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| **NHS SHROPSHIRE, TELFORD AND WREKIN – SYSTEM BOARD ASSURANCE FRAMEWORK**  **2025/26**  **Version 8: June 2025**  **NHS Shropshire, Telford and Wrekin Strategic Objectives:**   1. **Reducing Health Inequalities:**  * Wider determinants * Tackling health inequalities  1. **Improving population health**  * Best start in life * Healthy weight * Alcohol drugs domestic abuse * Mental health and wellbeing  1. **Improving Health and Care**  * Strengthen prevention, early detection and improve treatment outcomes – mental health, heart disease, diabetes, cancers and musculoskeletal disease. * Urgent and Emergency Care * Integrated person-centred care within communities – strong focus on primary and secondary care.   **Risk Matrix**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Consequence** | **5 Catastrophic** | | **5 Low** | | **10 Moderate** | | **15 High** | **20 Extreme** | **25 Extreme** | | **4 Major** | | **4 Low** | | **8 Moderate** | | **12 High** | **16 High** | **20 Extreme** | | **3 Moderate** | | **3 Very Low** | | **6 Low** | | **9 Moderate** | **12 High** | **15 High** | | **2 Minor** | | **2 Very Low** | | **4 Low** | | **6 Low** | **8 Moderate** | **10 Moderate** | | **1 Negligible** | | **1 Very Low** | | **2 Very Low** | | **3 Very Low** | **4 Low** | **5 Low** | |  | | **1 Rare** | | **2 Unlikely** | | **3 Possible** | **4 Likely** | **5 Almost Certain** | | **Likelihood** | | | | | | | | | |  | | 1 – 3 | | Very Low risk | | |  | | 4 – 6 | | Low risk | | |  | | 8 – 10 | | Moderate risk | | |  | | 12 – 16 | | High risk | | |  | | 20 – 25 | | Extreme risk | |  |  |  |  |  | | --- | --- | --- | --- | | **Strategic Objective: ALL** | | | Risk Score  20 Extreme  4 likely x  5 catastrophic | | **Strategic Risk no.1: Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of integrated care priorities** | | | | *If* we are unable to develop and sustain a culture of collaborative working and build effective partnerships | *Then* we will not be able to achieve our aims and focus on our priorities and deliver our objectives | *Resulting in* poor outcomes for our population, adverse impacts on our partner organisations and increased scrutiny of our effectiveness | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Consequence | Likelihood | Score | Risk Trend | | Current | 5 catastrophic | 4  likely | 20  Extreme | | Target | 4 major | 3 possible | 12 High |  |  |  |  |  | | --- | --- | --- | --- | | Risk Lead | ICB Chief Executive Officer | Assurance committee | NHS STW Board |  |  |  | | --- | --- | | System Controls | Assurances reported to ICB Board and committees | | Strategies and Plans   * ICB Constitution * ICP Terms of Reference * Governance Handbook / Functions and Decisions Map * System Development Plan * Better Care Fund Plans * Primary Care Strategy * Clinical and Professional Leadership Programme * Integrated Care Strategy * Joint 5 year forward plan * People Priorities   Partnerships and Services   * Integrated Care Partnership * ICS Chief Executive Group * ShIPP * TWIPP * Health and Wellbeing Boards * ICS People Strategic Workstreams 2024- 2027     Governance & Engagement Structures   * Integrated Care Partnership Committee * Board of the Integrated Care Board * STW Mental Health Provider Collaborative * System People Culture and Inclusion Committee | First Line of Assurance   * Monitoring and oversight at ICB Strategic Commissioning and Productivity Committee and ICS Chief Executive Group * Provider Collaborative Committees in Common   Second Line of Assurance   * Population Health Board   Third Line of Assurance   * Integrated Care Partnership oversight * National Health Service England Integrated Care Board Establishment Assessment and Establishment Order | | Gaps in Controls and Assurances | Actions and mitigations to address control / assurance gaps (include action owner and action due date) | | 1. Independent assessment (NHSE, CQC) 2. Development of provider collaborative and supporting governance structure | 1. Self-assessment against NHSE/CQC regulatory framework completed. NHSE Improvement Director attendance at CiC meetings   2a. Finalising Provider Collaborative Committees in Common (CiC) ToR and Joint Working Agreement.  2b. ICB CEO co-chair of HWBB’s  2c. Director of Strategy and Development supporting  delivery of JFP priorities and integrated place  Working.  2d. Creation of PC CEOs group reporting to CiC  3. System Transformation and Digital Group working on collaborative workstreams to drive improvement in areas such as finance, UEC and workforce. |  |  | | --- | | Current Performance – Highlights | | Development of provider collaborative and partnerships is now progressing with some dedicated ICB capacity. CiC now in place and key priority areas of work agreed. Provider Collaborative CEOs Group in place. Work programme reporting is embedding Additional workstream areas are being considered. Focus on establishing appropriate resourcing, infrastructure and reporting for the Collaborative is underway. System Transformation and Digital Group in place with CEOs to aid drive in several system wide improvement programmes. |  |  |  | | --- | --- | | Associated Risks on the System Strategic Operational Risk Register | | | Risk no. | Description | |  | Non identified |  |  | | --- | | Relevant risks on system partners risk registers | | Description | | SaTH - BAF 12 - There is a risk of non-delivery of integrated pathways, led by the ICS and ICP  MPFT – BAF B8 - There is a risk to service stability and equity, due to the fragmentary influence of Place  Based Partnerships on service commissioning  Shropshire Council – Corporate Risk Register - Extreme pressures upon partners (social care, health, and criminal justice) within the system impacting on Shropshire Council through increased expectation, demand, need and complexity. |  |  |  |  |  | | --- | --- | --- | --- | | **Strategic Objective: ALL** | | | Risk score  20  Major 4 x Almost Certain 5 | | Strategic Risk No.2a: Risk of not achieving underlying financial balance (ICB and System) | | | | *If* we are unable to adopt best practice and integrated modelling as rapidly as we need to | *Then* we will be unable to use our budgets and wider resources more effectively and efficiently and share risks and benefits | *Resulting in* long term financial instability and challenges in service delivery for our population, poor health outcomes, and increased scrutiny of our effectiveness | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Consequence | Likelihood | Score | Risk Trend  (aligned with system provider scores) | | Current | Major 4 | Almost Certain 5 | 20  Extreme | | Target | Major 4 | Possible 3 | 12  High | | Target Date for risk closure | 30/06/2028 |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | | Risk Lead | ICB Chief Finance Officer | Assurance committee | Strategic Commissioning and Productivity Committee and System Finance Committee |  |  |  | | --- | --- | | System Controls | Assurances reported to ICB Board and committees | | Strategies and Plans   * System Financial Strategy, incorporating:   + Healthcare Financial Management Association (HFMA) Financial sustainability checklist   + Strategic Decision-Making Framework   + Capital Prioritisation Framework * Financial Revenue Plan * Financial Capital Plan * Joint 5 year forward plan * Financial Recovery Plan inclusive of the Financial Improvement Programme and Efficiency, Productivity and Strategic Transformation Plans * ICS Infrastructure Estates Strategy * General Practice Estate Strategy * System Digital Strategy * System Workforce Strategy   Partnerships and Services   * ShIPP * TWIPP * ICS Digital Delivery Group * Strategic Estates Group * People Board * Strategic Transformation Group supported by delivery boards for all major programmes e.g. Planned Care Board, UEC Delivery Board   Governance & Engagement Structures   * Finance Committee * Commissioning Working Group * Strategic Commissioning Committee * Audit Committee * Provider Collaborative Committees in Common | First Line   * Monitoring delivery of System Financial Strategy and Financial Plan by System Finance Group and System Finance, Planning and Performance Group   Second Line   * Finance Report to Finance Committee * Integrated Performance Report to the Board   Third Line   * Monthly Integrated Finance Return (IFR) and Provider Finance Return (PFR) reporting to NHSE * Quarterly NHSE Financial Stocktake * NHSE Annual planning process (and triangulation of Finance, Activity and workforce planning) | | Gaps in Controls and Assurances | Actions and mitigations to address control / assurance gaps (include action owner and action due date) | | 1. Long term financial plan and strategy now out of date 2. System transformational projects in place but at varying stages of maturity. 3. Existing transformation plans do not fully address the target savings position. | Action 1) Agree the Financial Recovery Plan and refresh and agree with System partners the System financial strategy by Mar 25 - Completed on Provider and System Finance Committee agenda’s late May/early June for approval - ASz.  Action 2) System partners will agree the detail of the three to five-year strategic transformation plans to include recovery of the distance from target to fair shares allocation (quality and inequality impact assessments will be carried out on the impact of equality of population health outcomes and health inequalities as a result of any transformation plans) - to be reported through Financial Improvement Programme Board, known as ‘the Recovery Plan’ by Mar 25 aligned to the SIIP delivery action timescale - IB. Completed.  Action 3) Refresh the medium and long-term financial plan for latest financial projections and HTP by Mar 25. (Including developing the 25/26 operational plan inclusive of efficiency plans (quality and inequality impact assessments will be carried out to confirm the impact to equality of population health outcomes and on health inequalities as a result of any efficiency plans). [Links to SBAF entry 2b] ASz. Completed |  |  | | --- | | Current Performance – Highlights | | **Updates as of 16th May 2025**  Action 1) Draft System financial strategy updated following System CFO and NHSE comments - presented System Finance Committee on the 27th May 2025, System providers finance committees to review in May/early June and provide feedback. Finalise Finance Strategy and present to 25th June 2025 ICB Board meeting.  Action 2) High level strategic transformation programmes included within the MTFP and are actively under discussion through the Financial Improvement Programme and progress is reported to the System Transformation Group and System Finance Committee. Action Closed.  Action 3) The System MTFP and LTFP model updated with the Financial Recovery Plan – on May Finance Committee agenda for approval 27th May 2025 - MTFP planning assumptions to be updated once further NHSE guidance is received. |  |  |  | | --- | --- | | Associated Risks on the System Strategic Operational Risk Register | | | Risk no. | Description | | System Risk 6  System Risk 28  ~~System Risk 20~~  ~~System Risk 21~~ | Financial Sustainability  Financial Plan Delivery 2025/26 – Capital and Revenue  ~~Financial Plan 24/25 – Revenue and Capital~~  ~~Risk to System ERF Income delivery.~~ |  |  | | --- | | Relevant risks on system partners risk registers | | Description | | SaTH BAF 5 - The Trust does not operate within its available resources (as per Board papers – May 25 (latest) - 4 Consequence and 5 Likelihood) = 20  RJAH BAF 3 - Delivering the financial plan (as per Board Papers – May 25 (latest) - 5 Consequence and 3 Likelihood) = 15  Shropcom BAF 8.1 – Costs exceed plan (as per Board papers Feb 25 (latest) - 4 x 5 = 20)  MPFT BAF IB01 – Financial sustainability (as per board papers Mar 25 (latest) (5 x 4 = 20)  Telford & Wrekin Council – Corporate Risk Register R2 - Inability to:  a) Match available resources (both financial, people and assets) with statutory obligations, agreed priorities and service standards  b) deliver financial strategy including capital receipts, savings and commercial income  c) fund organisational and cultural development in the Council within the constraints of the public sector economy  Shropshire Council – Corporate Risk Register:   1. Extreme pressures upon partners (social care, health, and criminal justice) within the system impacting on Shropshire Council through increased expectation, demand, need and complexity. 2. Sustainable budget | |

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(New risk 2024/25 closed 29/04/2025) | | | | *If* we are unable to adopt best practice and integrated modelling as rapidly as we need to | *Then* we will be unable to use our budgets and wider resources more effectively and efficiently and share risks and benefits | *Resulting in* challenges in service delivery for our population, poor health outcomes, and increased scrutiny of our effectiveness | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | SYSTEM | Consequence | Likelihood | Score | Risk Trend A blue arrow with black background  Description automatically generated  (aligned with system provider scores) | | Current | Major 4 | Likely 4 | 16  High | | Target | Moderate 3 | Possible 3 | 9  Moderate | | Risk closure date | 30/06/2026 |  |  |  | | ICB | Consequence | Likelihood | Score | Risk Trend  A blue arrow with black background  Description automatically generated | | Current | Major 4 | Likely 4 | 16  High | | Target | Moderate 3 | Possible 3 | 9  Moderate | | Risk closed | 30/06/2026 |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | | Risk Lead | ICB Chief Finance Officer | Assurance committee | Strategic Commissioning and Productivity Committee and System Finance Committee |  |  |  | | --- | --- | | System Controls | Assurances reported to ICB/S Board and committees | | **Revenue and Capital**   * System financial principles and risk management framework in place across the system as part of development of system financial recovery plan approach as set out within the financial strategy. * System governance arrangements in place through finance committee and system strategic committee and commissioning working group to ensure that new investments are not made unless recurrent resource is available.   **Revenue**   * Financial Improvement Programme and System Transformation Group in place. * Provider Vacancy Panels, ICB Establishment Control Panel and System vacancy assurance panel in place. Workforce monitoring of vacancies in place. * System workforce programme and agency reduction group implemented, weekly agency reporting and action plan to reduce agency expenditure in line with system cap. * Discretionary spend controls in place in all partners * Organisation self-assessments of plan conditions/financial controls in place - Triple Lock, vacancy controls, HFMA sustainability and NHSE Grip and Control.   **Capital**   * Capital Prioritisation Oversight Group | First Line   * Monitoring of financial performance by System Finance Group and System Finance, Planning and Performance Group * Standing Orders, Standing Financial Instructions and Delegated Financial Limits * Financial Accounting Performance Metrics * HFMA Financial Sustainability Checklist * NHSE Grip and Control Checklist * Better Payment Practice Code * System productivity and FIP group in place for efficiency. * FIP reports into System Transformation Group which provides Assurance to the Board. * System agency reduction group implemented, weekly agency reporting and action plan to reduce agency expenditure in line with system cap. * System Vacancy Assurance Panel in place. * Triple Lock for non-pay expenditure in place.   Second Line   * Regular Finance Report and Efficiency Report to Finance Committee * Integrated Performance Report to the Board   Third Line   * Monthly Integrated (Care System) Finance Return and Provider Finance Returns reporting to NHSE * External review of HFMA financial sustainability and NHSE Grip and Control self-assessments. | | Gaps in Controls and Assurances | Actions and mitigations to address control / assurance gaps (include action owner and action due date) | | £83.8m revenue deficit plan pre deficit funding – breakeven after deficit funding - in year with a forecast that does not have risks fully mitigated. This means that there is limited assurance that the financial forecast can be met.  Current risks are as follows:  Efficiency delivery – risk of not delivering to plan;  UEC escalation costs not reducing as planned due to UEC pressure and links to discharge;  Costs and inflation pressures beyond what was anticipated during budget setting;  New NICE appraisals with significant implementation costs;  Income Risk if income and activity is not in line with the financial plan. | **Revenue Financial Plan/Limit**  **Efficiency:**  Action 1) Review of most likely expected FOT on a regular basis through financial governance, specifically for high risk and medium risk schemes to identify potential slippage, mitigation actions/schemes. [In place] - IB/ASz  Action 2) Ensure sufficient PMO capacity is allocated to support recovery of medium/high risk efficiency schemes and the development of the pipeline mitigation schemes to support ongoing de-risking the overall efficiency programme. [In place] - IB  **Cost:**  Action 1) As part of the Monthly Financial Review processes interpret current financial performance: 1a) analyse special variation changes in the run-rate trend of spend for Pay and Non-Pay. 1b) analyse key drivers of overspends and underspends. This will inform accurate forecasting and identification of risks and risk mitigations. [In place] - ASz  Action 2) Review all requests for pay through the existing Vacancy Control Panels ensuring the completion of the benefits/benefit realisation supports financial delivery and recovery. [In place] ASz  Action 3) Review all discretionary non-pay over £10k though the existing financial governance processes including the Triple Lock and reduce discretionary spend. [In place] - CS  Action 4) Review all contingencies, provisions and prior year accruals. [In place] - ASz  **Income:**  Action 1) System wide provider and commissioner discussions with Welsh commissioners in relation welsh income discussions for provider activity. [Ongoing] - Asz  Action 2) Provider activity management plans to ensure full delivery of activity in line with operational plans and  Action 3) System providers to maximise all commercial income and non nhs income opportunities. [Ongoing] – AW/SE, SL/JG & AMW/MS  **Capital Financial Plan/Limit**  Action 1) Use the System prioritisation framework to prioritise capital requirements based on key system criteria including equality of population health outcomes, value for money, broader socio-economic factors and health inequalities including Equality Diversity and Inclusion (e.g. DDA compliance and digital inclusion IT software and hardware). - Asz Completed  Action 2) If required - Agree mitigations for potential overspends with budget holders - ie, deferral of uncommitted capital scheme expenditure. Organisational senior finance team and CPOG to review monthly. – AW/SL/AMW/CS/ASz Ongoing  Action 3) If required - Agree mitigations for potential underspends with budget holders -i.e. bring forward pipeline schemes - reviewed monthly by organisational senior finance team with budget holder and via CPOG. – AW/SL/AMW/CS/ASz Ongoing |  |  | | --- | | Current Performance – Highlights | | Updates as of 16th May 2025  Revenue: Financial plan Month 1 actuals in line with plan – efficiency delivery in the ICB ahead of plan due to CHC.  Capital: Capital plans set in line with CDEL and expected national capital programme funding. No Month 1 Capital Reporting. |  |  |  | | --- | --- | | Associated Risks on the System Strategic Operational Risk Register | | | Risk no. | Description | | System Risk 6  System Risk 28  ~~System Risk 20~~  ~~System Risk 21~~ | Financial Sustainability  Financial Plan Deliver 2025/26 Capital and Revenue  ~~Financial Plan 24/25 – Revenue and Capital~~  ~~Risk to System ERF Income delivery.~~ |  |  | | --- | | Relevant risks on system partners risk registers | | Description | | SaTH BAF 5 - The Trust does not operate within its available resources (as per Board papers – May 25 (latest) - 4 Consequence and 5 Likelihood) = 20  RJAH BAF 3 - Delivering the financial plan (as per Board Papers – May 25 (latest) - 5 Consequence and 3 Likelihood) = 15  Shropcom BAF 8.1 – Costs exceed plan (as per Board papers Feb 25 (latest) - 4 x 5 = 20)  MPFT BAF IB01 – Financial sustainability (as per board papers Mar 25 (latest) (5 x 4 = 20)  Telford & Wrekin Council – Corporate Risk Register R2 - Inability to:  a) Match available resources (both financial, people and assets) with statutory obligations, agreed priorities and service standards  b) deliver financial strategy including capital receipts, savings and commercial income  c) fund organisational and cultural development in the Council within the constraints of the public sector economy  Shropshire Council – Corporate Risk Register:   1. Extreme pressures upon partners (social care, health, and criminal justice) within the system impacting on Shropshire Council through increased expectation, demand, need and complexity. 2. Sustainable budget | | | |  |  |  |  | | --- | --- | --- | --- | | **Strategic Objective: Objective 1 Reducing Health Inequalities** | | | Risk score  20 Extreme  Likely 4 x | | Strategic Risk No.3  Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. There is a risk that with competing priorities in a challenged system, insufficient focus is given to targeted interventions for populations identified as experiencing the greatest levels of inequality i.e. CORE20+ populations | | | | *If* we do not ensure sufficient priority and allocation of resources across all system partners to develop capacity and capabilities to identify and target interventions to reduce inequalities | *Then* we collectively will not be addressing known and emerging avoidable differences in access, experience and outcomes as per Health and Care Act 2022 | *Resulting* poorer outcomes which will disproportionately impact our Core20+populations. Additionally, it will result in poorer outcomes for all our population due to avoidable additional financial costs and increased demand pressures across the system | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Consequence | Likelihood | Score | Risk Trend | | Current | Major  4 | Likely  4 | High  16 | | Target | Major  4 | Unlikely  2 | Moderate  12 |  |  |  |  |  | | --- | --- | --- | --- | | Risk Lead | ICB Chief Strategy Officer | Assurance committee | System Strategy and Prevention Committee |  |  |  | | --- | --- | | System Controls | Assurances reported to ICB Board and committees | | Strategies and Plans   * 5 Year Forward Plan * System Development Plan * Integrated Care Strategy * System Healthcare Inequalities Operational Plan * HWBB Strategies * Place based Committee Strategies * Clinical Condition Strategies * System Digital Strategy * Individual Partner Health Inequality and EDI Strategies * ICB Inclusion and Health Inequality Strategy * Strategic Decision-Making framework     Partnerships and Services   * Urgent and Emergency Care Delivery Group * Planned Care Delivery Group * Finance Advisory Board * ShIPP * TWIPP * Mental Health Delivery Board * Emergency Preparedness Resilience and Response Framework * System People Board * Local Maternity and Neonatal System * Primary Care Networks * System Quality Group * ICS Digital Delivery Group     Governance & Engagement Structures   * ~~Integrated Care System CEO Group~~ * ICB Board * ICB Strategy Committee * ICB Quality and Performance Committee * ICB Strategy Committee * ICB Prevention and Health Inequalities Group * ICB Service Review Group * Equality and Inclusion Committee | First Line of Assurance   * ICB Health Inequalities Team review of commissioning projects and business case proposals impact on Core20+5 via Commissioning Working Group * ICB Health Inequalities Team oversight of system delivery of related objectives in system National Improvement programme for healthcare inequalities plans   Second Line of Assurance   * Quarterly reporting of the ICB Prevention and Health Inequalities Group to the Strategic Commissioning Committee. * Cancer and Planned Care Report to ICB Quality and Performance Committee * Urgent and Emergency Care Report to ICB Quality and Performance Committee * Integrated Performance Report to ICB Quality and Performance Committee * Learning Disability and Autism Assurance Report to ICB Quality and Performance Committee * Performance Report to ICB Quality and Performance Committee * Annual Operating Plans to Finance Committee * Local Maternity and Neonatal System Report to ICB Quality and Performance Committee * Primary Care Quality reporting to Quality and Performance Committee * Integrated Provider Report to ICB Quality and Performance Committee * Quarterly reporting to Board via ~~Strategic Commissioning Committee~~ System Strategy and Prevention Committee * Bi- annual reporting by ICB Health Inequalities Team to NHS Shropshire, Telford and Wrekin Board * Annual Statement of information on healthcare Inequalities   Third Line of Assurance   * ~~National System Oversight Framework~~ * NHSE Quarterly System Review ~~Meetings~~ Returns * Core 20 +5 reporting to regional NHSE * In person/ onsite Regional NHSE review meetings * NHSE review of ICB Annual Report which must include content on duty to reduce health inequalities * NHSE Annual ICB assessment includes component on statutory responsibility to reduce health inequalities | | Gaps in Controls and Assurances | Actions and mitigations to address control / assurance gaps (include action owner and action due date) | | 1. ~~Development of advice, guidance and training resources for ICB and subcommittees to ensure ongoing priorisation alongside financial and performance risks~~.        1. Assurance re system governance and internal organisational health inequalities prioritisation processes. 2. Assurance re capability building in relation to knowledge and awareness of health inequalities 3. Quantitative Health Inequalities Metric   Reporting to demonstrate reduction across healthcare inequalities contributing to gap in Life and Health Life Expectancy | Removed as document has now been published and content relevant to communications and engagement focus. Also note independent assessment provided through annual report and annual ICB assessment as per additions to third line of assurance  ~~Complete self-assessment using Confederation Board Assessment Framework built on the Care Quality Commission’s (CQC) well led domain eight key lines of enquiry measures (KLOEs)and the five national priorities for tackling health inequalities~~  ~~Develop and implement action plan to increase board and subcommittee maturity to increase assurance of actions to address health inequalities~~.  Removed in line with point above and rescoped below    ACTION Gain assurance that the Provider has an appointed Health Inequalities Lead for taking action on health inequalities and that all services related to or contributing to objectives outlined in Schedule 2N, including all preventative programmes identified within the remit of Long Term Plan Prevention and Core20PLUS5 key clinical areas have a dedicated and effective operational lead, robust governance and monitoring to evidence outcomes and benefits realisation.  Owner: ICB Head of Health Inequalities to ensure agreed and incorporated into Schedule 2N of contract  Date for Completion Expected contract signing date June 25    ACTION To demonstrate a commitment to improving education and awareness across all levels of the organisation on health inequality and barriers to access (such as digital exclusion) through the promotion of internal and system-level peer networking opportunities, educational learning modules and external educational programmes such as NHS England’s [Core20PLUS Ambassador Programme](https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus-ambassadors/).    Owner: Action to be delivered by providers and ICB  Date for Completion Quarterly reviews Sept 2025 Jan 2026 and April 26 to System Health Inequalities and Prevention Group  4a) Complete User Testing of PHM /health inequalities dashboard  Owner ICB Head of Head of Business Intelligence and Analytics  Date TBC    4b) Incorporate metric reporting into performance dashboard to Quality and Performance Committee.  Owner ICB Head of Head of Business Intelligence and Analytics  Date TBC |  |  | | --- | | Current Performance – Highlights | | Update as of 14th May   * Evaluation of the 24/25 system Healthcare Inequalities Improvement Plan will be presented to the June ICB Board. The notable area of improvement compared to 23/24 include system level work emerging across the two key gaps against the National Healthcare inequalities Improvement programme of restoring elective care inclusively and mitigating digital inclusion. The plan for system level work in 25/26 will be complete end of June with monitoring commencing in Quarter 2 onwards. * The incorporation of weighted health inequalities at the highest level of weighting into the strategic hard decisions process provides assurance that the ICB is prioritising this area in its decision making , however there is a risk to programme delivery if specific projects relating to CORE20+5 improvement programmes do not receive ongoing funding particularly relating to CYP asthma , epilepsy and diabetes and smoking prevention, hypertension detection and Alcohol Care Teams. * The Statement of Information on Health Inequalities as is expected to be finalised for end of June publication which will report on the system direction of travel for a set of nationally selected indicators comparable to 23/24. * Ensuring internal provider governance structure and ownership of actions within the 25/26 Healthcare Inequalities Improvement Plan has been a prominent part of the 25/26 system plan to provide greater focus on targeted delivery of change in this area. * System Health Inequalities and Prevention Group well established with consistent senior membership from providers with scoping work underway to incorporate primary care voice into this group. * Health inequalities – Health Inequalities & Prevention group has established well, with executive and senior representation from across system partners. The work programme is focused on the 24/25 agreed objectives and priorities (as briefed at ICB in summer 24). Group reports to Strategic Commissioning Group. * ICB Management of change has established substantive staff for health inequalities. * Population Health Management – clear link with system Population Health Management group. Population Health Board also reports into Strategic Commissioning Committee to clarify assurance reporting lines. * Work continues to describe the growing gap between healthy life expectancy/ overall life expectancy between different segments of our communities and consider risk in context of multiple completing pressures whilst maintaining/enhancing focus on health inequalities. * Implementation of strategic decision-making framework including prioritisation of impact of decisions on reducing health inequalities * Agreement of reporting requirements for Schedule 2N in contracts * Health Inequalities dashboard developed by ICB BI and PHM analysts entered User Assessment Testing Phase |  |  |  | | --- | --- | | Associated Risks on the System Strategic Operational Risk Register | | | Risk no. | Description | | Risk 1  Risk 3  Risk 4  Risk 5  Risk 7  Risk 15  Risk 16 | CYP Mental Health  Palliative care/end of life  Maternity services  Urgent and Emergency Care  Diabetes Management  Acute Paediatric pathway  C Diff |  |  | | --- | | Relevant risks on system partners risk registers | | Description | | RJAH – BAF 3 - Failure to effectively promote equality, diversity and inclusion  MPFT – BAF B4 - The Trust in committed to embedding equality and inclusion in everything we do  Shropshire Council – Corporate Risk Register:   1. Extreme pressures upon partners (social care, health, and criminal justice) within the system impacting on Shropshire Council through increased expectation, demand, need and complexity. 2. Sustainable Budget (i.e. budget will not keep track with current population projections overlaid with level of need to the demography of the population and long term investment in preventive/demand management approaches needed) |  |  |  |  |  | | --- | --- | --- | --- | | **Strategic Objective: Objective 3 Improving health and care** | | | Risk score  16 High  Major 4 x Likely 4 | | **Strategic Risk No.4: Inability to recruit, retain and keep our ICS Workforce well.** | | | | *If we*re unable to provide the workforce to deliver clinical and non-clinical services due to inability to recruit, retain and keep our workforce well | *Then* we will not develop our inclusive culture and effectively deploy a workforce with the necessary skills and expertise that meet service requirements | *Resulting* in a failure to deliver services to the population of STW. | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Consequence | Likelihood | Score | Risk Trend | | Current | 4 major | 4 likely | 16 high | | Target | 3 moderate | 3 possible | 9 moderate |  |  |  |  |  | | --- | --- | --- | --- | | Risk Lead | ICS Chief People Officer | Assurance committee | System People, Culture and Inclusion Committee |  |  |  | | --- | --- | | System Controls | Assurances reported to ICB Board and committees | | Strategies and Plans   * ~~One People Plan Recommendations and Insights Report~~ * System Workforce Strategy and associated delivery plans * workforce information dashboards to consider workforce information (sickness, turnover, vacancies, staff in post, Agency and bank usage etc) * 5 year Joint forward Plan   Partnerships and Services   * People related workstreams being led by the ICS People Team   Governance & Engagement Structures   * System People Collaborative brings system partners together to progress key workstreams, offer oversight of activity and sharing of best practice * System People Committee provides oversight of the development of our system people strategy and annual programmes and strategic direction of travel * System People Committee oversight of Annual operational workforce planning process to set direction of travel for next 12 months | First Line of Assurance   * Workforce information dashboards outputs   Second Line of Assurance   * People Plan Programme Progress Report to the People Collaborative, and People Culture and Inclusion Committee of the Integrated Care Board | | Gaps in Controls and Assurances | Actions and mitigations to address control / assurance gaps (include action owner and action due date) | | Gaps in controls:  1 ~~The System People Strategy and priorities are not agreed by system CEOs.~~  ~~2 The System People Collaborative approach, including HRD SROs and refreshed operational delivery and oversight processes/meetings, is not agreed by~~ Limited engagement from system CEOs in the development of System People Strategy.   1. ~~An appropriate and resourced structure – within the system People Team and through provider partner employers – is not agreed by system CEOs.~~ Limited resource within the System People Team limiting direct delivery and increasing need for Providers and other System Partners to take ownership 2. ~~The system People Committee is not meeting regularly, and its authority and remit requires a refresh – this gap is now completed and closed.~~ 3. ~~There is no consistent system oversight of workforce metrics, workforce supply or the delivery of our People Strategy, or progress on the delivery of the 10 people outcomes – this gap is now completed and closed.~~   ~~Gaps in assurances:~~  ~~2) Regular minutes from the System People Committee – this gap is now closed~~ | 1. ~~Finalise our ICS People Strategy and priorities by September 2023 – completed~~ 2. ~~A refreshed People strategy is required as part of NHS Oversight Exit criteria for 24/25. There is leadership and a delivery plan to meet this KPI~~  A draft refreshed strategy was presented to Committee in April 2025, and will be going to ICB Board in June 25. 3. Actively involved and engaged Chief Executive Lead for Workforce, providing high level voice and input for the workforce agenda at Board level. 4. ~~GGI Making Meetings matter review includes System People Committee – due to report in September 2023 –completed~~ 5. ~~CEO decisions on system people collaborative approach, structures and resources – following discussion papers taken to CEOs meetings and HRD meetings for consideration. An external review of HR/people function across NHS partners (except MPUFT) is concluded Dec 24 with recommendations presented to CEO’s for consideration. Current available people infrastructure continues to deliver the current people strategy within the constraints of resources available~~. System CPO’s acting as SRO’s for delivery of the Strategy are supportive of the delivery model set out, ths will further evolve through discussions around the Model ICB Blueprint. 6. ~~Refresh of the System People Committee as the oversight function – in progress from September 24. This continues to be in progress with recent changes in chair and is expected to be completed February 25.~~ Revised Terms of Reference for People Collaborative and People Culture and Inclusion Committee including membership, frequency and purpose has been approved at Board in April 2025. 7. ~~Refresh of the People Delivery Committee as the operational delivery programme board – completed. There is now a consistent suite of workforce metrics providing oversight across NHS partners across the system. There has been an amalgamation of three workforce related groups into one for strategic leadership, oversight and accountability~~ | |  |  |  |  | | --- | | Current Performance – Highlights | | A system workforce dashboard is now in place providing robust insights into NHSE workforce data intelligence and oversight to inform against the annual NHS workforce plan. There is a system workforce assurance and planning steering group chaired by the SRO for Reform from which workforce intelligence reports into several system committees and groups including System Transformation Committee, Quality Committee, Finance improvement committee, Agency workforce group, ICS People Culture and inclusion committee and ICS People collaborative.  ~~The workforce assurance group has now merged with the agency workforce reduction group which has Director chair. This aims to brings together workforce planning, monitoring, finance and productivity leads from across the system.~~  ~~Workforce data dashboard has enabled greater visibility of fragile workforce groups against 24/25 plan and there are greater opportunities to undertake targeted actions to attract and train fragile workforce groups.~~    ~~There is an agreed overarching STW ICS people strategy 2023- 2027 signed off at STW Strategy Committee 18~~~~th~~ ~~May 2023.~~  ~~With this are an agreed suite of annual people delivery priorities and delivery against these can be seen on the 23/24 annual People Programmes report presented to ICB Board in June 24.~~    ~~CEO’s have agreed to the SRO leadership arrangements across the four strategic people programmes. This is further strengthened by the CEO SRO for people chairing STW ICS People collaborative from August 24.~~  CEOs had not agreed to invest in the ICB people team infrastructure, further compounded by NHSE financial oversight scrutiny during 24/25. An external review of HR/people services and the ICB people team has been completed and the teams are now working through an action plan to address the areas highlighted.  People Inclusion and Culture Committee has ~~meeting quarterly and from October 24/25 is now meeting monthly and has renewed chairmanship Whilst there has been no robust secretariat support to this Committee or to the People delivery collaborative and as of September 2024 which has now been addressed, there is evidence of minutes and actions from Committee, and it has been subject to a good governance review with positive feedback~~ revised Terms of Reference and meetings are held bi-monthly alternating with People Collaborative with a proposal of 6 meetings per year for Committee and 6 for Collaborative.  A refreshed People Strategy has been produced focusing on delivery of the operational plan workforce targets, taking into account the recommendations from the external HR review, and acknowledging the evolving external context and reduction in capacity within the ICB people team. |  |  |  | | --- | --- | | Associated Risks on the System Strategic Operational Risk Register | | | Risk no. | Description | | Risk 10  Risk 12  Risk 13  Risk 14 | ICB Financial staff capacity  Chief People Officer for the system  Deputy Chief People Officer capacity  Capacity to deliver 10 people pledge outcomes |  |  | | --- | | Relevant risks on system partners risk registers | | Description | | SaTH – BAF 3 - If the trust does not ensure staff are appropriately skilled, supported and valued this will impact on our ability to recruit/retain staff and deliver the required quality of care  SaTH BAF 4 - A shortage of workforce capacity and capability leads to deterioration of staff experience, morale, and well-being.  RJAH – BAF 1 – Lack of effective engagement with workforce  RJAH – BAF 2 - The workforce does not have the required capacity and capability  Shropcom – BAF 3.1 – Recruitment challenges  MPFT- BAF F1 - There is a risk to the health and wellbeing of staff due to existing workforce shortages, high acuity and demand, and the long-term effects of the pandemic; leading to staff burnout, absence and increased turnover.  MPFT – BAF F2 - There is a risk to the delivery of Trust services due to national workforce supply issues and  skills shortages; leading to an inability to recruit and retain sufficient numbers of clinical, technical and managerial staff.  Telford & Wrekin Council – Corporate Risk Register – R3 - Losing skills, knowledge and experience (retention & recruitment) in relation to staffing.  Shropshire Council - Corporate Risk Register - Critical skills shortage impacting on Retention, Recruitment & Succession Planning |  |  |  |  |  | | --- | --- | --- | --- | | **Strategic Objective: ALL** | | | Risk score  16 High  Major 4 x  Likely 4 | | **Strategic Risk No.5: Lack of capacity and strategy to develop and use digital and data systems to enable efficient and effective care across the ICS** | | | | *If* we are unable to develop and use our digital and data systems | *Then* we will not be able to make informed decisions, develop integrated services that are digitally enabled and monitor their effectiveness against our aims | *Resulting in* challenges in service provision, staff dissatisfaction, and poorer health and care outcomes for our local population | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Consequence | Likelihood | Score | Risk Trend | | Current | Major 4 | Likely 4 | High 16 | | Target | Moderate 3 | Possible 3 | Moderate 9 |  |  |  |  |  | | --- | --- | --- | --- | | Risk Lead | ICB Chief Medical Officer | Assurance committee | System Transformation and Digital Committee |  |  |  | | --- | --- | | System Controls | Assurances reported to ICB Board and committees | | Strategies and Plans   * Integrated Care Strategy * Clinical Strategy * Infrastructure and Estates Strategy * Joint Forward Plan * 10 Year Capital Plan * ICS Green Plan * Population Health Roadmap * Joint Strategic Needs Assessments * Local Operational Plan * Big Conversation analysis * ICS Digital Strategy and ICS Digital Portfolio Plan * Health Inequalities Plan – KLOE for Digital Inclusion * NHSE What Good Looks Like/Digital Maturity Assessment * NHSE Digital Capability Framework for Electronic Patient Records * NHSE GP IT Operating Model * NHSE Cyber Assessment Framework   Partnerships and Services   * Population Health Management Board * Telford & Wrekin Integrated Place Partnership (TWIPP) * Shropshire Integrated Place Partnership (ShIPP) * People’s Network * Shropshire Digital Inclusion Network * MLCSU Contracted Technology Support Services – GPIT, Corporate IT, Cybersecurity, IG, Procurement, BI/Analytics * ICB Senior Leadership Team * ICB Digital Strategy Group * Commissioning Working Group * ICS Strategic Programme Boards * ICS Climate Change Group * ICS Digital Delivery Group * ICB Operating Model * System Digital Governance Model (Recommended, not in place)   Governance & Engagement Structures   * Audit Committee (Cybersecurity, ICB IT) * Strategic Commissioning Committee * Integrated Care Board * NHS Midlands Digital Transformation * NHSE Programme Networks | First Line of Assurance   * ICB Digital Operations Group reports to ICB Digital Strategy Group and ICB Digital Strategy Group report to ICS Digital Delivery Group * ICB Digital involvement in ICB Senior Leadership Team * Regular ICS partner portfolio updates including programmes, projects and group reports to the ICS Digital Delivery Group * Regular involvement in the Commissioning Working Group * Regular engagement and involvement in community and place-based partnership groups * Regular engagement and involvement with clinical and care professional networks * Routine progress reports from key workstreams * Regular Population Health Management Workstream Update to the Population Health Board   Second Line of Assurance   * ICB Digital updates to SBAF and SSORR to Audit Committee * IG updates on DSPT and Cybersecurity to Audit Committee * ICS Digital Delivery Group report to Strategic Commissioning Committee * Population Health Report to Integrated Delivery Committee * Regular engagement via regional and sub-regional digital transformation and related national programme groups/networks   Third Line of Assurance   * Audit Committee on Cybersecurity and ICB IT to the Board * Strategic Commissioning Committee report on ICS Digital to the Board | | Gaps in Controls and Assurances | Actions and mitigations to address control / assurance gaps (include action owner and action due date) | | Gaps in controls:   1. ICB and ICS Executive roles - remit, authority/span of Data, Digital and Technology (DDAT) decision-making 2. Involvement and alignment of digital and technology requirements in prioritisation, funding allocation, organisational development e.g. workforce literacy, strategic programmes and functional operations and working groups for 2nd and 3rd line assurance 3. Single view of digital/technology spend within the ICB and across the system - BAF Risk 2 4. Insufficient ICS partner reporting into Digital Portfolio 5. Insufficient resources to support delivery of the Digital Portfolio 6. Unclear commitment to implement a Digital Inclusion framework 7. Aligned ICS Digital Procurement Framework and Plan 8. Unclear timeline for an information, data, analytics and intelligence strategy across ICP 9. Independent assessment (NHSE, CQC) 10. Lack of system policy on use of AI technologies and embedded solutions   Gaps in Assurances:   1. System data, digital and technology governance with aligned system digital operating model, evolving from ICB management of change programme | 1. Confirm approach and timeline to develop an information and data strategy across ICP 2. Clarify and agree the ICB and ICS Executive digital roles 3. Commit to a board development programme for data and digital 4. Update the Integrated Impact Assessment to include digital inclusion and digital sustainability 5. Incorporate Digital voice in prioritisation and decision-making - strategic commissioning, financial planning and budget allocation, service design, quality improvement, leadership development and public involvement for digital inclusion 6. Commit to specific funding principles for digital operations financial sustainability and digital inclusion services 7. Commit to a system funding allocation model to ensure adequate digital resources to support delivery of the agreed Digital Portfolio and management of operationalised services 8. Involve ICB Digital in Infrastructure and Estates programme design 9. Involve Digital in the design of the Provider Collaborative 10. Commit resources to a system digital operating model for controls that address assurance gaps |  |  | | --- | | Current Performance – Highlights | | Update as of 8th May 2025  Since the approval of the ICS Digital Strategy in March 2024, significant progress has been made to address the underlying risks associated with digital and data capacity. A structured approach to digital delivery is now being implemented across the system, supported by a refreshed and costed Digital Portfolio Plan for 2025/26 that directly responds to identified gaps in capability, governance, inclusion, and infrastructure.  The ICS Digital Strategy now functions as a system-wide cultural lever, setting the strategic direction for inclusive digital enablement, cyber resilience, and interoperable data.  Key developments include:   * A reorganised ICS Digital Portfolio that aligns initiatives with ICS strategic objectives and national mandates. * Delivery of mandatory national requirements, such as the NHSE Digital Maturity Assessment, Digital Capability Framework, and maintaining our system’s compliance and visibility with regional assurance teams. * The re-establishment of a substantive ICB Head of Digital post and development of an in-house digital function that is now leading digital coordination, governance, and strategic planning. * System-wide visibility of high-impact programmes including Shared Care Record (ShCR), Cybersecurity, Population Health Management, and Digital Inclusion. * Drafting of a costed annual delivery plan that directly addresses capability gaps (e.g. digital inclusion, cyber operating model, adopting AI to enhance efficiency, analytics capacity), reflecting national frameworks and enabling prioritisation. * Through the subgroups introduced to the governance structure, we have increased engagement with providers and local authorities to embed digital thinking across operational, neighbourhood care transformation and infrastructure programmes. * Raised visibility of digital risks and gaps through ICB leadership forums, Commissioning Working Group, IG Committee, and Strategic Commissioning Committee. * Digital representation is now active in ICB initiatives. * Scoping for a system-wide information, data and analytics strategy has begun, led by the BI and Performance team. * The possibilities of collaborative procurement and shared ICS digital resources are being explored.   This progress provides a clear direction of travel and demonstrates that the ICB and ICS are on a pathway to improve assurance and mitigate long-standing digital risks through structured delivery, targeted investment, and strengthened governance. |  |  |  |  | | --- | --- | --- | | Associated Risks on the System Strategic Operational Risk Register | | | | Risk no. | Description | Current score | | Risk 8 | Emergency Planning, Resilience and Response | 16 | | Risk 14 | System Digital Operating Model | 16 | | Risk 15 | Difficulty of finding patient information across different systems | 20 | | Risk 16 | System digital inclusion framework | 16 | | Risk 17 | System capacity and funding to support digital clinical risk management | 20 | | Risk 23 | System-wide Cybersecurity Operating Model and Strategy | 16 |  |  | | --- | | Relevant risks on system partners risk registers | | Description | | SaTH BAF 7A - Failure to maintain effective cyber defences impacts on the delivery of patient care, security of data and Trust reputation.  SaTH BAF 7B - The inability to replace implement modern digital systems impacts upon the delivery of patient care.  RJAH BAF 6 - IT unable to support new ways of working.  RJAH BAF 7 – Loss of data/unable to restore services following a cyber-attack.  MPFT BAF risk that the appropriate cyber security controls are not in place services following a cyber-attack.  Shropshire Council - Corporate Risk Register - Critical skills shortage impacting on Retention, Recruitment & Succession Planning |  |  |  |  |  | | --- | --- | --- | --- | | **Strategic Objective: ALL** | | | Risk score  16 High  major 4 x likely 4 | | **Strategic Risk No.6: Inability to respond strategically to ICS objectives due to the impact of external factors beyond the influence of the ICS (e.g. Emergencies, Incidents and Disruptive Events such as: climate change, adverse weather, cyber-attack, utilities failure, transport accidents, malicious attacks, industrial action, infectious disease, economic and political changes).** | | | | *If* we are unable to respond collectively to the external challenges facing our local area | *Then* we will not be able to, meet our ICS objectives to improve the health and wellbeing of our population. | *Resulting in* poorer outcomes for our population and with further pressure on health and care services. | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Consequence | Likelihood | Score | Risk Trend | | Current | 4 - Major | 4 - Likely | 16 High | | Target | 3 - Major | 3 - Possible | 9 Moderate |  |  |  |  |  | | --- | --- | --- | --- | | Risk Lead | ICB Accountable Emergency Officer (AEO) | Assurance committee | Strategic Commissioning and Productivity Committee |  |  |  | | --- | --- | | System Controls | Assurances reported to ICB Board and committees | | Strategies and Plans   * Integrated Care Strategy * Joint Forward Plan * Health and Wellbeing Strategies * Local Authority Strategies * Civil Contingencies Act 2004 (CCA), NHS Act 2006, Health and Care Act 2022, NHS Standard Contract. * NHS EPRR Framework * NHS England Incident Response Plan * Local Authorities EPRR Response Plans and Business Continuity Management Plans. * ICB EPRR Policy, Incident Response Plan, Business Continuity Management Plans (Corporate & Directorate), EPRR Communications Plan * ICB On-Call Policy * STW Health Protection Strategy * ICS Green Plan * Individual NHS organisations EPRR Policies, Incident Response Plans, and Business Continuity Management Plans. * Individual NHS organisations Green Plans * ICB Risk Management Policy * NHS Shropshire, Telford and Wrekin ICS West Mercia Local Resilience Forum Representation Agreement * ICB EPRR Training and Exercise Programme (includes systemwide exercising) * West Mercia Local Resilience Forum (LRF) response and recovery plans. * Winter Plan 24/25   Partnerships and Services   * Integrated Care Partnership * West Mercia Local Resilience Forum (LRF) * West Mercia Local Health Resilience Partnership (LHRP) * West Mercia Health Emergency Preparedness Operational Group (HEPOG) * STW Health Protection Quality Assurance Board * ICS IPC & AMR Group * Population Health Board * Shropshire Integrated Place Partnership (ShIPP) * Telford and Wrekin Integrated Place Partnership (TWIPP) * Primary Care Networks * ICS Climate Change Group   Governance & Engagement Structures   * Integrated Care Partnership * Health and Wellbeing Boards * STW ICS EPRR Forum * Individual NHS organisations EPRR committees/groups * West Mercia Local Resilience Forum (LRF) * West Mercia Local Health Resilience Partnership (LHRP) * West Mercia Health Emergency Preparedness Operational Group (HEPOG) * UEC Board | First Line of Assurance   * Strategic Commissioning and Productivity Committee * UEC Board/STG   Second Line of Assurance   * NHSE Annual Assurance Process of NHS Core Standards for EPRR. * NHSE Quarterly Green meetings. * Board – Winter pressures * NHSE – Winter pressures | | Gaps in Controls and Assurances | Actions and mitigations to address control / assurance gaps (include action owner and action due date) | | 1. Limited ICB and individual NHS organisations EPRR resource. 2. No existing system level EPRR frameworks, policies, plans for organisations to align own policies and plans to enhance a coordinated response. 3. Lack of documented Standard Operating Procedures for the System Coordination Centre (SCC) 4. Low level of compliance with NHS Core Standards for EPRR. 5. Gaps in uptake of EPRR mandatory training STW and Herefordshire & Worcestershire form the West Mercia LHRP and HEPOG. An emerging issue as at end May 25 to be resolved will be future structures required under the NHSE/ICB reset alignment with Staffordshire. | 1. ICB EPRR work programme reviewed in May 25 has actions to produce system level EPRR policies, frameworks and plans for organisations to align own policies and plans. (Lead: Gareth Wright / Felicity Govas) 2. Individual NHS organisations EPRR work programmes. 3. LHRP work programme will be finalised Jun 25 in conjunction with H&W ICB (Lead: Felicity Govas). 4. ICB EPRR lead meets with provider EPRR leads monthly. (Lead: Felicity Govas). 5. STW ICB EPRR lead to work closely with H&W ICB EPRR lead to drive the LHRP and HEPOG work programme ensuring links to system/locality risks, issues, and challenges. (Lead: Felicity Govas). 6. Accountable Emergency Officers (AEO) for each NHS organisation to review EPRR resourcing to ensure it is adequate for the size, type, and services of their organisation and duties placed on them under the CCA, NHS Act 2006, Health and Care Act 2022, and the NHS Standard Contract. May 25 update: EPPR resourcing remains at an irreducible minimum. Intention to consolidate into a System group model has been paused pending progression of the NHSE/ICB reset. (Lead: Ian Bett / Gareth Wright) 7. Systemwide exercise schedule. May 25 update: contained within Action 1 – ICB EPRR work programme. (Lead: Gareth Wright / Felicity Govas) 8. Completion of NHS Core Standards for EPRR. May 25 update: annual cycle will restart under NHSE Midlands direction expected late Jun 25. Concurrent activity within our work programme to address compliance issues raised last year. (Lead: Gareth Wright / Felicity Govas) 9. Complete self-assessment against NHSE/CQC regulatory framework. May 25 update: this forms part of the NHS Core Standards process. (Lead: Gareth Wright / Felicity Govas) |  |  | | --- | | Current Performance – Highlights | | * The ICB and individual NHS organisations have annual EPRR work programmes in place to ensure there is a continuous cycle of improvement. These work plans cover review and updates of policies and plans, training, exercising, business continuity management systems and incident response arrangements. * The ICB and individual NHS organisations will soon commence the annual cycle of self-assessment against the NHS Core Standards for EPRR. These self-assessments will be reviewed by the ICB and NHSE during September with final outcomes of the assessment and assurance levels confirmed in early October. The final assurance level achieved for 2024 as an ICB was of Partial compliance, which was an improvement from Non-Compliant in 2023. The ICB continues to work with all organisations to develop individual and systemwide improvement plans. These improvement plans will be overseen by the ICB EPRR Senior EPRR Lead reporting to the ICB Accountable Emergency Officer (AEO) via the West Mercia LHRP, the Strategic Commissioning and Productivity Committee and Board * Detailed review of Greener NHS progress in STW against the NHSE national objectives and priorities carried out in Aug 24, and discussed with NHSE regional leads. Plan to enhance link to ICS Infrastructure group (chair – ICB Director of Finance). Follow up review with NHSE in late autumn 24, with objective of improving ICS rating. * A Winter Delivery and UEC Improvements Update was provided to the Board at its meeting on 30 Apr 25. System-level management of UEC operational risk and escalation will be a key feature of our forthcoming winter plan. |  |  |  | | --- | --- | | Associated Risks on the System Strategic Operational Risk Register | | | Risk no. | Description | | Risk 8 System SORR | EPRR | | Risk 3 System SORR | Delays in UEC |  |  | | --- | | Relevant risks on system partners risk registers | | Description | | **NHS STW ICB** – SORR 24 – EPRR.  **ShropCom** – BAF 4.1 External pressures impact on capacity (wider system escalation or rising pandemic levels)  **Telford & Wrekin Council** – Corporate Risk Register – R4 - Significant business interruption affecting ability to provide priority services, e.g. critical damage to Council buildings, pandemic, etc.  **Telford & Wrekin Council** – Corporate Risk Register R7 - Inability to respond adequately to a significant emergency affecting the community and/or ability to provide priority services.  **Telford & Wrekin Council** – Corporate Risk Register R8 - Inability to respond to impact of climate emergency on severe weather events including heat, cold and flood.  **Shropshire Council** – Corporate Risk Register:   1. Responding and Adapting to Climate Change 2. Delivery of the Economic Growth Strategy 3. Sustainable Budget   **The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust** – BAF 7 – ***if*** *the Trust does not have adequate plans in place to respond to a significant disruptive event beyond the control of the Trust, such as a pandemic, or cyber-attack,* ***then*** *it will be unable to provide an adequate response to the immediate need and/or maintain other key services due to unavailability of the required resources/staff,* ***resulting in*** *potential patient harm, increased waiting times etc.* |  |  |  |  |  | | --- | --- | --- | --- | | **Strategic Objective: ALL** | | | Risk score  16 High  Major 4 x  Likely 4 | | **Strategic Risk No.7: Inability to contribute effectively as a system to support broader social and economic development** | | | | *If* we are unable to respond collectively to the social and economic challenges facing our local area, | *Then* we will not be able to make a difference to wider economic growth across our system | *Resulting in* poorer longer-term outcomes for our local population in relation to health and wellbeing | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Consequence | Likelihood | Score | Risk Trend | | Current | Major 4 | Likely 4 | 16 High | | Target | Major 4 | Possible 3 | 12 High |  |  |  |  |  | | --- | --- | --- | --- | | Risk Lead | ICB Chief Executive Officer | Assurance committee | NHS STW Board |  |  |  | | --- | --- | | System Controls | Assurances reported to ICB Board and committees | | Strategies and Plans   * Integrated Care Strategy * 5 year Joint Forward Plan * Health and Wellbeing Strategies   Partnerships and Services   * TWIPP * ShIPP * Provider Collaboratives * ICS Chief Executives Group   Governance & Engagement Structures   * Integrated Care Partnership Committee and Integrated Care Board and associated committees * ICB – agreed values and behaviours * Health and Wellbeing Boards | First Line of Assurance   * Joint Strategic Needs Assessments * Workforce mapping   Second Line of Assurance   * Population Health Management Group report to ICB   Third line of Assurance   * Health and Wellbeing Boards | | Gaps in Controls and Assurances | Actions and mitigations to address control / assurance gaps (include action owner and action due date) | | Gaps in Controls:   1. Strategic partnership focus on broader social and economic development of the area has been limited to date.   Gaps in Assurances:   1. No clear committee that has this oversight in its remit. | 1. Population health management approach needs to be adopted. |  |  |  | | --- | --- | | Current Performance – Highlights | | | * Population Health - Population Health analysts capacity secured in Planning and Performance directorate. Population Health Management Group now reports into Strategic Commissioning Committee to clarify assurance reporting lines. * ICB working to support major Local Authority-led initiative – Marches Forward Partnership (Shropshire, Powys, Monmouthshire and Hereford & Worcester). Range of workstreams including health, housing, skills and energy, with focus on economic development. | | | Associated Risks on the System Strategic Operational Risk Register | | | Risk no. | Description | |  | None identified |  |  | | --- | | Relevant risks on system partners risk registers | | Description | | Shropshire Council – Corporate Risk Register:   1. Delivery of the Economic Growth Strategy 2. Extreme pressures upon partners (social care, health, and criminal justice) within the system impacting on Shropshire Council through increased expectation, demand, need and complexity. |  |  |  |  |  | | --- | --- | --- | --- | | **Strategic Objective: ALL** | | | Risk score  12 High  Major 4 x Possible 3 | | **Strategic Risk No.8: Patient and Public Involvement** | | | | *If* the ICB fails to meet its statutory duty to involve patients, the public, marginalised groups and to consider the 9 protected characteristics in planning and commissioning arrangements, and in the development of proposals to change or cease existing services | *Then* services will not be tailored to local people's health and care needs | *Resulting* in potential judicial review, discrimination, not meeting the population’s health needs, increasing health inequalities and leading to poorer health outcomes | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Consequence | Likelihood | Score | Risk Trend | | Current | Major  4 | Possible  3 | High 12 | | Target | Moderate  3 | Unlikely  2 | Moderate  8 |  |  |  |  |  | | --- | --- | --- | --- | | Risk Lead | ICB Chief Business Officer | Assurance committee | Strategic Commissioning and Productivity Committee and Strategy and Prevention Committee |  |  |  | | --- | --- | | System Controls | Assurances reported to ICB Board and committees | | Strategies and Plans   * Integrated Care Strategy * 5 Year Forward Plan * Big Health and Wellbeing conversation communications and engagement plan socialised and approved by Board * Communications and Engagement Strategy for STW ICB approved by the Board – outlines how we will involve, engage and consult including focussing on health inequality groups and the Equality Act 2010 - 9 protected characteristic groups as part of any activity. * The Gunning Principles   Partnerships and Services   * Presence of Healthwatch for both areas at Board meetings and Quality and Performance Committee * System Involvement and Engagement Network established which assesses engagement and adherence to the Equality Act 2010 requirements. * Communications and Engagement teams working jointly across ICB, ICS and Providers providing more capacity and expertise in planning and delivery * Board meetings are held in public and board papers published to the ICB website to increase transparency. * In house ICB Comms and Engagement team supplements capacity of partner organisations * System-wide Integrated Impact Assessment (IIA) tool developed to streamline the way we identify the impact of change on equality groups (9 protected characteristics) which are then presented to the ICB’s Equality and Involvement Sub-committee for scrutiny.   Governance & Engagement Structures   * Integrated Care Partnership and Integrated Care Board and associated committees * Reports to Governing bodies/Committees require section completing on Patient involvement * Equality and Involvement Sub-Committee as part of ICB Governance * Non Executive Director for Inequalities in place on Board to act as specific check and balance with regard to patient involvement * ICB C&E team focus on ICB prioritised areas of work - programme has been provided by Commissioning team to allow prioritisation of support. | First Line of Assurance   * Reporting on Engagement as part of wider reporting and decision making at Strategic Commissioning and Productivity Committee and system quality and performance Committee on commissioning decisions   Second Line of Assurance   * Reporting to Equality and Involvement Sub-Committee. EIC receives comms and engagement plans from commissioners and Integrated Impact Assessments (IIA), Chair provides reports to strategic commissioning and Productivity Committee and system strategy and prevention committee * EIC also have a role in scoring Equality Delivery System 2 self-assessment for domain 1 - commissioned services.   Third Line Assurance   * Health and Overview Scrutiny Committees (HOSC) * NHSE review of ICB Annual Report which must include content on patient and public engagement over the period of reporting. * NHSE Annual ICB assessment includes component on statutory responsibility to engage with the local population and partners. | | Gaps in Controls and Assurances | Actions and mitigations to address control / assurance gaps (include action owner and action due date) | | Gaps in Controls:   1. Limited engagement capacity within the ICB comms and engagement team 2. Development of advice, guidance and training resources for commissioners, partner organisations 3. Involvement strategy refresh required.   Gaps in Assurances:  None | 1a) ~~CSU comms and engagement capacity is used when required~~. At scale hours with CSU for comms and engagement support, will be utilised to provide additional capacity. 31st October 2025 – AS  1b) People’s network needs focus to add in more diversity to enable ongoing engagement on a regular basis with a wide range of citizens. 30th September 2025 – KM  1c) ~~Need for ICB C&E team to focus on ICB prioritised areas of work - programme has been provided by Commissioning team to allow prioritisation of support. March/April 2025.~~  2) ICB C&E team to develop guidance on statutory consultation and non-statutory engagement and on managing media enquiries. 30 September 2025 – AS  3)Refresh of Involvement Strategy during 2025. Timeline currently being developed. This needs to consider the implications of the ICB Model Blueprint. 31July 2025 – AS |  |  | | --- | | Current Performance – Highlights | | * Plan in place for use of CSU resources for remainder of 24/25 - Quarter 4 * Additional recruitment to the People’s Forum has started, particularly focussing on groups that are under-represented – currently we have low numbers of young people and men. - quarter 4 * Work on support resources to new commissioning teams and partners delayed due to need for ICB to prioritise commissioning objectives via Senior Leadership team – quarter 4/quarter 1 * ICB Communications and Engagement Team have started to collate existing guidance resources and information and identifying gaps to then develop new resources to communicate out to Senior Leadership team and ICB generally via staff huddle. Quarter 4 |  |  |  | | --- | --- | | Associated Risks on the System Strategic Operational Risk Register | | | Risk no. | Description | | 23 | Patient and Public Involvement - risk of not meeting statutory duty. |  |  | | --- | | Relevant risks on system partners risk registers | | Description | | MPFT – BAF P2 - There is a risk that the Trust will not be able to adequately measure and respond to the  experiences of our service users due to the limitations of the current feedback systems and approaches. This may impact on the Trust reputation due to reduced confidence in the ability to learn, respond and improve services in response to customers voice / views | | |