Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

STW Integrated Care Board

MEETING

24 April 2024 14:00 BST

PUBLISHED
19 April 2024

Agenda

Location	Date	Time
The Reynolds Suite Holiday Inn Telford International Centre, St. Quentin Gate, Telford TF3 4EH	24 Apr 2024	14:00 BST

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AGENDA (PART 1)

Meeting Title	Integrated Care Board	**Date**	Wednesday 24 April 2024
Chair	Sir Neil McKay	**Time**	2.00pm
Minute Taker	Board Secretary	**Venue/ Location**	The Reynolds Suite Holiday Inn Telford International Centre, St. Quentin Gate, Telford TF3 4EH

A=Approval R=Ratification S=Assurance D=Discussion I=Information

Reference	Agenda Item	Presenter	Purpose	Paper	Time
OPENING MATTERS (approximately 30 minutes: 2.00pm – 2.30pm)					
ICB 24-04-029	Apologies and Introductory comments by the Chair	Sir Neil McKay	I	Verbal	2.00
ICB 24-04-030	Declarations of Interest: To declare any new interests or existing interests that conflict with an agenda item Register of Board member's interests can be found at: Register of Interests - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)	Sir Neil McKay	S	Verbal	
ICB 24-04-031	Minutes from the previous meeting held on Wednesday 27 March 2024	Sir Neil McKay	A	Enc	
ICB 24-04-032	Matters arising and action list from previous meetings	Sir Neil McKay	A	Enc	
ICB 24-04-033	Questions from Members of the Public: Guidelines on submitting questions can be found at: https://stwics.org.uk/get-involved/board-meetings	Sir Neil McKay	I	-	
ICB 24-04-034	Resident's Story: Knee Surgery Patient Experience	Stacey Keegan	S	Video	2.10

STRATEGIC SYSTEM OVERSIGHT (approximately 50 minutes - 2.30pm – 3.20pm)					
ICB 24-04-035	Chief Executive's Report • Shaping the STW ICB Update • Perceptions and experience of racism in the workplace by health and social care staff, including NHS Staff Survey • Sexual Safety Charter • Martha's Rule • Priorities and Operational Planning Guidance for 24/25 • STW System Oversight Arrangements • Emergency Preparedness, Resilience and Response (EPRR) Update	Simon Whitehouse	A	Enc	2.30
ICB 24-04-036	ICB Operating Model and Meeting Structures: • Update on ICB Operating Model • Amendments to Governance Handbook following Good Governance Institute (GGI) governance review	Simon Whitehouse	A/D/I	Enc	2.50
BOARD COMMITTEE REPORTS – FOR INFORMATION (approximately 5 minutes – 3.20–3.25pm)					
ICB 24-04-037	**Assurance**				3.20
ICB 24-04-037.1	Quality and Performance Committee Chair's Report for meeting held on 29 February 2024	Meredith Vivian	S	Enc	
ICB 24-04-037.2	Audit & Risk Committee Chair's Report for meetings held on 17 January and 17 April 2024	Roger Dunshea	S	Enc	
ICB 24-04-037.3	Finance Committee Chair's Report for the meeting held on 22 February 2024	Professor Trevor McMillan	S	Enc	
ICB 24-04-037.4	Remuneration Committee Chair's Report for meeting held on 28 March 2024	Professor Trevor McMillan	S	Enc	
	Strategy				
ICB 24-04-037.5	Strategy Committee Chair's Report for meeting held on 13 March 2024	Cathy Purt	S	Enc	
ICB 24-04-037.6	People Culture and Inclusion Committee Chair's Report for meeting held on 20 March 2024	Dr Catriona McMahon	S	Enc	
	Delivery				
ICB 24-04-037.7	Integrated Delivery Committee Chair's Report – no report	Harry Turner	S	-	

ANY OTHER BUSINESS (approximately 5 minutes – 3.25pm – 3.30pm)					
ICB 24-04-038	Any Other Business: *(To be notified to the Chair in advance)*	Sir Neil McKay	D	Verbal	3.25
	Date and time of next meeting: • Wednesday 26 June 2024 - Telford				

***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.)*

Sir Neil McKay
Chair
NHS Shropshire, Telford and Wrekin

Mr Simon Whitehouse
Chief Executive
NHS Shropshire, Telford and Wrekin

NHS Shropshire Telford and Wrekin
Integrated Care Board

Minutes of Meeting held in public on
Wednesday 24 March 2024 at 3.10 pm
The Sovereign Suite, Shrewsbury Town Football Club
Croud Meadow, Oteley Road, Shrewsbury, SY2 6ST

Present:

Professor Trevor McMillan	Deputy Chair and Non-Executive Director, NHS STW
Meredith Vivian	Non-Executive Director, NHS STW
Roger Dunshea	Non-Executive Director, NHS STW
Simon Whitehouse	Chief Executive, NHS STW
Claire Skidmore	Chief Finance Officer, NHS STW
Nicholas White	Chief Medical Officer, NHS STW
Gareth Robinson	Executive Director of Delivery and Transformation, NHS STW
Stacey Keegan	Foundation Trust Partner Member and Chief Executive Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Louise Barnett	Trust Partner Member and Chief Executive, Shrewsbury and Telford Hospital NHS Trust
Patricia Davies	Trust Partner Member and Chief Executive Shropshire Community Health NHS Trust
Dr Julian Povey	Primary Care Partner Member for Shropshire
Neil Carr	Foundation Trust Partner and Chief Executive, Midlands Partnership University Foundation Trust
Dr Ian Chan	GP Partner Member

In Attendance:

Alison Smith	Director of Corporate Affairs, NHS STW
Dave Bennett	Associate Non-Executive Director, NHS STW
Dr Catriona McMahon	Chair, Shrewsbury and Telford Hospital NHS Trust
Cllr Paul Watling	Cabinet Member for Adult Social Care and Health Systems Telford and Wrekin Council (representing Shaun Davies)
Cathy Purt	Non-Executive Director, Shropshire Community Health NHS Trust
Pauline Gibson	Non-Executive Director, Midlands Partnership University Foundation Trust (via MS Teams)
Peter Featherstone	Non-Executive Director, Shropshire Community Health NHS Trust (representing Tina Long)
Simon Froud	Director of Adult Social Care – Telford and Wrekin Council (representing David Sidaway)
Lynn Cawley	Chief Officer, Healthwatch Shropshire (via MS Teams)
Jan Suckling	Lead Officer, Healthwatch Telford & Wrekin
Jackie Jeffrey	Vice Chair Shropshire, VCSA
Sharon Fletcher	Interim Deputy Chief Nurse, NHS STW (representing Vanessa Whatley)
Nigel Lee	Director of Strategy and Partnerships, NHS STW
Tracy Eggby-Jones	Corporate Affairs Manager, NHS STW

Presenters:

Simon Collings	Interim Head of Clinical Strategy, NHS STW (agenda item ICB 27-03-023)
Tristi Tanaka	Head of Digital Innovation and Transformation, NHS STW (agenda item ICB 27-03-024)

Minute No. ICB 27-03-017 - Introduction and Apologies

017.1 The Deputy Chair opened the meeting and noted the following apologies:

- Sir Neil McKay, Chair, NHS STW
- Andy Begley, Local Authority Partner Member and Chief Executive, Shropshire County Council
- David Sidaway, Local Authority Partner Member and Chief Executive, Telford Council
- Cllr. Lezley Picton, Leader, Shropshire Council
- Harry Turner, Chair, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Mike Carr, Chief Operating Officer, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Niti Pall, Non-Executive Director, NHS STW
- Tina Long, Interim Chair, Shropshire Community Health NHS Trust
- Vanessa Whatley, Interim Chief Nurse, NHS STW
- Liz Noakes, Director of Public Health, Telford & Wrekin Council
- Cllr. Shaun Davies, Leader, Telford & Wrekin Council

Minute No. ICB 27-03-018 - Declarations of Interest

018.1 Members had previously declared their interests, which were listed on the ICB's Register of Interests and was available to view on the website and no interests were declared for any agenda item:

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

Minute No. ICB 27-03-019 - Minutes from the previous meeting held on Wednesday 31 January 2024

019.1 The minutes of the meeting held on 31 January 2024 were presented for approval.

019.2 Mr Nigel Lee noted that he was not recorded in the attendance list but was present. Board Secretary to add Mr Lee's name to the attendance list.

RESOLVE: **The minutes of the ICB Board meeting held on 31 January 2024 were approved, subject to the amendment to the attendance list**

ACTION: **Board Secretary to amend attendance list for the minutes of the ICB Board meeting held on 31 January 2024 to include Mr Nigel Lee.**

Minute No. ICB 37-03-020 - Matters arising and action list from previous meetings

20.1 The Chair referred to the Action List and drew attention to the following items:

- **Minute No. ICB 31-01-013.4 - Chief Medical Officer & Chief Nursing Officer – Update on Measles**

  Ms Sharon Fletcher gave an update and confirmed that the measles communication had been issued and a copy available on the intranet. There was continuing work being carried out across the system.

- **Minute No. ICB 31-01-012.6 - Integrated Care System Performance Report**

  Mrs Skidmore confirmed that the tables in Appendix B had been amended and that the action was closed.

- **Minute No. ICB 31-01-007.10 – EPRR Assurance**

  Mr Roger Dunshea updated the Board, highlighting that the compliance around EPRR remained problematic. He received an update from Sam Tilley stating that it is still a work in progress and there are issues emerging around ICB resources. Mr Dunshea stated that he will take it back to the Audit Committee in April. Mr Simon Whitehouse recommended an update to be given at April's Board meeting.

ACTION: Update on EPRR assurance to be presented to ICB Board meeting in April.

- **Minute No. ICB 27-09-108 ICB CEO Report, Minute No. 108.34**

  It was agreed that a briefing note on HTP update would be circulated at a later date to Board Members. Therefore, Dr McMahon recommended that this action be closed due to it being outdated and superseded by a presentation to the Board and several conversations that had been held since then.

Minute No. ICB 27-03-021 - Questions from Members of the Public:

021.1 The Chair reported that no questions had been received from Members of the Public for the meeting.

021.2 The Chair noted that the large number of questions from the previous meeting held on 31 January 2024 had been responded to.

Minute No. ICB 27-03-022 ICB - Chief Executive (CEO) Report

022.1 Mr Whitehouse introduced his report and highlighted the following:

- NHS Communicate Awards - The Communications Team was successful in gaining a national award for the 'Think Which Service' campaign.

- Integrated Care Partnership (ICP) Board – First meeting was held on 22 January 2024, which was very positive.

- Industrial Action - Recognition was given to the ongoing response from all staff around Industrial Action.

- Shaping the STW ICB Programme – An update was received on the Management of Change (MoC) process within the ICB and Mr Whitehouse confirmed that the ICB would be implementing a new organisational structure which would be compliant with the 20% reduction in 2024/25 and a total reduction of 30% by the end of 2025/26.

- NHS Shropshire, Telford and Wrekin NHS Staff Survey Results – This was the first time that the ICB had taken part in the survey, and the paper showed some of the challenges in terms of the results. Mr Whitehouse added that the paper did not cover the provider staff survey results, but this would be incorporated in future reports presented to the Board. NHS provider Trusts would be taking their own analysis through their own governance routes before the total position was assimilated

022.2 Dr Julian Povey noted that the staff survey results showed the ICB as being a negative place to work and asked what actions would be taken to change this view moving forward. Mr Whitehouse responded by saying that the survey results were an important marker and one that would be taken seriously re the need to develop an action plan in response to the findings. Equally he noted that the timing is likely to have had an impact given that the survey landed at the same time as the launch of the Management of Change (MoC) and a 30% reduction at a time when their workload was increasing. He recognised this as a significant challenge.

022.3 Mr Whitehouse confirmed that an update would be presented to the Board once the MoC consultation had been completed and the organisational development programme developed. The Chair stated that the NED's had emphasised the need to ensure staff were engaged in the process.

022.3 Mr Simon Fogell asked around the structure of TWIPP and SHIPP and where they sat as formal committees in the system. Mr Whitehouse responded by saying that this issue was picked up as part of the governance review and the revised governance framework where it was confirmed that TWIPP and SHIPP were formal committees of the Board. However, there was work to do to confirm terms of engagement and an annual workplan. The leadership of the 2 place-based boards and their leadership need resolving urgently.

022.4 Mr Meredith Vivian referred to the Staff Survey results and sought further clarity around staff participation in the improvement plan and what this would involve. He was also interested to know more about the new position of Wellbeing Guardian Board role. Mr Vivian added that the Boards behaviours, attitudes and interactions have a direct influence on the positive or otherwise experience of staff and on the Board and stated that he would be interested to hear what colleagues though about improving staff experience more widely.

022.5 In relation to staff involvement, Mr Whitehouse responded by saying that it would begin with a conversation with staff about what their involvement would look like and how would it make a difference. The next steps would be to develop an organisational framework. There would be ongoing dialogue and updates on progress would be presented to the Board. Mr Whitehouse envisaged that the Wellbeing Guardian would ensure that the voice of staff was heard at Board level. Although there needed to be

a discussion as to whether this was an individual person or a whole Board responsibility and how agree how this would be discharged.

RESOLVE: **NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the updates relating to:**

- **NHS Communicate Awards**
- **Integrated Care Partnership (ICP) Board meeting held on 22 January 2024**
- **Industrial Action**
- **Shaping the STW ICB Programme**
- **NHS Shropshire, Telford and Wrekin NHS Staff Survey Results**

Minute No. ICB 27-03-023 - Delegation of Specified Specialised Acute Service Lines

023.1 Mr Nicholas White presented the report and introduced Mr Simon Collings, Head of Population Health, Planning and Decision Support. The purpose of the report was to discuss and seek acceptance from the ICB Board of the Delegation of Specified Specialised Acute Service Lines and the arrangements around them. Mr White handed over to Mr Collings.

023.2 Mr Collings presented to the Board, explaining Delegation of Specified Specialised Acute Service Lines and highlighting the following key points:

- An explanation of the 6 clinically led National Programmes of Care (NPOC) which were Cancer, Mental health, Blood and Infection, Internal medicine, Trauma, and Women and Children.
- Within Shropshire, Telford and Wrekin there were 33 contracts, 27 of which were main NHS Provider Contracts. These were currently managed, for NHS England, by the Midlands Acute Specialised Commissioning (MASC) Team. If the ICB chose not to accept the delegation approach across the West Midlands sub region, they would have to manage the 33 contracts themselves.
- Mr Collings outlined the 3 main benefits to delegate, which were Quality of patient care, equity of access and value.

023.3 Mrs Patricia Davies pointed out that the paper was very complex and more detail around the three options was possibly needed, such as what does full delegation mean in terms of responsibility and did they have the skills and competencies to do it effectively.

023.4 Mr Roger Dunshea asked whether Option 3 was a holding position and whether the information around finances within the paper was reliable and whether they had thought through the role of the joint committee in deciding provision of services. Mr Dunshea further asked whether it would be a fixed decision, or could it be reopened at a future date. Mr Collings responded by saying that this had been partly designed to improve access to services for rural systems. He added that in relation to Option 3, Full Delegation, had to happen by April 2025, therefore they would have 12 months to work through whether it was right for them, before fully committing. Option 3 was an approach that would enable a transitional plan to be put in place and that this would help to mitigate the risk issues being flagged and highlighted by Board members.

023.5 Mr Whitehouse explained that the Board previously had approved the way that the joint committee worked across the Midlands and that this was the second stage of delegation from the National Team. They had already taken on Dental, Optometry, and Pharmacy and that this was a national mandate that was written in terms of how the delegation would happen. Mr Whitehouse further explained that the conversation they have had with NHSE and ICB colleagues were positive about managing the transitional arrangements.

023.6 Mr Vivian asked how the Board would measure whether the arrangements that were put in place are right for the population. Mr White responded by saying that previously service specifications had been led by Senior Specialist Doctors and were written and designed nationally. Under this approach there would be a local voice in how the specifications were designed and written.

023.7 Mr Featherstone pointed out that it was not clear about where the risk sits with cost improvement programmes, productivity, and finance. Mr Featherstone asked what control the ICB would have over that. Mr White responded by saying that there was a proposed 'lock arrangement' that worked in two ways around financial risk. If there was a surplus within a budget, then they would not get access to it and similarly if there was any overspend, they don't carry the risk for that. Mrs Claire Skidmore added that in terms of governance, supporting the East and West Boards were several working groups that would be picking up, challenging and resolving these types of concerns.

023.8 Ms Lynn Cawley asked how quality of patient care and joined up care would be guaranteed and what the mechanics were to make it work and be successful for the people using the services. Mr Whitehouse added that within one of the appendices there was a detailed piece on the Quality Dashboard Overview which linked to each of the services including using the intelligence from complaints, serious incidents, CQC. It also set out how that was reported in the Quality Dashboard against each service line and how that comes through the joint delegation and joint committee structure for discussing on a service specific basis. The challenge over the next year was how to use that overview to understand from a local perspective, which ones are impacting.

023.9 Ms Davies asked whether this would not only provide better access to services, but would it also make sure that the pathways were smoother for the patients.

023.10 Mr Dave Bennett asked how they follow that through with Commissioning questions around revenue, productivity, improvements, efficiency and how it linked with the ability to invest capital in the development of specialist services. Mr Collings responded by saying many of the specialised services have established arrangements for assessing the quality of their services, including the areas of complaints and serious incidents. Patient engagement was run nationally through the programmes of care. It can be looked at with the Quality Dashboard. In terms of efficiency and finance, specialised services has its own productivity, efficiency targets and planning arrangements which would go through the joint committees at the East and West Midlands. The budget had been balanced for many years in this area. Access to new monies for the new services coming on board would make it much easier to deliver the efficiencies in that area.

023.11 Mrs Skidmore responded by saying that there was significant work to be done to be able to map and fully understand the budgets, which was recognised by the team. They were fundamentally changing the way that they do business for specialised services, so shifting from provider focussed to population focussed, and being

assured that the rebase lining of the numbers was a fair representation of where things go. One of the prevailing thoughts through the finance community was do they find and strike out the balance of risk. Mrs Skidmore recognised that there are many areas that need more work, but that they need to get into this as soon as possible to gain traction in the problem areas. They have not mitigated all the risk at present, but they are aware of the issues and are working on resolving them.

023.12 Mrs Skidmore reported that there had been a conversation in the Finance Committee about how the funds flow, and how it works, and how they make sure that organisations get paid at the right time. Mrs Skidmore informed the Board that some of the diagrams and references in the document were now outdated and following national confirmations these will be revised. One of the assurances asked for in changing the payment mechanism that it would not put undue pressure on the ICB finance team because it pushes a lot of responsibility towards them in that space and they have not got the capacity to do it. They have had the assurance from the team that will be carrying out this on behalf of the ICB. Mrs Skidmore, as the Senior Information Responsible Officer (SIRO), has placed references within the paper to Data Privacy Impact Assessment and the Data Sharing Agreement which have not yet been signed off, but is content that it was being worked on in the background.

023.13 Mr Fogell agreed that in principle delegation was a good idea and noted that there was a knock on effect to the Local Authorities in terms of the localities of the patients, therefore, conversations would need to be had around this.

023.14 Mr Whitehouse summed up by saying that the Delegation of Specialised Services was going ahead and that the Board needed to decide whether it just happened to them, or whether they take the opportunity to try to shape it as it goes forward, recognising all the points that have been made.

023.15 The Deputy Chair asked whose job would it be to do all of the work required for this over the 12 months, in order that the board evaluates and positions the ICB in the best way in order to get all the benefits out of it. Mr Whitehouse responded by saying NHSE were offering additional support, in terms of capacity.

023.16 Mr Bennett commented that it was best to have a seat at the table if the Delegation of Specialised Services was going to happen anyway. Mr Bennett asked for a clear understanding of what the benefits would be and to track them, so that they could be analysed.

023.17 The Board agreed the preferred option (Option 3) for the Delegation of Specialised Services, with the mandate to work hard to make sure that it worked for them over the next year so that they have a really informed discussion at the point of having to decide the next step.

RESOLVE: **The Board AGREED to the preferred option (option 3) for the delegation of specialised services as outlined in the report. This includes arrangements for additional support to the system from NHSE. This option would allow the ICB to continue to be a decision maker at the West Midlands Joint Committee and therefore have an equal level of influence as other systems. The extended development arrangements**

would put in joint oversight and support for quality issues identified in the provider base of this system.

Minute No. ICB 27-03-024 - Digital Strategy 2023-26 – Work Programme/Delivery Plan

024.1 Mr White introduced the paper and handed over to Ms Tristi Tanaka who highlighted the following key points:

- It was explained that Digital had become complex due to the number of specialist areas of technical knowledge, as well as the business changes and cultural knowledge around the use of those types of services.
- It was noted that public service digitisation and digital transformation were forms of workforce and social change.
- It was explained that Shropshire, Telford and Wrekin Integrated Care System (ICS), based on the digital maturity assessment carried out, has low digital maturity and many of the digital services were fragile.
- It was explained that the Digital Strategy presented to the Board was people focussed, intended to check their foundations for safety and appropriateness and then pace their change accordingly.

024.2 Mr Bennet commented that the paper did not read like a strategy and instead felt it was a set of aspirations and a vision. He further explained that a strategy would include where they are going to be in terms of capability, costs incurred and the partner environment they will be working in to deliver. He stated that he would not be able to support the paper as a strategy, but he recognised the direction of travel set out in the document that had been sent to the Board.

024.3 Mr Featherstone commented that whilst he was aware that there was a lack of money, he asked for assurance that they have sufficient resource added within digital, such as invest to save and how they could improve productivity across the system and how could they ensure that they have ongoing national alignment.

024.4 Mr Dunshea commented saying that the Board needed to know what digital systems were in place now, how do they make them better using the resources they currently have, and what was needed going forward.

024.5 Ms Tanaka responded by saying that the strategy presented gave a direction of travel and the ability to be able to provide the 'how'. She added that the ask of Board was to approve work to be done on what would become an ICS Digital Operating Model.

024.6 Ms Jeffery commented by saying digital inclusion was about affordability as well as skills and capability.

024.7 Dr Povey commented that one of the problems was that there has been underfunding in this area for a long time. He added that the central agenda in Primary Care was to move to modern general practice, which has various challenges, including lack of finance and workforce. He further added that they would need to support the document as an aspirational view of where they need to go, but it does not inform the Board of what they are going to do.

024.8 Mr Whitehouse pointed out that in the recommendations section of the paper it stated that it had been written as a lever for change, rather than a strategy guidance of what needs to be done.

024.9 Mr Vivian commented saying he does not think that the Board should support it, but that the Board should be much stronger and should be clearly leading it. He added that the Board would need to be clear what needed to happen and by when, and that he would expect to see regular progress reports to the Board.

024.10 Mr Lee commented by saying that it was important to have a clear ambition and understand the risks and gave assurance that these issues were discussed at the Digital Delivery Group. He acknowledged that investment in this was not sufficient and variable. He further stated that the paper was a direction of travel and they could assess what they do with each of the different colleagues, including the Local Authority and that the paper gave a basis for selecting and confirming how they would want to go forward as a system.

024.11 Mr Bennett stated that he would like to see the reality of where they are going, as a strategy.

024.12 Mr Dunshea asked for assurance of when they would be able to receive the details around this. Ms Tanaka responded by saying the assurance asked was difficult to provide, due to the need to design and build. She proposed to provide the Board with an update on the portfolio at the next Board meeting and aim to have discussions with key Board members to discuss progress and underpinning detail that was not presented.

024.13 Ms Purt commented that the paper had been presented to the Strategy Committee, who supported the paper and recognised it as a direction of travel. She added that they wanted to make sure that Primary Care was a key part of the strategy.

024.14 The Deputy Chair summarised comments made and the following was agreed:

- No further work should be undertaken on the current paper.
- Regular reports should be submitted to the Board for oversight.
- A programme of progress and a blueprint of what they are aiming for to be submitted in the next quarter.

RESOLVE: **NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the contents of the paper and suggested the following:**

- **No further work should be undertaken on the current paper.**
- **Regular reports should be submitted to the Board for oversight.**
- **A programme of progress and a blueprint of what they are aiming for to be submitted in the next quarter.**

NHS Shropshire, Telford and Wrekin APPROVE the ICS Digital Strategy 2023-2028 as a vision lever for change accepting the caveats outlined above.

NHS Shropshire, Telford and Wrekin Integrated Care Board also:

- **ACKNOWLEDGED the sustained commitment and drive of digital transformation teams across the ICS in recovery and transformation.**

- **Committed to ADVOCATING for investments in a system digital operating model and related digital capabilities for the workforce and STW communities**

ACTION: **Mr White and Ms Tanaka to present regular progress reports on the Digital Strategy 2023-26 work programme and delivery plan.**

Minute No. ICB 27-03-025 - Integrated Care System Performance Report:

025.1 Mrs Skidmore introduced the paper and highlighted the following key points:

- Operational Performance

  - Primary Care - in terms of the new measures, more information was coming through and, therefore, had enabled more in-depth reporting.
  - STW are the only ICB in the region that have 100% sign up from community pharmacies.
  - Year-end visits were planned for Primary Care Networks (PCNs) to review progress against key targets.
  - STW has received a mandate to transfer their practices to digital telephony, which they have received financial support for. They are 98% complete for the end of March and will be 100% compliant by the end of April.
  - Urgent and Emergency Care continued to be one of the ICB's biggest challenges, with continued significantly challenged performance. STW had been moved into Tier 1 oversight by NHSE, which has unlocked support particularly with the Getting It Right First Time (GIRFT) team, to help them drive improvements needed.
  - Long waits in elective care continue to improve significantly and this has been recognised as a positive response from system partners.
  - In both Adult and CYP Mental Health, the Quality and Performance Committee have been seeking assurances around talking therapies.

- Quality

  - There are issues across all areas of Infection Prevention measures. There are improvement plans in place that are being monitored by the Quality and Performance Committee.
  - There needed to be improvements made in Continuing Healthcare (CHC) particularly around reducing the backlog of cases to be reviewed. Monthly data reports would be given to the Quality and Performance Committee.

- Workforce

  - Staff sickness and turnover were at the lowest level this year. The turnover level was the one of the best in the region.
  - There are issues around being over plan in whole time equivalent for 2023/24 across substantive, bank, and agency. Work was being carried out around what the workforce programmes look like for the 2024/25 plan.

- Finance

  - In Month 11 the system received a national allocation of £57.1m to fund the plan deficit. This was allocated to SaTH (£45.5m) and the ICB (£11.6m), which reduced the £129.8m forecast deficit down to £72.7m.
  - In terms of Capital, there would be a small slippage against the capital allocation this year. Results for work done at a national level around funding for IFRS 16 was awaited.

025.2 Dr Povey asked whether the £57.1m made any difference. Mrs Skidmore responded by saying that it made a difference to Shrewsbury and Telford Hospital NHS Trust (SaTH) because of their current level of deficit. Dr Povey commented saying that it was important to note that General Practices are seeing more and more patients and doing a huge amount of work with no additional resource.

RESOLVE: **NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the contents of the paper, particularly:**

- **The Month 11 system financial position deficit of £71.1m and the change to the reported forecast of £72.7m, due to the receipt of a national allocation.**
- **That the fair shares target for Cancer patients waiting more than 62-days was achieved on the 13th March.**
- **The improvement in the forecast for patients waiting more than 65-weeks for elective treatment.**
- **That the system moved into Tier 1 for UEC in February.**
- **The revised forecast for Talking Therapies is below the agreed recovery trajectory.**
- **That IPC metrics are exceeding national target, and the quality assurance actions to manage the risk.**
- **The external Neonatal Mortality Review from the Royal College of Physicians to review neonatal deaths occurring in the calendar years 2021-22.**
- **That Month 10 workforce trends show an improving position for agency with overall WTE and costs reducing from £4.5m in April to £2.5m in January 24.**

Minute No. ICB 27-03-026 - System Board Assurance Framework

026.1 Mr Whitehouse introduced the paper and handed over to Miss Alison Smith answer any questions from Members.

026.2 Miss Smith informed the Board that the paper was in development and any questions, or comments were welcomed.

026.3 Mrs Davies asked whether there was a Joint Governance Group that covers all ICS partners. Miss Smith responded by saying that she was trying to set a group up last year, but due to capacity issues has not been able to push that forward. She further added that having a system wide group was an important step to bring this work together.

026.4 The Deputy Chair asked whether they were thinking about framing the discussions and Board agenda items have around addressing the risks identified. He suggested that the Board cover sheet be slightly amended to reflect this.

026.5 Dr Catriona McMahon commented by saying that some Boards review the agenda at the end of each meeting and reference it back to the highest risks and then confirm whether these risks have been addressed within the meeting. She suggested that this method would be a good practice to introduce.

RESOLVE: **NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the paper and APPROVED the System Board Assurance Framework. The following RECOMMENDATIONS were made:**

- **Framing the discussions around addressing risks by adding them to the Board cover sheet.**
- **Reviewing the Board agenda at the end of each meeting, referencing back to the highest risks and then confirming whether these risks have been addressed within the meeting.**

ACTION: **Miss Alison Smith to take forward Board recommendations in relation to the System Board Assurance Framework, including reviewing the Board cover report and agenda so that discussions were framed around addressing identified risks.**

Minute No. ICB 27-03-027.1 - Quality and Performance Committee Chairs Report for meeting held on 30 November 2023 and 25 January 2024 (Revised Terms of Reference for approval)

027.1 The Chair's report was noted and Mr Vivian advised that the Committee had reviewed its Terms of Reference, with the main adjustment to add Primary Care.

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

NHS Shropshire, Telford and Wrekin Integrated Care Board APPROVED the revised Terms of Reference.

Minute No. ICB 27-03-027.2 - Audit & Risk Committee Chairs Report – No report

027.2 The Board noted nothing to discuss.

Minute No. ICB 27-03-027.3 - Finance Committee Chairs Report for meeting held on 23 January 2024

027.3 The Board noted the papers as read and agreed nothing to discuss.

RESOLVE: **NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the areas highlighted in the report.**

Minute No. ICB 27-03-027.4 - Renumeration Committee Chairs Report – No report

027.4 The Board noted nothing to discuss.

Minute No. ICB 27-03-027.5 - Strategy Committee Chairs Report for meeting held on 14 February 2024

027.5 Ms Cathy Purt highlighted that the Committee discussed the strategic commissioning intentions and the need to ensure that PCNs fit into it.

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

Minute No. ICB 27-03-027.6 - People Culture and Inclusion Committee Chairs Report – No report

027.6 Dr McMahon highlighted that the focus of the meeting was around 2023/24 people outturn and 2024/25 potential, in particular, the way that the Reform Strategy could feed into workforce.

RESOLVE: **NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the areas highlighted from Dr McMahon.**

Minute No. ICB 27-03-027.7 - Integrated Delivery Committee Chair's Report for meeting held on 26 February 2024 – No report

027.7 The meeting was stood down.

Minute No. ICB 27-03-028 - Any Other Business

028.1 Mr Fogell informed the Board that Telford & Wrekin Local Authority and Shropshire Local Authority were currently undergoing CQC inspections.

028.2 Mr Vivan requested that the Rural Racism Report be put on the Board's agenda soon for discussion to ascertain actions needed to address the findings. Mr Whitehouse proposed that this be scheduled for the April Board meeting.

ACTION: **Board Secretary to schedule Rural Racism Report onto April's Board agenda.**

The Chair closed the meeting at 17:10

NHS Shropshire Telford and Wrekin
Integrated Care Board
Actions Arising from 27 March 2024 Board Meeting

Agenda Item	Action Required	Owner	By When	Update/Date Complete
Minute No. ICB 27-03-019 - Minutes from the previous meeting held on Wednesday 31 January 2024	Board Secretary to amend attendance list for the minutes of the ICB Board meeting held on 31 January 2024 to include Mr Nigel Lee.	Board Secretary	Immediately	Completed
Minute No. ICB 37-03-020 - Matters arising and action list from previous meetings (Minute No. ICB 31-01-007.10 – EPRR Assurance)	Update on EPRR assurance to be presented to ICB Board meeting in April.	Gareth Robinson / Sam Tilley	April Board meeting	A brief update is provided in the CEO report for April Board meeting. A full progress report is scheduled for the June Board meeting. Action closed.
Minute No. ICB 27-03-024 - Digital Strategy 2023-26 – Work Programme/Delivery Plan	Mr White and Ms Tanaka to present regular progress reports on the Digital Strategy 2023-26 work programme and delivery plan.	Nicholas White / Tristi Tanaka	Future Board meetings	
Minutes No. ICB 27-03-026 - System Board Assurance Framework	Miss Alison Smith to take forward Board recommendations in relation to the System Board Assurance Framework, including reviewing the Board cover report and agenda so that discussions were framed around addressing identified risks.	Alison Smith		

Actions Arising from Previous Board Meetings

Agenda Item	Action Required	Owner	By When	Update/Date Complete
Minute No. ICB 31-01-008.7 CEO Report	Ms Patricia Davies to give an approximate date to when an update on the work plan can be made available to the Board.	Ms Patricia Davies		
Minute No. ICB 31-01-007.10 EPRR Assurance	• Ms Sam Tilley to keep the Board updated and advised about they need to do and give suggestions as to how. • The Board to remit to the Audit Committee under Roger's leadership and others about assurance with this process. • Mr Roger Dunshea to submit the progress report to the board as an adjunct to the next board papers (March 2024)	Ms Sam Tilley The Board Mr Roger Dunshea	April 2024	This action has been superseded with the briefing provided in the CEO report and detailed progress report scheduled for June Board meeting.
Minute No. ICB 31-01-006.7 Patient's Story: Equitable Access	Ms Vanessa Whately to give a time to discuss the way forward for the Palliative and End of Life Care Strategies for Adults and Children.	Ms Vanessa Whatley		
Minute No. ICB 28-06-097 - Integrated Care System Performance Report	Mr Harry Turner commented around the data of the number of GPs increased, but over the same period the number of appointments seem to have gone down, which the figures didn't tally. • Mrs Skidmore to ask the team to provide a statement specifically to map what has driven the changes and why they don't correlate. • Mr Whitehouse to have discussions with Chief Executives around escalation capacity and then update Board.	Claire Skidmore Simon Whitehouse	On-going	On-going

Minute No. ICB 29-03-069 – Follow up to Patient's Story: MSK Integration across Shropshire, Telford and Wrekin	Mr Mike Carr to present objectives and clinical outcomes of the MSK Transformation Programme to ICB once agreed by the MSK Transformation Board. • The Board were provided with an update that confirmed significant work was being undertaken that was underpinned by a large amount of clinical engagement with clinical colleagues from partner organisations. The high level workstreams have been presented and there is a plan to do a detailed program update at the Decembers Integrated Delivery Committee, then a fuller update to be presented at this Board in January 2024	Mike Carr	When available	On-going

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 24-04-035
Meeting date:	24 April 2024
Paper title	ICB CEO Update Report
Paper presented by:	Simon Whitehouse, ICB Chief Executive
Paper approved by:	Simon Whitehouse, ICB Chief Executive
Paper prepared by:	Tracy Eggby-Jones, Corporate Affairs Manager
Signature:	
Committee/Advisory Group paper previously presented:	Not applicable

Action Required (please select):											
A=Approval		R=Ratification		S=Assurance	x	D=Discussion		I=Information	x		

Previous considerations:	

1. Executive summary and points for discussion

The purpose of this paper is to share with Board members an update across several business areas that are not reported elsewhere in the agenda.

The paper provides a generic update on activities at both a national and local level (CEO Business Update), which is set out in full in the main body of the report.

A. Shaping the STW ICB Update
B. Perceptions and experience of racism in the workplace by health and social care staff, including NHS Staff Survey
C. Sexual Safety Charter
D. Martha's Rule
E. Priorities and Operational Planning Guidance for 2024/25
F. STW System Oversight Arrangements
G. Emergency Preparedness, Resilience and Response (EPRR) Update

A. Shaping the STW ICB Programme

This section provides an update on the delivery of the Shaping the STW ICB Programme.

B. Perceptions and experience of racism in the workplace by health and social care staff, including NHS Staff Survey

This section provides an update on the programme of work in relation to racism in the workplace and embedding of the six NHS Equality, Diversity, and Inclusion (EDI) improvements, which links to the findings of the NHS staff survey for NHS STW.

C. Sexual Safety Charter

This section reports on the Sexual Safety Charter and the ICB's commitment to the pledges outlined within it.

D. Martha's Rule

This section reports on the introduction of Martha's Rule and how this will be implemented in the NHS from April 2024.

E. Priorities and Operational Planning Guidance for 2024/25

This section reports on the publication of the Operational Planning Guidance 24/25 on 27 March 2024

F. STW System Oversight Arrangements

This section reports on NHS England's proposed new arrangements for oversight of the system.

G. Emergency Preparedness, Resilience and Response (EPRR) Update

This section provides an update on the programme of work following NHS England's EPRR annual assessment of the ICB.

Which of the ICB Pledges does this report align with?

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

2. Recommendation(s)

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

A. **Shaping the STW ICB Update**
B. **Perceptions and experience of racism in the workplace by health and social care staff, including NHS Staff Survey**
C. **Sexual Safety Charter**
D. **Martha's Rule**
E. **Priorities and Operational Planning Guidance for 2024/25**
F. **STW System Oversight Arrangements**
G. **Emergency Preparedness, Resilience and Response (EPRR) Update**

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

None

4. Appendices

None

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Please see Section 3
Quality and Safety	Please see Section 3
Equality, Diversity, and Inclusion	Please see Section 3
Finances and Use of Resources	Please see Section 3
Regulation and Legal Requirements	Please see Section 3
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	Please see Section 3

Action Request of Paper:	**To NOTE the:** • **Shaping the STW ICB Update** • **Perceptions and experience of racism in the workplace by health and social care staff, including NHS Staff Survey** • **Sexual Safety Charter** • **Martha's Rule** • **Priorities and Operational Planning Guidance for 2024/25** • **STW System Oversight Arrangements** • **Emergency Preparedness, Resilience and Response (EPRR) Update**		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Meeting:	ICB BOARD MEETING
Meeting date:	24 April 2024
Agenda item no.	ICB 24-04-035
Paper title	ICB CEO Update Report

A. Shaping the STW ICB Programme

1.1 As shared at the September 2023 Board Meeting, we are conducting major organisational change of the Integrated Care Board (ICB) to ensure that running cost reductions are achieved and that the organisation is fit for purpose. On 3 March 2023 NHS England wrote to ICBs informing that running cost allowances for all ICBs would be subject to a 30% real terms reduction by 2025/26, with at least 20% being delivered in 2024/25.

1.2 Following the management of change consultation, final structures were shared with NHS STW staff on Friday 5th April. Outcome letters were shared with staff on Friday 12th April 2024. An appeals period is now taking place with a plan to implement the new structure from 1st May 2024. During the consultation period we received over 60 pieces of feedback via different routes. A management response was produced that responds to the main themes and this has been shared with all staff. Following discussions with Provider Chief Executive Officers, all were supportive that NHS STW completes the management of change to support the development of a fit for purpose Integrated Care Board, deliver on staff expectations to support improvements in our working culture, and deliver on the running cost reduction challenge. We will be working closely with system partners to identify suitable alternative employment opportunities for our displaced staff where appropriate. Any vacant posts following the management of change process will still need to follow recruitment control processes before these are advertised.

1.3 From 1st April 2024 NHS STW have implemented an Agile Working Policy. Thisencourages staff to work from our new main office base or from partner locations across our system for 40% of their working week. This hybrid working approach offers employees the flexibility to balance work and personal life more effectively, whilst also reducing commute time and providing opportunities for increased productivity and focus both in the office and at home. We hope that working in the office will provide our employees with opportunities for in-person collaboration, faster communication, and a conducive environment for team building, ultimately fostering a stronger sense of belonging and connection within our organisation.

1.4 The recent staff survey results show that there is a need for a strong organisational development plan that supports the changes to the way that we work. The new structure and the hybrid working approach are aimed at supporting staff to be the best that they can be.

B. Perceptions and experience of racism in the workplace by health and social care staff, including NHS Staff Survey

2.1 Shropshire Telford and Wrekin Integrated Care System (STWICS) want to make this a great place for all our people to work. The Shropshire Telford and Wrekin Integrated Care System (ICS) is fully committed to racial equality, diversity, and inclusion. We believe all forms of racism and discrimination are unacceptable and must not be tolerated. We recognise and value difference and aim to create a working culture and

practices that recognise, respect, and value difference for the benefit of the organisation and the individual.

2.2 The NHS Contract and Operating Guidance set out the expectation for NHS organisations and those independently commissioned by the NHS to embed the NHS equality, diversity, and inclusion (EDI) improvements which specifically outlines six high impact actions to address the widely known intersectional impacts of discrimination and bias referred to as the Workforce Race Equality Standards (WRES). Equality and diversity is also a key line of enquiry for as part of Care Quality Commission inspections, specifically W3 Culture of the organisation (healthcare services).

2.3 In addition to improving the experiences of our workforce from non-white heritage as part of improvements against the WRES, to even better understand the experiences of our non-white workforce, in 2022 a more detailed survey was commissioned by NHS Shropshire Telford Wrekin to better understand the "Perceptions and Experience of Racism in the Workplace by Health and Social Care staff across STWICS".

2.4 This is the only study to have focussed on racism in health and social care in the NHS in the Shropshire Telford and Wrekin. The study was unique in having examined differences within the White British/English and White Other sub-groups and within the South Asian (Indian and Pakistani) Black (Black African and Black British) subgroups. In line with the Equality Act 2010, this is an acknowledgement that racism is more than just about colour, but also about actual or perceived nationality, culture, and national origins.

2.5 Perceptions and experiences were elicited from 156 participants from non-white (56%) and white (44%) ethnicity, female (57%) and male (43%) from non-hospital (54%) and hospital (46%), age ranges 18-65 using survey, free-text comments, and interviews.

2.6 Key themes from the report include:

- 51% of participants had experienced racism in the workplace on average between 1 and 5 times.
- Non white participants were 3 times as likely as whites to have experienced racism directed at themselves.
- 85% of non-white participants agreed racism from patients and families is a problem.
- 79% agreed racism between colleagues is a problem.
- 46% had experienced intentional exclusion from work- or work-related social events.
- 27% found that as they became more senior, they were subjected to less racism – this is reported to be because people know what they said was more likely to be acted upon the more senior a role.
- Acknowledging acculturation of international workforce takes a long time, the increasing number of international nurses (now approximately 50% of STW NHS workforce) following acculturation sessions are experiencing a more proactive approach to career progression which appears to have led to a greater proportion of internationally recruited nurses successfully progressing in their careers than in the past.
- Overall, both non white and white members of staff across STW experience more racism that the national average for the West Midlands.
- Members of staff still tend to do nothing about it not even addressing issues with the person concerned.

2.7 A number of key themes identified from this local report are also featured in the NHSE Workforce Race Equality Standards (WRES). The 'deeper dive' Perceptions and Experiences of racism report identified several additional, more locally specific improvements not featured in the NHS six high impact actions.

2.8 Excellent progress is being made in embedding recommendations from the local Perceptions of Experience report which, in addition to the overarching NHS WRES improvement action plan, may be a contributory factor in the consistently improving data elicited through the annual staff survey where staff have opportunity to feedback their experiences against the NHS WRES (table one).

2.9 All workstreams are co-ordinated by the Shropshire, Stoke, Staffordshire system Equality, Diversity & Inclusion Steering Group. The membership includes leads or those championing the EDI agenda from partner organisations across the Integrated Care System and who have been working together to improve the experience of non-white people, both as part of the Perceptions of Experience survey, NHSE WRES and Social care WRES.

2.10 It is of note that there was also an additional local survey undertaken across the Primary Care Network (PCN) with contributions from all GP practices. There is currently no EDI lead across the PCN and thus improvements identified from this survey, undertaken in Q3 2023 have not yet been responded to, which is a currently risk. Ongoing discussions are taking place to identify a lead.

Table one

NHS WRES indicator	Comment Timeline 2021 – 2023	Position
5-Percentage of staff experiencing harassment, bullying, or abuse from patients, relatives or the public in the last 12 months	There is a consistent improving position with a 25.3% decrease in staff experiencing bullying, discrimination or abuse from patients, relatives of the public. . *It is of note that SaTH has the greatest improvement across STW (21.5%) and has the largest number of internationally recruited nurses.*	↑ 25.3%
6-Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	There has been a consistent improving position with a 16.1% decrease in staff experiencing harassment, bullying or abuse from other staff.	↑ 16.1%
7-Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	There has been an improving position for staff believing their organisation provides equal opportunities for career progression or promotion.	↑ 6.3 %
8- a) percentage of staff experiencing discrimination at work from a manager / team leader or other colleagues in the last 12 months	a) There has been a significantly consistent improving position of staff experiencing less discrimination at work from a manager, team leader or other colleague.	↑ 39.9%
b) percentage of staff saying they or a colleague reported it the last time they experienced harassment, bullying or abuse at work	b) There has been a consistent improvement with a reduction in staff saying when they or a colleague the last experienced bullying or harassment at work.	↑ 28%

c) percentage of staff who experienced discrimination that said it was on the basis of their ethnic background	c) There has been an increase in staff who did experience discrimination who said it was based on their ethnic background	 9.7%

C. Sexual Safety Charter

3.1 As a consequence of growing concerns about NHS staff being subject to sexual harm from multiple sources including colleagues and patients the Chief Delivery Officer at NHS England announced that the Domestic Abuse and Sexual Violence Programme would be enhancing the work taking place to promote a cultural change in supporting staff who may be experiencing harmful and/or inappropriate sexual behaviours. This led to the creation of the Sexual Safety Charter which promotes a "zero tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce." NHS England » Sexual safety in healthcare – organisational charter

3.2 The ICB, along with all other NHS organisations in Shropshire, Telford and Wrekin, have signed the charter which states that we should have plans in place by July 2024 to meet the 10 pledges it contains. This means we now have an executive lead for this work, who is our Chief Nurse and operational leads. They have been working with colleagues in HR to create a bespoke domestic abuse and sexual safety policy. HR have changed reporting arrangements to specifically capture data on any sexual safety concerns raised.

3.3 The ICB has also organised a meeting for all NHS Trusts on the 10th of April to update on actions in place to meet the pledges, share best practice and further insights. The ICB has also met directly with NHS England's national lead for the charter to share ideas and were complimented for our initiatives. There is a request to devote part of an ICB staff huddle in June to the sexual safety work to ensure that staff are aware of the support and expected standards being forged to help shape the positive culture developments envisaged in the Charter.

3.4 HR colleagues who are working on the staff survey results are also incorporating a response to questions 17a and 17b which asked about staff experiences of any unwanted sexual behaviours they have encountered at work. A more detailed paper on the developments has been tabled at the Senior Leadership Team in April.

D. Martha's Rule

4.1 Martha Mills was aged 13 when she died in 2021 at Kings College Hospital in London after developing sepsis in hospital, she had been admitted with a pancreatic injury after falling off her bike. Martha's family's concerns about her deteriorating condition were not responded to, and in 2023 a coroner ruled that Martha would probably have survived had she been moved to intensive care earlier.

4.2 In response to extensive campaigning by her parents, this and other cases related to the management of deterioration, the Secretary of State for Health and Social Care and NHS England committed to implement 'Martha's Rule'; to ensure the vitally important concerns of the patient and those who know the patient best are listened to and acted upon.

4.3 It is widely believed that Martha's Rule will save lives. In cases of deterioration, families, and carers and those that know the patient may become aware of changes and this knowledge should be recognised as a resource.

4.4 The implementation of Martha's Rule in the NHS will take a phased approach. The first phase of the introduction of Martha's Rule will be implemented in the NHS from April 2024. This will begin with at least 100 adult and paediatric acute provider sites who already offer a 24/7 critical care outreach capability. Provider sites that offer these services are asked to formally register an expression of interest in being part of the first phase of the programme. The focused approach at the initial provider sites will inform the development of wider national policy proposals for Martha's Rule that can be expanded in a phased way across the NHS from 2025/26. There will also be a process of identifying ways to roll out an adapted Martha's Rule model across other settings including community and mental health hospitals where the processes may not apply in the same way.

4.5 Once fully implemented, patients, families, carers, and staff will have round-the-clock access to a rapid review from a separate care team if they are worried about a person's condition if they are in hospital and are deteriorating rapidly and feel they are not getting the care they need. This escalation process will be available 24/7 to patients, families, and NHS staff, and will be advertised throughout hospitals, making it quickly and easily accessible.

E. Priorities and Operational Planning Guidance for 2024/25

5.1 The Operational Planning Guidance for 24/25 was published on 27 March 2024. In summary the overall priority for 24/25 remains the recovery of our core services and productivity following the pandemic. To improve patient outcomes and experience we must continue to:

- Maintain focus on overall quality and safety of services, particularly maternity and neonatal services, and reduce inequalities in line with the Core20PLUS approach
- Improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24
- Reduce elective long waits and improve performance against the core cancer and diagnostic standards
- Improve access for community and primary care services, particularly general practice and dentistry
- Improve access to mental health services so that more people of all ages receive the treatment they need
- Improve staff experience, retention and attendance

5.2 Integrated Care Boards, trusts and primary care providers are expected to work together to plan and ultimately deliver a balanced net system financial position in collaboration with other integrated care system partners. There is also a focus on laying groundwork for improving and transforming the health service for the next decade, progressing the Long-Term Workforce Plan and investing in technology.

F. STW System Oversight Arrangements

6.1 On Wednesday 3rd April 2024 NHS England wrote to Shropshire, Telford & Wrekin Integrated Care System Chief Executive Officers to outline their proposed new arrangements for oversight of the system. The objective of these arrangements is to enable greater progress to be made against the Recovery Support Programme (RSP) exit criteria and other strategic and local deliverables. NHS England are also aiming to

streamline and integrate accountability discussions between organisations and across the various priorities. Under business-as-usual arrangements NHS STW will monitor quality improvements and report through the Regional governance route to the Regional Quality Group.

6.2 A set of new meeting arrangements have been outlined by NHS England to identify any exceptional quality risks and mitigations, or escalations, enabling an integrated discussion. NHS England have noted the need to review this position once we are in receipt of the CQC inspection reports for the Shrewsbury and Telford Hospitals NHS Trust (SATH). The meeting arrangements include quarterly national NHS England meetings, monthly regional oversight meetings, and fortnightly regional delivery meetings. In addition to the above meeting cadence, the weekly regional Director of Finance non-pay approvals process will continue during 2024/25.

6.3 NHS England have proposed to revise the RSP exit criteria as set out in for NHS STW and SATH. Further they plan to align segment 3 exit criteria for Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) and Shropshire Community Health NHS Trust (SCHT) to these criteria. NHS England have recommended that the revised RSP exit date for both organisations is March 2026.

6.4 We are working closely as a system to develop our system Programme Management Office (PMO) and governance arrangements to ensure streamlined and effective reporting arrangements to support the new oversight arrangements from NHS England.

G. Emergency Preparedness, Resilience and Response (EPRR) Update

7.1 EPRR arrangements have been refreshed within NHS STW since the latest update to the Board where the compliance results were shared. Following on from a helpful review by NHSE of our EPRR arrangements (commissioned by NHS STW CEO), we have appointed an interim Senior EPRR lead to carry forward the programme of work within the EPRR agenda. This specifically includes the work that is required to deliver a compliant core standards submission in August 2024 along with addressing the key recommendations set out by the NHSE review. NHSE have worked closely in partnership with NHS STW colleagues to help support progress being made against the urgent improvement actions and recommendations.

7.2 The Senior EPRR lead is developing a detailed improvement plan which will require the contribution of multiple parts of the organisation. This will be completed by the end of April and will report both the plan and progress into the Audit Committee in June.

7.3 Going forwards, the new organisational structure includes a significantly enhanced EPRR capacity (Head of UEC/ EPRR (8D), Senior EPRR lead (8B) and Combined SCC Duty/ Emergency Planning Manager (0.5 x 8A)) which will continue to provide the leadership and training capability across planning and delivery of the EPRR agenda.

CONCLUSION

The Board is asked to NOTE the updates relating to:

A. Shaping the STW ICB Update
B. Perceptions and experience of racism in the workplace by health and social care staff, including NHS Staff Survey
C. Sexual Safety Charter
D. Martha's Rule
E. Priorities and Operational Planning Guidance for 2024/25

F. STW System Oversight Arrangements
G. Emergency Preparedness, Resilience and Response (EPRR) Update

Simon Whitehouse
Chief Executive Officer
NHS Shropshire, Telford and Wrekin
April 2024

NHS Shropshire, Telford & Wrekin Integrated Care Board

Agenda item no.	ICB 24-04-036a
Meeting date:	Wednesday 24 April 2024
Paper title	NHS Shropshire, Telford & Wrekin Operating Model
Paper presented by:	Simon Whitehouse, Chief Executive Officer
Paper approved by:	Simon Whitehouse, Chief Executive Officer
Paper prepared by:	Bethan Emberton, Shaping the STW ICB Programme Manager
Signature:	
Committee/Advisory Group paper previously presented:	N/A
Action Required (please select):	
A=Approval X R=Ratification S=Assurance D=Discussion I=Information	
Previous considerations:	N/A

1. Executive summary and points for discussion

1.1. This paper summarises the NHS Shropshire, Telford & Wrekin (STW) Operating Model. It sets out how the model has been influenced by the national context for integrated care and how the STW Health and Care System is responding to this. The paper also highlights the commitments that have been made across the health and care system and articulates the system architecture for STW. The full NHS STW Operating Model can be found within Appendix 1 of this document.

1.2. We have developed our operating model with the support of our Strategic Partner, Clarity Consulting Associates Limited. The operating model has been co-produced through engagement with our staff and Board members. Several engagement activities, development sessions, and workshops have been held across our organisation to develop the operating model.

1.3. The operating model consolidates various elements crucial to our collaborative efforts, encompassing the foundational aspects such as design principles and established methods of cooperation. It integrates the architecture of the Integrated Care System (ICS) along with its essential components, outlining the intricacies of system governance and transformational priorities. Additionally, it provides clarity regarding the functions of NHS STW and delineates strategies for ensuring the organisation operates efficiently. It covers, but does not look to set out in detail, the need for a strong provider collaborative approach as part of the effective system working and the need for place-based working to be effective if the system is to be successful and we are to improve outcomes for residents.

2. Which of the ICB Pledges does this report align with?

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

3. Recommendation(s)

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

- Approve and commit to the transition to the proposed NHS STW operating model.
- Support an initial annual review to capture and propose suggestions for improvements to the operating model.

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail.

4.1. No.

5. Appendices

5.1. Appendix 1 – NHS Shropshire, Telford & Wrekin Operating Model

6. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	The operating model aims to underpin a fit for purpose ICB that can deliver on the 4 key aims of the Integrated Care System (ICS).
Quality and Safety	None.
Equality, Diversity, and Inclusion	EDI assessments will be undertaken on the operating model.
Finances and Use of Resources	The operating model aims to underpin a fit for purpose ICB that can deliver on the 4 key aims of the Integrated Care System (ICS).
Regulation and Legal Requirements	The operating model aims to reduce ICB running costs by 30% by 2025/26.
Conflicts of Interest	None.

Data Protection	None.
Transformation and Innovation	The operating model sets out the system architecture for transformation and innovation.
Environmental and Climate Change	None.
Future Decisions and Policy Making	The operating model sets out how and where future decisions will be made.

Action Request of Paper:	NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to: • Approve and commit to the transition to the proposed NHS STW operating model. • Support an initial annual review to capture and propose suggestions for improvements to the operating model.		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Meeting:	NHS Shropshire, Telford & Wrekin Integrated Care Board
Meeting date:	Wednesday 24 April 2024
Agenda item no.	ICB 24-04-036a
Paper title	NHS Shropshire, Telford & Wrekin Operating Model

PAPER PURPOSE

1. Introduction

1.1. This paper aims to summarise the NHS Shropshire, Telford & Wrekin (STW) Operating Model that has been influenced by the national context for integrated care and how the STW Health and Care System is responding to this. The paper also highlights the commitments that have been made across the health and care system and articulates the system architecture for STW. The full NHS STW Operating Model can be found within Appendix 1 of this document.

CASE FOR CHANGE

2. Background and Context

2.1. In setting out this paper it is helpful to revisit the thinking behind the formation of Integrated Care Systems and the building blocks of them. This context and background help to ground the debate re the proposed new operating model. The Operating Model as presented will never be the 'final version' as it will need to iterate and evolve to ensure that it reflects the changing nature of the way that complex systems work. However, it does need to be representative of a point in time to enable the structure of the ICB be established.

2.2. Integrated Care Systems (ICSs) are partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas.

2.3. Following the passage of the 2022 Health and Care Act, ICSs were formalised as legal entities with statutory powers and responsibilities. Statutory ICSs comprise of two key components:

- Integrated Care Boards (ICBs): statutory bodies that are responsible for planning and funding most NHS services in the area.
- Integrated Care Partnerships (ICPs): statutory committees that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area.

2.4. Working through their ICB and ICP, ICSs have four core aims (as set out nationally):

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

2.5. A comprehensive population health system comprises various components, with an integrated health and care system being a crucial pillar. Research indicates that factors beyond healthcare, such as housing, financial stability, educational and employment opportunities, access to public services, and environmental conditions, exert the most significant influence on individuals' health and well-being. This needs to be where we get to as a 'system' and realise the clear benefit of all partners in our system. The work of Marmot is well known in this area and remains the underpinning principles of how a system should work with a focus on the wider determinants of health.

2.6. While health disparities persist and expand, they are not inevitable. Evidence suggests that a concerted joint effort, that blends initiatives within the NHS with broader policies targeting social and economic determinants of health, can bring about positive change in improving the outcomes for residents. Integrated Care Systems (ICSs) have a pivotal role in advancing endeavours to enhance population health and address disparities within their local communities.

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

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

2.8. To meet these objectives, ICSs need to reach beyond the NHS to bring together local authorities, VCSE organisations and other local partners. This has been highlighted previously with Board members and we need to ensure that we act on that feedback.

2.9. In addition, on 3 March 2023, NHS England wrote to ICBs informing that running cost allowances would be subject to a 30% real terms reduction per ICB by 2025/26, with at least 20% being delivered in 2024/25. For NHS STW the real terms cumulative reduction by 2025/26 is 26%.

3. Role of the Integrated Care Board

3.1. The role of the ICB is to allocate the NHS budget and commission services for the population, taking over the functions previously held by Clinical Commissioning Groups (CCGs) and some of the direct commissioning functions of NHS England. The ICB is directly accountable to NHS England for NHS spend and performance within the system. ICBs may choose to exercise their functions through delegating them to place-based committees but the ICB remains formally accountable.

3.2. Each ICB must prepare a five-year system plan (Joint Forward Plan) setting out how they will meet the health needs of their population. In developing this plan and carrying out their work, the ICB must have regard to their ICP's integrated care strategy and be informed by the joint health and wellbeing strategies published by the health and wellbeing boards in their area. In addition, the ICB and its partner NHS Trusts and Foundation Trusts must develop a joint plan for capital spending (spending on buildings, infrastructure and equipment) for providers within the geography.

4. Role of the Integrated Care Partnership (ICP)

4.1. The ICP is a statutory joint committee of the ICB and upper tier local authorities in the area. It brings together a broad set of system partners to support partnership working and develop an 'integrated care strategy', a plan to address the wider health care, public health and social care needs of the population. This strategy must build on local joint strategic needs assessments and health and wellbeing strategies and must be developed with the involvement of local communities and Healthwatch. The ICB is required to have regard to this plan when making decisions.

4.2. There is significant flexibility for ICPs to determine their own arrangements, including their membership and ways of working. Membership must include one member appointed by the ICB, one member appointed by each of the relevant local authorities, and others to be determined locally. This may include social care providers, public health, Healthwatch, VCSE organisations and others such as local housing or education providers.

5. Neighbourhoods, Places and Systems

5.1. A key premise of ICS policy is that much of the activity to integrate care, improve population health and tackle inequalities will be driven by commissioners and providers collaborating over smaller geographies within ICSs (often referred to as 'places') and through teams delivering services working together on even smaller footprints (usually referred to as 'neighbourhoods').

5.2. This three-tiered model of neighbourhoods, places and systems can be seen as an over-simplification of the diverse set of arrangements seen, but the terminology is now in widespread use within the health and care system:

- Neighbourhoods (covering populations of around 30,000 to 50,000 people): where groups of GP practices work with NHS community services, social care and other providers to deliver more co-ordinated and proactive care, including through the formation of primary care networks (PCNs) and multi-agency neighbourhood teams.
- Places (covering populations of around 250,000 to 500,000 people): where partnerships of health and care organisations in a county, town or district – including local government, NHS providers, VCSE organisations, social care providers and others – come together to join up the planning and delivery of services, redesign care pathways, engage with local communities and address health inequalities and the social and economic determinants of health. In many (but not all) cases, place footprints are based on local authority boundaries.
- Systems (covering populations of around 500,000 to 3 million people): where health and care partners come together at scale to set overall system strategy, manage resources and performance, plan specialist services, and drive strategic improvements in areas such as workforce planning, digital infrastructure, and estates.

6. What does this mean for NHS Commissioners?

6.1. The 2022 Health and Care Act entailed significant structural change for NHS commissioning. CCGs were abolished, with their functions and many of their staff transferred into ICBs. The ICBs also took on some commissioning responsibilities from NHS England, including the commissioning of primary care and some specialised services, giving local systems greater influence on these services.

6.2. These transformations are a continuation of the ongoing alterations in commissioning that have been taking place for several years. Prior to their closure, numerous Clinical Commissioning Groups (CCGs) had been fostering increased collaboration at a system level through shared management structures or formal mergers, resulting in a notable reduction in the overall number of CCGs. At the same time, many CCGs were strengthening their partnerships with local councils at the 'place' level to harmonise and integrate commissioning efforts for both NHS and local authority services. Additionally, some larger CCGs were reorganising specific functions to cover a system-wide scope, while others were focused on place footprints.

6.3. The legislation has also changed procurement and competition requirements for the NHS removing the requirement for mandatory competitive retendering supported by a new Provider Selection Regime.

6.4. This marks a transition towards strategic commissioning and a more cooperative method for planning and enhancing services. Rather than solely concentrating on procurement and contract oversight, NHS commissioners now engage in close collaboration with vital partners throughout the system, including NHS providers. Their aim is to grasp population requirements, identify crucial priorities, and design, coordinate, and resource services accordingly. Quality, improved outcomes and improved productivity need to be central to what we deliver.

7. What does this mean for NHS Providers?

7.1. NHS providers are increasingly being expected to look beyond their organisational priorities to focus on system-wide objectives and improving outcomes and reducing inequalities for the communities they serve. While the legal functions and duties of NHS Trusts and Foundation Trusts remain largely unchanged under the recent reforms, they are also expected to participate in multiple collaborative forums, including membership of the ICS and forming collaboratives with other providers.

7.2. Provider collaboratives are partnerships between two or more NHS Trusts aimed at working together to enhance services for their populations and foster collaboration. NHS Trusts and Foundation Trusts are also now bound by a new duty to collaborate with local partners and a shared duty to promote the Triple Aim.

7.3. NHS providers are already playing a critical role in the changes underway in many systems, contributing to and/or leading work at ICS level to plan and transform services and improve system performance, and collaborating with other local providers (including those from outside the NHS) at place and neighbourhood levels to redesign care pathways and deliver more integrated services for local people.

7.4. The aim of the policy is for NHS commissioners and providers to collaborate more closely in designing care for their communities. Although commissioning and provision roles remain separate on paper, the lines between them are becoming less distinct in practice, such as through provider representation on the ICB. A central principle of the reforms is that providers are integral members of the ICS, alongside the ICB and ICP, and are thus expected to assume broader responsibilities for the overall system's performance.

7.5. Provider collaboratives lie largely outside these legislative changes, with the formal duties and accountabilities of Trusts unaffected by them. However, provider collaboratives, along with place-based partnerships, are badged as ‘a key component of ICSs’ enabling them to deliver their core purpose and meet the Triple Aim of improving health and wellbeing of the population, improving quality of care and

efficient use of resources, which is now also underpinned by a need to take action on health inequalities. There is good progress being made in our local system on this basis and the Board have been updated on this previously.

7.6. NHS Providers are pivotal in ICSs, tasked with contributing not only as standalone entities but also engaging in collaborative efforts where the distinction between commissioner and provider roles is deliberately blurred. This involvement may involve provider collaboratives assuming some responsibilities previously held by commissioners, such as altering care models, aiming to foster a transition from a transactional service planning approach to a more collaborative one among organisations. Provider collaboratives aim to cooperate with the ICB to identify optimal ways for the collaborative to support the achievement of shared objectives. in a small system that should play to our strengths and enable us to be agile and responsive. The challenge of capacity though remains given the 'ask' on all partners.

7.7. Provider collaboratives will also interact with more than one ICS in many cases. Collaboratives are being encouraged to think about how they can be part of partnerships at a multi-ICS level where this scale is necessary to work effectively. They will also interact and interface with other bodies, including those focused on single specialties or clinical support services (such as cancer alliances and clinical support networks) which can work with one or more ICS. This is the case for our mental health collaborative for example.

7.8. NHS Providers must determine their approach to operating at a localised level known as "place". According to ICS policy, a considerable portion of efforts to integrate care and enhance population health will be concentrated at this level. The integration White Paper has reinforced the significance of "place," anticipating ICSs to allocate substantial responsibilities and budgets to this tier. Provider collaboratives are required to actively participate at this level, involving individual members within place-based partnerships. Additionally, the collaborative, as a collective entity, will collaborate with these partnerships at the localised "place" level.

8. What does this mean for Local Government?

8.1. For ICSs to succeed, they will need to function as equal partnerships with local government not just involved but jointly driving the agenda alongside the NHS and other key partners. Importantly, partnerships between local government and NHS organisations are also developing at the level of 'place', which is usually coterminous with upper tier local authority and Health and Wellbeing Board boundaries – as per our system.

8.2. Local government's participation in ICSs and place-based partnerships can yield three primary advantages. Firstly, it offers the chance to integrate health and social care across all tiers of the system, leading to improved outcomes and a more cohesive experience for patients and users. Secondly, it holds promise for improving population health and well-being and addressing disparities by leveraging the leadership of public health teams alongside collaborative efforts between the NHS and local government to tackle broader determinants of health like housing, urban planning, and education. Lastly, government involvement can improve transparency and accountability by fostering community engagement and offering local democratic supervision.

8.3. Within the new statutory ICS structures, the involvement of local government has been formalised through the ICP and through the direct representation of local authorities on the ICB. In addition, ICSs must draw on the joint health and wellbeing strategies of

their local health and wellbeing boards in producing their integrated care strategies and five-year system plans.

9. What does this mean for VCSE organisations?

9.1. Voluntary, Community and Social Enterprise (VCSE) organisations play a critical role within local health and care systems, both as service providers and as vehicles for community engagement and voice. They are therefore important strategic partners for ICSs in terms of delivering improvements in health and wellbeing, as well as reducing inequalities, which often involves working more closely with communities.

9.2. The involvement of VCSE organisations within formal ICS structures is open to local determination, but national guidance has set clear expectations that they should be involved both within the governance structures (for example, through membership of the ICP) and in delivering key workstreams.

9.3. Resource constraints and the diversity of the sector can both act as barriers to the participation of VCSE organisations, and their involvement in shaping priorities, plans and decisions at a system level remains limited in many cases. In some systems, VCSE alliances or infrastructure organisations are playing an important role in bridging this gap.

9.4. Importantly, VCSE organisations also have a fundamental role in planning at place and active delivery at neighbourhood levels.

OUR SYSTEM STRATEGY

10. Integrated Care Partnership Strategy

10.1. We want everyone in STW to have a great start in life and to live healthy, happy and fulfilled lives.

10.2. We will work together with our communities and partners to improve health and wellbeing by tackling health inequalities, encouraging self-care, transforming services, and putting people at the heart of all we do.

10.3. Our ambition is to provide our communities across STW with safe, high-quality services, and the best possible experience from a health and care system that is joined up and accessible to all.

10.4. By transforming how and where we work, improving access to services, and using our resources in the very best way for our communities, we will meet the needs of our population now and in the future.

10.5. We will focus on our Places and our communities to create truly integrated care including working across our boundaries and borders.

10.6. Joining up health and care is not new as a lot of work has already been done towards this and we will build on this work. This includes building on the positive joint working we saw in the system throughout the COVID-19 pandemic.

OUR SYSTEM ARCHITECTURE

11. Strategic Commissioning

11.1. The fundamentals of commissioning remain crucial in structuring health services. However, how we commission is being transformed. The introduction of the provider selection regime requires a new function within NHS STW that can collaborate with partners in a different way. We will use the commissioning cycle to align the efforts and contributions of each function in NHS STW to the achievement of our commissioning objectives. We will use the commissioning cycle to help set the context of how we work in partnership and how we define roles and responsibilities.

11.2. NHS STW works to deliver its four purposes through the three phases of the commissioning cycle:

- Strategic Planning – Co-assessment of ICS needs, planning of services, engagement with stakeholders.
- Procuring and Developing Services – Service specification development, provider selection, engagement with stakeholders, contract development.
- Monitoring and Evaluation - Contract compliance, oversight of delivery, feedback from stakeholders and improved outcomes.

11.3. In combination this enables our ICS to respond and transform delivery.

11.4. NHS STW, as a statutory organisation, does not intend to 'lead' every phase of the commissioning cycle, but it will hold the responsibility for ensuring that all activities happen. The focus will be on working in partnership and collaboration to improve local services for residents. However, it will also have the ability and lever through its performance management route to bring about change through contractual levers.

11.5. NHS STW will drive the commissioning cycle by determining what should be done including:

- Setting the vision and outcomes
- Developing the system operating model
- Leading strategic design of contracts
- Undertaking predictive modelling and trend analysis
- Leading system operational planning
- Leading system quality and improvement activity
- Leading financial planning and management
- Addressing population health management and health inequalities
- Leading collective risk management
- Managing any substantial service change including consultation
- Shaping the market
- Undertaking whole system procurement

12. Provider Collaboratives

12.1. In STW a Committees in Common (CiC) structure has been established to support our Provider Collaboratives using a Provider Leadership Model.

12.2. A committee-in-common is a committee where members join to make shared decisions. It does not affect statutory independence of members of the committee and will help to direct the work of all partners across the system.

12.3. The collaborative is made up of:

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

- Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH)
- Midlands Partnership University NHS Foundation Trust (MPUFT)

12.4. Each of the four Providers have delegated authority to their own Committee Members who will meet in common to share oversight and decision making. This structure will enable the providers to work together to further join up services and drive improvement aligned to the Integrated Care Strategy and Joint Forward Plan priorities. This is an important building block of our future system architecture.

13. Places & Neighbourhoods

13.1. Telford and Wrekin Integrated Place Partnership (TWIPP) and Shropshire Integrated Place Partnership (ShIPP) are our system's two Place-based partnership boards. They are based on the well-established relationships with our local authority partners. Our Joint Forward Plan describes the actions and ambitions to deliver the Place-based strategies over the coming five years.

13.2. The members of our Place partnerships include Primary Care Network Clinical Directors, Voluntary Community and Social Enterprise sector providers, Healthwatch, NHS Providers and Local Authority colleagues across public health, adult and children's social care.

13.3. Both Places have strategies that are based on delivery of their respective Health and Wellbeing Board strategies and the integrated care strategy (a joint strategy published in March 23 signed off by the Integrated Care Partnership).

13.4. Current priorities for our Places are:

- Children and Young People.
- Long Term Conditions.
- Primary and Secondary Prevention (linked to the local care and Integrated Neighbourhood Team approaches).

13.5. Our Place delivery model recognises that neighbourhoods are key to having thriving communities that support people to keep well, prevent ill health, manage long term conditions closer to their homes, schools or primary care.

13.6. Our neighbourhoods are delivering local care through Integrated Neighbourhood Teams which use a 'Team of Teams' approach. This approach brings together teams from different disciplines to ensure an integrated approach to meeting local needs.

14. Our System Transformation

14.1. Our ICS has established eight portfolios to focus on our priorities for transformation and delivery.

- Planned Care, Diagnostics and Cancer
- Urgent and Emergency Care
- Children and Young People
- Mental Health, Learning Disability and Autism
- Financial Improvement
- Workforce Transformation
- Hospital Transformation Programme
- Local Care

14.2. We have appointed a CEO from the ICS to lead each portfolio to ensure focus, drive and accountability.

15. Our System Governance

15.1. Following a review supported by the Good Governance Institute (GGI) we have endorsed a new Board reporting structure to be implemented which can then be revised as the Provider Collaborative becomes developed, with minimal further changes at that stage.

15.2. A core principle of reporting structure is recognising the distinctive roles of the board and of management. In particular:

- The ICB board sets the strategy and receives assurance.
- ICB committees provide and receive assurance on risks to the ICB strategy and support continuous improvement.
- ICB executives develop and implement plans and actions.

NHS STW OPERATING MODEL

16. NHS STW Operating Model Development

16.1. We have developed our operating model with the support of our Strategic Partner.

16.2. The operating model has been co-produced through engagement with our staff and Board members. Several engagement activities, development sessions, and workshops have been held across our organisation to develop the operating model. It has been shared with CEO colleagues. At its core it 'simply'' brings together our ways of working and the direction of travel that we are taking into one document. It does not introduce a new direction of travel, but rather reinforces the approach that we are taking and clearly sets out the role of the ICB as a key partner in the system.

16.3. On this basis, the operating model brings together:

- The foundations of our joint work including the design principles and agreed ways of working.
- The architecture of the ICS and its key components.
- The detail of the system governance and transformation priorities.
- Clarity on the functions of NHS STW and how the organisation will operate effectively.

17. NHS STW Organisational Strategy

17.1. Our operating principles set out how we will undertake our roles and responsibilities and our approach to achieving our goals. Our principles begin with our values.

17.2. These values set out how people can expect to be treated, and how they will be expected to behave. How we live these values will enable the people of STW and our ICS partners to recognise and trust how we work to deliver our shared purpose and priorities. Where our people are not sure what a policy says, or where details are not set out, these values will guide their choices and actions.

17.3. Our values in turn determine our behaviours, and our compassionate leadership model. This enables and empowers our staff to work in different ways and take action to improve outcomes and address health inequalities.

17.4. In combination with our purpose and goals, our values, behaviours, and leadership approach shape the design principles for our ICB teams and functions, our relationships within and beyond our organisation and how we design our processes including how we commission and how we support our providers of care to collaborate.

17.5. Our goal as an organisation is to lead and support delivery of the four ICS aims across STW:

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

17.6. Our purpose reflects our roles through the lenses of Strategic Commissioner, System Convenor, System Oversight and as a System Partner:

- Strategic Commissioner –
  - commissioning of health and care services to reduce the health inequalities that exist.
  - leading engagement with local communities and all our staff to shape how services are developed.
  - commissioning of healthcare to improve outcomes for local people through prevention and effective intervention.
- System Convenor –
  - leading on the development of system-level strategies and plans to transform health and care services across our system.
  - focussing on effective joint working arrangements with all partners.
- System Assurance –
  - providing the first line of oversight of health providers across our ICS.
  - adding value and focus on improving the experience of local people.
- System Partner -
  - playing an influential role in the development of strategic solutions that are implemented with partners.
  - focussing on reducing duplication and improving collaboration.
  - playing an active role as a local employer and anchor institution to support the local economy.

17.7. Our values reflect our unique role in the STW health and care system:

- Our ambition to succeed.
  - You will see our people being supported and trusted to do the difficult things with integrity and creativity.
- Our compassion and shared purpose.
  - This will be supported by our empathetic, inclusive approach where the contributions of all are valued as we work together to reduce inequalities.
- Our optimism.
  - Where our drive for improvement will be shared with clarity, enthusiasm, and openness.
- Our unwavering focus.
  - Where we concentrate on improving health and wellbeing with the people of STW.

18. NHS STW Organisational Structure

18.1. Our Chief Executive Officer (CEO) along with the executives for Finance, Medical, Nursing and Delivery hold board accountability for the responsibilities of NHS STW and work in partnership with the executives for People and Strategy to deliver the four purposes of the ICB with, and through, our ICS partners.

18.2. The CEO works collaboratively with the executive team to respond to all available insight and determine why we should set a direction and where that should take us. The executives work with their senior leadership teams to determine how they will contribute to achievement of those objectives.

18.3. The Chief Strategy Officer is a system role which, at present, reports to the NHS STW CEO and SaTH CEO. The intention is that this role will always be a shared responsibility to help deepen partnership and further blur the boundaries between providers and the commissioner.

18.4. We have undertaken a Management of Change consultation on our proposed staff structures with NHS STW employees. Following the closure of the consultation, a final staff structure is now being developed (final stages at the time of drafting this paper) with our Senior Leadership Team.

19. NHS STW Running Cost Reduction

19.1. To deliver the running cost reduction challenge, we have implemented a range of measures:

- Decommissioning two ICB offices and relocating staff to one new office location from 1st March 2024.
- Introduction of the Establishment Control Form (ECF) and Vacancy Review Panel Chaired by the ICB CEO to manage and scrutinise recruitment and vacancies. Each vacancy requires the support of both the CEO and the Chief Finance Officer (CFO) unless it is a clinical vacancy, at which point the Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) are engaged.
- Delivering some of our functions differently, for example through delegation, bringing inhouse, or collaborating with another ICB, or NHS Provider.
- Decommissioning non-pay contracts where expenditure is not aligned to the delivery of ICB purpose or where value for money is not demonstrated.
- Development of a new staff structure that is fit for purpose and supports the delivery of the new operating model.
- Review of CSU contract to ensure it is driving best value for money by updating service specifications and contract management.
- Development of new processes and governance structures to reduce duplication and maximise efficiencies.

20. Embedding the Operating Model

20.1. It is recognised that transition to the new operating model will not be achieved overnight, and colleagues will recognise a series of key lines of enquiry which should be continually applied as we operate and embed this operating model:

- How we ensure we achieve our highest ambitions of transforming the population's heath at the same time as we meet our statutory duties.
- How and when we work at scale across the whole of STW.

- How we optimise locally empowered neighbourhood and place-based model of integrated working and leadership whilst systematically reducing unwarranted variation.
- How we support the most effective model for our provider collaborative to generate trust across sectors and enable a shift in behaviours from an organisational focus to a system-first mindset.
- How commissioning operates at each spatial level in the new system in a way which is informed by providers, wider partners, and local communities.
- How we secure common purpose across the system and operate according to shared values.
- How decisions are taken and how delegations are most effectively enacted across the system.

20.2. As partners in the ICS operate with the system architecture it will be important to ensure that regular opportunities for leaders to meet regularly, review progress and ensure that the collective ways of working are embedded. At the same time, a control process for confirming, considering, and deciding upon any formal amendments to the operating model will be important to maintain commitment to what is a system wide agreement on joint working.

20.3. It is proposed therefore, to provide an opportunity for review one year on to capture and propose suggestions for improvements to the operating model.

CONCLUSION

21. Recommendation

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

- Approve and commit to the transition to the proposed NHS STW operating model.
- Support an initial annual review to capture and propose suggestions for improvements to the operating model.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 24-04-036b
Meeting date:	24 April 2024
Paper title	Amendments to the Governance Handbook following the Good Governance Institute's (GGI) governance review
Paper presented by:	Simon Whitehouse, ICB CEO
Paper approved by:	Simon Whitehouse, ICB CEO
Paper prepared by:	Alison Smith Director of Corporate Affairs
Signature:	
Committee/Advisory Group paper previously presented:	Not applicable

Action Required (please select):									
A=Approval	X	R=Ratification		S=Assurance		D=Discussion		I=Information	

Previous considerations:	**Report to Board 31 January 2024 Item ICB-31-01-014 - Good Governance Institute's Making Meetings Matter review Report and Proposed Amendments to ICB Governance Handbook**

1. Executive summary and points for discussion

This report presents the amendments required to enact the changes to the ICB governance meeting structure proposed in the Good Governance Institute's Making Meetings Matter review which was presented to and approved by the Board at the meeting held on 31st January 2024.

A summary of the changes are as follows:

- Development of the Strategy Committee into the Strategic Commissioning Committee (Appendix 1)
- Creation of the new System Transformation Group (Appendix 2)
- Primary Care Commissioning Committee will cease.
- Integrated Delivery Committee will cease.
- Some amendments to the Quality and Performance Committee to include delegated approval of arrangements for oversight of quality in primary care transferring from the Primary Care Commissioning Committee.
- Amendments to the Scheme of Reservation and Delegation to reflect changes in terms of reference (Appendix 3)
- Amendments to the governance structure chart and summary descriptions of the tier 1 committee/group structure have been made.
- Some additional general amendments to committee terms of reference to align and ensure consistency of wording.

- Some additional changes to contact details of specific individuals and change of the ICB headquarters address in some policies included in the Governance Handbook.

The Appendices 1, 2 and 3 attached show the new terms of reference for the Strategic Commissioning Committee and the System Transformation Group and the Scheme of Reservation and Delegation (SoRD) which have the most significant changes being proposed.

The Board is asked to consider the proposed amendments and approve version 8 of the Governance Handbook.

Which of the ICB Pledges does this report align with?

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

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin is asked to:

- **NOTE the content of the paper and Appendices 1, 2 and 3 outlining the proposed changes to the Governance Handbook draft version 8 to enact the Good Governance Institute's recommendations in its Making Meetings Matter review.**

- **APPROVE the proposed amendments to the Governance Handbook draft version 8 outlined in the report and Appendices 1, 2 and 3.**

Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

The report seeks to provide assurance that NHS Shropshire, Telford and Wrekin has a robust governance structure and Governance Handbook in place which aligns to legislative requirements.

3. Appendices

Appendix 1 – Strategic Commissioning Committee

Appendix 2 – System Transformation Group

Appendix 3 – Scheme of Reservation and Delegation

4. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	No implications
Quality and Safety	No implications
Equality, Diversity, and Inclusion	No implications
Finances and Use of Resources	No implications
Regulation and Legal Requirements	NHS Shropshire, Telford and Wrekin is required to have a Governance Handbook that reflects its governance structure in place that has been approved by the Board
Conflicts of Interest	No implications
Data Protection	No implications
Transformation and Innovation	No implications
Environmental and Climate Change	No implications
Future Decisions and Policy Making	No implications
Citizen and Stakeholder Engagement	No implications

Agenda item no.	**ICB 24-04-036b**
Meeting date:	**24 April 2024**
Paper title	**Amendments to the Governance Handbook following the Good Governance Institute's (GGI) governance review**

1. Background

Following presentation and approval of the findings and recommendations arising from the Good Governance Institute's Making Meetings Matter review by the Board at the meeting held on the 31st January 2024, this report seeks to present a number of proposed amendments to the Governance Handbook for approval by the Board to enact these approved changes.

2. Good Governance Institute's Final Report on Phase 1 Making meetings Matter review

2.1 In March 2023 NHS STW appointed Good Governance Improvement (GGI) to support Shropshire, Telford and Wrekin ICB ("the ICB") on a governance improvement programme, involving:

Phase 1:
• Diagnostic and mapping of the current governance structure
• The co-design of a revised governance structure – this was presented to the Board at its meeting on 31st January 2024.

Phase 2:
• Implementation of new governance structure "three cycles" – this has started and is progressing.

2.2 The purpose of the phase 1 programme has been to develop a co-designed, simplified corporate and divisional structure for the ICB, with fewer, more efficient meetings that strengthen assurance, management of processes and board oversight.

2.3 The final meeting structure approved by the Board is shown below.

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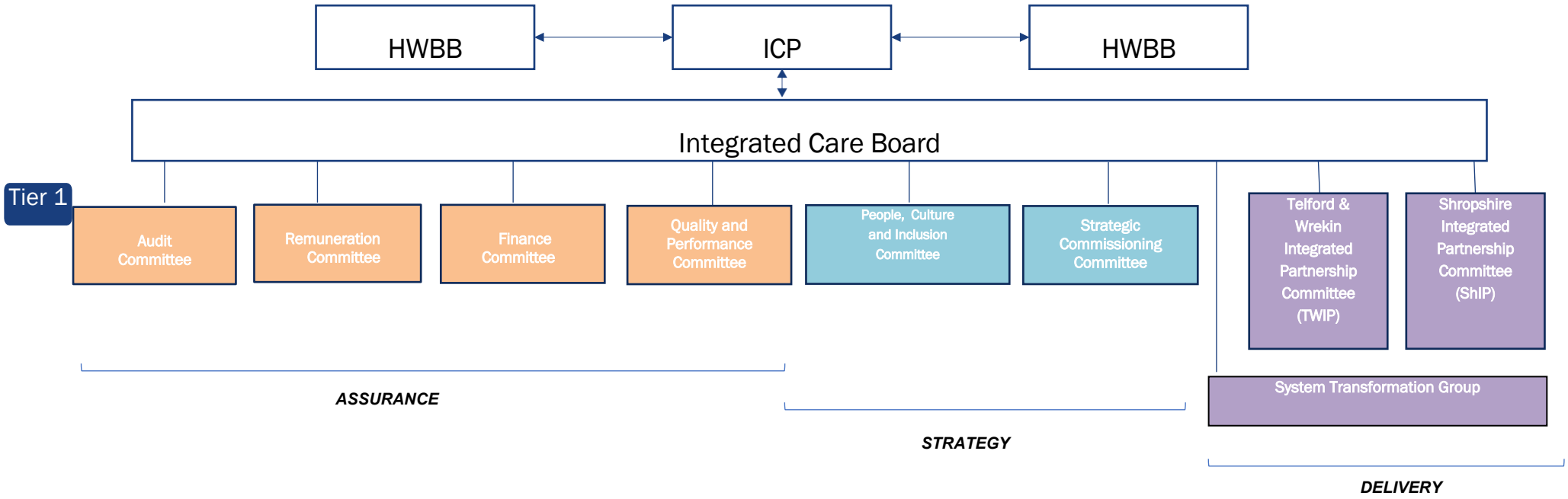

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3. Proposed changes to the Draft Governance Handbook version 8

3.1 Due to both Councils currently being subject to CQC inspections, development of the terms of reference for the Shropshire Integrated Partnership Committee and the Telford and Wrekin Integrated Partnership Committee are currently on hold. However, there is an expectation that terms of reference will be ready for presentation to the Board at its June meeting.

3.2 The Board is asked to note that the full Governance Handbook draft version 8, showing proposed amendments as tracked changes has not been included with this report to minimise the amount of documents in the Board appendices pack, but a copy can be requested from the Director of Corporate Affairs: alison.smith112@nhs.net if required.

3.3 Terms of reference for the Audit Committee, Remuneration Committee, Finance Committee and System People, Culture and Inclusion Committee remain materially the same. Although some minor changes have been made across some of these terms of reference to align wording to ensure this is the same for all committees and groups. This is documented in the table below.

3.4 The proposed changes are outlined in more detail below with corresponding section/page numbers from draft version 8 of the Governance Handbook:

Ref	Proposed Amendment	Page/Paragraph
1	Amendments to the Scheme of Reservation and Delegation to reflect changes in terms of reference. • Changes to titles to reflect the ICB management of change process. • Changes to Strategy Committee responsibilities to reflect its transition to the Strategic Commissioning Committee • Deletion of responsibilities for Primary Care Commissioning Committee and transfer to either; Strategic Commissioning Committee and Primary Access and Transformation Group • Deletion of responsibilities for Integrated Delivery Committee and transfer to either; System Transformation Group, Strategic Commissioning Committee and Quality and Performance or to the Board for responsibilities related to Place.	Section 2 pages 6 – 36 and Appendix 3
	Scheme of Financial Delegation • Changes to titles to reflect the ICB management of change process.	SFI's Section 15 Appendix 1 – page 67
	Function Roles and Decision Map • Revised meetings structure added	- Section 4 page 76 - 83

	• Changes made to summary description of purpose and chairing for Strategic Commissioning Committee, System Transformation Group, Quality and Performance, System People, Culture and Inclusion and deletion of narrative for Integrated Delivery Committee and Primary Care Commissioning Committee.	
	Committee Terms of Reference • Creation of the new System Transformation Group to provide oversight to delivery of transformation programmes and Financial Improvement Plan from Integrated Delivery Committee • Development of the Strategy Committee into the Strategic Commissioning Committee to oversee development of the Joint Forward Plan and contractual management of commissioned health services including for Primary Care GMS. • Deletion of Primary Care Commissioning Committee and its responsibilities will be moved to the Strategic Commissioning Committee, Commissioning Working Group (a sub group of the Strategic Commissioning Group) and the Primary Care Access and Transformation Group. • Deletion of Integrated Delivery Committee and its responsibilities have been moved to either the new Strategic Commissioning Committee or the System Transformation Group. • Amendments to the Quality and Performance Committee to include delegated approval of arrangements for oversight of quality in primary care transferring from the Primary Care Commissioning Committee. • Some additional general amendments to committee terms of reference to align and ensure consistency of wording across all terms of reference for conflicts of interest, risk oversight, ICB values, reporting by the chair of the committee.	Section 5 pages 88 – 106 and Appendix 1 and 2

9	Some additional changes to contact details of specific individuals and change of the ICB headquarters address in the following policies; • Conflicts of Interest Management • Standards of Business Conduct • Petitions.	Section 9 – page 208 Section 10 – page 259 Section 12 – page 303

The Board is asked to approve these amendments as set out above and the attached terms of reference in appendices 1, 2 and 3.

5. Recommendation(s)

NHS Shropshire, Telford and Wrekin is asked to:

- **NOTE the content of the paper and Appendices 1, 2 and 3 outlining the proposed changes to the Governance Handbook draft version 8 to enact the Good Governance Institute's recommendations in its Making Meetings Matter review.**

- **APPROVE the proposed amendments to the Governance Handbook draft version 8 outlined in the report and Appendices 1, 2 and 3.**

Integrated Care System
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Integrated Care Board

Agenda item no.	ICB 24-04-037.1
Meeting date:	Wednesday 24th April 2024
Paper title	Quality and Performance Committee Chair's Report
Paper presented by:	Meredith Vivian, Non-Executive Director NHS STW
Paper approved by:	Meredith Vivian, Non-Executive Director NHS STW
Paper prepared by:	Vanessa Whatley, Interim Chief Nursing Officer

Action Required (please select):											
A=Approval		R=Ratification		S=Assurance	X	D=Discussion		I=Information	

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Quality and Performance Committee meeting held on 29th February 2024

1.2 The minutes of the meeting are attached for information.

1.3 The meeting was quorate, and no conflicts of interest were declared.

1.4 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration.

2. Alerts

2.1 It was reported that the System had been moved into Tier 1 for Urgent and Emergency Care (UEC) performance, this had brought support by way of diagnostics from the national Getting it Right First Time (GIRFT) team. The UEC improvement plan was being updated to reflect actions based on these findings.

2.2 The Committee has not been assured on the progress of the diabetes risk, therefore a full paper was submitted detailing a business case that is needed to address historic commissioning in two CCGs and different approaches across primary care. The business case will propose an integrated service be delivered and which focused on the role of prevention.

2.3 Neonatal data from SaTH is being strengthened to ensure it is quality assured however the implementation of Badgernet (Maternity and neonatal electronic patient record) would be a reliable solution and is not planned on the Digital

Road map at SaTH until Quarter 1 2025/26. The LMNS Board continues is monitoring this as a risk.

2.4 The distribution of how long fast track patients are waiting for packages was reported as 0-23 days, 56% of patients have their fast track achieved in 0-1 day but it was noted that delays could result in poor experience for some residents and families and required further investigation and actions.

3. Assurance

3.1 The Cancer faster diagnosis standard is continuing to be achieved. The 62-day backlog was reported as being back on trajectory after some slippage for achieving the fair shares target of 212 by the end of this year.

3.2 The system is on track to achieve zero> 78wks and to overachieve on its H2 >65wk backlog by the end of March 24.

3.3 The Risk relating to acute paediatric care was reviewed and reduced to 15 from 20 following presentation of a summary paper of the previous issues and actions, this reflects improvements in paediatric practice and leadership at SaTH and no incidents since March 2023. This remains on the QPC risk register while further assurance is sought via contract measures and the outcome of the CQC inspection in Oct/Nov 2023.

3.4 Child mortality workshops are now established with 2 taking place in STW so far. A system action plan is being co-produced with partners across the system.

3.5 Forty-one actions out of the total of the 210 from the two Ockenden reports that are outstanding/not assured. 11 of them are closely linked to funding and there is a business case being put forward to address these issues, however there are mitigations in place as required against these actions. Moving from a single trust LMNS remains amongst these.

4. Advise

4.1 It was reported that Primary care are seeing evidence of improvement as a result of the primary care access plans with improvement noted at practice visits around waiting times for patients telephoning practices where there was improved telephony, however, due to the capacity of the telephony provider this will not be rolled out to all practices until the end of April 2024.

4.2 A primary care representative for the committee was being sought as part of the updated terms of reference.

4.3 Healthwatch Shropshire are carrying out a piece of work around living with cancer, not to pick up on issues around diagnosis etc, but people's experiences of how they are supported to live with cancer.

5. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to consider the following recommendations arising from the meeting which require a decision:

5.1 Accept the report.

5.2 Consider the alerts for further action.

6. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

The report provides assurance that the QPC is seeking assurance on the elective care and diagnostics and discussing challenges.

7. Appendices

Appendix 1 – Quality and Performance Committee minutes from the meeting held on Thursday 29th February 2024

Request of Paper:	Accept the report.	**Action approved at Board:**	
	Consider the alerts for further action.		
		If unable to approve, action required:	
Signature:		**Date:**	

Integrated Care System
Shropshire, Telford and Wrekin

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Integrated Care Board

Agenda item no.	ICB 24-04-037.2
Meeting date:	24 April 2024
Paper title	Audit Committee Chair's Report
Paper presented by:	Roger Dunshea
Paper approved by:	Roger Dunshea
Paper prepared by:	Roger Dunshea

Action Required (please select):										
A=Approval		R=Ratification		S=Assurance	X	D=Discussion		I=Information		

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW ICB Audit Committee meeting held on 17 January 2024 for noting.

1.2 The meeting was quorate and no conflicts of interest were declared.

1.3 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:

ALERT: Matters of concerns, gaps in assurance or key risks to escalate to the Board	**Emergency Preparedness, Resilience and Response.** The committee received the latest self assessment report. This stated the EPRR in non compliant and action is required to ensure the required standards are met. This was to be reported to the January Board and the committee asked for a progress report by the end of February. **System Investment Panel (SIP).** The committee received the terms of reference for the SIP. The committee noted the risks of the SIP working in a financial situation where expenditure needs to be reduced to meet the system budget targets. It remains to be clarified the status of the SIP and the system wide necessity for grip and control over budgets and reduced expenditure. **System Estates Strategy**. This important strategy is work in progress with planned delivery in March. It is hoped this brings a comprehensive inventory of the ICS estate and future plans including hospital and community transformation plans. The committee has been informed this will be presented to its April meeting. **System wide risk and audit alignment.** The November audit chairs work shop was a starter to sharing and potentially coordinating risk and internal audit planning and management. A key next step is to reconvene the workshop in May 24 with hopefully the attendance of risk and audit leads from TWC and SCC. **Better Care Fund (BCF)**. The committee was updated on the system wide budgetary concerns over the application of the BCF. It was reassuring to note the constructive relationships amongst the key partners. The internal audit of the BCF will be reported in April 2024. **Continuing Healthcare (CHC) audit 2023.** The audit of the CHC function provided limited assurance. There are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that could result in failure to achieve the objectives of the system under review. The CHC process is over spending at a significant rate and controls / oversight need strengthening. New alternatives to CHC provision need to be examined. Most of the recommended actions are to be completed in Q4 2023-24.

ADVISE: Area's that continue to be reported on and/or where some assurance has been noted/further assurance sought.	**Internal audit plan 2024-25** . The plan is work in progress and awaits NED input.
ASSURE: Positive assurances and highlights of note for the Board	The counter fraud and external audit updates did not raise any unexpected concerns at this stage of the financial year.
Changes to the BAF Risk(s) and Directorate Risk Register Risk(s) agreed	**The priority remains to secure ownership and action s from the BAF and SRR across the ICS.** The committee remains concerned about Board committee ownership of the relevant sections of the BAF
ACTIONS: Significant follow up action commissioned (including discussions with other Board Committees, changes to Work Plan)	The committee remains concerned over the implementation and timing of the GGI review.
ACTIVITY SUMMARY: Presentations/reports / items of note received including those approved.	The committee noted the : • External audit timetable and plans • The NHSE letter on Recovery Support Funding . This will be monitored by the Finance Committee. • The policy for the management of policies. The committee received updates on: • Counter fraud • Information governance • Losses and waivers etc
Matters presented for information or noting	External and Internal audit professional briefings.
Committee self evaluation of effectiveness/ Terms of Reference Review/ Future Work Plan	None to note.

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to consider the following recommendations arising from the meeting which require a decision:

- *The Board is recommended to read the BAF and SRR with agreement to hold a risk development session early in 2024. This needs to be in conjunction with GGI recommended new committee structure.*

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

Not yet

4. Appendices

Appendix 1 – Minutes of Audit Committee meeting held on 17 January 2024

Request of Paper:	To note	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:	*RM Dunshea*	**Date:**	23.2.24

Integrated Care System
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Integrated Care Board

Agenda item no.	ICB 24-04-037.2
Meeting date:	24 April 2024
Paper title	Audit Committee Chair's Report
Paper presented by:	Roger Dunshea
Paper approved by:	Roger Dunshea
Paper prepared by:	Roger Dunshea

Action Required (please select):										
A=Approval		R=Ratification		S=Assurance	X	D=Discussion		I=Information		

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW ICB Audit Committee meeting held on 17 April 2024 for noting.

1.2 The meeting was quorate and no conflicts of interest were declared.

1.3 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:

ALERT: Matters of concerns, gaps in assurance or key risks to escalate to the Board	1. **Emergency Preparedness, Resilience and Response.** The committee remains concerned over the slow pace implementing the necessary EPRR arrangements across the ICS. 2. **System Board Assurance Framework and Strategic Risk Register.** The BAF and SRR has now been completed but gaps remain identifying mitigating actions, responsibilities and dates. Most of the risks are assessed as red (high risk) with **two extremely high risks** as listed below: • **Strategic Risk No.1: Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of ICS priorities** • **Strategic Risk No.2: Risk of not delivering sustainable services within available resources across the ICS.**

	3. **The Internal Auditors (IA)**, after a recent review, consider the risk management process, BAF and SRR are not utilised effectively. Their interim opinion , for the 2023-24 annual report , is that the ICB can only have **limited assurance about its management of risk.** 4. **Ophthalmology independent sector contracting** The advisory review (IA) has highlighted the need for more financial and quality oversight of the ICB contract with the independent sector for cataract surgery. It is noted the Ophthalmology transformation project has stalled. It would appear the ICB has little control over the contract cost of the service provided by a sole supplier . It is unclear whether the £300m HTP project will provide capacity to bring all cataract surgery into NHS provision. The management response is awaited.
ADVISE: Area's that continue to be reported on and/or where some assurance has been noted/further assurance sought.	1. **Internal audit plan 2024-25** was approved by the committee. The summary of topics is listed below. The audits should be completed by the financial year end. • Governance- Risk Management and new Committee Structure Implementation. • Partnership Place Board- Governance. • Fit and proper persons test (NHSE mandated) • Conflicts of Interest • Financial systems • Grant Certification [DofE] • Additional Roles Reimbursement Scheme [ARRS] Payments- PCN • Structure and Governance PCNs • Delegated Directed Commissioning (POD self-assessment or Specialised Commissioning) • Continuing Healthcare (CHC) Complaints- engagement patients/families • Data security and protection toolkit (NHSE mandated) 2. **ICS Estates Strategy.** The committee received a short very helpful presentation of the 180 pages draft strategy document. It provides useful detail on the current estate across the ICS, which demonstrates collaboration with NHS and Local Government. The strategy raises three key questions.

	1. What is the ICB / ICS role in capital planning and prioritisation across all the ICS; notably in shifting investment to primary and community services. 2. How is estate utilisation, service integration and value for money optimised. Approximately £100mn is spent annually on the estate. 3. How can NHS and GP service capital investment have greater alignment and flexibility. **3. Funding of the STW GP Board**. The IA review has been delayed further ; this requires prompt action by the executive.
ASSURE: Positive assurances and highlights of note for the Board	1. The Audit Committee Annual Report of NHS Shropshire, Telford and Wrekin (NHS STW) was received for the period of April 2023 to March 2024. The purpose is to provide assurance that the Audit Committee has discharged its responsibilities in accordance with the agreed Terms of Reference (TOR) and reviewed its work and performance during 2023/24. Copy attached as Appendix 1. 2. The counter fraud and external audit updates did not raise any unexpected concerns at this stage of the financial year. Good progress has been made in drafting the ARA 2023-24.
Changes to the BAF Risk(s) and Directorate Risk Register Risk(s) agreed	**The priority remains to secure ownership and action s from the BAF and SRR across the ICS.**
ACTIONS: Significant follow up action commissioned (including discussions with other Board Committees, changes to Work Plan)	1. The committee requested a joint paper with the Finance Committee on the interdependencies of contracting and commissioning. 2. The committee has requested for 2025-26 an independent assurance review of ICB data sources and analysis. 3. The committee has requested the next executive and non executive meeting, discusses the limited assurance on risk management.
ACTIVITY SUMMARY: Presentations/reports / items of note received including those approved.	The Committee noted the : • IG DSPT progress report • IG bi monthly service report. • MHIS clean audit opinion.

	The committee received updates on: • Counter fraud and the plan for 2024-25 • Losses and waivers etc
Matters presented for information or noting	External and Internal audit professional briefings.
Committee self evaluation of effectiveness/ Terms of Reference Review/ Future Work Plan	The meeting finished on time. The agenda 625 pages meant committee members wasted valuable time in ascertaining key issues.

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to consider the following recommendations arising from the meeting which require a decision:

- The Board is recommended to read the BAF and SRR with agreement to hold a risk development session early in 2024.
- The Board is asked to note the contents of the Audit Committee Annual Report for the period of April 2023 to March 2024, as assurance that Committee had discharged its responsibilities in accordance with the agreed Terms of Reference (TOR) and reviewed its work and performance during 2023/24.

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

Not yet

4. Appendices

Appendix 1 – Audit Committee Annual Report

The minutes of the Audit Committee meeting held on 17 April 2024 will be circulated once approved at the next meeting.

Request of Paper:	To note	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:	*RM Dunshea*	**Date:**	18 April 2024

Integrated Care System
Shropshire, Telford and Wrekin

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Integrated Care Board

Agenda item no.	ICB 24-04-037.3
Meeting date:	24th April 2024
Paper title	Finance Committee Chair's Report – 22nd February Meeting
Paper presented by:	Trevor McMillan; Non Executive Director
Paper approved by:	Trevor McMillan; Non Executive Director
Paper prepared by:	Claire Skidmore; Chief Finance Officer

Action Required (please select):											
A=Approval		R=Ratification		S=Assurance	X	D=Discussion		I=Information	X

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Finance Committee meetings held on 22nd February.

1.2 The minutes of the meetings are attached for information.

1.3 Both sections of the meeting were quorate and no conflicts of interest were declared.

1.4 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration.

ALERT: Matters of concerns, gaps in assurance or key risks to escalate to the Board	**Section 1 (ICB)** The committee were briefed on a deterioration to the CHC forecast as a result of late notification of charges for children's joint cases. After validating the charges presented, the Individual Commissioning and Finance teams will take action to mitigate this occurring again in the future. **Section 2 (System)** The committee noted that the financial forecast for the system for 2023/24 was £133m which includes £3m impact of industrial action for which we are expecting funding. There is a risk surrounding the allocation of funds which will be done on a fair shares basis. At the point of reporting, finance leads did not know how much allocation the system was due to receive.
ADVISE: Areas that continue to be reported on and/or where some assurance has been	**Section 1 (ICB)** A year to date deficit of £20.7m was presented to the Committee for month 10 reporting. £21.6m ytd efficiency savings were also reported, being £400k ahead of target at month 10.

noted/further assurance sought	**Section 2 (System)** -
ASSURE: Positive Assurances and highlights of note for the Board	**Section 1 (ICB)** The Committee noted management confidence in hitting the ICB's reforecast deficit of £27.8m. **Section 2 (System)** -
Changes to the BAF risk(s) and Directorate risk register risk(s) agreed	Financial risk is already reflected in the BAF. The topics discussed at the meeting and resulting conclusions did not materially change the existing assessment of risk.
ACTIONS: Significant follow up actions commissioned (including discussions with other Board Committees, changes to work plan)	**Section 1 (ICB)** The committee approved the ICB budgetary control framework on the recommendation of the CFO, supported by the ICB Senior Leadership Team. **Section 2 (System)** -
ACTIVITY SUMMARY: Presentations/reports/items of note received including those approved	**Section 1 (ICB)** • M10 finance position overview (revenue and capital) • M10 Efficiency Update • Budgetary Control Framework **Section 2 (System)** • M10 finance position overview (revenue and capital) • M10 Efficiency update
Matters presented for information or noting	N/A

2. Recommendation(s)

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

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

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.

The significant underlying financial deficit of the system features in the Board Assurance Framework and therefore this report describes the work of the committee in overseeing financial recovery and presents any conclusions that it may draw about risks to the delivery of the financial plan.

4. Appendices

Appendix 1 - Finance Committee minutes from the section 1 and section 2 meetings held on 22nd February 2024.

Request of Paper:	NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	24th April 2024

Integrated Care System
Shropshire, Telford and Wrekin

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Integrated Care Board

Agenda item no.	ICB 24-04-037.4
Meeting date:	24 April 2024
Paper title	Remuneration Committee Chair's Report
Paper presented by:	Trevor McMillan, Non-Executive Director & Chair of Remuneration Committee
Paper approved by:	
Paper prepared by:	Lisa Kelly, Senior HR Business Partner

Action Required (please select):										
A=Approval		R=Ratification		S=Assurance	X	D=Discussion		I=Information		

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Remuneration Committee meeting held on 28 March 2024 for noting.

1.2 The meeting was quorate.

1.3 A summary of the report is outlined below for the Board's consideration:

1.3.1 There were three agenda items as outlined below: -

- Temporary Implementation of Purchase of Annual Leave
- Very Senior Manager (VSM) Local Pay Framework
- Approval Process for Potential Redundancies

1.3.2 The papers presented were approved by the Remuneration Committee

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to:

2.1 Note the business completed at the Remuneration Committee on 28 March 2024.

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

N/A

4. Appendices

None

Request of Paper:	To note.	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

Integrated Care Board

Agenda item no.	ICB 24-04-037.5
Meeting date:	24th April 2024
Paper title	Strategy Committee Chair's Report – 13th March 2024
Paper presented by:	Cathy Purt; Non Executive Director
Paper approved by:	Cathy Purt; Non Executive Director
Paper prepared by:	Gemma Smith, Director of Strategic Commissioning

Action Required (please select):											
A=Approval		R=Ratification		S=Assurance	X	D=Discussion		I=Information	X

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Strategy Committee meeting held on 13th March 2024).

1.2 The minutes of the meetings have not yet been ratified.

1.3 The meeting was quorate and no conflicts of interest were declared.

1.4 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration.

ALERT: Matters of concerns, gaps in assurance or key risks to escalate to the Board	Nothing to note.
ADVISE: Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought	Nothing to note.
ASSURE: Positive Assurances and highlights of note for the Board	**Workforce Passports** The Committee noted the following: • The use of the system workforce sharing agreement to date across the system and the next steps required to provide assurance of its implementation and impact of use will be established by the group which meets end of April. • The addition of the first non-NHS provider partner (Hope House) joining the workforce sharing agreement framework.

	• The aim of the REFORM portfolio to explore and scope NHS professionals as a possible additional solution to mitigating STW workforce gaps and reducing reliance on agency workforce and; • The strategic ambition of the REFORM portfolio to explore establishing a system collaborative bank across health and care during 24/25. **Joint Forward Plan** The Committee received the draft JFP for review and noted the following: • The Annual review of the 2023-24 JFP was undertaken in Q4 with actions reviewed and updated across all areas. • As part of the refreshed draft, inclusion of progress made since last year had been added alongside the ICB Operating Model and our approach to commissioning intentions. • Improved narrative across a number of areas had been included to provide further detail of how the ICB plans to deliver its functions. In addition, the Committee recognised that the following areas were added or improved to better reflect the ICBs position: • Our approach to engagement with communities • Our approach to tackling inequalities and duty to reduce health inequalities • Duty to offer patient choice. • People – to provide clarity on plans for workforce including our commitment to training and education. • Financial sustainability and productivity – to further outline the current position and plans to address. • Impact of the 2023 Procurement Act in October 2024 will necessitate significant changes to NHS procurement practices. **Digital Strategy** The Committee approved the Shropshire Telford and Wrekin ICS Digital Strategy 2023-2028 as a vision lever for change and also noted the following: • Support the proposed strategy and portfolio amendments. • Acknowledge the sustained commitment and drive of digital transformation teams across the ICS in recovery and transformation. • Advocate for investments in a system digital operating model and related digital capabilities for the workforce and STW communities.
Changes to the BAF risk(s) and Directorate risk register risk(s) agreed	The topics discussed at the meeting and resulting conclusions did not impact upon any of the existing risks.
ACTIONS:	None noted from the items presented.

Significant follow up actions commissioned (including discussions with other Board Committees, changes to work plan)	
ACTIVITY SUMMARY: Presentations/reports/items of note received including those approved	• Implementation of Workforce Passports • 2024-25 Joint Forward Plan • Digital Strategy update • Revised Terms of Reference
Matters presented for information or noting	N/A

2. Recommendation(s)

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

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

The Strategy Committee is established to provide oversight and assurance to the Board in the development and delivery of a robust strategies and strategic plans across the ICS.

The ability to sustain a culture of strategic collaboration and partnership working and secure delivery of integrated cares on priorities is included in the Board Assurance Framework and therefore this report describes the work of the committee in overseeing this requirement.

4. Appendices

Appendix 1 – n/a as minutes have not yet been ratified,

Request of Paper:	NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	24th April 2024

Integrated Care System
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STW INTEGRATED CARE BOARD

Agenda item no.	ICB 24-04-037.6
Meeting date:	24 April 2024
Paper title	NHS STW Integrated Care System (ICS) People Culture and Inclusion Committee – Chairs report
Paper presented by:	Dr Catriona McMahon, Chair ICS People Culture, and Inclusion Committee
Paper approved by:	Dr Catriona McMahon, Chair ICS People Culture, and Inclusion Committee
Paper prepared by:	Alison Trumper Head of ICS People Programmes
Signature:	
Committee/Advisory Group paper previously presented:	

Action Required (please select):									
A=Approval		R=Ratification		S=Assurance	x	D=Discussion		I=Information	x

This paper seeks to provide assurance on progress against STW ICS People priorities and development of the 24/25 workforce plan.

Previous considerations:	

1. Executive summary and points for discussion

1.1. The purpose of this paper is to provide a summary of the STW People Culture and Inclusion Committee, held on the 20th of March, 2024.

1.2. The minutes of the meeting are yet to be ratified.

1.3. The meeting was quorate, and no conflicts of interest were declared that conflicted with an item on the agenda.

1.4. A summary of the discussion, assurances received and areas for escalation are outlined below for the Board's consideration:

1.5 People Experience Story

The Committee received an overview of the system 'Stepping into Work'' programme, including a personal reflection of the value of participating in this programme from Angela Whelan, who completed the Step into Work programme and is now working in an administrative role within SaTH.

The programme is aimed at adults aged 19+, who are claiming jobseekers' allowance, looking for work or change of career to develop skills to secure employment in health and social care. This is done via work experience placements across the system and education programme adapted to meet the needs of the participant and employer.

Of the people who have participated in the Step-into-Work programme, of 50 participants 50% have successfully secured jobs across system NHS providers.

1.6 Report from the Chair of the People Collaborative

Committee received the AAA report from the ICS People Collaborative. Discussions were had regarding:

- Care sector vacancy rates and ongoing risk due reduction in central funding, salary costs and the announcement in December 23 of government changes where international recruits will not be able to bring family members to England. Care sector workforce data is collated by Skills for care and is reported to be 9.71% with a turnover of 32%. Partners in Care, representing most of the local and independent care providers continue to work with the system people team to support attracting and retaining the care workforce.

- The publication of organisational Workforce Race and Quality Standards, with three key areas of improvement identified: discrimination from manager/ team leader, career progression and harassment/ bullying/ abuse. Individual NHS providers have action plans in place to improve, with the overall action plan led by the system Equality, Inclusion and Diversity Group.

- The publication of the Rural Racism Report, and how it is informing the system People plan, especially those elements addressing EDI. The action plan to address areas of improvement identified in the report is led by the system Equality Diversity and Inclusion steering group.

- Oliver McGowan training which, following investment from NHSE continues to build up training capacity including lead trainers and people with lived experience. Circa 30,000 people working within STW health and care sector require training. The commitment by providers to release people to attend training (half day or whole day) and the training capacity to deliver continue to be the greatest challenge for the system. NHSE regional team acknowledge these challenges, that all ICS's face, STW is not an outlier for training compliance to date and has been reported to be making good progress.

The following updates, since meeting reported, were also discussed:

- The ongoing recruitment freeze.
- The appointment of 3.0 wte People Promise Managers, on a 12-month contracts appointed to RJAH, SCHT and SaTH. Priorities for these new posts are being developed.

1.7 People Strategy 2023/24 - DRAFT Annual Report

The draft annual report was received, and feedback requested. The intent is to publish the report in April 2024

1.8 2024/ 25 NHS Workforce Plan

The committee received an update regarding the 24/25 STW NHS Workforce Plan submitted to NHS on 21st March 2024. The plan is cognizant of nationally agreed guiding principles that NHS organisations must incorporate into their submissions:

- There should be minimum overall substantive growth in 24/25.
- Bank usage should be no more than that in the 2023/24 plan.
- Agency spend should be not exceed the national target of 3.2% of the pay bill.

Details regarding the plan were shared.

Discussion was had regarding the importance of the REFORM workstream of the People Plan in addressing the challenged with regards to the shape and cost of workforce. The committee were informed of, and invited to, a planned Strategic Reform Seminar – date to be confirmed.

The 24/25 STW NHS Workforce plan will be monitored through the System Workforce Assurance and Planning steering group, reporting to the system People Collaborative and People Culture and Inclusion Committee to ensure early identification and responsive interventions where the trajectory may be off plan.

1.9 ICS Partnership with Higher & Further Education Colleges -Telford & Shrewsbury

The Committee were offered an overview of the ICS Partnership with Higher & Further Education Colleges -Telford & Shrewsbury, and achievements to date.

There was a focus on current T-level placements and plans to expand these, including offering further health and care orientated T-Level qualifications in the future.

The Committee were informed about the development of routes into employment for people aged 16 to 19, with the launch of Batchelor of Technology (BTECH) qualifications up to levels 4 /5.

Telford college is in discussion with the People team to identify opportunities and a training programme for a new workforce - higher level support worker, could bring to NHS partners workforce. This role has already been adopted by local authority and the care sector.

In addition, the Committee were also informed of the opportunity the local colleges of further and higher education can and are offering the system health and care workforce and that this offer will contribute to the mitigation of there being no further workforce development investment from NHSE in 24/25.

1.10 Annual Governance Reviews

Due to apologies being tendered, the following items were adjured to the next meeting:

- Annual Review of Governance and Operating Model
- Annual Review of Terms of Reference (People Culture & Inclusion Committee)

1.11 ICS Risk Register/ICB BAF Review

The current version of the BAF and SORR was made available to the committee, The committee was informed that relevant risks were discussed at the last People Collaborative meeting.

Due to apologies being tendered, the planned detailed discussion on the new risks were valid, further discussion and the updates proposed was adjured to the next meeting.

1.12 AOB and Date of Next meeting

- There were no items of AOB
- The date of the next meeting is June 19th, 2024, at Chester University Campus, Shrewsbury. Committee meetings are held face to face.

2. Which of the ICB Pledges does this report align with?

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

3. Recommendation(s)

3.1. **NHS Shropshire Telford and Wrekin Integrated Board is asked to:**

- Note assurances offered regarding progress of STW ICS People priorities.
- Note the discussion regarding the importance of REFORM in addressing system workforce challenges.
- Note monitoring of the 24/25 NHS workforce plan will be led via the system workforce assurance and planning group.
- Note Oliver McGowan training.

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail.

None identified

5. Appendices

None

Action Request of Paper:	• Note assurances offered regarding progress of STW ICS People priorities. • Note assurances that monitoring of the 24/25 NHS workforce plan will be led via the system workforce assurance and planning group.		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	