NHS Trust and partners to improve our patient waiting times for appointments and increase the productivity of our community provision.

NHS Shropshire, Telford and Wrekin in conjunction with the Trust has continued to co-produce a number of improvement initiatives to reduce the number of long waits across the community throughout this year for example enhancing recruitment and upskilling staff, addressing inefficiencies this can be demonstrated due to the trajectories in place whereby the Trust will have zero 52 week waits by the end of March 2025, in line with the national NHS England mandate.

The Trust have implemented recovery, trajectories and mitigation plans that outline steps required through the coming year to address areas of high demand, long waits, increasing patient satisfaction and the use of alternative community pathways such as the “virtual ward” and rehabilitation and recovery unit.

Infection Prevention Control

NHS Shropshire, Telford and Wrekin works closely with system colleagues, including local authorities, to deliver infection prevention, control, and health protection for care homes, primary care, and the wider public. Assurance is provided through data monitoring, site visits across healthcare settings, and self-assessed Board Assurance Frameworks. We respond swiftly to emerging system issues, identifying assets and needs to coordinate action, such as increasing vaccination uptake. In 2024/25, this approach was used to address measles, whooping cough (pertussis), Mpox, and Avian influenza.

Over the year, we updated audits for care homes and general practice, shared findings with sector leads, commissioned pathways for emerging diseases like Mpox, and provided infection prevention and control support to care homes and GP practices. We also revised the care home flu service specification, supported providers facing significant challenges, and co-designed a new service specification with The Shrewsbury and Telford Hospital NHS Trust for the treatment and control of tuberculosis.

The control of *Clostridioides difficile* (C. diff) has remained a challenge, monitored through our risk register, the System Quality Group, the Quality and Performance Committee, and regular engagement with provider infection prevention and control governance.

In 2025/26, we aim to establish new community pathways for less common infections and support The Shrewsbury and Telford Hospital NHS Trust in rolling out the refreshed tuberculosis service specification to strengthen tuberculosis control and improve outcomes.

Patient Safety

NHS Shropshire, Telford and Wrekin has a Patient Safety Specialist trained Patient Safety Syllabus commissioned by NHS England through Loughborough University at level 3 and 4. The Patient Safety Specialist has a co-ordinating role with patient safety specialists across the system, convening the system following significant incidents, shared learning and delivering the NHS Patient Safety Strategy. They have provided education and updates on the progress with the Patient Incident and Response Framework to Primary Care and learning from patient safety events is now in all major NHS organisations in the system.

Patient safety improvement programmes such as the NHS Patient Safety Strategy key deliverables - updated for 2024/25, Patient Incident and Response Framework, Learning from patient safety events, NHS IMPACT 2024/25 priorities and operational planning guidance and Working Together to Safeguard Children (2023).

We have rebranded and relaunched our NHS-to-NHS concerns processes to a more inclusive approach named Provider Partner Feedback. This is helping to support the increase in the numbers of feedback reports shared between partners but also influencing the culture of giving and receiving feedback and how this can support continuous improvement.

Learning from Deaths

Learning from deaths has remained a priority area, and through collaboration with system partners, we have strengthened the quality of processes and information at a system level to support learning and drive clinical improvement. In 2024/25, we improved the quality and compliance of Learning from Lives and Deaths reviews following the recommissioning of a new provider. This has led to a significant increase in the number of completed reviews, enhancing the quality of information available to inform quality improvement work. As a result, no breaches are expected, and a notable improvement in review quality is anticipated for the year.

NHS Shropshire, Telford and Wrekin has also established a Learning from Deaths Forum, bringing together partners from across the system to share learning and promote clinical improvement and education. Additionally, we have actively supported and promoted the rollout of Medical Examiner processes across primary care, further embedding this important function. Our work has also included close collaboration with The Shrewsbury and Telford Hospital NHS Trust Medical Director to undertake a deep dive into deaths related to emergency attendances, ensuring focused learning and improvement in this area.

Child Deaths

NHS Shropshire, Telford and Wrekin, in collaboration with the two Directors of Public Health across the system, remains fully compliant with the Child Death Statutory and Operational Guidance (2018) and the requirements set out in Working Together (2023). In 2024/25, we completed a comprehensive review of the service following its transfer to the organisation in 2023. This review resulted in targeted investment to strengthen governance and leadership.

As part of our commitment to supporting families, we engaged a voluntary sector partner to provide bereavement support for parents and families affected by child deaths. We also strengthened the Child Death Overview Panel (CDOP) by appointing an Independent Chair in partnership with our Directors of Public Health, enhancing the panel's independence and scrutiny.

To improve our understanding and response, we developed a system-wide data set for child deaths and undertook a thematic assessment of CDOP outcomes. This work informed the delivery of our Quarterly Child Death Workshop, which continues to bring system partners together to maintain a strong focus on learning from child deaths and agreeing on system-wide actions. In addition, we supported the recommendations from the Invited Review into Neonatal Mortality by the Royal College of Physicians at The Shrewsbury and Telford Hospital NHS Trust, working closely with specialist commissioning teams and the West Midlands Neonatal Operational Delivery Network (ODN).

Looking ahead to 2025/26, we will continue our successful workshops focusing on key themes associated with child deaths. Our partnership working will be further strengthened through the appointment of a Designated Doctor for child deaths—a consultant within our system—who will bring additional clinical leadership to this important area. We will also continue to refine our processes as we embed the second year of our redesigned CDOP panels.

Long Term Conditions

Work to improve diabetes care has progressed across several key areas. The rollout of the nationally approved Hybrid Closed Loop (HCL) technology began, offering people with type 1 diabetes 24-hour support through integrated continuous glucose monitoring and insulin pump systems. Often described as an 'artificial pancreas,' HCL technology has generated significant interest due to its potential to reduce the mental burden of managing diabetes and improve quality of life.

The NHS Type 2 Diabetes Path to Remission programme was also launched locally. This initiative, developed by NHS England and Diabetes UK, is based on research showing that a structured low-calorie diet can help people with type 2 diabetes achieve remission. Participants follow a three-month total diet replacement plan using soups and shakes, followed by gradual food reintroduction and lifestyle support. Early results are promising, with 205 referrals since April and many participants experiencing significant weight loss, leading to diabetes remission for some.

We have also seen great work in our local Trust to reduce inequalities in access to diabetic technologies for children and young people. This has led to more than 200 children starting insulin pump therapy, a reduction in waits from 18 months to 6 months and access for children in the lowest deciles of deprivation increasing by 40%.

Recognising that diabetes outcomes in our area lag behind national averages, we launched the Diabetes Transformation Programme. Initial efforts focused on strengthening support within General Practice. A patient survey and stakeholder engagement event helped shape the programme, which will continue developing through 2025/26.

Tackling cardiovascular disease, the leading cause of premature death in deprived communities, remains a priority. A pilot targeting high blood pressure detection was delivered in partnership with local councils, public health, and primary care. Trained volunteers provided blood pressure checks in rural and deprived areas, targeting support within communities who are less likely to present to, or be able to access, their GP Practice. This has led to around 5,000 blood pressure readings being taken in 2024/25.

In January 2025, a Heart Failure at Home pilot launched, funded by NHS England. The six-month programme supports 50 patients newly diagnosed with heart failure in South East

Shropshire. A multidisciplinary team, including GPs, pharmacists, health advisors, and specialist nurses, offers education, support, and tailored care to help patients manage their condition and improve confidence in self-care.

The Dementia Vision programme, developed in collaboration with people living with dementia and their carers, continued to embed integrated care pathways. The work has expanded the availability of Admiral Nurses, introduced dedicated Link Workers for all dementia patients, and established multidisciplinary teams within Primary Care Networks to ensure coordinated support and carer involvement from the point of diagnosis.

For children and young people with asthma, the Community Children's Asthma Service continued to strengthen care delivery. Two nurse specialists provided clinical reviews, supported risk stratification, trained professionals, and led work to develop asthma-friendly schools. They also contributed to the 'Too Much Blue' campaign aimed at reducing unnecessary hospital admissions. A new Asthma Clinical Lead has created a strategic plan for 2025/26, focusing on sustainable diagnostic pathways and reducing health inequalities from asthma, while a Clinical Network with dedicated subgroups now leads system-wide improvements.

Our Children and Young People's Epilepsy Service also advanced significantly, guided by the national care bundle. Specialist nurses led on population identification, misdiagnosis prevention, risk management, and improving access to specialist care, including for those with learning disabilities or autism. The team enhanced mental health support, medicines optimisation, and professional training, ensuring more personalised, coordinated care for children and young people with epilepsy.

Immunisations and Vaccinations

The System Health Protection and Assurance Group feeds directly into Quality and Performance Committee and oversees vaccination uptake. In 2024/25 the system has been successful in gaining funding for a public health investment to work in partnership with Councils and Shropshire Community Health NHS Trust to increase the uptake of measles mumps and rubella (MMR) and human papilloma virus (MPV) vaccination. A health inequalities approach was used targeting areas where vaccination was historically hesitant including faith groups and areas of deprivation. Following community engagement and education the project is now entering its vaccination delivery stage having run one successful community clinic.

Campaigns to increase vaccination uptake and educate on new vaccines have continued and Shropshire, Telford and Wrekin is proud to have the highest antenatal vaccination uptake for pertussis in pregnancy in the region along with good rates of measles mumps and rubella (MMR) and a good start to the first year of Respiratory Syncytial virus (RSV) vaccination in pregnancy and in those over 75years.

Continuing Healthcare

2024/25 has seen a period of continuous improvement across the breadth of the All Age Continuing Healthcare (CHC) function. The financial year commenced with NHS Shropshire, Telford and Wrekin half-way through a robust improvement plan. Compliance with the 28-day assessment standard for CHC assessment has improved from 59.7% at the end of Q4 2023/24 to 85% in Quarter 1 2024/25, 92.7% in Quarter 2, 89.9% in Quarter 3, and 84% in

Quarter 4 compared to a national standard of 80%. The national standard that no assessments should be delayed by longer than 12 weeks has also been consistently met.

Working with system partners to strengthen assessment and commissioning processes has ensured timely response to assessment and care and support commencement. Working with Local Authority partners to broker care has also reduced the administrative impact for commissioned providers.

Focus on quality, experience, performance and delivery will continue in 2025/26 to ensure that recovery is maintained. Further service improvement commenced in Quarter 4 and will continue throughout 2025/26 with a clear trajectory to ensure consistent and timely review of care and support quality. In addition, partnership and system wide working will continue to develop our joint commissioning processes and frameworks.

Staff Survey

2024/25 the second consecutive year that NHS Shropshire, Telford and Wrekin has participated in the annual NHS Staff Survey. Compared to last year when NHS Shropshire, Telford and Wrekin ran the survey for the first time, many scores have improved indicating a more positive experience overall for staff. In addition, in our peer group of other Integrated Care Boards who used Picker as their survey provider, we are one of the most improved Integrated Care Boards for 2024.

A selection of the main improvements include:

- Colleagues recommending the organisation as a good place to work (this has increased significantly by 15% on last year)
- Increased colleague satisfaction with the extent that the organisation values their work.
- Quality of appraisal has improved with colleagues reporting positive experiences. Particularly noted were agreeing clear objectives, improving how they do their job and feeling their work is valued.
- Disability: the organisation has made reasonable adjustments to enable colleagues to carry out their job.
- Increase in colleague experience in not feeling every working hour is tiring (this is a 15% increase compared to last year)

In addition, our People Promise scores show an improving colleague experience in most of the elements. The People Promise elements where there are significant improvements are; 'we are compassionate and inclusive', 'we each have a voice that counts' and 'we are learning'.

Areas that require focus and improvement include:

- The number of colleagues having an appraisal in the last 12 months has decreased.
- Lower numbers of colleagues reporting that team members understand each other's roles.
- Fewer colleagues reporting that there are team meetings to discuss team effectiveness.
- Fewer colleagues feel that the organisation takes positive action on health and wellbeing.
- Colleagues have less opportunity to access clinical supervision.
- More colleagues reporting that they have experienced bullying and harassment from patients/service users, relatives and members of the public

Since the publication of results NHS Shropshire, Telford and Wrekin has agreed corporate and local objectives and will continue to develop these areas with staff into an action plan for improvement in these areas.

NHS Shropshire, Telford and Wrekin continues to use the quarterly pulse survey to provide a snapshot of how staff are feeling throughout the year. Any additional objectives from the quarterly surveys are built into the overall action plan with the aim to provide continuous improvement.

Complaints

In line with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, Integrated Care Boards are expected to report on the complaints that they receive. Complaints are a valuable source of feedback and are used by NHS Shropshire, Telford and Wrekin to help improve services both within the organisation, and in the organisations that we commission. NHS Shropshire, Telford and Wrekin has a clear complaint policy in place, which is in line with the above regulations.

During 2024/25, NHS Shropshire, Telford and Wrekin received 171 complaints. Below is a brief outline of what the complaints related to:

- NHS Shropshire, Telford and Wrekin Services (including commissioning) - 50
- GP Practices - 48
- Hospital Services - 33
- Mental Health Services - 12
- Multiagency - 11
- Dentists - 6
- Community Services - 5
- NHS 111 Service - 2
- Urgent Care / Out of Hours - 2
- Care Homes / Care Agency - 1
- Pharmacies - 1

The main themes within the complaints received were around access to services (87) and concerns around the care received (63). Below is an outline of the outcomes where the complaint process has been completed within 2024/25:

- Complaint Partially Upheld - 41
- No Consent / Closed by Patient - 41
- Complaint Not Upheld - 28
- Directed to another organisation / not within NHS Shropshire, Telford and Wrekin remit - 32
- Complaint Upheld - 14
- Complaint Already Investigated / Provider Investigated / Not Taken forwards as a complaint - 16
- Outside of Time Limit - 1

All complaint responses are reviewed by the Chief Nursing Officer prior to going to the Chief Executive Officer for review and sign off. Feedback received by the Patient Services Team is shared monthly with the Chief Nursing Officer and Chief Medical Officer via a Patient Safety Huddle and with the Quality Team. A quarterly report is also presented to the Quality and Performance Committee, to highlight themes and share information around whether the

Patient Services Team are meeting targets. Where appropriate, complaints data is used by teams to both initiate and evaluate quality improvements such as changes in GP access.

The public have the right to take their complaint to the Parliamentary and Health Service Ombudsman (PHSO) for review if they are not satisfied with NHS Shropshire, Telford and Wrekin's response. NHS Shropshire, Telford and Wrekin has been contacted by the PHSO in relation to 1 case during 2024/25. This related to Continuing Health Care and was resolved informally, in line with the PHSO request.

Data around the number of complaints received and accepted by the PHSO for all NHS organisations can be viewed on the PHSO website as follows: [What our data tells us | Parliamentary and Health Service Ombudsman \(PHSO\)](#)

Children and Young People Safeguarding

NHS Shropshire, Telford and Wrekin has fulfilled its statutory safeguarding duties during 2024/25, ensuring the welfare of babies, children, and young people remains a priority across our system. We have maintained strong strategic leadership, governance, and assurance processes to promote safeguarding through our commissioning and partnership work.

This year, we continued to deliver recommendations from the Independent Inquiry into Child Sexual Exploitation (IITCSE) in Telford. We participated in the two-year review of the action plan, confirming delivery of all five recommendations. Our co-produced child sexual exploitation training was successfully rolled out across healthcare providers, with over 90% compliance achieved. We also worked with system partners on the Domestic Abuse Strategy, raising awareness of suicide risk in those experiencing domestic abuse.

NHS Shropshire, Telford and Wrekin supported the delivery of the NHS Safeguarding Commissioning Assurance Toolkit (SCAT), working with providers to meet NHS England safeguarding assurance requirements. A review of the Multi-Agency Safeguarding Hub (MASH) service specification was completed, aligning it with national standards and strengthening workforce and monitoring arrangements. In addition, we appointed a Designated Doctor for Safeguarding Children to provide expert clinical leadership and oversight.

We have continued to embed learning from statutory child safeguarding practice reviews and developed a new tool to support frontline teams in applying this learning, due to launch in 2025/26. Safeguarding activity this year did not include specific work on Female Genital Mutilation (FGM), Child Protection Information Sharing (CP-IS), or Unaccompanied Asylum-Seeking Children (UASC), although systems are in place to respond as needed. Health needs of Looked After Children (LAC) and care leavers are monitored through existing governance structures.

NHS Shropshire, Telford and Wrekin has worked collaboratively with our statutory safeguarding partners, local authorities, and police, in line with Working Together to Safeguard Children (2018). We remain active members of both the Shropshire and Telford & Wrekin Safeguarding Partnerships, contributing to joint leadership, quality assurance, and shared learning. Details of these safeguarding arrangements are available online: Shropshire Safeguarding Partnership <https://www.safeguardingshropshire.org.uk> and Telford & Wrekin Safeguarding Partnership <https://www.telfordsafeguardingpartnership.org.uk>.

NHS Shropshire, Telford and Wrekin also contributes to annual safeguarding reports produced by each partnership, which detail activity, learning from reviews, and effectiveness of local safeguarding arrangements. The most recent reports are available on their respective websites.

Our Chief Nursing Officer holds delegated responsibility for safeguarding, supported by Designated Professionals providing clinical and strategic leadership. NHS Shropshire, Telford and Wrekin assures safeguarding quality through contractual arrangements with all NHS and independent providers, maintaining oversight of safeguarding practice and continuous improvement.

We confirm that NHS Shropshire, Telford and Wrekin has followed the statutory processes set out in the NHS Safeguarding Accountability and Assurance Framework (SAAF) during 2024/25. This ensures effective safeguarding leadership, quality assurance, and a system-wide focus on the welfare of children and young people across our population.

Adult Safeguarding

NHS Shropshire, Telford and Wrekin has maintained strong adult safeguarding leadership and oversight throughout 2024/25. The Chief Nursing Officer holds statutory responsibility, supported by Designated Adult Safeguarding Professionals who work closely with partners to promote safe care and protect adults at risk.

This year, the organisation strengthened multi-agency partnership working, playing a lead role in both local authority safeguarding partnerships. Our Adult Safeguarding Lead has led on Safeguarding Adult Reviews, contributed to strategic needs assessments, and supported work to reduce serious violence and crime. In collaboration with partners, we contributed to the development of the local Domestic Abuse Strategy, raising awareness of the increased suicide risk for those experiencing domestic abuse.

To ensure robust provider safeguarding arrangements, NHS Shropshire, Telford and Wrekin led the delivery of the NHS England Safeguarding Commissioning Assurance Toolkit (SCAT) with all NHS providers. This has enhanced assurance and strengthened our oversight of adult safeguarding across commissioned services.

Learning from statutory case reviews has been a priority. NHS Shropshire, Telford and Wrekin completed a diagnostic review of how Shropshire's Safeguarding Adult Board manages reviews and developed a new tool to embed learning more effectively into frontline practice, ready for trial in 2025/26.

We also provided safeguarding supervision, advice, and bespoke training to staff and safeguarding leads across the system, including our Individual Commissioning Team. This ensures that safeguarding is embedded in complex care commissioning and that staff are supported in delivering safe, high-quality care.

Through these actions, NHS Shropshire, Telford and Wrekin has demonstrated a clear commitment to adult safeguarding, working with partners to protect adults at risk of harm and continuously improving safeguarding practice across the system.

Digital

Digital transformation remains a critical enabler across Shropshire, Telford and Wrekin Integrated Care System, supporting care delivery, empowering residents, and improving operational efficiency and resilience. Our strategy aligns with the NHS Long Term Plan and ICS Joint Forward Plan, underpinning ambitions to improve outcomes, reduce inequalities, and achieve financial sustainability.

Over the past year, strong progress has been made. Analogue to Digital remains a priority, with Shrewsbury and Telford Hospital NHS Trust advancing phase two of its System C Electronic Patient Record (EPR) rollout, while The Robert Jones and Agnes Hunt Orthopaedic Hospital prepares to begin phase one in 2025. Both trusts are also planning to implement Electronic Prescribing and Medicines Administration (EPMA) modules to enhance clinical safety and medication management. Business cases for diagnostic improvements (PACS and LIMS) have been developed, and the ICE OrderComms system has been procured to enhance radiology and pathology workflows.

Virtual wards and remote monitoring continue to evolve. Following a review of early trials, Shropshire Community Health NHS Trust is deploying a new solution, with further rollout planned subject to clinical validation. In the care sector, over 100 homes now use digital care records, improving quality and information sharing. Five homes are piloting non-invasive monitoring to support falls prevention and resident wellbeing.

Digital inclusion continues to be a priority. We are working with partners to address health inequalities through NHS App workshops, community digital skills sessions, device loans, and connectivity support. Subject to funding, the system plans to join the Digital Skills Development Network to strengthen workforce capability.

In this financial year, we began developing a two-year Digital Inclusion Plan in collaboration with NHS and system partners. The plan will support service design by identifying access barriers and building on existing initiatives to help residents and staff feel more confident using digital tools.

Primary care has seen significant digital upgrades. EMIS EPR is now fully deployed across all practices, supported by online consultation platforms and cloud-based telephony. Infrastructure improvements—including SharePoint migration and firewall and router upgrades—are further strengthening resilience and connectivity.

Cyber security remains a core priority, with a dedicated Cyber and Infrastructure Optimisation Group developing a system-wide strategy aligned with National Cyber Security Centre guidance and informed by a comprehensive gap analysis.

Our data strategy is strengthening population health management, supported by a newly established group focused on planning and targeted interventions. Development of the Shared Care Record is progressing, with funding and approved plans in place to deliver digital care plans from 2025/26.

In summary, priorities for the year ahead include advancing EPR and diagnostic digitisation, expanding virtual care, enhancing population health, strengthening cyber security, and exploring artificial intelligence to optimise neighbourhood care and address national and system pressures.



Accountability Report

Accountability Report

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations. It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 April 2024 to 31 March 2025 including membership and organisation of our governance structures and how they supported the achievement of our objectives.

The **Remuneration and Staff Report** describes our remuneration policies for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

Corporate Governance Report

Members Report

NHS Shropshire, Telford and Wrekin is an Integrated Care Board with a unitary Board and is part of the Shropshire, Telford and Wrekin Integrated Care System. NHS Shropshire, Telford and Wrekin Board composition during the period 1st April 2024 to 31st March 2025 is detailed within the table below.

Table 2: NHS Shropshire, Telford and Wrekin Board composition during the period 1st April 2024 to 31st March 2025.

Board Member Name	Voting Status	Board Role	Attendance
Louise Barnett (left September 2024)	Voting Member	NHS and Foundation Trust Partner Member	2 out of 2
Andy Begley	Voting Member	Local Authority Partner Member	6 out of 6
Ian Bett (appointed 12th August 2024)	Voting Member	Chief Delivery Officer	4 out of 4
Neil Carr	Voting Member	NHS and Foundation Trust Partner Member	1 out of 6
Dr Ian Chan	Voting Member	Primary Medical Services Partner Member	4 out of 6
Dr Lorna Clarson (appointed 1st September 2024)	Voting Member	Chief Medical Officer	3 out of 4

Patricia Davies	Voting Member	NHS and Foundation Trust Partner Member	5 out of 6
Roger Dunshea (until 1 st November 2024)	Voting Member	Non-Executive Member	2 out of 3
Roger Dunshea (from 1st November 2024)	Voting Member	Acting Chair	3 out of 3
Dr Mahadeva Ganesh (between 10th June 2024 - 31st August 2024)	Voting Member	Joint Interim Medical Officer	1 out of 1
Stacey Keegan	Voting Member	NHS and Foundation Trusts Partner Member	5 out of 6
Sir Neil McKay (left 31st October 2024)	Voting Member	Chair and Non-Executive Member	3 out of 3
Prof. Trevor McMillan	Voting Member	Non-Executive Member	5 out of 6
Dr Niti Pall	Voting Member	Non-Executive Member	4 out of 6
Gareth Robinson (left 1st September 2024)	Voting Member	Executive Director of Delivery and Transformation	2 out of 2
Dr Deborah Shepherd (appointed 1st September 2024)	Voting Member	Primary Medical Services Partner Member	4 out of 4
David Sidaway	Voting Member	Local Authority Partner Member	5 out of 6
Claire Skidmore	Voting Member	Chief Finance Officer	6 out of 6
Meredith Vivian	Voting Member	Non-Executive Member	6 out of 6
Vanessa Whatley	Voting Member	Chief Nursing Officer	6 out of 6
Simon Whitehouse	Voting Member	Chief Executive Officer	5 out of 6
Joanne Williams (appointed September 2024)	Voting Member	NHS and Foundation Trust Partner Member	4 out of 4
Nicholas White (left 9th June 2024)	Voting Member	Chief Medical Officer	1 out of 1

Member profiles

Profiles of the individuals who make up our Governing Board can be found on our website [here](#).

Member practices

The organisation has delegated commissioning responsibilities for primary care general medical services on behalf of NHS England. This includes commissioning 50 GP practices located within the geographical area coterminous with the boundaries of Shropshire Council and Telford and Wrekin Council. A full list of Shropshire, Telford and Wrekin GP Practices and addresses can be found within our constitution on our website [Our Constitution - NHS Shropshire, Telford and Wrekin](#)

Composition of Governing Body

See Members Report.

Committee(s), including Audit Committee

So that the Board of NHS Shropshire, Telford and Wrekin can provide strategic direction to the organisation and to assure itself of the Integrated Care Board's internal control infrastructure, it has established a number of committees to undertake specific roles within the governance structure.

Within this structure, consistent with governance best practice, each Committee has a robust set of terms of reference describing its membership and the scope of its authority. These terms of reference are reviewed at least annually and amended in respect of the evolving needs of NHS Shropshire, Telford and Wrekin. As part of the review of each committee, a record of attendance of the committee's membership is maintained.

Audit Committee

The committee's responsibilities included:

- Reviewing the adequacy and effectiveness of integrated governance, risk management, and internal control across NHS Shropshire, Telford and Wrekin, and report any weaknesses to the Board.
- Ensuring financial systems and governance comply with the Department of Health and Social Care Group Accounting Manual.
- Assessing the effectiveness of assurance processes in measuring progress toward objectives and managing key risks.

The committee met quarterly as per its terms of reference, with additional meetings held as needed. The committee met 5 times during the year, including 2 additional meetings convened for specific purposes.

A sample of what the committee reviewed and/or approved is provided below:

- Annual Internal Audit Plan 2024/25
- Draft Counter Fraud Plan
- Final version of NHS Shropshire, Telford and Wrekin Annual Report and Accounts for 2023/24 and Annual Governance Statement 2023/24 and Letter of Representation
- Auditors Annual Report
- System Board Assurance Framework and Operational Risk Registers

- Amendments to several key Information Governance documents
- Proposed changes to the Standing Financial Instructions (SFIs) and Financial Scheme of Delegation (SoD)
- Update to Audit Committee Terms of Reference

The attendance records for the financial year are detailed below.

Table 3: Audit Committee Attendance.

Member	Meetings Attended	Total Meetings
Roger Dunshea Non-Executive Director	3	3
Trevor McMillan Non-Executive Director	5	5
Meredith Vivian Non-Executive Director	5	5
Niti Pall Non-Executive Director	1	5

Remuneration Committee

The committee's responsibilities included:

- Determining all aspects of remuneration, contractual terms, and termination arrangements for the Chief Executive, Directors, and Very Senior Managers (VSMs), including salary, bonuses, pensions, allowances, and benefits such as cars.
- For all NHS Shropshire, Telford and Wrekin staff, the Committee set the organisation's pay policy (e.g. Agenda for Change), oversees contractual terms and conditions, remuneration, pensions, allowances, and gratuities, and approves termination or special payments in line with national guidance.
- Confirming the pay policy and frameworks for non-executive directors.
- In line with the Scheme of Reservation and Delegation, the Committee had authority to:
 - Approve remuneration policies and procedures within its remit;
 - Make decisions on pay and allowances for NHS STW appointees who are not employees or non-executive directors;
 - Provide assurance on statutory duties related to people, including compliance with employment law and the Fit and Proper Person Regulation (FPPR);
 - Review the performance of the Chief Executive and VSMs, including decisions on annual salary awards;
 - Approve the Fit and Proper Persons process for Board members on behalf of the Board.

The committee meet 2 times per year, as per its terms of reference, with additional meetings held as needed. The committee met 3 times during the year, including 1 additional meeting convened for specific purposes.

A sample of what the committee reviewed and/or approved is provided below:

- RC 30-07.019 – Chief Delivery Officer (CDO) Interim Appointment
- RC 30-07.020 – Chief Medical Officer (CMO) Permanent Appointment

- RC 30-07.021 – Chief Strategy Officer (CSO) Substantive Appointment
- RC 30-07.022 – Fit and Proper Persons Framework Policy
- RC 17-10.028 – Chair of GP Board Remuneration
- RC 17-10.029 – Chair Appointment and Remuneration
- RC 17-10.030 – VSM Pay Award for 2024/2025
- RC 24-01.038 – Chief Pharmaceutical Officer Starting Salary
- RC 24-01.039 – Provision made for the appointment of a GP to the posts of Diabetes Clinical Lead and CVD Clinical Lead

The attendance records for the financial year are detailed below.

Table 4: Remuneration Committee Attendance.

Member	Meetings Attended	Total Meetings
Professor Trevor McMillan Non-Executive Director	2	2
Meredith Vivian Acting Chair and Non-Executive Director	3	3
Niti Pall Non-Executive Director	1	3
Sir Neil McKay Chair	2	2
Roger Dunshea Non-Executive Director	1	1

The Executive Group

The Committee's responsibilities included:

- Human Resources
- Health and Safety
- Equality and Inclusion
- Supporting the Operating Model
- Health and Wellbeing

The Committee met as and when required, as per its terms of reference, with additional meetings held as needed. The Committee met four times during the year.

A sample of what the committee reviewed and/or approved is provided below:

- Organisational Change Policy
- Pregnancy and Baby Loss Policy
- Domestic Abuse and Sexual Safety Policy
- Flexible Working Policy
- Special Leave Policy
- Appraisal Policy
- Modern Slavery Act Statement
- Retirement Policy
- Equality Objectives
- Equality Delivery System – Domains 2 and 3
- 2025/26 Internal Audit Plan

The attendance records for the financial year are detailed below.

Table 5: The Executive Group Attendance.

Member	Meetings Attended	Total Meetings
Simon Whitehouse Chief Executive Officer	3	4
Claire Skidmore Chief Finance Officer	4	4
Ian Bett Chief Delivery Officer	4	4
Vanessa Whatley Chief Nursing Officer	2	4
Dr Lorna Clarson Chief Medical Officer	4	4

Finance Committee

The committee's responsibilities included:

- Setting the strategic financial direction in line with national guidance, system priorities, and health inequalities. It recommends the allocation of revenue and capital resources to support population needs and transformation, including investment decisions and standing financial instructions.
- Advising on NHS funding changes, ensures compliance with national planning and submission requirements, and oversees system-wide financial performance, modelling, recovery planning, and risk management.
- Monitoring financial and service performance against targets, manages risk-sharing, and oversees capital planning, ensuring estates and digital strategies align with financial objectives.
- Coordinating financial governance communications, engages partners on the relationship between cost, quality, and sustainability, and approves financial policies under its delegated authority.

The Finance Committee is mandated to meet at least 4 times annually, the committee is scheduled to meet 10 times a year, every month except for August and December. The Finance Committee Section Two did not meet in the month of April 2024 due to lack of availability of attendees. Additional confidential meeting was held on the 13th March 2025 for the Finance Committee Section One and Finance Committee Section Two. Total meetings for Section One 11 and total meetings for Section Two 10 for 2024/25.

A sample of what the committee reviewed and/or approved is provided below:

- Approved the update to the Finance section of the Joint Forward Plan.
- Received a deep dive update on the NHS England grip and control checklist and HFMA financial sustainability self-assessment for information and assurance.
- Approved the system Capital Strategy inclusive of the Capital Prioritisation Framework.

- Approved the publication of the 2024/25 system Joint Capital Plan on the NHS Shropshire, Telford and Wrekin and system websites and for onward sharing with NHS England and the Health and Wellbeing Boards.
- Approved the NHS Shropshire, Telford and Wrekin element (Section 1) and System plan (Section 2) of the 10-Year Capital Expenditure Plan for submission to NHS England by the 31st July 2024.
- Approved the NHS Shropshire, Telford and Wrekin Capital plan for 2025/26 (Section 1).
- Approved the 2025/26 NHS Shropshire, Telford and Wrekin revenue and efficiency plan (Section 1) and 2025/26 system Revenue financial and efficiency plan (Section 2).
- Approved the system Capital plan for 2025/26 (Section 2).

The attendance records for the financial year are detailed below.

Table 6: Section One Finance Committee Attendance.

Member	Meetings Attended/ or sent a representative	Total Meetings
Trevor McMillan Non-Executive Director (Committee Chair)	7	11
Dave Bennett Associate Non-Executive (Vice Chair)	8	11
Claire Skidmore Chief Finance Officer	11	11
Ian Bett Chief Delivery Officer (Joined as a member Sept 2024)	7	7
Angela Szabo Director of Finance (Joined as a member Sept 2024)	7	7

Table 7: Section Two Finance Committee Attendance.

Member	Meetings Attended/ or sent a representative	Total Meetings
Trevor McMillan – Non-Executive Director (Chair)	6	10
Dave Bennett Associate Non-Executive (Vice Chair)	8	10
Ian Bett Chief Delivery Officer (Joined as a member Sept 2024)	7	7
Angela Szabo Director of Finance	7	7

(Joined as a member Sept 2024)		
Richard Miner SaTH Non-Executive Director	6	10
Helen Troalen SaTH Chief Finance Officer	10	10
Chris Sands until October 2024 / Marianne Cleeve from November 2024	4	10
Peter Featherstone until October 2024/Tina Long from November 2024 SCHAT Non-Executive Director	6	10
Sarah Lloyd SCHAT Chief Finance Officer	10	10
Sarfraz Nawaz until September 2024/Martin Newsholme from October 2024 RJAHS Non-Executive Director	3	10
Craig Macbeth RJAHS Chief Finance Officer	10	10
James Walton Shropshire Council Finance Lead	3	10
Michelle Brockway Telford and Wrekin Council Finance Lead	10	10

Quality and Performance Committee

The Committee's responsibilities included:

- Assurance and regulatory compliance
- Quality structure and processes
- Quality strategy
- Risk management
- Quality metrics approval
- Quality improvement programmes
- Performance assurance framework
- Outcome measures
- Triangulation of quality and performance outcomes

The Committee meet the last Thursday of every month with the exception of August and December as per its terms of reference. The committee met 10 times during the year, with no additional meetings convened for specific purposes.

A sample of what the committee reviewed and/or approved is provided below:

- Urgent & Emergency Care Deep Dive Report

- Learning from Deaths of people with Learning Disability and Autism (LeDeR) Annual Report
- Children in Care initial Health Assessment report
- Safeguarding Children Annual Report
- Safeguarding Adults Annual Report
- Quality Governance Peer Review
- Committee Terms of Reference
- System Quality Group Terms of Reference
- Cancer Strategy
- Looked After Children Annual Report
- Child Death Review Processes Annual Report

The attendance records for the financial year are detailed below.

Table 8: Quality and Performance Committee Attendance.

Member	Meetings Attended	Total Meetings
Meredith Vivian – Chair	10	10
Vanessa Whatley – Deputy Chair	9	10
Lorna Clarson – NHS STW Chief Medical Officer – joined from Sep 2024	2	5
Julie Garside – NHS STW Director of Planning, Performance, BI & Analytics	8	10
Angie Parkes – NHS STW Deputy Director of Planning, Performance, BI & Analytics	2	10
Sharon Fletcher – NHS STW Patient Safety Specialist	9	10
Tracey Slater – NHS STW Head of Quality	9	10
Sonia Miller Shropshire Council Director of Public Health	1	10
Helen Onions - Telford and Wrekin Council Director of Public Health	7	10
Rachel Robinson - Shropshire Council senior leadership representative	0	10
Laura Tyler representing	1	
Dr Ganesh Mahadeva - Primary Care representative	10	10
Clair Hobbs - Shropshire Community Health NHS	8	10

Trust (SCHT) Executive representative Sara Ellis-Anderson representing Clair Hobbs	3	
Hayley Flavell until Sept 2024 Sara Bailey Representing Hayley Flavell	1	7
	6	7
Paula Gardner Shrewsbury and Telford Hospital NHS Trust (SaTH) Executive representative – Replacing Hayley Flavell from Sept 2024 Kara Blackwell representing Paula Gardner	1	3
	3	3
Paul Kavanagh-Fields - Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) Executive representative Kirsty Foskett representing PKF	1	10
	9	
Liz Lockett - Midlands Partnership University NHS Foundation Trust (MPUFT) Executive representative Sara Reeve Attending for Liz Lockett	1	10
	9	
Jill Barker - SCHT non-executive representative	7	10
Rosie Edwards - SaTH non-executive representative	7	10
Lynn Cawley - Shropshire Healthwatch Bryan Rapson representing	4	10
	1	
Simon Fogell - Telford and Wrekin Healthwatch	3	10

Strategic Commissioning Committee

The committee's responsibilities included:

- Developing the Joint Forward Plan.
- Overseeing the development and monitor the delivery of the System Improvement Plan to deliver financial balance.
- Providing oversight and assurance of any other activity delegated to it by the Board or, at the discretion of the Chair, at the request of any system member organisation.

- Providing strategic oversight of commissioning of health and care services, which includes Primary General Medical services (GMS) delegated from NHS England.

The committee met monthly as per its terms of reference, with additional meetings held as needed. The committee met seven times during the year, including five additional meetings convened for specific purposes.

A sample of what the committee reviewed and/or approved is provided below:

- Approved the NHS Shropshire Telford and Wrekin Choice Policy
- Approved the NHS Shropshire Telford and Wrekin System Elective Access Policy
- Approved the Commissioning Working Group Terms of reference
- Reviewed the Estates Strategy
- Reviewed the Digital Strategy
- Briefed on development of Integrated Care Strategy
- Updated on development of finance strategy and data strategy

The attendance records for the financial year are detailed below.

Table 9: Strategic Commissioning Committee Attendance.

Member	Meetings Attended	Total Meetings
Cathy Purt Committee Chair and Non-Executive Director Shropshire Community Health NHS Trust	6	7
Niti Pall Deputy Committee Chair and Non-Executive Director NHS Shropshire Telford and Wrekin	3	7
Nigel Lee Chief Strategy Officer NHS Shropshire Telford and Wrekin Director of Strategy and Partnerships Shrewsbury and Telford Hospital NHS Trust	7	7
Claire Skidmore Chief Finance Officer NHS Shropshire Telford and Wrekin	5	7
Vanessa Whatley Chief Nursing Officer NHS Shropshire Telford and Wrekin	2	7
Dr Lorna Clarson Chief Medical Officer NHS Shropshire Telford and Wrekin	2	7
Gemma Smith Director of Strategic Commissioning NHS Shropshire Telford and Wrekin	5	7
Mark Large Non-Executive Director Midlands Partnership NHS Foundation Trust	5	7
Peter Featherstone Non-Executive Director	5	5

Shropshire Community Health NHS Trust		
David Brown Non-Executive Director Shrewsbury and Telford Hospital NHS Trust	2	2
Jill Barker Non-Executive Director Shropshire Community Health NHS Trust	1	1
Prof Trevor Purt Non-Executive Director Shrewsbury and Telford Hospital Chair of Audit and Risk Assurance Committee NHS Shropshire Telford and Wrekin	1	2
James Venables Deputy Director of Strategy & Commercial Development Midlands Partnership NHS Foundation Trust	2	7
Dr Mahadeva Ganesh Medical Director Shropshire Community Health Trust	6	7
Dr Ian Chan Clinical Director of TELDOC PCN	6	7
Helen Onions Interim Director of Health & Wellbeing Telford and Wrekin Council	3	6
Laura Tyler Assistant Director Joint Commissioning Shropshire Council and NHS Shropshire Telford and Wrekin	4	6
Rachel Robinson Executive Director of Health Shropshire Council	2	7
Nia Jones Managing Director for Planning and Strategy Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	6	7
Lynn Cawley Chief Officer Healthwatch Shropshire	2	3

System Transformation Group

The committee's responsibilities included:

- Providing oversight and support for the development and delivery of the system Transformation and Financial Improvement Programmes, ensuring alignment with the Joint Forward Plan, financial and clinical strategies, and the ten System pledges.
- Overseeing interdependencies with operational and enabling workstreams, monitors delivery risks and issues, and ensures that implementation plans drive accelerated progress.
- Promoting a collective approach to transformation, refining priorities, deliverables, impact assessment, and accountability, while ensuring alignment between the

Efficiency Programme, Investment Panel decisions, and the national Recovery Support Programme.

- Providing oversight and assurance for any additional activity delegated by NHS Shropshire, Telford and Wrekin or requested by system partners.

The committee met monthly as per its terms of reference. The committee met ten times during the year.

A sample of what the committee reviewed and/or approved is provided below:

- Operational Plan Performance
- System Improvement Plan
- Financial Improvement Plan
- Current Risks and Escalations
- UEC Improvement Plan
- Hospital Transformation Programme
- MSK Transformation
- Elective Reform

The attendance records for the financial year are detailed below.

Table 10: System Transformation Group Attendance.

Member	Meetings Attended	Total Meetings
Simon Whitehouse Committee Chair and Chief Executive NHS Shropshire Telford and Wrekin	7	10
Claire Skidmore Chief Finance Officer NHS Shropshire Telford and Wrekin	8	10
Dr Lorna Clarson Chief Medical Officer NHS Shropshire Telford and Wrekin	0	6
Stacey Keegan Chief Executive Robert Jones and Agnes Hunt NHS Foundation Trust	7	10
Joanne Williams Chief Executive – from Sept 2024 Shrewsbury and Telford Hospital NHS Trust	4	6
Patricia Williams Chief Executive Shropshire Community Health NHS Trust	7	10
Andy Begley Chief Executive Shropshire Council	3	10
David Sidaway Chief Executive Telford and Wrekin Council	3	10
Neil Carr Chief Executive	7	10

Midlands Partnership NHS Foundation Trust		
Ian Bett Chief Delivery Officer – from July 2024 NHS Shropshire Telford and Wrekin	4	7
Nigel Lee Chief Strategy Officer NHS Shropshire Telford and Wrekin and Director of Strategy and Partnerships Shrewsbury and Telford Hospital NHS Trust	8	10

People Inclusion and Culture Committee

The committee's responsibilities included:

- Contributing to the overall delivery of NHS Shropshire, Telford and Wrekin's objectives by providing oversight and assurance to the Board in the development and delivery of the STW ICS People Plan and its People Agenda.

The committee met three times, with additional meetings held as needed.

A sample of what the committee reviewed and/or approved is provided below:

- Risks contained within the Board Assurance Framework and System Operational Risk Register.
- Programme risks populated within the people risk register.

The attendance records for the financial year are detailed below.

Table 11: People, Inclusion and Culture Committee Attendance.

Member	Meetings Attended	Total Meetings
Harry Turner Committee Chair Chair - RJA	1	2
Martin Evans Non-Executive Director - RJA	3	3
Stacey-Lea Keegan SRO for People and Workforce Chief Executive - RJA	3	3
Teresa Boughey Non-Executive Director - SATH	3	3
Meredith Vivian Non-Executive Director – NHS STW	2	3
Trevor Purt Non-Executive Director - SATH	0	3
Alison Sargeant Non-Executive Director - SCHAT	1	3
Ellen Shaw Interim Chief People Officer – NHS STW	1	1
Denise Harnin	3	3

Chief People Officer and Culture Officer RJAH and Exec SRO		
Rhia Boyode Chief People Officer SaTH & SCHAT SRO	2	3
Alex Brett Chief People Officer MPFT and Exec SRO	3	3
Sarah Allen Assistant Director of People SCHAT and SRO	3	3
Simon Balderstone Deputy Director of People Operations SaTH and SRO	2	3
Vanessa Whatley Chief Nursing Officer – NHS STW	3	3

Shropshire Integrated Place Partnership Committee

The committee's responsibilities include:

- Oversaw delivery of key priorities from thematic partnership boards;
- Worked with the Board and Health and Wellbeing Board to set community health and care priorities;
- Established working groups to implement agreed actions;
- Provided assurance on the delivery, timeliness, and impact of local programmes and services;
- Identified additional activity requirements and addresses risks and mitigations.

A sample of what the committee reviewed and/or approved is provided below:

- Domestic Abuse in Shropshire
- Children & Young People's Mental Health: i-Thrive Model
- Housing & Health Workshop update and action plan
- Women's Health Hubs update
- Voluntary and Community Sector Infrastructure Update
- Local Care update
- Healthwatch – Cancer Care Report
- STW Diabetes Programme update
- Healthwatch Report – Pharmacy Services in Shropshire
- Neighbourhood & Hub Subgroup update

The attendance records for the financial year are detailed below.

Table 12: Shropshire Integrated Place Partnership Committee Attendance.

Member	Meetings Attended	Total Meetings
Chief Executive, Shropshire Council (Chair) - Andy Begley	4	4
VCSA Rep. – Julie Mellor, Bev Baxter, Pete Ezard	4	4

Associate Director of Strategic Planning and Partnerships, SaTH - Carla Bickley	4	4
Director of Strategy & Development, NHS Shropshire, Telford and Wrekin - Claire Parker	3	4
Clinical Director, Shrewsbury PCN - Dr. Charlotte Hart	4	4
Clinical Director Shropshire Rural PCN- Dr. Daniela Puiu	1	3
Clinical Director, South West Shropshire PCN and GP Partner Member, NHS Shropshire, Telford & Wrekin - Dr. Deborah Shepherd	4	4
Clinical Director, South East Shropshire PCN - Dr. Jess Harvey	4	4
Director of Strategic Commissioning, NHS Shropshire, Telford & Wrekin - Gemma Smith	0	4
STW ICS MSK Transformation Programme Manager, RJA - Geraldine Vaughan	1	4
Chair, Shropshire Patients Group - Julian Birch, dep. Daphne Lewis	4	4
Head of Housing, Resettlement & Independent Living, SC - Laura Fisher, dep. Tami Sabanovic	4	4
CEO Healthwatch Shropshire, Lynn Cawley	3	4
Head of Operations (Shropshire and Telford & Wrekin Care Group), MPFT (care Group Rep) - Paul Bowers	2	4
Peter Prokopa, Community Pharmacy Chief Officer	2	4
Executive Director of Health and Wellbeing - Rachel Robinson, dep. Paula Mawson, Assistant Director	4	4
Divisional Clinical Manager, Adult Community Services, Shropshire Community Health NHS Trust (rep. for ShropCom) - Sam Townsend	2	4
Interim Deputy Chief Nurse and Patient Safety Specialist, NHS STW - Sharon Fletcher	3	4
Clinical Director North Primary Care Network - Simon Jones	1	4
Deputy Director of Operational Service Development, Shropshire Community Health NHS Trust - Steve Ellis	3	4

Exec Director for People, Shropshire Council - Tanya Miles, dep. Laura Tyler	4	4
PCN Manager & Digital Transformation Lead, North Shropshire PCN - Tomas Edge	0	4

Telford and Wrekin Integrated Place Partnership Committee

The committee's responsibilities include:

- Agreeing and driving the delivery of proactive, preventative, high quality community centred health and care integration at place
- Focusing on reducing health inequalities, improving place-based proactive prevention and delivering seamless, accessible, safe, high quality community centred health and care services for all Telford and Wrekin residents
- Oversee the delivery of key priorities of thematic partnership boards
- Create task and finish group or working groups to develop and deliver action plans to deliver the agreed priorities for community centred health and care in Telford and Wrekin.

A sample of what the committee reviewed and/or approved is provided below:

- Approved the committee Strategic Priorities for 2024 – 2026
- Approved the review of the Telford and Wrekin Ageing Well Partnership membership and focus
- Endorsed the development of a system wide Healthy Ageing / Frailty Strategy.
- Endorsed the Energize Shropshire, Telford and Wrekin Place Expansion Proposal.
- Endorsed the Pharmacy First Programme
- Approved the key areas of focus for the Making Every Contact Count themed approach

The attendance records for the financial year are detailed below.

Table 13: Telford and Wrekin Integrated Place Partnership Committee Attendance.

Member	Meetings Attended	Total Meetings
David Sidaway Chief Executive of Telford & Wrekin Council and Chair of TWIPP	4	4
Cllr Paul Watling Lead Cabinet Member for Adult Social Care and Health Systems	3	4
Cllr Shirley Reynolds Lead Cabinet Member for Children, Young People, Education, Employment and Skills	0	3
Jo Britton Executive Director of Children and Families (Statutory DCS)	2	4
Fliess Mercer	4	4

Executive Director for Adult Social Care, Housing and Customer Services and Vice Chair		
Simon Froud Director of Adult Social Care	4	4
Helen Onions Director of Health and Wellbeing (Statutory DPH)	4	4
Louise Cross and Richard Nuttall Co-Chairs of the Chief Officer Group	3	4
Simon Fogell Chief Executive of Healthwatch	3	4
Claire Parker Director of Strategy and Development, NHS Shropshire, Telford and Wrekin	3	4
Gemma Smith Director of Strategic Commissioning, NHS Shropshire, Telford and Wrekin	2	4
Dr Lorna Clarson Chief Medical Officer, NHS Shropshire, Telford and Wrekin	0	3
Dr Ian Chan TELDOC PCN Clinical Director and General Practice Partner Board Member for Telford and Wrekin	0	4
Dr Derrick Ebenezer Wrekin PCN Clinical Director	0	4
Dr Stefan Waldendorf Newport and Central PCN Clinical Director	2	4
Dr Nitin Gureja South-East Telford PCN Clinical Director	1	4
Carla Bickley Associate Director of Strategy and Partnership, Shrewsbury and Telford Hospital NHS Trust	3	4
Steve Ellis Deputy Director of Operational Service Development, Shropshire Community Health NHS Trust	3	4
Cathy Riley Managing Director, Shropshire Telford and Wrekin Care Group, Midlands Partnership Foundation NHS Trust	0	4
Mike Carr Deputy Chief Executive and Chief Operating Officer, Robert Jones and Agnes Hunt Orthopaedic Hospital	2	4
David Crosby Chief Officer, Partners in Care	2	4

Integrated Care Partnership Committee

The committee's responsibilities include:

- Developing and refreshing the Integrated Care Strategy
- Overseeing implementation of the Joint Forward Plan
- Tackling health inequalities and promoting population health

The committee met once during the year.

A sample of what the committee reviewed and/or approved is provided below:

- Integrated neighbourhood teams expanded in Highley, Oswestry, Telford, and South Shropshire. Women's Health Hubs and family centres were developed to provide comprehensive community-based services.
- Key milestones included the launch of new Patient Admin Systems and progress toward alignment with the NHS Long-Term Workforce Plan.
- A unified model of care was developed in conjunction with the Hospital Transformation Programme to align community and acute services.

The attendance records for the financial year are detailed below.

Table 14: Integrated Care Partnership Committee Attendance.

Member	Meetings Attended	Total Meetings
A Begley, Chief Executive, Shropshire Council	1	1
J Britton, Executive Director – Children's Services, Telford & Wrekin Council	1	1
L Cawley, Healthwatch Shropshire Representative	1	1
Cllr P Watling (Chair, Substitute for Cllr L D Carter)	1	1
J Jeffrey, Chief Executive, Citizens Advice	1	1
R Dunshea, Acting Chair, NHS STW Integrated Care Board	1	1
Cllr C Motley, Adult Social Care & Public Health, Shropshire Council	1	1
H Onions, Director of Public Health, Telford & Wrekin Council	1	1
Cllr L Picton, Leader, Policy & Strategy, Improvement & Communications, Shropshire Council	1	1
R Robinson, Director of Public Health, Shropshire Council	1	1
F Mercer, Executive Director, Health & Social Care, Housing & Customer Services, Telford & Wrekin Council	1	1
S Fogell, Voluntary Sector	1	1

S Froud, Director of Adult Social Care, Telford & Wrekin Council	1	1
L Cross, Visitor Economy Service Manager	1	1
S Whitehouse, Chief Executive, NHS STW Integrated Care Board	1	1
In Attendance	Meetings Attended	Total Meetings
N Lee, Chief Strategy Officer, NHS STW Integrated Care Board	1	1
C Parker, Director of Strategy & Development, NHS STW Integrated Care Board	1	1
J Edwards, Public Health Intelligence Manager, Shropshire Council (virtual attendance)	1	1
S Collins, Population Health Management Analyst, NHS STW Integrated Care Board (virtual attendance)	1	1
A Lowe, Director: Policy and Governance, Telford & Wrekin Council	1	1
S Yarnall, Democratic Services Officer (Scrutiny), Telford & Wrekin Council	1	1

West Midlands Joint Committee

The committee's responsibilities included:

- Prepared and provided joint governance oversight for future collaborative arrangements between the six Integrated Care Boards.
- Provided a forum for joint decision-making within each Integrated Care Board's delegated limits, supporting collaboration on shared priorities and emerging opportunities.
- Determined the appropriate governance, operational, and working group structures needed to deliver the responsibilities delegated by the six Integrated Care Boards.

The committee met ten times during the year, including no additional meetings convened for specific purposes.

A sample of what the committee reviewed and/or approved is provided below:

- Approved the Dental Intermediate Minor Oral Surgery - Direct Provider Award
- West Midlands Neonatal Review was reviewed
- Joint Commissioning Group, Standing Financial Instructions limits approved

- West Midlands Neonatal Capacity Plan Report

The attendance records for the financial year are detailed below.

Table 15: West Midlands Joint Committee Attendance.

Member	Meetings Attended	Total Meetings
David Melbourne Chief Executive NHS Birmingham and Solihull ICB	7	10
Phil Johns Chief Executive NHS Coventry and Warwickshire ICB	10	10
Simon Trickett Chief Executive Worcestershire & Herefordshire ICB	9	10
Simon Whitehouse Chief Executive NHS Shropshire Telford and Wrekin ICB	6*	10
Peter Axon Chief Executive NHS Staffordshire and Stoke on Trent ICB	6	10
Mark Axcell Chief Executive NHS Black Country ICB	9	10

* Claire Skidmore, NHS Shropshire, Telford and Wrekin Chief Finance Officer attended four of the Committee meetings where Simon Whitehouse was not in attendance. NHS Shropshire, Telford and Wrekin were represented at all committee meetings.

Register of Interests

The organisation holds registers of interest declared by our Board members and for other committees where membership includes individuals who are not Board or staff members and these can be found on our website via the link below: [Register of Interests - NHS Shropshire, Telford and Wrekin](#)

Modern Slavery Act

NHS Shropshire, Telford and Wrekin fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the period ending 31st March 2025 is published on our website at: [NHS-STW-Modern-Slavery-Human-Trafficking-Statement-v0.2-002.pdf](#).

Statement of Accountable Officer's Responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of NHS Shropshire, Telford and Wrekin and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed the Chief Executive Officer to be the Accountable Officer of NHS Shropshire, Telford and Wrekin. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding NHS Shropshire, Telford and Wrekin assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Shropshire, Telford and Wrekin's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Simon Whitehouse
Accountable Officer
20 June 2025

Governance Statement

Introduction and context

NHS Shropshire, Telford and Wrekin is a body corporate established by NHS England on 1st July 2022 under the National Health Service Act 2006 (as amended).
The NHS Shropshire, Telford and Wrekin's statutory functions are set out under the National Health Service Act 2006 (as amended).

The organisation's general function is arranging the provision of services for persons for the purposes of the health service in England. It is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 April 2024 and 31 March 2025, NHS Shropshire, Telford and Wrekin was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Between 1 April 2024 and 31 March 2025, NHS Shropshire, Telford and Wrekin was subject to undertakings from NHS England. Failure to comply with these undertakings may render the organisation liable to further formal action by NHS England. This could include directions given under section 14Z61 of the NHS Act 2006. Full details of NHS Shropshire, Telford and Wrekin's undertakings can be found via the link below:

[202404-STW-ICB-Undertakings-April-2024.pdf](#)

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Shropshire, Telford and Wrekin's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the NHS Shropshire, Telford and Wrekin's Accountable Officer Appointment Letter.

I am responsible for ensuring that the NHS Shropshire, Telford and Wrekin is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the organisation as set out in this governance statement.

Governance arrangements and effectiveness

The main function of the Board is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically, and complies with such generally accepted principles of good governance as are relevant to it. Details of how this has been achieved is included within the members report above.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance.

Discharge of Statutory Functions

NHS Shropshire, Telford and Wrekin has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that NHS Shropshire, Telford and Wrekin is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the organisation's statutory duties.

Risk management arrangements and effectiveness

NHS Shropshire, Telford and Wrekin has a structured approach to risk management, ensuring effective governance across corporate, clinical, financial, and information domains. This is achieved through the Risk Management Policy, the System Board Assurance Framework, and the Strategic Operational Risk Register, enabling a coordinated approach to identifying, evaluating, and controlling risk.

Risk is managed at three key levels: prevention, deterrence, and active management. Prevention is achieved by implementing robust policies and procedures, supported by staff training in areas such as safeguarding, health and safety, and business continuity. External expertise, including legal, human resources, and information governance advisors, further strengthens this approach. Deterrence mechanisms, such as fraud prevention strategies, IT security protocols, and internal audit functions, are in place to mitigate vulnerabilities. Active risk management is embedded through systematic assessment processes, incident reporting via the Ulysses system, and intelligence gathering through provider performance monitoring, complaints, and patient feedback via the Patient Advice and Liaison Service (PALS).

The Board determines the organisation's risk appetite, balancing the need for innovation with appropriate mitigation of significant risks. The Risk Management Policy, outlines a structured methodology for identifying and assessing risks, ensuring they are managed within defined parameters rather than eliminated entirely. The Audit Committee provides independent oversight, ensuring governance mechanisms are effective, with committee-level accountability for specific risks.

Risk management is embedded across NHS Shropshire, Telford and Wrekin's activities. Impact assessments are routinely conducted when reviewing or implementing policies to ensure inclusivity and compliance. Training is mandated for Board members and staff on key areas such as health and safety, information governance, safeguarding, and fire safety. The organisation actively promotes a culture of openness in incident and serious incident reporting, fostering continuous learning and improvement. Performance monitoring and provider oversight also play a crucial role in ensuring quality standards are maintained across commissioned services.

NHS Shropshire, Telford and Wrekin actively involves patients, carers, and the wider public in identifying and managing risks that impact them. Public and patient engagement is facilitated through advisory groups, consultations, and direct feedback mechanisms. Regular meetings with patient and community representatives provide valuable insights into emerging risks and ensure that public concerns are addressed in decision-making processes. Public consultations on service changes allow for transparency and accountability, ensuring that potential risks associated with changes to healthcare services are fully considered. NHS

Shropshire, Telford, and Wrekin also collaborates with voluntary and community sector organisations to better understand and mitigate risks that may disproportionately affect vulnerable groups.

By embedding risk management across all levels of the organisation and engaging with stakeholders in a meaningful way, NHS Shropshire, Telford and Wrekin ensures that risks are identified, assessed, and managed efficiently. This structured approach strengthens governance, enhances public trust, and ultimately supports the delivery of safe, high-quality healthcare services.

[NHS Shropshire, Telford and Wrekin Risk Management Policy](#)

Capacity to Handle Risk

NHS Shropshire, Telford, and Wrekin has a robust and structured approach to risk management, ensuring that the organisation meets its statutory obligations while effectively identifying, assessing, and mitigating risks.

Risk management is led by the Accountable Officer, who owns the System Board Assurance Framework. The System Board Assurance Framework provides a structured documentation of principal risks that could impact the system's ability to meet its objectives. This is complemented by the Strategic Operational Risk Register, which identifies and manages lower-level risks associated with executive leads' responsibilities. These structures ensure a clear and comprehensive framework for monitoring risks across the organisation.

The Accountable Officer is supported by the Chief Business Officer, who provides guidance on risk management policies and practices. Directors are responsible for informing the Strategic Operational Risk Register, ensuring that potential risks within their areas of responsibility are identified and addressed.

Committees play a key role in overseeing risk management processes. The Board and its committees have defined responsibilities to assess and respond to risks, ensuring that risks are escalated appropriately and mitigated effectively.

Clear reporting lines exist between the Board and its committees. The Accountable Officer and executive leads ensure that risks are communicated effectively through structured reporting mechanisms. The Chief Business Officer provides additional support in maintaining transparency and alignment across all risk management efforts.

The submission of timely and accurate information is a cornerstone of effective risk management. Executive leads and their teams contribute regularly to the Strategic Operational Risk Register, ensuring that risks are identified, assessed, and updated to reflect changing circumstances.

The Board maintains rigorous oversight of risk management performance. Through regular reviews of the System Board Assurance Framework and Strategic Operational Risk Register, the Board ensures that key risks are being managed effectively.

Risk Assessment

NHS Shropshire, Telford and Wrekin recognises that it is impossible to eliminate all risk and that the aim of risk management is to mitigate risks using control measures and action plans. NHS Shropshire, Telford and Wrekin's Board, and its Committees, have a key role in the identification of risks in response to information presented to, and discussions held, at each

meeting. A standing agenda item is included for every meeting to determine if there are any new risks that need to be considered for the Operational Risk Register.

All risks are assessed based on two elements: impact and likelihood. Each element is given a score between one and five and the multiplication of these scores generated an initial risk score. Consideration is then given to the mitigations which NHS Shropshire, Telford and Wrekin has in place, and this informs the current risk score. Risks with a score of 15 or above are overseen by the Board.

To view the end of year risk position as overseen by the Board please click on the link below which will take you to our Board papers for March 2025:

[Previous Board Meetings - NHS Shropshire, Telford and Wrekin](#)

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Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the NHS Shropshire, Telford and Wrekin, to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

Our risk management policy defines our commitment to ensuring that the organisation has in place structures that will effectively manage risks of all kinds, in line with aims set out in our Constitution. We will take all reasonable steps to manage risks in commissioned services, staff, visitors, reputation, organisational assets and any other issue as an integral part of our management processes.

The following control mechanisms are in place:

- Risk management
- Conflicts of interest management and training
- Constitution and Governance Handbook
- Security management
- Counter Fraud Annual Plan
- Internal Audit Annual Plan
- Performance monitoring of ICS providers and the organisation itself
- Data Security and Protection Toolkit submission
- Incident and serious incident reporting
- Quality and financial reporting
- Contract/quality performance monitoring arrangements with providers
- Policies and procedures
- Risk assessments
- Governance reporting between the Board and its committees/sub-committees
- Adult and children’s safeguarding annual reports
- Emergency and business continuity planning/core standards
- External regulator reports on providers

The organisation has a Conflicts of Interest Policy which governs the process for employees, Board members, Committee members, contractors and others undertaking functions on behalf of the organisation to declare their interests where these may conflict with those of NHS Shropshire, Telford and Wrekin. The Policy outlines a process for individuals both employed by the organisation or those not employed but acting on behalf of the organisation, to declare these interests to ensure that decisions made on behalf of NHS Shropshire, Telford and Wrekin are not compromised. The policy and registers can be found on the website: <https://www.shropshiretelfordandwrekin.nhs.uk/about-us/how-we-are-run/policies-procedures-and-governance/conflicts-of-interest/>

The revised statutory guidance on managing conflicts of interest (published June 2016) requires commissioners to undertake an annual internal audit of conflicts of interest management. To support ICBs to undertake this task, NHS England has published a template audit framework. The organisation has carried out its annual internal audit of conflicts of interest at the end of 2024/25 and the audit provided significant assurance, with some recommendations for further action. All recommendations have been fully accepted by the organisation and recommendations are being actioned in quarter one of 2025/26. Register of interests have been updated for Committees and Place based partnership meetings and newly published national training is being rolled out to staff and key decision makers in the organisation.

There has been one breach of the conflicts of interest policy in year, which is described in more detail later in this section under Control Issues.

Data Quality

The Board relies on the data quality elements in its contracts with providers that requires them to quality assure their data prior to submission. The organisation also uses NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) for provider information performance, quality and finance and therefore the organisation's contract with MLCSU outlines information reporting expectations. The data sources used by MLCSU is the national UNIFY system and Secondary Uses Service (SUS) data which is verified via the contracting process with providers.

Information Governance & Personal data related incidents

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, particularly personal identifiable information. The framework is supported by a self assessment against the Data Security and Protection Toolkit (DSPT) and the annual submission process provides assurances to the organisation, other organisations and individuals that personal information is dealt with legally, securely, efficiently and effectively. The Data Security and Protection Toolkit submission is not due until 30th June 2025 and therefore final compliance cannot be reported in this annual report.

The organisation places high importance on ensuring there are robust information governance (IG) systems and processes in place to help protect patient and corporate information. NHS Shropshire, Telford and Wrekin has established an IG management framework and have developed processes and procedures in line with the DSPT. We have ensured all staff undertake annual IG training and provide a staff IG handbook to ensure everyone is aware of their roles and responsibilities.

There are processes in place for incident reporting and the investigation of serious incidents. NHS Shropshire, Telford and Wrekin have reported a total of 8 incidents during the period 1st April 2024 to 31st March 2025, of which all incidents were graded as non-reportable – very low risk, with none being reportable to the Information Commissioner's Office (ICO). The organisation has developed an information asset register which enables the organisation to identify high-risk assets through data flow mapping, and this ensures that an information risk culture is embedded throughout the organisation.

NHS Shropshire, Telford and Wrekin receives an Information Governance service from Midlands and Lancashire Commissioning Support Unit (MLCSU). This enables us to receive a full, specialised service, which as a small organisation we could not reproduce in-house. A work programme has been undertaken by MLCSU to ensure that the organisation is compliant against General Data Protection Regulations. As part of this, our information has been audited, and staff training has been delivered.

Business Critical Models

The organisation relies on centrally provided NHS business planning models to help it plan future strategy. NHS Shropshire, Telford and Wrekin has no business-critical models that it would be required to share with the Analytical Oversight Committee.

Third party assurances

Third-party assurances are received annually from Midlands and Lancashire Commissioning Support Unit (MLCSU) for particular financial functions that are part of a service level agreement. Processes are in place to ensure that the MLCSU Internal Audit function shares its own audit findings of these functions with NHS Shropshire, Telford and Wrekin's internal auditor, who includes a precis of the findings in the Head of Internal Audit Opinion, which is part of this statement.

Freedom to Speak Up

NHS Shropshire, Telford and Wrekin has a Freedom to Speak Up policy which is based upon the template provided by the National Guardian Office. This policy supports any individual wishing to raise a concern at work and it helps to promote the organisation's open and honest culture.

A Non-Executive Member of the NHS Shropshire, Telford and Wrekin Board acts as a Freedom to Speak Up Board level champion. The Chief Business Officer is responsible for Freedom to Speak Up at a Senior Leadership level.

The organisation has two Freedom to Speak Up Guardians, recruited from within NHS Shropshire, Telford and Wrekin's existing staff. Since their appointments, they have met with various teams and regularly meet with all staff networks to promote a speaking up culture.

This year has seen 6 contacts of which no concerns resulted in a formal response. 2 could have progressed to a formal response, however, those raising the concerns did not wish to proceed. The contacts related to requiring support in relation to a HR process, identifying an appropriate route to raise concerns or dissatisfaction with a management decision. In these circumstances colleagues were supported to identify an appropriate route to raise their concern. There has been low incidence of colleagues raising concern relating to inappropriate attitudes, behaviours, bullying and/or harassment or clinical/patient safety. All contacts

having spoken to the Freedom to Speak Up Guardians, were appropriately provided with advice and guidance.

Control Issues

The significant control issues that the organisation has been managing during the period 1st April 2024 to 31st March 2025 that would require reporting in this Annual Governance Statement are as follows:

Quality and Performance - Accident and Emergency

As part of our commitments with NHS England, we are developing a comprehensive system-wide Urgent and Emergency Care (UEC) Improvement Plan. This plan will outline the necessary actions and controls to enhance UEC access, quality, and performance across the entire UEC pathway. It will also detail how the organisation ensures robust escalation procedures are in place, both during and outside of regular hours, to manage system capacity, utilisation, and risk. We are collaborating with system providers and will continuously review and update the Improvement Plan as needed. Any proposed updates will be subject to NHS England's review and approval. A harm review process is in place, with agreed Terms of Reference and weekly oversight, including the review of ambulance offloads delayed by over six hours. The NHS Shropshire, Telford and Wrekin quality team, along with other system partners, conducts insight visits. The team also participates in mock Care Quality Commission (CQC) visits and Shrewsbury and Telford Hospital NHS Trust exemplar visits. This year, a new frailty assessment unit was opened, and the quality team attended a Getting It Right First Time (GIRFT) review of this area.

Quality and Performance - Regulators (including patient safety)

Monitoring of CQC action plan via UEC transformation meeting. Participation in contract review meetings. Section 31 lifted in relation to admitting Children's and Young People (CYP) to paediatric wards from Emergency Department (December 2024).

Quality and Performance - Ambulance Services

NHS Shropshire, Telford and Wrekin participate in the West Midlands Ambulance Service monthly clinical quality review meetings. West Midlands Ambulance Service now actively using Patient Safety Incident Response Framework (PSIRF) model. Daily ambulance response time reports are shared with region which highlights waits. Quality monitoring visits to local ambulance hubs also take place routinely.

Quality and Performance - Mental Health and Dementia

Quarterly meetings with dementia lead at the Shrewsbury and Telford Hospital NHS Trust and monitoring via Quality and safety committee. Waiting list increase and length of time in BeeU CYP waiting list for both Core Mental Health and Neurodiversity referral pathways. Monitored through monthly Contract Review Meeting (CRM) and Quality, Safety and Safeguarding Committee (QSSC) meetings and BeeU waiting list review meetings and Task and Finish group meetings led by Planning and Performance Lead. High number of adults Attention Deficit Hyperactivity Disorder (ADHD) waiting list. Task and finish group established assessments and monitor waiting list. Weekly review meetings of numbers of referrals and assessments. Number of adults in Out of area beds due to delayed discharges and capacity of acute Mental Health local beds. Monthly multi-agency discharge events held and led by UEC lead to unlock the barriers to discharges.

Quality and Performance - Infection prevention control (IPC)

System-wide working continues to address rising numbers of Clostridium Difficile in both hospital and community. Monitoring of outbreaks in both hospital and community settings during winter season. Monkey pox Clade 1 pathway completed in the event of a suspected case within the community setting.

Quality and Performance - Critical Incidents

System Risks are escalated and monitored the System Quality Group meetings monthly.

There is a System Patient Safety Incident Response Framework (PSIRF) Policy and plan that supports the providers PSIRF policies and plans. This provides oversight of both physical and psychological harm as well as review of near misses, themes are used to ensure a continuous quality improvement and shared learning approach. There is also oversight on the Learning from Patient Safety Events (LFPSE) platform which supports thematic learning for the integrated Care System as well as Regionally.

Quality and Performance - Maternity

Oversight of Maternity and Neonates Quality dashboard monthly by the NHS Shropshire, Telford and Wrekin Quality Lead at Maternity Safety Champions and Local Maternity and Neonatal System (LMNS) Programme Board/Perinatal Quality and Surveillance Group (PNQSG). Monthly oversight also via Maternity and Neonatal Transformation Assurance Committee (MNTAC) and Quality and Safety Assurance Committee (QSAC) where there is ICB quality team representation. Saving Babies Lives Care Bundle - review led by the NHS Shropshire, Telford and Wrekin Quality Lead who chairs quarterly assurance meetings. Quality insight visits undertaken every 6 months. Patient Safety Incident Investigations reports, and Maternity and Neonatal Safety Investigation (MNSI) reports are investigations shared with ICB.

Quality and Performance - Children's Services

Paediatric transformation at the Shrewsbury and Telford Hospital NHS Trust. Visit to CAU (Children's assessment Unit). Shropshire Community Health NHS Trust children's services including actions plans to reduce long waiting lists for services such as Speech and Language Therapy are discussed at Contract Review Meeting (CRM). Harm reviews discussed for children waiting for services. NHS Shropshire, Telford and Wrekin leads for Special Educational Needs and Disability (SEND) and Looked After Children (LAC) attend CRM. Quality monitoring visits undertaken to gain insight into services.

Quality and Performance - Cancer

To meet the cancer waiting time and diagnosis national standards, the organisation has implemented several mitigating actions. These include expanding diagnostic services, Super Saturdays, mutual aid and utilising independent sector providers to increase diagnostic capacity, streamlining cancer pathways to reduce delays, and implementing straight-to-test pathways. Workforce optimisation efforts involve recruiting additional clinical staff and providing training to improve efficiency. Regular monitoring of performance data and the use of dashboards ensure timely identification of issues. Patient communication and support are prioritised to keep patients informed and provide necessary assistance. Collaboration with Cancer Alliances, primary care, and other partners ensures coordinated and efficient care across the health and care system.

Quality and Performance - RTT/52 week wait

To meet the Referral to Treatment (RTT) and 52-week wait national standards, NHS Shropshire, Telford and Wrekin has implemented several mitigating actions. These include validation, mutual aid increasing capacity through additional clinics and theatre sessions, utilising independent sector providers, and implementing waiting list initiatives, improved productivity and utilisation. Pathway redesign efforts focus on streamlining patient pathways, enhancing triage processes, and implementing virtual consultations. In addition, we are prioritising milestone 1 and 2 pathways to reduce waiting list size. Workforce optimisation involves recruiting additional clinical staff, providing training, and utilising flexible working arrangements. Data and performance monitoring are conducted regularly, with performance dashboards and audits to ensure compliance. Patient communication and support are prioritised, keeping patients informed and providing necessary support. Collaboration with primary care, community services, and other partners ensures coordinated and efficient care across the health and care system.

Finance, Governance and Control - Finance and Procurement

The 24/25 year-end financial position is reporting a breakeven outturn and a favourable variance against the full year submitted plan. Longer term we have an ongoing financial recovery plan and strategy which is supported by our overall system transformation programme. As part of our undertakings with NHS England we are working with our partner NHS Trusts and NHS Foundation Trusts (system providers) to develop a single time-bound Recovery Plan ("the Recovery Plan") that brings together NHS Shropshire, Telford and Wrekin, provider and additional system wide recovery initiatives.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Finance, Governance and Control - Conflicts of interest Policy Breach

One conflict of interest breach took place in September 2024 due to individual not declaring an interest that was then raised as part of a decision-making process. The organisation took remedial action to address this breach, including seeking legal advice, the Chair carrying out an investigation with the Chief Business Officer which resulted in a number of actions which have been completed and this was reported to the Audit Committee as set out in the Conflicts of Interest Policy.

Review of economy, efficiency & effectiveness of the use of resources

The Quality and Performance Committee oversees the systems and processes in place with regard to provider quality performance for NHS Shropshire, Telford and Wrekin.

The Finance and Performance Committee oversees financial performance of both NHS Shropshire, Telford and Wrekin and the Shropshire, Telford and Wrekin Health and Care System, including scrutinising financial planning and ensuring the transparency of underlying assumptions in building financial plans and budgets. This includes having oversight of central management costs.

The Audit Committee provides assurance that NHS Shropshire, Telford and Wrekin is acting effectively, efficiently, and economically and this includes receiving and reviewing all recommendations made by the internal auditors.

The Accountable Officer has responsibility for reviewing the effectiveness of the system of internal control within NHS Shropshire, Telford and Wrekin.

Commissioning of delegated specialised services

NHS Shropshire, Telford and Wrekin signed a delegation agreement (DA) with NHS England and held full commissioning responsibilities for delegated services during the 2024/25 reporting period.

To the best of NHS Shropshire, Telford and Wrekin leadership's knowledge, the commissioning of all delegated services has been compliant with the 10 core commissioning requirements – as set out in the 2024/25 Delegated Commissioning Assurance Guidance, published by NHS England – including the requirement that all conditions set out in the DA are being met.

Where there were known compliance issues, the organisation's leadership collectively with other Integrated Care Boards, has engaged with NHS England's regional leadership to notify and address such issues in a timely manner.

NHS Shropshire, Telford and Wrekin leadership is able to provide the necessary evidence of core commissioning requirements compliance (see annex a in the assurance guidance document), should NHS England or a third party (e.g. external auditors) ask for such evidence.

Procurement Decisions Register

In the interests of transparency, the register of Procurement decisions, like the register of interests, will be published on [NHS STW's website](#) 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.

Delegation of Integrated Care Board functions

NHS Shropshire, Telford and Wrekin has a Scheme of Reservation and Delegation that sets out delegated areas of responsibility and authority and clearly defined limits that properly reflect roles and responsibilities.

It is underpinned by a comprehensive system of internal control, including budgetary control measures, and ensures that there are sufficient safeguards and management mechanisms in place to maintain high standards in terms of effective, efficient and economic operation of the group. The scheme captures the decision-making roles of the Accountable Officer, directors, Board and committees, and is linked to the terms of reference of each committee.

The Audit Committee maintains an oversight of delegated functions and responsibilities to ensure that resources are used efficiently and economically and that there are effective processes in place to guard against fraudulent usage.

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The organisation, in accordance with its Constitution, reviews its Scheme of Reservation and Delegation annually. Amendments to the overarching Scheme of Reservation and Delegation are taken to the Board for approval. The organisation remains accountable for all its functions – including those that it has delegated.

Counter fraud arrangements

NHS Shropshire, Telford and Wrekin's counter fraud service is provided by 360 Assurance who offer the service of an Accredited Local Counter Fraud Specialist (LCFS), contracted to undertake counter fraud work proportionate to the organisation's identified risks.

The Government's Functional Standard (Govs13: Counter Fraud) was launched in October 2018 and is being implemented across all government departments and arms-length bodies, including the NHS who moved to adopt the new standards in 2021. The Audit Committee receives a regular report from the LCFS which details activities undertaken against each of the Standards, and the LCFS produces an annual report detailing the year's activities. There is executive support and direction for a proportionate proactive work plan to raise awareness of the zero tolerance to fraud and to address identified risks.

The Chief Finance Officer, who is a member of the organisation's Governing Body, is proactively and demonstrably responsible for tackling fraud, bribery and corruption and oversees that appropriate action is taken regarding any NHS Counter Fraud Authority quality assurance recommendations. In addition, the LCFS role is further supported by a nominated Counter Fraud Champion who provides a senior voice within the organisation to champion the counter fraud agenda, and to enable and support the counter fraud programme of work.

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April 2024 to 31 March 2025, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of NHS Shropshire, Telford and Wrekin's system of risk management, governance and internal control.

The Head of Internal Audit concluded that:

"My opinion provides an objective assessment of the framework of governance, risk management and control."

In forming my opinion, I have considered:

- *outcomes from internal audit work (including a review of the Board Assurance Framework)*
- *implementation of internal audit actions*
- *third party/other assurances.*

The work undertaken within the 2024/25 Internal Audit Plan is limited to the scope agreed with executive officers and approved by the Audit Committee, and as detailed within our final reports.

I am providing an opinion of **Moderate Assurance** there are areas for improvement in the framework of governance, risk management and control, and some inconsistent application of controls puts the achievement of the organisation's objectives at risk.

My position reflects the range of audit opinions provided in-year with a range of opinions and the number of actions implemented on time. I have also reflected on the strengthened and embedded strategic risk management arrangements.

85% of internal audit actions have been closed within the year, however there is a need to focus on implementation by original due date which was at 48%. The ICB recognises that an improvement is required in the timeliness of recommendation implementation (first follow up rate).

I have also reflected on relevant third party assurances, in particular the current National Oversight Framework level 4.

Limitations to the opinion

It is management's responsibility to develop and maintain a sound system of governance, risk management and control. This opinion is based on the work undertaken. Where good levels of control are in place, there are still instances where this may fail, for example, poor judgement in decision-making, human error, control processes being deliberately circumvented, management overriding controls and the occurrence of unforeseeable circumstances. As our scope of work is limited, there may be weaknesses in control systems that we are not aware of.

The opinion does not imply that Internal Audit have reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of a risk-based plan generated from an organisation-led Assurance Framework, which is one component that the Board considers in making its Annual Governance Statement.

Outcomes from internal audit work

In line with the PSIAS, the Internal Audit Plan was developed using a risk based process aligning our work with the Assurance Framework and strategic objectives. The planning process is designed to ensure that I discharge my statutory responsibility to provide a balanced Head of Internal Audit Opinion at the end of the financial year. The Audit Plan was shared with External Audit and Counter Fraud colleagues to ensure effective use of resources. The 2024/25 Plan was approved by the Audit Committee in April 2024.

During the year, we have liaised with designated lead officers within the organisation to discuss delivery of the Internal Audit Plan and to ensure that the work agreed at the start of the financial year continues to be reflective of changes in your risks and assurance needs. Progress in relation to the delivery of your Internal Audit Plan has been reported regularly to the Audit Committee. We were not able to start the PLACE Governance Review due to the ICB's capacity. This review was stood down.

No high-risk issues have been identified and formally reported from our 2024/25 work. The high-risk action raised in 2023/24 has been implemented.

Third party/other assurances

The following third party/other assurances have been identified in the year:

- NHS Shropshire, Telford and Wrekin is in National Operating Framework (NOF) segment 4.

- Shared Business Services ISAE3402 Finance and Accounting Service Auditor Report - A qualified opinion with reasonable assurance to all except three control objectives where control deviations were identified. The three control deviations were with regards to a small number of none compliance with validation checks for bank accounts, authorisation of credit notes and segregation of duties.
- Shared Business Services ISAE3000 Type 2 Report Electronic Staff Record (ESR) Service Auditor Report – Reasonable assurance provided.

Table 16: Internal Audit reports issued during the period.

Area of Audit	Level of Assurance Given
POD – Self Declaration - Advisory	Other
DSPT	Other
Additional Roles Reimbursement Scheme (ARRS) Payments	Moderate
Committee Structure Implementation	Moderate
CHC Complaints	Moderate
CAIP Payments	Moderate
Risk Management – SORR Focus	Moderate
Board Assurance Framework	Significant
Fit and Proper Persons Test (NHSE mandated)	Significant
Financial Systems and Reporting	Significant
Conflicts of Interest Management	Significant

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, senior leaders and clinical leads within NHS Shropshire, Telford and Wrekin who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to NHS Shropshire, Telford and Wrekin achieving its principles objectives have been reviewed.

I have been advised on the implications of the result of this review by:

- The Board
- The Audit Committee
- The Finance Committee

- The Quality and Performance Committee
- Internal audit

The head of Internal Audit Opinion contained in this report, sets out a moderate assurance position for the ICB acknowledging improvement from last year, but that there are some inconsistent applications of controls which put the achievement of the organisation’s objectives at risk. The ICB in response, is developing actions to address the issues raised in the Head of Internal Audit Opinion and in the Internal Audit reviews which underpin the opinion.

Conclusion

In line with the Head of Internal Audit Opinion I can confirm that there is moderate assurance on the effectiveness of NHS Shropshire, Telford and Wrekin governance, risk management and internal control and no significant internal control issues have been identified.

Simon Whitehouse
Accountable Officer
20 June 2025

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Remuneration Report

Remuneration Committee

The Remuneration Committee was established by NHS Shropshire, Telford and Wrekin ICB to recommend approval of the remuneration and terms of service for the Executive Directors, other staff employed with Very Senior Manager (VSM) pay terms and conditions and Non-Executive appointments to the Board.

The composition and responsibilities of the Remuneration Committee can be found in the Governance Statement.

Percentage change in remuneration of highest paid director – Audited

Table 17: Percentage change in remuneration of highest paid director year ended 31 March 2025.

Year ended 31 st March 2025	Salary and allowances	Performance pay and bonuses
The percentage change from the previous financial year in respect of the highest paid director	5.33%	0.00%
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	5.70%	0.00%

Table 18: Percentage change in remuneration of highest paid director year ended 31 March 2024.

Year ended 31 st March 2024	Salary and allowances	Performance pay and bonuses
The percentage change from the previous nine month period to 31 st March 2023 in respect of the highest paid director	2.74%	0.00%
The average percentage change from the previous nine month period to 31 st March 2023 in respect of employees of the entity, taken as a whole	4.59%	0.00%

The increase in the highest paid director salary banding reflects the annual pay award received for 2024/25. The increase in all staff reflects the annual pay award received for 2024/25. As at 31st March 2025, remuneration ranged from £24k to £199k based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Pay ratio information – Audited

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component. The banded remuneration of the highest paid director / member in NHS Shropshire, Telford & Wrekin in the reporting period 1st April 2024 to 31st March 2025 was £195k to £200k. The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Table 19: Pay ratio relationship to the remuneration of the organisation's workforce 2024/25.

2024/25	25 th percentile		Median pay ratio	75 th percentile pay ratio
Total remuneration (£)	26,530		44,962	56,454
Salary component of total remuneration (£)	26,530		44,962	56,454
Pay ratio information	7.4		4.4	3.5

Table 20: Pay ratio relationship to the remuneration of the organisation's workforce 2024/25.

2023/24	25 th percentile	Median pay ratio	75 th percentile pay ratio
Total remuneration (£)	25,147	42,618	57,755
Salary component of total remuneration (£)	25,147	42,618	57,755
Pay ratio information	7.5	4.4	3.2

During the reporting period 2024/25, no employees received remuneration in excess of the highest-paid director/member (2023/24: nil). The movements in ratios from 2023/24 reflect the annual pay award, and the overall impacts of the lower banding profile mix following the completion of a full management of change exercise completed in 2024/25. Remuneration ranged from £24k to £199k (2023/24 £22k-£189k). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Policy on the remuneration of senior managers

The remuneration of the Chief Executive Officer, Executive Directors, Chair and Non-Executive Directors who serve on the board is determined by the Remuneration Committee, with reference to recognised national Integrated Care Board Executive Pay Ranges and Guidance and benchmarking with other Integrated Care Boards. The Remuneration Committee is also responsible for determining pay for all other non-agenda for change roles with reference to

national guidance and benchmarking. Midlands and Lancashire Commissioning Support Unit (MLCSU) provide independent advice and support to NHS Shropshire, Telford and Wrekin and the Remuneration Committee in relation to employment and remuneration matters.

Remuneration of Very Senior Managers

Remuneration for Very Senior Managers at NHS Shropshire, Telford and Wrekin is agreed with reference to the national Integrated Care Board Pay Framework. Where full time salaries exceed the threshold appropriate approval is sought via NHS England and the Department of Health and Social Care.

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Senior manager remuneration (including salary and pension entitlements)

Table 21: Salary and Pension Benefits 2024/25 – NHS Shropshire, Telford and Wrekin – Audited.

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Name	Title	Appointment Dates	Salary (£k)	Expenses	Performance Pay	Long Term Perf. Pay	Pension Related Benefits (£k)	Total (£k)
David Bennett*	Associate Non Executive Director	01/04/24 to 31/03/25	10-15					10-15
Ian Bett	Interim Chief Delivery Officer (appointed 12th August 2024)	12/08/24 to 31/03/25	85-90				52.5-55	140-145
Ian Chan	Partner Member for Primary Care/Clinical Lead; Interim Chief Medical Officer - Jobshare (between 10th June 2024 -31st August 2024)	01/04/24 to 31/03/25	65-70					65-70
Lorna Clarson	Chief Medical Officer (appointed 1st September 2024)	01/09/24 to 31/03/25	90-95				97.5-100	185-190
Roger Dunshea*	Non Executive Director, Acting Chair (from 1st November 2024)	01/04/24 to 31/03/25	30-35					30-35
Ganesh Mahadeva	Interim Chief Medical Officer - Jobshare (between 10th June 2024 - 31st August 2024)	10/06/24 to 31/08/24	20-25				5-7.5	25-30
Neil McKay*	Chair and GP/Healthcare Professional (left 31st October 2024)	01/04/24 to 31/10/24	35-40					35-40
Trevor McMillan*	Non Executive Director	01/04/24 to 31/03/25	10-15					10-15
Navnit Pall*	Non Executive Director	01/04/24 to 31/03/25	10-15					10-15
Julian Povey*	Partner Member for Primary Care (left 30th June 2024)	01/04/24 to 30/06/24	0-5					0-5
Gareth Robinson	Chief Delivery Officer (left 1st September 2024)	01/04/24 to 01/09/24	70-75				2.5-5	70-75
Deborah Shepherd*	Partner Member for Primary Care (appointed 1st September 2024)	01/09/24 to 31/03/25	5-10					5-10
Claire Skidmore	Chief Finance Officer & Deputy Chief Executive Officer	01/04/24 to 31/03/25	175-180				22.5-25	200-205

Meredith Vivian*	Deputy Chair, Lay Member for Patient and Public Involvement	01/04/24 to 31/03/25	10-15					10-15
Vanessa Whatley	Chief Nursing Officer	01/04/24 to 31/03/25	125-130				135-137.5	265-270
Nicholas White	Chief Medical Officer (left 9th June 2024)	01/04/24 to 03/06/24	25-30					25-30
Simon Whitehouse	Chief Executive Officer	01/04/24 to 31/03/25	195-200				25-27.5	220-225

*not in the NHS Pension Scheme in this employment

Table 21: Salary and Pension Benefits 2023/24 – NHS Shropshire, Telford and Wrekin – Audited

Name	Title	Appointment Dates	Salary (£k)	Expenses	Performance Pay	Long Term Perf. Pay	Pension Related Benefits (£k)	Total (£k)
David Bennett*	Associate Non Executive Director (from 8th December 2023)	08/12/2023-31/03/24	0-5					0-5
Alison Bussey *	Chief Nursing Officer (retired 31st December 2023)	01/04/2023-31/12/23	115-120					115-120
Ian Chan	Partner Member for Primary Care/Clinical Lead	01/04/2023-31/03/24	65-70					65-70
Roger Dunshea*	Non Executive Director	01/04/2023-31/03/24	10-15					10-15
Neil McKay*	Chair and GP/Healthcare Professional	01/04/2023-31/03/24	60-65					60-65
Trevor McMillan*	Non Executive Director	01/04/2023-31/03/24	10-15					10-15

Navnit Pall*	Non Executive Director	01/04/2023-31/03/24	10-15					10-15
Julian Povey*	Partner Member for Primary Care	01/04/2023-31/03/24	15-20					15-20
Gareth Robinson	Executive Director of Delivery & Transformation	01/04/2023-31/03/24	160-165				42.5-45	205-210
Claire Skidmore	Chief Finance Officer & Deputy Chief Executive Officer	01/04/2023-31/03/24	165-170					165-170
Meredith Vivian*	Deputy Chair, Lay Member for Patient and Public Involvement	01/04/2023-31/03/24	10-15					10-15
Vanessa Whatley	Chief Nursing Officer (appointed 1st December 2023)	01/12/2023-31/03/24	105-110				15-17.5	120-125
Nicholas White	Chief Medical Officer	01/04/2023-31/03/24	135-140				202.5-205	340-345
Simon Whitehouse	Chief Executive Officer	01/04/2023-31/03/24	185-190					185-190

*not in the NHS Pension Scheme in this employment

Pension benefits

Please note that the cash equivalent transfer value was calculated by the NHS Pensions Agency.

Table 22: Pension Entitlements of Senior Managers – year ended 31 March 2025 - Audited

Name	Title	Appointment Dates	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31st March 2025 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31st March 2025 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2024 (£'000)	Real increase in Cash Equivalent Transfer Value (£'000)	Cash Equivalent Transfer Value at 31st March 2025 (£'000)	Employer's contribution to stakeholder pension (rounded to nearest £00) £
Ian Bett	Interim Chief Delivery Officer (appointed 12th August 2024)	12/08/24 to 31/03/25	2.5-5	2.5-5	30-35	75-80	474	45	590	0
Lorna Clarson	Chief Medical Officer (appointed 1st September 2024)	01/09/24 to 31/03/25	2.5-5	7.5-10	45-50	110-115	706	87	922	0
Ganesh Mahadeva	Interim Chief Medical Officer - Jobshare (between 10th June	10/06/24 to 31/08/24	0-2.5	0	0-5	0	0	7	41	0

	2024 - 31st August 2024)									
Gareth Robinson	Chief Delivery Officer (left 1st September 2024)	01/04/24 to 01/09/24	0-2.5	0	15-20	10-15	253	2	297	0
Claire Skidmore	Chief Finance Officer & Deputy Chief Executive Officer	01/04/24 to 31/03/25	0-2.5	0	65-70	165-170	1,201	22	1,326	0
Vanessa Whatley	Chief Nursing Officer	01/04/24 to 31/03/25	5-7.5	12.5-15	45-50	120-125	849	144	1,067	0
Nicholas White	Chief Medical Officer (left 9th June 2024)	01/04/24 to 03/06/24	0	0	50-55	130-135	1,416	0	1,154	0
Simon Whitehouse	Chief Executive Officer	01/04/24 to 31/03/25	2.5-5	0	75-80	195-200	1,562	31	1,722	0

Accrued pension benefits included in this table for any individual affected by the Public Service Pensions Remedy have been calculated based on their inclusion in the legacy scheme for the period between 1 April 2015 and 31 March 2022, following the McCloud judgment. The Public Service Pensions Remedy applies to individuals that were members, or eligible to be members, of a public service pension scheme on 31 March 2012 and were members of a public service pension scheme between 1 April 2015 and 31 March 2022. The basis for the calculation reflects the legal position that impacted members have been rolled back into the relevant legacy scheme for the remedy period and that this will apply unless the

member actively exercises their entitlement on retirement to decide instead to receive benefits calculated under the terms of the Alpha scheme for the period from 1 April 2015 to 31 March 2022.

* Mrs Claire Skidmore and Mr Simon Whitehouse are affected by the public service pensions remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995 to 2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted with a zero.

Mr David Bennett is a non-voting member of the Board but is included within the Remuneration table disclosures due to being part of the Senior Management team.

Partner members of the Board are not employed by NHS Shropshire, Telford and Wrekin or seconded from other organisations and are not required to be included in the Remuneration tables disclosure. They are substantively employed by their own organisations but sit on the System Board for System purposes. The relevant disclosures will be incorporated within their own respective employer organisation’s annual report tables.

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Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement or for loss of office

NHS Shropshire, Telford and Wrekin does not have any to report during the year ended 31st March 2025.

Payments to past directors

In the year ended 31st March 2025 NHS Shropshire, Telford and Wrekin made no payments to a Director requiring special approval from Treasury.

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Staff Report

Number of Staff by Band

Table 23: Number of staff by band.

Pay Band	Headcount
Ad Hoc / Local	0
Apprentice	0
Band 1	0
Band 2	2
Band 3	58
Band 4	27
Band 5	22
Band 6	52
Band 7	46
Band 8 - Range A	52
Band 8 - Range B	28
Band 8 - Range C	14
Band 8 - Range D	6
Band 9	2
Medical	11
VSM	17
Board (off payroll)	7
Grand Total	344

Staff numbers and costs – Audited

Table 24: Employee benefits of permanent and other employees.

Employee Benefits	Permanent Employees	Other	Total
	£'000	£'000	£'000
Salaries and wages	13,916	298	14,214
Social security costs	1,471		1,471
Employer Contributions to NHS Pension scheme	2,894		2,894
Other pension costs	-		-
Apprenticeship Levy	54		54
Other post-employment benefits	-		-
Other employment benefits	-		-
Termination benefits	97		97
Gross employee benefits expenditure	18,432	298	18,730

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. For 2019/20, 2020/21 & 2021/22 NHS Clinical Commissioning Groups continued to pay over contributions at the former rate with the additional amount being paid by NHS England on Clinical Commissioning Groups behalf. This has continued for the organisation since 2022/23. The full cost and related funding has been recognised in these accounts and further detail explaining the reason for this increase can be found in Note 4.4.

Staff composition

Table 25: Staff grouping headcount by gender.

Staff Grouping	Female	Male	Unknown*	Totals
Board Member	5	5	7	17
Other Senior Management (Band 8C+)	24	16	0	40
All Other Employees	240	47	0	287
Grand Total	269	68	7	344

Sickness absence data

Table 26: Staff sickness absence 2024.

Staff sickness absence 2024	2024 Number
Total Days Lost	3135.21
Total Staff Years	267.10
Average Working Days Lost	11.74
The sickness absence data for NHS Shropshire, Telford and Wrekin in 2024 was whole time equivalent (WTE) days available of 60,098.54 and WTE days lost to sickness absence of 3,135.21 and average working days lost per employee was 11.74 which was managed through the absence management policy.	

Staff turnover percentages

Table 27: Staff turnover 2024-25.

ICB Staff Turnover 2024-25	2024-25 Number
Average FTE Employed 2024-25	273.61
Total FTE Leavers 2024-25	38.92
Turnover Rate	14.23%
NHS Shropshire, Telford and Wrekin's Staff Turnover Rate for 2024-25 has been calculated by dividing the total FTE Leavers in-year by the average FTE Staff in Post during the year. The organisation's Total FTE Leavers in year was 38.92. The organisation's Average FTE Staff in Post during the year was 273.61. The NHS Shropshire, Telford and Wrekin Staff Turnover Rate for the year was 14.23%	

Staff engagement percentages

NHS Shropshire, Telford and Wrekin participated in the NHS staff survey for first time in 2023 which a completion rate of 62%. In 2024 NHS Shropshire, Telford and Wrekin had an increase of 12% in the response rate with a final completion score of 74%.

Staff policies

All staff policies include statements regarding supporting and promoting the equality and diversity of our workforce. Our Recruitment and Selection policy and processes supports the recruitment of disabled colleagues via the use of the two ticks' symbol and reasonable adjustments for all who may need it to enable them to participate in a selection process. For colleagues that become disabled during their working life with the organisation we have policies which support reasonable adjustments and redeployment to ensure they can remain at work and continue with their career progression.

Trade Union Facility Time Reporting Requirements

This is a nil return for NHS Shropshire, Telford and Wrekin.

Other employee matters

NHS Shropshire, Telford and Wrekin are fully committed to ensuring a safe and healthy working environment for all its employees, visitors, and partners. Its approach to health and safety is underpinned by robust policies that are regularly reviewed and align with current legislative requirements and best practices. To support the effective implementation and monitoring of our health and safety responsibilities, we commission Midlands and Lancashire Commissioning Support Unit (MLCSU) to provide expert guidance and support. This partnership helps us to maintain compliance, manage risk, and continuously improve our practices across all areas of operation. Through proactive risk assessments, regular training, and responsive reporting procedures, we continue to foster a culture where health and safety is a shared responsibility and a core organisational value. During the year 2024/25 there were 2 accidents reported, neither of these related to health and safety issues with the building or RIDDOR reportable and appropriate action was taken at the time to address any immediate concerns with the staff members involved.

Expenditure on consultancy

NHS Shropshire, Telford and Wrekin spent £1,603,404 on consultancy services in the year ended 31st March 2025. The majority of this spend related to payments to a consultancy firm for Financial Improvement Transformation projects and other smaller elements for Continuing Healthcare package review and System HR redesign.

Off-payroll engagements

Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012, ICBs must publish information on their highly paid and/or senior off-payroll engagements. The tables below show the existing arrangements as of 31 March 2025. For all off-payroll engagements agreed in the year ended 31st March 2025, for more than £245* per day.

Table 28: Length of all highly paid off-payroll engagements

	Number
Number of existing engagements as of 31 March 2025	0
Of which, the number that have existed:	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant. NHS Shropshire, Telford and Wrekin can confirm that all existing off-payroll engagements have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax.

For all off-payroll engagements between 1st April 2024 to 31st March 2025, for more than £245⁽¹⁾ per day.

Table 29: Off-payroll workers engaged at any point during the financial year

	Number
No. of temporary off-payroll workers engaged between 1 April 2024 to 31 March 2025	0
Of which:	
No. not subject to off-payroll legislation ⁽²⁾	0
No. subject to off-payroll legislation and determined as in-scope of IR35 ⁽²⁾	0
No. subject to off-payroll legislation and determined as out of scope of IR35 ⁽²⁾	0
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

⁽¹⁾ The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

⁽²⁾ A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 1st April 2024 to 31st March 2025.

Table 30: Off-payroll engagements / senior official engagements.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during reporting period ⁽¹⁾	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the reporting period. This figure should include both on payroll and off-payroll engagements. ⁽²⁾	17

¹ There should only be a very small number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, permitted only in exceptional circumstances and for no more than six months

² As both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero.

Exit packages, including special (non-contractual) payments

Table 31: Exit Packages agreed in the year ended 31st March 2025 - Audited

Exit package cost band (inc. any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	-	-	-	-	-	-	-	-
£10,000 - £25,000	-	-	-	-	-	-	-	-
£25,001 - £50,000	-	-	-	-	-	-	-	-
£50,001 - £100,000	1	66,666	-	-	-	66,666	-	-
£100,001 - £150,000	1	146,666	-	-	-	146,666	-	-
£150,001 - £200,000	-	-	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-	-	-
TOTALS	-	213,332	-	-	-	213,332	-	-

These tables report the number and value of exit packages agreed in the financial period. The expense associated with these departures may have been recognised in part or in full in a previous period. There were no exit packages reported in the year ended 31st March 2024.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Terms and Conditions of Service Handbook.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

Redundancy and other departure costs have been paid in accordance with the provisions of NHS England guidance. Exit costs in this note are accounted for in full in the year of departure. Where the NHS Shropshire, Telford & Wrekin has agreed early retirements, the additional costs are met by the NHS Shropshire, Telford & Wrekin and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Table 32: Analysis of Other Departures.

	Agreements	Total Value of agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs	-	-
Mutually agreed resignations (MARS) contractual costs	-	-
Early retirements in the efficiency of the service contractual costs	-	-
Contractual payments in lieu of notice*	-	-
Exit payments following Employment Tribunals or court orders	-	-
Non-contractual payments requiring HMT approval**	-	-
TOTAL	-	-

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 4 which will be the number of individuals. There were none to report in the year ended 31st March 2024.

*Any non-contractual payments in lieu of notice are disclosed under “non-contracted payments requiring HMT approval” below.

**includes any non-contractual severance payment made following judicial mediation and relating to non-contractual payments in lieu of notice.

There have been no non-contractual payments which were made to individuals where the payment value was more than 12 months of their annual salary.

The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

Parliamentary Accountability and Audit Report

NHS Shropshire, Telford and Wrekin is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report.

Simon Whitehouse
Accountable Officer
20 June 2025

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Annual Accounts



Annual Accounts

Please find a full copy of our annual accounts appended following this page

Simon Whitehouse

Accountable Officer

20 June 2025



Shropshire, Telford and Wrekin



Call us on 01952 580300
Email us stw.generalenquiries@nhs.net
Visit our website shropshiretelfordandwrekin.nhs.uk

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Statement of Comprehensive Net Expenditure for the year ended 31st March 2025

	Note	Year ended 31st March 2025 £'000	Year ended 31st March 2024 £'000
Income from sale of goods and services	2	(14,969)	(13,164)
Other operating income	2	(1,441)	(641)
Total operating income		(16,410)	(13,805)
Staff costs	4	18,730	18,911
Purchase of goods and services	5	1,443,813	1,227,207
Depreciation and impairment charges	5	115	344
Provision expense	5	(9)	20
Other operating expenditure	5	1,055	130
Total operating expenditure		1,463,704	1,246,612
Net Operating Expenditure		1,447,294	1,232,807
Finance expense	8	49	14
Other Gains & Losses	7	-	198
Total Net expenditure for the Year		1,447,343	1,233,019
Comprehensive Expenditure for the year		1,447,343	1,233,019

Statement of Financial Position as at 31st March 2025

		31st March 2025	31st March 2024
	Note	£'000	£'000
Non-current assets:			
Property, plant and equipment	9	-	-
Right-of-use assets	10	938	1,053
Total non-current assets		938	1,053
Current assets:			
Trade and other receivables	11	13,214	13,042
Cash and cash equivalents	12	660	518
Total current assets		13,874	13,560
Total assets		14,812	14,613
Current liabilities			
Trade and other payables	13	(81,129)	(85,720)
Lease liabilities	10.2	(107)	(39)
Provisions	14	(3,353)	(3,296)
Total current liabilities		(84,589)	(89,055)
Non-Current Assets plus/less Net Current Assets/Liabilities		(69,777)	(74,442)
Non-current liabilities			
Lease liabilities	10.2	(926)	(1,034)
Total non-current liabilities		(926)	(1,034)
Assets less Liabilities		(70,703)	(75,476)
Financed by Taxpayers' Equity			
General fund		(70,703)	(75,476)
Total taxpayers' equity:		(70,703)	(75,476)

The notes on pages 6 to 27 form part of this statement

The financial statements on pages 2 to 27 were approved by the Board on 20th June 2025 and signed on its behalf by:

Chief Accountable Officer

Simon Whitehouse

Statement of Changes In Taxpayers' Equity for the year ended 31st March 2025

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for Year ended 31st March 2025		
Balance at 1st April 2024	(75,476)	(75,476)
Changes in ICB taxpayers' equity for Year ended 31st March 2025		
Net operating expenditure for the financial year	(1,447,343)	(1,447,343)
Net Recognised ICB Expenditure for the Financial year	(1,447,343)	(1,447,343)
Net funding	1,452,116	1,452,116
Balance at 31st March 2025	(70,703)	(70,703)

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for Year ended 31st March 2024		
Balance at 1st April 2023	(55,757)	(55,757)
Changes in ICB taxpayers' equity for Year ended 31st March 2024		
Net operating costs for the financial year	(1,233,019)	(1,233,019)
Net Recognised ICB Expenditure for the Financial year	(1,233,019)	(1,233,019)
Net funding	1,213,300	1,213,300
Balance at 31st March 2024	(75,476)	(75,476)

The notes on pages 6 to 27 form part of this statement.

Statement of Cash Flows for the year ended 31st March 2025

		Year ended 31st March 2025 £'000	Year ended 31st March 2024 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(1,447,343)	(1,233,019)
Depreciation and amortisation	5	115	344
Interest paid / received	8	49	14
Other Gains & Losses		-	198
Increase in trade & other receivables	11	(172)	(4,886)
(Decrease)/Increase in trade & other payables	13	(4,591)	24,719
Provisions utilised	14	-	(168)
Increase in provisions	14	57	20
Net Cash Outflow from Operating Activities		(1,451,885)	(1,212,778)
Cash Flows from Investing Activities			
Net Cash Inflow (Outflow) from Investing Activities		-	-
Net Cash Outflow before Financing		(1,451,885)	(1,212,778)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		1,452,116	1,213,300
Repayment of lease liabilities		(89)	(291)
Non-cash movements arising on application of new accounting standards		-	1
Net Cash Inflow from Financing Activities		1,452,027	1,213,010
Net Increase in Cash & Cash Equivalents	12	142	232
Cash & Cash Equivalents at the Beginning of the Financial Year		518	286
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		660	518

The notes on pages 6 to 27 form part of this statement

1 Notes to the financial statements

1.0 Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2024-25 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to ICBs, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis and expenditure is managed within total allocation of funds.

Public sector bodies are assumed to be a going concern where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

The financial statements for ICBs are prepared on a Going Concern basis as they will continue to provide the services in the future. The legal status of ICBs remains unchanged following the government reform announcement of 13th March 2025.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities

1.3 Movement of Assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of modified absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer under modified absorption accounting, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 Pooled Budgets

The ICB has entered into a pooled budget arrangement with Telford and Wrekin Local Authority [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, funds are pooled for Better Care Fund (BCF), and is jointly hosted by the Local Authority and the ICB.

The ICB has also entered into a pooled budget arrangement with Shropshire Council under a Section 75 partnership agreement. This was for the purpose of commissioning health and social care services under the Better Care Fund (BCF). The host Partner for the agreement is Shropshire Council.

The pooled budget arrangements, including the Better Care Fund, have all been assessed by the ICB against IFRS 11 to establish the classification and accounting treatment of the joint arrangements. The pooled budget arrangements require unanimous consent between partners over relevant decision making and therefore management consider this Joint Control. The parties have the power, exposure and rights to variable returns from their involvement and the ability to use their powers to effect the returns but not through the use of a separate vehicle. Management therefore consider the pooled budgets to be Joint Operations. Where the ICB is a Joint Operator it accounts for its share of assets, liabilities, income and expenditure in its own accounts in accordance with the pooled budget agreements. Note 18 to the accounts provides details of the income and expenditure for these arrangements.

1.5 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the ICB.

1 Notes to the financial statements continued

1.6 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard, the ICB will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

The value of the benefit received when the ICB accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/nhs-pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.8 Other Expenses

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses.

1 Notes to the financial statements continued

1.9 Leases

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.

The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.9.1 The ICB as Lessee

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 4.72% is applied for leases commencing, transitioning or being remeasured in the 2024 calendar year under IFRS 16.

Lease payments included in the measurement of the lease liability comprise

- Fixed payments;
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
- The amount expected to be payable under residual value guarantees;
- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1 Notes to the financial statements continued**1.10 Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

1.11 Provisions

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows: All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A nominal short-term rate of 4.03% (2023-24: 4.26%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 4.07% (2023-24: 4.03%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
- A nominal long-term rate of 4.81% (2023-24: 4.72%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 4.55% (2023-24: 4.40%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the ICB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.12 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with ICB.

1.13 Non-clinical Risk Pooling

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1 Notes to the financial statements continued

1.14 Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.15 Financial Assets

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.15.1 Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.15.2 Financial assets at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the ICB elected to measure an equity instrument in this category on initial recognition.

1.15.3 Financial assets at fair value through profit and loss

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive Net Expenditure.

1 Notes to the financial statements continued**1.15.4 Impairment**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets or assets measured at fair value through other comprehensive income, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.

The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.16 Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.16.1 Financial Liabilities at Fair Value Through Profit and Loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the ICB's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

1.16.2 Other Financial Liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.17 Value Added Tax

Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.18 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the ICB has no beneficial interest in them.

1 Notes to the financial statements continued**1.19 Losses & Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.20 Critical accounting judgements in applying accounting policies and key sources of estimation uncertainty

In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed and the only items worthy of note are disclosed below.

1.20.1 Sources of estimation uncertainty

There are considered to be no sources of estimation uncertainty that are likely to have a material effect on the amounts recognised in the ICB's accounts. Estimations have been made in respect of a number of accruals. Accruals for Prescribing have been calculated based on the best available information and on historic experience. Smaller accruals have been taken for the expected liability of goods or services that were received on or before 31 March 2025.

1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.22 New and revised IFRS Standards in issue but not yet effective

- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard has been adopted by the FReM from 1st April 2025, and will apply to NHS bodies for 2025/26. The expected impact to the ICB has not yet been fully determined but is under review.
- IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted
- IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

2. Other Operating Revenue

	Year ended 31st March 2025 Total £'000	Year ended 31st March 2024 Total £'000
Income from sale of goods and services (contracts)		
Prescription fees and charges	5,461	5,214
Dental fees and charges	8,017	7,482
Other Contract income	1,491	438
Recoveries in respect of employee benefits	-	30
Total Income from sale of goods and services	14,969	13,164
Other operating income		
Other non contract revenue	1,441	641
Total Other operating income	1,441	641
Total Operating Income	16,410	13,805

3. Contract Revenue**3.1 Disaggregation of Income - Income from sale of good and services (contracts)**

	Year ended 31st March 2025			Year ended 31st March 2024			
Source of Revenue	Prescription fees and charges £'000	Dental fees and charges £'000	Other Contract income £'000	Prescription fees and charges £'000	Dental fees and charges £'000	Other Contract income £'000	Recoveries in respect of employee benefits £'000
NHS	-	-	215	-	-	58	30
Non NHS	5,461	8,017	1,276	5,214	7,482	380	-
Total	5,461	8,017	1,491	5,214	7,482	438	30

	Year ended 31st March 2025			Year ended 31st March 2024			
Timing of Revenue	Prescription fees and charges £'000	Dental fees and charges £'000	Other Contract income £'000	Prescription fees and charges £'000	Dental fees and charges £'000	Other Contract income £'000	Recoveries in respect of employee benefits £'000
Point in time	5,461	8,017	1,491	5,214	7,482	438	30
Total	5,461	8,017	1,491	5,214	7,482	438	30

3.2 Transaction price to remaining contract performance obligations

The ICB did not have any contract revenue in the years ended 31st March 2025 or 31st March 2024 expected to be recognised in future periods, related to contract performance obligations not yet completed at the reporting date.

4. Employee benefits and staff numbers**4.1. Employee benefits****Year ended 31st March 2025**

	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	13,916	298	14,214
Social security costs	1,471	-	1,471
Employer Contributions to NHS Pension scheme	2,894	-	2,894
Apprenticeship Levy	54	-	54
Termination benefits	97	-	97
Gross employee benefits expenditure	18,432	298	18,730
Less recoveries in respect of employee benefits (note 4.1.1)	-	-	-
Total - Net admin employee benefits excluding capitalised costs	18,432	298	18,730

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. For 2019/20, 2020/21 & 2021/22 NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. This has continued for the ICB since 2022/23. The full cost and related funding has been recognised in these accounts and further detail explaining the reason for this increase can be found in Note 4.4

Year ended 31st March 2024

	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	13,934	1,440	15,374
Social security costs	1,311	1	1,312
Employer Contributions to NHS Pension scheme	2,147	-	2,147
Apprenticeship Levy	48	-	48
Termination benefits	30	-	30
Gross employee benefits expenditure	17,470	1,441	18,911
Less recoveries in respect of employee benefits (note 4.1.1)	(30)	-	(30)
Total - Net admin employee benefits excluding capitalised costs	17,440	1,441	18,881

4.1.1 Recoveries in respect of employee benefits

There are no recoveries in respect of employee benefits in the year ended 31st March 2025. The ICB recognised one recovery in respect of employee benefits in the year ended 31st March 2024. This is from Shropshire Community Healthcare Trust (SCHT) for a seconded employee whose substantive role at SCHT was made redundant.

4.2 Average number of people employed

	Year ended 31st March 2025			Year ended 31st March 2024		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	273.38	4.79	278.17	252.70	21.19	273.89
Of the above:						
Number of whole time equivalent people engaged on capital projects	-	-	-	-	-	-

4.3 Exit packages agreed in the financial year

	Year ended 31st March 2025 Compulsory redundancies		Year ended 31st March 2025 Other agreed departures		Year ended 31st March 2025 Total	
	Number	£	Number	£	Number	£
£50,001 to £100,000	1	66,666	-	-	1	66,666
£100,001 to £150,000	1	146,666	-	-	1	146,666
Total	2	213,332	-	-	1	213,332

There were no agreed Exit packages in the financial year ended 31st March 2024.

There have been no departures where special payments have been made in the financial year ended 31st March 2025 (Year ended 31st March 2024 - £nil). There have been no other agreed departures in the year ended 31st March 2025 or the prior year ended 31st March 2024.

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Terms & Conditions of Service Handbook. Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

4.4 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

5. Operating expenses

	Year ended 31st March 2025	Year ended 31st March 2024
	Total	Total
	£'000	£'000
Purchase of goods and services		
Services from other ICBs, CSUs and NHS England	4,518	3,948
Services from foundation trusts	229,100	180,122
Services from other NHS trusts	730,408	577,663
Purchase of healthcare from non-NHS bodies	188,504	206,629
General Dental services and personal dental services	33,596	28,727
Prescribing costs	100,320	97,972
Pharmaceutical services	16,163	15,163
General Ophthalmic services	13,809	6,642
GPMS/APMS and PCTMS	112,309	102,232
Supplies and services – clinical	2,456	2,012
Supplies and services – general	4,848	(2,463)
Consultancy services	1,603	511
Establishment	2,999	3,827
Transport	887	839
Premises	505	796
Audit fees	150	132
Other non statutory audit expenditure		
· Other services	40	24
Other professional fees	916	1,797
Legal fees	424	87
Education, training and conferences	258	547
Total Purchase of goods and services	1,443,813	1,227,207
Depreciation and impairment charges		
Depreciation	115	344
Total Depreciation and impairment charges	115	344
Provision expense		
Provisions	(9)	20
Total Provision expense	(9)	20
Other Operating Expenditure		
Chair and Non Executive Members	134	132
Grants to Other bodies	34	33
Expected credit loss on receivables	890	(44)
Other expenditure	(3)	9
Total Other Operating Expenditure	1,055	130
Total operating expenditure	1,444,974	1,227,701

The above includes expenditure dealt with under pooled budget arrangements as set out in Note 18.

Specialised Commissioning services from NHSE was transferred to the ICB with effect from 1st April 2024 and all expenditure is included in the above note.

External Audit Fees are inclusive of VAT and include the following:

- Statutory audit fees for the year ended 31st March 2025 is £150k.

The auditor's liability for external audit work carried out for the year ended 31st March 2025 is limited to £1million.

The full year fee paid to external auditors disclosed within Other Services (review of MHIS compliance statement) was £38.2k incl VAT. The full year expense reported in the table above includes £2.1k relating to the prior year fee.

Internal audit and counter fraud services are provided by 360 Assurance who are part of an NHS Trust. The cost of these services was £85k (incl VAT) in the year ended 31st March 2025, and is included within other professional fees.

6 Payment Compliance Reporting**6.1 Better Payment Practice Code**

Measure of compliance	Year ended 31st March 2025	Year ended 31st March 2025	Year ended 31st March 2024	Year ended 31st March 2024
	Number	£'000	Number	£'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	41,421	349,522	41,546	324,203
Total Non-NHS Trade Invoices paid within target	41,258	339,989	41,370	316,713
Percentage of Non-NHS Trade invoices paid within target	99.61%	97.27%	99.58%	97.69%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,449	975,981	1,086	770,938
Total NHS Trade Invoices Paid within target	1,427	975,726	1,063	770,782
Percentage of NHS Trade Invoices paid within target	98.48%	99.97%	97.88%	99.98%

The Better Payment Practice Code requires the ICB to pay valid invoices by their due date or within 30 days of receipt of the invoices, whichever is the later.

7. Other gains and losses

	Year ended 31st March 2025 £'000	Year ended 31st March 2024 £'000
Loss on disposal of right-of-use assets other than by sale	-	198
Total	-	198

The loss relates to the early termination of the Halesfield and Ptarmigan IFRS16 leases, and associated dilapidations costs, in February 2024.

8. Finance costs

	Year ended 31st March 2025 £'000	Year ended 31st March 2024 £'000
Interest		
Interest on lease liabilities	49	14
Total finance costs	49	14

9. Property, plant and equipment

The ICB holds no Property, plant and equipment assets.

10. Leases**10.1 Right-of-use assets**

	Buildings excluding dwellings £'000	Information technology £'000	Total £'000	Of which: leased from DHSC group bodies £000
Cost or valuation at 1st April 2024 and 31st March 2025	965	106	1,071	-
Depreciation 1st April 2024	16	2	18	-
Charged during the year	94	21	115	-
Depreciation at 31st March 2025	110	23	133	-
Net Book Value at 31st March 2025	855	83	938	-

NBV by counterparty

Leased from Non-Departmental Public Bodies

Net Book Value at 31st March 2025**938****938**

	Buildings excluding dwellings £'000	Information technology £'000	Total £'000	Of which: leased from DHSC group bodies £000
Cost or valuation at 1st April 2023	1,438	-	1,438	983
Additions	965	106	1,071	-
Derecognition for early terminations	(1,438)	-	(1,438)	(983)
Cost or valuation at 31 st March 2024	965	106	1,071	-
Depreciation 1st April 2023	280	-	280	191
Charged during the year	342	2	344	245
Derecognition for early terminations	(606)	-	(606)	(436)
Depreciation at 31st March 2024	16	2	18	-
Net Book Value at 31st March 2024	949	104	1,053	-

NBV by counterparty

Leased from Non-Departmental Public Bodies

Net Book Value at 31st March 2024**1,053****1,053****10.2 Lease liabilities**

	31st March 2025 £'000	31st March 2024 £'000
Lease liabilities at 1st April	(1,073)	(913)
Additions purchased	-	(1,071)
Interest expense relating to lease liabilities	(49)	(14)
Repayment of lease liabilities (including interest)	89	291
Derecognition for early terminations	-	634
Lease liabilities at 31st March	(1,033)	(1,073)
Current liabilities	(107)	(39)
Non-current liabilities	(926)	(1,034)
Lease liabilities at 31st March	(1,033)	(1,073)

10. Leases continued**10.3 Lease liabilities - Maturity analysis of undiscounted future lease payments**

	31st March 2025	Of which: leased from DHSC group bodies	31st March 2024	Of which: leased from DHSC group bodies
	£'000	£000	£'000	£000
Within one year	(154)	-	(89)	-
Between one and five years	(585)	-	(609)	-
After five years	(520)	-	(650)	-
Balance at 31st March 2025	(1,259)	-	(1,348)	-
Balance by counterparty				
Leased from Non-Departmental Public Bodies		(1,259)		(1,348)
Balance as at 31 March 2023		(1,259)		(1,348)

10.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	Year ended 31st March 2025	Year ended 31st March 2024
	£'000	£'000
Depreciation expense on right-of-use assets	115	344
Interest expense on lease liabilities	49	14

10.5 Amounts recognised in Statement of Cash Flows

	Year ended 31st March 2025	Year ended 31st March 2024
	£'000	£'000
Total cash outflow on leases under IFRS 16	89	291

11. Trade and other receivables

	Current 31st March 2025	Non-current 31st March 2025	Current 31st March 2024	Non-current 31st March 2024
	£'000	£'000	£'000	£'000
NHS receivables: Revenue	429	-	229	-
NHS prepayments	36	-	-	-
NHS accrued income	3,402	-	3,701	-
NHS Contract Receivable not yet invoiced/non-invoice	2,166	-	-	-
Non-NHS and Other WGA receivables: Revenue	1,931	-	442	-
Non-NHS and Other WGA prepayments	1,303	-	1,252	-
Non-NHS and Other WGA accrued income	621	-	345	-
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	3,890	-	6,091	-
Expected credit loss allowance-receivables	(908)	-	(18)	-
VAT	343	-	1,000	-
Other receivables and accruals	1	-	-	-
Total Trade & other receivables	13,214	-	13,042	-
Total current and non current	13,214		13,042	
Included above:				
Prepaid pensions contributions	-		-	

11 Trade and other receivables continued**11.1 Receivables past their due date but not impaired**

	31st March 2025 DHSC Group Bodies £'000	31st March 2025 Non DHSC Group Bodies £'000	31st March 2024 DHSC Group Bodies £'000	31st March 2024 Non DHSC Group Bodies £'000
By up to three months	17	7	81	241
By three to six months	(49)	1	50	1
By more than six months	-	1	-	1
Total	32	9	131	243

11.2 Loss allowance on asset classes

	31 st March 2025		
	Trade and other receivables - Non DHSC Group Bodies £'000	Other financial assets £'000	Total £'000
Balance at 1st April 2024	(18)	-	(18)
Lifetime expected credit loss on credit impaired financial assets	-	-	-
Lifetime expected credit losses on trade and other receivables-Stage 2	(748)	-	(748)
Lifetime expected credit losses on trade and other receivables-Stage 3	(142)	-	(142)
Amounts written off	-	-	-
Other changes	-	-	-
Total	(908)	-	(908)

	31 st March 2024		
	Trade and other receivables - Non DHSC Group Bodies £'000	Other financial assets £'000	Total £'000
Balance at 1st April 2023	(62)	-	(62)
Lifetime expected credit loss on credit impaired financial assets	-	-	-
Lifetime expected credit losses on trade and other receivables-Stage 2	(44)	-	(44)
Lifetime expected credit losses on trade and other receivables-Stage 3	-	-	-
Amounts written off	-	-	-
Other changes	-	-	-
Total	(18)	-	(18)

12. Cash and cash equivalents

	31st March 2025 £'000	31st March 2024 £'000
Balance at 1st April	518	286
Net change in year	142	232
Balance at 31st March	660	518
Made up of:		
Cash with the Government Banking Service	660	518
Cash and cash equivalents as in statement of financial position	660	518
Balance at 31st March	660	518
Patients' money held by the integrated care board, not included above	-	-

The ICB does not hold any significant cash and cash equivalent balances that are not available for use by the organisation.

13. Trade and other payables

	Current 31st March 2025 £'000	Non-current 31st March 2025 £'000	Current 31st March 2024 £'000	Non-current 31st March 2024 £'000
NHS payables: Revenue	3,560	-	4,416	-
NHS accruals	314	-	2,425	-
Non-NHS and Other WGA payables: Revenue	23,295	-	20,591	-
Non-NHS and Other WGA accruals	39,210	-	45,284	-
Social security costs	197	-	174	-
Tax	250	-	171	-
Other payables and accruals	14,303	-	12,659	-
Total Trade & Other Payables	81,129	-	85,720	-
Total current and non-current	81,129		85,720	

Other payables include £988k outstanding pension contributions at 31st March 2025 (£921k at 31st March 2024).

14. Provisions

	Current 31st March 2025 £'000	Non-current 31st March 2025 £'000	Current 31st March 2024 £'000	Non-current 31st March 2024 £'000
Redundancy	66	-	-	-
Legal claims	274	-	170	-
Continuing care	3,013	-	3,126	-
Total	3,353	-	3,296	-
Total current and non-current	3,353		3,296	

	Redundancy £'000	Legal Claims £'000	Continuing Care £'000	Total £'000
Balance at 1st April 2024	-	170	3,126	3,296
Arising during the year	66	267	1,600	1,933
Utilised during the year	-	-	-	-
Reversed unused	-	(163)	(1,713)	(1,876)
Balance at 31st March 2025	66	274	3,013	3,353
Expected timing of cash flows:				
Within one year	66	274	3,013	3,353
Balance at 31st March 2025	66	274	3,013	3,353

The redundancy provision relates to one member of staff which has been agreed and will be settled in May 2025 following the Management of Change process completed during the year ended 31st March 2025.

The legal claims provision relates to ongoing legal cases outstanding at 31st March 2025, with the estimated costs to conclusion provided by the ICB's legal advisors. The ICB has no claims currently lodged with NHS Resolution.

A continuing care provision has been created which reflects the estimated cost of continuing care appeals currently awaiting processing. The provision is based on the number of appeals outstanding at the 31st March 2025 and these are expected to be processed within the new financial year.

15. Contingencies

The ICB has no confirmed contingent assets and one contingent liability to disclose.

The contingent liability is in relation to a clinical negligence claim and the ICB liability would be £10k.

16. Financial instruments

16.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the ICB is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the ICB standing financial instructions and policies agreed by the Board. Treasury activity is subject to review by the ICB and internal auditors.

16.1.1 Currency risk

The ICB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The ICB has no overseas operations and therefore has low exposure to currency rate fluctuations.

16.1.2 Interest rate risk

The ICB borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The ICB therefore has low exposure to interest rate fluctuations.

16.1.3 Credit risk

Because the majority of the ICB revenue comes parliamentary funding, the organisation has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

16.1.4 Liquidity risk

The ICB is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The ICB draws down cash to cover expenditure, as the need arises. The ICB is not, therefore, exposed to significant liquidity risks.

16.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

16.2 Financial assets

	31st March 2025			31st March 2024		
	Financial Assets measured at amortised cost	Equity Instruments designated at FVOCI	Total	Financial Assets measured at amortised cost	Equity Instruments designated at FVOCI	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Trade and other receivables with NHSE bodies	918	-	918	570	-	570
Trade and other receivables with other DHSC group bodies	5,080	-	5,080	3,705	-	3,705
Trade and other receivables with external bodies	6,443	-	6,443	6,534	-	6,534
Cash and cash equivalents	660	-	660	518	-	518
Total	13,101	-	13,101	11,327	-	11,327

16.3 Financial liabilities

	31st March 2025			31st March 2024		
	Financial Liabilities measured at amortised cost	Other	Total	Financial Liabilities measured at amortised cost	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Trade and other payables with NHSE bodies	1,056	-	1,056	776	-	776
Trade and other payables with other DHSC group bodies	2,879	-	2,879	6,146	-	6,146
Trade and other payables with external bodies	76,747	-	76,747	78,455	-	78,455
Lease liabilities	1,033	-	1,033	1,073	-	1,073
Total	81,715	-	81,715	86,450	-	86,450

17. Operating Segments

As stated in IFRS8, the "Chief Operating Decision Maker" is responsible for allocating resources to and assessing the performance of the operating segments of an entity. At Shropshire, Telford and Wrekin ICB this function is performed by the Board. The ICB considers it has a single operating segment; commissioning of healthcare services. Hence finance and performance information is reported to the Board as one segment. These Statements are produced in accordance with this position.

The values relating to this operating segment can be found in the SoCNE (page 2), and SoFP (page 3), and are summarised in the table below:

Year ended 31st March 2025	Gross expenditure	Income	Net expenditure	Total assets	Total liabilities	Net assets
	£'000	£'000	£'000	£'000	£'000	£'000
Shropshire, Telford & Wrekin ICB	1,463,589	(16,410)	1,447,179	14,812	(85,515)	(70,703)
Total	1,463,589	(16,410)	1,447,179	14,812	(85,515)	(70,703)

Year ended 31st March 2024	Gross expenditure	Income	Net expenditure	Total assets	Total liabilities	Net assets
	£'000	£'000	£'000	£'000	£'000	£'000
Shropshire, Telford & Wrekin ICB	1,246,238	(13,775)	1,232,463	14,614	(90,090)	(75,476)
Total	1,246,238	(13,775)	1,232,463	14,614	(90,090)	(75,476)

17.1 Reconciliation between Operating Segments and SoCNE

	Year ended 31st March 2025 £'000	Year ended 31st March 2024 £'000
Total net expenditure reported for operating segments	1,447,179	1,232,463
Reconciling items:		
Depreciation & Amortisation	115	344
Finance cost - IFRS16	49	14
Loss on Disposal of RoU Assets	-	198
Total net expenditure per the Statement of Comprehensive Net Expenditure	1,447,343	1,233,019

18. Joint arrangements - interests in joint operations**Amounts recognised in Entities books ONLY**

Name of arrangement	Parties to the arrangement	Description of principal activities	Year ended 31st March 2025			
			Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000
Better care fund S75 pooled budget	Shropshire, Telford & Wrekin ICB and Shropshire LA	Commissioning of health and social care services under better care fund	-	-	-	27,465
Better care fund S75 pooled budget	Shropshire, Telford & Wrekin ICB and Telford & Wrekin LA	Better care fund promoting integrated working	-	-	-	18,698
Integrated Community Equipment Loan Service	Shropshire, Telford & Wrekin ICB, Shropshire LA and Telford & Wrekin LA	Commission, support and fund the provision of an Integrated Community Equipment Loan Service whilst Improving the quality, cost effectiveness and efficiency of the service	-	-	-	4,276

Amounts recognised in Entities books ONLY

Name of arrangement	Parties to the arrangement	Description of principal activities	Year ended 31st March 2024 (restated)			
			Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000
Better care fund S75 pooled budget	Shropshire, Telford & Wrekin ICB and Shropshire LA	Commissioning of health and social care services under better care fund	-	-	-	26,030
Better care fund S75 pooled budget	Shropshire, Telford & Wrekin ICB and Telford & Wrekin LA	Better care fund promoting integrated working	-	-	-	15,723

18.1 Pooled budgets under the Better Care Fund

The ICB's contribution of the total value of these pooled budgets in the period ended 31st March 2025 was £44m. The partners determine the nature of the programmes of work making up the Fund and in particular whether joint control is in operation for each programme for the purposes of IFRS 11.

A summary of the schemes with each local authority is given below:

Shropshire Local Authority	Year ended 31st March 2025	Year ended 31st March 2024	Telford & Wrekin Local Authority	Year ended 31st March 2025	Year ended 31st March 2024 (restated)
	£'000	£'000		£'000	£'000
Assistive Technologies	2,243	2,123	Intermediate Care	10,810	8,523
Care navigation/Co-ordination	2,212	2,097	Community Resilience	385	365
Enablers for Integration	5,138	4,870	Other Care	1,840	1,790
Integrated Care Planning	4,313	4,088	Neighbourhood Care	5,663	5,045
Intermediate Care Services	3,965	3,758			
Personalised Healthcare at Home	322	305			
L A Schemes	9,272	8,789			

Total			Total		
	27,465	26,030		18,698	15,723

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19. Related party transactions

Details of related party transactions with individuals are as follows:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Ian Chan GP - Partner: Teldoc	5,556	-	-	-
Ian Chan - Clinical Director: Teldoc PCN	1,017	-	-	-
Julian Povey - Partner: Pontesbury & Worthen Medical Practice	1,082	-	-	-
Julian Povey - Pontesbury & Worthen Medical Practice: Shrewbury PCN	1,706	-	-	-
Deborah Shepherd - Clinical Director SW Shropshire Primary Care Network (PCN)	632	-	-	-
Nicholas White - Consultant Plastic Surgeon: University Hospitals Birmingham NHS FT	1,035	-	-	-
Simon Whitehouse Spouse - Senior Staff Nurse: University Hospital of North Midlands	2,498	-	-	-
DHSC Related Party - Alzheimers Society	24	-	-	-
DHSC Related Party - NHS England	1	1,806	-	(1,268)

The entities listed above do not meet the definition of a related party to the ICB within IAS 24 and are disclosed here for information only.

The Department of Health and Social Care is regarded as a related party. During the period the ICB has had material transactions with entities for which the Department is regarded as the parent Department. These include:

NHS Business Services Authority
NHS England
NHS Midlands & Lancashire CSU
NHS Property Services Limited
Midlands Partnership University NHS Foundation Trust
Shrewsbury & Telford Hospitals NHS Trust
Shropshire Community Health NHS Trust
The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
University Hospital of North Midlands NHS Trust
West Midlands Ambulance Service NHS Trust

In addition, the ICB has had a number of transactions with other government departments and other central and local government bodies. The majority of these transactions have been with Shropshire Council, Telford & Wrekin Council and Welsh Government Bodies.

Payments were also made to GP practices in the period to 31st March 2025 in respect of GMS/PMS/APMS and enhanced services. Two general practitioners within these practices are also members of the ICB's Board at 31st March 2025.

20. Events after the end of the reporting period

There are no events after the end of the reporting period to report which would impact the financial statements.

On 13 March 2025 government reform was announced for ICBs. The legal status of ICBs is currently unchanged but they have been tasked with significant reductions in their cost base. Discussions are ongoing on the impact of these and the impact of staffing reductions, together with the costs and approvals of any exit arrangements. ICBs are currently being asked to implement any plans during quarter 3 of the 2025/26 financial year.

21. Third party assets

The ICB does not hold any third party assets

22. Financial performance targets

The ICB has a number of financial duties under the NHS Act 2006 (as amended).

The ICB performance against those duties was as follows:

	Year ended 31st March 2025		Year ended 31st March 2024	
	Target	Performance	Target	Performance
	£'000	£'000	£'000	£'000
Expenditure not to exceed income	1,463,753	1,463,753	1,230,544	1,246,793
Revenue resource use does not exceed the amount specified in Directions	1,447,343	1,447,343	1,216,769	1,233,019
Revenue administration resource use does not exceed the amount specified in Directions	9,452	9,429	10,331	10,331

23. Analysis of charitable reserves

The ICB does not hold any charitable reserves.

24. Losses and special payments

The ICB did not incur any losses or special payments in the year ended 31st March 2025, or the prior year ended 31st March 2024.

Grant Thornton UK LLP
17th Floor, 103 Colmore Row
Birmingham B3 3AG

18 June 2025

Dear Grant Thornton UK LLP

NHS Shropshire Telford and Wrekin ICB - Financial Statements for the year ended 31 March 2025

This representation letter is provided in connection with the audit of the financial statements of NHS Shropshire Telford and Wrekin ICB (the "ICB") for the year ended 31 March 2025 for the purpose of expressing an opinion as to whether the ICB's financial statements give a true and fair view in accordance with International Financial Reporting Standards and the Department of Health and Social Care Group Accounting Manual 2024/25 and applicable law.

We confirm that to the best of our knowledge and belief having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

Financial Statements

- i. We have fulfilled our responsibilities for the preparation of the ICB's financial statements in accordance with International Financial Reporting Standards and the Department of Health and Social Care Group Accounting Manual 2024/25 (the "GAM"); in particular the financial statements are fairly presented in accordance therewith.
- ii. We have fulfilled our responsibilities for ensuring that expenditure and income are applied for the purposes intended by Parliament and that the financial transactions in the financial statements conform to the authorities which govern them.
- iii. We have complied with the requirements of all statutory directions affecting the ICB and these matters have been appropriately reflected and disclosed in the financial statements.
- iv. The ICB has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There has been no non-compliance with requirements of any regulatory authorities that could have a material effect on the financial statements in the event of non-compliance.
- v. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.
- vi. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. Such accounting estimates include year end expenditure accruals. We are satisfied that the material judgements used in the preparation of the financial statements are soundly based, in accordance with the GAM and adequately disclosed in the financial statements. We understand our responsibilities includes identifying and considering alternative, methods, assumptions or source data that would be equally valid under the financial reporting framework, and why these alternatives were rejected in favour of the estimate used. We are satisfied that the methods, the data and the significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in accordance with the GAM and adequately disclosed in the financial statements.
- vii. We acknowledge our responsibility to participate in the Department of Health and Social Care's agreement of balances exercise and have followed the requisite guidance and directions to do so. We are satisfied that the balances calculated for the ICB ensure the financial statements and consolidation schedules are free from material misstatement, including the impact of any disagreements.

- viii. Except as disclosed in the financial statements:
- a. there are no unrecorded liabilities, actual or contingent;
 - b. none of the assets of the ICB has been assigned, pledged or mortgaged; and
 - c. there are no material prior year charges or credits, nor exceptional or non-recurring items requiring separate disclosure.
- ix. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards and the GAM.
- x. All events subsequent to the date of the financial statements and for which International Financial Reporting Standards and the GAM require adjustment or disclosure have been adjusted or disclosed.
- xi. We have only accrued for items received before the year-end.
- xii. We have considered the adjusted misstatements, and misclassification and disclosures changes schedules included in your Audit Findings Report. The ICB's financial statements have been amended for these misstatements, misclassifications and disclosure changes and are free of material misstatements, including omissions.
- xiii. We have considered the unadjusted misstatements schedule included in your Audit Findings Report and attached appendix. We have not adjusted the financial statements for these misstatements brought to our attention as *they are immaterial to the results of the ICB and its financial position at the year end*. The financial statements are free of material misstatements, including omissions.
- xiv. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards.
- xv. We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.
- xvi. We have updated our going concern assessment. We continue to believe that the ICB's financial statements should be prepared on a going concern basis and have not identified any material uncertainties related to going concern on the grounds that:
- a. the nature of the ICB means that, notwithstanding any intention to liquidate the ICB or cease its operations in their current form, it will continue to be appropriate to adopt the going concern basis of accounting because, in such an event, services it performs can be expected to continue to be delivered by related public authorities and preparing the financial statements on a going concern basis will still provide a faithful representation of the items in the financial statements
 - b. the financial reporting framework permits the ICB to prepare its financial statements on the basis of the presumption set out under a) above; and
 - c. the ICB's system of internal control has not identified any events or conditions relevant to going concern.

We believe that no further disclosures relating to the ICB's ability to continue as a going concern need to be made in the financial statements.

Information Provided

- xvii. We have provided you with:
- a. access to all information of which we are aware that is relevant to the preparation of the ICB's financial statements such as records, documentation and other matters;
 - b. additional information that you have requested from us for the purpose of your audit; and

- c. access to persons within the ICB via remote arrangements, where/if necessary, from whom you determined it necessary to obtain audit evidence.
- xviii. We have communicated to you all deficiencies in internal control of which management is aware.
- xix. All transactions have been recorded in the accounting records and are reflected in the financial statements.
- xx. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- xxi. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the ICB and involves:
 - a. management;
 - b. employees who have significant roles in internal control; or
 - c. others where the fraud could have a material effect on the financial statements.
- xxii. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, analysts, regulators or others.
- xxiii. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.
- xxiv. We have disclosed to you the identity of the ICB's related parties and all the related party relationships and transactions of which we are aware.
- xxv. We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

Governance Statement

- xxvi. We are satisfied that the Governance Statement fairly reflects the ICB's risk assurance and governance framework, and we confirm that we are not aware of any significant risks that are not disclosed within the Governance Statement.

Annual Report

- xxvii. The disclosures within the Annual Report fairly reflect our understanding of the ICB's financial and operating performance over the period covered by the ICB's financial statements.

Approval

The approval of this letter of representation was minuted by the ICB's Audit Committee at its meeting on 18 June 2025.

Yours faithfully

Name **Simon Whitehouse**

Position **Chief Executive Officer**

Date **20th June 2025**

Signed on behalf of the ICB

Audit Findings for Shropshire Telford and Wrekin ICB

For the year ended 31 March 2025

June 2025



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NHS Shropshire and Telford and Wrekin ICB
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June 2025

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Dear Claire

Audit Findings for NHS Shropshire Telford and Wrekin ICB for the year ended 31 March 2025

This Audit Findings presents the observations arising from the audit that are significant to the responsibility of those charged with governance to oversee the financial reporting process and confirmation of auditor independence, as required by International Standard on Auditing (UK) 260. Its contents will be discussed with the Audit Committee.

As auditor we are responsible for performing the audit, in accordance with International Standards on Auditing (UK), which is directed towards forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of those charged with governance. The audit of the financial statements does not relieve management or those charged with governance of their responsibilities for the preparation of the financial statements.

The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed for the purpose of expressing our opinion on the financial statements. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify control weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all defalcations or other irregularities, or to include all possible improvements in internal control that a more extensive special examination might identify. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

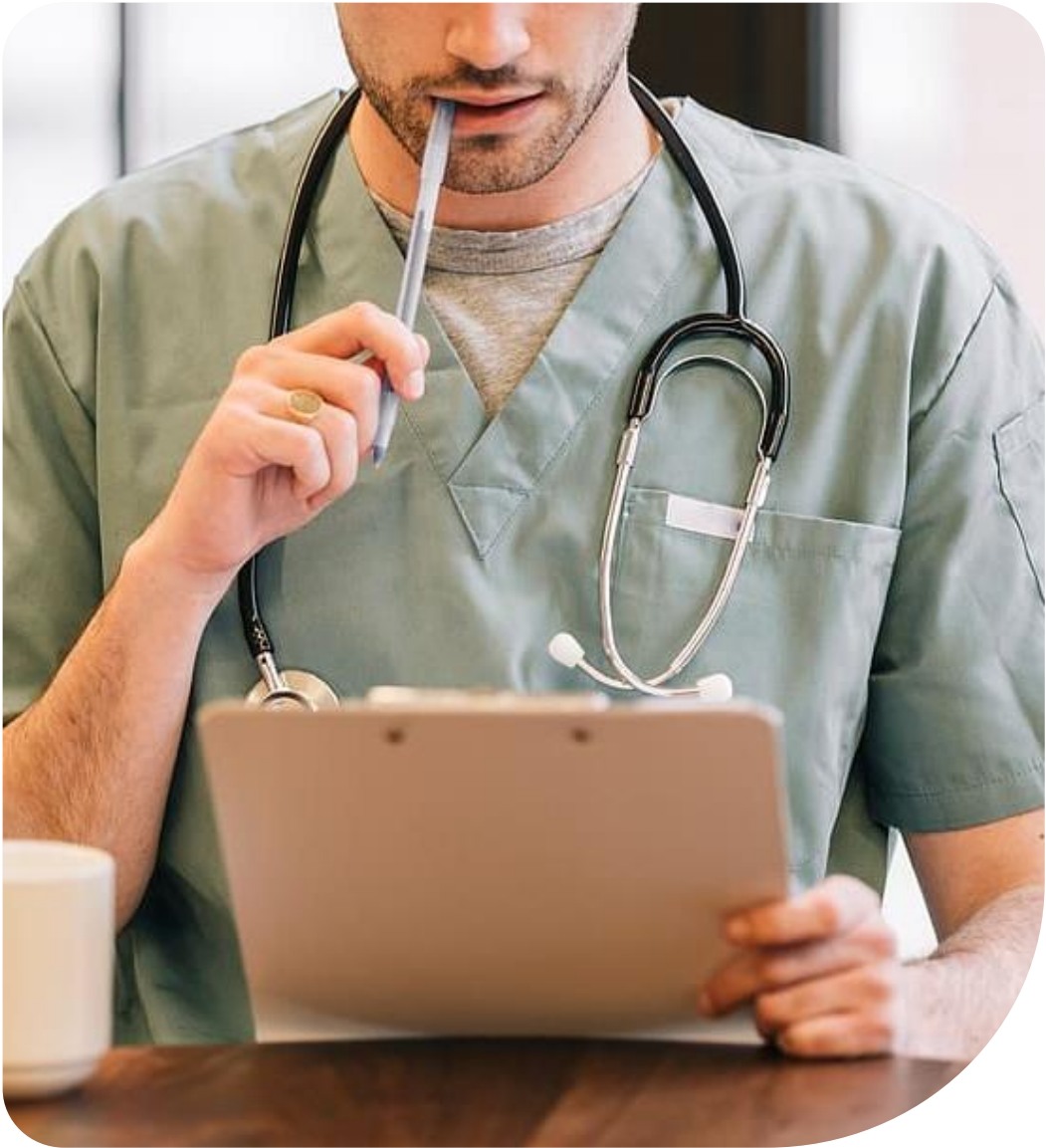
Chartered Accountants

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We encourage you to read our transparency report which sets out how the firm complies with the requirements of the Audit Firm Governance Code and the steps we have taken to manage risk, quality and internal control particularly through our Quality Management Approach. The report includes information on the firm's processes and practices for quality control, for ensuring independence and objectivity, for partner remuneration, our governance, our international network arrangements and our core values, amongst other things. This report is available at https://www.grantthornton.co.uk/about-us/annual-report/#faq_6077608_1.

We would like to take this opportunity to record our appreciation for the kind assistance provided by the finance team and other staff during our audit.

Richard Anderson
Director
For Grant Thornton UK LLP



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1 Headlines

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Headlines

This report summarises the key findings and other matters arising from the statutory audit of NHS Shropshire, Telford and Wrekin ICB (‘the ICB’) and the preparation of the ICB’s financial statements for the year ended 31 March 2025 for those charged with governance.

Financial statements	
<p>Under the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to report whether, in our opinion:</p> <ul style="list-style-type: none">• The ICB’s financial statements give a true and fair view of the financial position of the ICB and of its income and expenditure for the period;• The ICB’s financial statements, and the parts of the Remuneration and Staff Report to be audited, have been properly prepared in accordance with the Department of Health and Social Care (DHSC) group accounting manual 2024/25 (GAM); and• Expenditure has been incurred ‘as intended by Parliament’. <p>We are also required to report whether other information published together with the audited financial statements in the Annual Report, is materially consistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.</p>	<p>Our findings are summarised from page 9. The only audit adjustments to the financial statements identified which impact your reported Comprehensive Expenditure figure was GP Prescribing and Community Dental. The actual spend for GP prescribing was £0.5 million lower than that accrued in your accounts. In addition, our recalculation of community dental payments from contracts provided was £0.8 million lower than in the accounts. Management has decided not to adjust as these are not material. Were you to adjust for this, your surplus would increase by £1.3 million. We have also identified several disclosure amendments and these amendments are detailed at page 24. We have also raised recommendations for management as a result of our audit work and in particular in relation to the signing of contracts. These are set out in Appendix B.</p> <p>Our work is substantially complete and there are no matters of which we are currently aware that would require modification of our audit opinion or material changes to the financial statements, subject to the following matters;</p> <ul style="list-style-type: none">• engagement lead and engagement manager quality review of file;• completion of testing of a few block contract payments.• receipt of signed management representation letter; and• review of the final set of financial statements, including confirming the other information published together with the financial statements remains consistent post all audit adjustments. <p>We have concluded that the other information to be published with the financial statements, is consistent with our knowledge of your organisation and the financial statements we have audited.</p> <p>Our regularity work has found that expenditure included in the financial statements has been applied for the purposes intended by Parliament.</p> <p>Our anticipated audit report opinion, as set out in Appendix C will be unmodified.</p>

Headlines

This report summarises the key findings and other matters arising from the statutory audit of NHS Shropshire, Telford and Wrekin ICB (‘the ICB’) and the preparation of the ICB’s financial statements for the year ended 31 March 2025 for those charged with governance.

Value for Money (VFM) arrangements

Under the National Audit Office (NAO) Code of Audit Practice (‘the Code’), we are required to consider whether the ICB has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Auditors are required to report in detail on the ICB’s overall arrangements and set out our key recommendations on any significant weaknesses in arrangements identified during the audit.

Auditors are required to report their commentary on the ICB’s arrangements under the following specified criteria:

- Improving economy, efficiency and effectiveness;
- Financial sustainability; and
- Governance.

As part of planning our audit work, we considered whether there were any risks of significant weakness in the ICB’s arrangements for securing economy, efficiency and effectiveness in its use of resources. We identified a risk of significant weakness in relation to financial planning and have carried out further risk based work in this area. We have concluded that there are no significant weaknesses in your arrangements but we have identified an improvement recommendations, which is set out in our Auditor’s Annual Report, which is presented alongside this report.

Statutory duties

The Local Audit and Accountability Act 2014 (‘the Act’) also requires us to:

- report to you if we have applied any of the additional powers and duties ascribed to us under the Act; and
- to certify the closure of the audit.

We have not exercised any of our additional statutory powers or duties.

We cannot formally conclude the audit and issue an audit certificate for NHS Shropshire Telford and Wrekin Integrated Care Board for the year ended 31 March 2025 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed the work necessary in relation to the ICBs consolidation schedules, and we have received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete for the year ended 31 March 2025. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2025.

3 Our approach to materiality

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Our approach to materiality

As communicated in our Audit Plan dated, we determined materiality at the planning stage as £26.9m based on 1.9% of forecast gross operating costs. On receipt of draft financial statements, we have reconsidered planning materiality based on the 2024/25 figures in the draft financial statements.

Our approach to determining materiality is set out here.

Materiality area	Amount (£m)	Qualitative factors considered
Materiality for the financial statements	26.9	This is equivalent to approximately 1.9% of the operating expenses for the period ended 31 March 2025. Materiality has not been updated as there has not been a significant change in gross expenditure from that forecast.
Performance materiality for the financial statements	20.17	Performance materiality has been set at 75% of financial statements materiality. This reflects our risk-assessed knowledge of potential for errors occurring. Performance materiality is used for the purposes of assessing the risks of material misstatement and determining the nature, timing, and extent of further audit procedures. This is the amount we set at less than materiality for the financial statements as a whole, to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality for the financial statements as a whole.
Reporting threshold	0.30	This balance was set at £300k as this was the reporting threshold for any errors identified as part of our work on the National Audit Office’s Whole of Government Accounts (WGA) exercise. In May 2025, the NAO’s reporting threshold was revised to £1 million but we determined that £300k continued to be an appropriate reporting threshold in view of the size and complexity of the ICB.
Senior officer remuneration disclosures including salary and pension tables.	0.020	Due to the public interest in senior officer remuneration disclosures, we apply specific audit procedures to this work and set a lower materiality level for this area. We design our procedures to detect errors in specific accounts at a lower level of precision which we have determined to be applicable for senior officer remuneration disclosures. We evaluate errors in this disclosure for both quantitative and qualitative factors against this lower level of materiality. We will apply heightened auditor focus in the completeness and clarity of disclosures in this area and will request amendments to be made if any errors exceed the threshold we have set or would alter the bandings reported for any individual.

4 Overview of significant and other risks identified

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Overview of significant and other risks identified

The below table summarises the significant risks discussed in more detail on the subsequent pages.

Significant risks are defined by ISAs (UK) as an identified risk of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum due to the degree to which risk factors affect the combination of the likelihood of a misstatement occurring and the magnitude of the potential misstatement if that misstatement occurs. A significant risk can be a significant risk due to error or due to fraud. For the purposes of the ISAs (UK), the auditor is concerned with fraud or suspected fraud that causes a material misstatement in the financial statements. Two types of intentional misstatements are relevant to the auditor – misstatements resulting from fraudulent financial reporting and misstatements resulting from misappropriation of assets. As part of our consideration of risks relating to fraudulent financial reporting we consider the potential for override of controls or other inappropriate influence over the financial reporting process, such as efforts by management to manage expenditure and accruals in order to influence the ICB’s year end performance.

Other risks are, in the auditor’s judgment, those where the risk of material misstatement is lower than that for a significant risk, but they are nonetheless an area of focus for our audit.

Risk title	Risk level	Change in risk since Audit Plan	Fraud risk	Level of judgement or estimation uncertainty	Findings
Management override of controls	Significant	↔	✓	Low	●
Fraud in revenue expenditure (partially rebutted)	Significant	↔	✓	Low	●
Specialised commissioning	Other	↔	✓	Low	●

- Key
- ↑

 Assessed risk increase since Audit Plan

↔

 Assessed risk consistent with Audit Plan

↓

 Assessed risk decrease since Audit Plan

●

 No adjustment or change in disclosure required

●

 Non-material adjustment or change in disclosure required

●

 Material adjustment or change in disclosure required

Overview of significant risks identified – financial statements

Risks identified in our Audit Plan	Audit procedures performed	Key observations
<p>Management override of controls</p> <p>In accordance with ISA (UK) 240, we have identified a risk of fraud in respect of management override of controls.</p>	<p>We have:</p> <ul style="list-style-type: none">evaluated the design effectiveness of management controls over journals;analysed the journals listing and determined the criteria for selecting high risk unusual journals;challenged management’s key judgements and estimates and considering whether these judgements and estimates are individually or cumulatively indicative of management bias;tested unusual journals made during the year and the accounts production stage for appropriateness and corroboration; andgained an understanding of the accounting estimates and critical judgements applied by management and considered their reasonableness.	<p>Our audit work has not identified any issues in respect of management override of controls. However, there is a system weakness whereby users can self-authorise their own journals and senior staff can post journals (although in practice this does not happen). This year an additional task has been added to the month end timetable for a review to be made of all posted journals. Whilst mitigating the risk, we consider that this system weakness does increase the risk of fraud or error. Those Charged With Governance confirmed that they are satisfied with this approach at their last meeting. We also noted an officer with a very small authorisation limit where the ICB may wish to review their access. As they posted no journals in 2024/25, this did not pose any risk of management override.</p>
<p>Fraud in revenue recognition</p> <p>Under ISA (UK) 240, there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue.</p>	<p>We have considered the rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue. The majority of the ICB’s revenue is an allocation from NHS England which is not accounted for in the Statement of Comprehensive Net Expenditure and does not primarily involve cash transactions. In addition, income from the sale of goods and services and other operating income is immaterial. As a result, we have rebutted the presumed risk that revenue may be misstated due to the improper recognition of revenue for all revenue streams.</p>	<p>We have reconsidered this risk and consider this judgement is still appropriate. No significant issues have arisen in relation to revenue recognition.</p>

Overview of significant risks identified – financial statements

Risks identified in our Audit Plan	Audit procedures performed	Key observations
<p>Fraud in expenditure recognition</p> <p>Practice Note 10 (PN10) states that as most public bodies are net spending bodies, then the risk of material misstatements due to fraud related to expenditure may be greater than the risk of material misstatements due to fraud related to revenue recognition. As a result under PN10, there is a rebuttable presumed risk that expenditure may be misstated due to the improper recognition of expenditure.</p> <p>We have considered the rebuttable presumed risk that expenditure may be misstated due to the improper recognition of expenditure. The majority of the ICB’s expenditure is driven by agreed block payment contracts with providers. The opportunity to manipulate block contract expenditure is low and as a result, we have rebutted the presumed risk that expenditure may be misstated due to the improper recognition of expenditure for block contract expenditure.</p> <p>However, as ICBs are set a statutory resource allocation in relation to their expenditure for the financial year, this creates a risk that there is an incentive for management to manipulate their accounts to ensure that they are able to comply with their resource allocation and achieve a breakeven position.</p> <p>We have therefore identified a cut-off risk in the ICBs non-block and other operating expenditure and its associated payables.</p>	<p>We do not consider this to be a significant risk for the ICB’s block contract and in year non-block contract operating expenditure as we consider there to be a lower risk of manipulation. Standard audit procedures were carried out in these areas. We kept this rebuttal under review throughout the audit to ensure this judgement remains appropriate.</p> <p>For closing and period-end accruals of non-block and other operating expenditure, we</p> <ul style="list-style-type: none">• Evaluated your accounting policy for recognition of expenditure for appropriateness and compliance with the DHSC Group Accounting Manual 2024/25;• Understood and assessed the ICB’s process for recording expenditure accruals and deferrals, and any relevant controls;• Tested a sample of invoices input to accounts payable system pre and post period end and confirmed that these were correctly accounted for in the correct period;• Tested a sample of cash payments made pre and post period end and confirmed that these were correctly accounted for in the correct period;• Reviewed the unmatched expenditure and payable balances with NHS bodies (in the DHSC mismatch period) and corroborated the ICB’s unmatched balances to supporting evidence; and• Inspected a sample of payable and expenditure accrual balances.	<p>We did not identify any significant issues. Please refer to differences in year-end accruals found at audit which although not material were above trivial on page 26.</p>

Overview of other risks identified – financial statements

Risks identified in our Audit Plan	Audit procedures performed	Key observations
Specialised commissioning Incomplete or inaccurate financial information which relates to delegation of new streams of expenditure within 2024/25	The engagement team obtained sufficient appropriate audit evidence to ascertain whether the new streams of expenditure are not materially misstated by; <ul style="list-style-type: none">gaining a comprehensive understanding of their nature;performing appropriate tests of substantive procedures; andevaluating the presentation and disclosure in the financial statements to ensure they are fairly presented in accordance with the applicable accounting standards.	We did not identify any significant issues.

5 Other findings

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Other findings – key judgements and estimates

This section provides commentary on key estimates and judgements in line with the enhanced requirements for auditors.

Key judgement or estimate	Summary of management’s approach	Auditor commentary	Assessment
Provisions	The ICB made provisions in the Balance Sheet at 31 March 2025 .	The ICB has provisions totalling £3.35m, the majority of which are in respect of CHC in its financial statements. To challenge the reasonableness and completeness of the ICB’s provisions we reviewed the disclosure against 16 other ICBs.13 other ICBs had some form of provision, 12 provided for CHC (76%) with a smaller number providing for redundancy (29%), legal (41%), restructuring (12%) and other provisions (47%). The total average provision represented approximately 0.13% of total spend compared to the ICB’s percentage of 0.22%. In the case of CHC provisions the ICB’s provision represents 0.2% of total spend versus an average of 0.05%. We have undertaken further work to gain assurance that the provisions disclosed are in accordance with IAS37. We are satisfied that the disclosures are reasonable and there not being a risk of material understatement.	Approach is reasonable
Key estimates and judgements include: <ul style="list-style-type: none">GP PrescribingPension entitlements of senior officers in the remuneration reportAccrualsContinuing Health Care AccrualsPharmacy	The ICB made estimates for known 2024/25 liabilities.	<p>We have reviewed the ICB's estimates and judgements and concluded that they have been compiled in accordance with the GAM. We have completed substantive testing of the estimates and judgements used in relation to accruals and have concluded that they are reasonable. Therefore, the policy as shown in the financial statements is correctly stated. When challenged, the ICB amended its accounts to include a significant judgement made by management in terms of IAS 1.122 and removed references to sources of estimation uncertainty.</p> <p>The ICB made an accrual for prescriptions dispensed in February and March where the actual figures were not yet available. The difference in actual spend compared to estimate was over trivial. (£470,000 lower) Please see page 26 for more detail.</p> <p>We have reviewed the pension entitlements of senior officers in the remuneration report and found them to be reasonable.</p>	Approach is reasonable

Other findings – information technology

This section provides an overview of results from our assessment of information technology (IT) environment and controls which included identifying risks from the use of IT related to business process controls relevant to the financial audit. This includes an overall IT general control (ITGC) rating per IT system and details of the ratings assigned to individual control areas.

IT application	Level of assessment performed	Overall ITGC rating	ITGC control area rating			Related significant risks/other risks
			Security management	Technology acquisition, development and maintenance	Technology infrastructure	
Common Controls	ITGC assessment (design, implementation and operating effectiveness)	●	●	●	●	None
Oracle	ITGC assessment (design and implementation effectiveness only)	●	●	●	●	See issue on journals in Appendix B

Assessment

- Significant deficiencies identified in IT controls relevant to the audit of financial statements
- Non-significant deficiencies identified in IT controls relevant to the audit of financial statements/significant deficiencies identified but with sufficient mitigation of relevant risk
- IT controls relevant to the audit of financial statements judged to be effective at the level of testing in scope
- Not in scope for testing

Other findings

Matter	Commentary	Auditor view
Service Auditor Reports Under ISA 315R, auditors are required to understand and assess relevant internal controls of the systems relevant to the preparation of financial statements. This includes systems provided by service organisations. An independent auditor produces a service auditor report to provide management with assurance over the internal control environment of the system they use and as external auditors we review these service auditor reports when undertaking our work. The following systems used by the ICB are provided by service organisations. The data from these systems are relevant to preparation of financial statements of the ICB. <ul style="list-style-type: none">Finance and Accounting Services: Oracle E-Business Suite (EBS) and Business Intelligence (BI)NHS Business Services Authority: Prescription and Dental PaymentsCapita Primary Care Support ServicesESRNHS DigitalMidlands and Lancashire CSU	NHS Shared Business Service Limited: Finance and Accounting Services A qualified opinion was given due to the following: <ul style="list-style-type: none">Control Objective 3 – Controls exist to provide reasonable assurance that new supplier master data and changes to supplier master data are approved by appropriate individuals. A deviation was noted in testing that 1 out of 25 samples that there were no validation checks performed prior to change to bank details.Control Objective 8 – Controls exist to provide reasonable assurance that Sales Ledger transactions processed by NHS SBS are authorised by appropriate client user on the approved user hierarchy. Deviations were noted that for 2 of 40 samples, NHS SBS accounts receivable team did not check the authorisation was appropriate to client user’s credit memo limit prior to processing.Control Objective 19 – Controls exist to provide reasonable assurance that there is segregation of duties for System Administration on FMIS. For the period 01 April 2024 to 31 October 2024, deviations were noted wherein 1 of 19 users was a generic user account, 1 of 19 users was an SBS client employee and 17 other users had access to the FMIS system user setup. As per our assessment, the findings noted by the service auditor is not relevant to ITGC control testing in scope for this IT application and therefore, we have not performed further procedures. NHS Business Services Authority: Prescription and Dental Payments The ISAE 3402 Service Auditor Report for NHS Business Services Authority: Prescription and Dental Payments gives a clean opinion on the controls reviewed. No issues were identified within the report. Capita Primary Care Support Services A qualified opinion was given due to the following: <ul style="list-style-type: none">Control Objective 11 – Capita states in their description that they have controls in place to ensure that instances where users had access to the finance role in PCSE online for external uses is granted to a user with the appropriate approval form. During the period 1 April 2024 to 31 March 2025, the aforementioned access to finance roles could not be evidenced in 2 out 560 selected instances. As per our assessment, the qualification is not considered to impact on the audit approach as observation noted was only relevant for application ‘PCSE Online’. There is no observation noted with respect to other IT relevant applications. Additionally, the central IT audit team of Grant Thornton reviewed the compensatory controls related to PCSE Online and they considered these to be sufficiently robust to address the risk of inappropriate access being assigned in the year. NHS Business Services Authority: The Electronic Staff Record Programme, An unqualified opinion was issued by the Service Auditor. No impact on our audit at the ICB Midlands and Lancashire CSU-Finance and Payroll An unqualified opinion was issued by the Service Auditor. No impact on our audit at the ICB. The report does not cover the Broadcare CHC system which the CSU host and we have carried forward a recommendation for management to consider what assurances they have on IT general controls in this system. NHS Digital GP Payments The ISA 3000 report noted two significant deficiencies. One related to controls not being in place to provide a sufficient audit trail for the approval of new users and revocation of leavers. Controls were not in place to provide appropriate segregation of duties between the production and development environments. In addition, the control relating to the testing, authorisation and deployment of system changes to PDS extraction tool did not operate. The findings were not relevant to our ITGC control testing in scope for this application and we have not performed further procedures. We have obtained sufficient assurance from our substantive testing of payments.	 We have considered the control findings identified and do not consider them significant enough to have an impact on our audit opinion. The qualifications are relevant to controls operating at the third party and not the ICB. We are satisfied that the ICB has appropriate compensating controls in these areas to mitigate against any increased area of risk. We will review the updated Annual Governance Statement to confirm whether the ICB has reflected these reports.

6 Communication requirements and other responsibilities

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Communication requirements

Issue	Commentary
Matters in relation to fraud	We have previously discussed the risk of fraud with the Audit Committee. We have not been made aware of any other incidents in the period and no other issues have been identified during the course of our audit procedure.
Matters in relation to related parties	We are not aware of any related parties or related party transactions which have not been disclosed. However, we do recommend that the ICB review the related parties included in the accounts as they do not fully meet the definition in the GAM, with many of the related parties disclosed not having control or joint control over the other party. See Appendix B. Following our challenge, the ICB added a statement to say these entities do not meet the definition of IAS 24 and are added for information only.
Matters in relation to laws and regulations	You have not made us aware of any significant incidences of non-compliance with relevant laws and regulations and we have not identified any incidences from our audit work.
Written representations	A letter of representation has been requested from the ICB which is included with papers to the June Audit Committee.
Accounting practices	We have evaluated the appropriateness of the ICB’s accounting policies, accounting estimates and financial statement disclosures. A number of minor amendments were made to the accounting policies to enhance the transparency of the disclosures within the Accounts, which are documented within this report.
Confirmation requests from third parties	We requested from management permission to send confirmation requests to the bank. This permission was granted and the requests were sent and have been received as part of our final accounts work.
Disclosures	Our review found no material omissions in the financial statements but a few minor amendments were made which are documented later in this report.
Audit evidence and explanations	All information and explanations requested from management was provided.
Significant difficulties	There were no significant difficulties in carrying out your audit. We noted several improvements in the quality of evidence and evidence of quality control. There were a few areas we noted for further improvement which we thought would be helpful to share. Some initial evidence provided at audit was insufficient to support transactions and further requests had to be made but this was less than in the previous year. The ICB set up onsite days to expedite obtaining further evidence which were very helpful. Also, the central finance team was very responsive to requests. In future initial evidence provided should be improved (to match the quality of the final evidence provided this year). In addition, the detailed transaction listings we were provided with for payables from which we initially select samples to test contained many unexplained contra entries (e.g. debit balances in a creditor balances listings). Whilst this created some additional work for both officers and auditors, the ICB was able to provide a further report reconciling to the original transaction list that created a suitable and relevant list of transactions from which to select samples.

Other responsibilities

Issue	Commentary
Going concern	<p>In performing our work on going concern, we have had reference to Statement of Recommended Practice – Practice Note 10: Audit of financial statements of public sector bodies in the United Kingdom (Revised 2024). The Financial Reporting Council recognises that for particular sectors, it may be necessary to clarify how auditing standards are applied to an entity in a manner that is relevant and provides useful information to the users of financial statements in that sector. Practice Note 10 provides that clarification for audits of public sector bodies.</p> <p>Practice Note 10 sets out the following key principles for the consideration of going concern for public sector entities:</p> <ul style="list-style-type: none">the use of the going concern basis of accounting is not a matter of significant focus of the auditor’s time and resources because the applicable financial reporting frameworks envisage that the going concern basis for accounting will apply where the entity’s services will continue to be delivered by the public sector. In such cases, a material uncertainty related to going concern is unlikely to exist, and so a straightforward and standardised approach for the consideration of going concern will often be appropriate for public sector entitiesfor many public sector entities, the financial sustainability of the reporting entity and the services it provides is more likely to be of significant public interest than the application of the going concern basis of accounting. Our consideration of the ICB’s financial sustainability is addressed by our value for money work, which is covered elsewhere in this report. <p>Practice Note 10 states that if the financial reporting framework provides for the adoption of the going concern basis of accounting on the basis of the anticipated continuation of the provision of a service in the future, the auditor applies the continued provision of service approach set out in Practice Note 10. The financial reporting framework adopted by the ICB meets this criteria, and so we have applied the continued provision of service approach. In doing so, we have considered and evaluated:</p> <ul style="list-style-type: none">the nature of the ICB and the environment in which it operatesthe ICB’s financial reporting frameworkthe ICB’s system of internal control for identifying events or conditions relevant to going concernmanagement’s going concern assessment. <p>On the basis of this work, we have obtained sufficient appropriate audit evidence to enable us to conclude that:</p> <ul style="list-style-type: none">a material uncertainty related to going concern has not been identified; andmanagement’s use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Other responsibilities

Issue	Commentary
Other information	<p>We are required to give an opinion on whether the other information published together with the audited financial statements (including the Annual Report), is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.</p> <p>No inconsistencies have been identified.</p>
Auditable elements of Remuneration Report and Staff Report	<p>We are required to give an opinion on whether the parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the requirements of the Act, directed by the Secretary of State with the consent of the Treasury.</p> <p>We have audited the elements of the Remuneration Report and Staff Report, including the Fair Pay Multiple Disclosures, as required by the GAM, and have identified a number of small amendments which have been correctly processed by the ICB in the updated Report. Please refer to page 24.</p> <p>We propose to issue an unqualified opinion on this.</p>

Other responsibilities under the Code

Issue	Commentary
Matters on which we report by exception	<p>We are required to report on a number of matters by exception:</p> <ul style="list-style-type: none">• if the Annual Governance Statement does not comply with guidance issued by NHS England or is misleading or inconsistent with the information of which we are aware from our audit;• if the information in the annual report is materially inconsistent with the information in the audited financial statements or is apparently materially incorrect based on, or is materially inconsistent with, our knowledge of the ICB acquired in the course of performing our audit, or otherwise misleading;• if we have applied any of our statutory powers or duties; or• where we are not satisfied in respect of arrangements to secure value for money and have reported significant weaknesses. <p>We have nothing to report on these matters.</p>
Review of accounts consolidation schedules and specified procedures on behalf of the group auditor	<p>We are required to give a separate audit opinion on the ICB accounts consolidation schedules and to carry out specified procedures (on behalf of the NAO) on these schedules under group audit instructions</p> <p>We have nothing to report on these matters.</p>
Certification of the closure of the audit	<p>We cannot formally conclude the audit and issue an audit certificate for NHS Shropshire Telford and Wrekin Integrated Care Board for the year ended 31 March 2025 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed the work necessary in relation to the ICBs consolidation schedules, and we have received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete for the year ended 31 March 2025. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2025.</p>
Regularity opinion	<p>This opinion sets out whether expenditure incurred is in line with the purposes for which it was provided.</p> <p>We are also required to identify whether any unadjusted misstatements impact the ICB’s financial position. Where there is such an impact, we are required to consider whether that will impact the regularity opinion we should give. We have assessed both current and prior year unadjusted misstatements and are satisfied there is no impact on our regularity opinion.</p>

7 Audit adjustments

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Audit adjustments

We are required to report all non-trivial misstatements to those charged with governance, whether or not the accounts have been adjusted by management.

Impact of adjusted misstatements

No adjusted misstatements have been identified at the date of issuing our report. We will provide an update to Management and the Audit Committee should any issues be identified from the remaining testing.

Misclassification and disclosure changes

The table below provides details of misclassification and disclosure changes identified during the audit which have been made in the final set of financial statements.

Disclosure	Misclassification or change identified	Adjusted?
Accounting policies	Accounting policies in relation to joint arrangements were improved including details of a critical judgement made.	yes
Related parties	Narrative was added to related parties to explain that there was over disclosure of relationships in this note. Narrative was added to state that the these entities do not meet the definition of a related party to the ICB within IAS 24 and are disclosed for information only.	yes
Remuneration tables	Several foot notes were added to remuneration tables to provide explanation to the reader. For example, zero entries and departures mid-year.	yes
Lease liabilities	Lease liabilities have been adjusted to split current from long term. There was no overall impact on the SOFP.	yes
Estimation uncertainty	Note 1.20 has been amended to state that material estimation uncertainty does not in exist in relation to continuing healthcare and prescribing accruals.	yes
Remuneration report	Some improvements were made to the notes such as marking clearly which tables were subject to audit and explaining changes in fair pay ratios between years.	yes
Annual report	Some improvements were made in relation to disclosure on performance data.	yes

Audit adjustments (continued)

Misclassification and disclosure changes

The table below provides details of misclassification and disclosure changes identified during the audit which have been made in the final set of financial statements.

Disclosure	Misclassification or change identified	Adjusted?
Various	Prior year comparative figures were added to various notes. The impacted notes were Note 3: Disaggregation of income, Note 10.1: Right of use assets and Note 11.2: Reconciliation of expected credit losses.	yes
Note 1.22	The note on new and revised IFRS Standards in issue but not yet effective, was amended to include other relevant new standards and their impact.	yes
Events after the end of the reporting period	The note was updated to provide details of the impact of the Government’s announcement on the NHS reset.	yes
Throughout	A number of typographical errors have been identified throughout the financial statements.	yes
Throughout	A number of immaterial accounting policies and disclosures have been included in the financial statements. These should be removed to avoid obscuring material information within the financial statements.	no
Remuneration report	The ICB added a note showing required staff numbers split by type to this report.	yes
Senior officer salaries	Prior year information on pensions was removed for one officer as the disclosure was not applicable.	yes
Note 5-audit fee.	The external audit fee disclosed in note 5 has been updated so that it agrees with our Audit Plan and Audit Findings Report.	yes
Note 22-financial performance targets	The allocation received was rounded correctly down on the note 22-financial performance targets	yes
Note 18-joint arrangements	We noted that expenditure on joint arrangements in Note 18 was understated by £2.18 million and this was corrected to tie in with agreements. This was a disclosure issue only and had no impact on the primary statements and the ICBs financial performance.	yes

Unadjusted misstatements

Impact of unadjusted misstatements

The table below provides details of adjustments identified during the audit which have not been made within the final set of financial statements. The Audit Committee is required to approve management's proposed treatment of all items recorded within the table below.

Detail	Statement of Comprehensive Net Expenditure £'000	Statement of Financial Position £'000	Impact on net surplus £'000	Reason for not adjusting / Notes
Draft Net Surplus or Deficit	-	-	0	As per the draft financial statements
GP Prescribing estimate-we have seen that the actual spend was £490,000 lower than that accrued. Though this is above our trivial threshold, this demonstrates that the estimate was materially accurate. Management has decided not to adjust as this is not material. Were you to adjust for this, your expenditure would decrease by £490k, moving the ICB into a surplus position. We request that your letter of representation sets out that those charged with governance have formally considered this and why they decided not to alter the accounts.	Reduction of expenditure by 490	Reduction in accruals of 490	Increase in surplus of 490	Not material
Dental expenditure- dental expenditure is potentially overstated by £815,000. We recalculated expenditure per the most recent community dental contract provided and management are unable to explain the difference. Were you to adjust for this, your expenditure would decrease by £815,000, moving the ICB into a surplus position. We request that your letter of representation sets out that those charged with governance have formally considered this and why they decided not to alter the accounts.	Reduction of expenditure by 815	Reduction of 815	Increase in surplus of 815	Not material and estimated.
Overall impact			Reduce surplus by 1,305	This is the net sum of the unadjusted misstatements
Overall Impact of unadjusted misstatements in the prior year (detail overleaf)			Decrease in surplus 1,249	This is the net sum of the unadjusted misstatements from the prior year which impact on the current year financial statements (detail overleaf)
Net Surplus	-	-	56	

Impact of unadjusted misstatements in the prior year

Detail	Statement of Comprehensive Net Expenditure £'000	Statement of Financial Position £'000	Impact on net surplus £'000	Reason for not adjusting
GP Prescribing estimate-we saw that the actual spend was £470,000 lower than that accrued in 2023/24.	470	470	470	Not material
Dental expenditure- dental expenditure overstated by £779,000. We recalculated expenditure per the most recent community dental contract provided and management were unable to explain the difference.	779	779	779	Not material
Overall impact			1249	

8 Value for Money arrangements


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Value for Money arrangements

Approach to Value for Money work for the year ended 31 March 2025


The National Audit Office issued its latest Value for Money guidance to auditors in November 2024. The Code requires auditors to consider whether a body has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

In undertaking our work, we are required to have regard to three specified reporting criteria. These are as set out below.




Improving economy, efficiency and effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services.



Financial sustainability

How the body plans and manages its resources to ensure it can continue to deliver its services.



Governance

How the body ensures that it makes informed decisions and properly manages its risks.

In undertaking this work we have not identified any significant weaknesses in your arrangements but we have made an improvement recommendation relating to financial sustainability. Our Auditor’s Annual Report accompanies this audit findings reportt and includes more details and our detailed Value for Money commentary.

Other statutory powers and duties

We set out here details of other matters which we, as auditors, are required by the Act and the Code to communicate to those charged with governance.

Issue	Commentary
Public interest report	We have not issued a public interest report
Written recommendations	We have not made written recommendations.
Referral to Secretary of State and notification of NHS England	We have not made any referrals to the Secretary of State for 2024/25.

9 Independence considerations

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Independence considerations

As part of our assessment of our independence we note the following matters:

Matter	Conclusion
Relationships with Grant Thornton	We are not aware of any relationships between Grant Thornton and the ICB that may reasonably be thought to bear on our integrity, independence and objectivity.
Employment of Grant Thornton staff	We are not aware of any former Grant Thornton partners or staff being employed, or holding discussions in respect of employment, by the ICB as a director or in a senior management role covering financial, accounting or control related areas.
Business relationships	We have not identified any business relationships between Grant Thornton and the ICB.
Contingent fees in relation to non-audit services	No contingent fee arrangements are in place for non-audit services provided.
Gifts and hospitality	We have not identified any gifts or hospitality provided to, or received from, a member of the ICB's board, senior management or staff that would exceed the threshold set in the Ethical Standard

We confirm that there are no significant facts or matters that impact on our independence as auditors that we are required or wish to draw to your attention and consider that an objective reasonable and informed third party would take the same view. The firm and each covered person (and network firms) have complied with the Financial Reporting Council's Ethical Standard and confirm that we are independent and are able to express an objective opinion on the financial statements.

Ethical Standards and ISA (UK) 260 require us to give you timely disclosure of all significant matters that may bear upon the integrity, objectivity and independence of the firm or covered persons (including its partners, senior managers, managers and network firms. In this context, there are no independence matters that we would like to report to you.

We confirm that we have implemented policies and procedures to meet the requirement of the Financial Reporting Council's Ethical Standard

Further, we have complied with the requirements of the National Audit Office's Auditor Guidance Note 01 issued in February 2025 which sets out supplementary guidance on ethical requirements for auditors of local public bodies.

We have made enquiries of all Grant Thornton UK LLP teams providing services to the ICB. Details of fees and non-audit fees charged are set out on the following page.

Fees and non-audit services

The following tables below sets out the total fees for audit and non-audit services that we have been engaged to provide or charged from the beginning of the financial year to the current date, as well as the threats to our independence and safeguards have been applied to mitigate these threats.

The below non-audit services are consistent with the ICB’s policy on the allotment of non-audit work to your auditor.

None of the below services were provided on a contingent fee basis.

For the purposes of our audit we have made enquiries of all Grant Thornton teams within the Grant Thornton International Limited network member firms providing services to the ICB. The table summarises all non-audit services which were identified. We have adequate safeguards in place to mitigate the perceived threats from these fees in that we applied safeguards.

Audit fees

Audit of ICB	£ 125,000
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Non-audit fees

Service	£	Threats Identified	Safeguards applied
MHIS 2023/24 (and 2022/23)	31,800 (30,000)	Self-Interest (because this is a recurring fee) Self review (because the financial information in the compliance statement is included within the ICB's financial statements) Management (because we may make recommend-actions to improve the operation of systems for producing the MHIS compliance statement)	The level of this recurring fee taken on its own is not considered a significant threat to independence as the fee for this work is £31,800 in 2023/24 (£30,000 in 2022/23) in comparison to the total fee for the audit of £125,000 and in particular relative to Grant Thornton UK LLP’s turnover overall. Further, it is a fixed fee and there is no contingent element to it. These factors all mitigate the perceived self-interest threat to an acceptable level. Self review is not considered a significant threat as we are not reviewing any information that we have prepared. Additionally, the work required to review the MHIS compliance statement is different in nature to our audit of the financial statements. The scope of the work does not include making decisions on behalf of management. Any recommendations made would be for management to decide whether to implement. These factors all mitigate the perceived self-interest, self review and management threats to an acceptable level.

The above fees are exclusive of VAT and out of pocket expenses.

The audit fees agree to the financial statements as the figure above (£125,000) does not include VAT and the ICB’s accounts figure of £150,000 correctly includes £25,000 VAT paid on this fee. There is a small difference relating to non-audit fees. As stated in Note 5, £2.100 of the £40,000 (rounded) expenditure including VAT paid charged to other non statutory audit expenditure (other services) in 2024/25 related to the prior year.

The majority of 2022/23 MHIS review fees were charged to the 2023/24 financial statements.

This covers all services provided by us and our network to the ICB, its directors and senior management and its affiliates, that may reasonably be thought to bear on our integrity, objectivity or independence.

10 Appendices

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A. Communication of audit matters with those charged with governance

Our communication plan	Audit Plan	Audit Findings
Respective responsibilities of auditor and management/those charged with governance	●	
Overview of the planned scope and timing of the audit, form, timing and expected general content of communications including significant risks	●	
Confirmation of independence and objectivity	●	●
A statement that we have complied with relevant ethical requirements regarding independence. Relationships and other matters which might be thought to bear on independence. Details of non-audit work performed by Grant Thornton UK LLP and network firms, together with fees charged. Details of safeguards applied to threats to independence	●	●
Significant matters in relation to going concern	●	●
Views about the qualitative aspects of the Group’s accounting and financial reporting practices including accounting policies, accounting estimates and financial statement disclosures		●
Significant findings from the audit		●
Significant matters and issue arising during the audit and written representations that have been sought		●
Significant difficulties encountered during the audit		●
Significant deficiencies in internal control identified during the audit		●
Significant matters arising in connection with related parties		●
Identification or suspicion of fraud involving management and/or which results in material misstatement of the financial statements		●
Non-compliance with laws and regulations		●
Unadjusted misstatements and material disclosure omissions		●
Expected modifications to the auditor’s report, or emphasis of matter		●

ISA (UK) 260, as well as other ISAs (UK), prescribe matters which we are required to communicate with those charged with governance, and which we set out in the table here.

This document, the Audit Findings, outlines those key issues, findings and other matters arising from the audit, which we consider should be communicated in writing rather than orally, together with an explanation as to how these have been resolved.

Respective responsibilities

As auditor we are responsible for performing the audit in accordance with ISAs (UK), which is directed towards forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of those charged with governance.

The audit of the financial statements does not relieve management or those charged with governance of their responsibilities.

Distribution of this Audit Findings report

Whilst we seek to ensure our audit findings are distributed to those individuals charged with governance, as a minimum a requirement exists for our findings to be distributed to all the company directors and those members of senior management with significant operational and strategic responsibilities. We are grateful for your specific consideration and onward distribution of our report, to those charged with governance.

B. Action plan

We set out here our recommendations for the ICB which we have identified as a result of issues identified during our audit. The matters reported here are limited to those deficiencies that we have identified during the course of our audit and that we have concluded are of sufficient importance to merit being reported to you in accordance with auditing standards.

Assessment	Issue and risk	Recommendations
<div><div></div><div>Medium</div></div>	<p>Joint Arrangements</p> <p>The Section 75 agreement in place between the ICB and Telford and Wrekin Council for 2024/25 was not signed until June 2025. To improve contract management performance of these arrangements, the ICB should ensure a signed agreement is in place at the commencement of the year. We were able to gain sufficient and appropriate audit evidence for these payments by direct confirmation with the Council.</p>	<p>Management should ensure signed Section 75 agreements are in place at the start of each financial year</p> <p>Management Response</p> <p>Agreed - the ICB will endeavour to have all Section 75 agreements signed</p>
<div><div></div><div>Medium</div></div>	<p>Healthcare contracts</p> <p>In our testing of secondary care contracts, we identified several material NHS contracts which had not been signed. To improve contract management performance of these arrangements, the ICB should ensure a signed agreement is in place at the commencement of the year. Some other large contracts were only signed after year end.</p>	<p>Management should ensure signed agreements are in place with all trusts at the start of each financial year.</p> <p>Management Response</p> <p>Agreed - These NHS Contracts relate to the ICBs out of area providers, where STW is not the host commissioner and therefore reliant on the host commissioner to agree their position before associates are able to sign. For 2025/26, there are returns and weekly updates to NHSE on contract negotiations . Also, the new contract guidance ensures that the Indicative Activity Plan must be agreed by 30th June. In addition, the ICB contracts team are attending the CRMs of the Out of Area Providers to ensure all STW issues can be raised directly with the Trust.</p>

- Key
- High – Significant effect on control system and financial statements
 - Medium – Effect on control system and financial statements
 - Low – Best practice for control systems and financial statements

B. Action plan

We set out here our recommendations for the ICB which we have identified as a result of issues identified during our audit. The matters reported here are limited to those deficiencies that we have identified during the course of our audit and that we have concluded are of sufficient importance to merit being reported to you in accordance with auditing standards.

Assessment	Issue and risk	Recommendations
<div><div></div><div>Medium</div></div>	<p>Related parties note</p> <p>We noted that some related parties included in Note 20-related parties did not strictly meet the definition of a related party as per the GAM. Many of the related parties do not have control or joint control over the other party.</p>	<p>Management should review the contents of the related party note for 2025/26.</p> <p>Management Response</p> <p>The ICB follows directive from NHSE re. disclosure of related parties, which is in accordance with the requirements of GAM, and will adopt the same approach in future years. A further comment has been added into the note for 2024/25 (and will be applied in future years) to inform that any additional entities listed that do not meet the definition of a related party within IAS24 are disclosed for information only.</p>
<div><div></div><div>Medium</div></div>	<p>Service auditor reports</p> <p>In our IT work, we noted that the ICB did not have a service auditor report for the CHC system (Broadcare).</p>	<p>Management should assess how it gains assurance over the controls operating in IT systems for which there are no available service auditor reports.</p> <p>Management Response</p> <p>From a Broadcare point of view, a system update has recently been released which allows the creation of audit reports. These reports can relate to either a users account or a patient record and will detail all access, system changes, updates etc over a defined period. The reports are secure and are only available to system administrators. The reports are being used to support any investigations required, but also from a supervision point of view to monitor appropriate usage. Adhoc checks are made as part of individual supervision. In addition, quarterly data quality spot checks are completed as part of our internal assurance processes. The checks are not only in relation to patient records but also the system access, approvals and commissioning processes.</p> <p>Some of these have been tested as part of samples for internal audits, for example, the PHB and FNC audits last year selected a sample to follow through start of the process to the current position. This included ensuring process had been followed and Broadcare accurately updated and recorded.</p>

Key

- High – Significant effect on control system and financial statements
- Medium – Effect on control system and financial statements
- Low – Best practice for control systems and financial statements

C. Audit opinion

Independent auditor's report to the members of the Board of NHS Shropshire Telford and Wrekin Integrated Care Board

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of NHS Shropshire Telford and Wrekin Integrated Care Board (the 'ICB') for the year ended 31 March 2025, which comprise the statement of comprehensive net expenditure, the statement of financial position, the statement of changes in taxpayers' equity, the statement of cash flows and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of Schedule 1B of the National Health Service Act 2006, as amended by the Health and Care Act 2022 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024-25.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the ICB as at 31 March 2025 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024-25; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Care Act 2022.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2024) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the ICB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accountable Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ICB's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the ICB to cease to continue as a going concern

C. Audit opinion

In our evaluation of the Accountable Officer’s conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2024-25 that the ICB’s financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services currently provided by the ICB. In doing so we have had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2024) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the ICB and the ICB’s disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Accountable Officer’s use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ICB’s ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report and accounts, other than the financial statements and our auditor’s report thereon. The Accountable Officer is responsible for the other information contained within the annual report and accounts. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in November 2024 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the requirements of the Department of Health and Social Care Group Accounting Manual 2024-25 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

C. Audit opinion

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2024-25; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the period for which the financial statements are prepared is consistent with the financial statements.

Opinion on regularity of income and expenditure required by the Code of Audit Practice

In our opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the ICB under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters

Responsibilities of the Accountable Officer

As explained more fully in the Statement of Accountable Officer's responsibilities, the Accountable Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the ICB without the transfer of its services to another public sector entity.

The Accountable Officer is responsible for ensuring the regularity of expenditure and income in the financial statements.

C. Audit opinion

Auditor’s responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

We are also responsible for giving an opinion on the regularity of expenditure and income in the financial statements in accordance with the Code of Audit Practice.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the ICB and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as amended by the Health and Care Act 2022 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024-25).
- We enquired of management and the audit committee, concerning the ICB’s policies and procedures relating to:
 - the identification, evaluation and compliance with laws and regulations;
 - the detection and response to the risks of fraud; and
 - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the audit committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the ICB’s financial statements to material misstatement, including how fraud might occur, evaluating management’s incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of control.. We determined that the principal risks were in relation to:

Journals with a specific focus on those which altered the financial performance of the ICB for the year

Our audit procedures involved:

C. Audit opinion

- evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
- journal entry testing, with a focus on journals posted by senior finance officers, journals posted at year end and journals that alter the financial performance of the ICB for the year;
- challenging assumptions and judgements made by management in its significant accounting estimates in respect of GP prescribing
- assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- The engagement partner's assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
 - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
 - knowledge of the health sector and economy in which the ICB operates
 - understanding of the legal and regulatory requirements specific to the ICB including:
 - the provisions of the applicable legislation
 - NHS England's rules and related guidance
 - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
 - The ICB's operations, including the nature of its other operating revenue and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
 - The ICB's control environment, including the policies and procedures implemented by the ICB to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

C. Audit opinion

Report on other legal and regulatory requirements – the ICB’s arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the ICB’s arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

We have nothing to report in respect of the above matter.

Responsibilities of the Accountable Officer

As explained in the Governance Statement, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the ICB's resources.

Auditor’s responsibilities for the review of the ICB’s arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in November 2024. This guidance sets out the arrangements that fall within the scope of ‘proper arrangements’. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the ICB plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the ICB ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the ICB uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the ICB has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor’s Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

C. Audit opinion

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for NHS Shropshire Telford and Wrekin Integrated Care Board for the year ended 31 March 2025 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed the work necessary in relation to the ICBs consolidation schedules, and we have received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete for the year ended 31 March 2025. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2025.

Use of our report

This report is made solely to the members of the Board of the ICB, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the members of the Board of the ICB those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the ICB and the members of the Board of the ICB as a body, for our audit work, for this report, or for the opinions we have formed.

[Signature**]**

Richard Anderson, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Birmingham
XX June 2025



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1. EICB 20-06.007 – Data Security and Protection Toolkit - Objective E3.a

Meeting Name: NHS Shropshire, Telford and Wrekin Board

Meeting Date: 20/06/2025

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 internal auditors have recently completed an annual review of a sample of some of the objectives outlined in the newly updated self-assessment Data Protection and Security Toolkit (DSPT) and scrutinised the evidence the ICB has collated to demonstrate against each objective how we are meeting the information governance requirements set out in legislation.
- 1.1.2. Several recommendations have been made by the auditors to strengthen the evidence provided against some of these principles. This report focusses on the recommendation related to objective E3.a of the Data Security and Protection Toolkit.
- 1.1.3. The paper outlines what this objective relates to and asks the board to decide in relation to whether NHS STW can submit an “achieved” in this objective based on NHS England guidance.

1.2. Executive Summary

- 1.2.1. The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian’s 10 data security standards. Organisations are required to complete their self-assessment by 30th June each year, submitting evidence to support their self-assessment.
- 1.2.2. Objective E3.a relates to “using and sharing information for direct care”. The Data Security and Protection Toolkit states that *“If you have assessed all your organisation’s uses of information and determined that none of the uses are relevant to direct care, you should mark this outcome as ‘Achieved’.*
- 1.2.3. The ICB has analysed its uses of information and has not identified any areas that are considered to be direct care, and this is outlined in detail in the body of this report.



Ambition



Compassion



Optimism



Focus

- 1.2.4. Recent guidance from NHS England is that Board agreement is required to be able to submit “achieved” for this objective, where it has been demonstrated that direct care is not provided.

1.3. Recommendations

- 1.3.1. The NHS STW Integrated Care Board is asked to:

- **APPROVE** that objective E3.a can be marked as “**achieved**”, as NHS Shropshire, Telford and Wrekin Integrated Care Board do not process data that is specifically used by the ICB for providing direct care.

1.4. Conflicts of Interest

- 1.4.1. No conflicts of interest identified.

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

- 1.5.1. The Data Security and Protection Toolkit, provides assurance to NHS England that risks around information governance are being managed effectively by NHS organisations.

1.6. Alignment to Integrated Care Board

- 1.6.1. This report supports the NHS Shropshire, Telford and Wrekin Integrated Care Board’s (ICB) strategic objectives by reinforcing its commitment to data security, regulatory compliance, and system-wide assurance. By accurately assessing Objective E3.a of the Data Security and Protection Toolkit and confirming that the organisation does not use data for direct care, the ICB demonstrates strong governance and accountability in its handling of patient information. This aligns with the ICB’s role in providing leadership across the health and care system, ensuring that data is managed responsibly and in accordance with national standards. Furthermore, the report contributes to the ICB’s overarching goal of maintaining public trust and safeguarding information integrity across all operational functions.

1.7. Key Considerations

- 1.7.1. **Quality and Safety:** The report supports safe handling of data aligned with national standards.
- 1.7.2. **Financial Implications:** Confirms efficient use of resources by avoiding unnecessary compliance measures.
- 1.7.3. **Workforce Implications:** There are no workforce implications.
- 1.7.4. **Risks and Mitigations:** Addresses compliance with NHS England guidance.
- 1.7.5. **Engagement:** Reflects a collaborative approach to data governance.
- 1.7.6. **Supporting Data and Analysis:** The Data Security and Protection Toolkit requires analysis of the data that the ICB hold to support the self-assessment.
- 1.7.7. **Legal, Regulatory, and Equality:** Ensures compliance with the Data Security and Protection Toolkit and National Data Guardian standards. Promotes lawful, fair and equitable handing of patient information.



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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. No Appendices

2. Main Report

2.1. Introduction

- 2.1.1. The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. Organisations are expected to provide evidence to support their self-assessment.
- 2.1.2. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.
- 2.1.3. NHS organisations are expected to complete the annual self-assessment by 30th June each year.
- 2.1.4. Objective E3.a relates to the sharing of information for direct care. A description of what is classed as Direct and Indirect Care can be found on the NHS Digital Website - [Section 10: Using health and social care information –direct care and indirect care purposes - NHS England Digital](#)

2.2. Background & Conclusion

- 2.2.1. In preparation for the Data Security and Protection Toolkit self-assessment at the end of June, discussion has taken place around objective E3.a. and the limitations in relation to the evidence that can be provided, due to ICBs not generally providing direct care. This is an issue that has also been raised by other ICBs with NHS England, which has led to updated guidance, which states:

“If you have assessed all your organisation’s uses of information and determined that none of the uses are relevant to direct care, you should mark this outcome as ‘Achieved’. In your supporting statement, you should explain the process you have gone through to reach your determination”.

- 2.2.2. The National Data Guardian's 2013 report “Information to share or not to share - The Information Governance Review” describes direct care as follows:

“Direct care is provided by health and social care staff working in ‘care teams’, which may include doctors, nurses and a wide range of staff on regulated professional registers, including social workers. Relevant

information should be shared with them, when they have a legitimate relationship with the patient or service user”.

2.2.3. Section 10: Using health and social care information –direct care and indirect care purposes describes direct care as follows:

“The term ‘direct care’ is defined as a clinical, social or public health activity concerned with the prevention, investigation and treatment of illness and the alleviation of suffering of individuals (all activities that directly contribute to the diagnosis, care and treatment of an individual). It includes

- *supporting individuals’ ability to function and improve their participation in life and society;*
- *the local audit/assurance of the quality of care provided;*
- *the management of untoward or adverse incidents;*
- *the measurement of outcomes undertaken by one or more registered and regulated health or social care professionals and their team with whom the individual has a legitimate relationship for their care.*
- *It does not include research, teaching, financial audit, service management activities or risk stratification (see note below on borderline cases)”.*

2.2.4. The same guidance describes indirect care as follows:

“The term ‘indirect care’ is defined as activities that contribute to the overall provision of services to a population as a whole or a group of patients with a particular condition, but which fall outside the scope of direct care. It covers health services management, preventative medicine, and medical research. Examples of indirect care activities include risk prediction and stratification (see note below on borderline cases), service evaluation, needs assessment, and financial audit.

The key reason for distinguishing between purposes in this way is that it is generally possible to imply consent for the use of confidential information for direct care purposes but not for other purposes”.

2.2.5. It is acknowledged that NHS STW do have teams who handle patient data. To decide around whether any teams within NHS STW ICB provide direct care we have reviewed our privacy notices, which are available on NHS STW website - [Privacy Notice - NHS Shropshire, Telford and Wrekin](#). We have reviewed each function and believe that the ICB only provides indirect care. The review is outlined below:

- **Individual Commissioning** – Role is to assess individuals to determine eligibility for Continuing Health Care / Section 117 Aftercare – Data is used for the purposes of commissioning services and would fall into the definition of indirect care – needs assessment. **Indirect Care**



Ambition



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Focus

- **Communications and Engagement** – Data is collected to allow communications and engagement with patients and stakeholders purposes – service evaluation. *Indirect Care.*
- **ICB Membership Scheme** – Data is collected to allow the ICB to involve and engage with patients around commissioning decisions – service evaluation. *Indirect Care*
- **Patient Groups** - Data is collected to allow the ICB to engage with patients around commissioning decisions – service evaluation. *Indirect Care.*
- **Invoice Validation** –For the purposes of ensuring invoices are paid appropriately – health services management. *Indirect Care.*
- **Risk Stratification** – This involves collation of data to plan future health care services – risk prediction/stratification. *Indirect Care.*
- **Prescription Ordering Direct** – This is an intermediary service which allows patients to order their repeat prescriptions from their GP Practice. The team do this by accessing the GP record, with the GP being responsible for approval of the prescription. Prescription ordering direct requests consent, to access records when processing. *Indirect Care.*
- **Complaints and Enquiries** – This team process enquiries and complaints from patients relating to services that the ICB provide and commission. Data is processed on a legal and consent basis. *Indirect Care.*
- **Individual Funding Requests** – This process is to allow decisions to be made in relation to funding for care, where an element of care would not usually be funded, but where exceptionality can be demonstrated for individual patients – health services management *Indirect Care.*
- **Safeguarding** – Data is processed by the Safeguarding to team if health input is required where safeguarding concerns have been raised. This is processed on a legal basis. This team do not provide direct care to patients. *Indirect Care.*
- **Medicines Optimisation/Management** – The Medicines Management Team supports the ICB with commissioning services that make best use of available medicines – health services management. *Indirect Care.*
- **NHS e-Referral Service** - Patients contact the ICB's e-Referral team following an appointment with a potential referrer, such as a GP. The aim is to ensure consistency and offer a choice of provider – health services management. *Indirect Care.*
- **Quality** - Uses data from incident events, investigation, evidence and reports relating to incidents under various policy and procedural structures to help improve the quality and delivery of services – health services management. *Indirect Care.*

2.2.6. In line with the guidance from NHS England, the Board is required to approve a submission of “achieved” for this objective, in the absence of supporting evidence, due to direct care not being provided.

2.3. Recommendation

- 2.3.1. The Board is asked to **approve** that objective E3.a can be marked as “**achieved**”, as NHS Shropshire, Telford and Wrekin Integrated Care Board do not process data that is used for providing direct care.