NHS STW Integrated Care Board - Agenda Papers

MEETING

26 March 2025 14:00 GMT

PUBLISHED
25 March 2025

Contents

Agenda

Meeting title: NHS Shropshire, Telford and Wrekin Integrated Care Board
Date: Wednesday 26th March 2025
Time: 2.00pm
Location: Meeting Room 1, Wellington Civic Offices, Larkin Way, Tan Bank, Wellington, TF1 1LX
Chair: Mr Roger Dunshea
Secretary: Board Secretary

Welcome and Opening Remarks

Agenda items:

Duration: approximately 10 minutes, 2.00pm – 2.10pm

ICB 26-03.126– Apologies - for Information - Verbal
Presenter: Roger Dunshea

ICB 26-03.127– 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 26-03.128 – Minutes of the previous meeting held on Wednesday 29 January 2025 – for Approval - Enclosure
Presenter: Roger Dunshea

ICB 26-03.129 – Matters arising and action list from previous meetings – for Approval - Enclosure
Presenter: Roger Dunshea

ICB 26-03.130 – 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 Story

Agenda items:

Duration: approximately 20 minutes, 2.10pm – 2.30pm

ICB 26-03.131 - Resident's Story – Neuromuscular disease – for Discussion
Presentation
Presenter: Vanessa Whatley. In Attendance: Derek Willis.

Strategic System Oversight

Agenda items:

Duration: approximately 50 minutes, 2.30pm – 3.20pm

ICB 26-03.132 - Chairs Report – for Information - Enclosure
Presenter: Roger Dunshea
Duration: approximately 10 minutes, 2.30pm – 2.40pm

ICB 26-03.133 – Chief Executive Officer Report – for Information - Enclosure
Presenter: Simon Whitehouse
Duration: approximately 10 minutes, 2.40pm – 2.50pm

ICB 26-03.134 – System Board Assurance Framework (SBAF) and System Operational Risk Register (SORR) – for Assurance and Approval - Enclosure
Presenter: Simon Whitehouse
Duration: approximately 10 minutes, 2.50pm – 3.00pm

ICB 26-03.135 – Refreshed Joint Forward Plan (JFP) – for Discussion and Approval - Enclosure
Presenter: Nigel Lee
Duration: approximately 20 minutes, 3.00pm – 3.20pm

System Integration

Agenda items:

Duration: approximately 20 minutes, 3.20pm – 3.40pm

ICB 26-03.136 - Shropshire Integrated Place Partnership (ShIPP) Committee Chair's Report, including Shropshire Youth Strategy for review and adoption – for Assurance and Discussion - Enclosure
Presenter: Andy Begley
Duration: approximately 10 minutes, 3.20pm – 3.30pm

ICB 26-03.137 – Telford and Wrekin Integrated Place Partnership (TWIPP) Committee Chair's Report – for Assurance and Approval - Enclosure
Presenter: David Sidaway
Duration: approximately 10 minutes, 3.30pm – 3.40pm

Break

Duration: approximately 10 minutes, 3.40pm – 3.50pm

System Governance and Performance

Agenda items:

Duration: approximately 30 minutes, 3.50pm – 4.20pm

ICB 26-03.138 – Integrated Care System Performance Report – for Assurance and Discussion - Enclosure
Presenter: Claire Skidmore
Duration: approximately 10 minutes, 3.50pm – 4.00pm

ICB 26-03.139 – Delegated Specialised Commissioning – for Approval - Enclosure
Presenter: Claire Skidmore. In Attendance: Gemma Smith.
Duration: approximately 10 minutes, 4.00pm – 4.10pm

ICB 26-03.140 – System Equality Diversity and Inclusion (EDI) update – for Discussion and Approval - Enclosure
Presenter: Vanessa Whatley
Duration: approximately 10 minutes, 4.10pm – 4.20pm

Board Committee Reports

Agenda items:

Duration: approximately 15 minutes, 4.20pm – 4.35pm

Assurance

ICB 26-03.141 – Quality and Performance Committee Chair's Report – for Approval - Enclosure
Presenter: Meredith Vivian

ICB 26-03.142 – Finance Committee Chair's Report – for Noting - Enclosure
Presenter: Dave Bennett

ICB 26-03.143 – Remuneration Committee Chair's Report – for Noting - Enclosure
Presenter: Meredith Vivian

Strategy

ICB 26-03.144 – System Transformation Group Committee Chair's Report – for Assurance - Enclosure
Presenter: Andrew Morgan

ICB 26-03.145 – People Culture and Inclusion Committee Chair's Report – for Noting and Approval - Enclosure
Presenter: Martin Evans

Assurance – Review of Risks

Agenda items:

Duration: approximately 5 minutes, 4.35pm – 4.40pm

ICB 26-03.146 – Review and reflection of new or amended risks following discussions at the Board meeting – for Assurance - Verbal
Presenter: Roger Dunshea

Any Other Business

Duration: approximately 5 minutes, 4.40pm – 4.45pm

ICB 26-03.147 – Any Other Business – for Discussion - Verbal

Presenter: Roger Dunshea

Next Meeting Details

Date: Wednesday 30th April 2025
Time: 2.00pm
Location: Meeting Room 1, Wellington Civic Offices, Larkin Way, Tan Bank, Wellington, TF1 1LX

Resolve

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

Mr Roger Dunshea
Acting Chair
NHS Shropshire, Telford and Wrekin

Mr Simon Whitehouse
Chief Executive
NHS Shropshire, Telford and Wrekin

NHS Shropshire, Telford and Wrekin Integrated Care Board Meeting

Minutes of Public meeting held on
Wednesday, 29 January 2025 at 14:00pm
Room 2, Wellington Civic Centre, Larkin Way, Wellington, Telford, TF1 1LX

Present:

Roger Dunshea	Acting Chair, NHS Shropshire, Telford and Wrekin, NHS STW
Claire Skidmore	Deputy Chief Executive and Chief Finance Officer, NHS STW
Trevor McMillan	Non-Executive Director, NHS STW
Meredith Vivian	Non-Executive Director, NHS ST
Andy Begley	Chief Executive Officer, Shropshire Council
Vanessa Whatley	Chief Nursing Officer, NHS STW
Ian Bett	Chief Delivery Officer, NHS STW
Dr. Lorna Clarson	Chief Medical Officer, NHS STW
Joanne Williams	Chief Executive Officer, The Shrewsbury and Telford NHS Trust Hospitals
Patricia Davies	Chief Executive, Shropshire Community Health NHS Trust
Dr. Deborah Shepherd	GP Partner member
Dr. Ian Chan	GP Partner member

In Attendance:

Nigel Lee	Chief Strategy Officer, NHS STW
Cathy Riley	Managing Director, Midlands Partnership University NHS Foundation Trust
Fliss Mercer	Executive Director, Telford and Wrekin Council
Dave Bennet	Associate Non-Executive Director, NHS STW
Julian Povey	Chair, GP Board
Andrew Morgan	Chair in Common, Shropshire Community Health NHS Trust and The Shrewsbury and Telford Hospital NHS Trust
Martin Evans	Non-Executive Director, The Robert Jones and Agnes Hunt Orthopaedic Hospital
Rachel Robinson	Executive Director of Health, Well-being and Protection, Shropshire Council
Pauline Gibson	Non-Executive Director, Midlands Partnership University NHS Foundation Trust
Cllr Paul Watling	Councillor and Cabinet Member for Adult Social Care and Health Systems, Telford and Wrekin Council

Cllr Kelly Middleton	Cabinet Member for Public Health and Healthier Communities, Telford and Wrekin Council
Lynn Cawley	Healthwatch Shropshire
Gemma Smith	Director of Commissioning, NHS STW
Gareth Wright	Head of Clinical Operations, NHS STW
Bethan Emberton	Head of Governance and Corporate Affairs, NHS STW
Claire Colcombe	Board Secretary, NHS STW

Apologies:

Simon Whitehouse	Chief Executive Officer, NHS STW
Alison Smith	Chief Business Officer, NHS STW
David Sidaway	Chief Executive Officer, Telford and Wrekin Council
Neil Carr	Chief Executive Officer, Midlands Partnership University NHS Foundation Trust
Harry Turner	Chair, The Robert Jones and Agnes Hunt Orthopaedic Hospital
Niti Pall	Non-Executive Director, NHS STW

Minute No. ICB-29-01.101 – Welcome & Apologies

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

Minute No. ICB-29-01.102 – Members' Declarations of Interests

102.1 Members had previously declared their interests, which were listed on the Integrated Care Board's Register of Interests and was available to view on the website at:

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

102.2 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-29.01.103 – Minutes from the previous meeting held on Wednesday 27 November 2024

103.1 The Chair informed members that Minute No. ICB 27-11.089 Maternity and Neonatal Position Statement resolve had been amended to show *"NHS Shropshire, Telford and Wrekin Integrated Care Board ACCEPTED the report as an annual position of Maternity and Neonatal Services in Shropshire, Telford and Wrekin".*

103.2 The Chair confirmed that the Integrated Care Board was asked to approve the minutes with the amended statement.

103.3 No issues were raised around the minutes.

RESOLVED: **NHS Shropshire, Telford and Wrekin Integrated Care Board APPROVED the minutes of the previous meeting held on Wednesday, 27 November 2024 including the amended statement.**

Minute No.ICB-29.01.104 – Matters arising and action list from previous meetings

104.1 No additional matters were raised, and the Board noted the updated action list.

RESOLVED: **NHS Shropshire, Telford and Wrekin Integrated Care Board noted the updated action list.**

Minute No.ICB-29.01.105 – Chair's Report

105.1 The Acting Chair presented the report and took it as read.

105.2 NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to note the updates in relation to:

- Integrated Care Partnership and Integrated Care Board closer working - lessons from NHS Confederation meeting
- Visits to Emergency Departments in Shrewsbury and Telford
- Early assessment of our system digital development status
- General Practice
- Accountability, Programme Management and Delivery

105.3 The Acting Chair thanked everybody across the system for all their work from Social Care Services, Community Care services to Mental Health Services and recognised that the last few months had been very challenging.

105.4 The discussion covered significant concerns about the financial outlook for 2025, emphasising the need for rigorous processes and system-wide collaboration. Further discussions highlighted opportunities to improve back-office functions and the importance of investing in preventive measures to support primary care. The Board also acknowledged the complexity of the current governance structure and the need for streamlined oversight. Action items were identified to address these challenges and enhance overall efficiency and effectiveness.

RESOLVED: **NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the updates in relation to:**

- **Integrated Care Partnership and Integrated Care Board closer working - lessons from NHS Confederation meeting**
- **Visits to Emergency Departments in Shrewsbury and Telford**
- **Early assessment of our system digital development status**
- **General Practice**
- **Accountability, Programme Management and Delivery**

Minute No. ICB-29.01.106 - Questions from Members of the Public

106.1 The NHS Shropshire, Telford and Wrekin Integrated Care Board received a number of questions from members of the public, that will be responded to in line with the policy.

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED that a number of questions were received from members of the public, that will be responded to in line with the policy.

Minute No.ICB-29.01.107 – Resident's Story – "Prevention"

107.1 Rachel, the Senior Health Improvement Practitioner at Telford and Wrekin Council, updated on the community outreach blood pressure project, that has been active since July 2023. Led by the Health Improvement Outreach Coordinator and supported by Health and Blood Pressure Champions, the project aims to improve community health through regular blood pressure checks.

107.2 Key achievements include over 2,000 checks, with 31% of participants having high blood pressure and 61% normal levels. Undetected high blood pressure cases rose from 8% to 16% in the second phase. The project focuses on older adults and aims to engage the 40-49 age group, particularly men, to prevent heart attacks, strokes, and dementia.

107.3 Community engagement saw 26% of participants from deprived communities in the first phase, decreasing to 20% in the second phase due to data gaps. Ethnic diversity improved, with 27% from Black, Asian, and other ethnic communities in the second phase. The project collaborates with community pharmacies and refers individuals to the council's healthy lifestyle service.

107.4 Volunteer training has been robust, with 45 volunteers trained in the first year and 78 more in the second year. Volunteers take blood pressure readings and provide community signposting.

107.5 Guan, a dedicated volunteer, shared her experiences. After retiring in April 2023, she joined the project, engaging with diverse communities and providing essential health services. Guan emphasised the importance of continued funding and the project's impact on community health.

107.6 Rachel shared Saul's story, a participant who discovered the project at the Afro Health and Heritage Day. Despite feeling healthy, he found out he had high blood pressure and made significant lifestyle changes. Saul highlighted cultural barriers to regular health checks and the importance of accessible information and community-based services.

107.7 The project aims to coordinate efforts with other initiatives, like text reminders, to prevent strokes and heart attacks through effective screening. The primary care strategy will integrate community care into long-term condition management,

addressing health inequalities by meeting people where they are. Volunteers are already making a significant impact.

Minute No.ICB-29-01.108 – Chief Executive Officer (CEO) Report

108.1 Mrs Claire Skidmore presented the paper, that was taken as read and highlighted the visit from Regional NHSE colleagues to discuss efforts in addressing health inequalities. The visit received strong positive feedback, highlighting the extensive involvement of teams and staff in this area.

108.2 NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to note the updates in relation to:

- Reforming Elective Care
- Public Sector Equality Duty
- Change NHS
- Current Oversight Arrangements
- Dispatches Update
- Board Development
- Health Inequalities Visit
- Director General Visit

108.3 There was a discussion about the number of responses to the NHS consultation and whether support with promotion was needed. Assurance was given to the Board that there were ongoing public events organised by the Integrated Care Board and community groups can use the "engagement in a box" resource available on the Change NHS website, which also shows significant findings from the public survey and organisational responses. Promotion has been widespread, encouraging feedback through various channels, including community events and internal staff sessions.

108.4 Each organisation was asked to submit a response by 2 December 2024. There was an understanding that all providers and commissioners had submitted a response within this deadline.

RESOLVED: **NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the updates in relation to:**

- **Reforming Elective Care**
- **Public Sector Equality Duty**
- **Change NHS**
- **Current Oversight Arrangements**
- **Dispatches Update**
- **Board Development**
- **Health Inequalities Visit**
- **Director General Visit**

Minute No.ICB-29-01.109 – System Board Assurance Framework (SBAF & SORR)

109.1 Mrs Skidmore presented the paper, taken as read and highlighted the updates in risk management, particularly regarding the use of resources and financial sustainability. The updates were detailed in the paper and have been reviewed by the relevant committee to ensure clarity and usability.

109.2 The 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 Strategic Operational Risk Register (SORR) that score above 15 for severity and likelihood and consider:
  - If the risks to the system's strategic objectives, are being properly managed;
  - 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.
- Approve the amendments to the descriptions of the risk for risk 2 and 3 on the SBAF as outlined above.
- Be assured that the SBAF and SORR provide oversight of the strategic risks to the Integrated Care System (ICS) meeting the strategic objectives.

RESOLVED: **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 SORR that score above 15 for severity and likelihood and consider:**
  - **If the risks to the system's strategic objectives, are being properly managed;**
  - **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.**
- **APPROVED the amendments to the descriptions of the risk for risk 2 and 3 on the SBAF as outlined above.**
- **Were ASSURED that the SBAF and SORR provided oversight of the strategic risks to the Integrated Care System (ICS) meeting the strategic objectives**

Minute No.ICB-29-01.110 – Primary Care Delivery and Planning

110.1 Dr. Lorna Clarson presented the paper, updating the board on integrating pharmacy and general functions, covering governance, priorities, performance, and risks in primary care services. Governance is managed by the West Midlands office, with oversight from the primary care integration and transformation group.

110.2 Dr. Clarson highlighted governance risks in pharmacy and general practice, particularly in optometry and dentistry, due to representation issues and financial

constraints. While operational performance discussions dominate, strategic integration and planning are also needed.

110.3 Access to dental care is a priority. Children's dental access is at 101% of pre-COVID levels, with 64% accessing care in the last 12 months. Adult access is above the national average but only at 41% of pre-COVID levels. Targeted schemes are being developed to address dental access inequities.

110.4 Community pharmacies are expanding support for general practice and emergency care, with 100% sign-up to the Pharmacy First initiative, saving clinician time. Optometry is progressing with plans for an optometry-first service. Expanding these services involves risks, including the need for better digital capabilities and increased workforce demand. Planning with higher education institutions and workforce trainers is essential. A clear strategy is needed for integration and achieving goals.

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

- Acknowledge the update of governance and plans for POD.
- Support a review of the governance structures within ICB Primary Care with POD being fully integrated within this structure.
- Recognise the need for planned resource in 2025/26 to fund pharmacy, optometry and dental integration and input into the Primary Care Governance and strategic direction.
- Supports the proposal for co-development of a Primary Care Strategy across all four pillars of primary care.
- Recognise the national direction for development of the community pharmacy sector, and the intended shift of more clinical care to community pharmacy. This will have specific challenges to the ICB in terms of supporting, development and/or funding of digital solutions, estates challenges, training, education and development of the community pharmacy workforce, all of which may need investment as initial NHS England pump-priming comes to an end.

110.6 Concerns were raised about the viability of local community pharmacies, with several at risk due to challenges such as contract issues, commercial costs, and estate costs. The team is working hard to support these pharmacies, but the dynamic is changing, reducing choices for people.

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

- **ACKNOWLEGED the update of governance and plans for POD.**
- **SUPPORTED a review of the governance structures within ICB Primary Care with POD being fully integrated within this structure.**
- **RECOGNISED the need for planned resource in 2025/26 to fund pharmacy, optometry and dental integration and input into the Primary Care Governance and strategic direction.**

- SUPPORTED the proposal for co-development of a Primary Care Strategy across all four pillars of primary care.
- RECOGNISED the national direction for development of the community pharmacy sector, and the intended shift of more clinical care to community pharmacy. This will have specific challenges to the ICB in terms of supporting, development and/or funding of digital solutions, estates challenges, training, education and development of the community pharmacy workforce, all of which may need investment as initial NHS England pump-priming comes to an end.

Minute No.ICB-29-01.111 – Shrophsire Integrated Place Partnership Committee (ShIPP) Chair's Report

111.1 Mr. Andy Begley presented the report, taken as read, which highlighted key issues discussed in recent meetings, including safeguarding, protection, talking therapy services, children's services, and health strategies. Mr. Begley emphasised the importance of connectivity between the Shropshire Integrated Place Partnership group and the Board, with a focus on data and information coordination, particularly around prevention.

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

- Approve the Terms of Reference of the ShIPP Neighbourhood and Hub Subgroup as endorsed by the ShIPP Committee.
- Note developments of the STW NHS Talking Therapies Service.
- Note the development of the chapters on school aged children and young people for the CYP JSNA and the associated recommendations.
- Support the proposals in "Transforming the system - Turning the Curve" and adding value to the work by contributing ideas and content to the two initial strands of work.
- Engaging with the development of the Draft Healthy Ageing and Frailty strategy
- Note the content of the Healthwatch report "Living well with Cancer in Shropshire" and the resulting recommendations.

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

- APPROVED the Terms of Reference of the ShIPP Neighbourhood and Hub Subgroup as endorsed by the ShIPP Committee.
- NOTED developments of the STW NHS Talking Therapies Service.
- NOTED the development of the chapters on school aged children and young people for the CYP JSNA and the associated recommendations.
- SUPPORTED the proposals in "Transforming the system - Turning the Curve" and adding value to the work by contributing ideas and content to the two initial strands of work.

- Will ENGAGE with the development of the Draft Healthy Ageing and Frailty strategy
- NOTED the content of the Healthwatch report "Living well with Cancer in Shropshire" and the resulting recommendations.

Minute No.ICB-29-01.112 – Telford & Wrekin Integrated Place Partnership Committee – Chair's Report – No report

112.1 The Chair noted that no report was received for this item and an update will be given at the next meeting in March 2025.

Minute No.ICB-29-01.113 – Winter Delivery Update

113.1 Mr. Ian Bett presented the winter delivery update, noting significant challenges in December 2024 due to high patient demand and infections. A critical incident in early January 2025 led to outstanding collaboration among system partners, improving risk mitigation. Additional domiciliary care and community clinical expertise were provided via close partnership working with the Local Authorities.

113.2 The Board was asked to note the update, with accountability managed by the Urgent and Emergency Care (UEC) delivery Group.

113.3 Discussions emphasised the need for a coordinated, data-driven approach to improve services and address health inequalities, aiming to be winter-ready by March through prevention and proactive planning.

113.4 The Board highlighted the need for increased medical and nursing input in community teams to handle patient demand and integrate general practice with community services to prevent hospital admissions. Future steps include reviewing winter performance, planning, and enhancing collaboration across sectors.

113.5 The Board discussed rethinking community crisis intervention, the role of telemedicine, and ambulance services. Integration with social services, volunteers, and GPs was noted as crucial, with a need to implement changes for 2025-2026.

113.6 Acknowledging areas of improvement and the commendable efforts of teams, the Board is aiming to be winter-ready by March, ensuring the right response for the right people at the right time, with a continual focus on coordination, addressing health inequalities, and effective service delivery.

ACTION: Mr Ian Bett to bring Winter plan update to future board meeting

RESOLVED: NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the update, with detailed accountability exercised by the UEC Delivery Group.

Minute No.ICB-29-01.114 – Integrated Care System Performance Report

114.1 Mrs Skidmore presented the paper, taken as read and highlighted the streamlining and updating of reports to make key issues and items more accessible. Mrs Skidmore points out that whilst facing financial challenges they are taking a medium-term view to achieve sustainability, the focus being on meeting constitutional and local targets, ensuring quality, and managing capital expenditure effectively.

114.2 The Board was asked to note and discuss the contents of the report.

114.3 The Board discussed the need to improve discussions through incorporating more information on public health and population health data. The centralised data will enhance reporting and help to make informed decisions. The Board further discussed the importance of remembering that the Voluntary, Community and Social Enterprise (VCSE) Sector is currently struggling, with many organisations facing financial viability issues.

114.4 Regarding performance reports, the Board discussed the NHS's robust framework for tracking targets. However, health management changes and health inequalities may not show significant changes month-to-month. Some activities are reported quarterly, and there is a need to work with colleagues to expand and enhance reporting, which will ensure the necessary data is captured without expecting monthly updates for all metrics.

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

Minute No.ICB-29-01.115 – Delegated Specialist Commissioning

115.1 For this financial year, we have received the delegation of several specialised services, with more to come in April. There is no immediate action required from the board, but we will receive a report detailing these changes.

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

- Note the information within the attached update in relation to phase 2 of the delegation of specialised commissioning services for Mental Health and Learning Disability and Autism from the 1st April 2025.
- Note that the final documentation for sign off will be received by the Board during the March 2025 meeting.

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

- **NOTED the information within the attached update in relation to phase 2 of the delegation of specialised commissioning services for Mental Health and LDA from the 1st April 2025.**
- **NOTED that the final documentation for sign off will be received by the Board during the March 2025 meeting.**

Minute No.ICB-29-01.116 – Amendments to Governance Handbook

116.1 Mrs Skidmore presented the paper, taken as read, which outlined recommendations to streamline processes and clarify roles and responsibilities, including appointing chairs for new or changed committees. The goal being to support and deliver functions more effectively, avoid conflicts, and ensure clear accountability.

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

- Note the report and appendices 1 and 2 attached.
- Approve the proposed amendments to the Governance Handbook as shown as excerpts from the Governance Handbook in appendices 1 and 2.
- Approve appointment of the following individuals as chairs of the following tier 1 committee/group:
  - Strategy and Prevention Committee – Cathy Purt, Non-Executive Director, Shropshire Community Health NHS Trust
  - System Transformational and Digital Group – Andrew Morgan, Chair in Common, Shrewsbury and Telford Hospital NHS Trust and Shropshire Community Health NHS Trust

116.3 The Board discussed the committee structure evolving based on recommendations from the Good Governance Institute with the aim to streamline processes and make decision-making more efficient. The Committees are encouraged to reflect on their effectiveness at the end of the year to identify areas for improvement.

116.4 In further discussion it was noted that the current governance structure is too focused on processes rather than outcomes and a shift towards an outcome-based approach was needed to support goals and manage risks effectively. Streamlining governance would help to achieve this. The strategy and deliveries must align with government expectations, particularly regarding the NHS, integrating prevention, digital changes, and service provision. The transformation and digital agenda would ensure effective service provision. Goals need to be stated more explicitly on the prevention side and on the commissioning side, focus on performance and decision-making was required, addressing any conflicts that arise.

116.5 The Board noted that despite challenges, there is a commitment to making this approach work.

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

- **NOTED the report and appendices 1 and 2 attached.**
- **APPROVED the proposed amendments to the Governance Handbook as shown as excerpts from the Governance Handbook in appendices 1 and 2.**

- APPROVED the appointment of the following individuals as chairs of the following tier 1 committee/group:
  - Strategy and Prevention Committee – Cathy Purt, Non-Executive Director, Shropshire Community Health NHS Trust
  - System Transformational and Digital Group – Andrew Morgan, Chair in Common, Shrewsbury and Telford Hospital NHS Trust and Shropshire Community Health NHS Trust

Minute No.ICB-29-01.117 – Quality and Performance Committee Chair's Report for the meetings held on 31 October 2024 and 28 November 2024

117.1 Mr. Meredith Vivian presented the report and took it as read.

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

- Accept the report.
- Consider the alerts for further action.

117.3 The Board discussed that last board meeting highlighted progress in diabetes and other areas and the need to see concrete steps happening. The minutes from the October meeting are included, but the committee meeting yesterday, the minutes of which will be provided at the next board meeting in March, provided more relevant updates.

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

- ACCEPTED the report
- CONSIDERED the alerts for further action

Minute No.ICB-29-01.118 – Audit Committee Chair's Report for the meeting held on 15 January 2025

118.1 Mr Trevor McMillan presented the report, taken as read and informed the Board that the committee is currently focussing on the programme for next year.

118.2 The NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to accept the report.

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

- ACCEPTED the report

Minute No.ICB-29-01.119 – Finance Committee Chair's Report for the meeting held on 29 October 2024

119.1 Mr. Dave Bennett presented the paper, taken as read, and highlighted that there is a potential outturn of a £20m to £30m deficit, despite receiving £89m in deficit funding this year. The medium-term financial plan indicated extremely challenging

efficiency targets, with a need for 9% year-on-year efficiency delivery, which is not realistically achievable.

119.2 The Board was asked to note the areas highlighted in the report.

119.3 The Board discussed the need to make difficult decisions and to ensure the governance structures support timely decision-making. Productivity packs from NHS England, based on benchmark data, highlight areas for improvement, but the deliverability of these opportunities was still under evaluation.

119.4 The Board discussed the facing of the significant challenges in the coming weeks to finalise a plan acceptable to NHS England, which included addressing a substantial recurring deficit and ensuring the plans are realistic and achievable.

119.5 In further discussion the Board recognised the need for a process for de-prioritisation, making tough decisions about which services to stop or reduce and that this would require clear quality impact assessments to understand the implications for the population.

119.6 The Board summarised that they must focus on delivery and outcomes, align the strategy with government expectations, and address significant financial and governance challenges.

119.7 The Board noted the need to balance efficiency and productivity with transformation. There are information packs and benchmarks as guides to where cost reduction opportunities are, but real change will come from transforming service delivery. The Board further discussed the need to organise governance effectively in readiness for review and sign off for the 2025/26 operational plan. There are planning milestones on February 27th and the end of March, with a System Board meeting at the end of March for final sign off. Discussions before then may be needed to coordinate decisions across individual boards and the system.

119.8 The Board also noted that transformation could involve both commissioning and decommissioning services which requires careful thought. Mr Bett added that any decisions required of this type would be set out for the board as they arose with clarity around where the recommendations came from and how the conclusions were reached.

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

- **NOTED the areas highlighted in the report.**

Minute No.ICB-29-01.120 – Remuneration Committee Chair's Report – No report

120.1 It was noted that there was no report for this item.

Minute No.ICB-29-01.121 – System Transformation Group Chair's Report for the meeting held on 26 November 2024

121.1 The report was taken as read.

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

- Support further sessions to build on the progress made and address identified risks.
- Share learnings from the session with broader organisational leadership to enhance alignment and performance.

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

- **SUPPORTED further sessions to build on the progress made and address identified risks.**
- **Would SHARE learnings from the session with broader organisational leadership to enhance alignment and performance.**

Minute No.ICB-29-01.122 – Strategic Commissioning Committee Chair's Report for the meeting held on 13 November 2024

122.1 Mr Nigel Lee presented the report, taken as read, and highlighted the work on women's health, which has involved important input from general practice and other partners.

122.2 The NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to note the report.

RESOLVED: **NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the report.**

Minute No.ICB-29-01.123 – People Culture and Inclusion Committee Chair's Report – No report

123.1 The Board noted that there was no report.

123.2 Mr. Martin Evans informed the board that a meeting did not take place before the submission of papers deadline but have met since. He explained that the committee is focusing on clarifying the terms of reference, priorities, and business work plan. He is hopeful that there will be an agreed terms of reference for sign-off by the next Board meeting. Mr Evans added the committee are looking at people risks ensuring they are addressed at Board level and the committee is working on setting clear priorities for the subgroups that report into the people collaborative and then into the committee.

Minute No.ICB-29-01.124 – Review and reflection of new or amended risks following discussions at Board Meeting

124.1 No further risks presented.

Minute No. ICB-29-01.125 – Any Other Business

125.1 The Chair informed members that this would be Dr. Julian Povey's final meeting and thanked him for his contributions.

125.2 There were no further matters to report.

16.19pm – Meeting Closed

Date and Time of Next Meeting

Wednesday, 26 March 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 Integrated Care Board

Actions Arising from the Board Meetings

Agenda item: Minute No. ICB 27-11.082 Winter Planning / Mitigations of pressures
Action Required: Gareth Wright to explore:

- adding General Practice and Community Service performance of those areas of service supporting admissions avoidance into the report going forward and
- ensuring that primary care is included in the newly introduced UEC dynamic risk assessment process.

Owner: Jo Williams, Ian Bett and Gareth Wright
By When: CLOSED
Update/Date Complete: To include a more dynamic understanding of the pressures in primary care, we have secured agreement to pilot a connection between the General Practice information system (EMIS) and our Operational Pressures Escalation Levels platform (SHREWD). This should provide an automated feed of data. We will be only the second system nationally to do so in this way. Volunteer practices are being sought for proof of concept ahead of an intended roll-out to all. **29.01.25 - Chair noted update.** This initiative is now being taken forward under governance of the system Clinical Advisory Group and the system GP Board.

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: 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 2025. **29.01.25 – Chair noted update.**

Agenda item: Minute No. ICB 29.01.112
Action Required: TWIPP to report to next Board
Owner: David Sidaway
By When: ON MARCH AGENDA
Update/Date Complete:

Agenda item: Minute No. ICB 29-01.113 Winter Delivery Update
Action Required: Update to be reported to Board in a couple of months
Owner: Ian Bett and Gareth Wright
By When: ON APRIL AGENDA
Update/Date Complete: Presentation to be provided to Board on April Agenda with representation from all providers looking back over previous 12 months and aims for coming 12 months.

1. ICB 26-03.132 - Chairs Report

Meeting Name: ICB Board
Meeting Date: 26 March 2025
Report Presented by: Roger Dunshea, NHS STW, 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 assurance

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 both a national and local level.

1.2. Recommendations

1.2.1. NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to note the updates in relation to:

- End of year financial position
- Visit to Robert Jones and Agnes Hunt hospital
- ICS plans for 2025-26
- Accountability, Programme Management and Delivery
- Primary care services

1.3. Conflicts of Interest

1.3.1. No conflicts of interest related to this report.

1.4. Alignment to Integrated Care Board

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

1.5. Key Considerations

1.5.1. **Quality and Safety:** The report identifies opportunities to improve patient care quality and safety in enhanced primary care access and services.
1.5.2. **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.
1.5.3. **Workforce Implications:** None.

1.5.4. **Risks and Mitigations:** None.
1.5.5. **Engagement:** None.
1.5.6. **Supporting Data and Analysis:** None.
1.5.7. **Legal, Regulatory, and Equality:** None.

1.6. Impact Assessments

1.6.1. **Has a Data Protection Impact Assessment been undertaken?** N/A
1.6.2. **Has an Integrated Impact Assessment been undertaken?** N/A

2. Main Report

2.1. Introduction

2.1.1. I am pleased to report that NHSE has appointed, subject to Secretary of State approval, the new chair of the ICB. On a personal note, I would like to thank everyone for their support and good humour during my stint as acting chair.

2.1.2. Our colleague and NED, Meredith Vivian has decided to move onto new ventures from the end of April. We are going to greatly miss Meredith's expertise, constructive challenge, dry sense of humour and compassion. He has been a stalwart over many years in the CCG and now with the ICB. Thank you, Meredith. We are in the process of recruiting Meredith's successor

2.2. End of year financial position and 2025-26 budgets

2.2.1. The financial performance of the system in 2024/25 has not met the budget plans and intentions set last April. As a result, we will remain under appropriate continued scrutiny and challenge by NHSE. As one of the smallest systems in England there is much more, we can do to improve our financial position.

2.2.2. Based on the latest Office for National Statistics data, the NHS has had around a 20% increase in resources (mainly staff) since 2019, output has been flat and productivity has dropped by 20%. NHSE has recently issued data packs to each system highlighting, those areas in their system, which are inefficient compared to better performing peers. The STW ICB/ICS data packs indicate we have much scope to improve our financial performance. The provider Trusts and System Transformation Group chaired by Andrew Morgan will be taking action from the start of the new financial year. The ICB is also taking action to reduce expenditure in several areas including continuing health care and medicines management.

2.3. Visits to Robert Jones and Agnes Hunt Hospital

2.3.1. Late in January I visited the RJ&AH for a meeting with senior clinical and managerial colleagues, followed by a tour of wards, departments and operating theatres. The discussions were wide ranging covering clinical development in orthopaedics and pain management, GP referral pathways, lead provider working with SaTH and service costs. The tour was very helpful in understanding the clinical capability and capacity the hospital offers. I am very grateful to all colleagues who hosted my visit.

2.4. Plans for 2025-26

2.4.1. I am pleased to report the *Commissioning Intentions 2025-26* for the coming year have been well received by stakeholders. As part of our goal to shift services towards communities both for services and ill health prevention we will be consulting with key stakeholders our initial approach to *Neighbourhood Health for Shropshire, Telford and Wrekin*. The *Joint Forward Programme 2025-26* will form the basis of our reporting accountability to the residents of Shropshire, Telford and Wrekin. *Our Integrated Care Strategy* which we share with system partners will be revised when the government publishes its new 10 Year Health plan.

2.5. Accountability, Programme Management and Delivery

2.5.1. As mentioned at our last board meeting the ICB is strengthening its delivery and accountability governance. The following have now met, and the revised terms of reference are for approval.

- Strategic Transformation and Digital Group - chair Andrew Morgan
- System Strategy and Prevention Committee - chair Cathy Purt

2.5.2. The ICB Commissioning and Productivity Committee will be convening shortly, and the terms of reference will be circulated for approval. A recent new addition to the scope of this committee will be primary care services.

2.5.3. The System Programme Management Office function will be in place in April.

2.6. Primary Care

2.6.1. At the end of February, it was announced the new GP contract had been accepted. This is most welcome, and we look forward to the residents of Shropshire, Telford and Wrekin benefitting from improved primary care access and services.

2.6.2. The award of the GP out of hours service tender is proceeding along the standard pathway and with a review awaited from NHSE.

2.7. Recommendation

2.7.1. NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to **NOTE** the updates in relation to:

- End of year financial position
- Visit to Robert Jones and Agnes Hunt hospital
- ICS plans for 2025-26
- Accountability, Programme Management and Delivery
- Primary care services

1. ICB 26-03.133 – Chief Executive Officer Report

Meeting Name: ICB Board
Meeting Date: 26 March 2025
Report Presented by: Simon Whitehouse, Chief Executive Officer, NHS STW
Report Approved by: Simon Whitehouse, Chief Executive Officer, NHS STW
Report Prepared by: Bethan Emberton, Head of Governance and Corporate Affairs, NHS STW, Tracy Eggby-Jones, Corporate Affairs Manager, NHS STW
Action Required: For noting and assurance

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 both a national and local level.

1.2. Recommendations

1.2.1. NHS Shropshire, Telford and Wrekin (STW) Integrated Care Board (ICB) is asked to note the updates in relation to:

- Planning Guidance
- Joint Forward Plan (JFP) Guidance 2025/26
- Change NHS Update
- Annual Assessment of Integrated Care Boards 2023/24
- System People Plan
- Staff Survey Results 2024
- NHS Government Rest Programme

1.3. Conflicts of Interest

1.3.1. No conflicts of interest related to this report.

1.4. Alignment to Integrated Care Board

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

1.5. Key Considerations

1.5.1. **Quality and Safety:** The report identifies opportunities to improve patient care quality and safety.
1.5.2. **Financial Implications:** Streamlining operations through improved oversight and planning ensures efficient resource utilisation.

1.5.3. **Workforce Implications:** The refreshed Workforce Strategy has clear objectives to address local and national priorities for workforce, remaining aligned to the national people plan and people promise.
1.5.4. **Risks and Mitigations:** None.
1.5.5. **Engagement:** Engaging communities and stakeholders via initiatives like "Change NHS" strengthens NHS alignment with societal needs.
1.5.6. **Supporting Data and Analysis:** None.
1.5.7. **Legal, Regulatory, and Equality:** Utilising the Public Sector Equality Duty to address disparities fosters inclusivity and equitable care.

1.6. Impact Assessments

1.6.1. **Has a Data Protection Impact Assessment been undertaken?** N/A
1.6.2. **Has an Integrated Impact Assessment been undertaken?** N/A

2. Main Report

2.1. Introduction

2.1.1. The paper provides a generic update on activities at both a national and local level.

2.2. Planning Guidance

2.2.1. On 30 January 2025, NHS England published the 2025/26 priorities and operational planning guidance**.** The key focus areas include reducing waiting times for planned care, improving ambulance response times and long accident and emergency (A&E) waits, and enhancing access to mental health services—particularly for children and young people.

2.2.2. Looking ahead, the government remains committed to transforming the health service by delivering its three long-term shifts: from hospital to community care, from treating sickness to preventing it, and from analogue to digital services. For 2025/26, NHSE has reduced the number of national priorities to reflect the government's intention to streamline NHS objectives. This aims to give local systems more flexibility in how funding is allocated and allow them to focus on achieving better outcomes for patients and communities.

2.2.3. The guidance acknowledges that NHS finances remain under significant pressure. As a result, local leaders may need to make decisions to scale back or stop lower-value activities to ensure services operate within budget and deliver value for taxpayers. NHS England and the government have stated they will "stand behind" local leaders in making these decisions.

2.2.4. Integrated Care Boards (ICBs) will lead the planning and commissioning of services to deliver on the priorities outlined in the guidance, taking on the role of *strategic commissioners*. From 2025/26, both ICBs and trusts will have the opportunity to earn greater autonomy and flexibility. In systems

that are mature and high-performing, providers will be able to take on increased responsibility for leading local service planning and transformation, within a strategic framework set by their ICBs. This will be supported by a national development programme for strategic commissioning, co-designed with NHS leaders.

2.2.5. Additionally, a new NHS Improvement and Assessment Framework, to be published soon, will outline how NHS England will evaluate the performance and capability of both providers and ICBs.

2.3. Joint Forward Plan (JFP) Guidance 2025/26

2.3.1. As part of the 2025/26 priorities and operational planning guidance, the expectation as set for ICBs and Trusts to perform a limited refresh of existing Joint Forward Plans (JFPs), ahead of the anticipated publication of the 10 Year Health Plan in the spring of 2025. The refreshed JFP is included later in the agenda. NHS England plan to work with systems to develop a shared set of expectations and timetable for a subsequent more extensive revision of JFPs aligned to wider reform of nationally co-ordinated NHS planning processes, and this will include a shift from single to multi-year operational and financial planning.

2.4. Change NHS Update

2.4.1. The Department of Health and Social Care, working alongside NHS England, launched Change NHS last October to hear the views, experiences, and ideas of the public and professionals to shape a new 10 Year Health Plan for England. The Department for Health and Social Care has commissioned Thinks Insight & Strategy to facilitate this research on their behalf. Thinks Insight & Strategy is an independent research agency adhering to the Market Research Society (MRS) Code of Conduct.

2.4.2. NHS organisations were asked to support the engagement in several ways: using the communications toolkit to promote the engagement opportunities, encouraging members of the public, carers, and staff to directly respond; submit a response as an organisation; and use a nationally provided toolkit to gather feedback directly.

2.4.3. NHS Shropshire, Telford and Wrekin activity included: submitting a response on behalf of the organisation; creating bespoke communications toolkits for our different audiences to promote Change NHS; using all communication channels to encourage stakeholders to respond to Change NHS; sharing the engagement toolkit with Voluntary, Community and Social Enterprise (VCSE) and community contacts; and offering online and in person workshops for staff to capture their views and ideas as well as online and in person sessions with VCSE and members of the public, with a focus on Core20PLUS and inclusion groups.

2.4.4. The number of participants for each workshop is detailed below:

- Staff online huddle session: circa 160
- Public and general VCSE online sessions: circa 39
- VCSE face-to-face sessions (including long term mental health conditions, substance recovery, rural and digital exclusion, BAME, and learning disabilities): circa 37
- Patient Participation Groups online session: circa 15

2.4.5. The feedback and insight, captured as part of the workshops, has been shared with the national Change NHS team and is currently being analysed and themed locally in order to produce an engagement report to be published on the ICB website later this year.

2.5. Annual Assessment of Integrated Care Boards 2023/24

2.5.1. Under the terms of the NHS Act 2006, amended by the Health and Care Act 2022, NHS England is required to assess the performance of each integrated care board (ICB) and publish a summary of the outcomes of its assessments. The assessment considered 5 core areas:

- How effectively has the ICB led the health and care partners within its integrated care system (ICS) and governed itself?

- How has the ICB contributed to each of the 4 core purposes of an ICS?

    - improving population health and healthcare
    - tackling unequal access, outcomes and experience
    - enhancing productivity and value for money
    - helping the NHS support broader social and economic development

2.5.2. The operating context in 2023/24 was undoubtedly challenging with industrial action and major service reconfigurations. Assessments recognised these challenges while also seeking to reflect the areas of outstanding practice and performance issues that need to be addressed.

2.5.3. Outcomes from the annual assessment 2023/24 for NHS Shropshire, Telford and Wrekin can found on the NHS England website via this link NHS England » Annual assessment of integrated care boards 2023/24.

2.6. System People Plan

2.6.1. The Our last System People Strategy 2023-2027 was developed and approved in early 2023 and has delivered against four central pillars; Growing for the future, Belonging in STW, looking after our people, new ways of working and strategic workforce planning. With changes in our

local and national context a refreshed People Strategy is currently in development.

2.6.2. The refreshed strategy will bring together clear objectives to address local and national priorities for workforce, remaining aligned to the national people plan and people promise. Its development is being supported by system partners, through our ICS People Collaborative as well engagement with provider's and system partners. Themes have been distilled through engagement and reviewed alongside operational planning guidance and the opportunities identified within the productivity packs, recommendations made within the System HR Review undertaken late in 2024, and the wider national people context.

2.6.3. A refreshed system People Strategy for 2025-2027 will be drafted drawing together the themes from above and setting out key deliverables and success measures. An annual delivery plan detailing the system leads, and models of delivery, along with the governance and assurance routes, will underpin the effective implementation. The strategy will have room for further evolution to respond to the publication of the NHS 10-year plan and other key national guidance due later in 2025 as required.

2.7. Staff Survey Results 2024

2.7.1. This is the second year running that the ICB has participated in the national staff survey. Staff accessed the survey between 1 October 2024 and 29 November 2024 with the final response rate being 74% compared to 62% for 2023.

2.7.2. Compared to last year, many of our scores have improved, indicating a more positive experience overall for staff. In addition, within the peer group of other Integrated Care Boards (ICBs) who used Picker as their survey provider, the ICB is one of the most improved ICBs for 2024. - including being the second most improved in the Midlands Region on engagement.

2.7.3. Significant improvements include:

- An increase in colleagues recommending the organisation as a good place to work (this has increased significantly by 15% on last year).
- An increase in colleague satisfaction with the extent the organisation values their work.
- Improvement in the quality of appraisals
- An increase in colleague experience in **not** feeling every working hour is tiring (this is a 15% increase compared to last year).

2.7.4. A full analysis of the results has been completed, and corporate priority areas have been identified for focus and development in 2025. These include:

- Increasing the numbers of appraisals

- Positive action regarding health and wellbeing
- Focus on work life balance
- Understanding teams and roles

2.7.5. Work is underway already to support improvement in these areas and we are not taking these results for granted. There remain areas where we need to continue to improve and variation across teams within the ICB where we need to improve.

2.7.6. With the embargo on results lifted on 13 March, steps have been taken to publish results with staff and the senior leadership team. Further work will now take place to discuss the results in more detail within teams. There has been a significant impact on staff because of the NHS Government Reset Programme (detailed below) – this has somewhat overshadowed the positive results that have been achieved within the ICB.

2.7.7. There will be further communication on actions to support the key areas for improvement and regular updates to staff on progress made on this work.

2.7.8. A link to the published results is here https://www.nhsstaffsurveys.com/results/local-results/

2.8. NHS Government Reset Programme

2.8.1 On Thursday 13 March, the UK Government announced significant changes to the NHS in England, including its intention to abolish NHS England and fully integrate it into the Department of Health and Social Care (DHSC).

2.8.2 As part the wider NHS reset programme, the Government has also asked all Integrated Care Boards (ICBs), including NHS Shropshire, Telford, and Wrekin, to reduce their running costs by 50%.

2.8.3 At the same time all NHS providers (including those that provide services across Shropshire, Telford and Wrekin) to reduce their corporate and back office spend significantly (by 50%).

2.8.4 This national drive, as set out by the Government, aims to streamline NHS structures, remove duplication, and focus resources on frontline patient care.

2.8.5 Sir Jim Mackey has been confirmed as the Transitional CEO and has named his transitional team that will work to implement this reset.

2.8.5 Whilst we wait for further detail, we will continue to focus on delivering an improved financial position, improving waiting times for elective care and cancer, reducing the long waits in urgent and emergency care, and improving access to services across the system.

2.8.6 Through this period, we will work closely with all our partners across Shropshire, Telford and Wrekin to ensure that any changes are managed carefully to maintain stability and continuity for our population. We have taken the decision to immediately pause any recruitment in the ICB and have shared recruitment guides with all recruiting managers.

2.8.7 We are committed to act in the best interests of our patients and communities and of course do the best for our valued and hard-working staff. At present there is a need for greater detail to enable us to work through the implications of these announcements. We continue to work closely with ICB colleagues across the West Midlands through the Office of the West Midlands ICBs.

2.9. Recommendation

2.9.1. NHS Shropshire, Telford and Wrekin (STW) Integrated Care Board (ICB) is asked to note the updates in relation to:

- Planning Guidance
- Joint Forward Plan (JFP) Guidance 2025/26
- Change NHS Update
- Annual Assessment of Integrated Care Boards 2023/24
- System People Plan
- Staff Survey Results 2024
- NHS Government Reset Programme

1. ICB 26-03.134 - System Board Assurance Framework (SBAF) and Strategic Risk Register (SORR)

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Agenda item no:
Meeting Date: 26 March 2025
Report Presented by: Alison Smith, Chief Business Officer, NHS STW
Report Approved by: Alison Smith, Chief Business Officer, NHS STW
Report Prepared by: Alison Smith, Chief Business Officer, NHS STW
Action Required: For Approval and 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 for both the system and the 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. The Board is asked to note the following appendices:

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

1.2.2. The SBAF and SORR have been reviewed by senior managers in the ICB during February and March. The full SORR is scheduled to be presented with the SBAF to the Audit Committee at its April 2025 meeting for oversight. The Board Committees provide oversight of the respective risks on the SBAF and the SORR, which have been allocated to them in the Risk Management Policy.

1.2.3. The Board is asked to review the current content and identify any additional assurances required or additional risks that are not currently reflected on the SBAF or SORR and to be assured that the SBAF and SORR provides oversight of the strategic risks to the ICS meeting the strategic objectives.

1.3. Recommendations

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

- NOTE the report and accompanying appendices.
- REVIEW the current System Board Assurance Framework (SBAF) and risks from the SORR that score above 15 for severity and likelihood and consider:
  - If the risks to the system's strategic objectives, are being properly managed;
  - 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.
- Be ASSURED that the SBAF and SORR provide oversight of the strategic risks to the Integrated Care System (ICS) 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. **Improve outcomes in population health and healthcare**
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. **Tackle inequalities in outcomes, experience, and access**
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. **Enhance productivity and value for money**
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. **Help the NHS support broader social economic development**
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:** No implications identified
1.7.2. **Financial Implications:** No implications identified
1.7.3. **Workforce Implications:** No implications identified.
1.7.4. **Risks and Mitigations:** The report outlines risks and mitigations.
1.7.5. **Engagement:** No implications identified.
1.7.6. **Supporting Data and Analysis:** No implications identified
1.7.7. **Legal, Regulatory, and Equality:** No implications identified

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 26-03.135 – Joint Forward Plan 2025-2030

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: 26 March 2025
Report Presented by: Claire Parker, Director of Strategy, NHS STW
Report Approved by: Claire Parker, Director of Strategy, NHS STW
Report Prepared by: Emma Pyrah, Head of System Development, NHS STW
Action Required: For discussion and approval

1.1. Purpose

1.1.1 The purpose of this report is to present the refreshed Joint Forward Plan covering the 5-year period 2025-2030 to Board for approval.

1.2. Executive Summary

1.2.1 A light touch approach has been taken to this review of the plan as we expect to receive the NHS 10 Year Plan in Spring 2025, although an exact date for that publication is not yet known. This approach is supported by NHSE as set out in the priorities and planning guidance published in January 2025. There is a national requirement that this work is completed and signed off by Board by 1st April 2025.

1.2.2 A summary of the key changes to the document and their associated rationale is set out in the covering report.

1.3. Recommendations

1.3.1 Board is recommended to approve the Joint Forward Plan for 2025-2030 with the expectation that a revision will be required once the 10-year plan is published.

1.4. Conflicts of Interest

1.4.1 No conflicts of interest related to this report.

1.5. Alignment to Integrated Care Board

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

1.6. Impact Assessments

1.6.1. **Has a Data Protection Impact Assessment been undertaken?** Not applicable

1.6.2. **Has an Integrated Impact Assessment been undertaken?** Not applicable

1.7. Attachments

1.7.1 Appendix A - The JFP for 2025-26

2. Main Report

2.1. Background

2.1.1 The NHS priorities and operational planning guidance 2025/26 published at the end of January 2025, confirms that ICBs and their partner trusts have a duty to prepare a plan setting out how they propose to exercise their functions in the next 5 years [the 'Joint Forward Plan' (JFP)]. However, given the anticipated publication of the 10 Year Plan in the spring of 2025 and a multi-year financial settlement for the public sector as part of the Spending Review 2025, the guidance indicates that ICBs and trusts will wish to perform a limited refresh of existing plans before the beginning of the new financial year.

2.1.2 NHSE have stated that they will work with systems to develop a shared set of expectations and timetable for a subsequent more extensive revision of JFPs aligned to wider reform of nationally co-ordinated NHS planning processes. This will include a shift from single to multiyear operational and

2.2 Review Approach

2.2.1 The first phase of the review was to undertake an audit of the 283 actions listed in the 2024-2029 plan. This has been completed and progress measured against each action.

2.2.2 The Strategy and Development Team are in discussion with the Planning and Performance Team about the best approach to monitoring all the actions that were recorded as requiring transfer into 2025/26.

2.2.3 The second phase of the review was the document narrative. The Strategy and Development Team have led the co-ordination of the refresh of the plan taking a light touch approach, given the guidance from NHSE. Therefore, the emphasis has been only to make amendments where necessary to ensure:

- that the plan accurately reflects the current position and dates
- wherever possible alignment with the known priorities and focus expected in the 10 Year Plan

2.2.4 All sections of the JFP have been reviewed by lead officers of the ICB in collaboration with provider partners where necessary.

2.3 Summary of the Key Changes to the Plan

2.3.1 New sections

- **Our approach to monitoring what we have achieved** – reflects the development of the local System Accountability and Performance Framework
- **Our approach to Climate and Green Planning** – reflects the latest national guidance and was a key finding highlighted by the Darzi review.
- **Our approach to Prevention** – prevention is a golden thread running throughout the plan but its importance in terms of being one of the 3 key 10-year plan shifts 'from sickness to prevention' merits a section on its own and it also references the development of a system Prevention Framework.
- **Our approach to Women's Health Hubs** – included in the Neighbourhood section, this section describes what we have achieved so far and our future plans in line with the national Women's Strategy.
- **Improving access to services** – New Chapter - Section format has been reordered to create this new section to reflect the national priority to demonstrate improvements in access to key services: General Practice, Dental, Elective, Cancer and Urgent and Emergency Care.
- **Our approach to Health Ageing and Frailty** – since the last version of the plan the ICB has begun the development of a Healthy Ageing and Frailty Strategy as a key clinical priority area.
- **Enablers – Data and Information** – since the last version of the plan, the ICB is leading on the development of a Data Strategy. Paucity of data and its effective use was a key finding of the Darzi review. Our Data Strategy will underpin our Population Health Management approach.
- **Enablers – Productivity** - there is a strong national theme that the solution to the NHS deficit is to be delivered through improved productivity, making better use of the resources we have, rather than additional investment.
- **ICB Commissioning Ambitions and Key Commissioning Intention Deliverables** – all the relevant ICB commissioning ambitions and intentions for 25/26 have been mapped across to the relevant sections of the plan in the form of key deliverables over the 5 years of the plan where possible. The previous tables of individual actions have been removed as most of them were in year which should therefore be included in the ICB Operational Plan.

2.3.2 Strengthened sections

- **Our approach to commissioning intentions** – reflects the different approach taken this year as we move towards strategic commissioning with a longer-term view than one year
- **Our approach to tackling health inequalities** – reflects the current position and priorities
- **Our approach to Place, Neighbourhood Health and Collaboration** – detail added describing our current approach to neighbourhood working and priorities and to reflect the latest national Neighbourhood Health guidance published in January 2025.
- **Cardiovascular Disease and Diabetes** – reflects more of the detail of our current plans and these 2 long term conditions were specifically referenced in the Darzi review.
- **Enablers – People** – reflects the current position and ambition. Workforce improvement was a key finding in the Darzi review.
- **Enablers – Digital** – reflects the current position and ambition. 'Analogue to digital' is one of the 3 shifts described by the Government to underpin the NHS 10-year plan.

2.4 Website accessibility

2.4.1 The document has been reformatted to ensure accessible digital content in line with guidance provided by the ICB Comms and Engagement Team.

1. ICB 26-03.136 - Shropshire Integrated Place Partnership Briefing Report (meeting held on 16 January 2025)

Meeting Name: Shropshire Integrated Place Partnership (ShIPP)
Meeting Date: 16 January 2025
Report Presented by: Andy Begley, Shropshire Council, Chief Executive
Report Approved by: Andy Begley, Shropshire Council, Chief Executive
Report Prepared by: Penny Bason, Shropshire Council, Head of Service Joint Partnerships
Action Required: For assurance and discussion

1.1. Summary of Key Discussions and Decisions

1.1.1. The ShIPP meets bi-monthly

1.1.2. Agenda from 16 January 2025 meeting:

- Welcome & Apologies
- Minutes of last meeting and actions
- Declaration of Pecuniary Interests
- ShIPP Neighbourhood Working Strategy update and Hub Subgroup
- Children & Young People's Joint Strategic Needs Assessment (CYP JSNA) – Pregnancy and Birth chapter
- Public Health Nursing Service
- Shropshire Youth Strategy

1.1.3. The meeting was quorate.

1.1.4. There were no conflicts of interest declared.

1.1.5. On the 13th February, a joint HWBB and ShIPP development session was held to review progress against action in 2024/25 and develop the ShIPP Strategic Plan for 2025/26. The report will be presented to the next ShiPP in March for approval and to the HWBB in June. The meeting was well attended.

1.2 Recommendations to the Board

1.2.1 The Board is asked to:

- Note the briefing report from Shropshire Integrated Place Partnership
- The ICB Board note and provide comment on the continued progress of Neighbourhood Working aligned to the new developing 10-year NHS plan shift 1 moving more care from hospitals to communities
- The ICB Board notes and adopts the recommendations within the

School Aged Chapter of the Children and Young People JSNA that are based on the Areas of Need highlighted.

- The ICB Board review and adopt the Shropshire Youth Strategy with its continued commitment to improving the lives of young people in Shropshire. (noting the engagement work to date). See appendices A to E for supporting information.

1.3 Key Risks and Mitigations

1.3.1 None from this meeting.

1.4 Performance and Assurance

1.4.1 Assure – positive assurances and highlights of note:

- The ShIPP Neighbourhood Working Strategy update and Hub Subgroup update detailed the significant progress made in the work of the subgroup and formation of the community hubs through alignment of current resource and commitment of partners from existing resources.
  These developments are fully aligned to the developing NHS 10 year plan and the 3 shifts supporting a shift to prevention, acute to communities and neighbourhood working and analogue to digital as it mitigate and aligns to digital exclusion.
- The report described how this ambitious programme connects our prevention and front door offers across organisations, and it is built on developing our partnership with Public Services more broadly, including the NHS, the Voluntary and Community Sector and colleagues across the Local Authority and response services. The Vision for the work outlines how partners are working together to support people to live their best lives and centres around making it as easy as possible for people to stay happy, healthy and connected in their communities.
- To date Shropshire has 5 Integrated Practitioner Teams delivering across Shropshire and 5 Community and Family hubs (and two in development), one Health and Wellbeing centre, and Women's Health Hub activity across our 5 Primary Care Network Areas. The hubs are also complemented with mini-hub support in smaller communities, where there is connection with other local offers to provide extra support. here is an all-age core offer at each of our hubs and this core offer is developed further depending on the needs of the local communities
  A new logo was presented and connectivity between agencies using the "Team of Teams" principle has developed apace. Case studies were presented that demonstrated this.
- Children and Young People (CYP) are one of our key healthcare ICP Strategy and HWBB priorities. Shropshire's Children and Young people JSNA is in development to build strong evidence base and recommendations for action. These recommendations will be owned by the system and implemented outlining the clear action to improve outcomes for our CYP. This is a vast scope in the JSNA divided into five chapters and deep dive topics to give the required detail to support commissioning and action; specifically, 18 recommendations

were agreed to go forward to the HWBB with the update on the draft pregnancy and birth chapter. There has been substantial collaboration with stakeholders at all stages of development. SHIPP strengthened the recommendations with further links were made with the LMNS Team, and a request was made for assistance regarding support for Muslim women living in Craven Arms. There are also specific recommendations to continue to review and further improve our prevention offer for social, emotional and mental health needs to school aged children through the roll out of the iThrive model and to increase awareness of road safety including new driver awareness and continue to keep road safety a priority in child mortality work. Following approval by all partners, recommendations will be monitored routinely for progress and adoption into planning with reports to SHIPP.

- PH Nursing: It was noted that the input from the Public Health Nursing Service has had a significant and positive input into the Integrated Practitioner Teams MDTs and Hub development, this has been crucial to the success of the groups and demonstrates the progress already to deliver MDTs across Shropshire.

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

- There is a need to share and continue to build on the neighbourhood working and hub work recognising that this is now at a pivotal point in commitment of capacity and resource from partners including the VCSE. To continue to develop and build the model and take it forward commitment of resource and capacity will be required. Moving forward partners will also need to continue to ensure alignment of new ambitions including those outlined in NHS reforms, children social care reforms and Shropshire Council new operating model to build a strong hub network appropriately resourced with all partners able to support recognising the important role of the VSCE in the programme. It has been agreed alongside this to develop a communication and engagement plan for the neighbourhood working strategy and present it to the subgroup.
- CYP JSNA - Women's Health Hubs work has discovered that there is a need for involvement and educational support for Muslim women in Craven Arms around pregnancy anti-natal and post-natal care. Aid was requested.
- The wide scope of the Public Health Nursing Service was discussed, with a request that partners support and facilitate greater insight into the Public Health Nursing Service.
- Ensure the Shropshire Youth Strategy is put on the ICB agenda.
- The joint HWBB and ShIPP development session was held to review progress in against action in 2024/25 and develop the ShIPP Strategic Plan for 2025/26. The report will be presented to the next ShiPP in March for approval and to the HWBB in June. The meeting was well attended and considered the progress in 2024/25 but the ShIPP deliverables 2025/26 including the need to build capacity to deliver and to develop delegated functions as part of a Committee of

the ICB. This will be brought back to the next ICB following the next ShIPP

1.5 Sharing of Learning

1.5.1 Shropshire Youth Strategy:

- the Voluntary sector volunteered to help co-ordinate activity providers.
- Public Health offered to support the further development of the strategy and help join up with work around sexual health & drug and alcohol strategy.
- The Youth Strategy aims to create a comprehensive Youth Offer for young people in Shropshire, prioritizing their wellbeing and helping them reach their full potential. The strategy is driven by the vision to provide opportunities and safe spaces for young people, ensuring their voices are heard and included in decision-making processes.

1.6 Attachments

- Appendix A. Youth Strategy – Report
- Appendix B. Youth Strategy – Presentation
- Appendix C. Youth Work Position Statement 2024
- Appendix D. Draft Youth Strategy 2025 – 2027
- Appendix E. Youth Support Team Survey Report 2024

1. ICB 26-03.137 – Telford & Wrekin Integrated Place Partnership Briefing Report (meeting held on 30 January 2025)

Meeting Name: Telford & Wrekin Integrated Place Partnership (TWIPP)
Meeting Date: 30 January 2025
Report Presented by: David Sidaway, Telford & Wrekin Council, Chief Executive (Chair OF TWIPP)
Report Approved by: Fliss Mercer, Telford & Wrekin Council, Executive Director (Vice-Chair of TWIPP)
Report Prepared by: Sarah Downes, Telford & Wrekin Council, Assurance and Integration Programme Manager and STW Telford and Wrekin Place Lead
Action Required: For assurance and approval

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 19 March 2025.

1.1.3. The agenda for the meeting is attached as Appendix A.

1.1.4. The meeting was quorate.

1.1.5. Due to the topics in the meeting varying conflicts of interest were noted in advance of the meeting but it was felt that they can be managed through the meeting. For one specific conflict the member stepped out of the room for the agenda item. Members were encouraged to raise any further issues as they arise.

1.2. Recommendations to the Board

1.2.1. The Board is asked to:

- Note the developing areas of focus for the Telford & Wrekin Integrated Place Partnership Priorities for 2024-2026 and its asks of the Integrated Care Board programmes.
- Commit to an enhanced prevention offer (including reviewing resources available) and making it everyone's business as it is key to the delivery of services and tackling current and future demand on health and care services.

- Approve the actions that TWIPP have identified within the report (Section 1b, page 5).

1.3. Key Risks and Mitigations

1.3.1. Prevention was a key area of discussion during the meeting and an additional risk was added to the TWIPP Risk Register in relation to the lack of system financial resource available for community prevention.

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 been achieved in the meetings, further work continues to ensure that all key partners are represented at every meeting.
- The role of digital in improving resident's outcomes was raised as an area of concern due to the apparent limited progress in the One Health and Care Record System and investment in Digital Inclusion. This is due for an update to TWIPP at the next meeting (March 2025).
- Prevention was a key area of discussion during the meeting and an additional risk was added to the TWIPP Risk Register in relation to the lack of system financial resource available for community prevention.

1.4.2. Assure – positive assurances and highlights of note:

- The Committee unanimously supported Energize Shropshire, Telford and Wrekin's proposal to develop a bid for Sport England Place Expansion, Phase 2; all members were keen to be involved and enable a collaborative submission be made to Sport England within the timescales. The bid has the potential to bring in up to £2million to undertake targeted work to improve people's physical health. Worthy of note, the Energize Place Pilot in Donnington to tackle inactivity and health inequalities, which started in June 2024, has been the stimulus for this bid and approach. A workshop is taking place at the next TWIPP meeting in March 2025 to ensure that all partners are able to proactively contribute to the Telford and Wrekin bid.

- The Committee heard from Dr Stefan Waldendorf about the challenges and opportunities being experienced by General Practitioners (GPs) and Primary Care Networks, in particular from his PCN, Newport and Central. The Committee were pleased to hear the difference the Pharmacy First programme was making and how by expanding the roles within the PCN / GP Surgeries they have been able to support residents better.

- The Pharmacy First update complimented Dr Waldendorf's presentation, and the Committee were really pleased to hear about the 43,000 consultation that have happened in Pharmacy's rather than GP practices since May 2023. The Committee were keen to

understand Telford and Wrekin data specifically and this was acknowledged as an area for development for the ICB.

- The Community Blood Pressure project that has been running in Telford and Wrekin has utilised trusted volunteers to undertake community blood pressure checks, reducing the need to use Primary Care Services. In the first 3 quarters of 2024/25, 1161 blood pressure checks were completed and of those:

  - 16% of people had undiagnosed hypertension resulting in an onward referral to Community Pharmacy for Ambulatory blood pressure monitoring.
  - 20% attended from the most deprived areas in Telford and Wrekin (74% of programme delivery has been coordinated in the top 20% most deprived wards in the Borough)
  - 27% of people were from ethnic minority communities within the Borough.
  - A resident's story of the difference this service made to them was shared at the January 2025 Integrated Care Board meeting.

- The Committee acknowledged the community centred approach to improving health and wellbeing and in particular it's focus on underrepresented groups. The Committee felt that it was important for this project to continue and that this approach could be used for other health improvement areas.

- The Committee received an update on the Family Hubs Programme which has seen 6 Family Hubs being created across the Borough, with 3 more in development over the coming 12 months. This forms part of the TWIPP Neighbourhood Working approach. Over the past 12 months, over 8500 people have used a Family Hub Service provided by one of the commissioned partners. The Committee were pleased to hear the difference these services have made to residents and that Family Hubs were now being linked to the Children Act 1989, ensuring they have a statutory footing moving forward. The next 12 months of Family Hubs will see new services come online for 0-19 year olds, or 0-25 for SEND, including:

  - Intense Family Support
  - Brief Intervention Support
  - Youth and Community Targeted Group Support
  - Community Support via 'Here to Help' drop ins
  - Early Help Training
  - Increasing peer support and family ambassador roles
  - Increasing the Family Information Service role to support immediate signposting and advice via Family Connect.

- From the presentations and reports provided the Committee identified the following key areas of focus within its Supporting General Practice priority:

  - Communications and Engagement campaigns and approaches to empower residents to seek the right help at the right time in the right place. Including using the channels with the most impact to

share resident behaviour change campaigns, promoting Live Well Telford (online all-age community directory) with people working in the Borough, promotion of Pharmacy First and myth busting and development of a system wide campaign to address resident health anxiety.

- Support Energize Shropshire, Telford and Wrekin to bid for the Sport England Place Expansion offer.
- Look to continue the Community Blood Pressure Programme in 2025/26 in Telford and Wrekin.
- Look to build on the Community Blood Pressure programme approach and expand the role of volunteers in neighbourhood working and specific campaigns.
- Expand the Live Well and Family Hubs integrated models of Community Outreach
- Develop Neighbourhood Workforce Networks to enable people working in the areas to know each other and know who to signpost to when needed.
- Within neighbourhood working deliver further pilot areas to undertake targeted multi-disciplinary, proactive preventative approaches utilising predictive analytics.
- Further expansion of the One Health and Care System (integrated care record) to enable practitioners to better support residents.
- Share learning from the use of Artificial Intelligence (AI) pilots to support service developments and improve outcomes for residents.

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

- GP Out of Hours Procurement process update was provided.
- The ICB's Commissioning Intentions were shared ahead of the meeting with an ask for members to feedback to the ICB's Director of Commissioning. Feedback has been provided from Partners in Care and Telford & Wrekin Council.

1.5. Sharing of Learning

1.5.1. Throughout the meeting learning was shared about the current position on support General Practice to manage demand, what has worked and what the opportunities are. The reports and notes of the meeting have been shared with all members.

1.5.2. Learning from other areas engaged in Sport England Place Expansion work has been acknowledged and this is being built on as part of the ongoing work locally by Energize.

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

1.6.1. TWIPP discussed the gaps and opportunities within the Supporting General Practice priority and agreed priority actions as part of meeting (as outlined in the Assurance section above). These will be agreed by TWIPP in March and subsequently incorporated into the Strategic Plan for 2025/26.

1.7. Attachments

- Appendix A – TWIPP agenda 30 January 2025

1. ICB 26-03.138 - Integrated Performance Report March 2025

Meeting Name: Integrated Care Board Meeting
Meeting Date: 29 March 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

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. Areas showing improvement:

- Dementia Diagnosis rate performance continues to improve but remains below target
- SMI Physical health checks have improved to 55.5%, and on track to achieve the target of 60% by the year end
- CYP access improving but remains below target. Recovery improvement plan in delivery
- 65+ weeks wait for SaTH has significantly improved over the past 7 months.
- 52+ weeks wait for STW, SaTH and RJAH have had significantly improved over the past 3 months.
- 52+ weeks waits (CYP) for STW are on continuous improvement.
- FIT Tests: Performance exceeded target in February (87.5% vs. 80%).

1.2.2. Areas showing concern:

- Super stranded patients (over 21 days) continued to rise in February, but early indications are of reductions in March.
- Adults with an LD or Autism in a MH bed remain above system plan, bi-weekly task & finish group in place tackling blocks to discharge, main challenge sourcing suitable accommodation and funding packages,
- Increasing number of Children and Adults waiting for assessment for ASD, ADHD or both, as demand is outstripping capacity in all areas. ICB exploring an all-age ND pathway for longer term planning.

- Cancer performance remains below target for 62 day, 31 day and FDS. Key actions include recruitment, insourcing and diagnostics actions
- Diagnostics remain a concern for both 13 week and 6 week waits. Key actions include increasing capacity in CDC, use of MRI vans and use of mutual aid, unvalidated position for February shows improvement as a result of this additional capacity
- CYP community waits: 157 patients waiting over 52 weeks (an increase of 29). Issues linked to the availability of consultant workforce and a plan is in place to try to recruit
- Adult community waits: 55 patients waiting over 52 weeks in November. Work required to understand how to address this issue.

1.2.3. Other quality key messages:

- Mothers smoking at time of delivery (SATOD) – percentage showing a sustained improvement
- Numbers of patients with C. difficile remains high
- There is a reduction in Postnatal ward Family and Friends Test total responses, work is ongoing by the maternity team to increase response rates.

1.2.4. Workforce key messages:

At month 11:

- Workforce expenditure over plan by £18.389m.
- WTE 507 over plan due to bank usage due to escalation and absence cover.
- Bank usage increases due to transition of agency workers to the bank. Actions in place to reduce bank during month 12.
- Significant improvement in agency price cap compliance with system maintaining 76% compared to national target of 60%.
- Sickness rates improved to 4.7% against a target of 5.3%.
- Turnover achieved at 9% compared to national average of 10%.
- Vacancy rate exceeding plan due to vacancy management process in place to reduce workforce expenditure back to plan.

1.2.5. Finance key messages:

Revenue

- The ICS is reporting a £13.5m actual YTD System deficit v's £8.8m plan, giving a £4.8m adverse variance at M11.
- The 2024/25 expected forecast outturn adverse variance to plan for 2024/25 is £12.1m after receipt of £13m non recurrent ERF/Urgent Care funding.
- Efficiency delivery is £0.2m ahead of plan at Month 11.

Capital

- The ICS at Month 11 is reporting an £8.1m underspend against plan for operational BAU capital, namely due to slippage on SaTH modular wards and £36.9m underspend against plan overall, namely due to slippage on HTP (which is recognised and agreed by NHSE).
- In Month 8 all providers and the ICB confirmed expected FOT, this being ICB spend as per plan, SaTH underspend of £20m due to the agreed reprofiling of HTP, RJAH £3.4m overspend funded by PDC and SCHT underspend of £1.1m due to renegotiating IFRS16 operational leases.
- All in-year system capital risks are now fully mitigated.

1.3. Recommendations

1.3.1. For the Board to receive **assurance** 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:

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

1.7. Key Considerations

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.

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 March 2025

Contents

Interpreting SPC charts

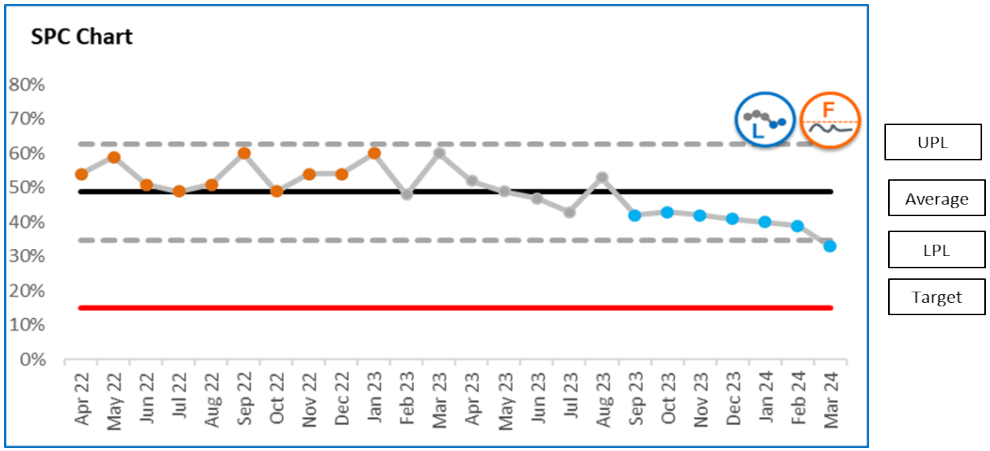
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly).

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.

Overview Matrix

SPC Matrix		Assurance: Consistently Achieving the Target	Assurance: Inconsistently Achieving the Target	Assurance: Consistently Failing the Target	Assurance: No National Target	Movement in Month
Improving Variation		◆ VWA - STW ◆ Patients accessing perinatal mental health - STW	◆ Talking Therapies patients reliably improved after 2+ contacts - STW	◆ Talking Therapies First seen <18 weeks - STW ◆ Dementia diagnosis rate - STW ◆ % Annual Health checks per LD register aged 14 or over - STW ◆ CYP - persons U18 supported with at least 1 contact - STW ◆ Adult CMH - No. of people who receive 2+ contacts - STW	◆ Direct Patient Care in Post (FTE) - STW ◆ Patients enabled to manage appointments on-line - STW ◆ Practices with digital telephony - STW	Metric Performance deteriorated from improving to normal variation or from normal to concerning variation
			◆ Talking Therapies 1st-2nd Treatment >90 days - STW ◆ NCTR – Avg. patients not discharged - SCHT	◆ Incomplete RTT pathways of 65+ weeks - STW ◆ NCTR – Avg. patients not discharged - SaTH ◆ NCTR – Avg. Length of stay on List - SaTH ◆ NCTR – Avg. Length of stay on List - SCHT	◆ OAP - No. of inappropriate bed days - STW	
Normal Variation		◆ Early Intervention in Psychosis < 2 weeks - STW	◆ Incomplete RTT pathways of 78+ weeks - STW ◆ No. of GP appointments attended same or next day - STW ◆ Talking Therapies reliable recovery after 2+ contacts - STW ◆ No. of cases - E-coli - STW ◆ No. of cases - Pseudomonas aeruginosa - STW ◆ No. of cases - MRSA - STW ◆ Cat 2 Response Mean time - WMAS ◆ Community: 2hr Urgent Community Response - SCHT	◆ A&E 4 hour performance achievement (Type 1&3) - STW ◆ Referral to treatment < 62 days % - STW ◆ No. of GP appointments attended within 2 weeks - STW ◆ OAP - Active inappropriate out of area adult placements - STW ◆ Propn. of Adult SMI having Physical Health Checks - STW ◆ A&E 4 hour performance achievement (Type 1&3) - SaTH ◆ A&E 12 hour breaches - SaTH ◆ No. of Super Stranded Patients (21+days) - SaTH ◆ Mothers per 1000 with post-partum haemorrhage >=1500ml - SaTH	◆ Total Primary care appointments - STW ◆ GPs in Post (FTE) - STW ◆ Appointments Booked/Cancelled Online - STW ◆ No. of cases - MSSA - STW ◆ Total A&E attendances against plan - SaTH ◆ Waits >62 days for treatment - 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 Antenatal Care Total Responses - SaTH ◆ Maternity Postnatal Community Total Responses - SaTH ◆ AE Total Responses - SaTH ◆ FFT AE % Positive - SaTH ◆ FFT MH Total Responses - MPFT ◆ FFT MH % Positive - MPFT	Metric Performance improved from concerning to normal variation or from normal to improving variation

SPC Matrix	Assurance Matrix - Concerning Variation				Movement in Month
	Consistently Achieving the Target	Inconsistently Achieving the Target	Consistently Failing the Target	No National Target	
Concerning Variation		◆ No. of cases - C-difficile - STW ◆ No. of cases - Klebsiella - STW	◆ Diagnostic waits of 13+ weeks - STW ◆ Adults with LDA in a MH Inpatient Unit (per million) - STW ◆ CYP with LDA in a MH Inpatient Unit (per million) - STW ◆ Community Waits of 52 or more weeks for CYP services - SCHT ◆ Community Waits of 52 or more weeks for adult services - SCHT	◆ CYP - ASD Total waits (5-17) - STW ◆ CYP - ADHD Total waits (5-17) - STW ◆ Adult - ADHD Total waits - STW	Metric Performance remained static
		◆ 28 Day Faster Diagnosis Standard - STW	◆ All Diagnostics - < 6ww against target - STW	◆ Maternity Birth % Responded - SaTH ◆ Maternity Postnatal Ward Total Responses - SaTH	
Insufficient data				◆ Mothers Smoking at Time of Delivery (quarterly) - STW ◆ Adult - ASD Total waits - STW ◆ Maternity Birth % Positive - 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.

- NCTR – Avg. patients not discharged - SCHT
- Proportion of Adult SMI having Physical Health Checks - STW

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

- Referral to treatment < 62 days % - STW
- GPs in Post (FTE) - STW
- No. of cases - C-difficile – STW
- No. of cases - Klebsiella – STW
- 28 Day Faster Diagnosis Standard – STW
- Maternity Postnatal Ward Total Responses - SaTH

No new metrics this report

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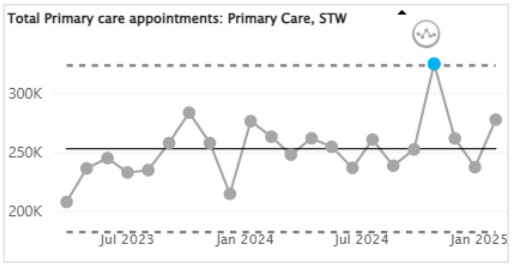
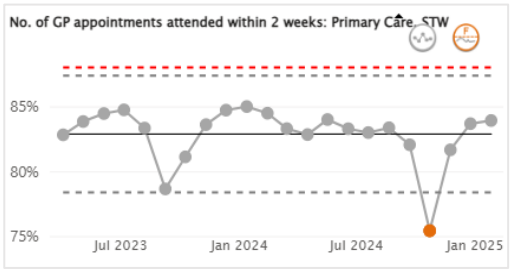
Primary Care

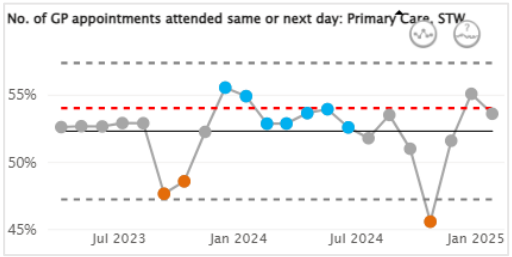
Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
Total Primary care appointments	Primary Care	STW	Jan 25		277,...					252,767	182,021	323,512
No. of GP appointments attended within 2 weeks	Primary Care	STW	Jan 25	88%	83.9%					82.9%	78.4%	87.4%
No. of GP appointments attended same or next day	Primary Care	STW	Jan 25	54%	53.6%					52.3%	47.2%	57.4%
GPs in Post (FTE)	Primary Care	STW	Jan 25		301					303	295	311
Direct Patient Care in Post (FTE)	Primary Care	STW	Jan 25		163					157	152	162
Appointments Booked/Cancelled Online	Primary Care	STW	Aug 24		3,643					3,575	1,133	6,017
Patients enabled to manage appointments on-line	Primary Care	STW	Aug 24		44.3%					43.3%	41.2%	45.4%
Practices with digital telephony	Primary Care	STW	Feb 25		100%					98.7%	98.5%	98.9%
Practice with high quality online workflow tools	Primary Care	STW	Feb 25		100%					100%	100%	100%

Escalation charts







Focus Headlines:

- Same/Next day appointments shows normal variation but fell by 1.5% from previous month, and is 0.4% below target
- 25/26 General Practice Contract Update published on 28th February 2025
- Improvement plan for General Practice appointments within 2 weeks has been drafted and is under review, Planned handover date 1 April 2025

Narrative:

GP collective action has ended, following the publication of the GP contact update. Safe working directive from BMA is likely to remain. However, BMA have indicated continued focus with ICB on non-contracted activity, which could result in quality implications. Work is progressing on identifying ICB monitoring requirements and responsibilities, to be completed by mid-April. One GP practice CQC Inspection report published - Good overall with Good in all domains except Responsive which was Requires Improvement. CQC noted that work undertaken by Practice which has reduced call waiting times and increased access to appointments which has been reflected in Practice patient surveys.

Key Actions:

- Complete Winter pressures funding project and evaluate impact.
- Awaiting further guidance on Capacity and Access Improvement Plan (CAIP) and Primary Care Network (PCN) Directed Enhanced Service (DES) contracts for 2025/26.
- Identify key areas of focus for 2025/26 access plan.
- Deliver the 'General Practice (GP) appointments within 2 weeks' improvement plan

Key Risks and mitigations:

Team capacity due to ICB and NHSE impact currently unknown. Mitigating actions: Clear planning and prioritisation of workload

There is the potential for new risks and quality implications following the BMA advice indicating that there will be a continued focus with ICB on non-contracted activity.

Risk that Practices who have not signed up to complex wound care LCS will refer patients with complex wound and ulcers to ED or walk in centres if SCHT Wound Healing Service do not accept the referral in a timely manner. Mitigating actions: Referral delays by Wound Healing Service raised with SCHT and meeting arranged to discuss implications.

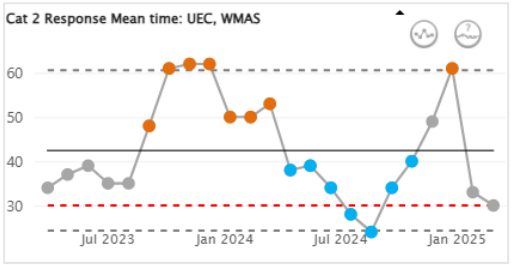
Urgent and Emergency Care

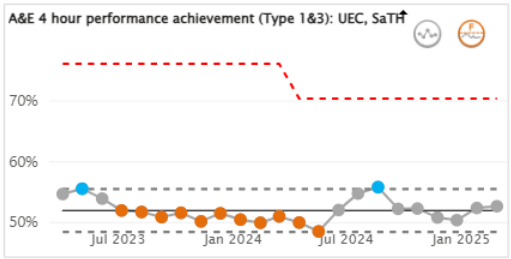
Urgent and Emergency Care (UEC)

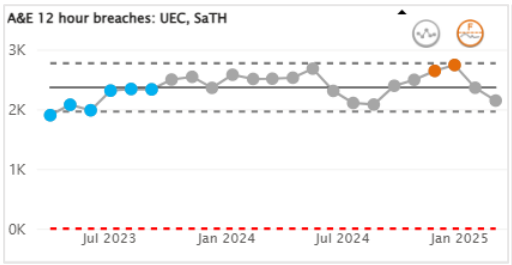
Metric Table

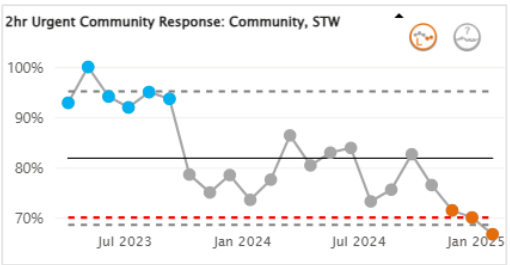
Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
Cat 2 Response Mean time	UEC	WMAS	Feb 25	30	00:30					42.4	24.3	60.6
A&E 4 hour performance achievement (Type 1&3)	UEC	SaTH	Feb 25	70.3%	52.6%					51.9%	48.4%	55.4%
A&E 12 hour breaches	UEC	SaTH	Feb 25	0	2,146					2,367	1,962	2,771
Number of Super Stranded Patients (21+ days)	UEC	SaTH	Feb 25	76	118					103	78.1	127
Total A&E attendances against plan	UEC	SaTH	Feb 25		11,533					12812	11,406	14,218
No Criteria To Reside - Average patients not discharged	UEC	SCHT	Feb 25	20	19					19.4	14.2	24.7
No Criteria To Reside - Average patients not discharged	UEC	SaTH	Feb 25	57	113					117	90.1	145
No Criteria To Reside - Avg. Length of stay on List	UEC	SaTH	Feb 25	2	3.4					3.61	2.73	4.50
No Criteria To Reside - Avg. Length of stay on List	UEC	SCHT	Feb 25	4	7.1					7.75	4.37	11.1
2hr Urgent Community Response	Community	SCHT	Feb 25	70%	67.1%					79.8%	64.7%	94.9%

Escalation charts









Focus Headlines:

- Further improvement in Cat 2 response mean time for second month
- Deteriorating position for Urgent Community Response and showing concerning variation
- Slight improvement in the time in ED performance indicators, but still progress to be made

Narrative:

STW 5th best of 11 Systems in the NHSE Midlands region in Cat 2 response. The deteriorating position in 2-hour UCR partly attributable to staff capacity following increased streaming as an alternative to ED attendance.

A detailed review of mortality in ED during 23/24 has commenced following NHS Digital dataset publication which identified SaTH was higher than CHKS Peer Group and national figures for mortality.

Increases in super stranded patients is disappointing but reporting as normal variation. The forward look shows improvement into March.

Key Actions:

- UEC Improvement plan to be finalised in March and commence in April
- Focus on increasing patients accessing appropriate care outside hospital
- Pilot of revised pathway to achieve the maximum 45 min ambulance handover standard. Improvements shown in February (increase to 58.29% compared to 54.33% in January).
- New Transformation Lead Nurse for UEC commenced in post during February providing senior nurse leadership to all elements of the UEC improvement programme
- Reviewing utilisation of community capacity to re-direct resource where most needed e.g. UCR.
- Improvement plan has renewed focus on reducing patient time in ED

Key Risks and mitigations:

Change in Care Coordination Centre provider contract will require mobilisation period.
Forthcoming change in management of the Urgent Treatment Centres, which are being brought back in-house on end of contract 31 Mar. Mitigating actions: New operating model to be implemented. Targeted recruitment programme for revised ED medical workforce

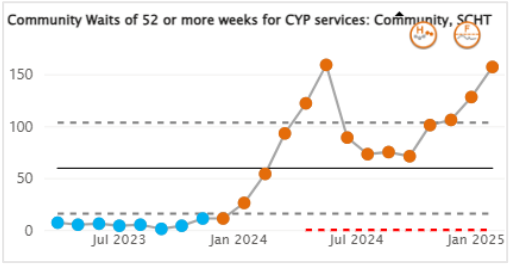
Planned Care

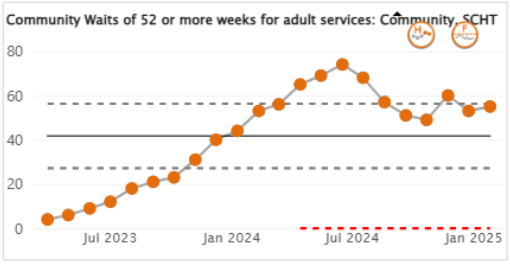
Planned Care

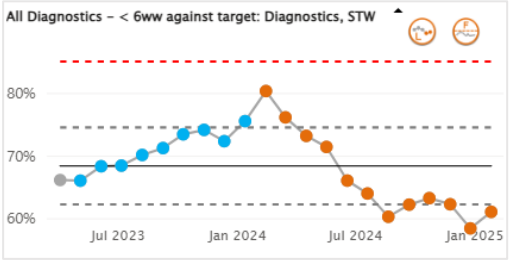
Metric Table

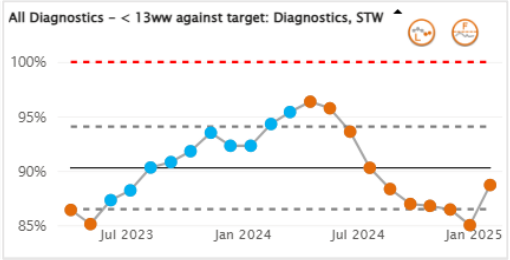
Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
Incomplete RTT pathways of 78+ weeks	Planned Care	STW	Jan 25	0	10					25.5	-11.2	62.2
Incomplete RTT pathways of 65+ weeks	Planned Care	STW	Jan 25	0	196					771	377	1,164
VWA	Planned Care	STW	Mar 24	100%	105%					103%	100%	106%
Community Waits of 52 or more weeks for CYP services	Community	SCHT	Jan 25	0	157					59.5	15.6	103
Community Waits of 52 or more weeks for adult services	Community	SCHT	Jan 25	0	55					41.7	27.2	56.3
All Diagnostics – < 6ww against target	Diagnostics	STW	Jan 25	85%	61.0%					68.3%	62.2%	74.5%
Diagnostic waits of 13+ weeks	Diagnostics	STW	Jan 25	0	2,184					1,620	890	2,350
28 Day Faster Diagnosis Standard	Cancer	STW	Jan 25	77%	58.1%					69.3%	61.2%	77.5%
Referral to treatment < 62 days %	Cancer	STW	Jan 25	85%	51.4%					54.4%	43.5%	65.3%

Escalation charts









Focus Headlines:

- Long waits showing improving variation (65 weeks showing improving variation for 5 months)
- RTT performance showing concerning variation and is significantly below target
- All cancer standards below target
- Community waits showing concerning variation with increases for both adults and children
- Diagnostics show concerning variation for 6 and 13 week waits

Narrative:

Long waits for RTT and cancer waiting times are discussed in the weekly cancer and elective tiering calls with NHS with a focus on the route to 18 week waits.

Community waits for children impacted by consultant capacity at SCHT.

Overall DM01 performance improved in January and unvalidated data shows continued improvement in February.

Key Actions:

- Continued focus of tracking patients and PTL validation
- Community – recruitment ongoing – plan in 25/26 virtually eliminates >52wk waits.
- Use of mutual aid and insourcing
- Use of DrDoctor increasing
- Use of local consultants in required areas
- Providing additional clinics in specific specialties
- Increasing capacity within the CDC
- Use of MRI vans to support diagnostics

Key Risks and mitigations:

- Patient choice to remain with pressured consultants
- Capacity in colorectal and max fax due to staffing issues, Mitigating actions – improved pathways, increased insourcing, use of locums, recruitment plans
- Stress echos backlog. Mitigating actions – mutual aid from UHNM

Mental Health - Adults

Mental Health - Adults

Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
Talking Therapies reliable recovery after 2+ contacts	Mental Health	STW	Jan 25	48%	51%					47.4%	41.2%	53.6%
Talking Therapies patients reliably improved after 2+ c...	Mental Health	STW	Jan 25	67%	76%					70.8%	63.0%	78.5%
Talking Therapies First seen <18 weeks	Mental Health	STW	Jan 25	90%	88.6%					74.8%	68.5%	81.2%
Talking Therapies 1st-2nd Treatment >90 days	Mental Health	STW	Jan 25	10%	1%					12.4%	5.46%	19.3%
OAP - Number of inappropriate bed days	Mental Health	STW	Jan 25		220					315	236	394
OAP - Active inappropriate out of area adult placements	Mental Health	STW	Mar 24	0	5					5	5	5
Dementia diagnosis rate	Mental Health	STW	Dec 24	66.7%	62%					60.6%	59.9%	61.2%
Patients accessing perinatal mental health	Mental Health	STW	Jan 25	501	780					762	650	875
Early Intervention in Psychosis < 2 weeks	Mental Health	STW	Jan 25	60%	83%					88.5%	72.2%	105%
Adult CMH - number of people who receive 2+ contacts	Mental Health	STW	Jan 25	4984	4,465					4,262	4,140	4,384
Proportion of Adult SMI having Physical Health Checks	Mental Health	STW	Feb 25	60%	55.6%					53.8%	48.0%	59.6%

Escalation charts

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

Focus Headlines:

- Dementia Diagnosis rate (DDR) is improving monthly - continues to fail against both national target and local plan.
- Low numbers of active out of area (OAA) inappropriate placements but occupied bed days increased.
- SMI Physical health checks improved on previous month and on track to achieve 60% target by year end.
- People receiving 2+ contacts community mental health is improving but underperforming against local plan.

Narrative:

Talking Therapies service experiencing recruitment challenges.
DDR increased due to waiting list initiative but outstanding issues around shared care placing pressure on the assessment team.
Out of area adult placements affected by lack of local bed capacity and volatile demand. Delayed discharges are blocking in county beds.
Adult Community Mental Health (CMH) access affected by an increase in referrals and acuity in Adult CMH.

Key Actions:

- DiaDem to be reviewed in March to identify impact on dementia DDR
- Continued work to improve shared care arrangements
- Pilot project for Dementia MDT in progress to improve reviews
- On going multi-agency discharge events (MADE) for out of area acute MH patients
- On going review of data discrepancies in Primary Care for SMI physical health checks

Key Risks and mitigating actions:

- Discharge delays causing people to be in more restrictive placements. Mitigating actions – MADE events to explore challenges to transfers of care
- Delays to dementia diagnosis affecting access to treatment. Mitigating actions – MDT meetings for dementia patients

	• BMA advice to hand back non-commissioned activity affecting shared care arrangements. Mitigating actions – continued communication with GPs

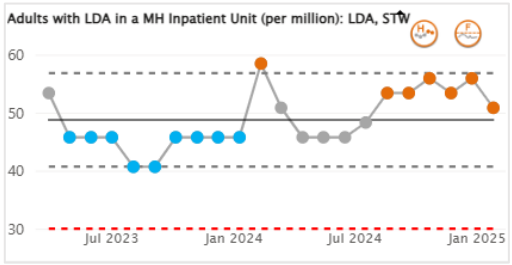
Learning Disability and Autism – LDA

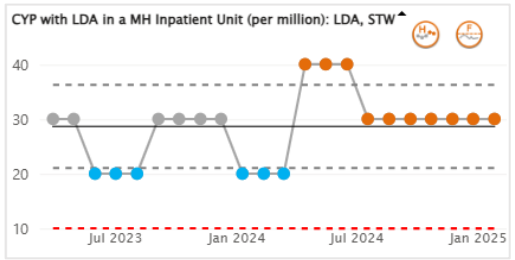
Learning disability and Autism (LDA)

Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
Adults with LDA in a MH Inpatient Unit (per million)	LDA	STW	Jan 25	30	50.8					48.8	40.7	56.8
CYP with LDA in a MH Inpatient Unit (per million)	LDA	STW	Jan 25	10	30.1					28.7	21.1	36.3
% Annual Health checks per LD register aged 14 or over	LDA	STW	Jan 25	75%	61.0%					15.7%	4.04%	27.3%

Escalation charts





Focus Headlines:

- Adults with LDA in a MH inpatient bed (per million) is showing concerning variation and is above target (20 patients against a plan of 17).
- CYP with LDA in a MH inpatient bed (per million) is showing concerning variation and is above target (3 patients against plan 1).
- Annual Health checks is performing above year-to-date target and expected to meet in full by March 2025.

Narrative:

CYP and Adults with LDA in a mental health inpatient bed delayed discharges due to challenges finding suitable community providers with appropriate housing for people with complex needs. Some discharges are also subject to issues with local authority funded placements.

A revised trajectory for number of adults inpatients of 17 by the end of March 2025 has been agreed with NHSE. This is on target for achievement with 5 discharges this month however, there have been 3 admissions in January

Key Actions:

- LDA Task and finish group implemented.
- System plan to avoid admissions to be developed with MPFT.
- Review of current TCP contract with CSU (ends March 26)
- Quarterly review of long stay patients with LAs to address blockages.
- Fixed term quality lead to plan discharges with case managers

Key Risks and mitigations:

- Discharge delays causing people to be in more restrictive placements. Mitigating actions – focus on proactive strategies to prevent avoidable hospital admissions, , Root Cause Analysis to reduce risks of hospital readmission, treatment and discharge plans to be monitored through TCP meetings, Dynamic Support Register in place, use of care, education and treatment reviews

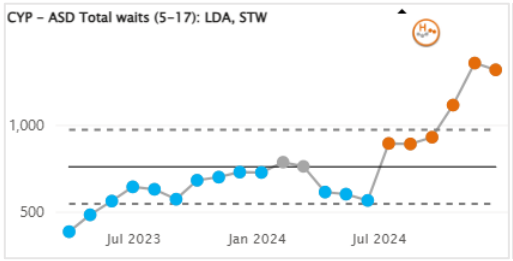
ASD and ADHD

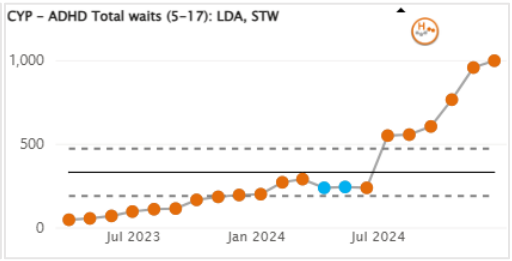
All data in this section based on unvalidated local data

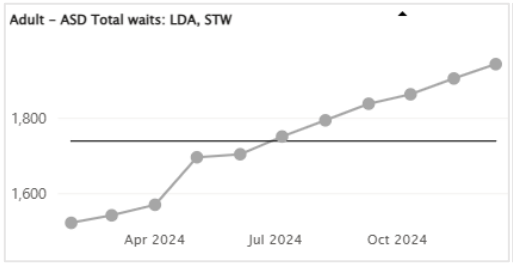
Metric Table

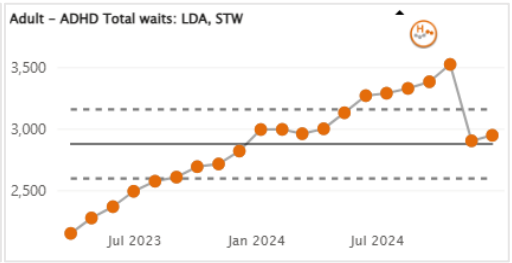
Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
CYP – ASD Total waits (5–17)	LDA	STW	Jan 25		1,273					782	573	990
CYP – ADHD Total waits (5–17)	LDA	STW	Jan 25		967					359	220	498
Adult – ASD Total waits	LDA	STW	Jan 25		1,997					1,760	1,644	1,875
Adult – ADHD Total waits	LDA	STW	Jan 25		2,999					2,881	2,607	3,155

Escalation charts









Focus Headlines:

- CYP waits for ASD and ADHD both show concerning variation with increasing waiting lists
- Adult ASD waits continue to increase.
- Adult ADHD waits show concerning variation and referrals continue to be around 200 per month.

Narrative:

ASD CYP waiting list is 1,267 children with 66% waiting over 26 weeks and the longest wait being 104 weeks. Helios is taking some referrals which should begin to improve the position.

ADHD CYP waiting list is 967 with 62% waiting over 26 weeks. New ND pathway in place also has a further 790 waiting with an average wait time of 6 weeks.

Adult ADHD waiting list of 2,946 people with 30% waiting over 52 weeks. New accredited providers in mobilisation phase.

Adult ASD waiting lis is 1,997 people with large numbers exceeding 52 weeks. Delays to mobilisation of new provider (MPFT) to provide county wide service but now progressing. Shropshire assessments to commence from April 2025.

Key Actions:

- New CYP ND pathway for triage to ensure children follow the appropriate pathway. This should reduce waiting times.
- Waiting list validation to be completed
- Mobilisation of new Adult ADHD providers to be completed
- Scoping all age neuro-developmental pathway
- Continued recruitment to vacant posts
- Re-procurement of CAMHS service
- Exploring options to support families of 'Waiting well'

Key Risks:

- Children waiting long time for assessment having a detrimental impact on their lives and education. Mitigating actions – waiting well initiative of targeted support including social prescribing and autism hubs.
- Reputational damage of long waiting times

Children and young people (CYP)

Children and Young People (CYP)

Metric Table

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
CYP – persons U18 supported with at least 1 contact	Mental Health	STW	Jan 25	8341	6,465					5,840	5,653	6,028

Escalation charts

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

Focus Headlines:

- CYP mental health supported with at least 1 contact shows improving variation but remains below the target.

Narrative:

- Recovery plan in place for CYP MH access.
- Improving trend continues with access now at 6,465 (26% short of target). The target will not meet be met in year due to ongoing challenges around recruitment delays & data quality issues. Also issue with not recording voluntary, community and social enterprise (VCSE)'s activity (SYA pilot)
- Eating disorders referrals seen within 4 weeks (routine) performance remains below the 95% standard currently at 71%. (last month 81%). Exception reporting of breaches is in place, with some cases not closed linked to data quality issues.
- SaTH CQC section 31 has been lifted. SaTH are ensuring correct pathways are in place.

Key Actions:

- Monitor progress against recruitment plans which have slipped. Identify short term alternatives to bridge some of the workforce capacity gaps.
- A full review of data recording (Jan-Feb 2025) to identify missing activity. Update awaited in March task & finish group on actions to address.
- Wave 10 MH Support Team live from January to increase CYP access and expand coverage to more schools.
- Agree best use of funding slippage to increase resources quickly.

Key Risks:

Long waiting times for children may be putting some children at risk of crisis and potential harm. Mitigating actions – Recovery plan to address shortfalls, waiting well initiative to support children and families during the waiting period, targeting support to those most at risk.

Quality

Metric Tables

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
Mothers Smoking at Time of Delivery (quarterly)	Quality	STW	Sep 24		7.07%					8.96%		
Mothers per 1000 with post-partum haemorrhage >...	Quality	SaTH	Dec 24	0	34					29.3	22.0	36.6
FFT: Maternity Birth Percentage Positive	Quality	SaTH	Oct 24		83.3%					97.9%		

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
FFT: Inpatient Total Responses	Quality	RJAH	Dec 24		282					301	186	417
FFT: Inpatient Total Responses	Quality	SaTH	Dec 24		1,153					1322	265	2,379
FFT: Inpatient Percentage Responded	Quality	SaTH	Dec 24		13.4%					17.7%	6.43%	29.1%
FFT: Inpatient Percentage Responded	Quality	RJAH	Dec 24		100%					100%	100%	100%
FFT: Community Total Responses	Quality	SCHT	Dec 24		239					290	143	437
FFT: Community Percentage Positive	Quality	SCHT	Dec 24		97.9%					97.0%	92.9%	101%
FFT: Maternity Antenatal Care Total Responses	Quality	SaTH	Dec 24		13					17.8	-15.4	50.9
FFT: Maternity Antenatal Care Percentage Positive	Quality	SaTH	Dec 24		92.3%					87.8%	38.1%	138%
FFT: Maternity Birth Total Responses	Quality	SaTH	Dec 24		3					8.33	-12.5	29.2
FFT: Maternity Birth Percentage Positive	Quality	SaTH	Oct 24		83.3%					97.9%		
FFT: Maternity Postnatal Ward Total Responses	Quality	SaTH	Dec 24		0					3.67	-0.855	8.19
FFT: Maternity Postnatal CommunityTotal Responses	Quality	SaTH	Dec 24		16					7.76	-1.81	17.3
FFT: AE Total Responses	Quality	SaTH	Dec 24		790					459	-31.5	950
FFT: AE Percentage Positive	Quality	SaTH	Dec 24		60.5%					64.8%	34.1%	95.5%
FFT: MH Total Responses	Quality	MPFT	Jan 25		292					268	156	379
FFT: MH Percentage Positive	Quality	MPFT	Jan 25		91.4%					91.1%	82.4%	99.8%

Metric Name	Workstream	Metric Type	Latest Date	Target	Value	Var.	Ass.	Target Met	Plan Met	Mean	LPL	UPL
Number of cases - C-difficile	Quality	STW	Jan 25	12	21					13.9	6.26	21.5
Number of cases - E-coli	Quality	STW	Jan 25	35	35					39.7	24.5	54.9
Number of cases - Pseudomonas aeruginosa	Quality	STW	Jan 25	2	5					3.23	-0.319	6.77
Number of cases - Klebsiella	Quality	STW	Jan 25	7	17					8.91	1.56	16.3
Number of cases - MRSA	Quality	STW	Jan 25	0	1					0.773	-0.874	2.42
Number of cases - MSSA	Quality	STW	Jan 25		15					11.8	3.33	20.3

Focus Headlines:

- Mothers smoking at time of delivery (SATOD) – percentage has shown a sustained improvement in Q1 (24-25) of 7.12% and in Q2 (24-25) of 7.1% following a previous sharp rise to 10.9% in Q4 (23- 24). England average rate as of June is 6.5% and Midlands overall rate is 7.3%. Q3 (24-25) data due to be published 20th March 2025 and will therefore be available for April 2025 QPC report.
- As additional assurance, more recent unpublished data seen monthly via the maternity dashboard by the ICB Quality Lead, shows that these rates continue to be sustained.
- MPFT FFT is below the target of 90%.
- C.diff objective breached
- MRSA, Klebsiella and pseudomonas objective breached. Currently Pseudomonas is below objective for the year

Narrative:

- Post-Partum Haemorrhage (PPH) rates – PPH audit was shared at LMNS Programme Board in January. PPH rates (Q3 2024) were comparable to the national average. Most recent MSDS Data confirms a trust rate of 28 per 1000 birth against a national rate of 32 per 1000 births. An action plan has been formulated following the audit surrounding the improvement of PPH documentation and will be monitored through usual maternity governance processes.
- ICB Quality Lead also leads on quarterly Saving Babies Lives reviews and therefore 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).
- **MPFT** - Friends and Family Test Question (FFT) results for February 2025 has **decreased** by **3%** from January 2025 (81%) to **78%** which falls below the benchmark of 90%.
- Several workstreams continue following the C diff deep dive and a vast number of trusts in the UK have reported a steady and sustained increase in cases, regionally SaTH is not an outlier however concerned regarding the rising number of cases. There are no decant facilities available now to undertake deep cleans. Work is ongoing to try and deep clean bays

Key Actions:

	• SATOD: Quality Lead / Public Health Midwife continue 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 & Neonatal safety champions / LMNS Quality and Safety Workstream meetings. • The MPFT care group has met with Customer Services and Experience to discuss the low response rate to the FFT and have discussed measures on how to improve it • To reduce gram negative bacteraemia's a new urinary catheterisation policy including catheter care has been developed at the gram-negative prevention group at RJAH. Regional work is being undertaken to address actions to be taken to reduce gram-negative bacteraemia's. • System C.diff task and finish group is addressing review of proton pump inhibitors in the community of patients who acquire C.diff infection **Key Risks and mitigating actions:** • Lack of decant facilities to undertake deep cleans • Breached objectives of gram-negative bacteraemia's.

Workforce

Workforce	
Focus Headlines: At M11, workforce expenditure is over plan by £18.389m with run rate indicating overspend at £21.69m by year end. With mitigations and planned efficiencies still to deliver in M12, forecast overspend is £19.819m. WTE is over plan by 507wte overall with the majority (294wte) due to bank usage arising primarily from escalation and unavailability (sickness and other absence cover) – sickness rates are now improving and at 4.7%. Bank usage has also increased due to the further transition of agency workers to the SaTH bank and the national bank scheme – actions are in place to reduce bank usage during M12. Significant improvement in agency price cap compliance and system maintaining 76% overall compared with national target at 60% - focus now is on reducing bank rates and elimination of enhance rates. Agency expenditure as %Total Pay has decreased from 4.4% in M10 to 4.2% in M11 compared with national target at 3.2% and system plan at 4%. Sickness rates are now improving and at 4.7% which is below target of 5.3%. Turnover is also below target at 9.0% compared with the national average at 10%. Vacancy rate is higher than planned at 9.3% compared with planned assumption at 7.25% - this is attributable to rigorous vacancy management process introduced to reduce workforce expenditure and bring back to plan. 2025/26 workforce plans demonstrate compliance with NHSE temporary staffing reduction targets and requirement to reduce support services to April 2022 levels.	**Key Actions:** Continue to deliver mitigations in M12 including: • Reduce overtime payments by using bank instead • Elimination of enhanced bank rates • Continued focus on agency price cap compliance aligned to the regional initiative • Focus on reducing sickness rates • Further pause on non-clinical temporary staffing • Reduction in medic agency rate • Continued roll out of national bank • Continued improvements to e-rostering **Key Risks:** • Bank usage and costs continue to increase beyond expected increase due to transition from agency –bank usage will be the focus of the temporary staffing reduction group in 25/26 as part of 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.

Workforce Highlight Report (M11)

Overall Programme Rating	FY Planned Savings	YTD Planned Savings	YTD Actual Savings	YTD Variance
	£40.350m	£30.003m	£23.80m	(£6.523m)

	YTD Plan	YTD Actual	YTD Var.	FY Plan	FY Forecast	FY Run Rate	Plan vs Forecast	Plan vs Run Rate
Substantive	**506,683**	**513,967**	**7,284**	**552,789**	**560,064**	**560,691**	**7,275**	**7,903**
Total non-medical - clinical staff	276,745	283,859	7,114	302,004	309,448	309,664	7,444	7,660
Total Medical and dental staff	130,768	132,184	1,416	142,712	144,197	144,201	1,485	1,489
Total non-medical - non-clinical staff	99,170	97,924	-1,246	108,073	106,419	106,826	-1,654	-1,247
Bank	**45,410**	**54,335**	**8,925**	**48,949**	**58,846**	**59,275**	**9,897**	**10,326**
Total non-medical - clinical staff	24,331	29,170	4,839	26,165	31,726	31,822	5,561	5,657
Total Medical and dental staff	17,806	20,755	2,949	19,277	22,394	22,642	3,117	3,365
Total non-medical - non-clinical staff	3,274	4,410	1,136	3,507	4,726	4,811	1,219	1,304
Agency	**23,017**	**25,197**	**2,180**	**24,024**	**26,671**	**27,488**	**2,647**	**3,464**
Total Medical and dental staff	10,611	12,645	2,034	11,105	13,329	13,795	2,224	2,690
Total non-medical - clinical staff	12,307	12,188	-119	12,820	12,888	13,296	68	476
Total non-medical - non-clinical staff	99	364	265	99	454	397	355	298
Total	**575,110**	**593,499**	**18,389**	**625,761**	**645,581**	**647,453**	**19,819**	**21,692**

WTE	M11 Plan	M11 Actual	M11 Variance	Status at M11
Substantive	10303	10447	+145	Off Track
Bank	537	830	+294	Off Track
Agency	120	189	+69	Off Track
Total	**10960**	**11467**	**+507**	Off Track

Milestone	Due	Status
Identify and develop 2025/26 efficiency pipeline plans	27/03/25	In progress - 60% complete. Aligned to NHSE planning timetable
Complete 2025/26 workforce plans triangulated with finance and operational plans	27/03/25	Workforce plans complete – triangulation in progress.
Finalise and sign off refreshed People Strategy	31/03/25	In progress – full consultation may result in delay to final sign off

Key Messages:

- At M11, expenditure over plan by £18.389m with overspend at year end at £21.69m based on run rate.
- With mitigations, full year forecast expenditure is over plan by £19.819m.
- Efficiency plans forecast to deliver a further £3.083m by year end.
- WTE over plan at M11 by 507 overall with the majority (294 WTE) attributable to bank usage.
- Significant improvement in agency price cap compliance maintained at 66% compared with national target at 60%
- Agency Expenditure as % Total Pay has decreased from 4.4% in M10 to 4.2% in M11 compared with national target of 3.2% and system plan at 4%.
- Further mitigations in place to bring WTE and bank usage back to forecast 25/26 baseline in M12.

KPI	Plan	Performance *exc MPFT
Delivery of 2024/25 Workforce Plan: WTE	WTE 10,960 at M11	Overall WTE over plan by 507 WTE including additional 100 externally-funded posts.
Delivery of 2024/25 Workforce Plan: Expenditure across all staff types	£625.7m adjusted for pay award	£647.2m based on run rate £645.6m forecast with mitigations
Refreshed People & OD Strategy	March 2025	In progress but delayed – full consultation may result in delay to final sign off
2025/26 Workforce Delivery Plan signed off	March 2025	On track
Vacancy rate	7.25%	9.3%
Turnover	11.9%	9.0%
Sickness	5.3%	4.7%
% Agency Price Cap Compliance	60% (national target)	66% at 8/03/25
% Agency Framework Compliance	100%	100%
Agency as % Total Pay	4.0%	4.2%

Key Risk	Impact	Mitigation	Status
Bank usage and costs exceed plan	Based on M11 run rate, bank overspend at £10.3m at end March 25	Cessation of enhanced bank rates, focus on unavailability, roll out NHSP National Bank, WM Cluster medical rates, improved e-rostering	
Increased escalation costs	£6.3m of overall escalation savings rated as high risk	Escalation plan monitored at UEC Board and FIP. I&I PWC mitigations.	
Reduction in WTE not achieved	Overall reduction of 645 WTE will not be met	Internal vacancy review panels and system vacancy panel. Establishment reviews underway.	

System Financial Position

System Financial Position Month 11

Financial Performance	YTD			FULL 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
Commissioners						
NHS Shropshire, Telford and Wrekin	(6,443)	9,546	15,989	(4,677)	0	4,677
Total Commissioners	**(6,443)**	**9,546**	**15,989**	**(4,677)**	**0**	**4,677**
Providers						
The Shrewsbury and Telford Hospital NHS Trust	(6,364)	(27,570)	(21,206)	1	(18,586)	(18,587)
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	2,517	1,441	(1,076)	2,909	2,909	0
Shropshire Community Healthcare NHS Trust	1,534	3,075	1,541	1,769	3,601	1,832
Total Providers	**(2,313)**	**(23,054)**	**(20,741)**	**4,679**	**(12,076)**	**(16,755)**
Position Surplus/(Deficit)	**(8,756)**	**(13,508)**	**(4,752)**	**2**	**(12,076)**	**(12,078)**

Financial Plan and FOT Summary £'m	2024/25 Financial Plan Limit (Pre-deficit funding)	FOT Pre deficit funding and additional allocation	2024/25 FOT Post deficit funding	Additional ERF/UEC allocation	2024/25 FOT Post deficit funding and post additional allocation	Additional allocations received in month 11
SaTH	-44.3	-73.1	-28.8	10.2	-18.6	ERF income £1.6m, Urgent Care income £8.6m
SCHT	1.8	3.6	3.6	0.0	3.6	No Change
RJAH	2.9	1.9	1.9	1.0	2.9	ERF income
ICB	-50.2	-45.6	-1.8	1.8	0.0	ERF income (IS)
STW System	**-89.8**	**-113.2**	**-25.1**	**13.0**	**-12.1**	

The revised forecast outturn adverse variance to plan has been approved by NHSE. The movement to prior month FOT is based on the original plans which were reported nationally at Month 10 to breakeven for the System.

Key Data

- **System** - £13.5m actual YTD System deficit, £4.8m adverse to plan YTD at M11, including the receipt of ERF/Urgent Care funding of £13m.
- **ICB** - Year to date favourable variance of £16.0m is due to the recognition of £13m NHSE ERF/Urgent Care funding and £2.4m Ophthalmic/Pharmacy underspend. Other variances include efficiency delivery, acute/community ERF exceeding spend and prior year benefits being used to offset the YTD, additional costs for Individual commissioning packages and Mental Health PICU patients.
- **SaTH** - Year to date adverse variance of £21.2m - key drivers: £3.6m endoscopy, £7.8m agency, £4.9m additional escalation costs, £4.1m pay award and resident doctor shortfall and £1.4m car parking income.
- **RJAH** - Year to date adverse variance of £1.1m - key drivers: £3.7m net impact of reduced theatre capacity (LLP) after mitigations, £0.8m adverse non pay inflation pressures above planning assumption offset by £3.4m favourable net impact of mitigations, I&I actions and interventions
- **SCHT** - Year to date favourable variance of £1.5m. Favourable efficiency delivery 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.

Finance

Focus Headlines:

Narrative - Revenue:

The ICS is reporting a £13.5m actual YTD System deficit, £4.8m adverse to plan YTD at M11, this includes in month 11, the System receiving non-recurring funds from NHSE totalling £13m.

The 2024/25 expected forecast outturn adverse variance to plan for the System is £12.1m after the receipt of non-recurring ERF/Urgent Care funding.

These forecasts include delivery of efficiency of £84.5m against a target of £89.6m, an under delivery of £5.2m.

ICB – Has a year-to-date favourable variance of £16m which is due to in-month receipt of funding for ERF/Urgent Care (part not yet allocated to providers) and Pharmacy/Ophthalmic allocations. Other variances include efficiency delivery, acute/community ERF exceeding spend and prior year benefits being used to offset the YTD additional costs for Individual commissioning packages and Mental Health PICU patients.

SaTH – Are reporting a year-to-date adverse variance of £21.2m, driven by £3.6m endoscopy, £7.8m agency, £4.9m additional escalation costs; £4.1m pay award and resident doctor (external income shortfall) and £1.4m car parking income being less than planned.

RJAH – Report a year-to-date adverse variance of £1.1m, £3.7m impact of reduced theatres following the end of LLP arrangements, £0.8m inflationary non-pay pressures, offset by £3.4m favourable net impact of mitigations, I&I actions and interventions.

SCHT – Have a year-to-date favourable variance of £1.5m. Favourable efficiency delivery 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:

Key Actions:

Revenue:

Note that the ICS is reporting a £13.5m actual YTD System deficit v's £8.8m plan, giving a £4.8m adverse variance at M11.
Note that the 2024/25 expected forecast outturn adverse variance to plan for 2024/25 is £12.1m after receipt of £13m non recurrent ERF/Urgent Care funding.

Capital:

Note that the ICS at Month 11 is reporting an £8.1m underspend against plan for operational BAU capital, namely due to slippage on SaTH modular wards and £36.9m underspend against plan overall, namely due to slippage on HTP (which is recognised and agreed by NHSE).
Note that in Month 8 all providers and the ICB confirmed expected FOT, this being ICB spend as per plan, SaTH underspend of £20m due to the agreed reprofiling of HTP, RJAH £3.4m overspend funded by PDC and SCHT underspend of £1.1m due to renegotiating IFRS16 operational leases.
Note that all in-year system capital risks are now fully mitigated.

Key Risks and mitigating actions:

Revenue:

There are no matters of concern, gaps in assurance or emerging risks to report.

Unmitigated risks have crystalised into the expected forecast outturn position and all risks are now shown as being fully mitigated if they were to arise.

Capital:

All capital risks are now fully mitigated.

Year to date system operational capital spend is £8.1m behind plan at month 11, although the full capital plan is expected to be delivered as per the agreed capital spend FOT as agreed by organisation with schemes coming online in the final months of the year noting SaTH BAU capital overspend reflects the national RAAC capital spend which is funded through PDC this will be recategorized under national capital programmes in Month 12. Total system capital spend including IFRS16, HTP and CRL is £36.9m behind plan at month 11, predominantly due to the phasing of the HTP plan as there was a delay in signing the contract. NHSE have formally approved the reprofiling of the capital plan although the 2024/25 capital plan as reported will not be amended. End of year capital spend is expected to be in line with forecast following agreement from NHSE to reprofile the HTP capital budget. The FOT overall is expected to be £16.8m underspent with SaTH HTP spend reprofiling accounting for £19.1m underspend, SaTH RAAC spend of £3.9m funded by PDC, SCHT IFRS leases £1.1m and RJAH is overspent due to EPR costs of £3.4m offset by PDC. In M10 the ICB has mitigated an expected underspend on GP Capital Grants by pulling forward GPIT Hardware capital spend from 25/26 to ensure the primary care capital allocation is fully spent in year; this is in line with the agreed FOT. Slippage to date is predominantly within SaTH due to the slippage on the modular ward capital programme. RJAH are showing an overcommitment of £3m due to the additional cost of the national EPR programme; this will be covered by Public Dividend Capital (PDC). SCHT are forecasting an under commitment of £1.1m due to a reduction in the IFRS16 operational lease terms.	

System Risk Summary

System Risk	24/25 Gross Risk £'000	Mitigation £'000	Un-Mitigated Risk/(Opportunity)	Prior Month Un-Mitigated Risk	Movement from Prior Month £'000
NHS Shropshire, Telford & Wrekin ICB	1,463	(1,463)	0	0	0
Robert Jones & Agnes Hunt Hospital	630	(630)	0	1,000	1,000
Shrewsbury & Telford Hospitals	61,950	(61,450)	500	28,800	28,300
Shropshire Community Hospital Trust	1,350	(1,350)	0	(1,800)	(1,800)
Grand Total	**65,393**	**(64,893)**	**500**	**28,000**	**27,500**

ICB - Total M11 Risk £1.4m; Mitigations £1.4m

- Efficiency Risk **£0.4m** - Medium risk efficiency schemes, CHC Business case for case management of reviews developed as part of Phase 2 I&I scope implemented in Q4.
- Cost Risk **£1.0m** – including Individual Commissioning **£0.5m** (High-Cost packages), process to regularly monitor and case management efficiency and Prescribing **£0.5m** - Mitigations identified for efficiency schemes for 100% delivery.

RJAH - Total M11 Risk £0.6m; Mitigations £0.6m

- Income Risk **£0.5m** - Theatre flexible capacity challenges (LLP) leading to elective income loss **£0.2m** (£0.2m mitigated), mitigated by cost reduction through I&I interventions and subcontracting of activity where capacity cannot be reinstated). Other income risks **£0.3m** (fully mitigated).
- Cost Risk **£0.1m** - Inflation cost risk **£0.1m** (fully mitigated through I&I actions).

SaTH - Total M11 Risk £62.0m; Mitigations £61.5m

- Income Risk **£24.0m** - Endoscopy **£5m,** Industrial action **£1.7m,** Activity & Escalation **£16.3m**, Car Parking income **£1.0m** – all fully mitigated.
- Efficiency risk **£17.1m**- Non-Escalation **£8.3m** (£7.8m mitigated), Escalation **£8.8m** (fully mitigated). Phase 2 I&I UEC scope and mitigations.
- Cost Risk **£20.9m** - Includes pay award/medical back pay significant shortfall in allocation vs actual cost value being validated **£4.7m**. Temporary staffing Bank/Medical enhanced controls **£10.2m** . Other enhanced Non-Pay controls **£6.0m** – all fully mitigated. HCA backpay – risk that auditors will expect a provision based on costs observed elsewhere – cost impact to be factored into 25/26.

SCHT - Total M11 Risk £1.4m; Mitigations £1.4m fully mitigated.

- Risk HCSW Re-banding **£1.1m** (fully mitigated) - likelihood of provision in 24/25 under review dependant on external audit opinion and negotiating back-dated period
- Others: **£0.3m** (fully mitigated)
- Mitigations include maintaining favourable YTD variance, MSK Income from STW proposal to NHSE, Balance sheet review and continue the de-risking trajectory for CIP schemes that has been achieved over the last 3 months.

Efficiency Delivery Month 11 Year to Date

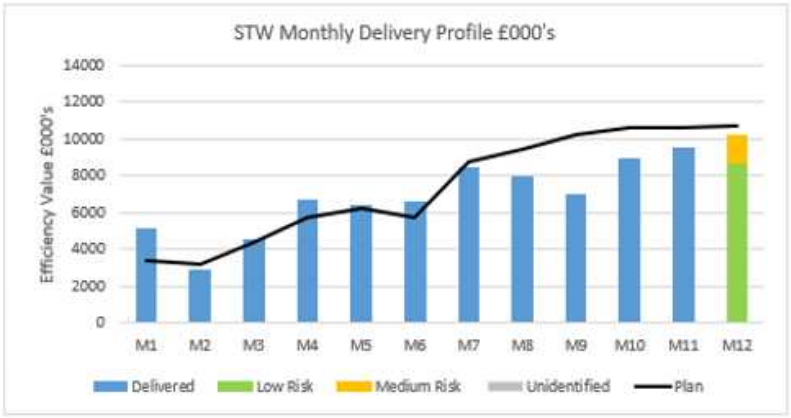
STW	2024/25 Plan	Month 11 YTD Plan	M11 YTD Actual	M11 YTD Variance	Forecast	Low Risk	Medium risk	High Risk
SaTH	44701	32656	28673	-3983	34334	33027	1306	0
SCHT	3588	3121	3897	776	4492	4473	20	0
RJAH	5589	4973	6745	1772	7508	7297	211	0
ICB	35787	33356	34961	1605	38147	37896	251	0
Total	89665	74106	74276	170	84481	82693	1788	0
Movement from M10						2772	-2340	0
Movement from original Plan						42305	-16131	-31357

Summary:

- STW is reporting an overall positive variance against the efficiency plan of £170k at M11 year-to-date. Savings are ahead of plan overall and have picked up this month as shown in Chart 2 below.
- SaTH have removed all remaining high-risk schemes from their forecast, resulting in a projected shortfall of £10.36m against the original plan. As a result, overall system savings are now forecasted to be £84.481m, which is -£5.184m below the planned target.
- High-risk value schemes removed from SaTHs position relate to System Escalation (£8.8m), Elective Daycases (£800k) and Divisional Schemes (£736k) total £10.4m. Additional oversight and governance continues through fortnightly FIP working groups and one to one Executive meetings.

Graph 1

Graph 2



Capital Summary

CAPITAL PROGRAMME	YTD			FULL YEAR			PRIOR YEAR	Prior Month FOT	Movement
Organisation	Plan £000	Actual £000	Variance to Plan £000	Plan £000	Forecast £000	Variance to Plan £000	Actual £000	Actual £000	Actual £000
Total Charge against Capital Allocation (before impact of IFRS16)									
NHS Shropshire, Telford and Wrekin	709	345	(364)	883	883	0	801	883	0
The Shrewsbury and Telford Hospital NHS Trust	15,497	9,451	(6,046)	16,768	20,718	3,950	18,485	20,718	0
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	6,282	5,748	(534)	6,385	6,311	(74)	5,677	6,379	(68)
Shropshire Community Healthcare NHS Trust	1,935	723	(1,212)	2,250	2,250	0	2,396	2,250	0
TOTAL SYSTEM	**24,423**	**16,267**	**(8,156)**	**26,286**	**30,162**	**3,876**	**27,359**	**30,230**	**(68)**
Total Charge against CRL including IFRS impact									
NHS Shropshire, Telford and Wrekin	0	0	0	0	0	0	1,872	0	0
The Shrewsbury and Telford Hospital NHS Trust	80,273	43,109	(37,164)	92,483	73,370	(19,113)	78,668	72,461	909
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	7,482	9,386	1,904	7,585	11,032	3,447	12,504	11,047	(15)
Shropshire Community Healthcare NHS Trust	6,078	4,430	(1,648)	7,385	6,250	(1,135)	5,833	6,250	0
TOTAL SYSTEM	**93,833**	**56,925**	**(36,908)**	**107,453**	**90,652**	**(16,801)**	**98,877**	**89,758**	**894**

- ICB spend YTD includes GPIT firewalls purchased in M7, other GPIT spend will be completed by year end inclusive of additional GPIT to take account of the underspend on GP capital grants.
- SaTH operational capital YTD is £6.0m behind plan due to the modular wards and overall, £37.2m due to HTP, SaTH expected forecast is forecast to be £19.1m below plan due to agreed HTP capital spend reprofiling.
- RJAH operational capital is expected to be spent in line with plan of £6.4m with £4m in PDC, £1m as per plan and £3m PDC is expected for the EPR system - now agreed and in process which will remove the £3m overcommitment.
- SCHT operational capital is expected to be fully spent in M12, IFRS16 leases have now been set for a shorter lease period showing a £1.1m underspend to plan FOT.

Risk - capital is not spent in line with the agreed FOT.

Mitigation - capital contract performance management continues to mitigate risk of movement from agreed plan.

YTD system operational capital spend is behind plan by £8.2m at month 11 predominantly relating to the delays with delivery of the modular wards at SaTH. The total system capital spend including IFRS16, HTP and CRL is £36.9m behind plan at month 11 predominantly because of the phasing of the HTP plan due to the delay in signing the contract. BAU capital overspend reflects the national RAAC programme which is funded through PDC this will be recategorised under national capital programmes in Month 12. The FOT overall is expected to be £16.8m underspent with SaTH HTP spend reprofiling accounting for £19.1m underspend, SCHT IFRS leases £1.1m and RJAH is overspent due to EPR costs of £3.4m offset by PDC.

Appendices

Appendix 1 Glossary of Commonly Used Terms

Abbreviation	Meaning
A&E	Accident and Emergency
A&G	Advice and Guidance
ADHD	Attention Deficit Hyperactivity Disorder
ARRS	Additional Roles Reimbursement Scheme
ASD	Autism Spectrum Disorder
ATED	Alternative to Emergency Department
BI	Business Intelligence
CAIP	Capacity & Access Improvement Plan
CAMHS	Child and Adolescent Mental Health Services
CCC	Care Coordination Centre
CDC	Community Diagnostic Centre
C(E)TR	Care (Education) & Treatment Plan
CHC	Continuing Healthcare
CMHT	Community Mental Health Teams
CQC	Care Quality Commission
CT	Computed Tomography
CWT	Cancer Waiting Times
CTH	Community Transfer Hub
CYP	Children and Young People
DNA	Patient Did not Attend
DASS	Dementia Assessment and Support Unit
DSR	Dynamic Support Register
DTA	Decision to Admit
ENP	Emergency Nurse Practitioner
FDS	Faster Diagnosis Standard
FFT	Friends and Family Test
FIT	Faecal Immunochemical Test
FTE	Full-time equivalent

Abbreviation	Meaning
MADE	Multi-disciplinary Discharge Event
MDC	Making Data Count
MH	Mental Health
MPFT	Midlands Partnership University NHS Foundation Trust
MRI	Magnetic Resonance Imaging
MSST	Musculoskeletal Services Shropshire and Telford
NCTR	No Criteria to Reside
NOUS	Non-obstetric ultrasound
OAA	Out of Area
OAP	Out of Area Placement
PACS	Picture Archive & Communication System
PCARP	Primary Care Access Recovery Plan
PIFU	Patient Initiated Follow Up
PSDA	Plan, Study, Do, Act
PSII	Patient Safety Incident Investigation
RJAH	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
PSIRF	Patient Safety Incident Response Framework
RTT	Referral to Treatment
SaTH	The Shrewsbury and Telford Hospitals NHS Trust
SCC	System Control Centre
SATOD	Smoking at the time of delivery
SCHT	Shropshire Community Health NHS Trust
SDEC	Same Day Emergency Care
SPA	Single Point of Access
SPC	Statistical Process Control
TAT	Turnaround time
UCR	Urgent Community Response
UEC	Urgent and Emergency Care

G&A	General and Acute specialties
GIRFT	Get it Right First Time
GP	General Practice/Practitioner
LDA	Learning Disabilities and Autism
LAEP	Local Area Emergency Plan (for LD)
LoS	Length of (inpatient) Stay

UTC	Urgent Treatment Centre
VW	Virtual Wards
WMAS	West Midlands Ambulance Service
WMCA	West Midlands Cancer Alliance

1. ICB 26-03.139 – Delegation of Specialised Commissioning Phase Two.

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: 26 March 2025
Report Presented by: Gemma Smith, Director of Commissioning, NHS STW
Report Approved by: Claire Skidmore, Chief Finance Officer, NHS STW
Report Prepared by: Gemma Smith, Director of Commissioning, NHS STW
Action Required: For Approval

1.1. Purpose

1.1.1. The paper is presented to gain the approval for the delegation of phase two of Specialised Services to NHS STW ICB.

1.2. Executive Summary

1.2.1. Since April 2023, the Midlands Integrated Care Boards (ICBs) and NHS England have worked under statutory joint arrangements to commission specific specialised services and in April 2024, all 11 Midlands ICBs formally supported the delegation of 59 services as part of phase one of this process.

1.2.2. Phase two of this delegation will begin in 2025/26 which will incorporate Adult Secure services (incudes low secure, medium secure), Adult eating disorder services, Perinatal (Mother Baby Units) and Tier 4 CYPMH services (includes General Adolescent Unit, Eating Disorder, Low Secure, Psychiatric Intensive Care Units and community forensic CAMHS).

1.2.3. The briefing paper provides information in relation to the delegation of arrangements for the Mental Health and Learning Disabilities and Autism services, and the eight Midlands NHS Lead Provider Collaboratives (LPC) delivering against the NHSE contract alongside the Collaborative Agreement, Delegation Agreement and DPIA.

1.3. Recommendations

1.3.1. It is recommended that NHS Shropshire, Telford and Wrekin Integrated Care Board:

- Note the detail within the paper regarding the services to be delegated, financial arrangements and governance arrangements
- Approve the Collaboration Agreement for Specialised Services (Appendix A)
- Approve the Delegation Agreement for Specialised Services (Appendix B)
- Approve the DPIA for the delegation of Specialised Services (Appendix C)

1.4. Conflicts of Interest

1.4.1. None Identified

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

1.5.1. Strategic Risk No.1: Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of integrated cares on priorities.

1.6. Alignment to Integrated Care Board

1.6.1. The delegation of Specialised Services supports the role of the ICB in enacting it's role as the Strategic Commissioner, supporting the delivery of integrated pathways of care and aligning commissioning to deliver the best outcomes for our population.

1.7. Key Considerations

1.7.1. **Quality and Safety:** The delegation of responsibilities to ICB's brings about significant opportunities to join up locally commissioned ICB services with specialised services to develop end to end pathways and opportunities for improvement and integration of care.

1.7.2. **Financial Implications:** There are significant opportunities in delegation to shift left, release funds and to invest in community services as evidenced by a number of the provider collaboratives in place across the West Midlands. Whilst the risk share will no longer be in place, mitigations will be agreed in terms of the cap on variable activity levels.

1.7.3. **Workforce Implications:** The existing Specialised Commissioning Team will TUPE to NHS BSOL ICB in July 2025 under a host arrangements.

1.7.4. **Risks and Mitigations:** The Due Diligence process undertaken has been the national safe delegation checklist through the working groups and include Quality – understanding of the quality issues as the receiving organisations and the agreed framework for how ICBs will operate in from 2025, Finance – Clarity on the absolute risks and issues required for transition with agreed position on the ICB allocations and methodology; and Resources – staff capacity and capability and the ability to meet requirements for delegation as ICBs take on the commissioning role.

1.7.5. **Engagement:** As we move towards a maturing model of delegation, any pathway developments and opportunities will form part of business as usual, and we will engage with our populations and providers on a service/pathway basis.

1.7.6. **Supporting Data and Analysis:** Not applicable

1.7.7. **Legal, Regulatory, and Equality:** Midlands and ICB colleagues have jointly worked on a health inequalities strategy for specialised acute and pharmacy services in the Midlands. In addition, health inequalities are firmly embedded within the Mental Health and LDA provider collaboratives. There are no impacts from a legal of regulatory perspective. In addition, EDI is key in planning the services and will enable us to deliver IIA's and EIAs at a pathway level and to scope opportunities from prevention through to specialised commissioning at a local level.

1.8. Impact Assessments

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

1.9. Attachments

1.9.1. Appendix A – Collaboration Agreement for Specialised Services
Appendix B – Delegation Agreement for Specialised Services
Appendix C – DPIA for Specialised Services

2. Main Report

2.1. Introduction

2.1.1 Since April 2023, the Midlands Integrated Care Boards (ICBs) and NHS England have worked under statutory joint arrangements to commission specific specialised services.

2.1.2 Phase two of this delegation will begin in 2025/26 which will incorporate Adult Secure services (incudes low secure, medium secure), Adult eating disorder services, Perinatal (Mother Baby Units) and Tier 4 CYPMH services (includes General Adolescent Unit, Eating Disorder, Low Secure, Psychiatric Intensive Care Units and community forensic CAMHS).

2.1.3 The briefing paper provides information in relation to the delegation of arrangements for the Mental Health and Learning Disabilities and Autism services, and the eight Midlands NHS Lead Provider Collaboratives (LPC) delivering against the NHSE contract.

2.2. Background

2.2.1 ICBs were set up to work with all partners to create a system where decisions are taken as locally as possible, with frontline clinicians and professionals at the centre of driving change and supporting patients and communities having a say on how the changes are being proposed.

2.1.2 However, at the inception of ICBs a significant proportion of the populations care was managed outside of the ICS through NHSE as specialised services.

Delegation means that ICBs will have decision making authority for a set specialised acute services and Mental health Learning Disability and Autism services in support of their local population.

2.1.3 On the 5th December 2024 NHS England Board approved the 11 Midlands ICB application for the delegation of the final specified specialised acute and mental learning disability and autism services to the Midlands ICBs.

2.1.4 ICB received the first set of delegated specialised services in April 2024 and over the last 12 months have been working together and working in partnership with NHSE. The leadership experience this phased approached has afforded the midlands ICBs has been invaluable and has helped shape the new ways of working for the future.

2.1.5 Although responsibilities are delegated to individual ICBs, the delegation agreement requires ICBs to form a multi-ICB partnership. This is due to the larger population base required to safely and sustainably commission specialised services. Therefore, the Collaboration Agreement alongside the Delegation Agreement remains required.

2.3. Delegation Details

2.3.1. Through these agreements, NHSE will remain accountable to the secretary of state for the services, under delegation the responsibility for all decisions relating to the planning, design, quality, finance, and delivery, transfer to ICBs this includes:

- Decisions in relation to the commissioning and management of the delegated services
- Planning delegated services for the population, including carrying out needs assessments
- Undertaking reviews of delegated services in respect of the population
- Supporting the management of the specialised commissioning budget for delegated services
- Co-ordinating a common approach to the commissioning and delivery of delegated services with other health and social care bodies in respect of the population where appropriate
- Such other ancillary activities that are necessary to exercise the specialised commissioning functions.

2.3.2 Whilst there will remain national specifications for Specialised Services, delegation provides the opportunity to ensure that planning is based on the needs of local populations, and that value is realised across pathways.

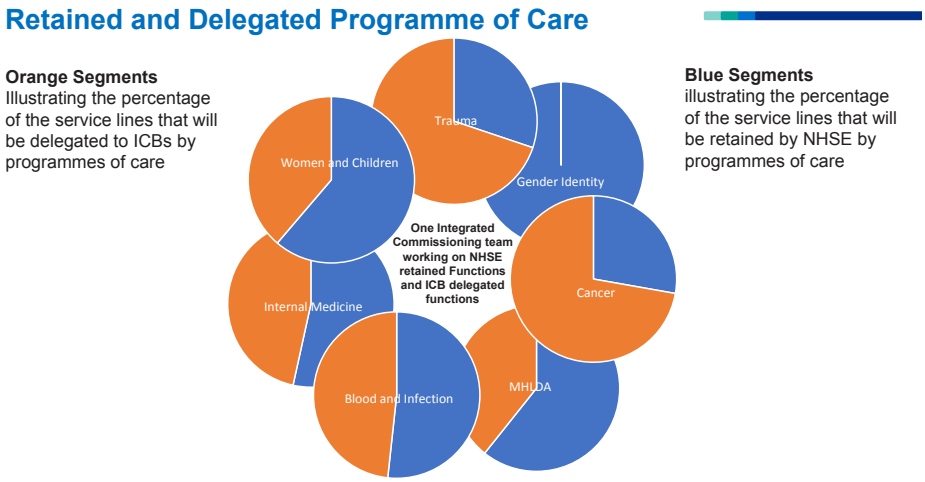
2.3.3 The responsibility for delivery of Specialised Services will sit collectively with the Muli-ICB partnership (East and West Joint Committees) this the multi-ICB arrangement is a formal requirement of delegation. Therefore, if a service in one ICB is having issues then is it the Muli-ICB partnership who will have

oversight and the responsibility through the hosted Specialised Commissioning team to resolve.

2.3.4 During 2024/25 the specialised commissioning workforce (including finance, quality, programme of care and contracting experts) remained employed by NHS England working on behalf of all 12 organisations. Having undertaken a formal consultation in Autumn 2024 the majority of the workforce will transfer to Birmingham and Solihull ICB as the employee host ICB in July 2025.

2.3.5 The team transferring to ICBs and the team remaining employed by NHSE however, will continue to work together as one integrated commissioning team. This follows the principles of design set as the very early stages for the development of our collective operating model, including maximised opportunities and the skills of specialised staff and not cost the ICB or NHSE any more money.

2.3.6 In addition, whole pathways of care have not been delegated, individual service lines have therefore, it is essential to reduce fragmentation that services are planned, improved and delivered collaboratively. The diagram illustrates the percentage of services delegated and retained by programme of care. With the Orange segments being delegated services and the Blue segments being retained services.



2.3.7 Led by 3 senior executives (Specialised Services Commissioning Director, Medical Director, Finance Director) the workforce will transfer under TUPE on the 1st July 2025. The team will work across all 11 ICBs reporting through the East Midlands and West Midlands Joint Committees.

2.3.8 The Birmingham and Solihull ICB are not the lead commissioner they are the workforce host ICB, there will be a separate agreement between the 11 ICBs to cover the hosting services which in summary will provide:

- The mechanisms to support payment of and corporate support functions for staff including office space and IT requirements.

- Line management and corporate support for the director level leadership team of the specialised commissioning function.
- Connectivity and the opportunity to provide corporate support around organisational development and training.

2.3.9 Complaints and Freedom of Information Requests are undertaken by the Specialised services team, there is no backlog of complaints with the annual level across the midlands being minimal with a total of 5 for 2024.

2.4 Mental Health Learning Disability and Autism (MHLDA)

2.4.1 The Specified Mental Health Learning Disability and specialised services commissioning responsibility will be delegated to ICBs from April 2025, these are delivered via the NHS-Led Provider Collaboratives as the delivery model.

2.4.2 NHS-Led MHLDA Provider Collaboratives take responsibility for local pathway delivery of a number of services lines within the specialised MHLDA portfolio. The Provider Collaboratives apply a population health approach across either an East or a West Midlands geography. ICBs under delegation will hold a contract an NHS Lead Provider. The Lead Provider is then responsible for the sub-contracting of its partners to support the range of services required for their cohort of patients, and with that they have day to day responsibility for the oversight and assurance of the delivery of these services, with robust governance arrangements in place to support escalation and decision making.

2.4.3 NHSE issued a new 2-year plus one contract for lead providers from April 2024, this was then duplicated to their sub-contractors.

2.4.4 There is a requirement for the 8 Lead Provider contacts to be held by a single ICB, therefore these 8 contracts will be held by the following ICBs as named coordinating commissioner, with all other ICB being named associate commissioners therefore they are not a lead commissioner, and governance will be through the East and West Joint Committee along with other specialised services.

2.4.5 In the East Midlands a single ICB will host the following four lead provider contracts on behalf of the five ICBs in the East Midlands:

<u>Leicester, Leicestershire & Rutland ICB</u>

- Adult Low & Medium Secure – Nottinghamshire Healthcare NHS Trust
- CYPMHS – Northamptonshire Healthcare NHS Trust
- Adult Eating Disorder – Leicestershire Partnership NHS Trust
- Perinatal Inpatient Services – Derbyshire Healthcare NHS Trust

2.4.6 In the West Midlands two ICB's will host the following four lead provider contracts on behalf of the six ICBs in the West Midlands:

Birmingham & Solihull ICB

- Adult Low & Medium Secure – Birmingham & Solihull Mental Health NHS Trust
- CYPMHS – Birmingham Women's & Children's NHS Trust

Staffordshire & Stoke-on-Trent ICB

- Adult Eating Disorder – Midlands Partnership University NHS Foundation Trust
- Perinatal Inpatient Services – Midlands University Partnership NHS Trust

2.5 Financial Risk Exposure, Rish Sharing and Pooling

2.5.1 For services delegated in 2024/25, a Finance and Contracting Subgroup and a Finance Working Group has been operating throughout 2024/25 where assurance of performance, reporting and planning has had full ICB engagement. These groups will continue to oversee financial governance into 2025/26 including oversight and engagement of the detailed planning process for existing delegated services and those to be delegated from April 2025. This group will also oversee financial due diligence in the run up to April 2025, once confirmed allocations have been received.

2.5.2 NHS England staff are developing 2025/26 financial plans for specialised services, ensuring full engagement with ICB finance staff through the Subgroup.

- ICB population-based allocations for all delegated services have been developed based on current contractual commitments.
- 2025/26 acute allocation baselines will be updated for all 2024/25 allocation adjustments, precommitments and variable activity levels. As such there will be no risk exposure from opening contract baselines for 2024/25.
- For mental health services, a full review of contracts with Provider Collaboratives was undertaken in Autumn 2024 to ensure ICB allocations were aligned to contractual commitments. Where available 2023/24 full year patient level activity was used to split services between ICBs in this exercise. There is no needs-weighted formula or convergence adjustments for mental health services. As with acute services, the basis of allocation means there will be no financial risk in opening ICB allocations.
- Finalisation of 2025/26 ICB allocations should be completed through January 2025 with a full ICB engagement session during February 2025.
- ICB delegated reserves were frozen during 2024/25, but these will be recreated in opening 2025/26 baselines. Retained reserves will be

allocated to reflect additional delegation including mental health services.

- The majority of the specialised services contract is operated on a block basis so there is no financial exposure to activity variance.
- Elective activity is managed through the Elective Recovery Fund (ERF)which will be managed on the same basis as 2024/25 with contract values and allocations being adjusted for activity variances. These services were delegated in 2024/25 and there are no additional services linked to ERF in the proposed 2025/26 delegation. There will be a capping of financial allocations for elective activity in 2025/26 and NHS England are working with ICBs to agree appropriate baselines that reflect 2024/25 activity levels. Although the application of a cap to ERF payments does create a small level of risk for ICBs, there is no additional financial risk linked to the further delegation of services.
- There are a small number of variable services outside ERF arrangements that are managed locally within existing delegated services. Through 2024/25 these have been managed through a risk management framework to mitigate financial exposure at individual ICB. For 2025/26 opening allocations and associated contract values will be set at outturn to maximise resource availability for these services.
- Variable services will be capped in 2025/26. We are working with ICBs and providers to ensure that expected growth is understood and incorporated into any capped payment limit.
- There is a planning assumption that a contingency will be held to manage in year financial risk to mitigate the impact of variable service financial risks.

2.5.3 A risk management agreement was in place in 2024/25 to manage financial exposure of individual ICBs with all contractual payments managed by the finance team through the single joint Specialised Commissioning contract. These risk management arrangements will not to continue into 2025/26 due to the cap on variable activity payments.

2.6 Governance & Decision Making

2.6.1 The Delegation Agreement is the legal mechanism for NHSE to delegate responsibilities to ICBs.

2.6.2 The Collaboration Agreement details how Multiple ICBs can effectively make joint decisions through the existing East Midlands and the West Midlands Joint Committees.

2.6.3 The Joint Committees will be supported by Tier 2 sub-groups who will manage financial risk sharing, quality oversight, contracts, and the commissioning reporting directly to the Joint Committees.

2.7 Due Diligence Process

2.7.1 The Due Diligence process undertaken has been the national safe delegation checklist through the working groups.

2.7.2 The due diligence domains are set below:

- **Quality** – understanding of the quality issues as the receiving organisations and the agreed framework for how ICBs will operate in from 2025
- **Finance** – Clarity on the absolute risks and issues required for transition. Agreed position on the ICB allocations and methodology and risk share to mitigate the risks for ICBs.
- **Resources** – staff capacity and capability and the ability to meet requirements for delegation as ICBs take on the commissioning role.

2.8 Recommendation

2.8.1 It is recommended that NHS Shropshire, Telford and Wrekin Integrated Care Board:

- Note the detail within the paper regarding the services to be delegated, financial arrangements and governance arrangements
- Approve the Collaboration Agreement for Specialised Services (Appendix A)
- Approve the Delegation Agreement for Specialised Services (Appendix B)
- Approve the DPIA for the delegation of Specialised Services (Appendix C)

1. ICB 26-03.141 – System EDI Update

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: 26 March 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
Action Required: For discussion and approval

1.1. Purpose

1.1.1 Public authorities are bound by the Public Sector Equality Duty to Eliminate unlawful discrimination harassment and victimisation, advance equality of opportunity and fostering good relations. This paper provides an update on the ICB Board's 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. Recommendations

1.2.1 Agree strategic objectives for EDI as part of future strategy.

1.2.2 Discuss any further feedback from members regarding the ICB Board development event and support the two projects identified from the analysis of the workshop.

1.2.3 The Board is asked to support events, and its commitment enable the successful delivery of cultural awareness in line with the outcome of the Board development event and discussions at the EDI Steering Group.

1.2.4 Receive a further update on progress in June 25.

1.3. Conflicts of Interest

1.3.1 No conflicts of interest related to this report.

1.4 Alignment to Integrated Care Board

1.4.1 Improve outcomes in population health and healthcare: Further increase in Shropshire, Telford and Wrekin as a welcoming place for all through retention of a diverse workforce.

1.4.2 Tackle inequalities in outcome, experience, and access: Enhance equality, diversity, and inclusion in the workforce.

1.4.3 Enhance productivity and value for money: A renewed joint strategic plan on EDI interfacing with health inequalities.

1.4.4 Help the NHS support broader social economic development: Ensure the NHS offers an inclusive and diverse workforce which is welcoming for all and reflects our communities.

1.5. Key Considerations

1.5.1 **Quality and Safety:** 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

1.5.2 **Financial Implications:** Implications to reduce attrition and retain and attract the workforce.

1.5.3 **Workforce Implications:** Provides information which will help with sustaining the workforce to provide safe services into the future.

1.5.4 **Engagement:** The report provides progress on areas that can improve engagement of our residents and communities.

1.5.5 **Legal, Regulatory, and Equality:** The report provides update on strategic direction to ensure STW ICS is a welcoming place for all and that poor behaviours are not tolerated.

1.6 Impact Assessments

1.1.1. **Has a Data Protection Impact Assessment been undertaken?** No
1.1.2. **Has an Integrated Impact Assessment been undertaken?** No

1.7 Attachments

1.7.1 Appendix A - System EDI strategic objectives with full description.

2. Main Report

2.1. Introduction

2.1.1 Public authorities are bound by the Public Sector Equality Duty to Eliminate unlawful discrimination harassment and victimisation, advance equality of opportunity and fostering good relations.

2.1.2 The STW ICB Board had previously agreed to work collectively to support the activities to reduce discrimination.

2.1.3 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, related actions and next steps needed to progress EDI in

the system. The ICB Board agreed to sponsor the development of an Equality Diversity and Inclusion Strategic plan for the STW ICS which would be inextricably linked with health inequalities. Race was agreed as a priority area however the strategic plan will reflect all protected characteristics and the wider inclusion agenda. Key actions agreed were:

- A serious commitment to resourcing a system development programme.
- The ICB Board will sponsor the development of an Equality Diversity and Inclusion Strategic plan for the STW ICS which would be inextricably linked with health inequalities. Race will be a priority area however the strategy will reflect all protected characteristics and the wider inclusion agenda. A joint mission statement on race will be developed as part of the strategic plan.
- A further system away day for EDI leadership to support strategic development.
- The ICB Board will identify a partner to assist with a development for the Board to equip it to continuously develop this vital work and be clear on their role and the governance going forward.
- Close the current action plan and develop a refreshed action plan and governance structure including the System People, Culture and Inclusion Committee. This will support the strategy development and achievement of milestones. This was achieved at the Board meeting in June 24.
- The ICB Board will receive an update on progress at alternate meetings, improvements and developments in the system as well as any publication on key metrics (e.g. WRES data).

2.1.4 This paper provides an update to these agreed actions.

2.2 Strategic priority development

2.2.1 A system away day for EDI leadership to support the plan was supported and took place on 24th October at Telford College utilising a Strengths Opportunities, Aspirations and Results (SOAR) analysis approach to project the vision for the future.

2.2.2 The discussion was thematically analysed as fed back to board in November 2024. This has now been further developed into final strategic objectives below.

- Foster the development of rewarding careers across our ICS, ensuring they are free from discrimination and offer fair opportunities for all.
- Lead collaboratively and take individual action to champion and continually elevate the EDI agenda.

- Foster an inclusive and welcoming work culture where colleagues are supported and empowered to openly discuss EDI.

- Ensure quality, equitable care for all by empowering people, improving access, enhancing outcomes and embracing diversity.

- Celebrate our people and their contributions, while consistently and publicly reaffirming our commitment to EDI ambitions as a system.

- Build an ICS that celebrates diversity, empowers change and recognises the impact of our health and care teams.

2.2.3 Further explanation of these objectives is provided in Appendix 1.

2.2.4 The strategic objectives are presented for final consideration and agreement by the Board as the basis on which to base future action and strategy development.

2.3 Board Development

2.3.1 An ICB Board Development session was held on 27th February 2025. The session, designed as a workshop, was developed with NHS Confederation and led by Ninety Days, a quality improvement company which drives change from within.

2.3.2 The workshop was aimed at the sixth objective as below:

Build an ICS that celebrates diversity, empowers change and recognises the impact of our health and care teams.

We will encourage the public, through our own attitudes and behaviours, to recognise and appreciate the diversity of our teams and the significant contributions they make. Through collaboration, we will empower and educate the public to reduce bias and drive meaningful, lasting change.

2.3.3 The outputs of the workshop have been reviewed, and the following ninety-day challenges have been identified to be delivered by 27th May 2025 in line with the ninety-day improvement methodology as follows. The below is the first version to be developed by the groups taking this forward but gives a sense of the work to commence.

No.	Project	Measurable Outcomes
1	**Consistency in Application of Anti-Racism Policy:** Communicate the existing guidelines, clarify and issue guidance on consequences of racism and report all incidents reported to the ICB Board (good and bad)	**Leading Indicators-** formally reported at every ICB Board meeting, thematic issues reviewed in ICB Board EDI reports going forward.

		Lagging Indicators- number of incidents reported (increase in reports would be positive as potential under-reporting), staff survey results.
2	**Coordinated Communications Campaign** to launch at the start of May to commemorate diversity month- components and contributors to be determined. **Themes**- "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 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 statistics.

2.3.4 Touchpoints will be undertaken regularly to support progress and these both support recent discussions at the EDI Steering Group.

2.3.5 EDI steering group members and a self-selected steering group of those preset at the away day for the above two projects specifically linked with the actions above will be responsible for the delivery.

2.4 EDI Steering Group

2.4.1 Since the last report the STW System EDI Steering Group met on 8th January and 5th March 2025. Key points are:

2.4.2 There was a specific focused discussion on the application of zero tolerance approached to racism and a consistent approach to implementation across system partners. This will be further developed.

2.4.3 A shared system approach to key opportunities for shared celebrations were discussed, for example Celebrating Cultural Diversity Day on 21st May 2025.This would also support project 2 above.

2.4.4 Sharing of learning and resources amongst system partners was evident throughout the meeting.

2.4.5 The Board is asked for decision on the development of shared approach to key celebration events including appropriate resourcing for venue hire and event support.

2.5 Conclusion

2.5.1 The strategic actions of the Board are progressing with further actions at organisation level ongoing. There is ongoing work to deliver rapid improvement cycle through Board development and a revised system action plan following the away day. This remains an important area for the Board and will remain a priority area of focus

2.6 Recommendations

2.6.1 Agree strategic objectives for EDI as part of future strategy.

2.6.2 Discuss any further feedback from members regarding the IB Board development event and support the two projects identified from the analysis of the workshop.

2.6.3 The Board is asked to support events, and reaffirm its strong commitment enable the successful delivery of cultural awareness in line with the outcome of the Board development event and discussions at the EDI Steering Group.

2.6.4 Receive a further update on progress in June 25.

1. ICB 36-03.142 – Quality and Performance Committee Briefing Report (meetings held on 30 January 2025 and 27 February 2025)

Meeting Name: Quality and Performance Committee
Meeting Date: 30 January 2025 and 27 February 2025
Report Presented by: Meredith Vivian, Non-Executive Director NHS STW and Chair of the System Quality and Performance Committee.
Report Approved by: Meredith Vivian, Non-Executive Director NHS STW and Chair of the System Quality and Performance Committee.
Report Prepared by: Vanessa Whatley Chief Nursing Officer NHS STW
Action Required: For approval

1.1. Summary of Key Discussions and Decisions

1.1.1 Spotlight reports in the period reported were received on the below:

- Planned Care – Elective, Cancer screening, Diagnostics
- Cancer Strategy Evaluation
- Operational Planning 2025/26 Headline Submission

1.1.2 The Committee meets 10 times per year.

1.2. Recommendations to the Board

1.2.1 The Board is asked to approve the updated QPC Terms of reference.

1.3. Key Risks and Mitigations

1.3.1 All risks are currently escalated appropriately.

1.3.2 The Planned Care Group has developed a cancer risk escalation framework.

1.4. Performance and Assurance

1.4.1. Alerts:

- The risks relating to diabetes and urgent and emergency care (UEC) remain the highest risks relating to quality and performance. A plan is in place for diabetes but is yet to enter the delivery stage. The UEC plan is progressing, and metrics are showing some improvement, but the risk remains graded extreme due to high levels of 12-hour breaches following a decision to admit, ambulance offload delays and four-hour breaches. Harm reviews in relation to 8-hour ambulance offload delays

are being undertaken by SaTH in collaboration with the ICB and reported to UEC Delivery Group.

- Cervical screening is at 71.8% of those aged 25-49 years, remaining above the England average, however this is a decreasing metric both locally and nationally.

- For diagnostics the 6ww and 12 ww were both below target in December 24 (62.2% and 84.6% respectively) with 2760 waiting more than 13 weeks. There are a range of actions with recovery plans to improve these metrics overseen by the System Planned Care Delivery Group.

- The West Midlands Cancer Alliance Cancer Waiting Times (CWT) Data Analysis and Rankings October 2024 reported SaTH as the lowest-performing Trust regarding the total backlog as a proportion of the overall Patient Tracking List (PTL). It ranks as 12 / 15 across the West Midlands in terms of the 104+ day backlog as a proportion of the PTL. The Cancer Programme Oversight Group is reporting into the System Planned Care Delivery Group which is monitoring actions.

1.4.2. Assurance:

- The TB Business case has been received from SaTH by the ICB for further consideration by Commissioning Working Group.

- There are 18 residents of STW with Learning Disability and Autism inpatients current in mental health hospitals. This has reduced in line with the revised trajectory from 23 and there remains fortnightly task groups to ensure that anyone ready for discharge is discharged in line with their needs.

- Breast screening has improved with 4 months of measurable improvement to 73.6% in STW, this is above the England average of 70.4% however it is not yet back to 2020 levels and actions continue to improve this.

- Bowel screening uptake in STW has improved to 74.8% which is above the England average of 71.0%. this is the highest this metric has been and above 2020 levels.

- The STW Cancer Strategy 2022 – 2027 interim evaluation was presented to QPC showing areas of improvement since it commenced including teenage cancers, use of cancer navigators, living well sessions for those with cancer and improving use of end of treatment summaries.

- The System Integrated Improvement Plan highlight report was received by QPC. Metrics have been identified across the five criteria; Finance, Workforce, UEC, Governance and Leadership with actions progressing. A dashboard to report progress against these metrics is in development and expected at a future meeting.

- The quality of discharge and transfer of care is the main theme from feedback from the public into system processes. Information has been

collated and the Director of Nursing at SaTH is leading a group including other system partners.

1.4.3. Advise:

- Members of QPC accepted the updated QPC terms of reference.
- QPC approved the updated System Quality Group terms of reference.
- The Lung Cancer Screening programme, part of a national roll out, is scheduled to begin in STW in June 2025.
- Referrals have moved to a single platform in the Referral Management Centre.
- The Child Death Annual report was accepted on behalf of the ICB Board for 24/25 by QPC. Child deaths will form part of future learning from deaths reports to the Board.
- The Children in Care Annual report was accepted on behalf of the ICB Board for 24/25.
- The Operational Planning 2025/26 Headline Submission was supported by the Committee

1.5. Attachments

1.7.1 Appendix A - Minutes of meeting held on Thursday November 27th, 2024.

1.7.2 Appendix B - Minutes of meeting held on Thursday January 30th, 2025.

1.7.3 Appendix C – Quality and Performance Committee ToR - Updated

1. ICB 26-03.143 – Finance Committee Briefing Report (meeting held on 26 November 2024)

Meeting Name: Finance Committee
Meeting Date: 26 November 2024
Report Presented by: Dave Bennett; NHS STW Associate Non-Executive Director, and Interim Chair of the Finance Committee
Report Approved by: Dave Bennett; NHS STW Associate Non-Executive Director, and Interim Chair of the Finance Committee
Report Prepared by: Claire Skidmore, Chief Finance Officer, NHS STW
Action Required: For noting.

1.1. Summary of Key Discussions and Decisions

1.1.1. Section 1 (ICB)

- SBAF and SORR
- Month 7 Capital Report
- Month 7 Revenue Report
- Efficiency Delivery Update Month 7
- Deep Dive: Investigation and Intervention Update and FIP Q2 Review

1.1.2. Section 2 (System)

- SBAF and SORR
- Month 7 Capital Report
- Month 7 Revenue Report (including partner updates on in-year recovery trajectory and mitigation of risk)
- STW Efficiency Update Month 7
- Deep Dive: Investigation and Intervention Update and FIP Q2 Review.

1.2. Recommendations to the Board

1.2.1 NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report.

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 A number of significant risks remain that could impact on delivery of the planned deficit with mitigations still to be secured. These will continue to be evaluated by the finance committee through the year, recognising that the task to recover any deviation from plan gets more difficult as the year

progresses. At this point there is no material change to the existing assessment of risk.

1.3.3 The significant underlying financial deficit of the system features in the Board Assurance Framework and through this it is reported to the Board.

1.4. Performance and Assurance

1.4.1 Alert:

- Section 2 (System)

  - The committee discussed the significant risks to delivery of the annual revenue plan. At month 7, a £27.6m ytd deficit was reported which is £11.7m adverse to plan. The risk of not meeting the planned FOT had been assessed as £29m.

  - The System CFO noted discussions with the national team at a recent Recovery Support Programme (RSP) meeting where it has been made clear that it was expected that the System would close the forecast gap back to plan.

1.4.2 Assure – Positive Assurances and highlights of note:

- Section 1 (ICB)

  - The committee noted continued delivery in line with the finance plan at month 7 and the management team's assessment that know risks could be fully mitigated. It was also noted that since submission of the month 7 report, a further £500k had been identified to release to the bottom line in support of closing the gap on the wider system position.

  - The team were commended on delivery to date and the expected FOT, noting the management team's ambition to push beyond delivery of plan in support of the wider System position.

- Section 2 (System)

  - The capital position for the system remains challenging, with a potential for underspend if the run rate of spend does not increase. The committee were briefed on discussions being held by the DoFs to actively seek options for brokering funding within the System if required to ensure that use of capital funding is maximised across the System in-year.

  - The Chair highlighted the good progress made in delivering a robust efficiency programme this year, noting significant improvement in delivery on last year.

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

- Section 1 (ICB)
  - The committee were briefed that there had been no change to the SBAF score since the last meeting.

  - The ICB capital position was reviewed, including the expectation that capital funds will be fully consumed by year end.

  - The committee received information on progress with Phase 2 of the Investigation and Intervention (I&I) programme. They were advised that a quarterly financial review process, set up with support from PWC, had been successful and was planned to be rolled out as part of our continuous financial improvement work. The committee also discussed its role in seeking assurance of delivery of actions that contribute to the financial position.

- Section 2 (System)
  - The committee received an update on risks, focusing attention on the SORR given that the BAF was reviewed in detail at the previous meeting. Actions to strengthen information reported in future iterations of the risk registers were discussed and agreed.

  - Committee members from each of the system partners present shared their position and the work being done by their organisations to focus on financial recovery in the second half of the year. All confirmed commitment to focusing on the mitigation of financial risk.

  - The DoF from SaTH put on record her thanks to the ICB DoF for securing agreement for a national payment variation which has helped to take a significant level of income uncertainty out of the SaTH position.

  - Similar to the Section 1 meeting, the committee received an update from the I&I work and discussed its role in providing challenge and taking assurance on delivery of actions.

1.5. Attachments

1.5.1 Appendix A – Minutes of Finance Committee Part 1 – November 2024
1.5.2 Appendix B – Minutes of Finance Committee Part 2 – November 2024

1. ICB 26-03.143 – Finance Committee Briefing Report (meeting held on 28 January 2025)

Meeting Name: Finance Committee
Meeting Date: 28 January 2025
Report Presented by: Dave Bennett; NHS STW Associate Non-Executive Director, and Interim Chair of the Finance Committee
Report Approved by: Dave Bennett; NHS STW Associate Non-Executive Director, and Interim Chair of the Finance Committee
Report Prepared by: Claire Skidmore, Chief Finance Officer, NHS STW
Action Required: For noting.

1.1. Summary of Key Discussions and Decisions

1.1.1 Section 1 (ICB)

- SBAF and SORR
- Month 9 Capital Report
- Month 9 Revenue Report
- Efficiency Delivery Update Month 9

1.1.2 Section 2 (System)

- SBAF and SORR
- Month 9 Capital Report
- Month 9 Revenue Report (including partner updates on in-year recovery trajectory and mitigation of risk)
- STW Efficiency Update Month 9
- Deep Dive: Productivity
- NOF4 System Improvement Plan (SIIP)

1.2. Recommendations to the Board

1.2.1 NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report.

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 A number of significant risks remain that could impact on delivery of the planned deficit with mitigations still to be secured. These will continue to be evaluated by the finance committee through the year, recognising that the task to recover any deviation from plan gets more difficult as the year progresses. At this point there is no material change to the existing assessment of risk.

1.3.3 The significant underlying financial deficit of the system features in the Board Assurance Framework and through this it is reported to the Board.

1.4. Performance and Assurance

1.4.1 Alert - Matters of concern, gaps in assurance or key risks to escalate:

- Section 2 (System)
  - The committee discussed the significant risks to delivery of the annual revenue plan. At month 9, a £26.4m ytd deficit was reported which is £15.9m adverse to plan. The risk of not meeting the planned FOT had been assessed as £21m though noting that a final FOT had not yet been agreed with NHSE.
  - SaTH highlighted that as part of their ongoing review of the position, they had reduced their forecast for delivery of efficiency schemes relating to escalation reduction and income backed expenditure. This has reduced their overall assessment of efficiency delivery in year but should be noted is still a greater figure than delivered in the previous year.
  - The committee noted a potential risk for 2025/26 capital plans of around £2m associated with fixed capital limits for IFRS16 not being sufficient to cover actual expenditure. The DoFs are reviewing and managing this as more information for planning becomes available.

1.4.2 Assure – Positive assurances and highlights of note:

- Section 1 (ICB)
  - The committee noted continued delivery in line with the finance plan at month 9 and an assessment that know risks could be fully mitigated. It was also noted that the management team's current assessment of FOT was that the ICB could do better than plan by £700k hence contributing to supporting the gap from plan in the wider system.
  - It was confirmed to the committee that at month 9, there were no efficiency programmes remaining in the high risk category. The ICB's Sustainability Working Group is actively managing the programme with a focus on removing any further lower rated risk. The committee noted that the ICB remains on track to delivery its planned efficiency amount in 2024/25.

- Section 2 (System)

  - The committee noted progress towards certainty for a small number of aspects of the capital programme and that all provider Boards and the ICB had confirmed their expected FOT figures with NHSE. This is a breakeven position against plan for the ICB, SaTH and RJAH and a forecast underspend of £1.1m for SCHT.

  - The committee received a presentation on productivity which considered the work that is being done across the system as well as the headline results from recently published national productivity packs. It heard how this intelligence is being used to guide where to look for our efficiency programme.

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

- Section 1 (ICB)

  - The committee review an update to the SBAF that now splits risk 2 into two constituent parts:

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

    - Risk No.2b: Failure to deliver the System and ICB Revenue and Capital Resource Limit Plans for 2024/25.

  - This was supported. There was no change made to the scores previously allocated. The committee also reviewed entries in the SORR.

  - The ICB capital position was reviewed, including the expectation that capital funds will be fully consumed by year end.

- Section 2 (System)

  - The committee received the same update as for section 1 and also supported the split of the SBAF risk 2 into 2 separate parts.

  - Committee members from each of the system partners present shared their position and the work being done by their organisations to focus on financial recovery in the second half of the year.

  - The committee were given opportunity to review the finance related entries in the System's Integrated Improvement Plan (SIIP). Progress to date was highlighted as well as risk to delivery.

1.5. Attachments

1.5.1 Appendix A – Finance Committee meeting minutes Part 1 – January 2025
1.5.2 Appendix B – Finance Committee meeting minutes Part 2 – January 2025

1. ICB 26-03.144 – Remuneration Committee Briefing Report (meeting held on 24 January 2025)

Meeting Name: Remuneration Committee
Meeting Date: 24 January 2025
Report Presented by: Meredith Vivian, Shropshire, Telford and Wrekin ICB, Non-Executive Member and acting Chair for the Remuneration Committee
Report Approved by: Meredith Vivian, Shropshire, Telford and Wrekin ICB, Non-Executive Member
Report Prepared by: Lisa Kelly, MLCSU, Senior HR Business Partner
Action Required: For noting

1.1. Summary of Key Discussions and Decisions

1.1.1. Two agenda items as follows:-

- Starting salary for a candidate appointed to very senior manager (VSM) terms and conditions.
- Appointment of a GP to the posts of Diabetes Clinical Lead and CVD Clinical Lead

1.2. Recommendations to the Board

1.2.1. Items for noting.

1.3. Key Risks and Mitigations

1.3.1. None applicable

1.4. Performance and Assurance

1.4.1 None applicable

1.5. Alignment to ICB Objectives and Core Functions

1.5.1. None applicable

1.6. Next Steps and Forward Plan

1.6.1. No ongoing actions regarding this agenda item.

1.7. Attachments

1.7.1. No attachments

1. System Transformation Group Committee Meeting Briefing Report (meeting held on 29th January 2025)

Meeting Name: System Transformation Group
Meeting Date: 29th January 2025
Report Presented by: Simon Whitehouse, NHS STW, Chief Executive Officer
Report Approved by: Ian Bett Name, NHS STW, Chief Delivery Officer
Report Prepared by: Kate Owen, NHS STW, Head of Programme Management Office
Action Required: For noting

1.1. Summary of Key Discussions and Decisions

1.1.1. The committee meeting covered several key topics relating to system transformation, performance and governance:

1.1.2. **Leadership Change**: Andew Morgan will take over as Chair within three months.

1.1.3. **Governance and Oversight:** The System Transformation Group (STG) will oversee transformation within the system and refine its purpose to focus more on transformation rather than performance. The groups escalation process will be reviewed and redesigned.

1.1.4. **Transformation Programmes**: Updates were provided on UEC, workforce, leadership, mental health, elective care, and shared services. Improvements in UEC Tier 1 were noted, but concerns about primary care integration and attendance were highlighted

1.1.5. **Financial Management**: There is a need for clearer financial targets for each of the transformation programmes, and improved tracking mechanisms. Noting that not all goals would be achieved within 12 months.

1.1.6. **Collaborative Working**: The Provider Collaborative was recognised as a key driver of service improvements, and a new Shared Services Programme will be established.

1.2. Recommendations to the Board

Items for noting.

1.2.1. **Leadership Change:** Andrew Morgan will assume the Chair Position in March.

1.2.2. **Impact Dashboard:** A new reporting framework will be developed to help members identify key areas of focus for transformation.

1.2.3. **Workforce Integration:** The People Committee is still in development, and there is a need to align workforce planning with transformation priorities.

1.2.4. **UEC Improvements:** Notable progress in Tier 1 performance, though further work is needed on ambulance handover processes.

1.3. Key Risks and Mitigations

1.3.1 **Lack of clear transformation focus → Mitigation:** Redefining STG's purpose and escalation strategy.

1.3.2 **Financial tracking of transformation programmes → Mitigation**: Developing a robust reporting mechanism.

1.3.3 **Risk register review required → Mitigation:** As part of the revised reporting framework all risks being reviewed with appropriate processes.

1.3.4 **Primary Care engagement → Mitigation**: Integrating GP performance data into discussions and ensuring greater representation at STG.

1.4. Performance and Assurance :

1.4.1 **Quality and Safety:**

- **Urgent and Emergency Care (UEC) Improvements:** Positive progress noted in Tier 1 performance for January 2025. However, concerns remain regarding ambulance handover and integration between UEC and Health & Care models.
- **Mental Health & Dementia Services:** Recruitment is ongoing but progressing slower than anticipated. Further leadership support is required to drive improvements.

1.4.2 **Financial Performance:**

- **Medium-Term Financial Recovery:** The committee reviewed the financial recovery trajectory over three years, with an emphasis on setting clear numerical targets.

1.4.3. **Operational Performance:**

- **Hospital Transformation Programme:** Updates were noted, but no significant concerns were raised.
- **Workforce Challenges:** The People Committee is still being established, and there are ongoing efforts to integrate workforce planning into transformation projects.

- **Provider Collaborative:** Further governance and shared service integration are required to improve service delivery efficiency.

1.5. Alignment to ICB Objectives and Core Functions

1.5.1 The committee's discussions align with the ICB's key objectives in the following ways:

- **System Integration**: Ensuring clear collaboration between ICP, H&W Boards, and ICB.
- **Financial Sustainability**: Strengthening financial oversight and ensuring alignment with system priorities.
- **Workforce Development**: Establishing leadership structures and aligning workforce efforts with transformation goals.
- **Performance & Assurance**: Tracking UEC improvements, elective care transformation, and overall system efficiency.
- **Governance & Decision-Making**: Strengthening reporting mechanisms to support informed decision-making.

1.6. Next Steps and Forward Plan

1.6.1. Andrew Morgan to assume Chair role.

1.6.2. Refine the purpose of the System Transformation Group and develop a revised escalation process to improve oversight and strategic alignment.

1.6.3. Provider Collaborative Shared Services Group to be established and formalised to oversee shared services, with a focus on service integration.

1.6.4. Workforce Planning**:** The People Committee's structure and leadership will be finalised, ensuring workforce initiatives are embedded into transformation programmes.

1.6.5. Primary Care Integration: Efforts will be made to better integrate Primary Care within system-wide meetings and transformation discussions.

1.6.6. Next meeting scheduled for 26th February 2025.

1.7. Attachments

1.7.1. Appendix A - Minutes of the meetings to which this briefing covers.

1. ICB 26-03.147 – People Culture and Inclusion Committee Briefing Report (meeting held on 22 January 2025)

Meeting Name: People Culture and Inclusion Committee Meeting
Meeting Date: 22 January 2025
Report Presented by: Ellen Shaw – Interim STW ICB Strategic Workforce Lead
Report Approved by:
Report Prepared by: Ellen Shaw – Interim STW ICB Strategic Workforce Lead
Action Required: For noting and approval

1.1. Summary of Key Discussions and Decisions

1.1.1. The committee meets monthly.

1.1.2. Main topics included:

- Risk register
- ICB People Review
- Committee Terms of Reference (ToR)
- Cycle of business and work plan
- Review of People Collaborative Terms of Reference
- People Collaborative update on workstreams

1.2. Recommendations to the Board

1.2.1. NOTE the Chairs report

1.2.2. APPROVE the amended People, Culture and Inclusion Committee Terms of Reference attached as appendix a [note that standard sections on conflicts of interest and quorum have been added to align with other Board committee terms of reference]

1.3. Key Risks and Mitigations

1.3.1. It was agreed that the local risk register requires review and update in line, revised system workforce priorities, and the new ToR once approved. Key risks identified during the committee meeting and the planned or proposed mitigation strategies.

1.4. Performance and Assurance

1.4.1. Alert – Matters of concern, gaps in assurance or key risks to escalate:

- The system people function within the ICB remains fragile, with a new interim temporary leadership arrangement being provided until the end of March 2025, by MLCSU. Part of the remit of the temporary arrangement is to facilitate and mobilise decisions in relation to the recommendations made in the People Service Review undertaken by Hunter Healthcare.

- An update was provided to Committee by CEO SRO for People / Workforce on the delivery of the ICS People Review completed by Hunter Healthcare. The report has been shared with CPO's from providers. The ICB with input from CPO's are now developing a proposal of next steps including wider communication an engagement, and an action plan to respond to recommendations made in the report.

1.4.2. Assure – Positive Assurances and highlights of note:

- SRO's for each of the four workstreams (Train, Retain, Reform, Transform) provided updates on key deliverables and outcomes. Of particular significance was progress to deliver the operational plan and the workforce elements of this, plus a significant highlight for the High Potential Scheme which has attracted funding through NHS England for national roll out.

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

- A revised Terms of Reference (ToR) was presented to the Committee, following a small working group session in January. Feedback was provided and subsequent draft will be taken to the next committee, with a view to final sign off by the Board thereafter. The proposal is to launch the new ToR, associated membership and meeting sequence in line with the start of the 25/26 year.

- Aligned to above a high-level cycle of business was presented and discussed by the committee and will be further refined in line with the new ToR and governance handbook.

- Similarly the proposed revised ToR for the People Collaborative was discussed and agreed that in light of the new ToR for Committee this will be further reviewed and refined, to ensure complementary and meaningful purposes and memberships between the groups.

1.5. Sharing of Learning

1.5.1. Excellent example of genuine cross system working and collaboration by the High Potential Scheme, with positive outcomes for many individuals within the system but also the expansion of the scheme nationally.

1.6. Actions to be considered

1.6.1. Outline Committee Terms of Reference ratified by committee and approved by Board

1.6.2. Committee workplan in development

1.6.3. Risk register development

1.7. Attachments

1.7.1. Appendix A – NHS STW People Culture Inclusion Committee Terms of Reference

1.7.2. Appendix B – Minutes of meeting