NHS STW Integrated Care Board - Agenda Papers

MEETING
25 June 2025 14:00 BST

PUBLISHED
20 June 2025

Contents

Agenda
Meeting title: NHS Shropshire, Telford and Wrekin Integrated Care Board
Date: Wednesday 25 June 2025
Time: 14:00
Location: Meeting Room 1, Wellington Civic Offices, Larkin Way, Tan Bank, Wellington, TF1 1LX
Chair: Roger Dunshea, NHS Shropshire, Telford and Wrekin Acting Chair
Secretary: Claire Colcombe, NHS Shropshire, Telford and Wrekin Board Secretary

Welcome and Opening Remarks
Duration: approximately 10 minutes, 2.00pm - 2.10pm
Agenda items:

ICB 25-06.168 – Apologies – for information - verbal
Presenter: Roger Dunshea

ICB 25-06.169 – 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](#)

ICB 25-06.170 – Minutes of the previous meetings held on Wednesday 30 April 2025 and 20 June 2025 – for approval - enclosure
Presenter: Roger Dunshea

ICB 25-06.171– Matters arising and action list from previous meetings – for approval – enclosure
Presenter: Roger Dunshea

ICB 25-06.172– Questions from Members of the Public – for information - verbal
Presenter: Roger Dunshea

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

Resident's Experience
Duration: approximately 20 minutes, 2.10pm – 2.30pm
Agenda items:

ICB 25-06.173 – Resident's Experience - Frailty – for discussion – presentation, Presenter: Jo Williams. In Attendance: Angela Raynor

Strategic System Oversight
Duration: approximately 90minutes, 2.30pm – 4.00pm.

Ambition   Compassion   Optimism   Focus

Agenda items:

ICB 25-06.174 – Chair's Report – for information - enclosure
Presenter: Roger Dunshea
Duration: approximately 5 minutes, 2.30pm – 2.35pm

ICB 25-06.175 – Chief Executive Officer (CEO) Report – for information - enclosure
Presenter: Simon Whitehouse
Duration: approximately 5 minutes, 2.35pm – 2.40pm

ICB 25-06.176 – System Board Assurance Framework and System Operational Risk Register (SBAF & SORR) – for assurance – enclosure
Presenter: Simon Whitehouse
Duration: approximately 5 minutes, 2.40pm – 2.45pm

ICB 25-06.177 – Health Inequalities – for assurance – enclosure
Presenter: Nigel Lee. Attending: Tracey Jones
Duration: approximately 20 minutes, 2.45pm – 3.05pm

ICB 25-06.178 – Intensive and Assertive Outreach – for assurance – enclosure
Presenter: Cathy Riley. Attending Joanne Andrews
Duration: approximately 10 minutes, 3.05pm – 3.15pm

ICB 25-06.179 – Finance Strategy - for approval – enclosure
Presenter: Claire Skidmore
Duration: approximately 25 minutes, 3.15pm – 3.40pm

ICB 25-06.180 – People Strategy – for approval – enclosure
Presenter: Stacey Keegan
Duration: approximately 20 minutes, 3.40pm – 4.00pm

System Integration
Duration: approximately 10 minutes, 4.00pm – 4.10pm
Agenda items:

ICB 25-06.181 – Shropshire Integrated Place Partnership Committee Chair's Report, for assurance – enclosure
Presenter: Andy Begley
Duration: approximately 5 minutes, 4.00pm-4.05pm

ICB 25-06.182 – Telford and Wrekin Integrated Place Partnership Committee Chair's Report, for assurance – enclosure
Presenter: David Sidaway
Duration: approximately 5 minutes, 4.05pm – 4.10pm

System Governance and Performance
Duration: approximately 15 minutes, 4.10pm – 4.30pm
Agenda items:

ICB 25-06.183 – Integrated Care System Performance Report – for assurance – enclosure

Presenter: Claire Skidmore
Duration: approximately 5 minutes, 4.10pm – 4.15pm

ICB 25-06.184 – Equality, Diversity and Inclusion Update – for assurance –
enclosure
Presenter: Vanessa Whatley
Duration: approximately 10 minutes, 4.15pm - 4.25pm

ICB 25-06.185 - Information Governance Direction of Travel – for assurance and
approval – enclosure
Presenter: Alison Smith
Duration: approximately 5 minutes, 4.25pm - 4.30pm

Board Committee Reports
Duration: approximately 15 minutes, 4.30pm – 4.45pm

Agenda items:

Assurance

ICB 25-06.186 – Quality and Performance Committee Chair's Report – for
assurance – enclosure
Presenter: Vanessa Whatley

ICB 25-06.187 – Finance Committee – for assurance – enclosure
Presenter: David Bennett

ICB 25-06.188 – System People, Culture and Inclusion Committee – for assurance –
enclosure
Presenter: Stacey Keegan

ICB 25-06.189 – West Midlands Integrated Care Board's Joint Committee, for
assurance – enclosure
Presenter: Simon Whitehouse

Strategy

ICB 30-04.190 – Strategic Commissioning and Productivity Committee – for
assurance – enclosure
Presenter: Roger Dunshea

ICB 25-06.191 – System Transformation and Digital Committee – for assurance -
enclosure
Presenter: Andrew Morgan

ICB 25-06.192 – Strategy and Prevention Committee – for assurance - enclosure
Presenter: Cathy Purt

Assurance – Review of Risks
Duration: approximately 10 minutes, 4.45pm – 4.55pm

Agenda items:

ICB 25-06.193 – Review and reflection of new or amended risks following discussions at Board meeting – for assurance - verbal
Presenter: Roger Dunshea

Any Other Business
Duration: approximately 5 minutes, 4.55pm – 5.00pm
 ICB 25-06.194 – Any Other Business notified in Advance – for Discussion - Verbal
Presenter: Roger Dunshea

Next Meeting Details (including AGM)
Date: Wednesday 24th September 2025
Time: 13:15
Location: Meeting Room 1, Wellington Civic Offices, Larkin Way, Tan Bank, Wellington, TF1 1LX

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

R H Dunshea

Mr Roger Dunshea   **Mr Simon Whitehouse**
Acting Chair   **Chief Executive**
NHS Shropshire, Telford and Wrekin   **NHS Shropshire, Telford and Wrekin**

Ambition   Compassion   Optimism   Focus

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

Wednesday, 30 April 2025 at 14:00pm
Room 1, Wellington Civic Offices, Larkin Way, Wellington, Telford, TF1 1LX

Present:

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

In Attendance:

Nigel Lee	Chief Strategy Officer, NHS STW
Dave Bennet	Associate Non-Executive Director, NHS STW
Andrew Morgan	Chair in Common, Shropshire Community Health NHS Trust and The Shrewsbury and Telford Hospital NHS Trust
Pauline Gibson	Non-Executive Director, Midlands Partnership University NHS Foundation Trust (MPUFT)
Cllr Lezley Picton	Leader, Shropshire Council
Dr. Jessica Harvey	Joint GP Board Chair
Dr. Charlotte Hart	Joint GP Board Chair
Cllr Kelly Middleton	Cabinet Member for Public Health and Healthier Communities, Telford and Wrekin Council
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Alison Smith	Chief Business Officer, NHS STW
Harry Turner	Chair, The Robert Jones and Agnes Hunt Orthopaedic Hospital
Jan Suckling	Lead Engagement Officer, Healthwatch Telford & Wrekin

Ambition   Compassion   Optimism   Focus

Jackie Jeffrey	Vice Chair, Shropshire Voluntary and Community Sector Assembly
Richard Nuttal	Joint Chair Telford and Wrekin COG, Telford and Wrekin Voluntary and Community Sector Assembly
Andrew Proctor	Director of UEC Improvement, NHS STW
Claire Parker	Director of Strategy and Development, NHS STW
Ned Hobbs	Chief Operating Officer, The Shrewsbury and Telford Hospital NHS Trust (SaTH)
Claire Horsfield	Chief Operating Officer, Shropshire Community Health NHS Trust (SCHT)
Claire Colcombe	Board Secretary, NHS STW

Apologies:

Meredith Vivian	Non-Executive Director, NHS STW
Niti Pall	Non-Executive Director, NHS STW
Neil Carr	Chief Executive Officer, Midlands Partnership University NHS Foundation Trust (MPUFT)
Helen Onions	Director of Public Health, Telford and Wrekin Council
Rachel Robinson	Executive Director of Health, Wellbeing and Prevention, Shropshire Council
Peter Featherstone	Non-Executive Director, Shropshire Community Health NHS Trust (SCHT)
Cllr Cecilia Motley	Councillor & Portfolio Holder for Adult Social Care, Public Health and Communities, Shropshire Council
Felicity Mercer	Executive Director: Adult Social Care, Housing and Customer Services, Telford and Wrekin Council
Jo Burrows	Improvement Director, NHS England
Louise Cross	Joint Chair Telford and Wrekin Chief Officers Group (COG), Telford and Wrekin Voluntary and Community Sector Assembly
Sarah Dixon	Intensive Support Improvement Director, NHS England
Simon Fogell	Chief Executive Officer, Healthwatch Telford and Wrekin

Minute No. ICB 30-04.148 – Welcome & Apologies

148.1 The Acting Chair opened the meeting and noted the apologies above.

148.2 Dr. Jessica Harvey and Dr. Charlotte Hart were welcomed as joint chairs of the NHS Shropshire, Telford and Wrekin GP Board. They will alternate who attends the Board meetings.

148.3 Attendees were reminded of the need to be cognisant of the guidance relating to the pre-election period linked to the local elections that were taking place across Shropshire County Council.

148.4 Papers were taken as read, and attendees were asked to keep points concise due to the extensive agenda.

Minute No. ICB 30-04.149 – Members' Declarations of Interests

Ambition   Compassion   Optimism   Focus

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

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

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

Minute No. ICB-30-04.150 – Minutes from the previous meeting

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

- Approve the minutes of the previous meeting held on Wednesday, 26 March 2025.

150.2 The minutes were reviewed and approved without amendments.

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

- **APPROVED the minutes of the previous meeting held on Wednesday, 26 March 2025.**

Minute No. ICB-30-04.151 – Matters arising and action list from previous meetings

151.1 NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to note the updated action list.

151.2 The action list from previous meetings was reviewed. Most actions were noted as in progress or completed. Specific attention was given to data sharing issues, with an update expected at a future meeting. The Board discussed the importance of resolving long-standing data sharing issues to make effective use of available intelligence.

151.2 Dr. Lorna Clarson of NHS Shropshire, Telford and Wrekin informed members that the update around action item 'Minute No.ICB-26-03.110 Refreshed Joint Forward Plan' will be provided at a future Board meeting.

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

- **NOTED the updated action list.**

Minute No. ICB-30.04.152 – Questions from Members of the Public

152.1 The Acting Chair asked the Board to note that no questions had been received from members of the public.

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

Ambition   Compassion   Optimism   Focus

- **NOTED that no questions had been received from the members of the public.**

Minute No. ICB-30.04.153 – Resident's Story - Frailty

153.1   This item was stood down and is to be rescheduled for a future meeting.

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

- **NOTED the item was to be rescheduled for a future meeting.**

Minute No. ICB-30.04.154 – Chair's Report

154.1   Mr. Roger Dunshea, Acting Chair of NHS Shropshire, Telford and Wrekin, presented the report and took it as read.

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

- Note the updates in relation to:
  o Welcoming Dr Jessica Harvey and Dr Charlotte Hart
  o NHS England guidance on the changes to Integrated Care Boards
  o The visit to community hospital

154.3   Mr. Dunshea provided updates on key strategic issues, including ongoing system integration efforts and future planning. He expressed gratitude to colleagues for their efforts during uncertain times and emphasised the importance of delivering the operational and financial plan. Additionally, he announced that the substantive post for the Chair of the Board had been agreed upon, and the new Chair would be communicated soon.

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

- **NOTED the updates in relation to:**
  o **The welcoming to Dr Jess Harvey and Dr Charlotte Hart**
  o **NHS England guidance on the changes to Integrated Care Boards**
  o **The visit to community hospital**

Minute No. ICB-30-04.155 – Chief Executive Officer (CEO) Report

155.1   Mr. Simon Whitehouse, Chief Executive Officer of NHS Shropshire, Telford and Wrekin, presented the report and took it as read.

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

- Note the updates in relation to:
  o Foundations for Reform
  o Emergency preparedness, resilience and response (EPRR) - Exercise Tangra - Tuesday 8 April 2025

Ambition   Compassion   Optimism   Focus

o GP Practice Visits

155.3 Mr. Whitehouse discussed the operational and financial performance of the Integrated Care Board, emphasising the importance of delivering the agreed system plan during 25/26 against the backdrop of the significant organisational change that was taking place.. He provided updates on the EPRR exercise and visits to GP practices, noting the valuable insights gained from these visits and mentioned that the National Chief Executive Officer meetings currently attended, focused on building relationships with General Practitioners.

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

- **NOTED the updates in relation to:**
  o **Foundations for Reform**
  o **Emergency preparedness, resilience and response (EPRR) - Exercise Tangra - Tuesday 8 April 2025**
  o **GP Practice Visits**

Minute No. ICB-30-04.156 – System Board Assurance Framework (SBAF) and Strategic Operational Risk Register (SORR)

156.1 Mr. Simon Whitehouse, Chief Executive Officer of NHS Shropshire, Telford and Wrekin presented the report and took it as read.

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

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

156.2 Mr. Whitehouse presented the framework, focusing on risk management and assurance processes to ensure system-wide accountability.

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

- **NOTED the report and accompanying appendices.**
- **REVIEWED the current System Board Assurance Framework (SBAF) and risks from the System Operational Risk Register (SORR) that score above 15 for severity and likelihood and consider:**

Ambition   Compassion   Optimism   Focus

o **If the risks to the system's strategic objectives, are being properly managed;**
o **If there are any additional assurances are necessary; and**
o **if any additional risks or amendments to risks are required following discussions in this Board meeting or in other forums i.e. recent committee or group meetings.**

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

Minute No. ICB-30-04.157 – Shropshire Integrated Place Partnership Committee Chair's Report

157.1   Mr. Andy Begley, Chief Executive Officer of Shropshire Council, presented the report and took it as read.

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

- Note the briefing report from the Shropshire Integrated Place Partnership (ShIPP).
- Note that the ShIPP 2025/26 Strategic Plan has been accepted by the committee.
- Note that the presentation on Dementia MDT raised an issue for escalation regarding data protection and sharing agreements. The Chair asked that the ICB provide guidance and resolution on this issue.
- Note the support from ShIPP regarding the multi-disciplinary working method.
- Note ShIPP's support for the STW Diabetes Programme update and the committee's feedback regarding a focus on prevention and the discrepancies between funding for weight management services between Shropshire and Telford & Wrekin.
- Note the progress in the ShIPP Neighbourhood working & Hub Subgroup; the change of Chair to Carla Bickley and the introduction of a project management approach to the work with formation of further subgroups to feedback on workstreams.

157.3   Mr. Begley reported on integration efforts in Shropshire, noting both progress and challenges, particularly around data sharing, and stressed the need for a memorandum of understanding. He also addressed developments in dementia care, highlighting efforts to engage all practices and primary care networks, the need for funding to support collaboration, and concerns about increased workload despite evidence suggesting this may not be the case.

ACTION: Dr Lorna Clarson and Mrs. Claire Skidmore to work with Digital Leads across the system to resolved data sharing issues.

ACTION: Dr Lorna Clarson to work with Dr. Jessica Harvey to move the Dementia programme forward.

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

- **NOTED the briefing report from the Shropshire Integrated Place Partnership.**
- **NOTED that the ShIPP 2025/26 Strategic Plan has been accepted by the committee.**
- **NOTED that the presentation on Dementia MDT raised an issue for escalation regarding data protection and sharing agreements. The Chair asked that the ICB provide guidance and resolution on this issue.**
- **NOTED the support from ShIPP regarding the multi-disciplinary working method.**
- **NOTED ShIPP's support for the STW Diabetes Programme update and the committee's feedback regarding a focus on prevention and the discrepancies between funding for weight management services between Shropshire and Telford & Wrekin.**
- **NOTED the progress in the ShIPP Neighbourhood working & Hub Subgroup; the change of Chair to Carla Bickley and the introduction of a project management approach to the work with formation of further subgroups to feedback on workstreams.**

Minute No. ICB-30-04.158 – Telford & Wrekin Integrated Place Partnership Committee – Chair's Report

158.1   Mr. David Sidaway, Chief Executive Officer of Telford and Wrekin Council, presented the report and took it as read.

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

- Endorse the proposed making every contact count communications campaign which will be co-ordinated across a range of Telford & Wrekin Integrated Place Partnership (TWIPP) partners during 2025/26.
- Note the continued developing areas of focus for the Telford & Wrekin Integrated Place Partnership Priorities for 2024-2026 and its asks of the Integrated Care Board programmes. In particular, the ask of the Integrated Care System Digital Group in relation to sharing good practice around use of artificial intelligence and potential efficiencies across the system.
- Note the developing Neighbourhood Working Approach and in particular the Sport England Place Expansion proposal work.
- Support the Committee in ensuring that all partners are able to prioritise their attendance and engagement in the committee and its work.

158.3   Mr. Sidaway gave an update on integration efforts in Telford and Wrekin, emphasising collaboration, community engagement, and the value of sharing best practices and digital solutions to improve efficiency. He called for endorsement of Every Contact Counts communication campaign, encouraged

the sharing of digital practices, and requested support from the System Digital Group, noting that a well-attended webinar had recently taken place.

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

- **ENDORSED the proposed making every contact count communications campaign which will be co-ordinated across a range of TWIPP partners during 2025/26.**
- **NOTED the continued developing areas of focus for the Telford & Wrekin Integrated Place Partnership Priorities for 2024-2026 and its asks of the Integrated Care Board programmes. In particular, the ask of the Integrated Care System Digital Group in relation to sharing good practice around use of artificial intelligence and potential efficiencies across the system.**
- **NOTED the developing Neighbourhood Working Approach and in particular the Sport England Place Expansion proposal work.**
- **SUPPORTED the Committee in ensuring that all partners are able to prioritise their attendance and engagement in the committee and its work.**

Minute No. ICB 30-04.159 – The Neighbourhood Approach

159.1   Mr. Nigel Lee, Chief Strategy Officer of NHS Shropshire, Telford and Wrekin presented the report and took it as read.

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

- Note and discuss the contents within the presentation. The approach was being shared to raise awareness, gain feedback and insight and garner support for the approach.

159.3   The group discussed the framework for neighbourhood working, with Mr. Lee highlighting its alignment with Primary Care Networks (PCNs) and the benefits of localised care. Emphasis was placed on building on existing work and engaging various partners, including the voluntary sector. Ms. Claire Parker noted the initiative is ahead of the curve regionally and adaptable, with integration of Board discussions and Mental Health considerations being key to shaping the approach.

159.4   Mr. Lee introduced a proposed prevention framework pack focused on key areas, and Mr. Whitehouse stressed the importance of linking the expected 10-year health plan's three shifts with our neighbourhood strategies. Dr. Shepherd highlighted the need for strong community engagement, while Ms. Davies emphasised understanding population diversity and defining sensible neighbourhood sizes.

159.5   Further input included Mrs. Keegan's observation that elements such as Workforce and MSK were missing from the report. Mr. Lee acknowledged the complexities of cross-referencing and cross-border considerations, and Mr.

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Sidaway stressed the importance of a locally focused approach with prevention at its core. Appreciation was shown for voluntary sector engagement, and the Chair reinforced the need for clarity, collaboration with GPs and PCNs, and avoiding over-complication to achieve the intended outcomes. Mr Lee agreed to continue to revise the strategic paper but that the focus would shift to enabling and supporting delivery.

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

- **NOTED and DISCUSSED the contents within the presentation.**
- **SUPPORT was given for the approach.**

Minute No. ICB 30-04.160 – Shropshire, Telford and Wrekin System Accountability and Performance Framework

160.1   Mrs. Claire Skidmore, Chief Finance Officer of NHS Shropshire, Telford and Wrekin presented the report and took it as read.

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

- Note the approved attached framework and;
- Confirm that the Integrated Care Board (ICB), The Shrewsbury and Telford Hospital NHS Trust (SaTH), The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) and Shropshire Community Health NHS Trust (SCHT) will implement it from May 25 onwards.

160.3   Mrs. Claire Skidmore presented the performance framework, which was approved by the Board. Designed to ensure consistent standards across the system, the framework supports a key criterion of the improvement plan and had already received prior approval from relevant teams and Boards. It is set for implementation from May 2025. Mrs. Skidmore also noted that Mrs. Julie Garside intends to engage in discussions with Cathy Riley and the Midlands Partnership University NHS Foundation Trust (MPUFT) team.

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

- **NOTED the subsequently approved framework and;**
- **CONFIRMED that the ICB, SaTH, RJAH and SCHT will implement it from May 25 onwards.**

Minute No. ICB-30-04.161 – Winter Delivery and UEC Improvements Update

161.1   Mr. Ian Bett, Chief Delivery Officer of NHS Shropshire, Telford and Wrekin presented the report and took it as read. The Board were joined for this agenda item by Mr Ned Hobbs (COO at SaTH), Andy Proctor (UEC System Lead) and Ms Claire Horsfield (COO at Shropshire Community NHS Trust)

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

- Note the update and intended approach to achieving Improvement on our System Urgent and Emergency Care pathway in 2025/26, including winter preparedness.

161.3 Mr. Ian Bett provided an update on winter delivery plans and urgent and emergency care (UEC) improvements, emphasising resilience, demand management, and preparedness for winter pressures. He shared that the current plan, evolved from the previous version, is both ambitious and realistic, aligning with the 10-year strategy. Ms. Joanne Williams thanked system partners, particularly General Practitioners, for their continued efforts and highlighted the need for mutual support as pressures remain high. Claire Horsfield discussed improvements in access and coordination, noting increased case handling through the single point of access and a stronger focus on community services.

161.4 Mr. Ned Hobbs praised the system's performance through challenging periods, attributing progress to collaborative efforts and initiatives like same-day emergency care and better acute bed management. Mr. Bett acknowledged improvements in patient flow and hospital discharge processes, while Dr. Charlotte Hart raised concerns about GP engagement with Virtual Wards and Community Services, calling for better coordination. Mr. Nigel Lee noted that the neighbourhood framework is beginning to incorporate these considerations.

161.5 To address ongoing challenges, Ms. Williams committed to arranging a meeting to find solutions, and Mr. Morgan advised against adding new initiatives without evaluating existing ones. Mr. Bett agreed, affirming the focus should remain on delivering what has already been planned. Acknowledgements were given to Andy Proctor for his support of the programme, while Mr. Begley urged the group to learn from the past and move forward with confidence. Ms. Williams thanked Healthwatch for balancing patient care and delivery, and the Chair requested a progress update later in the year.

ACTION: Ms. Williams to arrange a meeting to find solutions to address ongoing challenges.

ACTION: Mr Bett to present a progress update to the Board later in the year.

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

- **NOTED the update and intended approach to achieving Improvement on our System Urgent and Emergency Care pathway in 2025/26, including winter preparedness.**

Minute No. ICB-30-04.162 – Quality and Performance Committee Chair's Report

162.1 Ms. Vanessa Whatley, Chief Nursing Officer of NHS Shropshire, Telford and Wrekin presented the report and took it as read.

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

- Note the contents of the report.

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

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

Minute No. ICB-30-04.163 – Finance Committee Chair's Report

163.1 Mr Dave Bennet, Associate Non-Executive Director of NHS Shropshire, Telford and Wrekin presented the report and took it as read.

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

- Note the contents of the report

163.2 Mr. David Bennett provided an update on the Integrated Care Board's financial performance, outlining ongoing budget planning and the challenges of managing a deficit. He stressed the importance of adhering to financial plans and reported that the 2024–2025 outturn slightly exceeded expectations, although it was recognised that the system had still required significant national deficit support funding. The committee's Terms of Reference were updated and approved, with noted changes to the group's structure and locations for sections 1 and 2.

163.3 The group's actions remain on target, though it is still unclear how this progress will impact movement out of National Oversight Framework (NOF) Segment 4. The Finance and Operational Plan was reviewed, with risks identified and mitigations implemented. A deep dive into workforce issues found the committee satisfied with the risk management, and the final paper was scheduled for sign-off later that day.

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

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

Minute No. ICB-30-04.164 – System Transformation Group Committee Chair's Report

164.1 Mr. Andrew Morgan, Chair of The Shrewsbury and Telford Hospital NHS Trust and Shropshire Community Health NHS Trust presented the report and took it as read.

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

- Note the contents of the report.

164.3 Mr. Morgan provided an update on transformation initiatives, emphasising strategic priorities and progress. He discussed the alignment of various

Ambition   Compassion   Optimism   Focus

transformation efforts and the importance of having clear, measurable outcomes.

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

- **NOTED the contents of the report**

Minute No. ICB-30-04.165 – Strategic Commissioning Committee Chair's Report

165.1   Mr Nigel Lee presented the report and took it as read.

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

- Note the contents of the report.

165.3   Mr Lee reported on commissioning activities, focusing on strategic alignment and commissioning outcomes. He highlighted the importance of population health management and the role of the PHM group in driving improvements.

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

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

Minute No. ICB-30-04.166 – Review and reflection of new or amended risks following discussions at Board Meeting

166.1   Mr. Roger Dunshea, Acting Chair of NHS Shropshire, Telford and Wrekin led the discussion.

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

- Review and reflect on new or amended risks following the discussions as Board.

166.3   There was no new or amended risks highlighted.

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

- **REVIEWED and REFLECTED on new or amended risks following the discussions as Board.**

Minute No. ICB-30-04.167 – Any Other Business

167.1   There were no further matters to report.

167.2   General discussion on various topics, including upcoming events, member updates, and closing remarks by the chair. Mr. Dunshea thanked members for their contributions and emphasised the importance of continued collaboration.

167.3   The Chair noted that this would be Councillor Lezley Picton's final Board meeting and thanked her for all of her input.

3:35pm – Meeting Closed

Date and Time of Next Meeting

Wednesday, 25 June 2025 – 2.00pm, venue and modality of the meeting to be confirmed nearer the time.

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

NHS Shropshire, Telford and Wrekin
Extraordinary Integrated Care Board Meeting

Friday, 20 June 2025 at 11:00am
Via Teams

Present:

Roger Dunshea	Acting Chair, NHS Shropshire, Telford and Wrekin (STW)
Simon Whitehouse	Chief Executive Officer, NHS STW
Claire Skidmore	Deputy Chief Executive and Chief Finance Officer, NHS STW
Trevor McMillan	Non-Executive Director, NHS STW
Niti Pall	Non-Executive Director, NHS STW
Cheryl Etches	Non-Executive Director, NHS STW
Vanessa Whatley	Chief Nursing Officer, NHS STW
Ian Bett	Chief Delivery Officer, NHS STW
Andy Begley	Chief Executive Officer, Shropshire Council
Joanne Williams	Chief Executive Officer, The Shrewsbury and Telford Hospital NHS Trust
Dr. Lorna Clarson	Chief Medical Officer, NHS STW
Dr. Ian Chan	GP Partner member

In Attendance:

Nigel Lee	Chief Strategy Officer, NHS STW
Dave Bennet	Associate Non-Executive Director, NHS STW
Sarah Dixon	Improvement Director, NHS England
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Alison Smith	Chief Business Officer, NHS STW
Claire Colcombe	Board Secretary, NHS STW
Martin Rogers	Insight and Involvement Manager, NHS STW

Apologies:

David Sidaway	Chief Executive Officer, Telford and Wrekin Council
Stacey Keegan	Chief Executive Officer, The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Dr Deborah Shepherd	GP Partner member

Minute No. EICB-20-06.004 – Welcome & Apologies

004.1   The Acting Chair opened the meeting and noted the apologies above.

Minute No. EICB-20-06.005 – Members' Declarations of Interests

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

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

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

Minute No. EICB-20-06.006 – Integrated Cared Board Annual Reports and Accounts

006.1 Mrs Claire Skidmore, Chief Finance Officer of NHS Shropshire, Telford and Wrekin presented the report, highlighting a good and relatively clean audit process with favourable comments from both internal and external auditors. Mrs Skidmore reported that the external auditors, Grant Thornton, provided an unqualified audit opinion, and the internal auditors, 360 Assurance, gave a moderate head of internal audit opinion. This marked the first time in a few years that the ICB had not had a referral to the Secretary of State.

006.2 Mr Trevor McMillan, Non-Executive Member of NHS Shropshire, Telford and Wrekin, as the Chair of the Audit Committee, supported the presentation, noting no concerns and stated that the Audit committee was satisfied with the presentation, contents of the report and recommended the Annual Report and Accounts for approval by the Board.

006.3 The NHS STW Integrated Care Board was asked to:

- **NOTE** the content of the NHS Shropshire, Telford and Wrekin Annual Report and Accounts (including the Annual Governance Statement) for 2024/25.
- **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.
- **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.
- **APPROVE** the Letter of Representation for the organisation.
- **NOTE** the content of the Audit Findings Report for the organisation.

006.4 Mr Simon Whitehouse, Chief Executive Officer of NHS Shropshire, Telford and Wrekin acknowledged the progress made in the annual report and accounts but emphasised the need for continued improvement in performance and financial delivery. He highlighted the importance of system partner commitments to deliver the 2025/26 plan. Mr Whitehouse reiterated the

Ambition   Compassion   Optimism   Focus

importance of having an annual general meeting to discuss the annual report and accounts in more detail. He emphasised that the current meeting enabled the ICB to comply with the national reporting timetable, but that further scrutiny and discussions would take place in the future.

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

- **NOTED the content of the NHS Shropshire, Telford and Wrekin Annual Report and Accounts (including the Annual Governance Statement) for 2024/25.**
- **ASSURED 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.**
- **APPROVED 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.**
- **APPROVED the Letter of Representation for the organisation.**
- **NOTED the content of the Audit Findings Report for the organisation.**

Minute No. EICB-20-06.007 – Data Security and Protection Toolkit Objective E3.a

007.1 Mrs Claire Skidmore, Chief Finance Officer of NHS Shropshire, Telford and Wrekin presented the item and explained that following a recent internal audit review of evidence that the ICB was submitting for the self-assessment Data Security Protection Toolkit (DSPT), a recommendation had been made following receipt of NHS England guidance for objective E3a, for the Board to formally confirm that the ICB had reviewed its use of personal identifiable information for direct care purposes and concluded that the ICB did not in fact provide direct care.

007.2 Miss Alison Smith, Chief Business Officer of NHS Shropshire, Telford and Wrekin added that the toolkit had been updated this year to align with the Cyber Assurance Framework (CAF) and therefore there were some new questions being asked that required new evidence to be collated, of which this was one. The Board therefore was asked to approve that objective E3a could be marked as 'achieved' in the ICB's DSPT submission on the basis that the ICB did not process date used for direct care.

007.3 The NHS STW Integrated Care Board was 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.

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

- **APPROVED 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.**

Minute No. EICB-20-06.008 – Any Other Business

008.1   Mr. Simon Whitehouse, Chief Executive Officer of NHS Shropshire, Telford and Wrekin, acknowledged that presenting the Annual report and Accounts 2024/25 in an extraordinary Board meeting held on teams was not ideal, it was imperative to meet the national submission deadline of today, which had not coincided with the Board meeting schedule as it had done in previous years. However, although this meeting was held to meet the process requirements the ICB was planning to convene an annual general meeting where there would be more opportunity to discuss the Annual Report and Accounts, reflecting on both the positive progress made during 2024/25 and the ongoing challenges for 2025/26.

008.2   There were no further matters to report.

11:13am – Meeting Closed

Date and Time of Next Meeting

Wednesday 25th June 2025

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

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

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

Owner: Gemma Smith

By When:

Update/Date Complete: 29/01/25 – The Chair noted the following update: The ICB are awaiting the summary report from NHSE following the submission of the analysis template by all ICB's. The intention of NHSE was to gather key themes and trends and to also consider the investment returns made by systems in addressing the gaps and actions required to meet the requirements for Assertive and Intensive Outreach. There is a programme group in place across Shropshire, Telford and Wrekin with oversight of the action plan. Consideration of the utilisation of SDF funds which are mandated for mental health have also been put forwards to pump prime the model and will be considered at the Strategic Commissioning Committee Part B in February.

21-5-2025 – **update on the action plan is on the June Board agenda to be presented by MPFT.**

Agenda item: Minute No.ICB-26-03.110 Refreshed Joint Forward Plan

Action Required: A detailed update on 'data-sharing' blockers and enablers to be brought forward in future.

Owner: Lorna Clarson

By When:

Update/Date Complete: 30/04/2025 - Update to be given at a future Board meeting.

Agenda item: Minute No.ICB-26-03.113 Integrated Care System Performance Report

Action Required: Schedule a quality deep dive, with a particular focus on primary care.

Owner: Vanessa Whatley

By When: **ON SEPTEMBER AGENDA**

Update/Date Complete:

Agenda item: Minute No.ICB-30-04.157 – Shropshire Integrated Place Partnership Committee Chair's Report

Action Required: 1.   Dr Lorna Clarson and Mrs. Claire Skidmore to work with Digital Leads across the system to resolved data sharing issues.

2.   Work with Dr. Jessica Harvey to move the Dementia programme forward.

Owner: Dr Lorna Clarson
By When:
Update/Date Complete:

Agenda item: Minute No. ICB-30-04.161 – Winter Delivery and UEC Improvements Update

Action Required: 1.   Ms. Williams to arrange a meeting to find solutions to address ongoing challenges.

Owner: Joanne Williams
By When:
Update/Date Complete:

Agenda item: Minute No. ICB-30-04.161 – Winter Delivery and UEC Improvements Update

Action Required: 1.   Mr Bett to present a progress update to the Board later in the year.

Owner: Mr Ian Bett
By When:
Update/Date Complete:

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1. ICB 25-06.174 – NHS Shropshire, Telford and Wrekin Chair's Report

Meeting Name: NHS Shropshire, Telford and Wrekin Board
Meeting Date: Wednesday 25 June 2025
Report Presented by: Roger Dunshea, NHS SSTW, Acting Chair
Report Approved by: Roger Dunshea, NHS STW, Acting Chair
Report Prepared by: Roger Dunshea, NHS STW, Acting Chair
Action Required: For Noting, and For Assurance.

1.1. Purpose

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

1.2. Executive Summary

1.2.1. The report provides a warm welcome to our new Chair and Non-Executive Director.

1.2.2. The report provides an update on the NHS Government Reset Programme.

1.2.3. The report provides an update on the progress of the GP Board.

1.2.4. The report highlights positive outcomes from the 2024-25 accountability reports.

1.3. Recommendations

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

1.3.2. The Board is asked to be **ASSURED** that the Fit and Proper Person Test Submission will be sent to NHS England before the 30 June 2025.

1.4. Conflicts of Interest

1.4.1. None.

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

1.5.1. None.

1.6. Alignment to Integrated Care Board

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

1.7. Key Considerations

1.7.1. **Quality and Safety:** The report identifies opportunities to improve patient care quality and safety in enhanced primary care access and services.

1.7.2. **Financial Implications:** The report emphasises improving productivity, accountability and financial performance. The focus on programme management approaches aims to improve operational efficiency and deliver better care within existing financial constraints.

1.7.3. **Workforce Implications:** Welcoming of new staff.

1.7.4. **Risks and Mitigations:** None.

1.7.5. **Engagement:** None.

1.7.6. **Supporting Data and Analysis:** None.

1.7.7. **Legal, Regulatory, and Equality:** None.

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. None.

2. Main Report

2.1. Introduction

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

2.2. Warm Welcome

2.2.1. We extend a warm welcome to Ian Green OBE, who will become Chair of NHS Shropshire, Telford and Wrekin on 01 July 2025. Ian has an impressive leadership track record in the NHS and other sectors.

2.2.2. We are also pleased that Cheryl Etches (Non-Executive Director) joined us this month. Cheryl had a distinguished clinical career as a nurse and as Chief Nurse and Deputy Chief Executive of the Royal Wolverhampton NHS Trust.

Ambition   Compassion   Optimism   Focus

2.3. NHS Government Reset Programme

2.3.1. On 13 March 2025, the Government announced that NHS England will be abolished, with its functions moving into the Department of Health to make a 50% cost reduction. Further to this it was announced that Integrated Care Boards across England will also be required to reduce costs this year, in line with changes to the centre. NHS Trusts were also tasked with delivering a reduction in corporate cost growth.

2.3.2. On 01 April 2025, NHS England wrote to Integrated Care Board and Trust leaders outlining how we will work together in 2025/26 to deliver our core priorities and lay the foundations for reform. Delivering these core priorities will require a leaner and simpler way of working, where every part of the NHS is clear on its purpose, what they are accountable for, and to whom.

2.3.3. On 10 April 2025, the ICB received the financial expectations for Integrated Care Boards. This made it clear that all ICBs will need to operate within an allocation of £18.76 per head of their weighted population (recently uplifted to £19 per head).

2.3.4. Further to this, we received national guidance on the Model Integrated Care Board Blueprint on 06 May 2025. This framework was developed by Integrated Care Board Chairs, Chief Executive Officers and the national team. It sets out the role and purpose, recognising the need to build strong strategic commissioning skills to improve population health and reduce inequalities and focus on the delivery of the three strategic shifts – sickness to prevention, hospital to community, analogue to digital. The Blueprint has supported Integrated Care Boards to create locally driven indicative plans for organisational reform and ICB clustering. These were submitted to NHS England on the 30 May 2025.

2.3.5. To be able to deliver the new range of strategic commissioning functions within the reduced running costs budget available, Integrated Care Boards have considered whether that is best done across a larger footprint through clustered management and leadership arrangements. The six Integrated Care Boards in the West Midlands have worked collectively and have reviewed the range of options for clustering and working at a larger scale.

2.3.6. The six West Midlands Integrated Care Boards undertook a thorough options appraisal with the support of an external partner. The final report recommends that three sets of clustered management arrangements, each covering two current Integrated Care Board footprints and with total population ranges from 1.8 million to 3.1 million.

Ambition   Compassion   Optimism   Focus

2.3.7. The recommendation (as previously endorsed by the Board) for NHS Shropshire, Telford and Wrekin is that 'clustering' with NHS Staffordshire and Stoke-on-Trent Integrated Care Board is the preferred solution to deliver the savings requirements on the running cost allowance and the new range of functions. This cluster also makes sense from an NHS perspective as there are already several clinical pathways between SaTH and UHNM and equally MPUFT are coterminous with the geographical boundaries of both ICBs.

2.3.8. NHS Shropshire, Telford and Wrekin submitted an indicative plan to NHS England on 30 May 2025 which reflected a 'clustering' arrangement with NHS Staffordshire and Stoke-on-Trent Integrated Care Board. This set out a route to delivering the future 'Clustered' ICB within the new running cost allocation. NHS England are now reviewing the detailed plans and will indicate next steps. The future organisation will be significantly smaller than the current ICBs.

2.3.9. We recognise the impact the change ahead is having on our staff. Supporting our staff is a clear priority, and these changes, though mandatory, are not just about structures – they are about people, and we are committed to making sure that they feel heard, valued, and supported throughout.

2.4. Fit and Proper Person's Test

2.4.1. The Fit and Proper Persons Framework applies to the Board Members of all NHS organisations. A full assessment needs to be completed for all new appointments; temporary appointments (including secondments) or acting up into Board roles; Board Members moving from one NHS organisation to another; or individuals joining the ICB as a Board Member from non-NHS organisations; or if a Board Member moves from one Board position to another.

2.4.2. NHS Shropshire, Telford and Wrekin has developed a Fit and Proper Persons Test Framework Policy, which is based upon the national framework and was approved at the Remuneration Committee meeting held on 30 July 2024.

2.4.3. The Board is asked to be assured that the annual Fit and Proper Persons Test (FPPT) assessment will be completed and that the annual submission will be submitted to NHS England by 30 June 2025.

2.5. Progress of the STW GP Board

2.5.1. One of the highlights of our Board Development session in May was a presentation by Dr Jess Harvey co-chair of the Shropshire, Telford and Wrekin GP Board on future priorities. The key themes included:

- Supporting and shaping the future of primary care,
- Developing new approaches to delivering optimal health and wellbeing at a neighbourhood level.

- Taking a more collaborative approach not only between GP practices and Primary Care Networks (PCN) but also with system partners to enhance healthcare across the integrated care system.

2.5.2. We look forward to supporting the GP Board in the achievement of these priorities.

2.6. Positive Audit Outcomes for the 2024-25 Accountability Reports

2.6.1. Strong governance and accountability remain central to NHS Shropshire, Telford and Wrekin's operations. As part of this, the annual internal and external audits provide independent assurance over our governance, risk management, financial control, and value for money. The outcomes of both audits this year have been very positive and reflect further progress against NHS England's National Oversight Framework Level 4 (NOF4) exit criteria, particularly in the area of Grip and Control.

2.6.2. **Internal Audit Review**
The internal audit, delivered by 360 Assurance and conducted in line with the Public Sector Internal Audit Standards (PSIAS), provides an objective annual assessment through the Head of Internal Audit Opinion. This year, we have received a **Moderate Assurance opinion**, representing a significant improvement from Limited Assurance in 2023/24. This improvement demonstrates the progress made in strengthening governance, risk management and internal controls across the ICB.

2.6.3. **External Audit Review**
The external audit, undertaken by Grant Thornton under the Local Audit and Accountability Act 2014 and the National Audit Office's Code of Audit Practice, reviews our financial sustainability, governance arrangements and economy, efficiency and effectiveness (Value for Money).

The 2024/25 external audit report concluded that:

- There were no significant weaknesses across the three assessed areas and only one improvement recommendation in relation to financial planning.
- In terms of financial sustainability, the ICB continues to improve its own financial position and that of system partners. In 2024/25 the ICB achieved its financial plan and its challenging efficiency programme, working with provider trusts to improve its overall position.
- For Governance the ICB has appropriate arrangements in place in key areas and to support informed decision making.
- For improving economy, efficiency and effectiveness it was reported that the ICB has sound arrangement to report and manage performance.

Following the Audit Committee meeting on 18th June, Grant Thornton is expected to issue an unqualified audit opinion on the 2024/25 financial statements.

Ambition   Compassion   Optimism   Focus

2.6.4. **Acknowledgements**
We would like to thank all staff involved in supporting these audits and driving the improvements that have led to these positive outcomes.

2.7. Recommendation

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

2.7.2. The Board is asked to be **ASSURED** that the Fit and Proper Person Test Submission will be sent to NHS England before the 30 June 2025.

1. ICB 25-06.175 – NHS Shropshire, Telford and Wrekin Chief Executive Officer's Report

Meeting Name: NHS Shropshire, Telford and Wrekin Board
Meeting Date: Wednesday 25 June 2025
Report Presented by: Simon Whitehouse, NHS STW, Chief Executive Officer
Report Approved by: Simon Whitehouse, NHS STW, Chief Executive Officer
Report Prepared by: Various colleagues across NHS STW
Action Required: For Noting

1.1. Purpose

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

1.2. Executive Summary

1.2.1. The report provides an update on our annual report and accounts for 2024/25.

1.2.2. The report provides an update on the Midlands Leaders Event – System Presentation.

1.2.3. The report provides assurance on the organisation's conflicts of interest, gifts, hospitality and sponsorship, and procurement registers.

1.2.4. The report provides a summary of the system workshop.

1.2.5. The report provides an update on MP briefings and arrangements.

1.2.6. The report provides an update on the everyone belongs here campaign.

1.2.7. The report provides an update on the healthy aging and frailty survey.

1.3. Recommendations

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

1.4. Conflicts of Interest

1.4.1. None.

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

1.5.1. Strategic Risk 1: The activities detailed within the report detail strategies to sustain a culture of strategic collaboration and partnership working and secure delivery of integrated care priorities.

1.6. Alignment to Integrated Care Board

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

1.7. Key Considerations

1.7.1. **Quality and Safety:** The report highlights system-wide efforts to improve quality and patient safety through transformation programmes, early intervention strategies, and targeted campaigns like the Healthy Ageing and Frailty Strategy.

1.7.2. **Financial Implications:** The report highlights the publication of the organisation's accounts for 2024/25.

1.7.3. **Workforce Implications:** The report references our engagement campaign with staff.

1.7.4. **Risks and Mitigations:** None identified.

1.7.5. **Engagement:** Strong emphasis is placed on stakeholder and public engagement, including enhanced MP briefings, professional consultations, and public input into strategies such as the Healthy Ageing and Frailty consultation.

1.7.6. **Supporting Data and Analysis:** The development of the Healthy Ageing Strategy demonstrates the use of data, modelling, and structured analysis to inform system decisions.

1.7.7. **Legal, Regulatory, and Equality:** The report addresses legal and regulatory transparency through updates to the conflicts of interest and procurement registers, while also advancing equality through its ongoing Equality, Diversity, and Inclusion initiatives and campaigns.

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. None.

2. Main Report

2.1. Introduction

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

Ambition   Compassion   Optimism   Focus

2.2. NHS Shropshire, Telford and Wrekin Annual Report and Accounts 2024/25

2.2.1. The NHS Shropshire, Telford and Wrekin Annual Report and Accounts for 2024/25 were presented to Board for approval to submit to NHS England on Friday 20th June 2025.

2.2.2. The annual report and accounts for 2024/25 will be published on our website before 30th September 2025 in line with NHS England guidance.

2.3. Midlands Leaders Event – System Presentation

2.3.1. Our system was invited to present at the Midlands Leaders event held in Leicester on Tuesday 3rd June. I had the privilege of delivering the presentation alongside Andrew Morgan (Chair, Shrewsbury and Telford Hospital NHS Trust and Shropshire Community Health NHS Trust) and Jo Williams (CEO, The Shrewsbury and Telford Hospital NHS Trust). The presentation, titled "Turning Plans into Reality," showcased the collective journey from strategic planning to effective delivery across our system. It emphasised the essential conditions for successful transformation, including shared priorities, clear accountability, disciplined execution, workforce mobilisation, and system-wide collaboration.

2.3.2. The opportunity to present at this regional forum reflects the growing recognition of the work underway by all partners across Shropshire, Telford and Wrekin. It also reinforced our commitment to transparency, leadership visibility, and continuous improvement. Importantly, the presentation underscored the need to embed a delivery mindset that links performance to impact—ensuring that our strategies result in tangible improvements for patients, our staff and communities.

2.4. Conflicts of Interest and Procurement Registers

2.4.1. In line with our conflicts of interest policy, our conflicts of interest, gifts, hospitality and sponsorship, and procurement registers should be reported to Board twice yearly.

2.4.2. NHS Shropshire, Telford and Wrekin conflicts of interest register can be found within this section of our website: Register of Interests - NHS Shropshire, Telford and Wrekin

2.4.3. NHS Shropshire, Telford and Wrekin declaration of gifts, hospitality and sponsorship register can be found within this section of our website: Conflicts of Interest - NHS Shropshire, Telford and Wrekin

2.4.4. NHS Shropshire, Telford and Wrekin procurement register can be found within this section of our website: Register of Procurement Decisions - NHS Shropshire, Telford and Wrekin

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Ambition   Compassion   Optimism   Focus

2.5. System Workshop

2.5.1. A System Transformation and Integration Workshop, led by Jo Williams (Chief Executive Officer of Shrewsbury and Telford Hospital NHS Trust and Urgent and Emergency Care System Lead), and Nigel Lee (ICB Chief Strategy Officer & SaTH Director of Strategy) brought together senior leaders from across the Shropshire, Telford and Wrekin's Integrated Care System on 16 May 2025. The session provided a valuable opportunity to share progress across a wide range of transformation programmes, align priorities and strengthen collective ownership of the system-wide agenda. Presentations highlighted key areas including urgent and emergency care, clinical pathways, community services, primary care, hospital transformation, and prevention.

2.5.2. The workshop focused on improving alignment across programmes, maximising use of partner resources, and developing a shared view on priority areas and timelines for delivery. It reinforced the importance of integrated working across our two Places and the need for clear mechanisms to monitor impact and track progress. The outputs of the session will help inform the next phase of implementation and ensure greater coherence in delivering against the ambitions of our Joint Forward Plan and the upcoming 10-year Health Plan which sets out the ambition to deliver on the Governments three shifts - moving from sickness to prevention, analogue to digital, and hospital to community.

2.6. MP Briefings and Arrangements

2.6.1. Following feedback from MPs, we have undertaken a review of our regular briefing format to create more timely and consistent updates on key performance issues from NHS Shropshire, Telford and Wrekin and NHS system partners. The new approach introduces monthly briefings, in addition to the existing quarterly MP sessions. These monthly updates will serve as concise check-ins, summarising key points of interest, while the quarterly briefings will continue unchanged in format and schedule and will enable more in-depth discussion.

2.6.2. To enhance transparency and engagement with a broader audience, we have also widened the distribution of these monthly briefings beyond MPs. The updated format will serve as an information-only update for a range of elected representatives, committees and key stakeholders and intends to support more proactive and inclusive stakeholder communication and engagement.

2.7. Equality Diversity and Inclusion Campaign

2.7.1. Tackling racism and all forms of discrimination remains a core priority for the Shropshire, Telford and Wrekin Integrated Care System (ICS). It lies at the heart of our commitment to creating a health and care system where everyone feels respected, heard, and valued.

2.7.2. Evidence shows that NHS organisations that prioritise Equality, Diversity, and Inclusion (EDI) not only foster better working cultures and

Ambition   Compassion   Optimism   Focus

higher staff satisfaction but also deliver improved patient outcomes. As part of its ongoing EDI strategy, the ICS continues to embed anti-discrimination through initiatives such as reducing workplace inequalities, improving the reporting of discriminatory incidents, and strengthening system-wide leadership and accountability.

2.7.3. We launched the '*Everyone Belongs Here*' communication campaign to coincide with World Day for Cultural Diversity. It marked a new phase in our work to create a more inclusive system. Developed in collaboration with staff networks, champions, and communication leads, the campaign combines internal engagement with a clear, measurable communications and behaviour change plan. At its heart, it celebrates the diversity of our workforce and communities, challenges discrimination, and reaffirms our commitment to building a system where everyone feels respected, valued, and where they belong.

2.8. Healthy Ageing and Frailty Survey

2.8.1. Work is progressing on the development of the Shropshire, Telford and Wrekin Healthy Ageing and Frailty Strategy (2025–2028), which aims to support older people to live well, maintain independence, and reduce health inequalities as our population ages. With over 118,000 residents aged 65+ and this is expected to rise to 162,000 by 2035, this strategy sets a clear vision to prevent, delay, or better manage frailty. Its objectives include improving understanding of frailty, supporting earlier intervention, enhancing quality of life for those living with frailty, and reducing emergency hospital admissions.

2.8.2. A formal period of public and professional engagement is currently running from 19 May to 30 June 2025. Where we are actively seeking input from older adults, carers, health and care professionals, volunteers, and community partners. This engagement will ensure the final strategy reflects local needs and priorities and is shaped by those with lived experience. The insights gathered will be vital to delivering a more joined-up, person-centred approach to healthy ageing across the system, with the final strategy due for Board submission in September 2025.

2.9. Recommendation

2.9.1. The Board is asked to note the contents of the report.

1. ICB 25-06.176 - System Board Assurance Framework (SBAF) and Strategic Risk Register (SORR)

Meeting Name: NHS Shropshire, Telford and Wrekin Board
Meeting Date: Wednesday 25th June 2025
Report Presented by: Simon Whitehouse, NHS STW, Chief Executive Officer
Report Approved by: Alison Smith, NHS STW, Chief Business Officer
Report Prepared by: Angela Porter, NHS STW, Governance Manager
Action Required: For Assurance

1.1. Purpose

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

1.2. Executive Summary

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

- **System Board Assurance Framework – Appendix A**
    - **Risk 2a –** Target closure date, actions and mitigations to address control, current performance highlights, associated risks on the System Strategic Operation Risk Register and relevant risks on system partners risk registers have been updated.
    - **Risk 2b –** Has been updated to reflect that plans for new financial year.
    - **Risk 3** – Has been fully updated.
    - **Risk 4** – Has been fully updated.
    - **Risk 5** – Current performance highlights have been updated.
    - **Risk 6** – Has been fully updated.
    - **Risk 8** – system controls and action and mitigations to address control/assurance gaps have been updated.

- **System Strategic Operational Risk Register – Appendix B**
    - **Risk 6 -** Action plan / cost / action lead /(target date) /sufficient mitigation has been updated**.**
    - **Risk 8 -** Existing key controls, Action plan / cost / action lead /(target date) /sufficient mitigation has been updated.
    - **Risk 20 –** Has been removed and replaced with **risk 28** for 25/26 financial year.
    - **Risk 21 -** Action plan / cost / action lead /(target date) /sufficient mitigation has been updated.
    - **Risk 25 -** Action plan / cost / action lead /(target date) /sufficient mitigation has been updated.

- o **Risk 29 –** New risk relating to the impact of Government NHS Reform.

- **ICB Strategic Operational Risk Register – Appendix C**
  - o **Risk 1 -** Action plan / cost / action lead /(target date) /sufficient mitigation and target closure data have been updated.
  - o **Risk 24 –** has been updated in most columns.
  - o **Risk 28** – existing controls and action plan / cost / action lead /(target date) /sufficient mitigation and target closure data have been updated.
  - o **Risk 29** – New risk relating to NHS STW revenue financial plan and capital finance plan.
  - o **Risk 30** – New Risk relating to the impact of the Government NHS reform.

1.3. Recommendations

1.3.1.   **Note** the report and accompanying appendices.

1.3.2.   **Review** the populated System Board Assurance Framework (SBAF) to affirm that sufficient levels of controls and assurances are in place in relation to the organisation's strategic risks, and the risks to the system's strategic objectives, are being properly managed.

1.3.3.   **Review** the current risks from both Strategic Operational Risk Registers (SORRs) that score above 15 for severity and likelihood and consider:
- If there are any additional assurances are necessary; and
- if any additional risks or amendments to risks are required following discussions in this Board meeting or in other forums i.e. recent committee or group meetings.

1.3.4.   Be **Assured** that the SBAF and SORR provide oversight of the strategic risks to the system meeting the strategic objectives.

1.4. Conflicts of Interest
1.4.1.   None.

1.5. Links to the System Board Assurance Framework (SBAF)
1.5.1.   Risks are outlined within the SBAF and SORR.

1.6. Alignment to Integrated Care Board
1.6.1.   The SBAF and SORR ensure that strategic risks related to health outcomes and care quality are effectively managed, enabling the ICS to focus on improving the health and healthcare services delivered to the population.

1.6.2.   By reviewing and addressing risks related to access and equity through regular committee oversight, the SBAF and SORR supports the ICS's aim

of reducing health inequalities and ensuring fair access to services for all communities.

1.6.3. The SBAF and SORR is scrutinised by the Finance Committee to ensure that financial risks are mitigated, allowing the ICS to enhance efficiency, optimise resource use, and achieve better value for money in delivering health services.

1.6.4. By managing risks related to workforce, culture, and strategic commissioning, the SBAF aligns with the ICS's goal of contributing to the broader social and economic development of the local area, fostering collaboration across public services and improving community wellbeing.

1.7. Key Considerations

1.7.1. **Quality and Safety:** The SBAF and SORR serve as core tools for identifying and mitigating risks that could compromise service quality and patient safety.

1.7.2. **Financial Implications:** The SBAF and SORR are reviewed by the Finance Committee, meaning they are actively used to track and manage financial risks. There is specific reference to the Medium-Term Financial Plan, show that financial planning is a key area of concern. These frameworks help the ICB monitor financial performance, to prevent overspend, and support efficient use of resources, which is essential for maintaining service delivery.

1.7.3. **Workforce Implications:** The SBAF includes workforce risks as part of its broader remit (as noted in the alignment with ICB objectives on social and economic development).

1.7.4. **Risks and Mitigations:** Management of risk is the primary function of SBAF and SORR. The report highlights that risks are regularly reviewed, updated, and linked across system partners, which suggests a robust approach to managing and mitigating risks. Notably, risks have been updated or amended, and one risk is recommended for removal, reflecting dynamic management and governance oversight.

1.7.5. **Engagement:** Updates across system partners and alignment with strategic objectives require ongoing dialogue and consultation with stakeholders (NHS England, local providers, communities).

1.7.6. **Supporting Data and Analysis:** The SBAF and SORR themselves are forms of structured analysis, especially with the included risk scoring matrix and performance highlights.

1.7.7. **Legal, Regulatory, and Equality:** The frameworks contribute to equality monitoring by addressing strategic risks around inequalities in outcomes, access, and experience (as noted under alignment with ICB goals).

1.8. Attachments

1.8.1. Appendix A - System Board Assurance Framework (SBAF)

1.8.2. Appendix B - Strategic Operational Risk Register (SORR) for the System showing risks of 15 or over

1.8.3. Appendix C - Strategic Operational Risk Register (SORR) for the ICB as a corporate body showing risks of 15 or over

1.8.4. Appendix D - risk scoring matrix

1.9. Impact Assessments

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

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

1. ICB 25-06.177 – Tackling Inequalities in Access, Experience and Outcomes

Meeting Name: NHS Shropshire, Telford and Wrekin Board
Meeting Date: Wednesday 25th June 2025
Report Presented by: Tracey Jones, Head of Healthcare Inequalities, NHS Shropshire, Telford & Wrekin.
Report Approved by: Nigel Lee, Chief Strategy Officer, NHS Shropshire, Telford & Wrekin.
Report Prepared by: Alexandra Mace, Healthcare Inequalities Partnership Lead, NHS Shropshire, Telford & Wrekin.
Action Required: For noting.

1.1. Purpose

1.1.1. The purpose of the report is to provide members of the Integrated Care Board with an update on system progress in tackling inequalities in access, experience and outcomes from healthcare services. The contents of the report specifically refers to nationally set objectives focused on addressing healthcare inequality.

1.2. Executive Summary

1.2.1 Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. They arise because of the conditions in which we are born, grow, live, work and age. These conditions influence how we think, feel and act and can impact both our physical and mental health and wellbeing. Within this wider context, healthcare inequalities are about the access people have to health services and their experiences and outcomes from those services.

1.2.1 There are five strategic priorities which underpin the National Healthcare Inequalities Improvement Programme and remain recurrent in the 2025/26 Operational Planning Guidance to ensure focused action continues to take place. These priorities are otherwise known as the Health Inequalities Key Lines of Enquiry (KLOEs):

- **Restoring Services Inclusively** – using local data to plan the inclusive restoration of healthcare services, ensuring that waiting list performance reports are delineated by ethnicity and deprivation.
- **Mitigating Against Digital Exclusion** – enabling robust data collection to identify which populations are accessing face-to-face, telephone and virtual consultations (broken down by relevant protected characteristic) and ensuring the impact of digital innovation is assessed, considered and mitigated.

- **Ensuring Datasets are Complete and Timely** – to improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services and specialised commissioning.
- **Accelerating Preventative Programmes** – driving initiatives which focus on the prevention of long-term conditions including those focused on lifestyle-related risk-factors and the clinical areas outlined in the Core20PLUS5 for Adults and Children & Young People.
- **Strengthening Leadership and Accountability** – ensuring named executive leads are appointed for tackling health inequalities and improving awareness and knowledge of the workforce. This also includes optimising the NHS' impact on the broader determinants of health (such as employment and environmental sustainability) by contributing to social value through our roles as Anchor Institutions.

1.2.2 In addition to the five key areas, NHS England also developed the Core20PLUS5. The Core20PLUS5 is a framework to support the NHS to make targeted and driven improvements in health and healthcare inequalities.

- **Core20** refers to people living in the 20% most deprived areas as defined by the Indices of Multiple Deprivation (IMD).
- **PLUS** refers to population groups identified by local intelligence as more likely to experience poorer health outcomes. This includes people such as those with learning disabilities or autism, drug and alcohol users and people experiencing homelessness.
- **5** refers to the five key clinical areas where evidence suggests accelerated improvement is most needed. For adults, this includes Cardiovascular Disease, which contributes to over 25% of the inequality in life expectancy we see in Shropshire, Telford & Wrekin. It also includes Cancer, Respiratory, Severe Mental Illness and Maternity.

1.2.3 Smoking is a leading cause of preventable mortality and a leading modifiable cause of health inequalities amongst Core20PLUS communities. Smoking cessation is therefore highlighted in the Core20PLUS5 as a key area of improvement which, if addressed, can lead to a positive impact across all 5 key clinical areas of the Core20PLUS5.

1.2.4 This report details the key findings of the end of year stocktake of progress against actions planned to be delivered in 2024/25.

1.2.5 Of the 20 programmes referred to and included in the Shropshire, Telford & Wrekin Healthcare Inequalities Implementation Plan, most programmes completed between 70-80% of planned work. Only 20% (the equivalent of 4 programmes) completed all planned work and very few completed less than 60%.

Ambition   Compassion   Optimism   Focus

1.2.6 Key challenges impacting on progress in 2024/25 include the availability and completeness of data, reduced financial budgets and as a result of reduced budgets, the changing landscape and impact on staff and leadership capacity to deliver key priorities with efficient continuity.

1.2.7 Despite these significant challenges, Shropshire, Telford & Wrekin has seen a wealth of progress in areas across the programme. These examples demonstrate excellent leadership across all levels of staff, the use of evidence-based information and intelligence to target improvements in population health and the application of quality improvement approaches.

1.2.8 Due to the limitations in data availability, full conclusions regarding improvement in outcomes cannot be drawn at the time of finalising this report. Work is taking place by the STW ICB Business Intelligence Team to publish a full analysis, in line with the National Statement on Information on Health Inequalities, by the end of June 2025.

1.2.9 Data that is available shows positive changes in relation to the number of children and young people accessing mental health services, treatment rates between population groups for atrial fibrillation and cholesterol and improved rates of people with a learning disability receiving an annual health check when compared to the previous year.

1.2.10 There are however areas requiring significant improvement. These areas have either seen no improvement throughout 2024/25, or have shown inequalities between population groups to be widening. This includes the treatment of hypertension and provision of diabetic care processes, both of which are significant contributors to unequal health outcomes and inequality in life expectancy across Shropshire, Telford & Wrekin.

1.2.11 A series of planned actions have been committed to by the Integrated Care Board (ICB) for delivery within 2025/26. These actions have been based on learning taken from 2024/25, as well as analysis undertaken to understand impact against key outcomes.

1.3 Recommendations

1.3.1 Note the contents of the report and the progress made to date.

1.3.2 Continue to support and champion progress against healthcare inequalities key priorities within your respective organisations to improve the experience and health outcomes of Core20PLUS populations.

1.3.3 Specifically promote and encourage urgent action to realise improvements in the completion and accuracy of coded demographic data, such as ethnicity and housing status, to enable successful population health management.

Ambition   Compassion   Optimism   Focus

1.3.4   Support concerted efforts to address inequality in hypertension treatment and recover treatment levels to the national target of 80%, acknowledging that blood pressure is one of the leading risk factors in poorer outcomes from Cardiovascular Disease. Cardiovascular Disease contributes to over 25% of the inequality in life expectancy seen between people living in the most deprived compared to those living in the least deprived areas of Shropshire, Telford & Wrekin.

1.3.5   Provide top-down, senior support to promote health inequalities as a golden thread to existing service design, commissioning, transformation and delivery and not thought of as an optional, additional task, mitigating the risk of de-prioritisation amongst competing financial and performance pressures.

1.3.6   As a system, endorse the mandatory embedding of quality improvement approaches, supporting staff to attend quality improvement training and embed quality improvement principles within project management and service improvement.

1.4   Conflicts of Interest
1.4.1   No conflicts of interest have been identified.

1.5   Links to the System Board Assurance Framework (SBAF)
1.5.1   BAF RISK 3: Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. There is a risk that with competing priorities in a challenged system, insufficient focus is given to targeted interventions for populations identified as experiencing the greatest levels of inequality i.e. CORE20+ populations.

1.6   Alignment to Integrated Care Board
1.6.1   This report aligns with the following ICB pledges:

Improving safety and quality	
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	X
Delivering improvements in Mental Health and Learning Disability/Autism provision	X
Economic regeneration	
Climate change	
Leadership and Governance	X
Enhanced engagement and accountability	X
Creating system sustainability	X
Workforce	

Ambition   Compassion   Optimism   Focus

1.7 Key Considerations

1.7.1 **Quality and Safety:** Addressing inequalities improves patient experience and effective efficient care processes

1.7.2 **Financial Implications:** Investment in and focus on health inequalities and prevention contributes to reducing overall system costs of treating later stage illness.

1.7.3 **Workforce Implications:** Ongoing need to raise awareness of health and healthcare inequalities amongst healthcare staff and actions to reduce them.

1.7.4 **Risks and Mitigations:** There are substantial risks moving into 2025/26 in light of recent national announcements for further reductions in costs and the consistent challenges relating to insufficient capacity to deliver against national requirements.

    1.7.4.1 **Risk:** Based on progress made in 2024/25 and the robustness of plans for 2025/26, there is a risk relating to the delivery of improvements in key clinical areas, such as Cardiovascular Disease and Diabetic Care.
    Mitigation: Current mitigations are in place through the additional support of the STW ICB Health Inequalities Team, who will actively work with programme leads whereby accelerating improvement, specifically in relation to actions to reduce inequalities, is required within 2025/26. However, it should be noted that due to recent national announcements and subsequent recruitment pauses, capacity within the STW ICB Health Inequalities Team has been reduced.

    1.7.4.2 **Risk:** There is a risk in relation to the availability and completeness of data and the capability to use this data to monitor trends in improvement against key outcome metrics and inform strategic intervention.
    Mitigation: Mitigating actions include:
    o The utilisation of Schedule 2N of the NHS Standard Contract to set out requirements on Trusts to focus improvements operationally in the improvement of demographic data coding.
    o Enhanced oversight from data teams on the data quality and completeness of demographic information within patient records.
    o The ongoing development of the STW Population Health and Health Inequalities Dashboard, to include visualisation of trends over time to demonstrate impact against key health inequality metrics. The dashboard is being produced by the STW ICB Business Intelligence Team, with an anticipated launch in Quarter 2 2025/26.

    1.7.4.3 Additional programme risks may be identified in-year subject to further discussions with programme leads regarding the

Ambition   Compassion   Optimism   Focus

robustness of plans to tackle inequalities in access, experience and outcomes within programme areas. Programme risks will be managed through existing governance structures.

1.7.5 **Engagement:** not applicable to the contents of this report.

1.7.6 **Supporting Data and Analysis:** supporting information has been included by way of **Appendix 1.** This appendix provides an overview of progress throughout 2024/25, provided by programme leads, relating to key programmes and projects within the Healthcare Inequalities Implementation Plan. Further analysis against a subset of key health inequality outcome measures, as set by the [National Statement on Information on Health Inequalities](#), has been included within this report. Please note that at the time of finalising this report, not all data was available. Shropshire, Telford & Wrekin's full response to the statement will be published, in line with NHS England's requirements, on the [Health Inequalities Page](#) of the ICB's website by the end of June 2025, at which time additional data will be available to publish a full report against all key metrics outlined in the statement, including a small set of additionally agreed local metrics.

1.7.7 **Legal, Regulatory, and Equality:** There is a legal and statutory duty to have due regard to consider health inequalities and for Integrated Care Boards (ICBs) and Foundation/Trusts to collect, analyse, publish and use information on health inequalities under Section 13SA of the National Health Service Act 2006. Supporting the importance of delivery of differential and targeted care for Core20PLUS is integral to the ICBs promotion and commitment to the Equality, Diversity and Inclusion workforce and wider community agenda.

1.8 Impact Assessments
1.8.1 **Has a Data Protection Impact Assessment been undertaken?** Not applicable.
1.8.2 **Has an Integrated Impact Assessment been undertaken?** Not applicable.

1.9 Attachments
1.9.1 **Appendix 1 –** Quarter 4 2025/26 Programme Highlight Reports
1.9.2 **Appendix 2 –** 2025/26 Summary of Planned Action

2 Main Report

2.2 Introduction

Ambition   Compassion   Optimism   Focus

2.2.1　Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. They arise because of the conditions in which we are born, grow, live, work and age. These conditions influence how we think, feel and act and can impact both our physical and mental health and wellbeing. Within this wider context, healthcare inequalities are about the access people have to health services and their experiences and outcomes from those services.

2.2.2　Research shows that people living in areas of high deprivation, those from Black, Asian and minority ethnic communities and those from inclusion health groups, for example the homeless, are most at risk of experiencing health inequalities.

2.2.3　Tackling inequalities in outcomes, experience and access of healthcare services is one of four key purposes of Integrated Care Systems (ICSs) and should be central to everything we should do.

2.2.4　In addition to this, addressing health inequalities positively contributes to all four of the key purposes. By committing to the use of targeted, evidenced based approaches alongside fully optimising our roles as Anchor Institutions to have a broader impact on social and economic development within the community, we will improve our populations health outcomes, enhance our productivity and subsequently improve value for money across the system.

2.2.5　Deprivation is measured using the national Index of Multiple Deprivation (IMD). The IMD ranks each small area in England from most (decile 1) to least deprived (decile 10) based on a combination of seven different factors including income, employment, education, health, crime, barriers to hosing and services and living environment.

2.2.6　Life expectancy is lowest in the most deprived 20% of areas (deciles 1 & 2 below) and there is a gradient in life expectancy by deprivation in both Telford & Wrekin and Shropshire. The gap in life expectancy between people living in the most deprived and the least deprived areas is greater in Telford & Wrekin compared to Shropshire and life expectancy in Telford & Wrekin is lower than life expectancy across England a whole.

Information on inequalities between Shropshire and Telford and Wrekin and England as a whole, 2020 to 2021

	Shropshire		Telford & Wrekin	
	Male	**Female**	**Male**	**Female**
Life expectancy **(local)**	79.7	83.9	77.8	81.6
Life expectancy in **England**	78.7	82.7	78.7	82.7
Gap (years)	**-1.0**	**-1.2**	**0.9**	**1.0**

Ambition　Compassion　Optimism　Focus

Information on inequalities between the most and least deprived quintile of Shropshire and Telford and Wrekin, 2020 to 2021

	Shropshire		Telford & Wrekin	
	Male	**Female**	**Male**	**Female**
Life expectancy – **most** deprived quintile	77.2	82.7	74.2	78.9
Life expectancy – **least** deprived quintile	81.4	85.5	81.4	83.8
Gap (years)	**4.2**	**2.7**	**7.3**	**4.9**

2.2.7 According to the 2021 Census, there are 60,100 people living in the 20% most deprived areas nationally in Shropshire, Telford & Wrekin, of which 45,400 live in Telford & Wrekin and 14,700 live in Shropshire. These areas are those to which the National 'Core20' approach to target improvements in health and healthcare inequalities is targeted. There are also a range of other excluded groups that we have considered locally as part of this approach, for example, those with Learning Disability and households at risk of digital and/or rural exclusion and isolation.

2.3   Background

2.3.1 There are five strategic priorities which underpin the National Healthcare Inequalities Improvement Programme and remain recurrent in the 2025/26 Operational Planning Guidance to ensure focused action continues to take place. These priorities are otherwise known as the Health Inequalities Key Lines of Enquiry (KLOEs):

- **Restoring Services Inclusively** – using local data to plan the inclusive restoration of healthcare services, ensuring that waiting list performance reports are delineated by ethnicity and deprivation.
- **Mitigating Against Digital Exclusion** – enabling robust data collection to identify which populations are accessing face-to-face, telephone and virtual consultations (broken down by relevant protected characteristic) and ensuring the impact of digital innovation is assessed, considered and mitigated.
- **Ensuring Datasets are Complete and Timely** – to improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services and specialised commissioning.
- **Accelerating Preventative Programmes** – driving initiatives which focus on the prevention of long-term conditions including those focused on lifestyle-related risk-factors and the clinical areas outlined in the Core20PLUS5 for Adults and Children & Young People.

Ambition   Compassion   Optimism   Focus

- **Strengthening Leadership and Accountability** – ensuring named executive leads are appointed for tackling health inequalities and improving awareness and knowledge of the workforce. This also includes optimising the NHS' impact on the broader determinants of health (such as employment and environmental sustainability) by contributing to social value through our roles as Anchor Institutions.

2.3.2   In addition to the five key areas, NHS England also developed the Core20PLUS5. The Core20PLUS5 is a framework to support the NHS to make targeted and driven improvements in health and healthcare inequalities.

2.3.3   **Core20** refers to people living in the 20% most deprived areas as defined by the Indices of Multiple Deprivation (IMD).

2.3.4   **PLUS** refers to population groups identified by local intelligence as more likely to experience poorer health outcomes. This includes people such as those with learning disabilities or autism, drug and alcohol users and people experiencing homelessness.

2.3.5   **5** refers to the five key clinical areas where evidence suggests accelerated improvement is most needed. For adults, this includes cardiovascular disease, which contributes to over 25% of the inequality in life expectancy we see in Shropshire, Telford & Wrekin. It also includes cancer, respiratory, severe mental illness and maternity.

2.3.6   Smoking is a leading cause of preventable mortality and a leading modifiable cause of health inequalities amongst Core20PLUS communities. Smoking cessation is therefore highlighted in the Core20PLUS5 as a key area of improvement which, if addressed, can lead to a positive impact across all 5 key clinical areas of the Core20PLUS5.

2.3.7   A high-level implementation plan was developed with system leads in Q1 2024/25 to identify key programmes of work aligned to priority objectives and which targeted improvements specifically for Core20PLUS population groups. The plan identifies 20 high-level priority objectives aligned to the Operational Planning Guidance and Core20PLUS5 and outlines key actions and deliverables for the forthcoming year with a view to monitor progress each quarter in alignment with national reporting requirements.

2.4   Health Inequalities Programme Governance

Ambition   Compassion   Optimism   Focus

2.4.1 In September 2023, the Shropshire, Telford & Wrekin Health Inequalities and Prevention Group (previously referred to as a Board) was established to maintain oversight of the plan. The group meets bi-monthly and continues to be Chaired by Public Health, Telford & Wrekin Council, with the Head of Healthcare Inequalities from Shropshire, Telford & Wrekin ICB as Vice-Chair and membership from Healthcare Inequality Senior Responsible Officers from health sector organisations.

2.4.2 The function of the Health Inequalities and Prevention Group is both to monitor the progress of the specific programmes currently being undertaken as they relate to the core health inequalities objectives in the NHS Operating Guidance and Joint forward Plan and to ensure greater collaboration takes place across the system.

2.4.3 A robust reporting and monitoring framework was developed to provide oversight of progress made against the actions and deliverables outlined in the high-level implementation plan, relevant risks and mitigations but also key highlights of best practice and successes taking place across the system to celebrate achievements. The highlight reports for each programme can be seen in **Appendix 1**. These appendices detail the reporting templates used at the Health Inequalities and Prevention Group, enabling members to draw attention to projects reporting delays to progress or escalating issues.

2.5 Delivery Against the 2024/25 Healthcare Inequalities Implementation Plan

2.5.1 This report details the key findings of the end of year stocktake of progress against actions planned to be delivered in 2024/25. Of the 20 programmes referred to and included in the Shropshire, Telford & Wrekin Healthcare Inequalities Implementation Plan, most programmes completed between 70-80% of planned work. Only 20% (the equivalent of 4 programmes) completed all planned work and very few completed less than 60%.

2.5.2 An overview of completed deliverables for each programme has been included in the table below:

Programme		Delivery
KLOE 1: Inclusive Recovery		
1	Elective Recovery	No deliverables identified in-year
2	Waiting Well	5/5 deliverables completed = 100%
3	Urgent & Emergency Care	5/9 deliverables completed = 56%
KLOE 2: Mitigating Digital Exclusion		
4	Digital Transformation	3/6 deliverables completed = 50%
KLOE 3: Complete & Timely Datasets		
5	Collective Intelligence and Population Health Management Programme	4/5 deliverables completed = 80%
KLOE 4: Accelerating Preventative Programmes		

Ambition   Compassion   Optimism   Focus

6	A System Approach to Smoke-free	5/7 deliverables completed = 71%
7	Weight Management	24/25 deliverables completed = 96%
8	Drug and Alcohol	5/7 deliverables completed = 71%
9	Learning Disability Annual Health Checks	7/7 deliverables completed = 100%
10	Maternity & Neonatal Services	14/19 deliverables completed = 74%
11	Severe Mental Illness (SMI) Physical Health Checks	6/6 deliverables completed = 100%
12	System Vaccinations	8/8 deliverables completed = 100%
13	Cancer Improvement	10/11 deliverables completed = 91%
14	Cardiovascular (CVD) Prevention	7/9 deliverables completed = 78%
15	Children & Young People's (CYP) Asthma	6/9 deliverables completed = 67%
16	Children & Young People's (CYP) Epilepsy	6/10 deliverables completed = 60%
17	Children & Young People's (CYP) Diabetes	3/4 deliverables completed = 75%
18	Children & Young People's (CYP) Oral Health	9/12 deliverables completed = 75%
19	Children & Young People's (CYP) Mental Health	4/6 deliverables completed = 67%
KLOE 5: Leadership & Accountability		
20	Leadership Programme	26/34 deliverables completed = 74%

2.6 Key Challenges

2.6.1 Through programme reporting and an end-of-year analysis, the following common themes relating to delays in progress across key programmes of work have been identified:

- **Theme 1: Data availability and incompleteness**
  Significant work has taken place to identify and develop essential intelligence and data tools which enable service design leads and commissioners to target interventions where they are needed most. This has led to a series of developments, such as disaggregating data within existing dashboards, developing new dashboards and working extensively with partners across the system to measure impact against reducing existing disparities in access, experience and outcomes. Whilst substantial progress has been made, there remains a number of key focus areas where the granularity of data needed to monitor measurable improvements is not available to the ICB. In addition to this, where granular data is available, there remains a substantial proportion of ethnicity data within the system recorded as 'unknown',

Ambition Compassion Optimism Focus

therefore hindering the ability to utilise this data to understand current access and outcomes for population groups from minority ethnic backgrounds. This is a significant issue, as evidence tells us that people from certain ethnic backgrounds are at higher risk of some conditions or are more likely to experience a poorer outcome after developing an illness e.g. rates of infant and maternal mortality, cardiovascular disease (CVD) and diabetes are higher among Black and South Asian groups than white groups.

In addition to issues surrounding the completeness of data, in 2024/25 Shropshire, Telford & Wrekin's main Acute Services Provider experienced issues with their data warehouse. This led to a significant portion of data being unavailable from July 2024 and reduced Business Intelligence and Data Team capacity amidst working to resolve this issue. The issue has since been resolved, with a full and complete data submission for the full year taking place in May 2025, however, this has had a significant impact on key programmes of work in-year, which required data to inform improvement. For example, limited progress has been made with regard to restoring elective waiting lists inclusively, as this work relies on understanding data which shows the demographic breakdown of current waiting lists to identify existing inequality, reasons behind long waits and then identify the appropriate interventions.

- **Theme 2: Reduced financial budgets**
  The programme of health inequality plans includes improvements/ incremental changes to existing services and a portion of enhanced services that deliver change through implementing specific targeted interventions or new innovations. There are continued challenges in relation to the limited availability of ongoing funding for new initiatives, especially those which require additional workforce resources. Many service and project leads have advised that delays to progress are a direct result of withdrawn national funding or the uncertainty that funding would continue beyond March 2025.

  After similar challenges were raised in 2023/24, work has taken place 2024/25 to embed consideration for health inequalities as a key criterion in the ICB's Strategic Decision-making Framework, thereby increasing the likelihood of approved funding whereby projects or services are able to demonstrate the positive impact they will have on reducing health inequality.

  As part of the refreshed ICB Strategic Commissioner Operating Model, the ICB developed a Strategic Decision-making Framework. As part of the joint commissioning and health inequalities objectives, the highest possible weighting was given

to the assessment of how proposals would address or reduce healthcare inequalities. This process is a key mitigation in the promotion of health inequalities against other competing demands for resources and assists in the likelihood of projects receiving funding where they can demonstrate the evidence for impact.

Following the directive from NHS England, some elements of the previously ring-fenced System Development Fund (SDF) that had been used to support programmes addressing health inequalities has become part of the core budgetary processes.

As the Board are aware, NHS Shropshire, Telford & Wrekin, as a system, is in a significantly challenged financial position and as part of the recovery process, the system is required to demonstrate rigour with regard to resource commitments. Therefore, an additional process has been put in place to assess service value ahead of future commitment to recurrent funding of services that were funded from system development funding.

Through this process the ICB, in its role as strategic commissioner, will evaluate the impact of the existing funded services and new proposed services with a potential to de-prioritise services which are assessed as either not responding proportionately to patient need, duplicate existing services , do not offer high quality or value for money or which do not deliver against the ICB statutory responsibilities, such as reducing health inequalities. Service assessments remain ongoing into Quarter 1 2025/26, with an interim arrangement to offer continued funding to all services until decisions have been made until the end of Quarter 1.

Services that have been subject to this process include tobacco dependency, alcohol care, Continuity of Carer, Cardiovascular Disease (CVD) prevention and children and young people's asthma and epilepsy services. The process has unavoidably led to uncertainty of service continuation and challenges in progress in these areas, leading to substantial risk to the development and delivery of plans in 2025/26 which continue to support the reduction of inequalities in access, experience and outcomes from healthcare services, and which relate to the delivery of the Core20PLUS ambitions. Risks to the delivery of health inequality strategic priorities have been raised, highlighting the potential negative impact any decision to decommission or discontinue such services would have on our most under-served populations.

- **Theme 3: A changing landscape and its impact on capacity**
  Throughout 2024/25, there has been significant change with regard to the staffing and recruitment structures across the

system. The ICB has undertaken a Management of Change which aimed to meet 30% cost reductions set out by NHS England and the ICS have also seen substantial recruitment pauses more broadly across the system. As a result, there have been a number of changes to leadership portfolios, project ownership and long lead-in recruitment times to fill newly established team structures, which continued into Quarter 4 2024/25.

Positively, the ICB Management of Change consultation and design process introduced a substantive Health Inequalities Team (4.75WTE) in recognition of the value provided by dedicated roles which would drive forward the NHS healthcare inequalities agenda and strategically support the system to meet its statutory duty of reducing inequalities in access, experience and outcomes. Two previously fixed-term roles were made permanent and three new roles were introduced, including a part-time senior Head of Healthcare Inequalities, a Healthcare Inequalities Partnership Lead and a Team Administrator.

In March 2025 however, existing pressures were further exacerbated by national announcements stating that ICBs were required to make additional cost reductions of 50% by Quarter 3 of 2025/26, leading to all live recruitment being paused. This included pausing recruitment to two full-time health inequality roles.

This changing landscape has understandably led to a significant number of delays in progress due to unplanned, reduced capacity and lead-in times for new project leads to familiarise themselves with their new portfolios as part of work handovers. This has included work to mitigate against digital exclusion, as senior digital leadership changed in-year, resulting in delays to delivery against this key area. Two additional significant changes included the adoption of Greener NHS into the ICB Health Inequality Team portfolio and the shift of NHS Long Term Plan Prevention to the Strategy and Development Team.

2.6.2 In addition to the above themes, it should be noted that there has continued to be less progress made than planned in relation to restoring elective services inclusively (KLOE 1) and mitigating against digital exclusion (KLOE 2). Both objective areas have been identified for their limited progress in previous end-of-year evaluations. These delays in progress are as a result of the key themes and challenges identified within this report. As a result, escalations have been made in-year to members of the Health Inequalities and Prevention Group to make recommendations and seek senior support in removing barriers to progress.

Ambition   Compassion   Optimism   Focus

2.7 Key Achievements

2.7.1 Despite significant challenges, Shropshire, Telford & Wrekin has seen a wealth of progress in areas across the programme. These examples demonstrate excellent leadership across all levels of staff, the use of evidence-based information and intelligence to target improvements in population health and the application of quality improvement approaches.

2.7.2 We have strengthened our governance arrangements, building on the clear strategic oversight arrangements in place at system-level to replicate focused governance arrangements across our Provider Trusts.

2.7.3 Good governance and escalatory processes have led to positive steps being taken forward in relation to areas of limited progress, such as restoring elective services inclusively (KLOE 1) and mitigating against digital exclusion (KLOE 2). In Quarter 4 2024/25, recommendations were agreed to ensure health inequality is core to newly established Elective Reform Steering Groups and that quarterly reviews of waiting list data (children and young people and adults) are undertaken and collectively discussed within the System Planned Care Delivery Group to better understand trends in inequality and actions required to address them.

2.7.4 Work has also been facilitated by the STW ICB Health Inequalities Team to accelerate progress in digital inclusion. In Quarter 4 2024/25, a series of workshops were held with system partners (including Local Authority, Healthcare Trusts, Primary Care and the Voluntary and Community Sector) to understand and identify priority action to improve digital inclusion within the NHS. This was with the aim of co-developing a 2-year Plan for Mitigating Against Digital Exclusion, for delivery between July 2025 and March 2027, which specifically takes into account how the system will ensure mitigations are in place to reduce the risk of excluding communities who are not digitally enabled amidst the increasing shift to digitally provided services. This plan is in the final stages of engagement with system partners and will be driven forward by a newly established Digital Inclusion Steering Group from 2025/26 onwards.

2.7.5 Shropshire, Telford & Wrekin has continued to grow a passionate network of Core20PLUS Ambassadors. These Ambassadors actively promote a culture where staff understand health inequality, the barriers which make it harder for under-represented communities to access healthcare services, and the actions healthcare professionals can take to remove them. An additional 23 healthcare staff successfully applied to the NHS England Core20PLUS Ambassador Programme this year, accumulating to 38 Ambassadors in total representing change within the ICB, Primary Care and Trust settings and across a range of specialisms and departments such as clinical, strategy, medicines, operational and data analytics. They have been pioneering new projects based on evidence and the experiences of our local communities to improve access for under-represented groups.

2.7.6   The healthcare inequalities team have continued to build on our health inequalities resource and intelligence, having developed a shared space on our local system intranet to share best practice, signpost to essential resources and spotlight the excellent work taking place across the system to reduce inequalities in access, experience and outcomes.

2.7.7   Business Intelligence Teams have worked collaboratively with Public Health and Health Inequality Leads to co-develop the first phase of the Shropshire, Telford & Wrekin Population Health and Health Inequalities Dashboard. The dashboard intends to support and enable analysis of inequalities in service planning and delivery, using key, nationally set metrics as identified in the Statement on Information on Health Inequalities, as well as locally agreed measures. The dashboard further aims to provide an overview of trends in improvement and demonstrate progress against reducing gap variance between demographic groups over time. The dashboard entered into User Access Testing (UAT) in January 2025, with further planned development due to take place in May 2025 prior to being made accessible to service commissioning and re-design leads.

2.7.8   Midlands Partnership University Foundation Trust (MPUFT) have worked collaboratively with system partners to strengthen the offer of support for people experiencing poorer mental health and people with Severe Mental Illness (SMI). This has included developing health and wellbeing offers, such as access to free football and tennis activities and the adaptation of caseworker led outreach models of care, offering dual diagnosis support for both physical and mental health to people experiencing, or at risk of homelessness.

2.7.9   The system have seen significant improvements in the number of children and young people with access to diabetic technologies. A recent Getting it Right First Time (GIRFT) Review highlighted that Shropshire, Telford & Wrekin has one of the highest proportions of children and young people on Hybrid Closed Loops. Quality improvement work led by Paediatric Teams at Shrewsbury and Telford Hospital NHS Trust (SaTH) 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%.

Ambition   Compassion   Optimism   Focus

2.7.10 Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) have undertaken a comprehensive DNA Audits at Trust and Service level, which identified a theme in children and young people who were not brought to their appointments (CYP WNB). A series of actions were introduced in an attempt to reduce CYP WNBs moving forward. This has included proactively contacting patients to discuss their appointment and documenting reasons for missed appointments. As a result, the Trust has seen positive improvements in the rates of CYP WNB, which have reduced from over 10% to under 5% in 14 months.

2.7.11 General Practice, in partnership with Midlands Partnership University Foundation Trust (MPUFT), have successfully exceeded this year's target of 75% of annual health checks to be completed for people with a registered learning disability, achieving 85.6% by the end of March 2025.

2.7.12 Shropshire Community Health NHS Trust have continued to build upon evidence-based approaches to improve vaccination uptake amongst at-risk population groups. This has included working in partnership with Public Health and Voluntary, Community and Social Enterprise (VCSE) organisations to develop joined-up approaches for offering vaccinations to people with learning disabilities and/or autism, people experiencing homelessness and socially isolation populations such as people who are in contact with the justice system, refugees and Gypsy, Roma, Traveller communities.

2.7.13 Shropshire, Telford & Wrekin Integrated Care System (ICS) became formally recognised as a Sustainability Exemplar Site, having successfully sustained the Shropshire, Telford & Wrekin Cancer Champions project (part of the NHS England Core20PLUS5 Connector Programme). The project has demonstrated excellent partnerships with our broader partners and communities, resulting in successfully training over 400 people from diverse and under-represented backgrounds in spotting the signs of early cancer symptoms and raising awareness of local screening. Last year, we saw big increases in the uptake of cancer screening and that trend has continued into 2024/25. For breast and bowel screening, we were 5% higher than the national and regional average.

2.7.14 Collaborative working with partners from Local Authority the Voluntary and Community Sector has led to over 260 pop-ups events taking place this year to offer outreach blood pressure checks and lifestyle conversations in targeted areas. These events were held across 98 locations, including faith and community venues. 52 champions have been trained and approximately 1 in 4 people checked have been from a Black, Asian or Ethnic Community. The project has identified over 13% of people who had a blood pressure check to have undetected hypertension.

Ambition   Compassion   Optimism   Focus

2.7.15   Shropshire, Telford & Wrekin were one of the first systems to be visited by the Regional NHS England Health Inequalities Team as part of a new approach to understanding system progress against statutory duties to reduce inequalities in access, experience and outcomes. Feedback from the visit, held in January 2025, was extremely positive, noting particularly the vast range of colleagues who attended the day to share and discuss their work and the enthusiasm felt by all to make a difference to under-served and under-represented communities in STW.

2.8 Progress Against Health Inequality Outcome Metrics

2.8.1   On 28th November 2023, NHS England released a Statement on Information on Health Inequalities. The statement sets out a description of the powers available to relevant NHS bodies, including the Integrated Care Board (ICB) to collect, analyse and publish information on health inequalities under Section 13SA of the National Health Service Act 2006.

2.8.2   The purpose of exercising these powers is to:
- Understand healthcare needs, including by adopting population health management approaches, underpinned by working with people and communities.
- Understand health access, experience and outcomes, including by collecting, analysing and publishing information on health inequalities set out in the Statement and relevant domains.
- Publish information on health inequalities within or alongside annual reports in an accessible format.
- Use data to inform action, including as outlined in the Statement.

2.8.3   The domains of indicators included within the statement align to the clinical areas outlined in the Core20PLUS5 for Adults and Children & Young People.

2.8.4   It should be noted that throughout 2024/25, local capability to access data has been limited due to local issues with the Acute Trust's data warehouse. The report does provide a limited a set number of metrics with further analysis undertaken by the NHS STW ICB Health Inequalities Team to understand progress and improvement against key health inequality metrics available.

2.8.5   Shropshire, Telford & Wrekin's full response to the statement will be published, in line with NHS England's requirements, on the Health Inequalities Page of the ICB's website by the end of June 2025, at which time additional data will be available to publish a full report against all key metrics outlined in the statement, including a small set of additionally agreed local metrics.
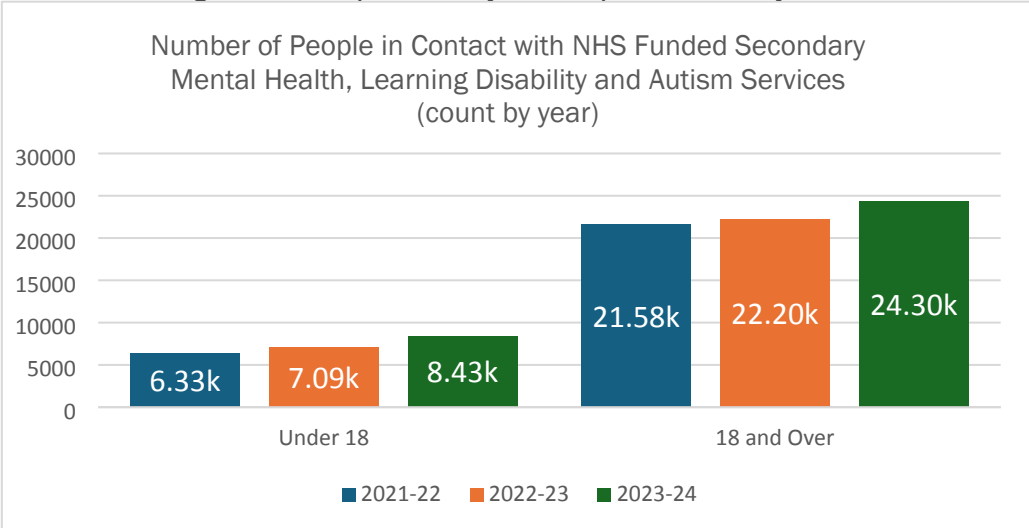
Ambition   Compassion   Optimism   Focus

2.8.6   In addition to issues relating to data availability for the 2024/25 year, further caveats much be regarded relating to the completeness and quality of ethnicity data and high rates of data recording ethnicity as 'missing', 'not known' or 'not stated'. As a result, the full extent of inequality between ethnic group is not fully known.

2.8.7   The data available has shown positive increases in the number of children and young people able to access support for mental health and wellbeing since the previous year as per nationally set access rates.

Number of People in Contact with NHS Funded Secondary
Mental Health, Learning Disability and Autism Services
(count by year)

Under 18: 6.33k (2021-22), 7.09k (2022-23), 8.43k (2023-24)
18 and Over: 21.58k (2021-22), 22.20k (2022-23), 24.30k (2023-24)

■ 2021-22   ■ 2022-23   ■ 2023-24

Source : NHS England : Mental Health Bulletin, 2023/24 Annual Report

2.8.8   It should be noted however that this data is not currently available split by deprivation or ethnicity and therefore no assessment can be made as to the potential inequalities which may exist between children and young people from deprived or minority ethnic backgrounds.

2.8.9   There has continued to be higher rates of people aged 18+, with no recorded Cardiovascular Disease, a QRISK score of 20% or more and who live in our most deprived geographical areas, being provided with lipid lowering therapy (67% compared to 64% last year). This year's figures indicate large substantial reductions in the gap in treatment between younger people (aged 18-39), which was previously 36%, up to 50% in 2024/25, compared to people aged 40+ (treatment rates between 54- 68%).
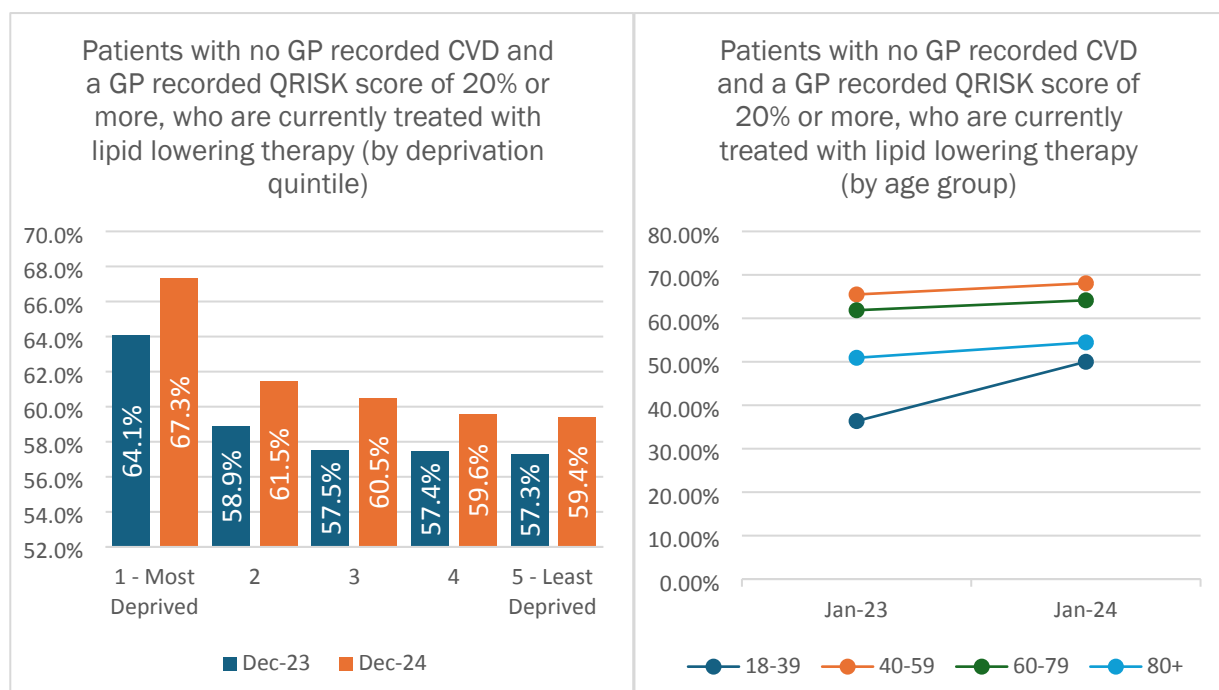
Ambition   Compassion   Optimism   Focus

Patients with no GP recorded CVD and a GP recorded QRISK score of 20% or more, who are currently treated with lipid lowering therapy (by deprivation quintile)

Patients with no GP recorded CVD and a GP recorded QRISK score of 20% or more, who are currently treated with lipid lowering therapy (by age group)

Data Source: https://www.cvdprevent.nhs.uk/

2.8.10   At the end of March 2025, 85.6% of people aged 14+, with a registered learning disability, had received a Learning Disability Annual Health Check (LDAHC). This is a 7.6% increase on the previous year (78% in March 2024) and exceeds the national target of 75%.

Percentage of People with a Learning Disability who received a Learning Disability Annual Health Check
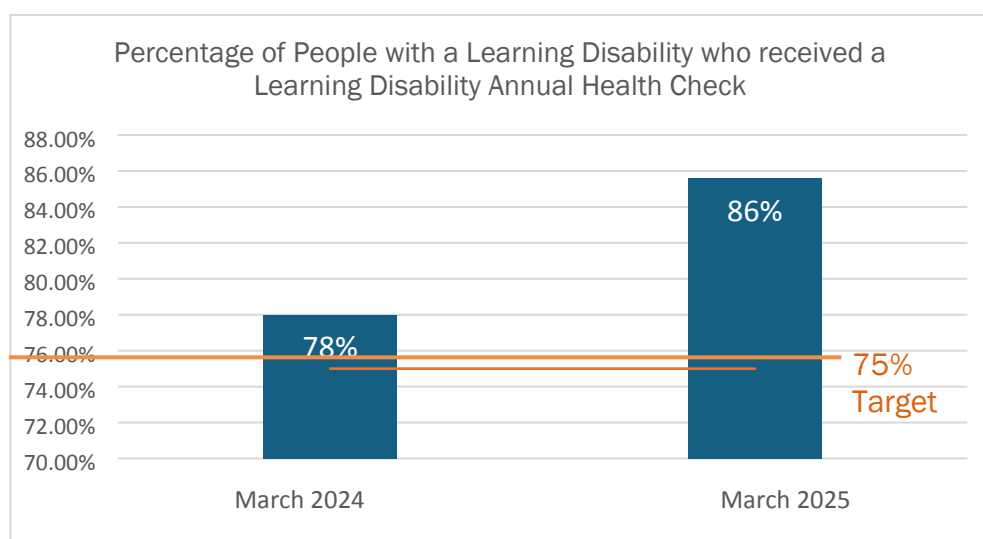
Data source: NHS England Learning Disabilities Health Check Scheme

2.8.11   There has been a substantial increase in the number of people recorded with 'other ethnicity', aged 18+ with GP recorded Atrial Fibrillation and a record of CHA2DS2-VASc score of 2 or more being treated with anticoagulation drug therapy (81 – 96% between December 2023 and December 2024).

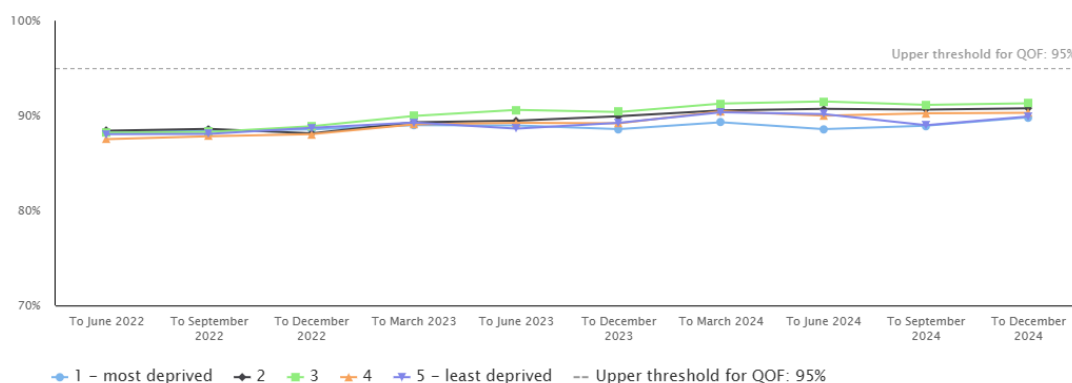**Number of people recorded aged 18+ with GP recorded Atrial Fibrillation and**

a record of CHA2DS2-VASc score of 2 or more being treated with anticoagulation drug therapy (by ethnicity)
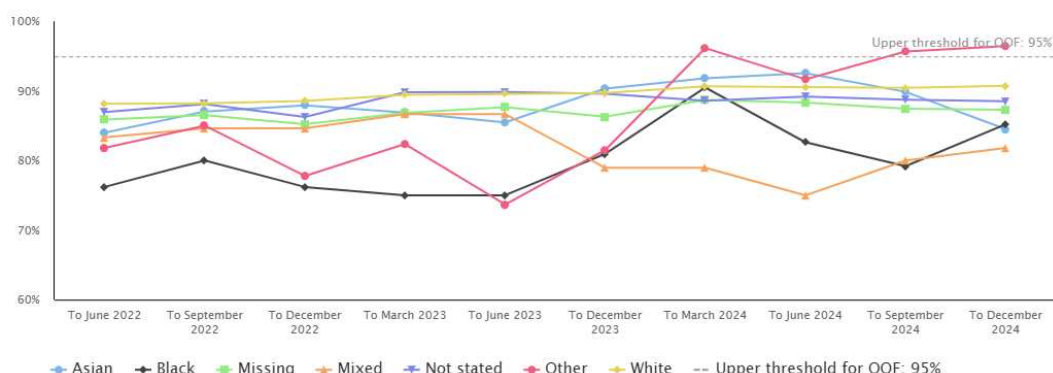
2.8.12   Whilst variation has been seen in-year for people from other ethnic backgrounds (including mixed and black ethnicities), end of year figures show restored treatment levels with little variation when compared with 12 months prior. There also continues to be little variation in treatment for atrial fibrillation between people from the most deprived and least deprived areas.

Number of people recorded aged 18+ with GP recorded Atrial Fibrillation and a record of CHA2DS2-VASc score of 2 or more being treated with anticoagulation drug therapy (by deprivation quintile)

2.8.13   Data from the Office for Health Improvement and Disparities estimates that 12.5% of the Shropshire, Telford & Wrekin population (age 18+) are smokers, a higher rate than the national average of 11.6%. Trendline analysis indicates that the ICB has seen little movement in its estimated smoking prevalence, which was recorded as 12.6% in 2020, 13.4% in 2021 and 12.4% in 2022.

2.8.14   At a Local Authority level, smoking prevalence in Shropshire appears to have increased slightly since 2022, from 10 to 11.4%. Prevalence in Telford & Wrekin has reduced by 2.2% (16.7 – 14.5%).
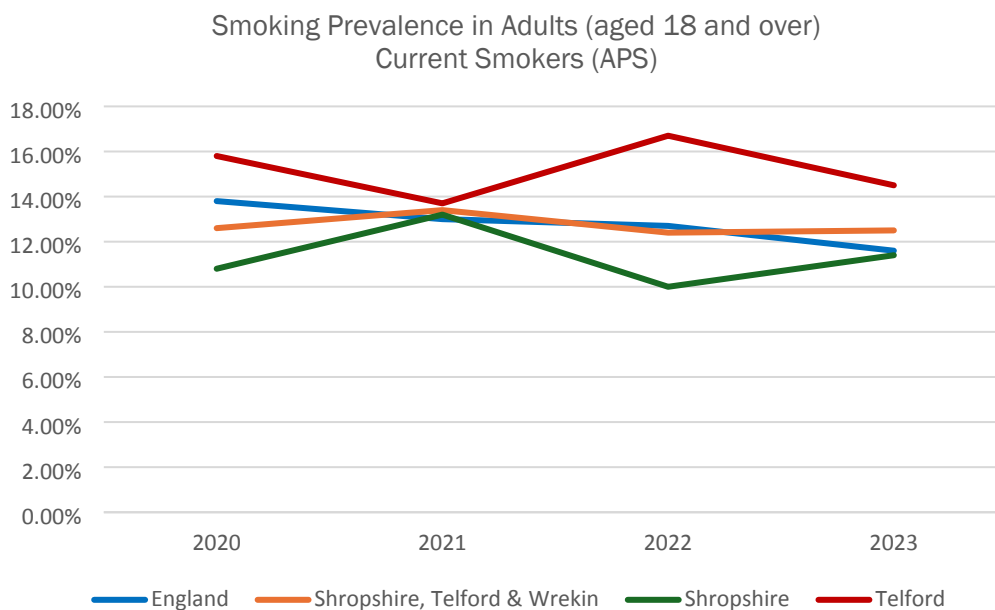
**Smoking Prevalence in Adults (aged 18 and over)
Current Smokers (APS)**

Legend: England — Shropshire, Telford & Wrekin — Shropshire — Telford
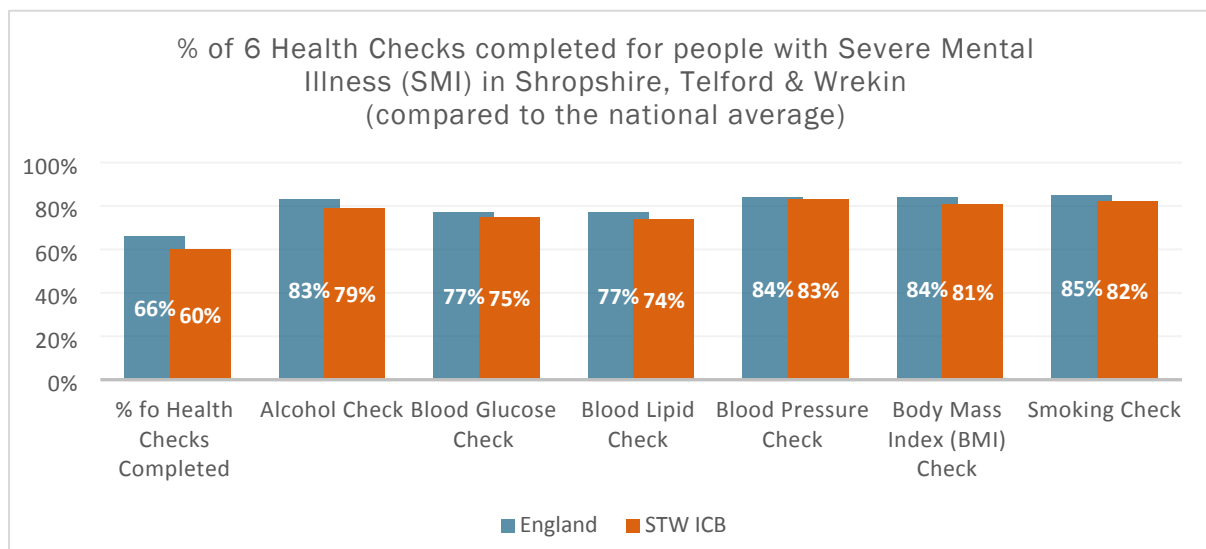
Data Source: https://fingertips.phe.org.uk/

2.8.15   The percentage of people with Severe Mental Illness who received an Annual Health Check (AHC) in 2024/25 has reduced when compared to the previous year. In 2024/25, 60% of health checks were undertaken, achieving the national target. However, this is a 7% reduction compared to 2023/24, whereby 67% of health checks were completed. This trend can be seen across individual checks completed (for example, blood pressure checks, smoking status, Body Mass Index (BMI) checks) whereby data demonstrates 8-16% less checks were undertaken compared to the previous year.

% of 6 Health Checks completed for people with Severe Mental Illness (SMI) in Shropshire, Telford & Wrekin (compared to the national average)

	England	STW ICB
% fo Health Checks Completed	66%	60%
Alcohol Check	83%	79%
Blood Glucose Check	77%	75%
Blood Lipid Check	77%	74%
Blood Pressure Check	84%	83%
Body Mass Index (BMI) Check	84%	81%
Smoking Check	85%	82%

Data Source: NHS Digital Physical Health Checks for People with Severe Mental Illness

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2.8.16   Previously identified disparities in the treatment of hypertension (high blood pressure) for people from a black ethnic background have slightly worsened. In December 2023, 47.5% of people black ethnicity were treated to target for their hypertension, compared to 64% of people with white ethnicity (a 16.5% gap). In December 2024, 44.5% of people with black ethnicity were treated to target compared to 62% of people with white ethnicity (an 18% gap).

Patients with GP recorded hypertension, whose last blood pressure reading is to the appropriate treatment threshold, in the preceding 12 months (by ethnicity)

Data Source: https://www.cvdprevent.nhs.uk/
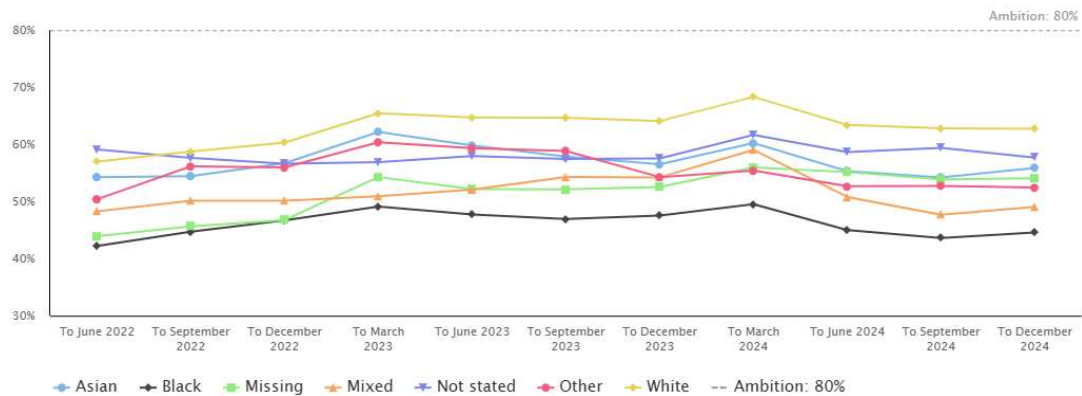
2.8.17   No significant changes have been seen in relation to gaps in treatment between people living in the most deprived areas and people living in the least deprived areas.

Patients with GP recorded hypertension, whose last blood pressure reading is to the appropriate treatment threshold, in the preceding 12 months (by deprivation quintile)
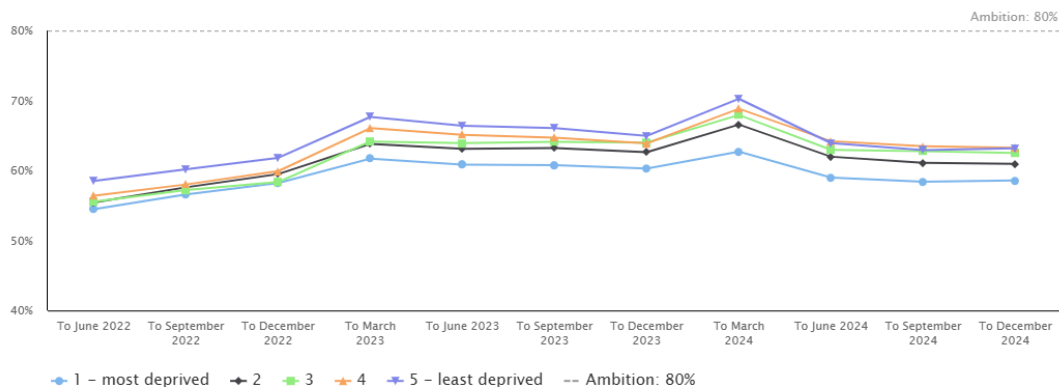
2.8.18   Compared to the previous 12 months, the percentage of people with type 2 diabetes receiving all 8 care processes has decreased by 5% (from 37% in December 2023 to 31% in December 2024). Shropshire, Telford & Wrekin has also recorded a significantly smaller proportion of both Type 1 (20.9%) and Type 2/other (31.2%) diabetic patients

receiving all 8 care processes when compared with England averaged (27.3%, 41.9%).

The Percentage of People with Diabetes who received all 8 Diabetic Care Processes - NHS Shropshire, Telford & Wrekin compared against England

	Type 1	Type 2	Type 1	Type 2
Dec-23	24.80%	37.20%	34.80%	51.30%
Dec-24	20.90%	31.20%	27.30%	41.90%

Shropshire, Telford & Wrekin | *England*

■ Dec-23 ■ Dec-24
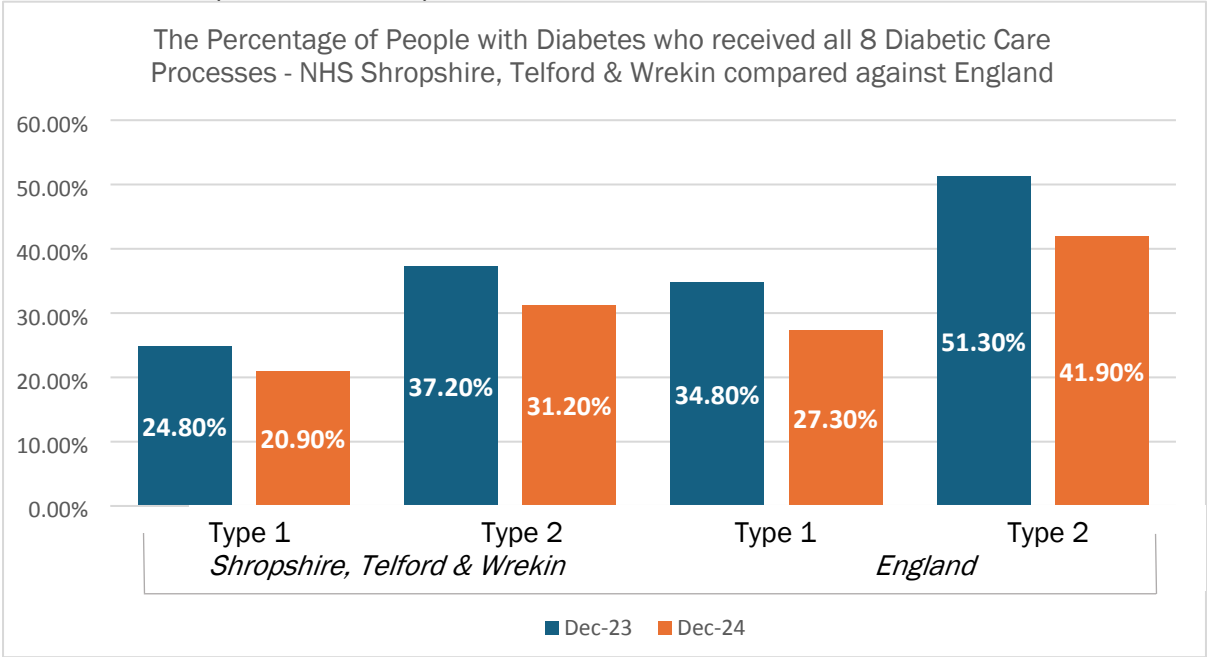
Data Source: National Diabetes Audit Dashboard

2.9 Priorities in 2025/26

2.9.1   As national priorities for how the NHS should tackle inequalities in access, experience and outcomes remain recurrent into 2025/26, Shropshire, Telford & Wrekin commit to continuing to build on progress made in line with delivery against the Key Lines of Enquiry and Core20PLUS5 approach.

2.9.2   This is in addition to continuing to act in line with our locally agreed building block principles for driving forward targeted health inequality improvement.

Developing our **collective intelligence** as a baseline for current inequalities	Understanding our **communities' experiences**	Building on our **Collaborative Partnerships**	**Addressing Wider Determinants** through our anchor institution and by becoming a Greener NHS
Refining governance for assurance and ownership of delivery	Creating **a culture and movement for change** through ambassadorship	Adopting **key local metrics** to support national indicators	Advocating for **quality improvement approaches** and the adoption of best practice

Delivery of National Healthcare Improvement Programme objectives

Ambition   Compassion   Optimism   Focus

2.9.3 There is an explicit reference in 2025/26 Operational Planning Guidance to urgent priorities relating to elective reform, supporting reduced waiting times for mental health patients in A&Es and support children and young people's mental health. As such, discussions have taken place with system leads for these areas to ensure that targeted improvement initiatives have been planned for 2025/26, with a specific focus on health inequality and supporting Core20PLUS communities.

2.9.4 Acknowledging the requirement in national guidance for systems to continue progress against all Core20PLUS objectives, the 2025/26 Healthcare Inequalities Implementation Plan will be refreshed in Quarter 1 (by end of June 2025) to ensure all key objectives have targeted improvement initiatives attached. Work will take place with system leads to ensure that plans are Specific, Measurable, Actionable, Realistic and Timely (SMART), acknowledging the financial and capacity challenges experienced throughout 2024/25 and the acknowledged risk of ongoing challenges leading into 2025/26.

2.9.5 A summary overview of the actions committed to by the ICB as part of 2025/26 plans can be found in **Appendix 2.** This document identifies key areas highlighted throughout this report as high priorities based on both the learning from the 2024/25 year and analysis undertaken to understand impact against key outcomes.

2.10 Conclusion

2.10.1 Healthcare inequality oversight and governance arrangements have successfully led to firm recommendations and corrective action whereby a lack of progress has been identified. Where required, the ICB Health Inequalities Team have deployed to convene system partners and co-develop plans which will drive forward change e.g. Elective and Digital workstreams. This has led to clear, robust action and accountability in delivery plans for 2025/26.

2.10.2 There is increasing understanding and awareness amongst workforce on what health and healthcare inequalities are, and how to address them.

2.10.3 Successful examples of progress are bedded in quality improvement methodology and learning from lived experience.

2.10.4 Despite this, there does remain a clear need for continued involvement of health inequality leadership to maintain momentum, provide support and offer critical expertise to ensure health inequalities are sufficiently understood and considered as part of healthcare decision-making.

Ambition   Compassion   Optimism   Focus

2.10.5   Analysis of latest available data demonstrates positive improvement in key areas, such as access to children's mental health services and provision of annual health checks for people with a learning disability. However, data also demonstrates limited progress in improving outcomes and reducing inequalities in very key clinical priority areas, such as Cardiovascular Disease (hypertension treatment) and Diabetes (completion of the 8 care processes). This is of significant concern, as Cardiovascular Disease contributes towards over 25% of the inequality in life expectancy seen between people living in the most deprived compared to those living in the least deprived areas of Shropshire, Telford & Wrekin. Additionally, discussions in relation to plan setting for 2025/26 suggest there are opportunities to strengthen plans and focus more on reducing existing inequalities in access and treatment.

2.10.6   Key challenges relating to financial pressures and reducing staff capacity to lead on strategic improvement are consistent with previous years and prioritising equity amidst financial and performance pressures continues to be a key issue, with many staff still viewing the requirement to tackle inequality as an optional addition to already very busy task lists.

2.10.7   It is essential that health equity is championed as a fundamental responsibility of all staff and a 'golden thread' to all service design and commissioning with the acknowledgement that by addressing inequality in service provision, we will reduce demand on services, free up resource and assist in contributing towards addressing the system's current financial challenges simultaneously to fairly and consistently improving the health of our population.

2.10.8   There are risks moving into 2025/26 in light of recent national announcements for further reductions in costs and the consistent challenges relating to insufficient capacity to deliver against national requirements.

2.11 Recommendations

2.11.1   Note the contents of the report and the progress made to date.

2.11.2   Continue to support and champion progress against healthcare inequalities key priorities within your respective organisations to improve the experience and health outcomes of Core20PLUS populations.

2.11.3   Specifically promote and encourage urgent action to realise improvements in the completion and accuracy of coded demographic data, such as ethnicity and housing status, to enable successful population health management.

2.11.4   Support concerted efforts to address inequality in hypertension treatment and recover treatment levels to the national target of 80%, acknowledging that blood pressure is one of the leading risk factors in poorer outcomes from Cardiovascular Disease. Cardiovascular Disease contributes to over 25% of the inequality in life expectancy seen between

people living in the most deprived areas compared to those living in the least deprived areas of Shropshire, Telford & Wrekin.

2.11.5 Provide top-down, senior support to promote health inequalities as a golden thread to existing service design, commissioning, transformation and delivery and not thought of as an optional, additional task, mitigating the risk of de-prioritisation amongst competing financial and performance pressures.

2.11.6 As a system, endorse the mandatory embedding of quality improvement approaches, supporting staff to attend quality improvement training and embed quality improvement principles within project management and service improvement.

1. ICB 25-06.178 – Intensive & Assertive Mental Health Outreach Update

Meeting Name: NHS Shropshire, Telford and Wrekin Board
Meeting Date: Wednesday 25th June 2025
Report Presented by: Cathy Riley, Managing Director Shropshire Telford and Wrekin Care Group MPFT
Report Approved by: Cathy Riley, Managing Director Shropshire Telford and Wrekin Care Group
Report Prepared by:
Steve Martin, Deputy Director of Nursing & Chief Nursing Information Officer MPFT
Rob Grant, Associate Director, Safety, Risk and Compliance MPFT
Upkar Jheeta, Head of Mental Health Transformation
Dr Anne Maclachlan, Midlands Partnership University NHS Foundation Trust Shropshire, Telford and Wrekin, Clinical and Care Director
Barrie Reis-Seymour, NHS Shropshire, Telford and Wrekin, Head of Commissioning
Action Required: For noting and assurance.

1.1. Purpose

1.1.1. To provide the Board with a progress update in improvements to date and next steps, since the last report in November 2024.

1.2. Executive Summary

1.2.1. This report provides an update regarding the progress made against the action plan developed in relation to the two CQC special reviews of mental health services in Nottingham (2024), also incorporating more recent actions developed in response to the key recommendations following the Independent Mental Health Homicide Review into the tragedies in Nottingham (February 2025).

1.2.2. NHSE requires that updated action plans should be discussed at Trust and ICB Board meetings before 30th June 2025.

1.2.3. The report also sets out two key risks for MPFT in addressing recommendations, these relate to the need for additional funding within community mental health services to implement the recommended assertive engagement model, and the need for system wide arrangements to identify those with complex mental health needs who have already disengaged from mental health services.

1.2.4. The governance arrangements for oversight and monitoring of this action plan are set out below.

1.3. Recommendations

1.3.1 The Board is asked to:

- Note the contents of the update report and seek assurance on progress to date and the arrangements in place
- Note next steps
- Recognise that full assurance is not possible without further investment.
- Describe what assurance the Board needs from other providers regarding new presentations being identified and those discharged to primary care.

1.4. Conflicts of Interest
1.4.1.   None

1.5. Links to the System Board Assurance Framework (SBAF)
1.5.1   Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of integrated cares on priorities, and

1.5.2   Risk of not delivering sustainable services within available resources

1.5.3   Reducing health inequalities

1.6. Alignment to Integrated Care Board
1.6.1.   Tackling health inequalities

1.6.2.   Improving population health (wellbeing, support and safety)

1.6.3.   Improving person-centred care within communities

1.7. Key Considerations
1.7.1.   **Quality and Safety:** Ensures plans and improvements are in place for the safe and effective management of higher risk individuals, which helps to maintain their own safety but also the general safety and protection of the local population at large

1.7.2.   **Financial Implications:** None at this stage as improvements to date have been put in place within existing resource. To provide the full necessary level of support in this space requires some additional investment in workforce, with costings provided to NHSE and no response yet. It remains a risk locally that delivery of this without additional funding places further burden on existing services and dilutes the efficacy of the service.

1.7.3.   **Workforce Implications:** To provide the full necessary level of support in this space requires some additional investment in workforce, with costings provided to NHSE and no response yet. It remains a risk locally that delivery of this without additional funding places further burden on existing services and dilutes the efficacy of the service.

1.7.4.   **Risks and Mitigations:** To provide the full necessary level of support in this space requires some additional investment in workforce, with

costings provided to NHSE and no response yet. It remains a risk locally that delivery of this without additional funding places further burden on existing services and dilutes the efficacy of the service.

1.7.5. **Engagement:** The improvement and development plan has been and continues to be collaboratively developed with multiple key system partners and one joint project meeting that meets regularly to oversee progress.

1.7.6. **Supporting Data and Analysis:** A Power BI report is being refined that tracks who on the identified IAOT cohort has been seen and how often.

1.7.7. **Legal, Regulatory, and Equality:** National requirements for ICBs following CQC reviews of mental health services in Nottingham.

1.8. Impact Assessments

1.8.1. **Has a Data Protection Impact Assessment been undertaken?** No, but planned as part of developing an approach to shared information

1.8.2. **Has an Integrated Impact Assessment been undertaken?** No – planned for next month.

1.9. Attachments
Appendix 1 – Action Plan

2. Main Report

2.1. Introduction

2.1.1 The need for effective mental health services is critical, especially in communities facing elevated levels of distress and fragmentation. Intensive and Assertive Outreach Services emerged as a recommended crucial intervention service to provide intensive integrated support and resources to individuals experiencing severe mental health challenges, often coupled with co-occurring conditions such as substance abuse or homelessness.

2.1.2 Providing specialist mental health services to meet the needs of people with severe mental illness and provide the appropriate level of support of a particular group of people with severe mental health illness is an essential component of the services provided by Midlands Partnership Foundation Trust (MPFT) across Shropshire, Telford and Wrekin.

2.2. Background

2.2.1 In 2024, NHSE requested commissioners and providers to review intensive and assertive outreach provision for this cohort of patients, followed by a maturity self-assessment exercise. Further detail was then also requested NHSE and provided, on the costings to put in the necessary additional resource that would enable an optimised version of this service locally. Detail and background on this, along with next steps was noted by the Integrated Care Board in November 2024.

Ambition   Compassion   Optimism   Focus

2.2.2   This paper provides the Board with a progress update on the work that has been completed since November 2024, progress achieved and next steps.

2.3. Main Body of report

2.3.1   This report provides an update regarding the progress made against the action plan developed in relation to the two CQC special reviews of mental health services in Nottingham (2024). All ICBs and Mental Health Trusts were required to assure themselves against the recommendations of the reviews and develop local action plans by NHS England in 2024. The action plan is in response to a local self-assessment undertaken by Trusts, Integrated Care Boards (ICB), Local Authorities (LAs) and wider stakeholders in July 2024, of policies and practices in place for patients with serious mental illness, who require intensive community treatment and follow-up, but where engagement is a challenge.

2.3.2   The report and action plan also incorporates more recent actions developed in response to the key recommendations following the Independent Mental Health Homicide Review into the tragedies in Nottingham (February 2025).

2.3.3   The action plan addresses recommendations across the three published reports focusing on patients with serious mental illness requiring intensive community treatment and follow-up.

2.3.4   NHSE in its communication to ICBs and NHS Mental Health Trusts asked that local plans are reviewed in line with the independent review with particular attention to:
- personalised assessment of risk across community and inpatient teams
- joint discharge planning arrangements between the person, their family, the inpatient and community team (alongside other involved agencies)
- multi-agency working and information sharing
- working closely with families
- eliminating Out of Area Placements in line with ICB 3-year plans

2.3.5   NHSE require that updated action plans should be discussed at Trust and ICB Board meetings before 30th June 2025.

2.3.6   **Progress and Actions**
- The Trust, MPFT, has developed an overarching action plan setting out the high-level actions designed to address the recommendations set out across the special review and independent review reports. Of the 16 high level actions set out below six are complete, with the remainder expected to be complete by the end of March 2026 recognising the nature of embedding new processes across services. With progress against this plan monitored through the mental health

consistency meeting, within each MPFT care group's quality and safety sub-committee, and assurance within the Quality and Safety Committee.

- Regular meetings also remain in place with system partners for collective oversight and ensuring delivery of the actions.

2.3.7 **Risks**

- The recommendations from these reviews set out the need for a dedicated resource focusing on those with complex psychosis at risk of disengagement. This does not exist within the way that mental health services in the community are structured, with this cohort currently being supported as part of general caseloads. In order to meet a model that offers smaller caseloads with the capacity to offer additional input to maintain engagement with services additional investment is required within community mental health services. NHSE confirmed in April 2025 that additional funding would not be available in 2025-26, systems were advised to prioritise actions that providers can implement without additional funding, while acknowledging that some actions will require investment, and that implementation will vary across providers and occur incrementally over time.
- MPFT will ensure that it takes all action available within existing resources to address the recommendations within the reviews but accepts that until further investment is available full assurance against these is not possible, and an operational risk (3639) rated 12 (moderate) remains on the Trust risk register as there is not the capacity or skill mix to provide a full intensive support model, in line with national guidance.
- Whilst MPFT can consider the engagement needs of those currently receiving services, it is not possible to offer assurance against those who may already have disengaged from services or whose complex mental health need is not yet determined.
- A system wide approach is required to identify the entire cohort of patients with complex mental health needs at risk or having already disengaged from services. This will need to be ICB led and engage primary care and third sector services.

2.3.8 **Governance and Assurance**

- The action plan (appendix 1) and its updates are received through the Mental Health Consistency meeting for ongoing monitoring. This includes updates through care group quality and safety sub-committees and assurance through the Trust's Quality and Safety Committee.
- The new case load management tool is project managed through IM&T programmes.

2.4. Conclusion

2.4.1 Good progress has been made since receiving the NHSE guidance with completed self-assessments, establishing of a dedicated project group to oversee improvements, and the development of a robust improvement

project plan that is now being further strengthened with the findings and feedback from the regional clinical review.

2.4.2   Continued commitment as system partners and strategic improvements will enhance the impact of these services in the county, and ensure a safer, more nurturing environment for all residents.

2.5. Recommendation

2.5.1   The Integrated Care Board is asked to:
- Note the contents of the update report and seek assurance on progress to date and the arrangements in place
- Note next steps
- Recognise that full assurance is not possible without further investment.
- Describe what assurance the Board needs from other providers regarding new presentations being identified and those discharged to primary care.

Appendix 1: Trust Action Plan in response to the independent investigation into the care and treatment provided to VC and national guidance on Intensive & Assertive Outreach (I&AOT) patients

Area for Improvement	Trust Action	Lead	Progress	date for completion
Information sharing both at provider level and clinically. Through review we found that there were limitations in the sharing of clinical information across settings which impacted on the ability of those who were caring for VC to fully understand his needs. Additionally at times in VC's care and treatment, healthcare professionals were making decisions without a full understanding of information held by all organisations involved with VC.	DPIA's in place with current partners, however further work is required to strengthen this especially information against individuals who are not yet known to services. A review of providers who we have agreements in place to be undertaken to inform review of sharing information policy. Guidance to be produced for clinicians to promote understanding and awareness of what information can be shared.	Mental Health transformation, IG and professional leads	Guidance for clinicians has been developed in collaboration with NHSE and is due to be circulated following sign off at the MH consistency meeting Audit of providers and service which the trust has a sharing agreement to be undertaken with information governance team to understand	30th August 2025

Ambition   Compassion   Optimism   Focus

			gaps which may need strengthening	
Serious incident policy We found that the Trust's serious incident policy is not currently in line with the Patient Safety Incident Response Framework (PSIRF). Additionally, there is opportunity for the Trust to better use the outcomes of investigations to identify trends and implement changes to improve patient care and safety.	The Trust to ensure that its Patient Safety Incident Response is in line with NHS England's new patient safety framework (PSIRF).	Patient Safety Team	PSIRF was implemented across the trust from the 1st December 2023. This included the development of its patient safety incident response plan which has now been updated in line with national guidance and approved in May 2025	Complete
Family engagement We found that whilst there were attempts to actively engage VC's family in aspects of his care, there were important milestones when decisions were not discussed with them.	The trust is signed up to the triangle of care framework. The Triangle of Care is a therapeutic alliance between carers, service users and professionals. Aiming to promote safety and recovery and to sustain	Quality team	Audit of triangle of care work completed with further actions in development for Community	30th August 2025

Ambition   Compassion   Optimism   Focus

	wellbeing in both mental and physical health by including and supporting carers.		Mental Health teams. MPFT received level 2 accreditation in 2025 for triangle of care	
Governance arrangements In this case, we identified that structures and processes of the governance framework at all levels of the local healthcare system, were not set up for identification and communication of potential and existing issues which combined to increase risks to users of the Trust's services and others. We found evidence of siloed governance arrangements and little evidence of triangulation of information to enable system wide learning. We found this to be the case from the Integrated	**MPFT focus** • The Trust to develop and embed a caseload management tool within its electronic patient record system (RiO). This will support individual and team level caseload management, and feed into MDT and crisis management arrangements already in place. • Alongside caseload management is the oversight of patient safety incidents, through the PSIRF processes learning response reviews are carried out, with learning	Mental Health Caseload Management task and finish group Patient Safety Team	The caseload management tool has been developed for testing across mental health services. Further work is required to ensure this is routinely used in caseload management and supervision. PSIRF learning response reviews are centrally co-ordinated,	31st December 2025 Complete

Ambition   Compassion   Optimism   Focus

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Care Board through to Trust processes.	leading to local and where required Trust wide action. Lessons are shared through Care Group quality and safety sub-committees.		clinically led and learning shared widely.
			Complete
	• MPFT has a Trust wide mental health quality and consistency meeting to ensure that there is no unwarranted variation across services and that lessons are shared across services.	Quality and Nursing directorate	The meeting is held monthly with broad attendance across services and corporate support.
			Complete
	• MPFT has a risk and compliance steering group which oversees and triangulates operational risks across services. This ensures that themes and high rated risks are identified and visible within the operational and quality governance structures and escalated appropriately.	AD of safety risk and compliance (chair)	The steering group meets monthly and reports to DMG
	System focus		Further enhancement of system processes would be a benefit.
	Multi-agency processes should ensure that risk, learning and escalated action takes place appropriately. The following		System meetings are in place with engagement

Ambition Compassion Optimism Focus

	processes should be in place to support this: • Multi-agency safeguarding processes • System wide learning response reviews • System quality meetings involving all providers		across providers. It may be possible to strengthen this through further engagement from primary care and third sector services.	
Policy development and review The VC case instigated a review of procedures relating to identifying and managing DNA with Mental Health community settings	A review of DNA standard operating procedures around managing patients who do not attend appointments is required, with additional guidance for identifying IAO patients meeting the trust agreed criteria.	Deputy Director of Nursing	DNA SOP, reviewed by working group and updated. Guidance developed on how to identify patients meeting intensive and assertive criteria on clinical system. Audit and assurance testing of processes to	Complete Complete 31st March 2026

Ambition   Compassion   Optimism   Focus

			manage disengagement.	
Peer support In VC's case we found that he may have benefited from being offered peer support within the Early Intervention in Psychosis (EIP) service. We did not find evidence that he was given the opportunity to meet with people who had a shared experience of diagnosis, care or cultural background. We consider there were limited opportunities to try to engage VC in being curious about his diagnosis and how to keep him well.	As part of the implementation of the community mental health framework, the Trust should ensure that there is a peer support offer for those under community mental health services with access to culturally appropriate groups with lived experience. To facilitate a meaningful effective peer support offer, the Trust must consider and have mechanisms for recruitment, training, support and supervision and role structure including peer leadership.	Lived experience team	MPFT has a peer support and lived experience team, with a network of peer support roles across services The role of peer support is not specific to this patient cohort, and further mapping is required.	31st March 2026
Care and treatment planning We found limited evidence that care planning arrangements were co-produced with VC and his family.	• The trust is developing a digital caseload management tool which will provide oversight of completion of care plans across mental health services. • Additionally, the trust is presently reviewing its care planning guidance including the development of quality	Deputy Director of Nursing	Caseload management tool being tested. See 'governance arrangements' above Mental health consistency meeting	31st December 2025 31st December 2025

Ambition Compassion Optimism Focus

	standards for care planning, informing audits assurance on quality. The mental health quality standards will be aligned with the nationally developing personalised care framework.		oversees the progress against care planning project	
Joint clinical decision making in discharge planning Through review of VC case its is noted that joint working between inpatient and community services was a factor, with some misalignment in clinical thinking particularly around the use of depot medications and use of the community treatment order.	The trust to develop a mechanism for ensuring the involvement of key professionals in a person's care is captured as part of discharge planning from all inpatient mental health wards. To consider capturing within caseload management tool development. The trust to setup a clinical review panel or escalation process to resolve care disputes. Utilise MSTeams and other electronic solutions to enable clinicians from the community to maximise engagement with discharge planning where capacity is pressured.	IM&T, Clinical Care Directors	The caseload management tool is in testing phase, further work to develop mechanisms to capture discharge planning involvement to be built into tool. Additional investment is required for dedicated caseload support and additional roles such as pharmacy input.	30th September 2025

Ambition   Compassion   Optimism   Focus

Safety Planning Implement a comprehensive risk management framework in line with new guidance, this will include the replacement of the FACE risk assessment with a move to a formulation based risk assessment tool.	NHSE has published its best practice guidance for safety assessment, formulation and management on 4th April 2025, this entitled 'Staying Safe from Suicide'. This utilises a three stage process: Safety Assessment, Safety Formulation, Safety Management and Planning, and utilises the 5 P's approach. Whilst the guidance is focused on suicide prevention the approach is relevant to other types of risk. The Trust has implements a PMO programme to deliver this through the following steps: 1. Mapping services (in scope) 2. Gap analysis (existing approaches, EPR systems, and skills) 3. Implement a roll out plan 4. Regular Communications	AD of Safety Risk and Compliance, PMO project	The programme is at the gap analysis stage of the roll out delivery. Regular reporting through programme board and the mental health consistency meeting.	31st of March 2026
Supporting the Workforce The need to ensure staff working with IAO patients are sufficiently trained and supervised.	Develop skills competency framework for staff working with patients requiring intensive support, with training delivered to support this.	People Directorate, Clinical Education team	Training needs analysis work has started to check what mental health training we have available	31st March 2026

Ambition   Compassion   Optimism   Focus

	Ensure the team supporting IAO patients has access to PNA for restorative supervision regularly		through clinical education team An education package has been developed within the STW care group with delivery offered across care groups.	

1. ICB 25-06.179 - Integrated Care Board NHS STW ICS Finance Strategy and Medium-Term Financial Plan and Long-Term Financial Plan - June 2025

Meeting Name: Integrated Care Board
Meeting Date: 25th June 2025
Report Presented by: Claire Skidmore, NHS STW Chief Finance Officer
Report Approved by: Claire Skidmore, Chief Finance Officer
Report Prepared by: Angela Szabo, Director of Finance
Action Required: For approval.

1.1. Purpose /Executive Summary

1.1.1   The purpose of this report is to secure approval from the Integrated Care Board for the adoption of the system finance strategy, Medium-Term Financial Plan (MTFP) and Long-Term Financial Plan (LTFM).

1.1.2   The documents have all been reviewed by Provider/ICB finance committees (or equivalent) and have passed through System governance culminating in a recommendation for sign off from the System Finance Committee.

1.1.3   Our signed off Recovery Plan, Financial Strategy and MTFP form part of our evidence for the System Integrated Improvement Plan and are a key requirement for exit from System NOF4.

1.2 Finance Strategy

1.2.1   This refresh of our previous Strategy has been developed collaboratively with system partner organisations and socialised with key system health and care partners prior to sign off. The strategy sets out our core system financial vision, ambitions and strategic objectives to support delivery of the overall system integrated care strategy alongside other key enabling strategies such as for workforce, digital and infrastructure.

1.2.2   The finance strategy lays the foundations for the System's financial recovery plan and the achievement of financial sustainability whilst also acknowledging the materiality of our current deficit and distance from target to fair shares allocations.

1.2.3   An action plan for the delivery of the System finance strategy is in development and will be overseen by the System Finance Committee.

1.2.4   The finance strategy is deliberately set out as a separate document to the Medium-Term Financial Plan (MTFP) (the purpose of which is to set out hard financial numbers, underlying recurrent financial position and

trajectory to financial balance), though both documents should be read together.

1.3 Medium-Term Financial Plan (MTFP) and Long-Term Financial Plan

1.3.1 Since the last iteration of the MTFP, the environment in which we operate has changed significantly and the System has also made great strides in improving financial grip and control. We have a much clearer view of what has been driving our deficit and also about what we can do to address that. This is being informed by a wealth of information to highlight productivity opportunities as well as our use of intelligence through GIRFT, model hospital and other avenues.

1.3.2 In addition, further refinements to the model in 2024/25 have ensured alignment with the HTP model which has also meant that we have developed an LTFP in order to fully consider the timeline for the HTP programme. It is acknowledged that later years in the LTFP model will hold much less detail than the MTFP.

1.3.3 The model has been updated with the most recent nationally published operational planning guidance as well as our local modelling. The MTFP has been triangulated with workforce, performance, finance & activity models for 2025/26 and this process will be refreshed as part of our ongoing operational planning process.

1.3.4 The MTFP is a live working financial plan and will be updated regularly to include any locally identified changes plus amendments expected following the Comprehensive Spending Review which will be published later in the year as national medium term financial planning assumptions to support operational planning. We also expect to update our model for the impact of any pace of change policy that may emerge in relation to reducing the Distance from Target where allocations are above target.

1.3.5 The System Finance Committee's role is to oversee delivery of the finance plan, paying particular attention to the in-year underlying position as well as monitoring any risks to delivery of the medium to long term plan.

1.4 System partner support for the Finance Strategy, MTFP & LTFM

1.4.1 The System Finance Strategy, MTFP and LTFP have been presented to the finance committee (or equivalent) of each of the System partners for final comments and review. Meetings took place through May and June.

1.4.2 All system partner organisations have provided feedback and supported the documents for final approval and adoption following any amendments discussed. These final amendments along with a change log were shared at the recent System Finance Committee at which all partners are represented.

1.5 Conclusion

1.5.1 Appended to this paper for approval is the NHS STW Finance Strategy and medium plus long-term financial plans. Our strategy sets out the System's ambition for using finance as an enabler to drive our strategic intentions and the MTFP illustrates a route to financial recovery in three years (with 2025/26 being year 1). The LTFP presents the maintenance of a break-even position once that is achieved.

1.5.2 Once the Finance Strategy, MTFP and LTFP are approved by the Integrated Care Board, our strategy implementation action plan will be monitored through the System Finance, Productivity and Planning Group with periodic updates provided to the System Finance Committee as part of its deep dive schedule.

1.5.3 Progress against the MTFP will also be monitored closely at System Finance Committee with regular focus on the underlying position in 2025/26 and periodic reviews of the medium-term financial plan to test any emerging risks as time passes.

1.6 Recommendations and Next Steps

1.6.1 The Integrated Care Board is asked to:

- **Approve** the ICS Finance Strategy, Medium-Term Financial Plan (MTFP) and Long-Term Financial Plan (LTFP).
- **Note** that the strategy implementation action plan will be monitored by the System Finance Committee.
- **Note** that there will be periodic updates to the MTFP and that any emerging risks to delivery of the plan will received regular scrutiny from the System Finance Committee.
- **Note** that further updates to the models are expected this year as local modelling work concludes and on the receipt of national planning assumptions.

1.7 Conflicts of Interest

1.7.1. No conflicts of interest related to this report.

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

1.8.1. Strategic Risk No.2a: Risk of not achieving underlying financial balance (ICB and System).

1.9. Alignment to Integrated Care Board

1.9.1. **Improve outcomes in population health and healthcare**
The Delivery of value for money is linked to improved quality/outcomes and population health supported by the strategic decision-making framework for revenue allocative efficiency decisions.

1.9.2. **Tackle inequalities in outcomes, experience, and access**
Outcomes, experience and access will be enhanced through the application of the Strategic Decision-Making Framework via financial

planning prioritisation or decommissioning and disinvestment business cases.

1.9.3. **Enhance productivity and value for money**
Productivity improvements and Delivering Value for Money are included within the Strategic Decision-Making Framework. Financial Improvement Programme Plans address the national productivity and efficiency opportunities.

1.9.4. **Help the NHS support broader social economic development**
Collaborative working with the local authority in relation to joint commissioning for individual commissioning, better care fund and discharge as part of the UEC improvement plan.

1.10. Key Considerations

1.10.1. **Quality and Safety:** System financial recovery plan to improve use of resources using the strategic decision-making framework and financial improvement programme processes inclusive of quality and equality impact assessments.

1.10.2. **Financial Implications:** Financial Improvement Programme. Use of the Strategic Decision-Making Framework to assess Hard Decisions and Investment/Cost Pressure decisions. Productivity improvement plans.

1.10.3. **Workforce Implications:** System transformation programme and efficiency programme workforce implications and demand and capacity/growth planning assumptions implications on workforce.

1.10.4. **Risks and Mitigations:** Risk: Delivery of the Financial Recovery Plan – Mitigation – System Transformation Programme PIDs are currently under development.

1.10.5. **Engagement:** Transparent application of ICB revenue plan and financial recovery plan.

1.10.6. **Supporting Data and Analysis:** The Recovery Plan is based on productivity opportunities as set out by the NHS England Productivity packs alongside local data dashboards and analysis including the HTP business case. The DHSC has also identified savings aligned to Prevention opportunities.

1.10.7. **Legal, Regulatory, and Equality:** Embedded within the Strategic Decision-Making Framework which informs the allocation of resources.

1.11. Impact Assessments

1.11.1. **Has a Data Protection Impact Assessment been undertaken?** N/A for the plan though this will be relevant to individual programmes / schemes and the frameworks referenced within it.

1.11.2. **Has an Integrated Impact Assessment been undertaken?** N/A for the plan though this will be relevant to individual programmes/schemes and

the frameworks referenced within it

1.12. Attachments

1. ICB 25-06.180 - System People Strategy 2025-2027

Meeting Name: NHS Shropshire, Telford and Wrekin Board
Meeting Date: Wednesday 25th June 2025
Report Presented by: Stacey Lee Keegan, RJAH, Chief Executive Officer (Executive Lead for Workforce)
Report Approved by: Stacey Lee Keegan, RJAH, Chief Executive Officer (Executive Lead for Workforce)
Report Prepared by: Ellen Shaw, MLCSU, Strategic Workforce Lead
Action Required: For Approval.

1.1. Purpose

1.1.1.   The Board are asked to approve the refreshed System People Strategy.

1.2. Executive Summary

1.2.1.   The Shropshire, Telford and Wrekin (STW) Integrated Care System (ICS) launched its first People Strategy in May 2023, with a view to delivery running to 2027. Within the System Integrated Improvement Plan (SIIP) a refresh of the people strategy is a deliverable, along with a similar recommendation from the external HR review in January 2025. This coupled with the more recent, and rapidly changing external environment, and the need for absolute focus on the delivery of our operational plan, including workforce efficiency targets, create the drivers for this strategy refresh.

1.2.2.   The strategy is deliberately high level and focused on delivery of activities that will have direct positive impact on workforce efficiency. It is written to include an outline delivery model, the link to existing governance arrangements, but also recognises the need to be responsive to emerging trends and operating models.

1.2.3.   Engagement and approval have been sought through the People Collaborative in March, People Inclusion and Culture Committee in April, and SS&DG in May, in addition to wider stakeholders from our system partners.   All have provided positive feedback and comments, expressing satisfaction in seeing a clear and aligned direction of travel for the people agenda.   Project Initiation Documents (PIDs) including delivery plans for the year ahead have been drafted and shared with People Collaborative and will be reported on through existing governance arrangements.

1.3. Recommendations

1.3.1.   The Board is asked to approve the refreshed System People Strategy 2025 - 2027.

1.4. Conflicts of Interest
1.4.1. N/A

1.5. Links to the System Board Assurance Framework (SBAF)
1.5.1. The strategy, and associated activity, supports mitigation for Strategic Risk 4; Inability to recruit, retain and keep our ICS workforce well.

1.6. Alignment to Integrated Care Board
1.6.1. The Strategy supports the delivery of the ICB's statutory duties, as well as the 10 People Outcomes, People Plan and People Promise.

1.7. Key Considerations
1.7.1. **Quality and Safety:** Attracting, training and retaining our workforce will contribute to the overall quality and safety of patient care.

1.7.2. **Financial Implications:** There are no proposals to increase cost beyond budget, and activity included will contribute to the delivery productivity and efficiency targets.

1.7.3. **Workforce Implications:** There are no direct implications for skills development, the model of delivery focuses on making best use of the existing capabilities across our system partners.

1.7.4. **Risks and Mitigations:** detailed Risks and Mitigations are contained with the PIDs and delivery plans, but will largely centre around limited capacity, competing priorities and impact of external changes.

1.7.5. **Engagement:** the strategy has been developed through consultation with a range of system partners, colleagues at NHSE, SRO's and workforce teams, and has been through our People Collaborative and People, Culture and Inclusion Committee, including our NED's, and SS&DG.

1.7.6. **Supporting Data and Analysis:** Dat sources for tracking impact will largely relate to the operational plan trajectories and the workforce plans within.

1.7.7. **Legal, Regulatory, and Equality:** Individual programmes of activity will have EQIA's undertaken where relevant.

1.8. Impact Assessments
1.8.1. **Has a Data Protection Impact Assessment been undertaken?** impact assessments in progress and available on request.

1.8.2. **Has an Integrated Impact Assessment been undertaken?** impact assessments in progress and available on request.

1.9. Attachments
1.9.1. None

2. Main Report

2.1. Introduction

2.1.1 The first System People Strategy was developed and approved in May 2023, with a term of 2023 to 2027. That strategy was built around the NHS People Plan Pillars and also addressed the People Promise. In the System Integrated Improvement Plan (SIIP) for the 24/25 year there was a requirement to refresh the Strategy; an ask that was also supported in the recommendations made in the external HR Review which concluded in January 2025.

2.2. Background

2.2.1 The strategy refresh has been undertaken with partners through individual and group discussion with the system Chief People Officer's (CPOs) and more widely through engagement the People Collaborative members at the March meeting, and People, Culture and Inclusion Committee in April, and System Strategy and Development Group in May. It recognises and builds on the work in place and the achievements from the delivery of the first two years of the 2023 – 2027 People Strategy.

2.2.2 It is also critical that this refresh takes account of the realities within which we are operating, with significant change ahead, severe financial constraint, reducing capacity within the Integrated Care System (ICS) People Team, and a shift in focus for Integrated Care Board's (ICB's) to be Strategic Commissioners rather than delivery bodies.

2.2.3 That said the people agenda has potentially never been more important, with the focus on productivity and efficiency, new ways of working and increasing supply and availability. Therefore, we have retained our focus in this refresh to deliver the key aspects of the NHS People Plan and People Promise, and to have an Equality, Diversity and Inclusion (EDI) lens throughout, also recognising that a strategic EDI action plan is in development.

2.2.4 Furthermore, given the level of change expected to impact on our workforce across all NHS partners and beyond this year, looking after our people, supporting them through the change, and re-building strong high performing teams and cultures with those who remain will be critical in maintaining and delivering key performance improvements.

2.2.5 Our strategic pillars align to the people plan, and provide a framework for ambitious, yet focused deliverables, derived almost exclusively from activities to support the achievement of our workforce plan and associated efficiencies. Our activities are explicitly linked to the KPI's within that workforce plan, and our performance will be tracked against these.

2.3. Main Body of report

2.3.1   The Strategy refresh highlights the need for collaborative delivery of system people priorities. Within the STW ICS it is clear that the most viable way to achieve the ambitious efficiency targets set out in our workforce plan, will be to work collaboratively, co-creating solutions, sharing skills and capacity and being agile in our approach. With reduced capacity and changing remit, the system people team will focus on commissioning, convening and facilitating rather than delivery, with the onus on system partners to adopt a 'do it well, do it once' approach to enable a lead provider model of delivery for key system priorities.

2.3.2   Although developed in advance of the ICB Model Blueprint, the proposed delivery model largely aligns with the principles outlined in the blueprint and will be further evolved to fully embed the blueprint once function and form of the new style 'ICB cluster' is fully understood.

2.3.3   Oversight and assurance of delivery of the strategy is set out in the terms of reference for the People Inclusion and Culture Committee and the People Collaborative.   We have well established system wide working groups that will be refreshed to deliver these priorities, alongside support from the Senior Responsible Officer's (SRO's).

2.3.4   There is recognition that the pace of change required is fast, and therefore we want this strategy to be an agile document that supports active delivery. We will engage with key system stakeholder on a regular and ongoing basis through existing forums to ensure continued relevance, progress and to incorporate any new and emerging themes into our delivery plans.

2.3.5   With SRO's and wider system partners PIDs containing detailed delivery plans have been developed to support each strategic pillar, and the associated deliverables outlined in the strategy. These plans follow the guidance of the system PMO to ensure central monitoring and reporting requirements are met, and that interdependencies and risks can be mapped and tracked.

2.3.6   In line with wider performance reporting against the operational and workforce plan trajectories, we will ensure this work feeds into the measurement of progress against trajectories for workforce efficiencies, and that impact and outcomes are well understood and incorporated with our assurance reporting.

2.4. Conclusion

2.4.1   The refreshed System People Strategy 2025-2027 addresses the requirements within the System Integrated Improvement Plan, recommendations in the external system HR review, and supports the movement towards the Integrated Care Board (ICB) model Blueprint. In addition, it builds on the foundations that have been created in terms of programmes of work, leadership, networks and relationships, clearly

articulating some key priorities and aligning these firmly to delivery of the operational plan and workforce productivity requirements.

2.5. Recommendation

2.5.1   The Board is asked to approve the System People Strategy 2025-2027.

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Introduction

This strategy is a mid term refresh of the 2023 – 2027 People Strategy, enabling Shropshire Telford and Wrekin Integrated Care System (STW ICS) to take stock and respond of the rapidly changing external context.

The strategy refresh takes account of the key achievements since 2023 including the launch of T levels, expansion of the HCSW Academy and the delivery of two cohort so the High Potential Scheme, which has now been taken up nationally.

The strategy has been developed to support the circa 30,000 people working across STW in health and care roles, and 500,000 people they care for.

Whilst recognising our achievements, we also take forward our learning to respond to the new world, where the NHS People Plan and People Promise still underpin our work, but acknowledging the need for clear focus on activities that will drive transformation, productivity and positive impact.

Engagement across system partners, gathering input and ideas, came though our People Collaborative as well as more widely through individual and small group discussions with system people leaders.

Context

The national and local context around health and care is rapidly evolving, however, the messages are clear that placing our people first, valuing collaboration and co-design and delivery, and embracing new ways of working are more important than ever. This document sets out the direction of travel for System People programmes for the next two years but also recognises the need to respond to changes and be agile in our delivery approach.

External
National People Plan and People Promise
10 outcome-based people functions
NHSE Future of HR and OD
NHS Long Term Workforce Plan

Internal
Delivery of operational plan including workforce plan
Delivery of ISIP and NOF 4 exit criteria
HR Services Review by Hunter Healthcare
Joint Forward Plan

Emerging
Model ICB Blueprint and associated functions of National and Regional teams
ICB running cost reduction impact / opportunities
NHS 10 Year Plan
People Services Target Operating Model

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Strategic Pillars

Our strategic pillars draw inspiration from NHS People Plan and their delivery will be underpinned by upholding of the NHS People Promise. Within each strategic pillar we set out our priorities for delivery and the positive impact we intend to have. The delivery of the ICB ten people outcomes, as well as achievement of our workforce plan run throughout these pillars, with equality, diversity and inclusion running as an embedded theme.

Train
Growing for the future

Transform
Belonging in STW

Retain
Looking after our people

Reform
New ways of working and delivering care

Equality, Diversity and Inclusion and the associated 6 strategic actions underpin the delivery of each of the strategic pillars.

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Train – Delivery Priorities and Impact

Our aim is to have engaged, motivated, skilled people who want to start and progress their career and experience within STW by:	
Delivery Priorities	**Positive Impact**
• Evolving and expanding our Academy model to include other professional groups, support to social care, and the inclusion of new qualification opportunities and widening access to health and care careers. • Building on the success of our T Levels pilot to expand on the places available within the Health and Care cohort, and to also provide industry placements on other T levels programmes such as Business Administration. • Enhancing our apprenticeship offer to help those starting a career in health hand care and those wanting develop new skills to enable them to progress. • Establishing a sustainable model of delivery for training across the system including creative partnerships for the delivery of training such as Oliver McGowan.	• Increase in supply in line with workforce plan trajectory • Reduction in temporary staff usage in line with workforce plan trajectory • Greater efficiency and productivity in delivery of training through 'do it well, once' principle

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Transform – Delivery Priorities and Impact

Our aim is to have a compassionate and inclusive culture that enables our people to thrive at work by:	
Delivery Priorities	**Positive Impact**
• Growing our aspirant leaders through the delivery of a new cohort of High Potential Scheme participants from across the system and supporting our people to access the Midlands 100 leaders' programme. • Establishing system wide shared leadership programmes at middle management level. • Accessing national training opportunities aligned to the new leadership and management competencies for all 8a and above roles.	• Continued focus on inclusive culture and leadership • Development of talent pool of skilled aspirant leaders • Enhanced skills of middle managers to enhance engagement, moral and people management practices

NHS

Retain – Delivery Priorities and Impact

Our aim is that people feel valued, nurtured and cared for, and will recommend us as a great place to work by:

Delivery Priorities	Positive Impact

• Continuing to deliver the key workstreams identified around:
    • Menopause support
    • Flexible working
 	
• Focus on targeted support to increase availability, and reduce sickness absence in areas where unavailability of substantive team drives use of temporary staffing
 	
• Where possible share good practice and access to support for individuals and teams going through change, enabling people to be resilient, informed and equipped for the future.
	• Increase availability in line with workforce plan trajectory
	
	• Reduce sickness absence in line with workforce plan trajectory
	
	• Reduce attrition at key points in employee life cycle e.g. within first year in role.
	
	• Staff experience of change is well managed and supportive.

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Reform – Delivery Priorities and Impact

Our aim is to create a sense of one workforce, supporting the delivery of high-quality care to our communities by:	
Delivery Priorities	**Positive Impact**
• Providing oversight and assurance at system level of the delivery of the workforce plan. • Providing leadership and co-creating opportunities for new ways of working and collaboration to reduce reliance on temporary staffing e.g. collaborative bank. • Supporting workforce elements of key pathway redesign programmes including Urgent and Emergency Care, Outpatients and Musculoskeletal services. • Supporting and bringing expertise to delivery of corporate shared services and co-creating potential models of delivery.	• Reduction in escalation driving need for temporary staffing in line with workforce plan trajectories • Reduction in temporary staffing usage in line with workforce plan trajectories • Achievement of corporate services productivity objectives in line with workforce plan trajectory

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Model of delivery

- Aligned to STW ICB's operating model and the guidance on the future direction of ICB's more generally. The operating model to support the delivery of this strategy will evolve in time.

- The principles underpinning the delivery will centre on the system people team playing the role of convener and working closely with system partners to co-create lead provider models based around the principle of doing things once for the system.

- Aiming to maximise the impact of expertise within system partners and ultimately moving toward a collaborative mechanism for delivery, prioritisation and oversight.

Provider Collaborative

Opportunities for scaled provision and support to neighbourhoods

System Partners

SRO's to strategic pillars

Adoption of lead provider model e.g. lead for education, leadership etc.

ICS People Team

Convene partner and facilitate

Identify risks, interdependencies and opportunities

Draw in system support e.g. PMO

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Evolution and Governance

People Inclusion and Culture Committee
Oversight and Assurance

People Collaborative
Monitor Delivery and Risk Mitigation

System Working Groups
Drive collaboration and delivery

- The governance of this strategy in terms of oversight and delivery is within the terms of reference for both the People Inclusion and culture Committee and the People Collaborative.

- There is an established network of SRO's and system working groups that will be refreshed and used to support collaboration and delivery.

- This structure will also allow for continued engagement to evolve our delivery plans in line with external guidance, requirements and changes.

- We will also engage appropriately with other existing groups such as the System Transformation Group and the Provider Collaborative as useful vehicles for added momentum, collaboration and assurance, as well ensuring we avoid duplication of effort.

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1. ICB 25-06.181 - Shropshire Integrated Place Partnership Briefing Report (meeting held on 15th May 2025)

Meeting Name: Shropshire Integrated Place Partnership (ShIPP)
Meeting Date: 15th May 2025
Report Presented by: Andy Begley, Shropshire Council, Chief Executive
Report Approved by: Andy Begley, Shropshire Council, Chief Executive
Report Prepared by: Rachel Robinson, Shropshire Council, Executive Director, Public Health
Action Required: For assurance and discussion

1.1. Summary of Key Discussions and Decisions

1.1.1. ShIPP meets Bi-monthly
1.1.2. ShIPP Agenda 15th May meeting
- Welcome and Apologies, notes from the last meeting and actions
- MSK inequalities report - Arthritis and Musculoskeletal Alliance (ARMA)
- Place Prevention Funding & Draft Prevention Allocation Resource Framework
- ICB Update – verbal report
- Draft Pharmaceutical Needs Assessment
- Healthwatch Report – Pharmacy Services in Shropshire
- 2025-26 Better Care Fund Plan
- Neighbourhood Working & Hub Subgroup verbal update
1.1.3. The meeting was quorate
1.1.4. No conflict of interests declared
1.1.5. The meeting was well attended

1.2. Recommendations to the Board

1.2.1. The Board is asked to:

- Note this briefing report from the Shropshire Integrated Place Partnership.
- Note the **MSK Health Inequalities & Deprivation Report** was presented by CO of ARMA Sue Brown, (can be read here Musculoskeletal-Health-Inequalities-and-Deprivation-report_v08-SMALL.pdf).
- Note the proposed **Place Prevention Funding Allocation Resource Framework,** was presented to ShIPP and the commitment to the immediate prevention priorities with a commitment to further develop the framework to invite bids to support the prevention shift aligned to ShIPP priorities and bring it back to a future meeting.

Ambition   Compassion   Optimism   Focus

- Note that the **Draft Pharmaceutical Needs Assessment (PNA)** was presented to the group and will be approved at a later meeting of the Health & Wellbeing Board for consultation.
- Note that the **Healthwatch Report "Pharmacy Services in Shropshire"** was presented to the committee and was commended
- Note that an update on the **Better Care Fund** was presented to ShIPP and will go to the Health & Wellbeing Board for approval.
- Note the progress in the **ShIPP Neighbourhood working & Hub Subgroup**; principally the change of name to the ShIPP Accelerator Group.

1.3. Key Risks and Mitigations
1.3.1.   There were no risks raised at this meeting

1.4. Performance and Assurance
1.4.1.   **Assure** - positive assurances and highlights of note:

- **The MSK Health Inequalities & Deprivation report** by ARMA was presented to the committee and with actions to follow up and link in with appropriate leads within the system and individual organisations.
- **The Place Prevention Funding & Draft Prevention Allocation Resource Framework:** the Committee noted the proposed framework, supported the two applications in principle for CYP Social Prescribing and VCSA for up to 100K each to be top sliced subject a bid template being complete and agreed, the remaining would be allocated via the bid framework aligned to the boards prevention priorities. This is an important element of the commitment to shift to prevention.
- **Draft PNA** was presented for information and was discussed, this highlights gaps in current service provision.
- **The Healthwatch Report "Pharmacy Services in Shropshire"** was presented to the committee and discussed
- **The Better Care Fund** update was discussed, an offer was made regarding mapping, to help integrate the BCF with neighbourhood working.
- **ShIPP Neighbourhood working & Hub Subgroup** the committee noted the name change to the "ShIPP Accelerator Group". It was agreed that the group will return with new governance, project plans and proposals for next steps.

1.5. Alignment to ICB Objectives and Core Functions
1.5.1   The committee's discussion directly aligns with the Joint Forward Plan's key elements of:

- Taking a person-centred approach (including proactive prevention, self-help, and population health to tackle health inequalities and wider inequalities).
- Improving place-based delivery, having integrated multi-professional teams providing a joined-up approach in neighbourhoods, supporting our citizens and providing care closer to home, where possible.

Ambition   Compassion   Optimism   Focus

1.5.2 ShIPP is a crucial part of the development and delivery of the Joint Forward Plan and ShIPP's new strategy & priorities have been developed with the ICB Strategy Team and our other partners.

1.6. Next Steps & Forward Plan

1.6.1. **The MSK Health Inequalities & Deprivation report** will be shared with Geraldine Vaughan, system MSK lead.

1.6.2. **Place Prevention Funding & Draft Prevention Allocation Resource Framework:** will be brought back to a future meeting.

1.6.3. **ShIPP Neighbourhood working & Hub Subgroup** (ShIPP Accelerator Group) will return to ShIPP with new governance, project plans and proposals for next steps.

1.7. Attachments

None

Ambition Compassion Optimism Focus

1. ICB 25-06.182– Telford & Wrekin Integrated Place Partnership Briefing Report (meeting held on 15 May 2025)

Meeting Name: Telford & Wrekin Integrated Place Partnership (TWIPP)
Meeting Date: 15 May 2025
Report Presented by: David Sidaway, Telford & Wrekin Council, Chief Executive
Report Approved by: David Sidaway, Telford & Wrekin Council, Chief Executive
Report Prepared by: Sarah Downes, Telford & Wrekin Council, Assurance and Integration Programme Manager and Telford and Wrekin Place Lead
Action Required: For assurance

1.1. Summary of Key Discussions and Decisions

1.1.1. This report provides an update on the Telford & Wrekin Integrated Place Partnership (TWIPP) Committee.
1.1.2. The group meets bi-monthly, next meeting scheduled for 10 July 2025.
1.1.3. The meeting was quorate.

1.2. Recommendations to the Board

1.2.1. The Board is asked to:

- Note the continued focus on prevention and shift from acute to community within the Telford & Wrekin Integrated Place Partnership priorities.
- Note the Making Every Contact Count communication and engagement campaign focused on vaccinations and will be co-ordinated across a range of TWIPP partners during August 2025.
- Support the Committee in ensuring that all partners are able to prioritise their attendance and engagement in the committee and its work.

1.3. Key Risks and Mitigations

1.3.1. The TWIPP Declaration of Interest Register is in place and is utilised as appropriate.

1.4. Performance and Assurance

1.4.1. Alert – Matters of concern, gaps in assurance or key risks to escalate:
- The involvement of all partners is key to ensuring the development, and subsequent delivery, of the new TWIPP strategic plan. Whilst quoracy has continued to be achieved in the meetings, further work continues to ensure that all key partners are represented at every meeting.
- An additional risk was added to the Committee's risk register to reflect the NHS England devolution and ICB re-modelling.

1.4.2. Assure – positive assurances and highlights of note:

- The Committee received confirmation that the Energize Shropshire, Telford and Wrekin bid for Sport England Place Expansion in Telford and Wrekin had been submitted by the required deadline and the outcome is expected in early June. The key principle of this primary prevention proposal is to address and tackle inequalities using movement / physical activity as the vehicle.
- The Committee received a Priority Action Update Report which detailed the progress made against the actions identified against both the "Supporting General Practice" and "Healthy Ageing" priorities.
- The Committee's main area of focus for this meeting was on the Place Prevention Funding. The committee was fully engaged in this session to review the top proposals received for this funding envelope. The committee were pleased to note that there was a wide range of organisations who had submitted proposals across a range of areas. To ensure delivery within the financial year a short but equitable and transparent funding process was implemented. This included an evaluation panel and a secondary stage of TWIPP members reviewing the top proposals (during this meeting). The Committee agreed that following their review the information would be taken outside of the meeting to finalised. The Committee agreed for delegated authority for the Chair, on behalf of the Committee, to agree the final proposals. The proposals will be finalised beginning of June and all proposers notified of the outcome. The Committee will be updated on progress at the next meeting.
- Following on from the March meeting, the Committee received the draft Communication and Engagement Plan for the themed Making Every Contact Count approach. Please refer to the April ICB TWIPP report for more background information. The first theme to be considered by the Committee was a focus on vaccinations with a proposal to launch in September, with the overarching aim to increase vaccination uptake in the Borough. The campaign would include external communications methods but also includes a significant focus on ensuring professionals and community leaders are aware of / provided with the key messages so they can share them with the people they connect with. The Committee were supportive of the approach but agreed that the launch should be in August ahead of the vaccination clinics, for influenza and covid which open in September. The Committee were also keen to ensure that the campaign was accessible for everyone, as well as ensuring a focus on inequalities. All Committee members agreed to engage and ensure this information was taken back to their own organisations and implemented. The Committee will receive regular updates on progress and the evaluation report later in the year.
- The Committee received an update on the STW Community Optometry Programme and in particular the new service that will start on 1st July 2025. The Committee were particularly pleased to see that this new service was addressing the concerns of residents, as well as the shift for more services to be delivered within communities and closer to home. Further connections were also made between MPFT and

Ambition   Compassion   Optimism   Focus

the programme to work to address the feedback received about the link between visual impairments and illnesses and mental health. The Committee requested a progress update at the November meeting and, as well as progress data, asked for case studies of people's experiences using the new service.

- The Committee also received, for information only:
  - Telford and Wrekin Children and Young People Strategy 2025-2028. A copy can be found here.
  - TWIPP Governance Annual Report (attached as Appendix B)

1.4.3. Advise – areas that continue to be reported on and/or where some assurance has been noted/further assurance sought:

- At the July meeting it has been agreed that the focus will be on Children and Young People's Emotional Health and Wellbeing.

1.5. Sharing of Learning

1.5.1. Throughout the meeting learning was shared about various prevention programmes, optometry innovations and communication best practice. The information has been shared with all members.

1.6. Actions to be considered follow up actions or actions you require colleague support

1.6.1. As per the above, the priority actions are being tracked and reported back to the Committee at every meeting.

1.7. Attachments

1.7.1   Appendix – TWIPP Annual Report 2024/25

1. ICB 25-06.183 – Integrated Performance Report June 2025

Meeting Name: Integrated Care Board Meeting
Meeting Date: 25 June 2025
Report Presented by: Claire Skidmore, NHSSTW, Chief Finance Officer
Report Approved by: Julie Garside, NHSSTW, Director of Planning, Performance, BI and Analytics
Report Prepared by: Angela Parkes, NHSSTW, Head of Planning and Performance
Action Required: For assurance and discussion

Integrated Performance Report March 2025

1.1. Purpose

1.1.1   The Integrated Performance Report is brought to the Board to provide the latest position regarding finance, quality, performance and workforce across the system. It provides assurance on the delivery of our key measurable outcomes and informs the Board of the current risks and issues related to that delivery.

1.2. Executive Summary

1.2.1   **Performance**
Areas showing improvement:

- **UEC (Ref: SQG 4):**
  - The System, has been awarded £5m capital funding for being in the top 5 ICBs for most improved Category 2 response time in 2024/25 compared to 2023/24.
  - During 3 Weeks in May there were improvements with no ambulance off load delays over 8 hours. Continued focus is required to sustain this improvement.

- **CYP Mental Health:**
  - Eating Disorders (routine referrals) performance has improved for the second month to 86% but remains below the standard of 95% standard. Discussions are taking place with Quality leads to understand processes to accommodate patient's choice of appointments, as well as staffing levels which may also be contributing to under—performance.

- **ASD/ADHD (ND) pathway:**
  - The number of adults waiting for an ADHD assessment have reduced for the fifth consecutive month, whilst remaining high. Three new accredited providers are close to being fully mobilised to take on referrals for assessments in a face-to-face commissioned model.

- **Planned Care:**
  - 65+ weeks wait for SaTH has improved over the past 9 months.
  - 52+ weeks wait for STW, SaTH and RJAH have significantly improved over the past 6 months.
  - 52+ weeks waits (CYP) for STW are showing continuous improvement.
  - Incomplete RTT <18 weeks at month end is above plan.
  - Time to first appointment <18 weeks is above plan.
  - FIT Tests: Performance exceeded target in May (88.5% vs. 80%).
  - Faster Diagnosis Standard (FDS) above plan: with 70.3% (plan: 65.4%).
  - 62-Day RTT above plan: with 56.2% (plan: 50.2%).
  - 31-Day DTT above plan: 90.4 (plan: 90.1%).
  - 79.9% of patients seen within 6 weeks (plan: 79.4%).
  - 96.8% of patients seen within 13 weeks (plan: 99.4%).
  - 512 diagnostics patients waiting over 13 weeks, decrease on the previous month (plan: 82).

- **Other quality areas:**
  - Postpartum Haemorrhage rates are showing improved variation.
  - Our target for mothers smoking at the time of delivery continues to show a sustained improvement. Work is ongoing to enable monthly reporting to QPC for assurance purposes.
  - Numbers of patients accessing specialist perinatal mental health, and maternal mental health services are now back up to previous levels and exceeding plan for April.

Areas showing concern:
- **Primary Care:**
  - Same/next day appointments in general practice are continuing a downward trend and continue to be below target. The percentage of appointments within 2 weeks has been refreshed utilising the national measure and is now on target.
  - The GPs In Post (FTE) indicator has been declining for some time and is now outside the limits of normal variation. This indicator is being investigated as it may be recorded incorrectly by some practices. The indicator will also be updated from next month so that it does not include trainee numbers, which show cyclical variation depending on when their training in primary care takes place.

- **UEC (Ref: SQG 4):**
  - Ambulance off load delays showed a significant reduction in May, however 9 patients were delayed over 8 hours, of which three were noted to have incurred low harm; this remains a concern.
  - Both Emergency Department (ED) key metrics of 12+ hours in ED for Type 1 and 4-hour performance of Type 1 and 3, did not achieve local plan which is below national target. Change to Urgent Treatment Centre (UTC) service (Type 3) has impacted on performance, but plan for Type 1 was achieved.

- **Adult Mental Health:**

Ambition   Compassion   Optimism   Focus

- o Demand for Acute and PICU Mental health beds is high, and the number of "Inappropriate" Out of area inpatient placements as a result is high (official figures unavailable due to data suppression). Data quality of monthly sit-reps is still under investigation with the main provider. This will be taken through the data quality route and to the Activity & Finance Group which is a sub-group of the main Contract Review Meeting (CRM).

- **CYP Mental Health:**
  - o CYP Access to mental health is still underperforming and has reduced slightly this month after a long period of small increases. A recent re-submission of data in April (to recognise activity not previously recorded during 2024/25) is currently under review.

- **Learning Disabilities and Autism:**
  - o Adult Inpatients in a Mental health bed has increased to 21 at the end of May 25 and is over the plan set for Q1 25/26. This remains a key area of focus as there are pressures in wider system services to support keeping adults with a LD or Autism well in the community.
  - o Children and Young People inpatients now stand at 5 against target of 2 (end of Q1), following a further admission in May. Three of the children have discharge plans in place. Three of the children are on active treatment and of these 2 have very serious complex needs

- **ASD/ADHD:**
  - o The total number of adults waiting for an ASD assessment has increased, along with average waiting times.

- **Planned Care – Elective:**
  - o 78+ weeks waits - RJAH currently have 6 for May and are forecasting 4 for June.
  - o 65+ weeks waits - forecasts indicate that the number within RJAH is expected to rise.
  - o The spinal services backlog at RJAH is of concern and the Trust are working with ICB and NHSE to explore solutions.
  - o Children and Young People Community Waits - there are 185 patients waiting over 52 weeks (an increase of 5).
  - o Adult Community Waits - 35 patients are currently waiting over 52 weeks (a decrease of 4).
  - o 104+ Day Breaches for cancer have increased from 76 (Apr) to 88 (May).

- **Other quality areas:**
  - o Bookings of first antenatal appointments before 10 weeks' gestation has been added to the report recently. This is taken from nationally published data.
  - o Friends and Family Test (FFT): When looking at previous data, there appears to be a decline in trend in response rates since March 2024, however there is now a delay in FFT data being received from NHS England (See FFT section for more information), which will also impact feedback received.

Ambition   Compassion   Optimism   Focus

- o C.Diff, MRSA, Klebsiella and Pseudomonas have breached 2024/2025 objectives.
- o An NHSE/ICB Infection Control visit has been completed and the action plan continues to support the improvement work required to reduce C.Diff infections

1.2.2   Workforce key messages:
At Month 2:
- Overall pay expenditure is favourable to plan by £471K
- Bank overspend at £1.586M mitigated by underspend on substantive and agency
- WTE is below plan at M2 by 51 WTE overall (including bank usage over plan by 71 WTE)
- Bank usage is attributed primarily to escalation and delays to recruitment to substantive posts
- Agency price cap compliance has fallen slightly from 78% to 74% compared with the national target of 80%
- Agency Expenditure as % Total Pay has improved from 4.0% to 2.1%
- Regional rate card for medical agency implemented

1.2.3   Finance key messages:
Revenue
- The System is reporting a £1.8m actual deficit, which is a £655k favourable variance to the£2.5m deficit plan YTD. If deficit support is removed, this is a £15.8m actual deficit vs £16.4m plan.
- Efficiency delivery YTD is reported as £16.8m compared to an £11.8m plan' the £5m favourable variance to plan has been delivered in the main due to individual commissioning efficiency delivery ahead of plan.
- The 2025/26 expected forecast outturn is breakeven after £83.8m deficit support funding.

Capital
- The ICS at Month 2 is reporting £1.9m of capital spend ahead of plan due to HTP, the end of year forecast remains in line with CDEL and approved national capital funding.
- ICB capital expenditure is expected to commence in Month 5, SaTH are showing an underspend of £0.7m YTD against CDEL due to decarbonisation scheme invoices not received. SCHT are £0.2m ahead of plan as PPE capital has been delivered ahead of plan. RJAH are £0.2m behind plan due to diagnostics equipment capital scheme which will be recovered in year
- In-year system capital risks are mitigated by capital contract performance management and deployment of bringing forward pipeline capital schemes to ensure all capital is used in year as required.

1.3 Recommendations
1.3.1   For the Board:
- To **note** and **discuss** the contents of the report.

1.4 Conflicts of Interest

1.4.1 None identified.

1.5 Links to the System Board Assurance Framework (SBAF)

1.5.1 The subject of the report provides second line assurance against the following two strategic risks within the SBAF:

- Strategic risk no. 2: Risk of not achieving underlying financial balance and failure to deliver the system and ICB revenue and capital resource limit plans for 2024/25
- Strategic risk no. 3: STW is seeing a growing and ageing population; services and the workforce will need to adapt and shape to meet these needs. There is a risk that this capacity and capability will not be sufficient to meet population needs nor be able to focus on tackling identified and emergent health inequalities in every instance.

1.6 Alignment to Integrated Care Board

1.6.1 The report aligns to the ICBs goals by:

- providing assurance against key measurable outcomes; highlighting areas of concern and actions being taken to address these, in order to support improving outcomes in population health.
- Identifying areas of concern which may support a requirement for further investigation to determine whether there is an impact on inequalities.
- Identifying areas of concern which may support a requirement for further investigation to determine whether there is any impact on productivity or value for money

1.7 Key Considerations

1.7.1 **Quality and Safety:** Quality Leads have worked with Planning and Performance Leads to ensure Quality is reflected throughout the report. There is a Quality section that picks up areas not covered in other sections.

1.7.2 **Financial Implications:** The report identifies areas of concern which may support a requirement for further investigation to determine whether there is any impact on productivity or value for money. Delivery of the financial plan and efficiency plan targets support financial recovery and sustainability.

1.7.3 **Workforce Implications:** There is a workforce section of the report which identifies areas of concern relating to workforce

1.7.4 **Risks and Mitigations:** No risks identified as a direct result of this report.

1.7.5 **Engagement:** No engagement requirements identified as a direct result of this report.

1.7.6 **Supporting Data and Analysis:** ICB big dash utilised to create the report.

1.7.7 **Legal, Regulatory, and Equality:** No legal, regulatory or equality implications identified as a direct result of this report.

Ambition   Compassion   Optimism   Focus

1.8 Impact Assessments

1.8.1 Has a Data Protection Impact Assessment been undertaken? N/A

1.8.2 Has an Integrated Impact Assessment been undertaken? N/A

1.9 Attachments

1.9.1 None.

2. Integrated Performance Report June 2025

Contents

Ambition   Compassion   Optimism   Focus

Assurance Matrix Summary

Interpreting SPC charts

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

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

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

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

Grey – the pattern of variation is to be expected. The key question to be asked is whether the level of variation is acceptable.
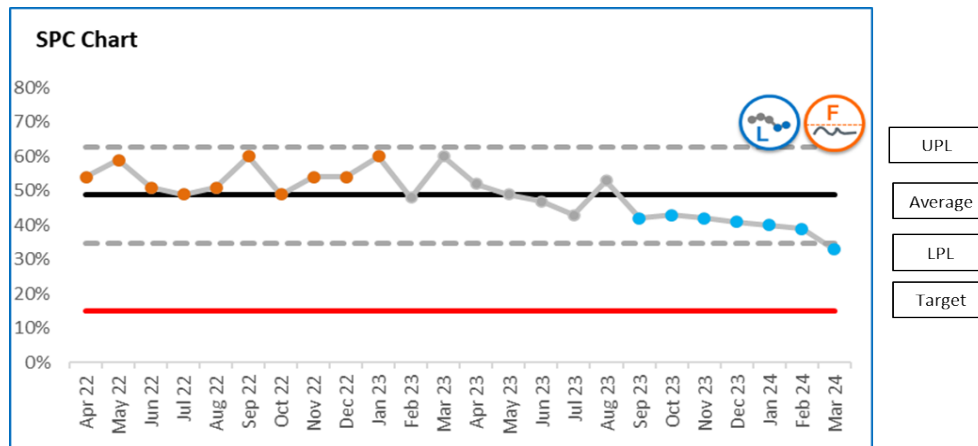
The dotted lines on SPC charts (upper and lower process limits) describe the range of variation that can be expected.
Process limits are very helpful in understanding whether a target or standard (the **red** line) can be achieved always, never (as in this example) or sometimes.
SPC charts therefore describe not only the type of variation in data but also provide an indication of the likelihood of achieving target.
Summary icons have been developed to provide an at-a-glance view. These are described on the following page.

Interpreting summary icons

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

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

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Overview Matrix

SPC Matrix	Assurance				Movement in Month
	Consistently Achieving the Target (P)	**Inconsistently Achieving the Target** (?)	**Consistently Failing the Target** (F)	**No National Target**	
Improving Variation (H)	◆ Patients accessing perinatal mental health - STW	◆ FIT - % of suspected Lower GI cancers with FIT - STW ◆ Talking Therapies patients reliably improved after 2+ contacts - STW ◆ Talking Therapies reliable recovery after 2+ contacts - STW	◆ All Diagnostics - < 6ww against target - STW ◆ All Diagnostics - < 13ww against target - STW ◆ Talking Therapies First seen <18 weeks - STW ◆ CYP - persons U18 supported with at least 1 contact - STW	◆ Primary Care: Total Telephone/virtual appointments - STW ◆ Direct Patient Care in Post (FTE) - STW Adult CMH - number of people who receive 2+ contacts - STW ◆ Pharmacy First consultations - STW ◆ FFT: Maternity Antenatal Care Total Responses - SaTH ◆ FFT: Maternity Birth % Responded - SaTH ◆ Maternity Postnatal Community Total Responses - SaTH	Metric Performance deteriorated from improving to normal variation or from normal to concerning variation
Improving Variation (L)		◆ Cat 2 Response Mean time - WMAS	◆ Incomplete RTT pathways of 65+ weeks - STW ◆ Incomplete RTT pathways of 52+ weeks - STW ◆ Incomplete RTT pathways of 52+ weeks where patient age is <=18 - STW ◆ Diagnostic waits of 13+ weeks - STW ◆ CHC Referrals waiting 12+ weeks for assessment (quarterly) - STW ◆ Mothers per 1000 with post-partum haemorrhage >=1500ml - SaTH	◆ Proportion of PW split by discharge P3 - SaTH	
Normal Variation	◆ % of GP appointments attended within 2 weeks (ACC-08) - STW ◆ Early Intervention in Psychosis < 2 weeks - STW	◆ 2hr Urgent Community Response - STW ◆ CYP Eating Disorders (Routine) seen within 4 weeks - STW ◆ Propn. of Adult SMI having Physical Health Checks - STW ◆ No. of cases - C-difficile - STW ◆ No. of cases - E-coli - STW ◆ No. of cases - Pseudomonas aeruginosa - STW ◆ No. of cases - MRSA - STW ◆ No. of cases - Klebsiella - STW ◆ Autistic adults currently inpatient in MH setting - STW ◆ LD adults currently inpatient in MH setting - STW ◆ Average handover time - WMAS ◆ 104 day breaches of 62 day pathway - RJAH	◆ A&E 4 hour performance achievement (Type 1&3) - STW ◆ 28 Day Faster Diagnosis Standard - STW ◆ Referral to treatment < 62 days % - STW ◆ % Annual Health checks per LD register aged 14 or over - STW A&E 12 hour breaches - SaTH ◆ % of Ambulance Handovers within - 45 mins - WMAS ◆ Community Waits of 52 or more weeks for adult services - SCHT	◆ Total Primary care appointments - STW ◆ Total Face to Face appointments - STW ◆ % of GP appointments attended same or next day - STW ◆ ARRS - WTE - STW ◆ OAP - Active inappropriate out of area adult placements - STW ◆ Referrals U18 from A&E to liaison psychiatry <1hr - STW ◆ No. of cases - MSSA - STW ◆ Units of dental activity delivered in the period - STW ◆ Adult - ADHD Total waits - STW ◆ Total A&E attendances against plan - SaTH ◆ Inpatient Total Responses - SaTH ◆ Inpatient Total Responses - RJAH ◆ Inpatient % Positive - SaTH ◆ Inpatient % Positive - RJAH ◆ Community Total Responses - SCHT ◆ Community % Positive - SCHT ◆ Maternity Antenatal Care % Positive - SaTH ◆ Maternity Postnatal Ward Total Responses - SaTH ◆ Maternity Postnatal Community % Positive - SaTH ◆ AE Total Responses - SaTH ◆ FFT AE % Responded - SaTH ◆ FFT AE % Positive - SaTH ◆ FFT MH Total Responses - MPFT ◆ FFT MH % Positive - MPFT ◆ Proportion of PW split by discharge P1 - SaTH	Metric Performance improved from concerning to normal variation or from normal to improving variation

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SPC Matrix		Assurance Matrix - Concerning Variation				Movement in Month
		Consistently Achieving the Target Ⓟ	**Inconsistently Achieving the Target** ?	**Consistently Failing the Target** Ⓕ	**No National Target**	
Concerning Variation	Ⓗ			• LDA children currently inpatient in MH setting - STW • Community Waits of 52 or more weeks for CYP services - SCHT	• CYP - ASD Total waits (5-17) - STW • Adult - ASD Total waits - STW • CYP - ADHD Total waits (5-17) - STW • Proportion of PW split by discharge P2 - SaTH	Metric Performance remained static
	Ⓛ			• Time to first appointment <18 weeks - STW	• GPs in Post (FTE) - STW • Maternity Birth % Responded - SaTH	
Insufficient data					• Maternity Birth % Positive - SaTH • Maternity Postnatal Ward Percentage Positive - SaTH • Maternity Booking before ten weeks - SaTH	New metric for this report

Monthly Movement in Metrics

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

◆ Proportion of Adult SMI having Physical Health Checks – STW

◆ 28 Day Faster Diagnosis Standard - STW

◆ % Annual Health checks per LD register aged 14 or over – STW

◆ Referrals U18 from A&E to liaison psychiatry <1hr – STW

◆ GPs in Post (FTE) - STW

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

- ◆ Pharmacy First consultations - STW

- ◆ Mothers per 1000 with post-partum haemorrhage >=1500ml – SaTH

- ◆ A&E 4 hour performance achievement (Type 1&3) – STW

- ◆ Adult - ADHD Total waits – STW

New metrics this report
- ◆ Units of dental activity delivered in the period – STW

- ◆ % of GP appointments attended within 2 weeks (ACC-08) - STW

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Primary Care

Primary Care

Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
Total Primary care appointments	Primary Care	STW	Apr 25		244,...				❌	252,...
Total Face to Face appointments	Primary Care	STW	Apr 25		158,...					171,...
% of GP appointments attended within 2 weeks (ACC-08)	Primary Care	STW	Apr 25	85%	87.9%			✅	✅	88.5%
% of GP appointments attended same or next day	Primary Care	STW	Apr 25		52.8%					52.3%
ARRS – WTE	Primary Care	STW	May 25		268					263
GPs in Post (FTE)	Primary Care	STW	Apr 25		290					302
Direct Patient Care in Post (FTE)	Primary Care	STW	Apr 25		166					158
Units of dental activity delivered in the period	Primary Care	STW	May 25		50,231				❌	52,914
Pharmacy First consultations (CP,BP,OC)	Primary Care	STW	Apr 25		4,404				✅	3,184

Escalation charts
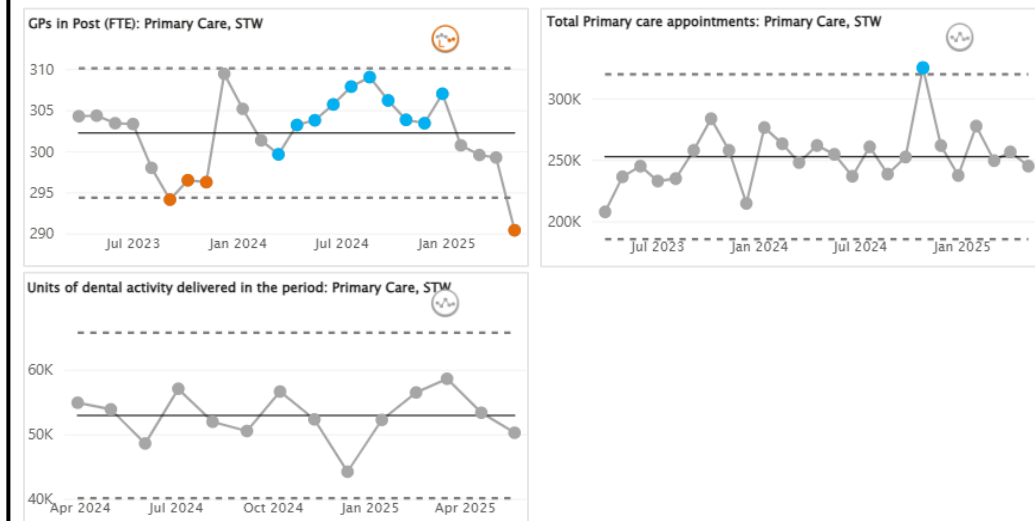
Focus Headlines:

- National measure for GP appointments attended within 2 weeks only includes 8 appointment types – local monitoring changed to match. Now achieving target
- The Pharmacy First data updated to include Clinical pathway, Blood Pressure and Oral Contraceptive consultations to align to Operational Plan.
- The number of Units of Dental Activity have been included as a new metric in-line with the Operational Plan.
- Three-month extension agreed with the current provider of GP Out of Hours service until 30 September 2025 while ICB await the decision from the independent review panel.
- Discussions underway with Alliance Medical for commencing the Lung Cancer Screening Programme on 1st September.

Narrative:

- Revised improvement plan for GP appointments within 2 weeks based on new data will be go through governance June/July
- Combined Pharmacy First target is being met. Overall numbers are slightly down - linked to a change in ownership of one practice.
- Optometry First new service mobilisation on target to launch early July.
- The ARRS (Additional Roles Reimbursement Scheme) numbers continue with normal fluctuation due to budget constraints
- Monthly data used as early warning for units of dental activity. Actions to address put in place by the Office for

the West Midlands including golden hello, staff recruitment and retention schemes, increasing access for vulnerable groups and childrens, dental workforce development.

Key Actions:
- Continue primary care visits with input from Quality Team
- Work to utilise measures in the ONS (Office for National Statistics) Health Insights Survey & other local data sources to identify ways to improve patient experience – for general practice, pharmacy, optometry & dentistry, to get under way.

Key Risks and mitigations:
- Recording of the 'GPs in post' indicator needs to be checked as there is evidence of at least one practice where this is clearly being recorded incorrectly.

Urgent and Emergency Care

**Urgent and Emergency Care (UEC)**

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Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
Cat 2 Response Mean time	UEC	WMAS	May 25	00:30	00:26			✓	✓	00:41
Average handover time	UEC	WMAS	May 25	00:45	01:00			✗	✗	01:13
% of Ambulance Handovers within – 45 mins	UEC	WMAS	May 25	100%	57.9%			✗		58.3%
A&E 4 hour performance achievement (Type 1&3)	UEC	STW	May 25	78%	59.2%			✗	✗	61.1%
A&E 12 hour breaches	UEC	SaTH	May 25	0	2,654			✗	✗	2,398
Total A&E attendances against plan	UEC	SaTH	May 25		13,858				✓	12,914
2hr Urgent Community Response	Community	STW	Apr 25	70%	87.5%			✓		81.9%
Proportion of PW split by discharge P1	UEC	SaTH	May 25		47.3%				✗	48.3%
Proportion of PW split by discharge P2	UEC	SaTH	May 25		41.0%				✗	35.4%
Proportion of PW split by discharge P3	UEC	SaTH	May 25		11.6%				✗	16.3%

Escalation charts

% of Ambulance Handovers within – 45 mins: UEC, WMAS
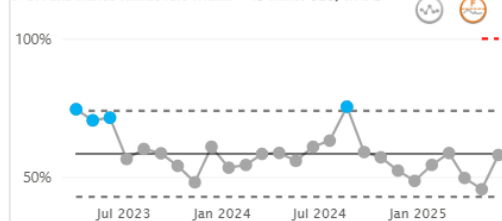
A&E 4 hour performance achievement (Type 1&3): UEC, STW
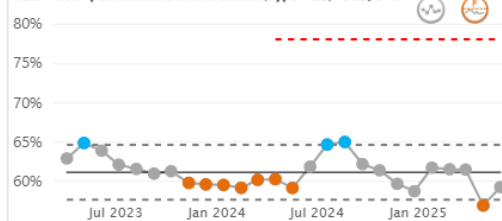
A&E 12 hour breaches: UEC, SaTH
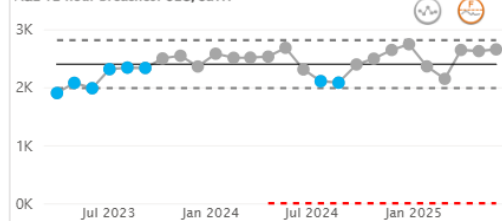
Proportion of PW split by discharge P2: UEC, SaTH
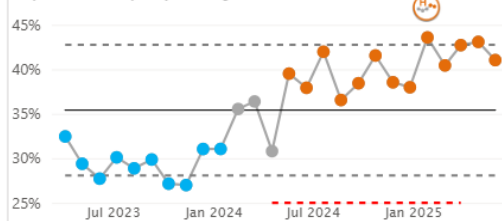
Focus Headlines:

- "Test for Change" week beginning 9 June held at Princess Royal Hospital (PRH)
- Ambulances - Category 2 ambulance response time achieved national target of 00:30; Ambulance handover within 45 minutes at 57.9% compliance is well below target.
- A&E - Attendances on plan for May; 4-hour performance for type 1 and 3 significantly off track; 12 hours in ED off track. This indicates completed actions are not yet having an impact on performance.
- Discharge - pathway splits by discharge are failing to meet plan, with the most notable variation in P2.

Narrative:

- Actions to divert to community pathways are expected to show an impact in coming months.
- Urgent Treatment Centre (UTC) under SaTH management and experiencing workforce challenges. Concerning variation April and May and now in a recovering position.
- Over reliance upon pathway 2 discharge has been recognised and the focus of rebalancing across the system is intended.
- Actions have progressed with Care Transfer Hub (CTH) and SaTH working together – further work required including impact measures.
- Work required relating to deconditioning, some actions off track

Key Actions:

- Progress impact monitoring of completed actions
- Offload to Assess (OTA) model - Hospital Nurse Led OTA at each site and a revised ambulance OTA model to

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reduce ambulance delays with Blood, ECGs, x-rays, CT scans and basic treatments while awaiting offload.

- Increase in direct ambulance conveyance to Same Day Emergency Care (SDEC) via implementation of education and SDEC "pull" reinforced.
- System wide discharge improvement group commenced in June.

Key Risks and mitigations:
- Deteriorating patient monitoring, deconditioning and ambulances being unable to respond in a timely manner. Mitigating actions – OTA model
- Recovery of type 3 performance by UTC is conditional on successful recruitment. Mitigating actions – substantive staff joining by end of July, enhanced rates for bank staff
- Inability to match discharge demand with out of hospital capacity for domiciliary care, reablement or care home stay. Mitigating action – System UEC Improvement Programme Discharge workstream

Planned Care

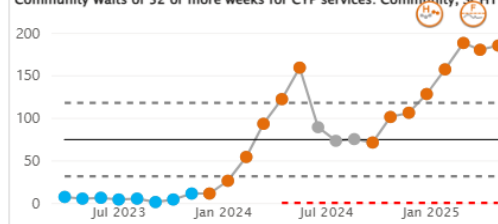| Planned Care	
Metric Table	**Focus Headlines:** • Long waits – 69 breaches of 65 week waits and 2,459 breaches of 52 week waits in April. Early indications are that this position is likely to deteriorate in May. • Incomplete pathways waiting less than 18 weeks is at 51.2% for April. • Time to first appointment of less than 18 weeks shows special cause variation with performance of 56.2% against a target of 67%

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Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
Incomplete RTT pathways of 65+ weeks	Planned Care	STW	Apr 25	0	69			✗	✓	688
Incomplete RTT pathways of 52+ weeks	Planned Care	STW	Apr 25	0	2,459			✗	✓	3,978
Incomplete RTT pathways of 52+ weeks where patient age is <=18	Planned Care	STW	May 25	0	168			✗		367
Time to first appointment <18 weeks	Planned Care	STW	May 25	67%	56.2%			✗	✓	56.9%
Community Waits of 52 or more weeks for CYP services	Community	SCHT	Apr 25	0	185			✗	✗	74.4
Community Waits of 52 or more weeks for adult services	Community	SCHT	Apr 25	0	35			✗	✓	41.5
All Diagnostics – < 6ww against target	Diagnostics	STW	Apr 25	95%	79.9%			✗	✓	69.5%
All Diagnostics – < 13ww against target	Diagnostics	STW	Apr 25	100%	96.8%			✗	✗	91.0%
Diagnostic waits of 13+ weeks	Diagnostics	STW	Apr 25	0	512			✗	✗	1,510
28 Day Faster Diagnosis Standard	Cancer	STW	Apr 25	80%	70.3%			✗	✓	69.0%
FIT – % of suspected Lower GI cancers with FIT	Cancer	STW	May 25	80%	88.5%			✓	✓	82.9%
Referral to treatment < 62 days %	Cancer	STW	Apr 25	85%	56.2%			✗	✓	54.8%
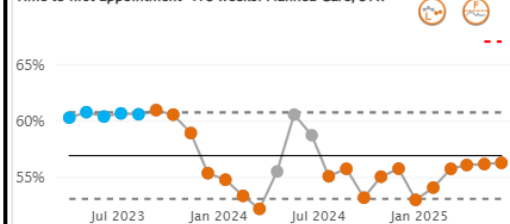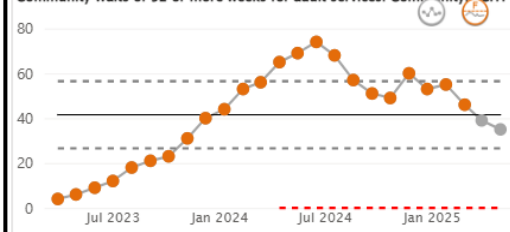
Escalation charts
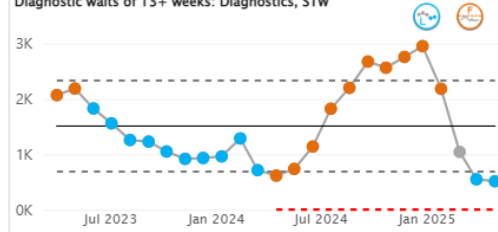
- Community Waits Children and Young People (CYP) patients waiting over 52 weeks: Chart shows continued special cause variation, and the number increased to 185
- Spinal services backlog at RJAH is of concern and under discussion
- Community waits for adults show normal variation and decreased to 35.
- Cancer – FDS above plan; FIT target achieved; 62-day above plan but not achieving national target; 104-day breaches increases from 76 in April to 88 in May
- Diagnostics: DM01 improved 6 week and 13 week waits; under performance in Echo, Non-obstetric ultrasound (NOUS) and Urodynamics. Strong performance in CT, MRI, DEXA, Audiology and sleep studies

Narrative:

- Long waiting patients are discussed at the weekly Cancer and Elective tiering calls with NHSE. Route to 18-week wait is an area of focus.
- Community Paediatric and Child Development Centre waiting lists impacted by vacancies, sickness and complexity of cases.
- Recovery plan implemented for Speech and Language Therapy to manage workforce challenges.
- Significant improvements in cancer booking times and diagnostic turnaround. Local anaesthetic transperineal prostate biopsy down to 7 days supporting improved performance in faster diagnosis and FIT.
- There is a recovery plan in place for Echo which is being monitored via the Tier 1 calls

Key Actions:

- Increase in capacity: New independent sector providers for Ear, Nose and Throat (240 slots) and cataracts;

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Referral to treatment < 62 days %: Cancer, STW
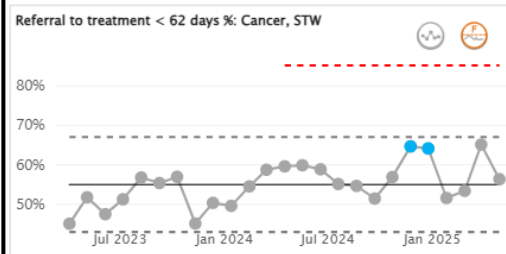
- weekend clinics in Ophthalmology during June; new Corneal consultant being recruited, additional slots in Dermatology and Gastroenterology, extended session days in Theatres at RJAH; Rheumatology insourcing to be extended; DEXA scanners to commence in June; First attendance super clinics at RJAH and SCHT; discussing increased community capacity in Gynaecology and ENT
- National Team visit to RJAH taking place in June to identify support options and changes to process
- NHSE working with the ICB and RJAH to explore options to address the spinal services backlog.
- Community waits: Enhanced triage in place across all therapy and outpatient pathways. Pathway specific recovery initiatives.
- Increase capacity for cancer: additional clinical and radiology capacity, theatre capacity, gynaecology capacity, head and neck capacity in June; dedicated mpMRI (multiparametric MRI) capacity in place to support improvement
- Improved booking approach and oversight
- Streamlined pathway for high volume complex breast patients
- Max Fax being supported by Wolverhampton
- Diagnostics capacity: Use of WLIs; use of agency and bank staff for fragile services while recruitment underway; new DEXA scanner to go live
- Route to zero for 13-weeks diagnostics to be presented to NHSE tiering call on 26 June

Key Risks and mitigations:
- Workforce and recruitment challenges. Mitigating actions – Recruitment plans for key consultant, insourcing contracts, review of agency locums for gaps and skill mix redesign

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- Capacity constraints. Mitigating actions – increasing capacity as outlined in the key actions section, early deployment of DEXA scanner, extended theatre sessions, use of ISPs
- Issue with follow up and validation processes impacting patient flow and wait times. Mitigating actions – desktop reviews of post-diagnosis follow ups, MBI support for validation and ongoing clinical validation in MSST pathways
- Long waits for CYP may increase risk of harm. Mitigating actions – increases in capacity outlined in key actions section; new clinical lead for Speech and Language for complex care appointed
- Delays to prostate cancer pathway due to complexity of cases. Mitigating actions – Dedicated mpMRI as outlined in key actions

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Mental Health - Adults

Mental Health - Adults	
Metric Table	**Focus Headlines:**

Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
Talking Therapies reliable recovery after 2+ contacts	Mental Health	STW	Apr 25	48%	54%			✓	✓	47.9%
Talking Therapies patients reliably improved after 2+ co...	Mental Health	STW	Apr 25	67%	79%			✓	✓	71.5%
Talking Therapies First seen <18 weeks	Mental Health	STW	Apr 25	95%	92%			✗		79.3%
OAP – Active inappropriate out of area adult placements	Mental Health	STW	Mar 24		5					5
Patients accessing perinatal mental health	Mental Health	STW	Apr 25	501	855			✓	✓	772
Early Intervention in Psychosis < 2 weeks	Mental Health	STW	Apr 25	60%	88%			✓		88.3%
Adult CMH – number of people who receive 2+ contacts	Mental Health	STW	Apr 25		4,670					4,301
Proportion of Adult SMI having Physical Health Checks	Mental Health	STW	May 25	60%	54.1%			✗	✓	54.3%

Escalation charts

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

Focus Headlines:

- Talking therapies first seen within 18 weeks is now exceeding target.
- SMI patients receiving physical health checks performance dipped this month, but no concern as met target at end of year.
- Number of Inappropriate Out of Area patients remains very high especially for PICU beds.

Narrative:

- SMI Physical health checks performance has declined in April, but this follows previous years trends. Plans in place to review patients who Did Not Attend and who decline core checks. Good engagement with service users through MPFT outreach services
- Inappropriate out of area adult placements published data is suppressed due to low numbers and the risk of patient identification. Local data shows 12 patients mostly in PICU beds due to limited local capacity. Bed flow manager in place to repatriate patients and this is expected to show an impact from June onwards

Key Actions:

- Inappropriate out of area placements deep dive planned to focus on PICU patients with the longest length of stay who are deemed clinically ready for discharge and those who are part of the Assuring Transformation register
- Urgent review of data quality of MHSDS submissions due to queries about the number of inappropriate out of area placements

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- Standardised process on admissions to record purpose and to begin discharge planning within 72 hours of full assessment
- Continuing review of PICU provision via Priory with proposal to reduce beds to 2 from 4 as currently underutilised

Key Risks and mitigating actions:
- Difficulty securing appropriate bed provision locally may result in longer length of stay away from family and friends and poorer outcomes. Mitigating actions – regular meetings between MPFT, ICB and LA to review all out of area placements
- People with SMI not being monitored for physical health leading to undiagnosed long-term conditions. Mitigating actions – working with local GPs to understand their position and then implement changes

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Learning Disability and Autism – LDA

Learning disability and Autism (LDA)

Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
% Annual Health checks per LD register aged 14 or over	LDA	STW	Apr 25	75%	2.76%			✖	✔	20.1%
Autistic adults currently inpatient in MH setting	LDA	STW	May 25	9	8			✔	✔	9.5
LD adults currently inpatient in MH setting	LDA	STW	May 25	7	13			✖	✖	10.4
LDA children currently inpatient in MH setting	LDA	STW	May 25	1	5			✖	✖	3

Escalation charts
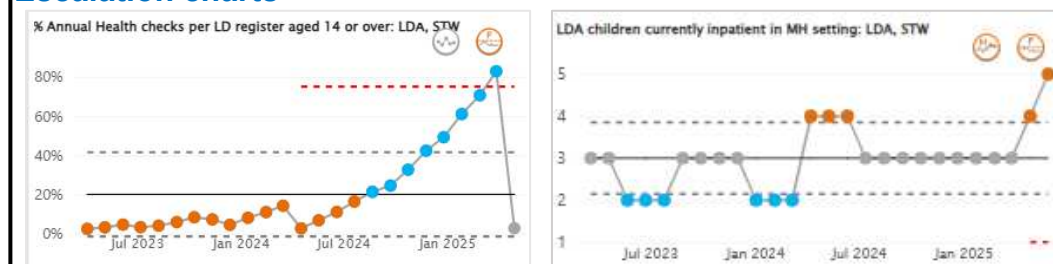
Focus Headlines:
- 21 adults are occupying a mental health bed which exceeds the plan of 16 (8 who are autistic and 13 with LD)
- There are 5 children and young people with LDA occupying a mental health bed exceeding the plan of 2
- Annual health checks appear low, but this is the trend expected in the early part of the year. No concerns at this point.

Narrative:
- Increasing number of adults following admissions reflects continued pressure in the system to find suitable community providers with appropriate housing to meet people's complex needs.
- There was one admission in May. Of the five children three are in active treatment and two of these have serious complex clinical needs with eating disorders and high risk of self-harm. A couple of these children are approaching adulthood and will require transition to adult services.

Key Actions:
- Fortnightly LDA task and finish group in place
- Monthly Transforming Care Programme meetings to review discharge plans and explore barriers to discharge
- Review of Dynamic Support Register process to make it more robust and effective in preventing hospital admissions

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- Plans to adopt PSIRF approach to learn lessons from admissions and ensure changes are implemented to prevent hospital admissions
- Training to be rolled out to Community Mental Health to enhance understanding of Dynamic Support Registers (DSR), Care and Treatment Plans CT(E)R and Local Emergency Action Plans to focus on avoidable admissions
- Continue to work with providers, housing, local authority, MPFT and the Transforming Care team to improve provision of suitable accommodation for people with complex needs

Key Risks and mitigations:
- People in restrictive placements longer than necessary impacts on quality of life. Mitigating actions – strong focus on proactive strategies to prevent avoidable admissions; DSR in place; use of CT(E)R; learning response from admissions to reduce risks of hospital readmission; monitoring of treatment and discharge plans

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ASD and ADHD

ASD and ADHD	

All data in this section based on unvalidated local data

Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
CYP – ASD Total waits (5-17)	LDA	STW	Apr 25		1,041					819
CYP – ADHD Total waits (5-17)	LDA	STW	Apr 25		825					415
Adult – ASD Total waits	LDA	STW	Apr 25		2,189					1,826
Adult – ADHD Total waits	LDA	STW	Apr 25		2,871					2,887

Escalation charts

Focus Headlines:
- ASD waits for both adults and children show special cause variation with high numbers of people on waiting lists
- 1,261 children on the new ND pathway in addition to waiting lists
- The number of children waiting for an ADHD assessment has plateaued in recent months and remains high
- Adult ADHD assessment waiting list reduced to 2,871. However, 22% are waiting over 52 weeks with the longest at 160 weeks.
- Adult ASD assessments waiting list increased slightly to 2,189

Narrative:
- Adult ASD county-wide service mobilised and assessments beginning. Waiting list initiative also underway.
- Adult ADHD referrals lower in April and May and there is a reduction in total adults waiting.
- CYP ASD and ADHD assessment waiting list is reducing but there are an additional 1,261 on the new ND pathway for triage.
- CYP ASD and ADHD assessment waiting times remains higher than plan. The provider is undertaking a review of the data following queries raised by the ICB
- Resourcing and staffing of Autism and ADHD services continues to be a challenge locally and nationally. Renewed workforce strategies in place.

Key Actions:
- Monitor the number of completed Adult ASD assessments against planned reductions in the waiting list

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- Adult ADHD two of the three accredited providers fully mobilised with the third provider experiencing a slight delay
- Options appraisal for waiting list growth taken to Senior Leadership Team in June
- Escalation of concerns around reported waiting times in BeeU service

Key Risks:
- Longer waiting times for assessment could potentially lead to clinical harm. Mitigating actions – pre-diagnosis support for ADHD assessment including access to 24/7 MH access team; provision of information on accessing support while waiting through Autism Hubs; access to alternative providers through Right to Choose; mobilisation of three additional providers for adult ADHD assessment
- Issues around co-morbidity and shared care arrangements are still outstanding but are being worked through. Options for mitigations being explored.

Children and young people (CYP)

Children and Young People (CYP)	
Metric Table	**Focus Headlines:**

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
Referrals aged u18 from A&E to liaison psychiatry < 1 hour	Mental Health	STW	Apr 25		45%					41.4%
CYP Eating Disorders (Routine) seen within 4 weeks	Mental Health	STW	Apr 25	95%	86%			❌		79.8%
CYP – persons U18 supported with at least 1 contact	Mental Health	STW	Apr 25		6,525				❌	5,922

Focus Headlines:
- Eating Disorders (routine) is showing normal variation. The standard is not being met but has improved to 86% (82% last month).
- CYP access shows improving performance but remains below system target & has dipped slightly this month.

Narrative:
- Eating disorder referrals standard has shown improvement for the second consecutive month. There were instances of parents declining appointments for their child. A reported breach was due to a data quality issue

Escalation charts

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CYP Eating Disorders (Routine) seen within 4 weeks: Mental Health, STW

and resubmission to amend this error should show improvement in reported performance.

- CYP access continues steady improvement as vacancies are filled. Recent updates from the provider indicate a vacancy rate close to 25% and high turnover of 18%.
- Some backdated activity for 24/25 has been submitted in April/May which will be reflected in the next report. However, the ICB is not assured that this covers all of the expected missing information and a formal query has been raised with the provider.
- A formal query has been raised in relation to a key subcontract of the main provider not submitting activity data.

Key Actions:
- Review of appointments declined by parents to identify reasons and mitigating actions.
- Recovery improvement plan in place and monitoring continues. Ensure back-dated activity and sub-contract activity submitted.
- Continue recruitment and explore reasons for staff leaving.
- Undertake training for activity recording and undertake action focussed sessions for staff to improve engagement
- Monitor impact of Wave 10 MH Support Team contribution to CYP access target.

Key Risks:
- CYP may come to harm whilst waiting for assessment or treatment. Mitigating actions – those who deteriorate have access to support from 24/7 MH Access Team as required; children and families provided with information on how to seek earlier support if required; triaging system in place and those at high risk are prioritised

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- Recruitment and retention issues for Crisis Teams and MH Support in schools teams. Mitigating actions as outlined in key actions

Quality

Quality

Metric Tables

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
FFT: Maternity Birth Percentage Positive	Quality	SaTH	Oct 24		83.3%					97.9%
Mothers per 1000 with post-partum haemorrhage >=15...	Quality	SaTH	Mar 25	0	21	⟳	⊕	⊗		29
Mothers Smoking at Time of Delivery (quarterly)	Quality	STW	Dec 24		7.6%					8.76%
Maternity Booking before ten weeks	Quality	SaTH	Feb 25		38.4%					36.7%

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
FFT: Inpatient Total Responses	Quality	RJAH	Jan 25		400	⟳				306
FFT: Inpatient Total Responses	Quality	SaTH	Jan 25		1,093	⟳				1,312
FFT: Inpatient Percentage Positive	Quality	SaTH	Jan 25		98.5%	⟳				98.5%
FFT: Inpatient Percentage Positive	Quality	RJAH	Jan 25		98.8%	⟳				98.8%
FFT: Community Total Responses	Quality	SCHT	Jan 25		394	⟳				295
FFT: Community Percentage Positive	Quality	SCHT	Jan 25		93.7%	⟳				96.9%
FFT: Maternity Antenatal Care Total Responses	Quality	SaTH	Jan 25		62	⟳				19.8
FFT: Maternity Antenatal Care Percentage Positive	Quality	SaTH	Jan 25		98.4%	⟳				88.3%
FFT: Maternity Birth Total Responses	Quality	SaTH	Jan 25		3	⟳				8.09
FFT: Maternity Birth Percentage Responded	Quality	SaTH	Jan 25		25%	⟳				4.69%
FFT: Maternity Birth Percentage Positive	Quality	SaTH	Oct 24		83.3%					97.9%
FFT: Maternity Postnatal Ward Total Responses	Quality	SaTH	Jan 25		7	⟳				3.82
FFT: Maternity Postnatal Ward Percentage Positive	Quality	SaTH	Jan 25		100%					76.0%
FFT: Maternity Postnatal CommunityTotal Responses	Quality	SaTH	Jan 25		19	⟳				8.27
FFT: Maternity Postnatal Community Percentage Positive	Quality	SaTH	Jan 25		94.7%	⟳				77.0%
FFT: AE Total Responses	Quality	SaTH	Jan 25		867	⟳				478
FFT: AE Percentage Responded	Quality	SaTH	Jan 25		7.33%	⟳				3.72%
FFT: AE Percentage Positive	Quality	SaTH	Jan 25		71.0%	⟳				65.1%

Focus Headlines:

- Mothers smoking at time of delivery (SATOD) shown sustained improvement for Q1, Q2 and Q3 of 24-25 (published data). December position of 7.6% is comparable to the Midlands overall rate of 7.3%
- More recent unpublished data seen monthly via the maternity dashboard shows sustained performance
- C-diff, MRSA, Klebsiella and Pseudomonas have breached 24/25 objectives and remain a concern.

Narrative:

- Post-partum Haemorrhage (PPH) rates audit shared at LMNS Board in January. PPH rates in Q3 were comparable with national average. Most recent MSDS data confirms an improving trust rate of 21 per 1000 births against a national rate of 31 per 1000 births. An actions plan is in place and will be monitored through maternity governance processes.
- ICB Quality Lead leads on quarterly Saving Babies Lives reviews and has oversight of SATOD there
- Oversight of maternity dashboard monthly by ICB Quality Lead at Maternity Safety Champions and LMNS Programme Board /Perinatal Quality and Surveillance Group (PNQSG).
- Booking before 10 weeks' gestation was discussed at ICB Maternity Insight Visit in April 2025. A newly appointed Matron for Telford Community is undertaking a piece of work to improve compliance.
- Friends and Family (FFT) – RJAH internal reports show maintaining over 95% positive rating; Gynaecology and Gynaecology Acute Treatment Unit FFT response rate

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean
Number of cases – C-difficile	Quality	STW	Apr 25	12	15			✗		13.6
Number of cases – E-coli	Quality	STW	Apr 25	35	39			✗		39.3
Number of cases – Pseudomonas aeruginosa	Quality	STW	Apr 25	2	6			✗		3.2
Number of cases – Klebsiella	Quality	STW	Apr 25	7	13			✗		9.2
Number of cases – MRSA	Quality	STW	Apr 25	0	0			✓		0.7
Number of cases – MSSA	Quality	STW	Apr 25		10					11.7

low and discussions taking place on how to improve; Maternity unit QR codes placed next to all inpatient beds to increase response rates; MPFT FFT decreased by 4% to 79% in May with a reduction in number of responses.

- C-diff action plan revised following NHSE/ICB visit in April

Key Actions:

- SATOD Quality Lead/Public Health Midwife continues to have oversight with ongoing action plan monitored through quarterly Saving Babies Lives assurance meetings
- PPH oversight via maternity dashboard with QI work overseen by Maternity and Neonatal safety champions, LMNS Quality and Safety Workstream meetings and ICB Quality Improvement Lead
- Maternity bookings before 10 weeks gestation oversight via maternity dashboard by ICB Quality Lead at LMNS Programme Board / Perinatal Quality and Surveillance Group (PNQSG)
- SCHT internal FFT report to be shared with ICB
- MPFT to promote the collection of feedback and completion of patient experience surveys to improve the FFT question
- MPFT care groups to remind staff to share any positive feedback or staff compliments with the Customer Service and Experience Team
- IPC Team visiting areas with Periods of Increased Incidence of C. diff regularly to identify issues and support teams to make improvements

Key Risks and mitigating actions:

- Maternity risks relating to potential for harm to mothers and babies; ability to sustain current levels of

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	performance, potential reputational risk to the system/LMNS. Mitigating actions are outlined in key actions.
	• FFT risk of not receiving data from NHS England meaning the system cannot act upon recommendations of patients. Mitigating actions are outlined in key actions
	• Infection prevention potential for extended hospital stays resulting in harm to patients. Mitigating actions are outlined in key actions. There is an expectation that the divisions will implement changes and report back to the IPCOG (Infection, prevention, control operational group) reports.

Workforce

Workforce	
Focus Headlines: • At M2, overall pay expenditure is favourable to plan by £471K. • WTE is below plan by 51 WTE overall with substantive and agency workforce below plan and bank usage over plan by 71 WTE • Bank overspend at £1.586M has been mitigated by underspend on substantive and agency • Bank usage over plan is attributed primarily to escalation and delays to recruitment to substantive posts. Recent successful recruitment campaigns are expected to reflect in reduced bank usage by end Q1. • Agency price cap compliance fallen slightly from 78% to 74% compared with national target at 80% (increased from 60% in 2024/25) but continues to perform well compared with the Midlands region • Agency Expenditure as % Total Pay has improved from 4.0% to 2.1% • Regional rate card for medical agency implemented • Consultant Job Planning now introduced as a new NHSE metric – STW data is currently incomplete but expected to report below the 95% target at M2	**Key Actions:** • Complete the analysis of the drivers of bank expenditure and average cost per WTE • Targeted focus on reduction of bank rates through the regional NHSE programme and potential further use of NHSP bank • Ensure renewed emphasis on staff support to reduce unavailability and sickness rates • Implement recruitment process changes for support services/admin roles to ensure STW staff at risk are prioritised for vacant roles • Implement plans for elimination of Agency Band 2/3 in advance of NHSE directive • Continued improvements to e-rostering • Prioritise services for inclusion in phase 1 of Shared Services programme **Key Risks:** • Bank usage and costs not reduced back to plan by Q1 – mitigations include phase 2 of the regional initiative including introduction of standardised rate cards, improved e-rostering and job planning, continued focus on unavailability. • Escalation continues to exceed plan – mitigations in place and monitored via the UEC board. • Consultation period for headcount reduction plan has been delayed by two weeks but mitigations in place – still expected to deliver to plan. • If Temporary Staffing caps not on track by Autumn, NHSE has suggested that use of all agency may be eliminated – this would have implications for safe staffing levels.

Workforce Highlight Report: M2 (May 2025)

Workforce Expenditure (£000)

	YTD Plan	YTD Actual	YTD Var.	FY Plan	FY Forecast	FY Run Rate	Plan vs Forecast	Plan vs Run Rate
Agency	3,001	2,451	−550	13,514	13,419	14,706	−95	1,192
Total non-medical – clinical staff	1,410	1,160	−250	6,283	6,330	6,960	47	677
Total Medical and dental staff	1,473	1,176	−297	6,531	6,389	7,056	−142	525
Total non-medical – non-clinical staff	118	115	−3	700	700	690	0	−10
Bank	9,018	10,604	1,586	49,522	49,617	63,624	95	14,102
Total non-medical – clinical staff	4,746	5,457	711	25,919	26,014	32,742	95	6,823
Total Medical and dental staff	3,548	4,286	738	19,834	19,834	25,716	0	5,882
Total non-medical – non-clinical staff	724	861	137	3,769	3,769	5,166	0	1,397
Substantive	101,104	99,597	−1,507	598,671	598,784	597,582	113	−1,089
Total non-medical – clinical staff	58,398	60,769	2,371	343,668	344,701	364,614	1,033	20,946
Total Medical and dental staff	27,536	24,808	−2,728	164,275	163,364	148,848	−911	−15,427
Total non-medical – non-clinical staff	15,170	14,020	−1,150	90,727	90,718	84,120	−9	−6,607
Total	113,123	112,652	−471	661,707	661,820	675,912	113	14,205

Overall Headcount (WTE)

WTE	M2 Plan	M2 Actual	M2 Variance
Substantive	10550	10444	(106)
Bank	747	818	71
Agency	159	143	(16)
Total	11456	11405	(51)

NHS Infrastructure Support Headcount (WTE)

WTE	M2 Plan	M2 Actual	M2 Variance
Substantive	2670	2709	39
Bank	126	129	3
Agency	7	8	1
Total	2803	2846	43

Key Messages:
- At M2, overall expenditure favourable to plan by £471K
- Bank overspend at £1.586M mitigated by underspend on substantive and agency
- WTE below plan at M2 by 51 overall with bank usage over plan by 71 WTE
- Bank usage attributed primarily to escalation and delays to recruitment to substantive posts
- Agency price cap compliance fallen slightly from 78% to 74% compared with national target at 80%
- Agency Expenditure as % Total Pay has improved from 4.0% to 2.1%
- Corporate cost reduction plans in place & initiated
- Shared Services programme initiated
- Regional rate card for medical agency implemented

KPI	Plan	Performance *exc MPFT
Delivery of 2025/26 Workforce Plan: WTE	WTE 11456 at M2	Overall WTE below plan by 51 WTE
Delivery of 2025/26 Workforce Plan: Expenditure across all staff types	£113.1m	£112.6m actual i.e. favourable variance at £471K
Refreshed People & OD Strategy	March 2025	Approved at People Collaborative and People, Culture & Inclusion Committee - **CLOSE**
2025/26 Workforce Delivery Plan signed off	March 2025	NHSE approved – closedown letter received 16th May - **CLOSE**
Turnover	9.8%	9.6%
Sickness	5.2%	5.4%
% Agency Price Cap Compliance	80% (national target)	74% w/c 09/06/25
% Agency Framework Compliance	100%	100%
Agency as % Total Pay	2.0%	2.0%
Consultant Job Plans	95%	34% - data incomplete

Key Risk	Impact	Mitigation	Status
Delayed recruitment leads to increase in temporary staffing spend	Bank overspend at M2 is £1.5m	Recruitment pipeline in place, cessation of enhanced bank rates, roll out NHSP National Bank, WM Cluster medical rates, improved e-rostering	
Increased escalation costs	Bank cap not achieved	Escalation plan monitored at UEC Board and FIP. I&I PWC mitigations.	
Reduction in WTE not achieved	315 WTE not achieved in corporate support headcount reduction	Corporate cost reduction plans in place. Internal vacancy review panels and system vacancy panel.	

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System Financial Position

Finance

Focus Headlines:

Narrative - Revenue:
The ICS is reporting a £1.8m actual YTD System deficit, £655k favourable to plan YTD at M2, this includes deficit support funding.

The 2025/26 expected forecast outturn is breakeven after £83.8m deficit support funding.

These forecasts include delivery of efficiency of £16.8m YTD against a target of £11.8m, favourable variance to plan of £5m.
ICB – Has a year-to-date favourable variance of £655k which is due to individual commissioning efficiency delivery being ahead of plan by £5m.

SaTH – are reporting a £1k surplus/favourable variance, pay is £270k adverse due to escalation costs offset by income and non-pay mitigations and efficiency delivery is on plan.

RJAH – Report a year-to-date favourable variance of £69k, efficiency delivery is £121k favourable to plan due to held vacancies, income/activity under plan is offset by cost mitigations.

SCHT – Have a year-to-date favourable variance of £1k. Favourable efficiency delivery £29k and pay underspends are partially offset by pressures across non-pay including support to community hospitals, sub-acute wards and within the Prison healthcare service.

Narrative - Capital:
Year to date system operational capital spend is £1.9m ahead of plan at month 2 due to HTP, although the FOT is expected to be delivered on plan.

Key Actions:
Revenue:
Gross risk is estimated in the region of £59m which is reported at month 2 as fully mitigated. Actions focus on continued delivery of the 2025/26 plan.

Capital:
All in-year system capital risks are fully mitigated. Actions focus on continued delivery of the 2025/26 plan.

Key Risks and mitigating actions:

Revenue:
The system is exceeding our bank spend limit by £1.5m, this is mitigated by substantive and agency underspends, pay overall is £0.6m favourable YTD.

The system is reporting gross risk of £59m YTD which is reported as fully mitigated.
Efficiency schemes are 98% fully developed/implement.
Further mitigations are under development.

Capital:
All in-year system capital risks are now fully mitigated by capital contract performance management and deployment of bringing forward pipeline capital schemes to ensure all capital is used in year as required.

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ICB capital expenditure commences in Month 5, SaTH are showing an underspend of £0.7m YTD against CDEL due to decarbonisation scheme invoices not received. SCHT are £0.2m ahead of plan as PPE capital has been delivered ahead of plan. RJAH are £0.2m behind plan due to diagnostics equipment capital scheme which will be recovered in year.

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System Financial Position Month 2

Financial Performance	YTD			FULL YEAR			PRIOR YEAR
Organisation	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance to Plan £000	Plan Surplus/ (Deficit) £000	Forecast Surplus/ (Deficit) £000	Variance to Plan £000	Actual £000
Commissioners							
NHS Shropshire, Telford and Wrekin	(1,042)	(458)	584	(1,999)	(2,000)	(1)	0
Total Commissioners	**(1,042)**	**(458)**	**584**	**(1,999)**	**(2,000)**	**(1)**	**0**
Providers							
The Shrewsbury and Telford Hospital NHS Trust	0	1	1	0	0	0	(18,563)
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	(1,582)	(1,513)	69	0	0	0	2,916
Shropshire Community Healthcare NHS Trust	151	152	1	2,001	2,001	0	3,572
Total Providers	**(1,431)**	**(1,360)**	**71**	**2,001**	**2,001**	**0**	**(12,075)**
TOTAL SYSTEM Performance Financial Position Surplus/(Deficit)	**(2,473)**	**(1,818)**	**655**	**2**	**1**	**(1)**	**(12,075)**
Non-Recurrent Deficit Funding	(13,966)	(13,966)	0	(83,795)	(83,795)	0	0
NHSE Approved Position	**(16,439)**	**(15,784)**	**655**	**(83,793)**	**(83,794)**	**(1)**	**(12,075)**

Key Data

- **System** - In month 2 the system is reporting a £1,818k deficit, £655k favourable variance to plan.

- **ICB** - Month 2 deficit of £458k which is £584k favourable to plan. This is after the recognition of £6.4m non recurrent deficit funding. Efficiency delivery is ahead of the phased plan year to date due to individual commissioning but in line with the overall annual efficiency plan.

- **SaTH** - Month 2 £1k surplus, supported by £10.9m of non recurrent deficit funding. £4.9m efficiency delivery year to date in line with plan. Pressures on pay of £0.3m year to date – overspend on bank is due to additional support for escalation activity and the effect of holding vacancies, however, is partially offset against reduced agency and substantive pay. The adverse variance is offset by income, namely in respect of WMCA income.

- **RJAH** - Month 2 £1,513k deficit, £69k favourable to plan. £1,278k efficiency delivery year to date, £112k favourable to plan. Shortfalls in clinical and commercial income are being offset by expenditure decreases from marginal cost reductions, recruitment slippage and continued delivery of Investigation and Interventions action.

- **SCHT** - Month 2 surplus of £152k, £1k favourable to plan due mainly to cost pressures in Prison mental health and Rehab and Recovery Unit out of hours being offset by non-recurrent pay savings and efficiency performance. Pay underspend £165k driven by delays in filling substantive vacancies. Bank staff overspend offset by agency underspend. Efficiency is £29k favourable to plan.

System Financial Risk Summary

System Risk Summary

System Risk	25/26 Gross Risk £'000	Mitigation £'000
NHS Shropshire, Telford & Wrekin ICB	14,589	(14,589)
Robert Jones & Agnes Hunt Hospital	9,200	(9,200)
Shrewsbury & Telford Hospitals	28,500	(28,500)
Shropshire Community Hospital Trust	6,787	(6,787)
Grand Total	59,076	(59,076)

- To note Month 2 does not include the following items that will be reviewed ahead of Month 3 - Pay award risk TBC
- To note the following risks are currently mitigated in organisational positions as at Month 2, ICB contract value differences and Provider contract value differences

ICB - Total Risk £14.6m; fully mitigated
- Efficiency risk **£8.9m** – Independent Sector activity, Urgent Care, other High and Medium risk efficiency schemes – mitigated by UEC Improvement Programme, Acceleration of pipeline efficiency schemes and stretch to existing schemes.
- Cost risk **£5.7m** – Individual Commissioning inflation, Cat M prices and Prescribing costs, ADHD assessments, Contract finalisation and RMC income recovery – mitigated by internal processes for reducing Individual Commissioning, Commissioning policies under development and control processes in place to monitor spend in line with agreed criteria.

RJAH - Total Risk £9.2m; fully mitigated
- Income risk **£6.6m** - LVA, Insourcing, non delivery of elective activity plan, Contract activity and Powys contract – mitigated by activity monitoring, workforce controls and ongoing contract negotiation.
- Efficiency risk **£1.7m** – medium risk schemes – mitigated by additional contingency schemes being reviewed monthly.
- Cost risk **£0.9m** - EPR and inflation – mitigated by project oversight and contract management.

SaTH - Total Risk £28.5m; fully mitigated
- Income risk **£3.0m** – Activity and Clinical income – mitigated by activity and performance monitoring.
- Efficiency risk **£7.2m**- medium risk schemes – mitigated by additional contingency schemes being reviewed monthly.
- Cost risk **£18.3m** – Workforce, inflation and CSWs – mitigated by workforce management, and FIP/FRG oversight and management.

SCHT - Total Risk £6.8m; fully mitigated
- Income risk **£0.8m** – Covid vaccination and Elective delivery – mitigated by activity management.
- Efficiency risk **£1.1m** – high risk schemes – mitigated by weekly CIP meetings with FIP/FRG oversight.
- Cost risk **£4.9m** – Estates, inflation, agency & staffing, NI and Prison Mental Health – mitigated by contract monitoring, workforce management, FRG oversight, Provider discussions.

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Efficiency Delivery

Efficiency Summary Month 2

25/26 Month 2 Planned Savings	25/26 Month 2 Actual Savings	25/26 Savings Month 1 Variance	25/26 Savings Plan	25/26 Savings Forecast	25/26 Savings Variance
£15.8m	£20.7m	£4.9m	£95m	£95m	£0m

Partner Organisation	Annual Plan £'000	YTD Plan £'000	YTD Delivery £'000	Variance to Plan £'000
ICB	39,180	9,001	13,846	4,845
SaTH	41,400	4,967	4,960	(8)
RJAH	9,594	1,166	1,278	112
SCHT	5,359	684	713	28
Total	**95,534**	**15,819**	**20,797**	**4,978**

Key Updates

- Month 2 Year to date position reflects a favourable efficiency variance **£4.9m** ahead of Plan.

- This is primarily driven by upfront savings realised by the ICB's individual commissioning team.

- Currently 96% of planned schemes are either fully developed or are in delivery.

- Work is ongoing to finalise the remaining schemes and identify additional mitigation opportunities.

- High-Risk schemes totalling £5.6m are being closely monitored, with appropriate mitigations and milestones established to manage associated risk.
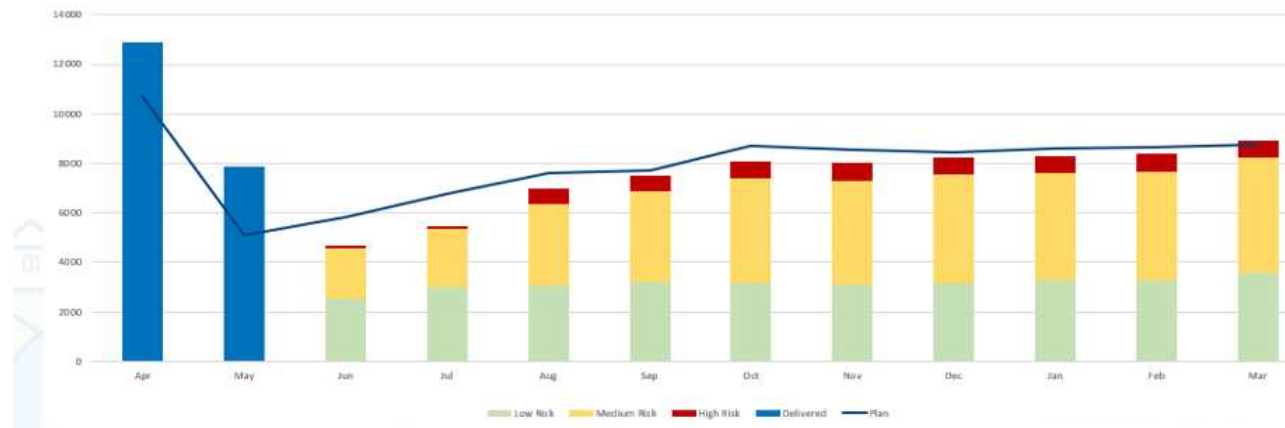
Capital Summary

Capital Summary

CAPITAL PROGRAMME	YTD			FULL YEAR		
Organisation	Plan £000	Actual £000	Variance to Plan £000	Plan £000	Forecast £000	Variance to Plan £000
Total Charge against Capital Allocation (including impact of IFRS16)						
NHS Shropshire, Telford and Wrekin	0	0	0	1,067	1,067	0
The Shrewsbury and Telford Hospital NHS Trust	860	162	(698)	22,530	22,530	0
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	623	372	(251)	6,336	6,336	0
Shropshire Community Healthcare NHS Trust	248	462	214	4,253	4,453	200
TOTAL SYSTEM	1,731	996	(735)	34,186	34,386	200
Total CDEL						
NHS Shropshire, Telford and Wrekin	0	0	0	1,959	1,959	0
The Shrewsbury and Telford Hospital NHS Trust	10,686	12,632	1,946	145,915	145,915	0
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	623	372	(251)	9,243	9,243	0
Shropshire Community Healthcare NHS Trust	248	462	214	4,975	4,975	0
TOTAL SYSTEM	11,557	13,466	1,909	162,092	162,092	0

YTD System spend against CDEL is behind plan by £735k primarily due to a delay in the receipt of invoices for SaTH's decarbonisation scheme.

The total system capital spend (including IFRS16, HTP and CRL) is £1,909k ahead of plan predominantly because of HTP spending.

- ICB spend is phased from Month 5 onwards.

- SaTH operational capital YTD is £0.7m behind plan due to the delay in invoices being received for the decarbonisation scheme, noting the capital scheme is on track. Total SaTH capital is £1.9m ahead of plan, due to profiling of HTP spend, contract management oversight is in place.

- RJAH operational capital is £0.2m behind plan due to slippage in diagnostic equipment schemes which will be recovered in future months.

- SCHT operational capital is £0.2m ahead of plan due to PPE schemes progressing earlier than in the planned phasing. Additional FOT spend of £200k relates to SCHT share of the recently announced £5m UEC incentive capital which will be funded through PDC.

Appendices

Appendix 1 Glossary of Commonly Used Terms

Abbreviation	Meaning	Abbreviation	Meaning
A&E	Accident and Emergency	LeDeR	Learning from Lives & Deaths of people with a Learning Disability or Autism
A&G	Advice and Guidance	LoS	Length of (inpatient) Stay
ADHD	Attention Deficit Hyperactivity Disorder	MDC	Making Data Count
ARRS	Additional Roles Reimbursement Scheme	MH	Mental Health
ASD	Autism Spectrum Disorder	MPFT	Midlands Partnership University NHS Foundation Trust
ATED	Alternative to Emergency Department	MRI	Magnetic Resonance Imaging
BI	Business Intelligence	MSST	Musculoskeletal Services Shropshire and Telford
BMA	British Medical Association	NCTR	No Criteria to Reside
CAIP	Capacity & Access Improvement Plan	NOUS	Non-obstetric ultrasound
CAMHS	Child and Adolescent Mental Health Services	OAA, OAP	Out of Area, Out of Area Placement
CCC	Care Coordination Centre	ONS	Office of National Statistics
CDC	Community Diagnostic Centre	PACS	Picture Archive & Communication System
C(E)TR	Care (Education) & Treatment Plan	PCARP	Primary Care Access Recovery Plan
CHC	Continuing Healthcare	PCCG	Primary Care Commissioning Group
CMHT	Community Mental Health Teams	PCN	Primary Care Network
CQC	Care Quality Commission	PICU	Psychiatric Intensive Care Unit
CT	Computed Tomography	PIFU	Patient Initiated Follow Up
CWT	Cancer Waiting Times	PSDA	Plan, Study, Do, Act
CTH	Community Transfer Hub	PSII	Patient Safety Incident Investigation
CYP	Children and Young People	RJAH	The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
DNA	Patient Did not Attend	RCA	Root Cause Analysis
DASS	Dementia Assessment and Support Service	PSIRF	Patient Safety Incident Response Framework
DES	Directed Enhanced Service	RTT	Referral to Treatment
DSR	Dynamic Support Register	SaTH	The Shrewsbury and Telford Hospitals NHS Trust

Abbreviation	Meaning	Abbreviation	Meaning
DTA	Decision to Admit	SCC	System Control Centre
ED	Emergency Department	SATOD	Smoking at the Time of Delivery
ENP	Emergency Nurse Practitioner	SCHT	Shropshire Community Health NHS Trust
ENT	Ear, Nose and Throat	SDEC	Same Day Emergency Care
FDS	Faster Diagnosis Standard	SPA	Single Point of Access
FFT	Friends and Family Test	SPC	Statistical Process Control
FIT	Faecal Immunochemical Test	TAT	Turnaround time
FTE	Full-time equivalent	UCR	Urgent Community Response
G&A	General and Acute specialties	UEC	Urgent and Emergency Care
GIRFT	Getting it Right First Time	UTC	Urgent Treatment Centre
GP	General Practice/Practitioner	VCSE	Voluntary, community and social enterprise
IIA	Integrated Impact Assessment	VW	Virtual Ward
ISP	Independent Sector Provider	WLI	Waiting List Initiative
LAEP	Local Area Emergency Plan (for LD)	WMAS	West Midlands Ambulance Service
LCS	Locally Commissioned Service	WMCA	West Midlands Cancer Alliance
LDA	Learning Disabilities and Autism		

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1. ICB 25-06.184 – Equality, Diversity and Inclusion Update

Meeting Name: NHS Shropshire, Telford and Wrekin Board
Meeting Date: Wednesday 25 June 2025
Report Presented by: Vanessa Whatley, Chief Nursing Officer, NHS STW
Report Approved by: Simon Whitehouse, Chief Executive Officer, NHS STW
Report Prepared by: Vanessa Whatley, Chief Nursing Officer, NHS STW
Action Required: The Board **Notes** the report and progress in addressing EDI as a system. The Board **Supports** further system level action to support the EDI agenda as an integrated care system in STW.

1.1. Purpose

1.1.1. Like other public sector authorities, ICBs are subject to section 149 of the Equality Act 2010 (the Public Sector Equality Duty) including to eliminate unlawful discrimination harassment and victimisation, advance equality of opportunity and promote the fostering of good relations.

1.1.2. This paper provides an update on the ICB Board's collective commitments to equality diversity and inclusion and achieving the duty as a Board including key developments in the Boards commitment to strategic EDI objectives. It includes the outcome of the ICB Board development day and update on agreement of strategic objectives.

1.2. Executive Summary

1.2.1. Following agreement of system-wide strategic priorities to address EDI, with race as a priority, the ICB Board developed two important projects through an ICB Board development session held on 26th February 2025. These projects aimed to accelerate progress, particularly around the objective to build an ICS that celebrates diversity, empowers change and recognises the impact of our health and care teams. The first of the two projects was to increase board discussion and action on incidents of discrimination in order to build confidence in the workforce and to start to use board awareness to send clear messages and action to drive down racial abuse. The second to promote our multicultural health and care workforce in a system approach with a communication campaign to start during May as Diversity Month.

1.3. Recommendations

1.3.1. The Board are asked to discuss the report.

1.4. Conflicts of Interest

1.4.1. None

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

1.5.1. Equality diversion and inclusion are key to the System Board assurance framework and the legislation and guidance is integral to the risk as presented.

1.6. Alignment to Integrated Care Board

1.6.1. Supports development of the integrated care strategy

1.6.2. Establish and support joint working between partners

1.7. Key Considerations

1.7.1. **Quality and Safety Implications:** STW as a welcoming place for all though retention of a diverse workforce. The report provides progress in engagement with our health and social care workforce.

1.7.2. **Financial Implications:** Ensuring equity of services reduces financial burden associated with poor quality of care, poor access to services and workforce supply.

1.7.3. **Workforce Implications:** STW as a welcoming place for all though retention of a diverse workforce resulting in quality of information which will help with sustaining the workforce to provide safe services into the future care. The report provides progress in engagement with our health and social care workforce Implications to reduce attrition and retain and attract the workforce.

1.7.4. **Risks and Mitigations:** The report provides update on strategic direction to ensure STW ICS is a welcoming place for all and that poor behaviours are not tolerated.

1.7.5. **Engagement:** The report provides progress on areas that can improve engagement of our residents and communities.

1.7.6. **Supporting Data and Analysis:** Workforce Race Equality Standards

1.8. Impact Assessments

1.8.1. **Has a Data Protection Impact Assessment been undertaken?** N/A

1.8.2. **Has an Integrated Impact Assessment been undertaken?** N/A

1.9. Attachments

1.9.1. Appendix 1: Summary of the outcomes of the 90-day improvement challenge.

2. Introduction

2.1. Public authorities are bound by the Public Sector Equality Duty to Eliminate unlawful discrimination harassment and victimisation, advance equality of opportunity and foster good relations.

Ambition   Compassion   Optimism   Focus

2.2. The STW ICB Board had previously agreed to work collectively to support the activities to reduce discrimination with racial discrimination as a priority area.

2.3. The Race Code sets out clarity and an accountability framework, is designed to provide organisations across all sectors and sizes, with the opportunity to address a very specific challenge. This is shown by its 4-key Principles: Reporting, Actions, Composition and Education.

2.4. While individual organisations are bound by their own statutory requirements under section 149 of the Equality Act 2010 (the Public Sector Equality Duty) This paper provides an update on the collective action of the ICB Board to address the EDI agenda as a collective action.

3. Background

3.1. A paper was taken to the ICB Board on 26th June 2024 presenting the report of Perceptions and Experience of Racism in the Workplace by Health and Social Care Staff, it's related actions and next steps needed to progress Equality Diversity and Inclusion (EDI) in the system. The ICB Board agreed to sponsor the development of an EDI Strategic plan for the STW ICS in which race was agreed as a priority area, however the strategic plan will reflect all protected characteristics and the wider inclusion agenda.

3.2. Since then, the ICB Board has agreed strategic objectives for this work, as a below, and resourced board development on the legal basis of Equality, Diversity and Inclusion.

1. Foster the development of rewarding careers across our ICS, ensuring they are free from discrimination and offer fair opportunities for all.
2. Lead collaboratively and take individual action to champion and continually elevate the EDI agenda.
3. Foster an inclusive and welcoming work culture where colleagues are supported and empowered to openly discuss EDI.
4. Ensure quality, equitable care for all by empowering people, improving access, enhancing outcomes and embracing diversity.
5. Celebrate our people and their contributions, while consistently and publicly reaffirming our commitment to EDI ambitions as a system.
6. Build an ICS that celebrates diversity, empowers change and recognises the impact of our health and care teams

3.3. The ICB identified a strategic partner to support further improvement, with a focus on Objective 6: *Build an ICS that celebrates diversity, empowers change and recognises the impact of our health and care teams*, and as a result a half day workshop was attended by the Board as the start of a 90-day quality improvement cycle.

Ambition   Compassion   Optimism   Focus

3.4.   The remainder paper provides an update to the outcome of the Board Development and agreed actions.

4.   Current Progress

4.1.   An in-person board development event was held on 26th February 2025 with ICB Board members. The event was workshop-style and was led by an improvement external partner, NHS Confederation in partnership with Ninety days, a company with a proven track record of quality improvement methodology, gaining rapid improvements using a 90-day methodology in a variety of commercial entities.

4.2.   The purpose of this was to accelerate the crucial steps needed towards reducing inequalities, fostering inclusivity in our workplaces, driving meaningful change in our communities. Using the Board's influence to create positive change beyond health and care, by working on racism as a priority, was intended to lead to other positive changes in the EDI agenda.

4.3.   The Board members were specifically challenged in addressing racism at pace with urgency of any other quality issue using the 90-day improvement process to contribute to building an ICS that celebrates diversity, empowers change and recognises the impact of our health and care teams.

4.4.   The workshop examined the steps required across system partners, within the next 90 days, to accelerate change.

4.5.   Analysis of the workshop data led to the development of the two projects in the table below.

No.	Project	Measurable Outcomes
1	**Consistency in Application:** Ensure System partners Boards awareness of racism and agree a System statement to support a consistent approach towards responding to and reporting of any racist incidents. This will help enable a process of highlighting unwanted racist behaviours and calling for their cessation.	**Leading Indicators-** formally reported at every STW Board meeting, prevalent issues reviewed quarterly / bi-annually. **Lagging Indicators-** number of incidents reported (increase in reports), staff survey results.
2	**Coordinated Communications Campaign** to launch in May to commemorate diversity month **Themes such as** "Stronger Together", "You're welcome, we are all part of STW, and this is what STW looks like", "We are safe", "Humanising services".	**Leading Indicators-** public and staff engagement with initial messaging, completion of all project tasks. **Lagging Indicators-** staff and employee engagement levels, recruitment numbers, picked up by local media, social media stats. Capture the change in the

Ambition   Compassion   Optimism   Focus

		organisation's approach as a result of the engagement.

4.6. Two teams were established to develop the action required to work to deliver the changes by 27th May 2025 which were achieved or significantly progressed as below.

4.7. <u>Project 1: Consistency in Application:</u>

    4.7.1. Local authorities and NHS trusts were asked to have a board level discussion on the reporting of discriminatory incidents and organisational response to such incidents.

    4.7.2. Due to most boards meeting alternate months these are happing in May and June, those that have met so far have reported a summary of the discussion provided in the evaluation provides in the appendix.

    4.7.3. Themes from the preparation for, and board discussions, were highlighted as
- A continued drive is required to ensure that action on reporting is consistent and effective with clarity of action and change to the health and care workforce and boards were unanimous in their support for this.
- Reporting of racial discrimination needs to be continually strengthened and promoted across the system and in individual organisations with education to managers on they can support this.
- There needs to be a continued engagement and education of the public which is consistent and clear with the developed resources in step 2, including a drive on reporting.

4.8. <u>Project 2: Coordinated Communications Campaign</u>

    4.8.1. A system coordinated communications campaign has been launched. EDI Steering Group members supported feedback from staff networks on a range of messages, and Everyone Belongs Here was agreed as an initial message with a range of resources launched, starting on World Day for Cultural Diversity for Dialogue and Development on 21st May.

    4.8.2. The campaign was promoted on social media and public facing web pages across the system with local media picking this up and specific messages to staff in organisations. Details are provided in the summary as provided in the appendix.

Ambition   Compassion   Optimism   Focus

       4.8.3.   Further resources are now in development to continue to raise the profile of the subject as well as the EDI Steering Group utilising the campaign for specific campaigns through the year such as Black History Month.

       4.8.4.   The campaign material will also be evaluated and developed to support other forms of discrimination and form a recognisable aspect of the STW EDI agenda.

5. Conclusion

5.1.   The undertaking of a rapid improvement project to raise the profile of actions to address racial discrimination as an integrated care system has been achieved.

5.2.   Further evaluation of the project, in particular of board discussions and campaign materials.

5.3.   This approach is in addition to individual organisational statutory requirements but is supportive of them.

5.4.   The ICS approach to addressing EDI utilising rapid improvement has not been documented at ICS level previously and will continue to be supported by the ICS EDI Steering Group.

5.5.   The approach supports the Race Code promoting the reporting and actions of racial discrimination.

6. Recommendation

6.1.   The Board **Notes** the report and progress in addressing EDI as a system.

6.2.   The Board **Supports** further system level action to support the EDI agenda as an integrated care system in STW.

Ambition   Compassion   Optimism   Focus

1. ICB 25-06.185 – Information Governance Direction of Travel Statement

Meeting Name: NHS Shropshire, Telford and Wrekin Board
Meeting Date: Wednesday 25th June 2025
Report Presented by: Simon Whitehouse, NHS STW, Chief Executive
Report Approved by: Alison Smith, NHS STW, Chief Business Officer
Report Prepared by: Alison Smith, NHS STW, Chief Business Officer
Action Required: For Assurance and Approval

1.1. Purpose

1.1.1 The purpose of this report is to restate the direction of travel for Information Governance by the Board following a recommendation by the Internal Auditors of the ICB's evidence to support the self-assessment submission against the Data Protection and Security Toolkit (DSPT).

1.2. Executive Summary

1.2.1 The DSPT is an online self-assessment tool used by organisations to evaluate their compliance with data security and information governance requirements, particularly those related to NHS patient date and systems. In September 2024 the DSPT was aligned with the National Cyber security Centre's Cyber Assessment Framework (CAF) as outlined in the Department of Health and Social Care Cyber Security Strategy to 2030. There is a requirement for NHS organisations to complete an annual DSPT submission by 30th June each year. Prior to the submission, the ICB's Internal Audit function carries out an audit of some parts of the DSPT as required by NHSE, to provide assurance to the ICB's Audit Committee.

1.2.2 The internal auditors have recently completed the annual review of a sample of some of the principles outlined in the newly updated Data Protection and Security Toolkit (DSPT) and scrutinised the evidence the ICB has collated to demonstrate how we are meeting information governance requirements set out in legislation.

1.2.3 A number of recommendations have been made by the auditors to strengthen the evidence provided against some of these principles. Specifically, the auditors have recommended that from the evidence shared with them for DSPT objective A1a, there is little evidence that the Board has set a clear direction of travel for information governance, and as a result there may be an increased risk that the organisation will not develop sufficiently, to support the safe operation of essential functions. They have recommended that the Board should agree a direction of travel for information governance to assist in meeting the related principle and objective in the DSPT.

1.2.4   This report seeks to present an IG Direction of Travel Statement which is appended to this report for Board approval and adoption. The statement seeks to summarise the current vision and approach of the ICB for information governance, already set out in ICB IG policies.

1.2.5   The Statement was shared with the Audit Committee for feedback at the committee meeting on 18th June and no issues were raised with the content.

1.3. Recommendations

1.3.1.   Board is asked to **APPROVE** for adoption the IG Direction of Travel Statement attached as appendix 1.

1.4. Conflicts of Interest

1.4.1.   No relevant conflicts of interest linked to this report to highlight to the Board.

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

1.5.1   No direct links to the SBAF, however the ICB SORR contains a risk around information governance.

1.6. Alignment to Integrated Care Board

1.6.1.   This report supports the ICB's commitment to:
- ICB assurance by demonstrating compliance with legislation and oversight responsibilities.

1.7. Key Considerations

1.7.1.   **Quality and Safety** – None specifically
1.7.2.   **Financial Implications** – None specifically
1.7.3.   **Workforce Implications** - None specifically
1.7.4.   **Risks and Mitigations** – None specifically
1.7.5.   **Engagement –** None specifically
1.7.6.   **Supporting Data and Analysis –** None specifically
1.7.7.   **Legal, Regulatory, and Equality** - The ICB must comply with GDPR legislation

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 - Information Governance Direction of Travel Statement

Ambition   Compassion   Optimism   Focus

Appendix 1 - Information Governance Direction of Travel Statement

Robust information governance supports delivery of the ICB's statutory objectives and helps provide confidence that personal, confidential or sensitive information is handled legally, securely, effectively and efficiently.   Information governance is the framework that brings together all the standards, requirements and best practice that apply to the handling of information.

Information governance ensures information is held and managed in accordance with the 7 principles set out in the General Data Protection Regulations (GDPR):

- Lawfulness, fairness and transparency
- Purpose limitation
- Data minimisation
- Accuracy
- Storage limitation
- Integrity and confidentiality (security)
- Accountability

These principles lie at the heart of the Board's approach to processing personal data and the Board places high importance on ensuring there are robust information governance (IG) systems and processes in place to help protect patient and corporate information.

This Direction of Travel Statement seeks to outline in summary the Board's vision regarding how it discharges the statutory responsibility set out in GDPR and for long term delivery of high-quality information governance.

This Direction of Travel Statement sets out the vision and framework for robust information governance and has seven objectives:

1) To underpin the organisation's strategic goals and ensure the information needed to support and deliver their implementation is available, reliable, accurate and understandable
2) To ensure individuals take personal responsibility for all aspects of information governance
3) To ensure policies, procedures, guidelines, monitoring, audits and training enable high quality information governance
4) To understand, minimise and manage key information governance risks
5) To ensure information governance complies with statutory and regulatory requirements and compliance frameworks including the DSPT
6) To routinely improve information governance standards whilst responding to the changing needs of the organisation, legislation, compliance frameworks and any other initiatives where information governance is a key element

7) To embed information governance seamlessly into the governance of the organisation

These objectives will be achieved through the following activities which form part of the organisation's existing information governance framework:

- Robust policies and procedures - [Information Governance Policies - NHS Shropshire, Telford and Wrekin](#)
- Ongoing staff training and specialist training where appropriate
- Assessment and recording of information risk
- Undertaking Data Protection Impact Assessments to understand how information can be utilised and shared appropriately
- Agreeing data sharing agreements with other organisations to protect data, but ensure that information can be shared effectively and efficiently to support health and care service delivery.
- Robust cyber security processes and testing are in place
- Incident reporting, investigation and corrective action
- Clearly setting out individual rights pertaining to the data the ICB holds and manages. [Data protection - NHS Shropshire, Telford and Wrekin](#)
- Clearly setting out designated roles and responsibilities - [2024-09-05-STW-ICB-IGMF-v1.2.docx](#)
- Undertaking regular compliance checks via self assessment against the Data Security and Protection Toolkit and reviews by internal audit.
- Oversight of Information Governance is delegated to the Audit Committee on behalf of the Board. The Audit Committee has established an IG Sub Committee to oversee the operational activities outlined above which is chaired by the ICB's SIRO.

1. ICB 25-06.186 – Quality and Performance Committee Briefing Report

Meeting Name: Integrated Care Board (ICB) Board Meeting
Meeting Date: 25th June 2025
Report Presented by: Vanessa Whatley, Chief Nursing Officer, NHS STW
Report Approved by: Vanessa Whatley, Chief Nursing Officer, NHS STW
Report Prepared by: Vanessa Whatley, Chief Nursing Officer, NHS STW, Julie Garside Director of Performance, Planning BI and analytics, NHS STW
Action Required: For noting.

1.1. Committee/Group Meeting Details

1.1.1. Committee/Group Meeeting Date(s):

- 24th April 2025
- 29th May 2025

1.2. Recommendations to the Board

1.2.1. Detail specific actions or decisions required from the board, including:

- Approved on behalf of the board were
    - Safeguarding Children & Young People Statement
    - Modern Slavery & Human Trafficking Statement

- Issues requiring escalation.
    - The Committee remains concerned on the system response to the Diabetes risk.

- Items for noting
    - MPFT's CQC rating for adult acute wards and the psychiatric intensive care unit has increased to Good across all domains and overall report issued in April 2025.

1.3. Key Risks and Mitigations

1.3.1. The System Operational Risk Register (SORR) is discussed at each meeting. The quality and performance risks are discussed in detail including the effectiveness of mitigations. The System Board Assurance Framework (SBAF) is received by the Committee quarterly for information and discussion. Key risk updates are below:

1.3.2. Urgent and emergency care (UEC) performance and the impact on quality. Harm reviews are in place with action on thematic analysis and quality improvements in response to CQC and the issues highlighted on the Channel 4 Despatches programme. Close monitoring of performance metrics, including Tier 1 support from NHSE, with a series

of improvements in place and plans to address long waits and areas of underperformance with some improvements noted, in ambulance response times and quality of care measures.

1.3.3. Diabetes and the impact on the population due to variability in services to support coordinated diabetes pathways, leading to poorer outcomes. Quality Improvement projects have commenced to address areas of concern however the risk remains unchanged due to lack of system wide impact. This remains an area with low assurance.

1.3.4. Increasing risks are *Clostridioides difficile* infection and a sustained rise in numbers of acquisitions, these are being addressed by providers through action plans and by primary care prescribers of high-risk medication. However, there is currently no change to the number of health care associated acquisitions and the system remains off monthly trajectory.

1.3.5. Adult attention deficit hyperactivity disorder (ADHD) referrals with confirmed diagnosis continue to rise. The prescription of medication requiring prescribing under shared care agreements is putting additional pressure on specialist and primary care services. Action to review ADHD referral processes and prescribing is underway with the aim of further mitigating this risk.

1.4. Performance and Assurance
1.4.1. MPFT's CQC rating for adult acute wards and the psychiatric intensive care unit has increased to Good across all domains and overall report issued in April 2025.

1.4.2. The system achieved the national target (60%) for SMI health checks in 24/25 and its highest ever % of LD health checks (85.6%) was delivered in 24/25 which was significantly above the national target of 75%.

1.4.3. For Planned Care, there continues to be significant reductions in long waits (>65wks) and improvement in the % of people having their diagnostics tests within 6wks.

1.4.4. For cancer, there was continued delivery of the FIT testing (96% vs target of 80%) and improving variation in the diagnosis to first treatment <31days target.

1.4.5. The risk relating to the Paediatric acute pathway has been de-escalated from the SORR in April 2025) due to reducing to a score of 9 with only SaTH local actions remaining. The risk is managed by SaTH's paediatric Transformation and Assurance Committee (PTAC) with involvement of external stakeholders. There is good assurance that there is an effective escalation pathway for the deteriorating child including sufficient medical support (an additional Tier2 doctor), training and education, electronic

observation software supporting Paediatric early warning scoring system (paediatric Vitals implemented Q3-4 24/25) and communication with the regional outreach team.

1.4.6. UEC metrics have seen continued improvement in category 2 response times with STW being in the top five of systems most improved in 2024/25 and by the end of March response times were below the average 30 minutes target reducing the risk for patients out in the community waiting for an ambulance. The 4hr target and the number of patients waiting over 12 hours in the Emergency Department remain off target and cause for concern.

1.4.7. Harm reviews for patients waiting in ambulances longer than 8 hours remain in place with themes around pain control and administration of medicines, however this has seen some improvements since the introduction of the offload to assess pilot, which is now being expanded, prolonged off load delays remain an area of focus for the committee.

1.4.8. For maternity, smoking at the time of delivery shows a sustained improvement with less than <6% some months. The Burdett Trust has awarded funding to the ICB for a project on pre-conception education which will support quality in this area around capturing the opportunity for health improvement prior to planned pregnancies.

1.4.9. Large outbreak of Avian Flu was supported by partners and the ICB.

1.4.10. The Local Health Resilience Partnership (LHRP) are addressing the pandemic flu preparedness as a part of winter planning.

1.5. Alignment to ICB Objectives and Core Functions

1.5.1. The Quality and Performance Committee is in place to provide assurance to the ICB that regulatory elements of quality are being met as set out in the Health and Care Act 2022 and in line with The National Quality Board (NQB) Shared Commitment to Quality https://www.england.nhs.uk/publication/national-quality-board-shared-commitment-to-quality/. It assures the ICB that our services are safe, effective, caring, well-led, sustainable, and equitable and in line with STW Pledge 1 – Improving Quality.

1.5.2. The Committee assures the ICB that all system providers have oversight of their key performance indicators and / or oversight frameworks and are reporting to the required national standards and that where national standards/local targets are not being met there are effective recovery plans in place with associated trajectories for achievement of those standards/ targets.

1.5.3. The Committee provides the ICB with assurance that our system providers are utilising performance reporting for the purposes of quality

improvement (QI) and provides assurance that performance risks are recognised, controlled, mitigated, and escalated as appropriate.

1.5.4. In line with the ICB aims it particularly:
- Improves outcomes in population health and healthcare
- Tackles inequalities in outcomes, experience, and access
- Enhances productivity and value for money

1.6. Next Steps and Forward Plan
1.6.1. The Committee has the following spotlight reports plans for the next period:

- June 25 Diabetes
- June 25 Children and young people
- July 25 Planned Care including cancer/screening & diagnostics

1.7. Attachments
1.7.1 None.

Ambition   Compassion   Optimism   Focus

1. ICB 25-06.187 - Finance Committee Briefing Report (meetings held on 25th March and 29th April 2025)

Meeting Name: Finance Committee
Meeting Date: 25th March and 29th April 2025
Report Presented by: Dave Bennett, NHS STW Associate Non-Executive Director, & interim Chair of the Finance Committee
Report Approved by: Dave Bennett, NHS STW Associate Non-Executive Director, & interim Chair of the Finance Committee
Report Prepared by: Claire Skidmore, NHS STW CFO
Action Required: Content for noting plus action required to sign off revisions to the Committee TOR to remove reference to the Section 1 Meeting.

1.1. Summary of Key Discussions and Decisions

1.1.1.   Both the Section 1 (ICB) and Section 2 (System) meetings were quorate in March and April.

1.1.2.   The month 11 capital position was reported to both Sections in March. There were no material issues raised and all partners reported remaining on track to deliver their capital plans. The April meetings were provided with an update on the month 12 capital position, noting confirmation that the year end position had been delivered in line with forecast.

1.1.3.   The constraints of the capital programme were discussed as well as the opportunities rising for additional funding in 2026/26. The committees were reminded of the importance of not losing sight of the revenue consequences of capital spend decisions.

1.1.4.   The month 11 revenue position was reported and discussed in March. It was confirmed at the meetings that NHSE had recognised the reforecast System position of a £25m deficit and also that an additional £13m allocation had been received and distributed between partners resulting in a reduced reforecast of £12.1m. Confidence in achieving the revised forecast was acknowledged in the meetings.

1.1.5.   In the April meetings, the committees heard that in month 12, System partners had achieved their reforecast positions resulting in an (unaudited) position of a £12.1m deficit.

1.1.6.   The committee discussed the expenditure run rate and importance of retaining close scrutiny of the underlying position. Also, the importance of maintaining a strong focus on delivery of plans from the outset of the financial year.

1.1.7.   The section 2 committee reviewed a draft version of the committee annual report and agreed actions arising from the findings of a committee

member survey conducted to inform reflections in the report. The annual report was accepted, subject to inclusion of the actions agreed.

1.1.8. Both meetings received a report on progress against the finance actions in the System Integrated Improvement Plan (SIIP). There were no material items of concern raised at the meetings and it was reported that work continues to deliver the action plan.

1.1.9. The section 2 meeting undertook its annual review of the committee Terms of Reference. Members noted that the section 1 meeting was being stood down and ICB related financial matters would now be reviewed through the newly established Strategic Commissioning and Productivity Committee. References to responsibilities of the Section 1 meeting had therefore been remove from the TOR and transferred to the TOR for the new committee. No other fundamental changes were proposed for the responsibilities of the Committee.

1.1.10. The Integrated Care Board is therefore requested to sign off the changes proposed by the Finance Committee (see appendix 1). Note that a further update to the TOR will be presented in September 2025 as a number of new items have been requested to be added to the TOR for all Board Sub-Committees. These will be reviewed by the Finance Committee and presented for sign off at the next Board.

1.1.11. The section 2 meeting also confirmed its forward plan for the year.

1.2. Recommendations to the Board

1.2.1. The Board is asked to note the content of this paper and sign off revisions to the Committee TOR to remove reference to the Section 1 Meeting.

1.3. Key Risks and Mitigations

1.3.1. The Finance Committee is established to provide oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan.

1.3.2. Section 1 and 2 meetings in March and April reviewed the SBAF and SORR and acknowledged that the principal risks to the ICS of not achieving the strategic and operational priorities have been accurately identified and actions taken to manage them.

1.3.3. At the April meetings, both committees supported the closure of the 2024/25 financial plan delivery risk in the SBAF and SORR and agreed the establishment for a similar risk relating to 2025/26. Additions to the SORR were also supported to describe a risk relating to pace of change towards target fair share allocations and government reform (provider and ICB management cost reduction).

1.3.4. There is a significant task ahead to deliver a challenging but achievable finance plan for 2025/26 (and the medium term) to deliver breakeven for the System. Risks to addressing the underlying financial deficit of the

system feature in the Board Assurance Framework and through that are reported to the Board.

1.4. Performance and Assurance

1.4.1. See commentary above.

1.5. Alignment to ICB Objectives and Core Functions

1.5.1. The work of this committee supports the four core aims of the ICB as follows:

1.5.1.1. improve outcomes in population health and healthcare
The Committee ensures that strategic finance risks (including risks to the delivery of value for money) and the consequential impact to health outcomes and care quality are effectively highlighted and considered, enabling the ICS to focus on improving the health and healthcare services delivered to the population.

1.5.1.2. tackle inequalities in outcomes, experience and access
There is regular committee oversight of financial performance which includes reviewing and addressing finance risk and the consequential impact. This impact may sometimes be related to access and equity. This supports the ICS's aim of reducing health inequalities and ensuring fair access to services for all communities. Population Health Management and Health inequalities data is used to inform changes to services to improve outcomes, experience and access and is linked to use of resources

1.5.1.3. enhance productivity and value for money
System Finance is scrutinised by the Finance Committee to ensure that financial risks are mitigated, allowing the ICS to enhance efficiency, optimise resource use, and achieve better value for money in delivering health services.

1.5.1.4. help the NHS support broader social and economic development
Collaborative working with the Local Authorities through the Better Care Fund, CHC and joint procurement may support broader economic development.

1.6. Next Steps and Forward Plan

1.6.1. N/A

1.7. Attachments

1.7.1. Appendix 1 – Tracked Changes to Committee TOR

1. ICB 25-06.188 People Culture and Inclusion Committee Briefing Report (meeting held on 16.04.25)

Meeting Name: STW ICS People Culture and Inclusion Committee
Meeting Date: 16th April 2025
Report Presented by: Stacey Lea-Keegan, CEO RJAH / Executive Lead for Workforce
Report Approved by: Harry Turner, Non-Executive Director RJAH, Chair of PCIC
Report Prepared by: Ellen Shaw, Strategic Lead Workforce, STW ICB
Action Required: For assurance.

1.1. Summary of Key Discussions and Decisions

1.1.1. Draft refresh of the System People Strategy was presented for discussion and feedback. The strategy was positive received by members, with acknowledgement that it recognises the landscape and future needs and aligns to the delivery of the operational plan.

1.1.2. A revised Terms of Reference (ToR) for the People Collaborative was presented and approved by the Committee.

1.1.3. Excellent presentation was received around the High Potential Scheme (HPS), including a participant's story. Recognition of the great impact the HPS has had on aspirant leaders and celebration of the scheme now moving to national delivery, following a pilot in STW and SSOT ICS's. The national hub will be hosted by MPUFT, and colleagues from both STW and SSOT have secured roles within the new team.

1.1.4. Reviewed and approved (via email) the PCIC Annual Report for 24/25.

1.2. Recommendations to the Board

1.2.1. The Board are requested to approve the refreshed System People Strategy 2025-2027.

1.3. Key Risks and Mitigations

1.3.1. Risks from the SBAF and SORR were taken to the PCIC for review and discussion. Updates agreed and now made to both registers and further work identified to agree integration of EDI risks and alignment / interdependence to other Committees.

1.4. Performance and Assurance

1.4.1. Assurance was provided to the Committee on the successful submission of the operational plan including the workforce plan. 50% of associated PIDs have been developed for workforce schemes, at the point the committee was held, with plans in place to complete outstanding PIDs

within the timeline agreed. The approach to operational and workforce planning commended.

1.5. Alignment to ICB Objectives and Core Functions

1.5.1.   The PCIC supports the delivery of the ICB's statutory duties, as well as the 10 People Outcomes, People Plan and People Promise. It provide oversight and assurance to the delivery of workforce aspects of the operational plan as well as progress and risks around tackling inequalities.

1.6. Next Steps and Forward Plan

1.6.1.   The PCIC meets bi-monthly, with People Collaborative taking place to progress the people agenda on intermediate months.

1.7. Attachments

1.7.1.   Annual Report for PCIC 2024/25 can be found in Appendix 1.

1. ICB 25-06.189 - West Midlands Joint Committee Part A Specialised Commissioning Services Briefing Report (meeting held Thursday 20th March 2025 and Friday 11th April 2025)

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 25th June 2025
Report Presented by: Simon Whitehouse, NHS STW, Chief Executive Officer
Report Approved by: Simon Whitehouse, NHS STW, Chief Executive Officer
Report Prepared by: Alison Kemp, NHS England, Interim Regional Director of Specialised Commissioning,
Action Required: For noting

1.1. Summary of Key Discussions and Decisions

1.1.1 This briefing provides an update from the March and April 2025 Specialised Commissioning Joint Committee meetings. It outlines progress on delegation, emerging risks, commissioned actions, assurance activities, and next steps in strategic and financial planning across West Midlands specialised services.

1.1.2 The committee received updates on formal delegation processes in both March and April meetings. The requirements for delegation were met in full and the Midlands region successfully delegated the additional 25 services on 1st April 2025. These arrangements have now been agreed by all Boards, with a follow-up meeting scheduled in May to review learning and further refine governance arrangements.

1.1.3 Delegation includes MHLDA specialised provision, commissioned through NHS-Led Provider Collaboratives. A governance structure has been mobilised to ensure appropriate assurance and system opportunities are maximised. The ToR for the new group will be formally ratified in June 2025.

1.1.4 An OD programme was launched in February 2025, to be further reviewed in light of wider NHS reforms and developing provider engagement activities. The wider changes to the NHS have led to a further pause in the transfer of staff to ICBs. The team continues to work on behalf of the 11 Midlands ICBs and supporting the delivery of retained services in line with the integrated model.

1.1.5   Work continues around the high-cost drugs incentive scheme and new frameworks for ODNs aimed at supporting system productivity, efficiency, and sustainability.

1.1.6   An NHS England national decision on Linac replacement capital investment has been communicated to providers and systems.

1.1.7   The Committee agreed the West Midlands Neonatal Capacity Plan. This enables incremental capacity changes subject to revenue and capital prioritisation and does not result in any major service change.

1.1.8   The Committee was updated on planning arrangements for Specialised Services 2025/26 in March including details modelling of variable baselines and contingency funds. Financial plans for 2025/26 have now been finalised, including acute and Mental Health services. Forecast activity growth has been agreed with CFOs.

1.1.9   A collaborative financial performance and benchmarking programme has been launched with ICB CFOs and providers to map true service costs, income, and opportunities for productivity improvement.

1.1.10   The 2024/25 programme for Specialised Commissioning delivered in line with plan.

1.1.11   The Regional Geographical Unit has been established and will be kept under review as ICB and NHSE transition progresses.

1.2. Recommendations to the Board
1.2.1.   The Board is asked to note the content of this paper.

1.3. Key Risks and Mitigations
1.3.1.   Uncertainty remains regarding further delegation of functions and staff transfers following NHS England and DHSC announcements. The Committee will be kept updated on any formal changes. Subsequent announcements have been made related to a June review of all NHSE Direct Commissioned Services and staff are anticipated to transfer on 1 April 2026.

1.3.2.   Specific issues with individual services were discussed, these included oral maxillofacial services, elective spinal waiting lists and the mechanical Thrombectomy pathway delivery. The committee were updated on actions to address these issues.

Ambition   Compassion   Optimism   Focus

1.4. Performance and Assurance

1.4.1. Operational Performance: Operational plans for MHLDA and Acute services were agreed through the existing governance structure. This provides a clear delivery focus for 2025/26. There is recognition of ambition for change will need to progress with pace and a strategic programme is being developed considering Provider Leadership, fragile pathways and network models.

1.4.2. Financial Performance: Specialised Commissioning finance plans for 2024/25 have delivered a positive £576k underspend. A collaborative approach has been maintained with ICBs and providers regarding 2025/26 financial planning.

1.4.3. Governance assurance: Terms of Reference and governance frameworks are being consistently applied across East and West Midlands, with Joint Committee alignment from April 2025.

1.4.4. Quality and Safety Performance: West Midlands Quality Report was reviewed with no new escalations.

1.5. Alignment to ICB Objectives and Core Functions

1.5.1. **Improve outcomes in population health and healthcare**
The Committee ensures that strategic risks to health outcomes and care quality are effectively highlighted and considered, enabling a regional focus on improving the health and healthcare services delivered to the population.

1.5.2. **Tackle inequalities in outcomes, experience and access**
There is regular committee oversight of performance which includes reviewing and addressing risk and the consequential impact. The Committee agreed the Health Inequalities strategy underpinning specialised commissioning decisions. The national strategic framework for specialised provision reinforces access and equity requirements and standards compliance. This supports the ICS's aim of reducing health inequalities and ensuring fair access to services for all communities. Population Health Management and Health inequalities data is used to inform changes to services to improve outcomes, experience and access and is linked to use of resources. It is recognised specialised services serve distinct and small communities accessing complex care provision across regional geographies.

1.5.3. **Enhance productivity and value for money**
Finance and contracting is scrutinised by the Finance and Contracting specialised commissioning group with ICB leadership and reporting into MASCG and Committee to ensure that financial risks are mitigated, allowing the ICS, and Committee structure to enhance efficiency, optimise resource use, and achieve better value for money in delivering health services.

1.5.4. **Help the NHS support broader social and economic development**

Specialised provision continues to seek to support best outcomes for patients enabling recovery and broad social and economic security for individuals, families and communities.

1.6. Next Steps and Forward Plan

1.6.1   The Committee will continue to receive reports aligned with operational plans and developing strategic programme with assurance related to finance, contracting and quality.

1.7. Attachments

1.7.1.   Appendix 1 - West Midlands Joint Committee Annual Report

1. ICB 25-06.190 - Strategic Commissioning and Productivity Committee (SCPC) Briefing Report (meetings held on 15th April 2025, 24th April 2025 and 27th May 2025)

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 25th June 2025
Report Presented by: Roger Dunshea, NHS STW, Acting Chair
Report Approved by: Lorna Clarson, NHS STW, Chief Medical Officer
Report Prepared by: Angie Porter, NHS STW, Governance Manager
Action Required: For noting and assurance.

1.1. Summary of Key Discussions and Decisions

1.1.1. The below information outlines what items were discussed at Strategic Commissioning and Productivity Committee during April and May 2025.

1.1.2. **Meeting 15/04/2025**

- Primary Care Network (PCN) Allocation Policy
- Southwest (SW) Shropshire PCN
- Capacity and Improvement Payment (CAIP)
- Community Optometry Procurement
- Community Ophthalmology Procurement
- Children and Adolescent Mental Health Service (CAMHS) Contract Extension
- Equality and Diversity System 2 (EDS2)

1.1.3. **SCPC Meeting 24/04/2025**
- Wrekin Primary Care Network (PCN) Allocation
- Commissioning Support Unit (CSU) Contract Extension
- NHS Government Reset Update

1.1.4. **Meeting 27/05/2025**
- NHS Government Reset Update
- Equality and Involvement Group Report
- People Forum Update
- Freedom to Speak Up Guardian Report
- Monthly Finance, Revenue and Efficiency plan
- Medium and long-term financial plans
- Finance Strategy
- Capital Prioritisation Oversight Group Update
- Human Resources Policies – Family Leave Policy and Sexual Misconduct Policies

1.1.5. **The Strategic Commissioning Committee (SCC) Annual Report**
The Strategic Commissioning Committee has been dissolved and replaced by 2 new committees. The annual report from SCC is included as an appendix to this report for information and assurance.

1.2. Recommendations to the Board
1.2.1. The Board are asked to **note** the content of this report and be **assured** around the decisions being made by SCPC.

1.3. Key Risks and Mitigations
1.3.1. There were no risks or mitigations identified.

1.4. Performance and Assurance
1.4.1. Financial Performance: As outlined above, the monthly Finance, Revenue and Efficiency Plan, Medium and Long-term Financial Plans, the Finance Strategy and Capital Prioritisation Oversight Group update were shared during the meeting.

1.5. Alignment to ICB Objectives and Core Functions
1.5.1. **Improve Outcomes in Population Health and Healthcare –** Decisions made by SCPC relate to improvements in Health and Healthcare

1.5.2. **Tackle Inequalities in Outcomes, Experience and Access -** Equality and Diversity System 2 (EDS2) publication and learning reflect a commitment to transparency and addressing disparities.

1.5.3. **Enhance Productivity and Value for Money –** Presentation of the Finance Strategy, Medium and Long-term Financial Plans, and Capital Prioritisation Oversight demonstrate fiscal responsibility and strategic investment.

1.5.4. **Support Broader Social and Economic Development -** People Forum creation and HR policy updates (e.g., Family Leave, Sexual Misconduct) support workforce wellbeing and retention, contributing to a resilient health economy.

1.5.5. **Foster Integrated, Person-Centred Care -** Freedom to Speak Up Guardian Report and People Forum initiatives promote a culture of openness and staff engagement, which are essential for integrated, compassionate care.

1.6. Next Steps and Forward Plan
1.6.1. Forward Plan – Items included on the forward plan for SCPC are as follows:
- Equality and Involvement Chairs Report
- People Forum Updates
- Monthly Finance, Revenue and Efficiency Update
- Monthly Finance Capital Update

Ambition   Compassion   Optimism   Focus

- System Integrated Improvement Plan (SIIP) Finance Delivery Actions Update
- Approval of updated NHS Shropshire, Telford and Wrekin Wellington Offices Fire Evacuation Procedure

1.7. Attachments

1.7.1. Appendix 1 Strategic Commissioning Committee Annual report.

1. ICB 25-06.191 - System Transformation and Digital Group Briefing Report

Meeting Name: System Transformation and Digital Group
Meeting Date: 30 April 2025
Report Presented by: Andrew Morgan Committee Chair and Chair in Common Shropshire Community Health NHS Trust and The Shrewsbury and Telford Hospital NHS Trust
Report Approved by: Ian Bett, ICB Chief Delivery Officer
Report Prepared by: Ian Bett, ICB Chief Delivery Officer
Action Required: For noting

1.1 Summary of Key Discussions and Decisions

1.1.1. System Programme Management Office

- Update provided on launch of the system PMO with strong engagement from all partners
- PMO support now provided to all system transformation programmes.
- Inevitable teething problems incurred but any issues being mitigated as the new way of working evolves and develops.
- A review of existing transformation programmes now taking place to define its objectives clearly, including quantitative targets and projected impacts. These should be consolidated and monitored at the system level to provide assurance and support course correction where necessary.
- The PMO was asked to ensure that all transformation programmes had appropriate workforce and HR input, and that alignment with existing Integrated Improvement Plans was maintained.

1.1.2 Terms of Reference (ToR)

- The proposed Terms of Reference were reviewed to reflect the revised focus of the group.
- TofR strengthened in relation to financial impact off transformation schemes and the need to further develop our neighbourhood and place transformation.
- Agreement that increased representation required from primary care at the group.
- Further agreement that digital needed a greater emphasis across all transformation programmes.

1.1.3 Programme Highlight Reports

Significant time was devoted to discussion around Shared Services, Workforce and the Health Models transformation programmes.

Shared Services

- The meeting reviewed successful models from elsewhere in the NHS, including North London, where a reduction of 50% in workforce costs had been achieved alongside significant productivity gains.
- The committee acknowledged that the local system must also undertake substantial workforce rationalisation.
- It was stressed that this must not result in the displacement of costs between organisations, and that transparency and alignment across all providers and the Integrated Care Board (ICB) are essential.
- The need for a Memorandum of Understanding to manage headcount reductions collectively and ethically was proposed.

Health and Care Models
- A system workshop planned for 16th May as a key opportunity to bring together senior clinical and operational leaders to assess programme integration, identify overlaps or gaps, and ensure coherence across place-based initiatives.
- There was agreement on the importance of aligning this work with other transformation efforts, including elective reform and urgent care redesign.

1.2 Recommendations to the Board
1.2.1 To note updates within the report

1.3 Key Risks and Mitigations
1.3.1 ICB function move potentially impacting on financial plans, headcounts and corporate cost reductions.

1.3.2 Bed models and bed equivalents, needs a better understanding across the wider system.

1.4 Performance and Assurance
1.4.1 N/A

1.5 Alignment to ICB Objectives and Core Functions
1.5.1 **Addressing Health Inequalities**
The Health and Care Models workstream is explicitly aligned with the Joint Strategic Needs Assessment (JSNA) and focuses on health inequalities, a core ICB priority.

1.5.2 **Forward Planning and Adaptability**
The proposal to include Mental Health as a standalone workstream shows responsiveness to emerging needs and aligns with the ICB's goal of comprehensive, person-centred care.

1.6 Next Steps and Forward Plan
1.6.1 Continue to drive transformation programmes as part of delivery plans.

1.7 Attachments
1.7.1 Appendix 1 - Sytem Transformation and Digital Group Annual report

Ambition   Compassion   Optimism   Focus

1. ICB 25-06.192 – Strategy and Prevention Committee Briefing Report

Meeting Name: Integrated Care Board
Meeting Date: 25 June 2025
Report Presented by: Cathy Purt, Non-executive, SCHT (Committee Chair)
Report Approved by: Cathy Purt, Non-executive, SCHT (Committee Chair)
Report Prepared by: Nigel Lee, Chief Strategy Officer NHS STW
Action Required: For noting

1.1. Committee/Group Meeting Details

1.1.1. Committee/Group Meeting Date(s): Committee established April 25 and will meet quarterly.

1.2. Summary of Key Discussions and Decisions

1.2.1. Inaugural meeting of the committee, and Terms of Reference reviewed. Important opportunity to align with the 2 Health and Wellbeing Boards and with the System Transformation and Digital Group.

1.2.2. Neighbourhood working approach has been shared with a number of Trust Boards, Place Partnership Boards GP Board and other forums. Presented to ICB Board at end of April. This will continue to be developed. Underlined the vital role of population health management and actions being informed by data.

1.2.3. Prevention framework discussed and supported. Also presented to ICB Board at end of April. Committee is keen to ensure that the prevention agenda is represented well alongside other ICS priority workstreams.

1.2.4. Draft Finance Strategy discussed and supported.

1.2.5. The Committee recognised that we await the publication of the NHS !0 year plan but are confident that our Integrated Care Strategy and Joint Forward Plan encompass the 3 shifts.

1.3. Recommendations to the Board

1.3.1. To note the report, recognising that we await publication of the NHS 10-year plan.

1.3.2. To note that the Committee recommended the Finance Strategy to the ICB for approval

1.4. Key Risks and Mitigations

1.4.1. Fair shares in relation to the system deficit. Members agreed this risk should be added to the operational risk register. It was noted that the

risk was on the finance risk register and decision under review on whether this risk should be added to the BAF.

1.5. Performance and Assurance

1.5.1. Health Inequalities performance data presented and discussed. A report will be presented to the ICB in June.

1.6. Alignment to ICB Objectives and Core Functions

1.6.1. The Committee focused on the establishing the new Committee focus based on multi-partner working with clear joint strategic objectives. This approach is necessary for delivery of the Joint Forward Plan, which is the formal system plan for delivery of the ICS core aims. In parallel, the Strategy and Prevention Committee recognises the importance of working with other Committees (of the ICB and of Local Authorities) to coordinate delivery.

1.7. Next Steps and Forward Plan

1.7.1. Maintain pan-system approach, based on local and national strategic objectives. It is recognised that publication of the NHS 10-year plan will require a system review against our priorities.

1.8. Attachments

1.8.1. None