

# STW Integrated Care Board

MEETING  
28 June 2023 14:00

PUBLISHED  
23 June 2023

## AGENDA (PART 1)

<b>Meeting Title</b>	Integrated Care Board	<b>Date</b>	Wednesday 28 June 2023
<b>Chair</b>	Sir Neil McKay	<b>Time</b>	2.00pm
<b>Minute Taker</b>	Board Secretary	<b>Venue/ Location</b>	The Sovereign Suite, Shrewsbury Town Football Ground, Montgomery Waters Meadow, Oteley Road, Shrewsbury, SY2 6ST

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

Reference	Agenda Item	Presenter	Purpose	Paper	Time
<b>OPENING MATTERS</b> (approximately 30 minutes: 2.00pm – 2.30pm)					
ICB 28-06-087	Apologies and Introductory comments by the Chair	Sir Neil McKay	I	Verbal	2.00
ICB 28-06-088	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: <a href="https://shropshiretelfordandwrekin.nhs.uk">Register of Interests - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)</a>	Sir Neil McKay	S	Verbal	
ICB 28-06-089	Minutes from the previous meeting held on Wednesday 26 April 2023	Sir Neil McKay	A	Enc	
ICB 28-06-090	Matters arising and action list from previous meetings	Sir Neil McKay	A	Enc	
ICB 28-06-091	Questions from Members of the Public: <i>(There were no questions submitted in May)</i>  Guidelines on submitting questions can be found at: <a href="https://stwics.org.uk/get-involved/board-meetings">https://stwics.org.uk/get-involved/board-meetings</a>	Sir Neil McKay	I	-	
ICB 28-06-092	Patient's Story: Falls Prevention  <a href="#">Falls prevention service - Fit4All - YouTube</a>	Alison Bussey	S	Enc	2.10

<b>STRATEGIC SYSTEM OVERSIGHT</b> (approximately 70 minutes 2.30pm – 3.40pm)					
ICB 28-06-093	ICB Chief Executive (CEO) Report: <ul style="list-style-type: none"> <li>Pharmacy, Optometry and Dentistry (POD) Hosting Agreement – emergency decision</li> <li>Latest Position regarding Access Recovery Plan</li> <li>Visit to SaTH by Nina Morgan</li> <li>Update on Industrial Action</li> <li>Feedback from the Office of the West Midlands</li> <li>Integrated System Improvement Plan (ISIP)</li> <li>Digital ICS Strategy 2023-2026</li> <li>Premature Mortality in adults living with severe mental illness (SMI)</li> </ul>	Simon Whitehouse	S	Enc	2.30
ICB 28-06-094	Joint Forward Plan	Claire Parker	A	Enc	2.45
ICB 28-06-095	Operational Plan 2023/24 update	Julie Garside / Claire Skidmore	S	Enc	3.15
ICB 28-06-096	LeDeR Annual Report	Alison Bussey	S	Enc	3.30
<b>10 MINUTE BREAK</b>					
<b>SYSTEM GOVERNANCE AND PERFORMANCE</b> (approximately 40 minutes 3.50pm– 4.30pm)					
ICB 28-06-097	Integrated Care System Performance Report: <ul style="list-style-type: none"> <li>Finance</li> <li>Performance</li> <li>Quality</li> <li>People</li> </ul>	Julie Garside	S	Enc	4.00
ICB 28-06-098	CCG (months 1–3) and ICB (months 4 –12) Annual Reports and Accounts 2022/23 – for approval	Claire Skidmore	A	Enc	4.15
ICB 28-06-099	Finance Committee – amendment to Terms of Reference	Claire Skidmore	A	Enc	4.30
<b>BOARD COMMITTEE REPORTS</b> (approximately 30 minutes 4.33pm-5.00pm)					
ICB 28-06-100	<b>Assurance</b>				4.35
ICB 28-06-100.1	Quality and Performance Committee Chair's Report for meetings held on 22 March, 27 April and 25 May 2023	Meredith Vivian	S	Enc	
ICB 28-06-100.2	Audit & Risk Committee Chair's Report for meeting held on 19 April 2023	Roger Dunshea	S	Enc	

ICB 28-06-100.3	Finance Committee Chair's Reports for meetings held on 8 March, 28/30 March and 3 May 2023	Professor Trevor McMillan	S	Enc	
ICB 28-06-100.4	Remuneration Committee Chair's Report for meeting held on 20 June 2023	Professor Trevor McMillan	S	Enc	
	<b>Strategy</b>				
ICB 28-06-100.5	Strategy Committee Chair's Report for meetings held on 18 May 2023	Cathy Purt	S	Enc	
ICB 28-06-100.6	System People Committee Chair's Report - no meetings held since last report	Dr Catriona McMahon	S	Verbal	
ICB 28-06-100.7	Primary Care Commissioning Committee Chair's Report for meeting held on 2 June 2023	Dr Niti Pall	S	Enc	
	<b>Delivery</b>				
ICB 28-06-100.8	Integrated Delivery Committee Chair's Report for meetings held on 10 May and 12 June 2023	Harry Turner	S	Enc	
ICB 28-06-101	Any Other Business: <i>(To be notified to the Chair in advance)</i>	Sir Neil McKay	D	Verbal	4.55
	Date and time of next meeting:  Wednesday 27 September 2023 - Shrewsbury				



*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 26 April 2023 at 2pm  
The Sovereign Suite, Shrewsbury Town Football Ground,  
Montgomery Waters Meadow, Oteley Road, Shrewsbury, SY2 6ST**

**Present:**

Sir Neil McKay	Chair, NHS STW
Professor Trevor McMillan	Deputy Chair and 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
Alison Bussey	Chief Nursing Officer, NHS STW
Louise Barnett	Trust Partner Member and Chief Executive, Shrewsbury and Telford Hospital NHS Trust
Stacey Keegan	Foundation Trust Partner Member and Chief Executive Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Neil Carr	Foundation Trust Partner Member and Chief Executive, Midlands Partnership NHS Foundation Trust
Patricia Davies	Trust Partner Member and Chief Executive Shropshire Community Health NHS Trust
Andy Begley	Local Authority Partner Member and Chief Executive, Shropshire County Council
David Sidaway	Local Authority Partner Member and Chief Executive, Telford and Wrekin Council.
Dr Ian Chan	Primary Care Partner Member for Telford and Wrekin
Dr Julian Povey	Primary Care Partner Member for Shropshire

**In Attendance:**

Dr Catriona McMahon	Chair, Shrewsbury and Telford Hospital NHS Trust
Tina Long	Interim Chair, Shropshire Community Health NHS Trust
Alison Smith	Director of Corporate Affairs, NHS STW
Julie Garside	Director of Performance & Planning, NHS STW
Claire Parker	Director of Partnerships & Place, NHS STW
Simon Fogell	Chief Executive, Healthwatch Telford & Wrekin
Richard Nuttall	Joint Chair, Telford & Wrekin Chief Officers Group (COG)
Ali Sangster-Wall	Enter & View Officer & IHCAS Coordinator, Healthwatch Shropshire - representing Lynn Cawley
Tracy Eggby-Jones	Corporate Affairs Manager (Minute Taker), NHS STW

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## Minute No. ICB 26-04-078 - Introduction and Apologies

78.1 The Chair opened the meeting of the STW Integrated Care Board (ICB) and welcomed everyone. The Chair specifically welcomed the following attendees and observers:

Richard Nuttall	Joint Chair of Telford & Wrekin Chief Officers Group (COG)
Simon Fogell	Chief Executive, Healthwatch Telford & Wrekin
Ali Sangster-Wall	Enter & View Officer & IHCAS Coordinator, Healthwatch Shropshire - representing Lynn Cawley
Gemma Smith	Director of Strategic Commissioning

78.2 Apologies were noted as follows:

Meredith Vivian	Non-Executive Director, NHS STW
Dr Niti Pall	Non-Executive Director, NHS STW
Alex Brett	Chief People Officer, NHS STW
Harry Turner	Chair Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Cllr Lezley Picton	Leader of Shropshire Council
Cllr Cecilia Motley	Portfolio Holder for Adult Social Care, Public Health and Communities, Shropshire Council
Cllr Andy Burford	Cabinet Member for Adult Social Care and Health, Integration and Transformation, Telford and Wrekin Council
Cllr Shaun Davies	Leader of Telford and Wrekin Council
Pauline Gibson	Non-Executive Director, Midlands Partnership NHS Foundation Trust
Cathy Purt	Non-Executive Director, Shropshire Community Health NHS Trust
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Jackie Jeffrey	Vice Chair Shropshire, VCSA
Jan Suckling	Lead Officer, Healthwatch Telford & Wrekin

78.3 The Chair acknowledged the significant pressures facing health and care services across the ICS and recorded his gratitude to everyone involved, particularly in light of the recent industrial action.

78.4 The Chair reported that the Hewitt Review had recently been published, which was an independent review of integrated care systems, undertaken by The Rt Hon Patricia Hewitt. A number of recommendations had been identified and the government was now considering these. The Chair suggested that once the government had responded to the review that the time was allocated for the Board to have a detailed discussion on the outcome.

78.5 The Chair expressed his thanks to Professor Trevor McMillan for chairing the previous Board meeting in his absence.

**Action: ICB to have dedicated session to discuss outcome of the Hewitt Review, to be arranged once the government had responded to the recommendations in the review.**

**Minute No. ICB 26-04-079 Declarations of Interest:**

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

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

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

**Minute No. ICB 26-04-080 - Minutes from meeting held on 29 March 2023**

80.1 The Minutes of the meeting held on 29 March 2023 were presented for approval. Mr Whitehouse advised that a point of clarity had been raised in relation to minute number ICB 29-03-069 – Follow up to Patient's Story: MSK Integration across Shropshire, Telford and Wrekin. Mr Whitehouse agreed to review the recording to ensure the minutes accurately reflected the discussion and the agreement that the Board made.

**Action: Mr Whitehouse to review the recording of the Board meeting held on 29 March 2023 in relation to minute number ICB 29-03-069 – Follow up to Patient's Story: MSK Integration across Shropshire, Telford and Wrekin, to ensure the minutes accurately reflected the discussion and the agreement that the Board made.**

**Minute No. ICB 26-04-081 - Matters arising and Action List from previous meetings**

81.1 The Chair referred to the Action List and confirmed that all actions were either completed or in progress.

81.2 The action list was approved.

**Minute No. ICB 26-04-082 - Questions from Members of the Public**

82.1 No questions were submitted from members of the public.

**Minute No. ICB 26-04-083 – Operational Plan 2023/24 Update**

83.1 Mr Whitehouse presented the executive summary of the final draft of the NHS Shropshire Telford & Wrekin Operational Plan for 2023/24, which had been submitted to NHS England on 30 March 2023. This included the slide pack which summarised the activity the ICB was commissioning for its population in 2023/24. It also detailed the corresponding performance against national objectives, alongside the associated financial and workforce plans that underpin it.

83.2 It was noted that initial feedback had been received from NHSE, and further work was underway to improve the financial position and to provide additional assurance on the risks to delivery contained within the current plan. A meeting was scheduled

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between the Chair, CEO CFO of the ICB and CEO of SATH with the NHSE national team on 26 April 2023, with all ICBs required to resubmit their final plans by midday on the 4 May 2023.

- 83.3 Mr Whitehouse acknowledged the significant work that had continued to refine and strengthen the operational plan since the date of the last submission. It was noted that although there remained a significant financial deficit in the plan, work was ongoing across the system to improve this position and will do so until the point when the final submission is made on 4 May 2023. Mr Whitehouse advised that delegated authority would, therefore, be required from the Board to allow for final plan sign off to meet this deadline.
- 83.4 Mr Whitehouse referred to the activity and performance targets within the plan and acknowledged that these were ambitious, but the aim was to predominantly meet the operational planning targets for the population the ICS serves. Mr Whitehouse advised that this was based on provider and commissioner collaborative working.
- 83.5 Mr Whitehouse acknowledged that the system would not achieve a break-even position in one year and that a multi-year improvement plan would be required in order for the ICS to get into a sustainable position. This would need to be agreed in discussions with NHSE. Mr Whitehouse felt the plan demonstrated an improvement this year (2023/24) compared to last year (2022/23) and that system partners were committed to the delivery of the plan.
- 83.6 Mr Whitehouse introduced Mrs Julie Garside who was in attendance to answer any further questions or points of clarity the Board had.
- 83.7 Mrs Garside highlighted the risks associated with the plan and the actions being taken to minimise them or mitigate as far as possible. Mrs Skidmore noted that the financial position also carried significant risk and that she would be working with ICS colleagues to see how these could be reduced or mitigated.
- 83.8 Mrs Skidmore presented the 2023/24 ICS Capital Plan and noted that the final plan was due to be submitted on the 4 May 2023 and that she was not expecting there to be any changes to the plan previously submitted.
- 83.9 The Chair acknowledged that the plan was ambitious and that there were risks associated with it, but noted it delivered on urgent and emergency care, elective care, and cancer care, as well as other operational targets. The Chair emphasised that delivery of the plan would require collective support of all system partners which he believed it did.
- 83.10 The Chair opened the meeting to questions from the Board. These were noted as follows:
- Mrs Tina Long referred to the workforce figures outlined in the plan and asked if there had been any challenge to them. Mr Whitehouse advised that the workforce figures had been articulated with the national team, in relation to how the system would grow its workforce whilst in financial deficit. Mr Whitehouse explained that there would be a targeted approach to specific areas, with a focus on reducing agency spend and improving productivity and activity. This piece of work would be overseen by Alex Brett, Chief People Officer.
  - Mrs Patricia Davies acknowledged the workforce pressures within the system, but noted that it appeared from testing the market that the joint posts around new

integrated models of care were more attractive and had a greater interest. She felt that this was probably due to the wider spectrum of the roles and the opportunity to develop broader skills.

- Mr David Sidaway referred to point 2.10, page 30 of the agenda papers, in relation the additional level of discharges required to achieve the required improvement. Mr Sidaway reported that Telford & Wrekin Council and Shropshire Council had an ongoing financial liability of £5m and £7m respectively and noted that this was not referenced in the finance section (section 4) of the plan and nor were the risks associated with it. Mr Sidaway highlighted that the delivery of the plan was predicated on a sustainable position for both local authorities.
  - Mr Roger Dunshea felt that the plan needed to bring together the elements around workforce, finance and activity in one place and demonstrate the impact and benefits of these collectively on the population of Shropshire, Telford and Wrekin. Mr Dunshea also felt that the Capital Plan lacked data on what additional output on activity from the capital investment would achieve.
  - Mr Dunshea, on behalf of the Audit Committee, sought assurance on how the risks would be managed. It was noted that although risks had been identified, it was felt the assurance mechanisms were not clear and required further development.
  - The Chair referred to point 2.13, page 30 of the agenda papers, in relation to the Mental Health, Learning Disabilities and Autism targets all of which were planned to be met with the exception of the elimination of inappropriate out of area placements. The Chair asked for Mr Neil Carr's comments on this point. Mr Carr felt it was an accurate reflection of the current position, with autism having the greatest challenge. However, Mr Care reported that good progress was being made and with the recruitment of three Consultant Medical Practitioners he anticipated significant improvements. The out of area placements were more challenging due to their complexity and bed capacity.
- 83.11 The Chair asked Mrs Claire Skidmore to respond to the concerns Mr Dunshea raised in relation to risk management. Mrs Skidmore advised that each statutory organisation had their own risk management processes and assurance arrangements and that preliminary work had commenced by Miss Alison Smith to scope the risk environment across the ICS with a view to having a system-wide Board Assurance Framework (BAF).
- 83.12 Mr Whitehouse responded to the point Mr Dunshea raised regarding demonstrating the impact and benefits of delivering the Operational Plan would have on the population of Shropshire, Telford and Wrekin. Mr Whitehouse confirmed that there was narrative that sat behind the plan, but agreed there was a need to pull together the work from the Integration Strategy and Joint Forward Plan (JFP). Mrs Skidmore confirmed that this piece of work had commenced. Mrs Garside reported that as part of the planning process there had been a move to triangulate activity, finance and workforce more than ever before. Mrs Garside also reported that it is intended that each organisation identifies a Productivity Lead who will meet as part of a group monthly to monitor progress and link with the Financial Improvement Board. Regular update reports will then be presented to the ICB Board for assurance purposes.

83.13 Mr Whitehouse referred to the comment made by Mr Sidaway in relation to the local authorities financial liabilities and acknowledged that the local authorities, along with all the organisations across the system, were significantly financially challenged. Mr Whitehouse emphasised the need to ensure that the funding received for the Better Care Fund (BCF), joint commissioning and adult social care was utilised to the maximum in order to deliver the best services for patients, which may require delivering services in a different way. Mr Whitehouse responded and acknowledged the risk articulated, but confirmed that the financial envelope available was well understood and that there was a need for urgent joint work to ensure that the service offer was aligned to the financial envelope available. He confirmed that the ICB would not be able to fund any additional investment over and above that set out in the funding settlement.

83.14 The Chair noted the resource implications for the local authorities and NHS organisations of the Operational Plan and reported that discussions had taken place outside the meeting looking at how the position could be improved.

83.15 The Chair reminded the Board that the Operational Plan was an integrated system-wide plan, which would require greater collaborative working across organisations in order to deliver it. The Chair also emphasised that the investments and interventions outlined in the plan were intended to improve patient care and services and felt that the public should be made aware of the benefits of these through appropriate communication channels.

83.16 The Chair requested that an update on the Operational Plan 2023/24 was presented to the June ICB Board meeting for assurance, specifically in relation to demonstrating the impact and benefits of delivering the plan for patients and public, delivery mechanisms and risk management.

**Action:** Mrs Julie Garside and Mrs Claire Skidmore to present update on the Operational Plan 2023/24 to the June ICB Board meeting for assurance, specifically in relation to demonstrating the impact and benefits of delivering the plan for patients and public, delivery mechanisms and risk management.

**RESOLVE: NHS Shropshire, Telford and Wrekin ICB:**

- ***NOTED the final draft STW Operational plan for 2023/24 submitted on the 30 March 2023 and the subsequent work underway to further improve the plan before final submission.***
- ***RECEIVED AND NOTED the updated position and the proposed revised financial position.***
- ***DELEGATED final sign off to the Chair, Chief Executive and Chief Finance Officer of the ICB in time for the final submission by midday on 4 May 2023.***
- ***APPROVED the ICS 2023/24 Capital Plan.***

**Minute No. ICB 26-04-084 – Associate Non Executive Member of the ICB**

84.1 Miss Alison Smith presented a paper seeking support from the Board for the creation of a new Associate Non Executive Member role, to replace the Expert Lay Advisor Role created in November 2022 for the ICB, with specific financial skills and

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knowledge to be a voting member and Vice Chair of the Finance Committee and to attend the Board as a participant.

- 84.2 Miss Smith reported that in order to introduce an Associate Non Executive Member as a participant at Board meetings a number of processes needed to be followed, one of which included amending the ICB's Constitution, under section 1.6 "Variation of this Constitution". The ICB would be required to apply to NHS England with an application for amendment. It was noted that the amendments needed to facilitate this proposal in the Constitution and Governance Handbook were outlined in appendix 1 to of the report.
- 84.3 Miss Smith also advised that as part of the application for amendment of the Constitution the title for the "Midlands Partnership Foundation Trust" would be updated to "Midlands Partnership University NHS Foundation Trust" throughout the Constitution.
- 84.4 Dr Catriona McMahon thought that using the term 'Member' in the job title may be confusing and detract applicants and asked if consideration could be given to the title being amended to 'Associate Non Executive Director'. Miss Smith explained that legally ICB's have 'Members' of their Board, whereas she acknowledged Trusts had 'Directors'. However, it was agreed that all Non Executive job titles should be aligned across both the ICB and Trusts to avoid confusion and Miss Smith agreed to review this in line with the ICB's Constitution.

**Action: Miss Alison Smith review the title of the Associate Non Executive Member so that it aligned with the Non Executive roles within Trusts and be amended to Associate Non Executive Director.**

- 84.5 Mrs Patricia Davies noted that the STW ICS was financially challenged and asked if this role would have a further impact on the running costs allowance and sought assurance that the role was business critical. Mrs Skidmore confirmed that the budget for the role had already been included in the plan for 2022/23 and had rolled forward to 2023/24. Therefore, there would not be any additional financial burden to the current position. Mrs Skidmore felt that the Associate Non Executive Member was a vital role for the system and was felt to be value for money.

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

- ***APPROVED the creation of a new Associate Non Executive Member role to the replace the Expert Lay Advisor Role created in November 2022 for the ICB with specific financial skills and knowledge to be a voting member and Vice Chair of the Finance Committee and to attend the Board as a participant.***
- ***APPROVED amendment of "Midlands Partnership Foundation Trust" to "Midlands Partnership University NHS Foundation Trust" throughout the Constitution.***
- ***SUPPORTED the insertion into NHS STW's Constitution and Governance Handbook of Associate Non Executive Members as***

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*additional participants to the Board and Finance Committee and the change of title to Midlands Partnership University NHS Foundation Trust and to seek approval from NHS England for these proposed changes*

**Minute No. ICB 26-04-085 – Any Other Business**

85.1 The Chair congratulated Midlands Partnership Foundation Trust on its university designation and noted that the organisation would now be known as Midlands Partnership University NHS Foundation Trust.

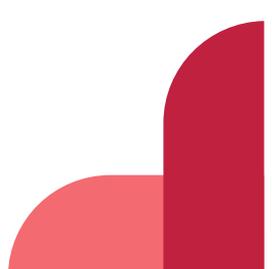
85.2 There were no further matters to report.

**Date & time of Next Meeting**

Date and time of next meeting: Wednesday 28 June 2023.

The Chair closed the meeting at 2.45pm.

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**NHS Shropshire Telford and Wrekin  
Integrated Care Board**

**Actions List from ICB Meeting Wednesday 26 April 2023**

<b>Agenda Item</b>	<b>Action Required</b>	<b>By Whom</b>	<b>By When</b>	<b>Date Completed/Comments</b>
Minute No. ICB 26-04-078 - Introduction and Apologies	ICB to have dedicated session to discuss outcome of the Hewitt Review, to be arranged once the government had responded to the recommendations in the review.	SW / AS	When appropriate – following government's response	The Government published its response on the 14 <sup>th</sup> June 2023. There is work underway to consider the implications of this response and the next steps. It is not felt appropriate at this point to dedicate a session to this in isolation given the ongoing work in this area.
Minute No. ICB 26-04-080 - Minutes from meeting held on 29 March 2023	Mr Whitehouse to review the recording of the Board meeting held on 29 March 2023 in relation to minute number ICB 29-03-069 – Follow up to Patient's Story: MSK Integration across Shropshire, Telford and Wrekin, to ensure the minutes accurately reflected the discussion and the agreement that the Board made.	SW	Immediately	The original paper, minutes of the meeting and the recording have been reviewed and the position confirmed back to LB as per the query raised. No amendment to the minute is proposed.

Agenda Item	Action Required	By Whom	By When	Date Completed/Comments
Minute No. ICB 26-04-083 – Operational Plan 2023/24 Update	Mrs Julie Garside and Mrs Claire Skidmore to present update on the Operational Plan 2023/24 to the June ICB Board meeting for assurance, specifically in relation to demonstrating the impact and benefits of delivering the plan for patients and public, delivery mechanisms and risk management.	JG / CS	28 June Board meeting	Completed - on 28 June Board agenda.
Minute No. ICB 26-04-084 – Associate Non Executive Member of the ICB	Miss Alison Smith review the title of the Associate Non Executive Member so that it aligned with the Non Executive roles within Trusts and be amended to Associate Non Executive Director.	AS	Immediately	Recommend action closed  Title of Non Executive Member cannot be varied in the Constitution but a note in the recruitment pack explains the difference in description which will be advertised as an “Associate Non Executive Director”

### Actions List from ICB Meeting Wednesday 29 March 2023

Agenda Item	Action Required	By Whom	By When	Date Completed/Comments
Minute No. ICB 29-03-067 - Matters arising and Action List from previous meetings –  (Minute No. ICB 25-01-051.1 Indicative waiting times for treatment)	Mr Simon Whitehouse to speak to Mr Gareth Robinson and Mr Nick White to ensure that ICB information on indicative waiting times for treatment across all the different specialities are updated and circulated to GP practices on a regular basis.	SW  GR/NW	As soon as possible	SW action completed GR has confirmed that this should now be being sent out
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.	Mike Carr	When available	
Minute No. ICB 29-03-070 - CEO Report	Mr Simon Whitehouse to liaise with ICB’s Primary Care Team in relation to issuing communications around the availability of capital funding for the Shrewsbury Health and Wellbeing Hub Development.	SW	Immediately	Completed and update provided to the Practices involved



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Agenda Item	Action Required	By Whom	By When	Date Completed/Comments
Minute No. ICB 29-03-071 – Review of NHS Health Inequalities objectives within the System Operational Plan 2022/23 and recommendations for 2023/24	Mr Whitehouse to work with CEO colleagues looking at how health inequalities is reported across the STW system.	SW / CEOs	As soon as possible	Picked up as part of the HI paper that came to the Board last time. The CEO meeting has also approved a change to the governance for the PHM Board. These changes will strengthen the reporting and approach adopted across the system, It remains a responsibility of statutory Boards to ensure that this is regularly discussed and reported on in relation to each organisations approach.
Minute No. ICB 29-03-072 – People Programme Annual Report 2022/23 & ICS People Strategy 2023-2027	Chief People Officer to present updated People Strategy 2023 – 2027 to ICB Board in June 2023.	Alex Brett	28 June Board meeting	Deferred to September Board meeting as Strategy and key priorities are currently under review.
Minute No. ICB 29-03-076 - Board Committee Reports  (Quality and Performance Committee Chair's Report)	Mr Nicholas White and Mrs Tracey Jones to take forward points raised by Dr Julian Povey in relation to diabetic foot screening and Mr Meredith Vivian to review the minutes of the Quality and Performance Committee (QPC) held on 23 November 2022 to ensure they reflected the position with regards to diabetic foot screening.	NW / TJ / MV	Immediately	MV confirmed minutes of QPC reviewed and updated accordingly.

## Integrated Care Board

<b>Agenda item no.</b>	ICB 28-06-093								
<b>Meeting date:</b>	28 June 2023								
<b>Paper title</b>	ICB CEO Update Report								
<b>Paper presented by:</b>	Simon Whitehouse, ICB Chief Executive								
<b>Paper approved by:</b>	Simon Whitehouse, ICB Chief Executive								
<b>Paper prepared by:</b>	Tracy Eggby-Jones, Corporate Affairs Manager								
<b>Signature:</b>									
<b>Committee/Advisory Group paper previously presented:</b>	Not applicable								
<b>Action Required (please select):</b>									
A=Approval	<input type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input checked="" type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input checked="" type="checkbox"/>
<b>Previous considerations:</b>	West Midlands Office of the ICBs presented in September 2022								

### 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 first part of the paper provides a generic update on activities at both a national and local level (CEO Business Update), including the ICB's emergency decision on the Pharmacy, Optometry and Dentistry (POD) Hosting Agreement, which is set out in full in the main body of the report.

#### A. Pharmacy, Optometry and Dentistry (POD) Hosting Agreement – emergency decision

The second part then provides a detailed progress report on the ongoing development of the ICS and its services. This second section is broken down into several parts:

- B. Latest Position regarding GP Access Recovery Plan
- C. Visit to Paediatric Services at SaTH on 31 May 2023 by NHSE - Nina Morgan, Chief Nursing Officer, and Julie McCabe, Deputy Director for Nursing & Quality
- D. Update on Industrial Action
- E. Feedback from the Office of the West Midlands
- F. Integrated System Improvement Plan (ISIP)
- G. ICS Digital Strategy 2023-2026
- H. Premature Mortality in adults living with severe mental illness (SMI)

**A. Pharmacy, Optometry and Dentistry (POD) Hosting Agreement – emergency decision**

This section provides an update on the emergency decision taken under section 4.9.5 of the ICB’s Standing Orders to approve the POD Hosting Agreement.

**B. Latest Position regarding GP Access Recovery Plan**

This section provides an update on the plans the ICB is developing to deliver the GP Access Recovery Plan within the local system.

**C. Visit to Paediatric Services at SaTH on 31 May 2023 by NHSE - Nina Morgan, Chief Nursing Officer, and Julie McCabe, Deputy Director for Nursing & Quality**

This section provides an update on the visit to paediatric services at SaTH on 31 May 2023 by NHSE.

**D. Impact of Industrial Action**

This section provides an update on the current position with the planned industrial action and actions being taken to manage the disruption.

**E. Feedback from the Office of the West Midlands**

This section provides an update following the West Midlands ICB CEOs monthly meeting held on 9 June 2023.

**F. Integrated System Improvement Plan (ISIP)**

This section provides an update on the final draft of the full 5-year Integrated System Improvement Plan (ISIP).

**G. ICS Digital Strategy 2023-2026**

This section provides an update on the development of the ICS Digital Strategy for 2023-2026.

**H. Premature Mortality in adults living with severe mental illness (SMI)**

This section provide an update on the work that is in progress across the system to help improve the premature mortality in adults living on our area with SMI

**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

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## 2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to NOTE the:

- detail provided in part one of this report, including RATIFYING the emergency decision on the POD Hosting Agreement
- latest position regarding GP Access Recovery Plan
- visit to Paediatric Services at SaTH on 31 May 2023 by NHSE - Nina Morgan, Chief Nursing Officer, and Julie McCabe, Deputy Director for Nursing & Quality
- update on Industrial Action
- feedback from the Office of the West Midlands
- update on the Integrated System Improvement Plan (ISIP) and APPROVE it for final sign off by NHSE at the Improvement Review Meeting on the 7th July
- update on the ICS Digital Strategy 2023-2026
- update on the work to improve the premature mortality rate in adults living with severe mental illness (SMI)

### 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

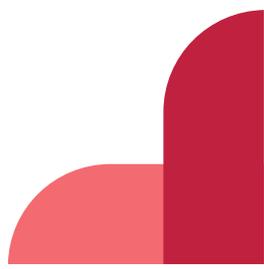
Appendix 1 - Integrated System Improvement Plan (ISIP)

### 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

<b>Action Request of Paper:</b>	<b>To NOTE the:</b> <ul style="list-style-type: none"> <li>• detail provided in part one of this report, including <b>RATIFYING</b> the emergency decision on the POD Hosting Agreement</li> <li>• latest position regarding <b>GP Access Recovery Plan</b></li> <li>• visit to Paediatric Services at SaTH on 31 May 2023 by NHSE - Nina Morgan, Chief Nursing Officer, and Julie McCabe, Deputy Director for Nursing &amp; Quality</li> <li>• update on Industrial Action</li> <li>• feedback from the Office of the West Midlands</li> <li>• update on the Integrated System Improvement Plan (ISIP) and <b>APPROVE</b> it for final sign off by NHSE at the Improvement Review Meeting on the 7th July</li> <li>• update on the ICS Digital Strategy 2023-2026</li> <li>• the work to improve the premature mortality rate in adults living with severe mental illness (SMI)</li> </ul>		
<b>Action approved at Board:</b>			
<b>If unable to approve, action required:</b>			
<b>Signature:</b>		<b>Date:</b>	

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<b>Meeting:</b>	ICB BOARD MEETING
<b>Meeting date:</b>	28 June 2023
<b>Agenda item no.</b>	ICB 28-06-093
<b>Paper title</b>	ICB CEO Update Report

## **PART 1: CEO BUSINESS UPDATE**

### **A. ICB Emergency decision on the Pharmacy, Optometry and Dentistry (POD) Hosting Agreement**

- 1.1 On 12 June 2023, approval was given for the POD Hosting Agreement which was an emergency decision taken under section 4.9.5 of the ICB's Standing Orders. An emergency decision was required due the very constricted timescales for each ICB to agree this hosting agreement prior to the new arrangement taking effect on 1st July.
- 1.2 Following the delegation from NHS England (NHSE) to Integrated Care Boards (ICBs) of Primary Pharmacy Services, Optometry Services and Primary and Secondary Dental Services took place in April 23, the ICBs in the Midlands have worked together to develop arrangements to jointly commission POD on an East and West footprint.
- 1.3 The hosting agreement describes how the West Midlands ICBs will jointly fund the staff hosted by Birmingham and Solihull ICB on behalf of the ICBs, as part of the Office of the West Midlands arrangements. It also briefly summarises how some ancillary issues relating to those staff will be managed. It particularly addresses the approach for the associated workforce to transfer from NHSE to the 6 West Midlands ICBs for POD services/teams to be hosted by one single ICB from 1st July 23.
- 1.4 The Primary Care Team is establishing links and building relationships with the Hosted Service. This will be underpinned by a Standard Operating Framework which is in development.

## **PART 2: INTEGRATED CARE SYSTEM DEVELOPMENT**

### **B. Latest Position regarding GP Access Recovery Plan**

- 2.1 NHS England published the GP Access Recovery Plan on 9 May 2023. This puts GP Access recovery on the same national priority status as recovery of elective and urgent and emergency care.
- 2.2 The plan supports 2 key ambitions:-
  - To tackle the 8am rush and reduce the number of people struggling to contact their practice. No longer will patients be asked to call back another day to book an appointment.
  - For patients to know on the day they contact their practice how their request will be managed
- 2.3 There are a number of national financial and improvement support packages available to practices and PCNs in delivering the plans.

2.4 The Primary Care Team are working with the Primary Care Networks who are required to submit an Access and Capacity Improvement Plan for their constituent practices by the end of June 2023. These plans include a baseline of their starting position and a forecast of improvement outcomes. The Primary Care Team will then review and sign off those plans by the end of July 2023. The ICB is required to submit its system level improvement plan and report on progress to Board in November. Governance for the delivery of the plan will be via the ICB Integrated Delivery Committee and Primary Care Commissioning Committee.

2.5 The Recovery Plan involves more than just General Practice taking action. There is a requirement to introduce self-referral pathways for specified community and elective pathways. It also requires ICBs to work with secondary care providers to remove work from primary care that should be done in secondary care. A meeting is being scheduled with the SATH Medical Director and Chief Operating Officer to discuss and agree next steps to developing a plan to deliver this element of the Recovery Plan. There is also a requirement to expand the community pharmacy offer. This is subject to consultation currently and confirmation of additional funding.

**C. Visit to Paediatric Services at SaTH on 31 May 2023 by NHSE - Nina Morgan, Chief Nursing Officer, and Julie McCabe, Deputy Director for Nursing & Quality**

3.1 Professor Nina Morgan, Chief Nursing Officer, and Julie McCabe, Deputy Director for Nursing & Quality, joined colleagues from across the system at a visit to services in Telford. The visit started at the Paediatric service in Princess Royal Hospital.

3.2 The team shared the work they are undertaking as part of the Paediatric transformation programme, focussing on the changes already made in the deteriorating patient pathway and Emergency department. The team also shared positive improvements regarding attracting newly registered nurses supported by a rotational programme in conjunction with Staffordshire University. This was followed by a visit to the ward to see how the practice was being embedded.

3.3 There was also an opportunity to hear from the Multidisciplinary team regarding the Paediatric oncology pathway.

3.4 The afternoon was spent meeting staff at Stepping Stones Children's centre in Telford. A focus on the community oncology service enabled the team to show the close working with the hospital team with the work of community children's nurses and the psychology team shared. The SEND pathway was also shared with a focus of the work of Community paediatricians and the therapy team.

3.5 The visit was very well received by all who participated and was a great opportunity to show case the work of clinicians within the system. Thank you to colleagues that supported the visit and showcased the work taking place across our system.

**D. Update on Industrial Action**

4.1 The system's elective and cancer recovery trajectory for long waiters remained on track all through the three days (14-16th June) of the Junior Doctors Industrial Action. System partners worked hard to ensure plans were in place to mitigate any potential impact on long waiters, and teams have begun the process of rebooking all outpatient and cancer two week wait cancellations, to ensure these patients can be seen at the earliest opportunities. Thank you to colleagues for the continued focus and effort in tackling these long waits.

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**E. Feedback from the Office of the West Midlands**

5.1 Update following the West Midlands ICB CEOs monthly meeting held on 9 June 2023:

- **West Midlands Imaging Network** – noting that the Midlands Diagnostic Board was to establish a task and finish group to identify a sustainable funding model for the network going forward.
- **West Midlands Cancer Alliance** – noting that Black Country ICB will be the host ICB with NHS Royal Wolverhampton hosting the alliance staff.
- **Working groups on CSU utilisation and Principles for Estates Access** were being established
- **Specialised Commissioning** –
  - noting that development of the strategy for Specialised Commissioning is to be clinical led.
  - As a Midlands wide team an operating model group has been set up to meet in July with representation from each ICB and NHSE.
  - Approach to assurance for the proposed delegation (April 2024) was discussed.
- **POD / GMast/ Complaints** –
  - noted as being on track for staff transfer for 1 July 2023. Staff will be hosted by BSoL ICB in the integrated staff hub as part of the Office of the West Midlands.
  - An initial operating model for complaints has been agreed across the 6 West Midlands ICBs with a review within 6 months.
- **ICB Running Cost reductions** – CEOs agreed to have a discussion on approaches at their Sept meeting.
- **Out of Hours GP Cover** – it was agreed to coordinate a baseline review to inform a future discussion around at scale approach to OOH commissioning.
- **West Midlands Combined Authority** -
  - the CEOs received a presentation on the role and priorities for the West Midlands Combined Authority around
    - Health Devolution
    - Health Prevention Fund
    - Mental Health Commission
    - Well being
  - Agreed to revisit the discussion in September when any ‘duty’ on the Combined Authority for health was confirmed.

**F. Integrated System Improvement Plan (ISIP)**

6.1 The final draft of the full 5-year Integrated System Improvement Plan (ISIP) is attached to this report as an Appendix. It is designed to enable NHS STW to move out of NOF4 by the end of 23/24 and, in time, take the system through NOF3 to NOF2 The plan describes the detailed actions the ICB and wider system has undertaken in 22/23 (the first year of the plan), those it has committed to do in 23/24 (year 2) and the high level

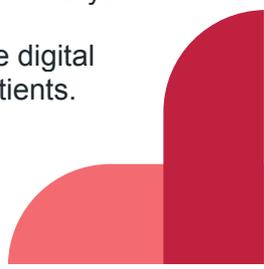
ambitions articulated in the Joint Forward Plan (JFP) for years 3,4 and 5 of the plan. Like the JFP this will be refreshed annually, and detailed milestones added in for each of the following years.

- 6.2 The plan also contains a tab that summarizes the evidence expected for each of the exit criteria to help the system gather what is required to demonstrate proof of progress and delivery to NHSE. A dashboard of performance against key metrics is in development which will be monitored at the monthly review meeting with NHSE and will serve as further evidence of delivery.
- 6.3 The plan is designed to achieve all the agreed metrics for each of the 5 Exit Criteria agreed with NHSE back in the autumn of 2022 which are:-
  1. Development of an agreed 5year STW Integrated System Improvement Plan, including longer term sustainability.
  2. Evidence of meaningful mobilisation of the Integrated System Improvement Plan over a period of at least 12 months.
  3. System has in place robust system governance structure, processes and mechanisms established and fully functional including financial governance.
  4. Evidence of whole system ownership of quality, operational and financial challenges
  5. Demonstrable and effective system support to address the CQC conditions and undertakings in system providers.
- 6.4 The draft plan was well received and approved for the Board, at the recent Strategy Committee and has since been aligned to the final version of the JFP also approved at the same committee. The Board is asked to approve this plan which will then go forward for final sign by NHSE at the Improvement Review Meeting on the 7th July.

## **G. ICS Digital Strategy 2023-2026**

- 7.1 Dr Masood Ahmed, has been leading the development of the ICS Digital Strategy. He has worked with a team of experts to develop a comprehensive plan that will enable us to use digital technology to improve the quality, efficiency, and patient experience of care.
- 7.2 The public-facing draft digital strategy has been shared with the board, and it provides a high-level overview of our strategic direction. We have also shared this draft with various provider stakeholders, including primary care and local authorities, and we are actively incorporating their feedback.
- 7.3 The key elements of the strategy include:
  - A focus on patient-centred care: The strategy will ensure that digital technology is used to improve the patient experience of care.
  - A focus on efficiency: The strategy will use digital technology to improve the efficiency of care delivery. This will include the use of electronic health records, clinical decision support tools, and other tools to reduce administrative costs and improve the quality of care.
  - A focus on equity: The strategy will ensure that digital technology is used to reduce health inequalities. This will include the use of digital tools to reach underserved populations and recognises the challenges around digital literacy.
- 7.4 The strategy is ambitious, but it is achievable. With your support, we can use digital technology to transform how we deliver care and improve the lives of our patients.

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- 7.5 Edna Boamong, Director of Communications & Engagement, is spearheading the public engagement process, including workshops and patient and public representative consultations. We are considering valuable suggestions, such as the inclusion of a pledge to reduce digital exclusion as a means to combat health inequalities. We are also discussing how our workforce strategy recognises the need for digital upskilling.
- 7.6 The draft strategy will be supported by a more detailed portfolio of documentation that is currently being validated and will provide a comprehensive understanding of our digital strategy. These include:
- Identified problem statements, observations, recommendations, and key opportunities from our initial stocktake exercise of digital programmes across the ICS. This has given us a clear understanding of our current digital assets and capabilities.
  - We have developed a prioritisation matrix for our digital programmes. This will help us to ensure that we are investing in the right programmes and that we are getting the most out of our digital investments.
  - We have developed a target operating model for the ICS digital team. This will ensure that we have the right people, skills, and processes to deliver on our Digital Strategy.
- 7.7 The Digital Strategy document, once finalised, will be the public-facing document that articulates our short and long-term vision for the ICS digital transformation. It will highlight our indicative priorities for the next 3-5 years.
- 7.8 We continue to make strides in our digital transformation, and we look forward to sharing more updates over the next few months.
- 7.9 The Digital Strategy is an appendix to the Joint Forward Plan.

## H. Premature Mortality in adults living with severe mental illness (SMI)

8.0 A recent briefing shared by the regional health inequalities team has shown that the rates of excess mortality for residents with an SMI are worse in some areas than the national average.

8.1 Work in place currently to address this includes-

- **Continued focus on physical health needs of individuals with SMI.**

Since the data period covered by the OHID report, the teams have developed new roles within MPUFT that have a dedicated focus on physical health care, and this includes roles based within primary care. There is a demonstrable step change observed as part of these developments around physical health checks as a process measure for improvement in the absence of those mortality indicator refreshes.

- **Smoking Cessation.**

Board members will be well sighted on the clear links between smoking and SMI and premature mortality. The Long-Term Plan commits to providing NHS funded tobacco dependency treatment to all inpatients who smoke, with everyone admitted overnight being able to access services by the end of 2023/24. To recognise the inequalities individuals with SMI experience, a differential implementation plan has been agreed with Redwoods . The model agreed by the ICB is that the ICB will fund the NRT for

individuals across the 12-week programme, rather than onwards referrals into pharmacy cessation services / self-funding.

- **Work Planned**

The ICB has approved recent fixed term funding from the health inequalities budget that will be targeted at this area of work. There is a prioritisation of the capacity to link up with LA'S to link into existing programmes of work that are reaching out to homeless/ risk of homelessness communities to ensure we have linked up the CVD work we are doing as part of the CVD strategy. This acknowledges the prevalence of SMI in these groups and the need for targeted interventions and support. This post will also work with public health to develop further programmes of work that we should be investing in going forward to have greatest inequalities impact. This is included in the scoping SMI interventions as part of that, specifically Telford.

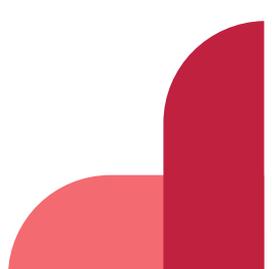
### **CONCLUSION**

The Board is asked to **NOTE** the:

- detail provided in part one of this report, including **RATIFYING** the emergency decision on the POD Hosting Agreement
- latest position regarding GP Access Recovery Plan
- visit to Paediatric Services at SaTH on 31 May 2023 by NHSE - Nina Morgan, Chief Nursing Officer, and Julie McCabe, Deputy Director for Nursing & Quality
- update on Industrial Action
- feedback from the Office of the West Midlands
- update on the Integrated System Improvement Plan (ISIP) and **APPROVE** it for final sign off by NHSE at the Improvement Review Meeting on the 7th July
- update on the ICS Digital Strategy 2023-2026
- update on the work to improve the premature mortality rates in adults living with severe mental illness (SMI)

**Simon Whitehouse**  
Chief Executive Officer  
NHS Shropshire, Telford and Wrekin  
June 2023

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**INTEGRATED CARE BOARD**

<b>Agenda item no.</b>	ICB 28-06-094								
<b>Meeting date:</b>	28 June 2023								
<b>Paper title</b>	Shropshire Telford and Wrekin Joint Forward Plan (JFP)								
<b>Paper presented by:</b>	Claire Parker Director of Partnerships and Place NHS Shropshire, Telford and Wrekin								
<b>Paper approved by:</b>	Simon Whitehouse CEO								
<b>Paper prepared by:</b>	Irene Schwehla, Managing Improvement Consultant, MLCSU								
<b>Signature:</b>									
<b>Committee/Advisory Group paper previously presented:</b>									
<b>Action Required (please select):</b>									
A=Approval	<input checked="" type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input checked="" type="checkbox"/>	D=Discussion	<input checked="" type="checkbox"/>	I=Information	<input type="checkbox"/>
<b>Previous considerations:</b>	<b>None identified.</b>								

**1. Executive summary and points for discussion**

This paper will provide background and information on the Joint Forward Plan (JFP) for the Shropshire, Telford and Wrekin ICB board which is being asked to sign off and agree to the publication of the plan.

**Which of the ICB Pledges does this report align with?**

Improving safety and quality	
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	
Economic regeneration	
Climate change	
Leadership and Governance	X
Enhanced engagement and accountability	X
Creating system sustainability	
Workforce	

**2. Recommendation(s)**

**NHS Shropshire, Telford and Wrekin is asked to:**

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- Agree the sign off and publication of the Joint Five Year Forward Plan (JFP) for the Shropshire, Telford and Wrekin ICB

**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

**3. Appendices**

Appendix 1 – Version 11.0 of the Joint Forward Plan (JFP) for the Shropshire, Telford and Wrekin ICB

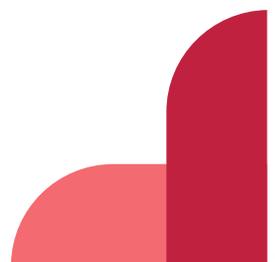
Appendix 2 – Summary of actions from the Joint Forward Plan (JFP) for the Shropshire, Telford and Wrekin ICB

Appendix 3 – Digital Strategy 2023-2026

**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	n/a
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

<b>Action Request of Paper:</b>			
<b>Action approved at Board:</b>			
<b>If unable to approve, action required:</b>			
<b>Signature:</b>		<b>Date:</b>	



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<b>Meeting:</b>	ICB BOARD MEETING
<b>Meeting date:</b>	28 June 2023
<b>Agenda item no.</b>	ICB 28-06-094
<b>Paper title</b>	Five Year Joint Forward Plan (JFP) for the Shropshire, Telford and Wrekin ICB

## 1. Background

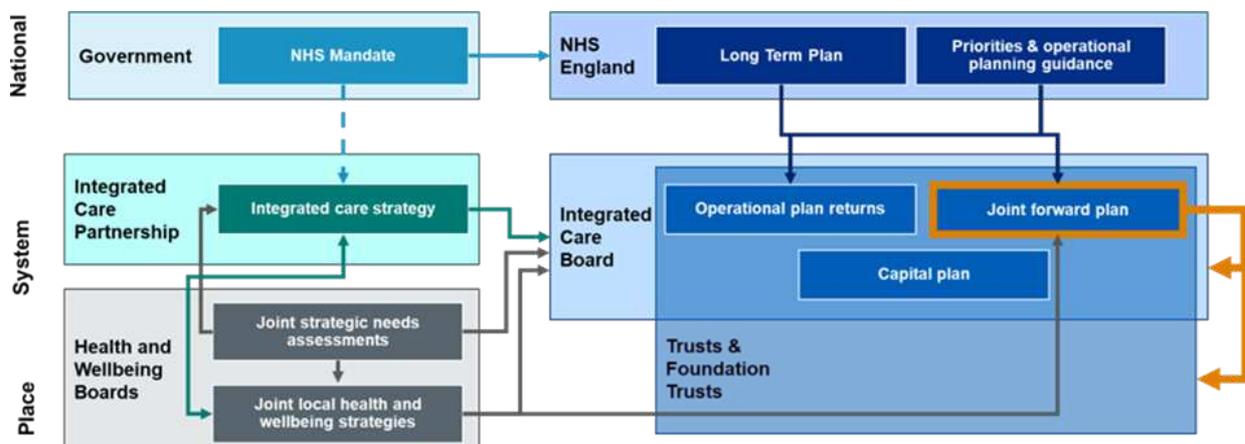
The ICB board was informed earlier this year that the interim Integrated Care Strategy (IC Strategy) for the Shropshire, Telford and Wrekin ICS had been signed off by the Board of the Integrated Care Partnership (ICP) in its meeting of 20 March 2023 and published <https://www.shropshiretelfordandwrekin.ics.nhs.uk/integrated-care-strategy-and-joint-forward-plan/>

The framework for the implementation of the interim IC Strategy is the Five Year Joint Forward Plan (JFP).

Guidance published by NHS England in December 2022 informed ICBs and their partner trusts that

- they have a duty to prepare a first JFP before the start of the financial year 2023/24
- in the first interim year the date for publishing and sharing the final plan with NHS England, their integrated care partnerships (ICPs) and Health and Wellbeing Boards (HWBs), is 30 June 2023
- ICBs and their partner trusts must involve relevant Health and Wellbeing Boards in preparing or revising the JFP
- the final version must be published, and ICBs and their partner trusts should expect to be held to account for its delivery – including by their population, patients and their carers or representatives – and in particular through the ICP, Healthwatch and the local authorities' health overview and scrutiny committees

*Statutory framework (not including interaction with wider system partners) relating to the JFP*



## 2. Report

In order to meet obligations set by the Health & Care Act 2022 to produce the required plan a Joint Forward Plan Working Group (including representatives from Local authorities, Health and Wellbeing Boards and Healthwatch) and a PMO were established. They have been coordinating the activities required to manage the JFP through its draft stages and approval process as well as ongoing engagement with key stake holders.

NHS England guidance also stipulates that close engagement with partners will be essential to the development of JFPs and recommends close working with;

- the ICP (ensuring this also provides the perspective of social care providers)
- primary care providers
- local authorities and each relevant HWB
- NHS collaboratives, networks and alliances
- the voluntary, community and social enterprise sector
- people and communities that will be affected by specific parts of the proposed plan, or who are likely to have a significant interest in any of its objectives

To meet the requirements of the guidance iterations of the plan have been presented to governing bodies as per the table below:

	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023
<b>ICP board</b>	✓		✓			
<b>ICB board</b>	✓		✓		✓	✓
<b>ICB Strategy Committee</b>		✓	✓		✓	
<b>Joint HOSC</b>			✓			✓
<b>Shropshire HWBB</b>	✓			✓		✓
<b>Telford HWBB*) no communication during Purdah</b>			✓			✓
<b>TWIPP</b>		✓	✓	✓	✓	✓
<b>SHIPP</b>		✓	✓	✓	✓	✓
<b>NHS England</b>			✓		✓	
<b>JFP working group</b>	✓	✓	✓	✓	✓	✓

In addition a comprehensive programme of events and activities was undertaken by the Comms and Engagement team of the ICB to involve key stake holders in the system and members of the public.

As well as feedback the following plans and strategies informed the final plan.



The draft JFP was discussed in meetings with the regional NHS England (NHSE) office in April and May 2023. The project management methodology, as well as the content of the plan received positive feedback. Recommendations on how to strengthen the JFP were considered and actioned as appropriate for the final version of the JFP. (see attached in Appendix A)

Subject to approval by the board the JFP will be published by the ICB Communications and Engagement team. The plan is however intended as a flexible tool and will be updated in line with the strategic direction of the ICB.

The project plan attached as Appendix 2 will be utilised to mobilise the implementation of the actions set out in the plan. The format of the project plan will allow efficient handover and incorporation into the overall programme management the system of the ICB.

### 3. Recommendations

**The Shropshire, Telford and Wrekin ICB is asked to:**

- Approve the sign off and publication of the Shropshire, Telford and Wrekin Joint Five Year Forward Plan.

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## ICB Board

<b>Agenda item no.</b>	ICB 28-06-095				
<b>Meeting date:</b>	28 <sup>th</sup> June 2023				
<b>Paper title</b>	Operational Plan Update				
<b>Paper presented by:</b>	Claire Skidmore – Chief Finance Officer				
<b>Paper approved by:</b>	Claire Skidmore – Chief Finance Officer				
<b>Paper prepared by:</b>	Angela Parkes – Deputy Director of Planning				
<b>Signature:</b>					
<b>Committee/Advisory Group paper previously presented:</b>					
<b>Action Required (please select):</b>					
A=Approval	R=Ratification	S=Assurance	D=Discussion	I=Information	<input checked="" type="checkbox"/>
<b>Previous considerations:</b>	<b>Not applicable</b>				

### 1. Executive summary and points for discussion

This report provides an update on key elements of the 2023/24 operational plan and describes how the operational plan now transitions to delivery. It also responds to the request made at the previous board meeting to outline the benefits the plan will deliver to patients.

Next steps for delivery of the operational plan:

- Relevant sections of the detailed local plan are being distributed to the respective programme boards so that they are aware of expectations in relation to the delivery of the operational plan and can track progress.
- The ICB planning and communications teams will develop a patient/public summary of the plan to be available during July.
- A lessons learned exercise is planned to identify improvements for future years plan development. This will be considered by the System Planning Group at the end of July.
- The process and timetable for producing the 2024/25 Operational Plan is to be developed, incorporating the feedback from above.

Benefits to patients include:

- Patients receiving the right care first time
- Improvements in waiting times

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- Increased support for our most vulnerable patients
- Increased options for support outside of hospital
- Increased partnership working to streamline patient pathways
- Increased awareness in communities of the needs of individuals.

## 2. 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	✓
Enhanced engagement and accountability	✓
Creating system sustainability	✓
Workforce	✓

## 3. Recommendation(s)

The Board is asked to:

- **Note** the overview and next steps outlined in the report
- **Take assurance** that the Integrated Delivery Committee will oversee delivery of the plan through the work of the Programme Boards and using data dashboards to evidence progress
- **Note** the impact of the plan for patients

## 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

The delivery of the system operational plan will help to mitigate the risks associated with service recovery post pandemic e.g., reducing excessive waits and associated risks of quality of care issues across all programme areas e.g. planned care, urgent & emergency care, CYP and MH & LDA.

## 5. Appendices

None

## 6. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Implications of the operational plan relating to residents and communities outlined in section 3
Quality and Safety	Section 3
Equality, Diversity, and Inclusion	A strong element of our operational plan is our ongoing work in identifying and over time reducing health

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	inequalities amongst our population and constantly to improve equity of access for our patients.
Finances and Use of Resources	Delivery of our operational plan will ensure the system achieves its planned financial deficit
Regulation and Legal Requirements	Delivery of our operational plan will provide a sound basis for the system to come out of NOF 4
Conflicts of Interest	N/A
Data Protection	N/A
Transformation and Innovation	Transformation/innovation alongside increases in capacity are all part of our operational plan to help recover our services post pandemic to better meet the needs of our patients.
Environmental and Climate Change	N/A
Future Decisions and Policy Making	N/A
Citizen and Stakeholder Engagement	Section 6 – next steps include producing a patient/public summary of the operational plan

<b>Request of Paper:</b>	<p><b>Note</b> the overview and next steps outlined in the report</p> <p><b>Take assurance</b> that the Integrated Delivery Committee will oversee delivery of the plan through the work of the Programme Boards and using data dashboards to evidence progress</p> <p><b>Note</b> the impact of the plan for patients</p>	<b>Action approved at Board:</b>	
		<b>If unable to approve, action required:</b>	
<b>Signature:</b>		<b>Date:</b>	

## 1. Current Position

The final national operational plan for NHS STW was submitted on 4 May to NHS England. Following this the Planning Team has been focussed on developing a more detailed local operational plan which clearly describes the actions and commitments identified within the narrative and the related KPIs and associated trajectories whilst aligning them to the existing programme board structure beneath the Integrated Delivery Committee (IDC) to ensure clear ownership of delivery.

Each of the Programme Boards has a CEO lead:-

Urgent & Emergence Care – Louise Barnett  
Planned Care (Elective, Cancer & Diagnostics) – Stacey Keegan  
MH & LD – Cathy Riley for Neil Carr  
CYP – Proposed David Sidaway/Andy Begley  
Financial Improvement – Simon Whitehouse  
Workforce – Patricia Davies

Oversight of the delivery of our financial forecast will be via the System Finance Committee. The detailed arrangements of the oversight of our workforce plan are being finalised.

## 2. Delivery Mechanisms including Risk Management

The programme boards will ensure the operational plan is an actively managed plan. The boards will be responsible for:

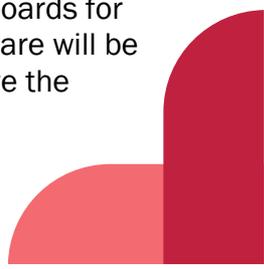
- Overseeing delivery of the actions captured
- Overseeing progress and ensuring delivery against the trajectories for the national and local KPIs
- Ensuring all system partners work together
- to develop recovery plans as and when required
- Managing risks associated with delivery of the operational plan
- Receiving escalations and advising programme delivery groups on action to be taken
- Reporting to the IDC where delivery does not meet planned expectations

Delivery groups beneath the programme boards will be responsible for the actual delivery of the actions within the operational plan:

- Delivering the actions within the operational plan that have been allocated to the respective programme board
- Ensuring progress against the planned trajectories for the KPIs
- Working with partners to develop recovery plans as required.
- Identifying risks to delivery, identifying mitigating actions and monitoring success of such mitigations
- Escalating to programme boards where progress does not meet expectations or barriers are not able to be addressed at the group level.

A new operational plan summary dashboard containing ~30 high level operational metrics and monthly delivery against planned trajectories is being reported to the IDC from its June meeting. The programme boards will each receive detailed dashboards for their areas. These are in place for UEC, MH & LD (includes CYP MH), Planned Care will be in place from July and CYP is still in development. The Programmes Boards have the

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opportunity to escalate any risks or issues of non-delivery directly to the IDC via their monthly reports.

The integrated performance report for the Integrated Care Board will continue to summarise the monthly system position for the Board. Assurances on the detailed delivery of our key quality and performance metrics will continue to be provided via the Quality & Performance Committee. This committee reviews a broader range of services than covered by the Programme Boards e.g. Maternity and Primary Care. Assurance on the delivery of the financial position will continue to be via the Finance Committee.

### 3. Key Elements of the Plan and Benefits to Patients

#### 3.1 - Elective care, Diagnostics and Cancer

One of the focusses of the operational plan is on recovery of elective care and cancer services. The delivery of the proposals within the plans will benefit patients by:

- Improving time to diagnosis through increases in diagnostic capacity
- Reducing the potential for long waits for patients through ring fenced elective care capacity to protect delivery during times of pressure within the system and transforming service models to improve pathways and maximise capacity.
- Reducing the number of patients waiting for elective care treatment through increases in diagnostic capacity, ring fenced elective care capacity and transforming services.

Table 1: Elective care, cancer and diagnostics KPIs within operational plan

Area	National objectives	Trajectory Target Mar 24	Comment	RAG Rating
1D Elective Care	Eliminate waits of over 65 weeks for elective care by March 24 (except where patients choose to wait longer or in specific specialties)	78ww 0 by end June 65ww 0 by March	Plan to achieve	Green
	Deliver the system specific activity target	108% VWA	103% VWA system target	Green
	Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024	RJAH 82% vs 75% SaTH TBC	Local Target for 23/24 to be determined based on projections of reduced follow up backlog (passed max waits) using current levels. The local targets will be set by the Planned Care Board at the July meeting.	Yellow
	Increase productivity and meet: 85% day case and 85% theatre utilisation	RJAH TBC SaTH by early Q3	RJAH – Enhanced recovery programme of work will deliver this in year SaTH – Plan to be compliant by early Q3	Green
1E Cancer	Continue to reduce the number of patients waiting over 62 days	212 at March 24	Mar 24 target takes into account 10% referral growth	Green

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Area	National objectives	Trajectory Target Mar 24	Comment	RAG Rating
	75% of patients who have been urgently referred for suspected cancer have a diagnosis within 28 days	75%	Milestone Targets: Jun 23 67.5%; Sep 23 70.0%; Dec 72.5%; Mar 75.0%.	
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	TBC	Indicative data for 22 and early 23 is now available. This data will be used to set interim targets up to 2028. Awaiting Target %. The recovery trajectory will be set at the Planned Care Board.	TBC
	100% population coverage of non-specific symptoms pathway	270	Starting July 23 30 patients per month	
	Percentage of Lower GI Suspected Cancer referrals with an accompanying FIT result	80%	Planning to achieve 80% from July 2023	
1F Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	85%	Also achieve 0>13 weeks by Sept.	
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	Of 19/20 levels: SaTH 120% RJAH 113%	Providers to achieve 0>13wks by September and 85% within 6wks by March 24	

### 3.2 - Urgent and Emergency Care

Another focus of the operational plan is on recovery of urgent and emergency care and the actions outlined within the plan directly link to the UEC Plan for 23/24 which is split into three discrete areas:

- a) Appropriate access to care
- b) Early flow (within 72 hours)
- c) Prompt and effective discharge

The delivery of the proposals within the plans will benefit patients by:

- Maximising the use of available capacity in pre-hospital urgent care through redesign of the service model meaning patients will receive care in the right place first time and waiting times should decrease.
- Ensuring patients are able to access the right service, first time by increasing the use of Single Point of Access (SPA) including maximising the use of bookable slots, expansion of the Urgent Community Response Service, increasing the use of proactive care models, redesigning falls and frailty pathways and expanding virtual wards to support step up patients to avoid admission to acute care.
- Increasing support to our most vulnerable people including those in care homes, those experiencing frailty and those approaching end of life

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- Providing alternative options for patients to avoid them having to attend hospital through expansion of the SPA, the Urgent Community Response Service and the Virtual wards for step up.
- Reducing the potential for delays in care being available once patients with complex needs are fit for discharge by improving the complex discharge planning process to start on admission, simplification of the Fact-Finding Assessment (FFA) process and the development of criteria led discharge along with the local tracker. This should reduce the length of stay in hospitals and support more timely rehab and reablement for those patients who need it.
- Delivering more timely FFAs to streamline discharge for patients by simplifying the FFA process, also reducing length of stay.
- Increasing options for patients to support timely discharge through antibiotic therapy in the community, expansion of the Integrated Discharge Team and the virtual ward expansion to facilitate more step-down discharges.

Table 2: Urgent and emergency care KPIs within operational plan

Area	National objectives	Trajectory Target Mar 24	Comment	RAG Rating
1A Urgent and emergency care	76% of patients are seen in A&E within 4 hours by March 2025 with further improvement in 2024/25	79.8% Mar 24	SaTH currently confident of meeting trajectory subject to Modular Ward benefits being realised, and NCTR reduction being achieved (76% without).	9.
	Average of 30 minutes for category 2 ambulance response times across 2023/24, with further improvement towards pre-pandemic levels in 2024/25	TBC by Regional Commissioner	Significantly improved position since Jan and have achieved current target of 18 minutes in Feb	10.
	Reduce adult general and acute bed occupancy to 92% or below	92%	Achieving average 92%. This is dependent on achieving the planned reduction in NCTR and the proposed modular wards would provide further assurance against this KPI	11.
	Virtual ward utilisation increased towards 80% by end of Sept 2023	250 beds with 80% occupancy	Assured on staffed capacity but dependent upon clinical pathways being agreed to assure demand. Utilisation ~76.7%	12.
1B Community health services	Meet or exceed the 70% for 2-hour community response standard.		Consistently achieving >70%	13.

### 3.3 – Mental health and Dementia

Our local operational plan includes actions relating to improving support for patients with mental health issues and dementia. The delivery of the proposals within the plans will benefit patients by:

- Providing more seamless pathways between services by closer working between partners including primary care, the third sector and emergency services to ensure patients receive the right care at the right time.
- Providing improved support for patients experiencing crisis reducing the need for emergency services interventions or admission to hospital.
- Improving early intervention pathways including self-management
- Ensuring patients on GP mental health registers have an annual health check and are supported to improve their lifestyles to reduce the risk of physical health issues.
- Improving support across specialist services including eating disorders, substance misuse and perinatal support which will reduce the need for crisis intervention.
- Increasing awareness of dementia across the county to ensure the needs of those members of the community with this condition and their carers are better understood.
- Improving support to patients with dementia, their carers and their families through closer working with partners, improved diagnosis, peer support groups and respite offers. This will enable patients and carers to better manage their condition and reduce the risk of requiring crisis intervention and breakdown of carer relationships.

Table 3: Mental health KPIs within operational plan

Area	National objectives	Trajectory Target Mar 24	Comment	RAG Rating
2A Mental Health	Improve access to mental health support for children and young people in line with the national ambition for 345,999 additional individuals aged 0-25 accessing NHS funded services	100%	Trajectory to March 2024 assumes that MH support teams are fully operational	9.
	Increase the number of adults and older adults accessing IAPT treatment	100%		10.
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	100%	Further complexity with ISP data included and target increased to match.	11.
	Work towards eliminating inappropriate adult acute out of area placements	180 bed days	Numbers are monitored weekly, but demand is variable.	12.
	Recover the dementia diagnosis rate to 66.7%	66.7%	Recovery plan in place and on trajectory	13.
	Improve access to perinatal mental health services	17%	National target remains at 10%	

### 3.4 Learning Disability and Autism (LDA)

Our local plan includes actions relating to improving support for patients with learning disabilities or autism. The delivery of the proposals within the plans will benefit patients by:

- Improving understanding of needs of individuals with LDA within communities by raising awareness

- Ensuring reasonable adjustments are made to services by raising awareness of the needs of individuals.
- Improving physical health of individuals with LDA through increasing the number of individuals having an annual health check and with health action plans
- Reduction in inappropriate prescribing resulting in improved quality of life through targeted work relating to Stopping the Over-Medication of Children and Young People with Learning Disability, Autism or both (STOMP)
- Improving pathways for diagnosis to ensure patients are informed enough to manage their conditions through the development of integrated pathways as outlined in the three-year roadmap, developing robust pathways for adult ASD and working towards effective support for those diagnosed with ADHD.
- Improving support for autistic people who don't meet the criteria for NHS services by working with the third sector to develop alternatives.

Table 4: Learning disability and autistic people KPIs in operational plan

Area	National objectives	Trajectory Target Mar 24	Comment	RAG Rating
2B People with learning disability and autistic people	75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 24	75%	Exceeding current target of 70%	Green
	By March 24 no more than 30 adults per million and no more than 12-15 under 18s per million are cared for in an inpatient unit	Adults 29 per million (11 inpatients) CYP 10 per million (1 inpatient)	Deep Dive led by LD&A Board and supported by NHSE to commence in Mar.	Yellow

### 3.5 Children and Young People (CYP)

Our local plan includes actions relating to services and support for Children and Young People. The CYP mental health is currently under the MH section. The delivery of the proposals within the plans will benefit patients by:

- Improving specialist services and pathways enabling more streamlined access to care and support including asthma, epilepsy, continence and palliative and end of life care
- Supporting CYP and their families to avoid hospital admission through improving specialist services and pathways, improving out of hospital pathways, reviews of challenged services to improve the current offer, embedding key workers to assist CYP and their families in navigating the mental health system and opening a CYP 136 place of safety for short term care in crisis.
- Improving support for CYP patients and their families when they approach end of life by improving palliative and end of life pathways.
- Improving pathways for transition from children's to adults' services to ensure patients are better supported during what can be a vulnerable time
- Providing dedicated CYP place of safety to ensure individuals are protected at times of crisis.

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- Reducing inappropriate prescribing resulting in improved quality of life through targeted work relating to Stopping the Over-Medication of Children and Young People with Learning Disability, Autism or both (STOMP) and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP)
- Improving support where child sexual exploitation has impacted individuals lives.

### 3.6 Primary Care

Due to the delay in publication of the national Delivery Plan for Recovering Access to Primary Care the planned actions for 23/24 for this area were not included in the Operational Plan submission. The Primary Care Networks (PCN) are currently developing their plans in response the national guidance and these are due to be received by the ICB by the end of June. The actions and KPIs for primary care will predominantly be drawn from these PCN plans.

Table 5: Primary care KPIs in operational plan

Area	National objectives	Trajectory Target Mar 24	Comment	RAG Rating
1C Primary Care	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) by the end of March 24	277.58 wte	Achieved	

### 4. Financial summary

The submitted planned system financial position for 23/24 was a £60m deficit with an underlying/ recurrent financial plan of an £83.1m deficit.

Following submission, NHSE issued a non-recurrent 'inflationary pressure' funding allocation of £2.9m to the ICB with a directive that this needed to be added to the plan position for the ICB and system and improve the bottom line deficit. The system deficit plan position is therefore now a £57.1m deficit.

The table below shows the £57.1m deficit split by organisation and also illustrates the recurrent underlying position by organisation once non recurrent items are stripped out.

	SATH	RJAH	SCHT	STW ICB	TOTAL
	£'000	£'000	£'000	£'000	£'000
23/24 in year plan as at 4th May submission	-45,462	191	0	-14,730	-60,001
NHSE post submission amendment				2,904	2,904
23/24 final in year plan	-45,462	191	0	-11,826	-57,097
NR items	-4,571	9,058	6,413	15,098	25,998
Underlying plan	<b>-40,891</b>	<b>-8,867</b>	<b>-6,413</b>	<b>-26,924</b>	<b>-83,095</b>

Other key metrics from the plan submission are outlined below for information.

Net Risk	£-93,281
System Efficiency	6.7%
Financial Performance as a % of allocation	-5.5%
Net Risk as % of allocation	-8.9%

Underlying position as % of allocation	-8.0%
Recurrent Efficiency %	60.1%

The plan for 23/24 is not without risk (operational, quality and financial) but system partners are committed to its delivery and managing risks in year. The three key themes of overall system financial risk for 23/24 are:

1. Escalation costs – risk that as a system we will be unable to reduce escalation costs at SATH due to continued high levels of NCTR (No Criteria To Reside) patients and the need for corridor care.
2. Elective Recovery Funding – the plan assumes that the system will exceed its elective recovery target as per the submitted activity plan and therefore earn additional income. If the system does not deliver the required activity levels then this income will not materialise or will be clawed back by NHSE. This could lead to stranded costs within the system.
3. Unidentified efficiency/system stretch target- At the time of the plan submission there were no plans identified to deliver the £12.5m system stretch efficiency target and also £2.5m unidentified efficiency within the ICB. Immediate action is being taken to confirm identified schemes across the system and ensure delivery in year.

The unmitigated financial risk value submitted in the plan was £93.2m across the system. All organisations are working hard to reduce and mitigate risks wherever possible.

The system submitted a compliant capital plan for 23/24 and this has been published on the ICB website.

Following discussion at the most recent Finance and Integrated Delivery Committees, it is proposed that the system holds an extraordinary part 2 Board meeting within an extended attendance list to review the position vs the plan to date (month 2) and test the delivery mechanisms to ensure the system has a recovery position for the year end. This would be co-chaired by the Chairs of these Committees.

**5. NHSE Feedback**

Initial informal feedback has been received from NHSE on the final operational plan submission and a final feedback letter is expected imminently. NHSE have recognised that NHS STW has submitted an ambitious plan and are keen to see our progress with delivery during quarter one. This will be discussed with them at the next Quarterly System Review Meeting (QSRM) in July.

**6. Next Steps**

Next steps for delivery of the operational plan:

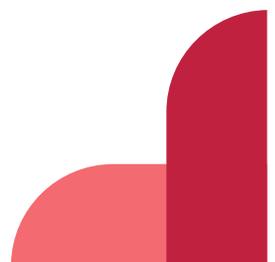
- Relevant sections of the detailed local plan are being distributed to the respective programme boards so that they are aware of expectations in relation to the delivery of the operational plan and can track progress.

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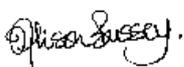


- The ICB planning and communications teams will develop a patient/public summary of the plan to be available during July.
- A lessons learned exercise is planned to identify improvements for future years plan development. This will be considered by the System Planning Group at the end of July.
- The process and timetable for producing the 2024/25 Operational Plan is to be developed, incorporating the feedback from above.
- The Board holds an extraordinary part 2 Board meeting within an extended attendance list to review the position vs the plan to date (month 2) and test the delivery mechanisms to ensure the system has a recovery position for the year end, which would be co-chaired by the Chairs of the Finance and Integrated Delivery Committees.

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### Integrated Care Board Meeting

<b>Agenda item no.</b>	ICB 28-06-096			
<b>Meeting date:</b>	28 <sup>th</sup> June 2023			
<b>Paper title</b>	LeDeR: Learning from Lives and Deaths of People with a Learning Disability and Autism, Annual Report for 2022-2023			
<b>Paper presented by:</b>	Alison Bussey, Chief Nurse NHS STW			
<b>Paper approved by:</b>				
<b>Paper prepared by:</b>	Vanessa Whatley Director of Quality and Safety/Deputy Chief Nurse			
<b>Signature:</b>				
<b>Committee/Advisory Group paper previously presented:</b>	System Quality Group Quality and Performance Committee.			
<b>Action Required (please select):</b>				
A=Approval	<input checked="" type="checkbox"/>	R=Ratification	S=Assurance	D=Discussion
I=Information	<input type="checkbox"/>			
<b>Previous considerations:</b>				

### 1. Executive summary and points for discussion

Which of the ICB Pledges does this report align with?

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

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## 2. Recommendation(s)

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

Approve the Annual report for 2022/23

### 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 provides assurance that the ICB and system is compliant with the requirement of the LeDeR statutory responsibilities and that learning from the lives and deaths of these cases reviewed is acknowledged, shared and influences the quality improvement in our system.

## 4. Appendices

2022-20223 LeDeR Annual Report.

## 5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Improve lives and deaths for those with LD&A.
Quality and Safety	Quality improvement projects are required to take forward learning from LeDeR reviews. Peoples experience of care is monitored for future learning.
Equality, Diversity, and Inclusion	Understanding of inequalities arising from LD & A or in combination with protected characteristics.
Finances and Use of Resources	Improvements are expected within current resource.
Regulation and Legal Requirements	None.
Conflicts of Interest	None.
Data Protection	None.
Transformation and Innovation	None.
Environmental and Climate Change	None.
Future Decisions and Policy Making	None.

<b>Action Request of Paper:</b>	Approve the 2022-2023 Annual LeDeR report.
<b>Action approved at Board:</b>	

<b>If unable to approve, action required:</b>			
<b>Signature:</b>		<b>Date:</b>	

<b>Meeting:</b>	Integrated care Board Meeting
<b>Meeting date:</b>	28 <sup>th</sup> June 2023
<b>Agenda item no.</b>	ICB 28-06-096
<b>Paper title</b>	LeDeR: Learning from Lives and Deaths of People with a Learning Disability and Autism, Annual Report for 2022-2023

## 1. Background

LeDeR is an NHS service improvement programme 'Learning from lives and deaths for people with a learning disability and autistic people'.

The key principles of the programme are to:

- Improve care for people with a learning disability and autistic people.
- Reduce health inequalities for people with a learning disability and autistic people.
- Prevent people with a learning disability and autistic people from early deaths.

ICBs have a statutory responsibility to produce an annual report on LeDeR process and learning and submit this to NHSE at the end of Quarter 1.

## 2. Report

The annual report contains a wide range of information and learning gathered during 2022-2023 and influences the quality improvement in this area of health inequalities in the coming year.

The LeDeR Programme is overseen by a Governing Panel which has representation across NHS providers in STW, as well as those people and their families with lived experience and Healthwatch.

The report demonstrates a range of progress to improve the lives and deaths for people with LD & A and their families. It also highlights areas where more progress is needed including:

- Strengthen links with and reduce inequalities for people from minority ethnic communities.
- Continue to strive for better performance of Learning Disability Annual Health Checks (LDAHC).
- Increase the training around reasonable adjustments and healthy living across the STW system partners that incorporates Healthwatch/Treat me well.
- LeDeR is an NHS programme 'Learning from lives and deaths a service of people with a learning disability and autistic people'.
- Improved use of the Mental Capacity Act.

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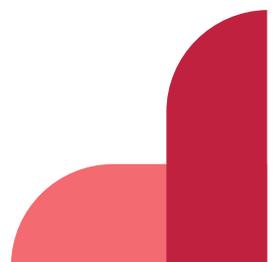
### 3. Conclusions

The LeDeR Annual Report 2022-2023 outlines the learning and challenges identified from the reviews in the lives and deaths of those who have died with LD & A in Shropshire Telford and Wrekin. It sets our direction and opportunities for quality improvement in 2023-24 and beyond and requires approval at a public meeting of the Integrated Care Board.

### 4. Recommendations

Approve the LeDeR Annual Report 2022-2023

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## Strategy Committee

<b>Agenda item no.</b>	<b>ICB 28-06-097</b>					
<b>Meeting date:</b>	<b>28 June 2023</b>					
<b>Paper title</b>	<b>Integrated Performance Report</b>					
<b>Paper presented by:</b>	<b>Claire Skidmore</b>					
<b>Paper approved by:</b>						
<b>Paper prepared by:</b>	<b>Sam Cook, Deputy Director of Performance Julie Garside, Director of Performance and Planning</b>					
<b>Signature:</b>						
<b>Committee/Advisory Group paper previously presented:</b>	<b>None</b>					
<b>Action Required (please select):</b>						
A=Approval	R=Ratification	S=Assurance	<input checked="" type="checkbox"/>	D=Discussion	I=Information	<input checked="" type="checkbox"/>
<b>Previous considerations:</b>	<b>Not applicable</b>					

### 1. Executive summary and points for discussion

The Integrated Performance Report has been redesigned to incorporate all elements of STW's performance; Operations; Workforce and Finance and for the first time, Quality. This is the first iteration of the revised IPR. Development of the IPR will continue and be presented to the Board in September. Feedback on the new style report will be sought from members following the meeting and will be used to inform the second iteration of the report.

The System continues to have two significant performance pressures, Urgent and Emergency Care (UEC) and Finance.

Whilst there have been improvements in some aspects of UEC performance with Ambulance handovers and Category 2 response rates, A&E performance remains a challenge, particularly around the 4-hour target which is failing to meet the improvement trajectory. Improvements have been seen in triage within 15 minutes and numbers of patients spending more than 12 hours in the department.

Good progress is now being made in Cancer with the Faster Diagnosis Standard (FDS) increasing to 62.2% (unvalidated) in May, and reductions in the number of patients waiting above 62 days decreasing to 365.

For Elective activity, both SaTH and RJAH are planning to have zero 104-week and 78-week waits by the end of June 2023, at the latest. This reflects a huge effort to reduce the long waits which were standing at several hundred a few months back and has been mainly achieved using mutual aid arrangements with other providers and insourcing.

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Overall, Elective activity at the end of May was not as high as expected although the ongoing industrial action is directly affecting this. For the ICS the value weighted activity was well below expected levels, but the completed pathways position continues to improve. A new system Productivity Oversight Group is now in place since the 19<sup>th</sup> of June which is working to understand the underlying causes of the drop in activity and associated productivity and to identify what can be done to improve it within existing resources.

Adult and CYP Mental Health services continue to see increased demand following COVID-19 resulting in long waiting times for patients and access below the long-term plan target. Unlike acute care, there is no additional recovery funding to meet the increased demand.

In Quality Performance April data shows that SaTH continue to report high numbers of mixed sex breaches associated with high bed occupancy and difficulties with the flow of patients through the hospital. An action plan is in place but there is little change due to the ongoing pressures.

The final financial plan for the system was submitted to NHSE on the 4<sup>th</sup> of May 2023 with a planned system financial position of £60m deficit with and underlying/recurrent financial plan of £83.1m deficit.

At Month 2 the STW system is reporting a £4m adverse variance to the plan (£22.9m deficit against and £18.9m deficit plan. The main area of overspend is in SaTH and relates to continued areas of open escalation space and the associated agency expenditure as well as the impact of strike action.

Due to changes in national reporting from April 2023 the number of workforce performance metrics has been reduced and will no longer be available for sickness, turnover and training. A process to receive this data direct from providers will need to be put in place for future reporting but was not available for this report.

## 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	x
Delivering improvements in Mental Health and Learning Disability/Autism provision	x
Economic regeneration	
Climate change	
Leadership and Governance	X
Enhanced engagement and accountability	
Creating system sustainability	x
Workforce	x

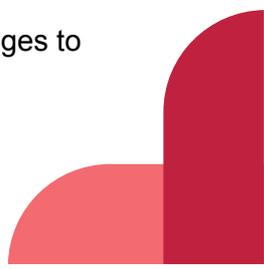
## 3. Recommendation(s)

To note the system financial plan was submitted to NHSE with a system deficit of £60m with an underlying/recurrent deficit of £83.1m and the position at month 2 is showing an adverse variance to plan of £4m.

To note the improvements in Cancer Faster Diagnosis Standards and the reduction in the >62day backlog, improving waiting times, the elimination of 104 and 78 weeks waits for Elective treatment forecast by the end of June.

To note the improvement in Ambulance handover times but the continuing challenges to meet the 4-hour time in A&E.

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**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**

The IPR provides assurance on all aspects of performance, Quality, Finance, Operational and Workforce.

**5. Appendices**

Please see the attached IPR report at Appendix 1

**6. What are the implications for:**

\*\* For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment \*\*

Shropshire, Telford and Wrekin's Residents and Communities	No
Quality and Safety	See Quality Section
Equality, Diversity, and Inclusion	No
Finances and Use of Resources	See Finance Section
Regulation and Legal Requirements	No
Conflicts of Interest	No
Data Protection	No
Transformation and Innovation	No
Environmental and Climate Change	No
Future Decisions and Policy Making	No
Citizen and Stakeholder Engagement	No

<b>Request of Paper:</b>	To note the contents of the report.	<b>Action approved at Board:</b>	
		<b>If unable to approve, action required:</b>	
<b>Signature:</b>		<b>Date:</b>	



## Integrated Performance Report June 2023

### Operational Performance

The validated data month for the purposes of this report is April 2023, however, where possible unvalidated May data from providers has been included. Charts showing performance against national targets and improvement trajectories is included at Appendix A.

#### 1. Primary Care

- 1.1 General Practice continues to provide more appointments now than before the pandemic, with 74% of these appointments being face-to-face, however, the rise in demand continues to outstrip this additional supply. In relation to access, all appointment types show performance slightly above the national position.
- 1.2 NHSE published the GP Access Recovery Plan on 9<sup>th</sup> May 2023 and puts GP Access recovery on the same national priority footing as elective and UEC recovery. Key areas for action relate to removing the 8am rush and introduction of alternative options, same day for urgent appointments and routine appointments within 2 weeks, as well as emphasis on investing in modern digital telephony to enable improved patient experience. PCNs are required to submit their access and improvement plans to the ICB by 30<sup>th</sup> June 2023.

#### 2. Urgent Emergency Care

- 2.1 Urgent Emergency Care metrics refer to validated data for the System with the most current data being April 2023. Where available, data for May 2023 is also included and this represents data for SaTH only.
- 2.2 Whilst ambulance handover delays for both <60 minutes and <15 minutes continue to fail to meet National standards, April, and May show performance to be above SaTH's improvement trajectory. The introduction of an ambulance receiving area on both sites is assisting with reducing handover delays.
- 2.3 Mean response times for Category 1 and Category 2 patients remains challenged. The standard for Category 2 patients has changed to a mean response time of 30 minutes from April 2023 and during April the average response time was 34 minutes.

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- 2.4 The percentage of patients that are seen and conveyed continues to be lower than the target and reflecting the good levels of redirection to other services including ShropDoc and SPA as well as ‘Hear and Treat’.
- 2.5 A&E, headline waiting time performance has remained steady with 63% of patients in April being admitted, transferred, or discharged within 4 hours, whilst the number of attendances show no significant variation. A&E at SaTH is at 54.3% for May against an improvement trajectory of 69.6%. It should be noted that for 2023/24 a national recovery objective has been to improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024, with further improvement for 2024/25
- 2.6 The ability to triage patients within 15 minutes of arrival continues to improve with May performance being the highest performance seen in over 12 months but remains significantly below the regional average. Patients spending more than 12 hours in the department continues to reduce from the peak in December and is the lowest since October 2022.
- 2.7 Patients breaching 12 hours after a decision to admit remain high at 524 for April despite admission numbers showing no significant variation. The number of breaches remains at the same level as April 2022. The ability for patients to be admitted in a timely way is affected by the flow of patients through the hospital.
- 2.8 Several indicators assist with measuring the ability of an organisation to manage flow. Bed occupancy standards are set at a maximum of 92% and for the last 3 months STW has been below this level whilst also being lower than the regional and England rates.
- 2.9 Patients who no longer need hospital care have previously been measured using the medically fit for discharge (MFFD) criteria however this has changed to no criteria to reside (NCTR). The number of NCTR patients has decreased from the high in December to 139 but the length of stay of these patients remains at an average of 5 days
- 2.10 Discharge improvement work at SaTH is ongoing to improve flow and reduce time in the ED. A new oversight group chaired by the COO meets weekly to monitor discharge and length of stay metrics to improve flow.
- 2.11 The virtual ward (VW) service continues to expand with capacity now at 118 virtual beds and with a utilisation rate of 63% for May. Referrals of 289 patients were received into the VW which allowed patients to stay at home while receiving treatment for higher acuity needs. Work is ongoing to develop clinical pathways which can be supported by this service and a multi-agency discharge event in May supported the flow of patients through this service.

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2.12 The Urgent Care Response (UCR) team continue to support patients to remain out of an acute setting by providing a 2-hour response. In May there were 549 referrals to this service and response times are consistently in the 93-96% range which is significantly above the 70% standard. The UCR team are working with the Single Point of Access (SPA) team to develop processes to directly refer into the virtual ward.

2.13 The UEC system wide 2023/24 Improvement Plan has now been approved by the UEC board.

### 3. Planned Care

3.1 At the end of January SaTH were moved into Tier 1 monitoring by NHSE due to the ongoing concerns with elective recovery concerning 62-day cancer progress and the elimination of 78-week Referral to Treatment (RTT) waits, and as of June, SaTH remain in Tier 1.

3.2 Cancer services continue to be very challenged in terms of performance against the cancer waiting times metrics with particular emphasis on delivering the 28-day Faster Diagnosis Standard (FDS) and reducing the over 62-day backlog. As at week ending 18/06/23, there were 365 patients waiting over 62 days against a plan of 365, with 122 of these over 104 days and the latest 28-day FDS position was 59.4% in April and unvalidated 62.2% in May, against trajectory of 63.2%. SaTH have trajectories and action plans in place to deliver these targets by the end of 2023/24, although both trajectories have already been revised to consider a worse than expected starting position for the year.

3.3 Both SaTH and RJAH are planning to have zero 104-week and 78-week waits by the end of June 2023 at the latest. This reflects a huge effort to reduce the long waits which were standing at several hundred a few months back and has been mainly achieved using mutual aid arrangements with other providers and insourcing. There will be 1-2 cases at most of both organisations at the end of June, due to issues that NHSE accept are beyond the providers' control. The 2023-24 Planning Guidance has a target of zero 65-week waits by the end of the year and monitoring against this target shows SaTH and RJAH are on track although SaTH have some in-month challenges. Overall, activity at the end of May was not as high as expected although the ongoing industrial action is directly affecting this. For the ICS the value weighted activity was well below expected levels, but the completed pathways position continues to improve. A new system Productivity Oversight Group is now in place since the 19<sup>th</sup> of June which is working to understand the underlying causes of the drop in activity and associated productivity and to identify what can be done to improve it within existing resources.

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3.4 The ICS remains in recovery for diagnostics, with the overall position of 69% being seen within 6 weeks versus the May plan of 55.8%. High numbers of patients waiting over 6 weeks continue for several tests, with the highest numbers being for non-obstetric ultrasound (NOUS), colonoscopy and audiology. One area where locally we are doing significantly better than the England average is MRI. The operational plan does show delivery of the 85% of diagnostics within 6 weeks by the end of March 2024 overall and for all modalities except Endoscopy. There is deep dive report on Diagnostics going to Planned Care Delivery Board on 13th July which will investigate what else can be done to improve the endoscopy position.

#### **4.0 Mental Health, Learning Disabilities and Autism**

4.1 NHS Talking Therapies access numbers for April 2023 have reduced slightly from the last few months, but the service remains on plan to achieve the year-end target for 2023/24. Implementation of the new combined service is on track and the waiting list for more complex patients, continues to reduce.

4.2 Recovery rates are often below the 50% target due to incorrect referrals to the Talking Therapies service subsequently discharged without treatment. Those patients who did complete core treatment generally have a good recovery.

4.3 Dementia diagnosis rates to April are 58.3% and show a continuation of modest improvements in line with the trajectory but remain below the national target of 66.7% and the England average of 63.2%. The procurement of an assessment service led by Midlands Partnership University Foundation Trust (MPUFT) to reduce the number of people currently waiting has failed, and other options are being explored. The ICB in conjunction with the regional leads for Dementia has undertaken best practice learning workshops. Currently there is work focussed on care homes and over-85s. Waiting times for people on the pathway are reducing which is a positive step.

4.4 A refreshed project plan for the implementation of the Dementia Vision and work programme to increase diagnosis rates is currently being developed in collaboration with MPUFT. Data around access rates and conversion rates remains an issue, however the provider has a plan of action underway to address this.

4.5 Children's access is below the long-term plan target, with some data and recording issues identified. Further MH Support Teams (MHST) are being implemented to extend services to more schools and increase access. MPUFT have been requested to review the data reporting issues to ensure that all contacts are recorded appropriately to enable ICB to have confidence in the accuracy of reporting.

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- 4.6 The number of children waiting more than 18 weeks is at the end of May 2023 is 781 with 364 patients waiting over 30 weeks. Waiting list initiatives are in place to provide additional support and reduce the number and length of time that children and young people (CYP) are waiting for core MH, and Neuro-developmental (ASD) services.
- 4.7 CYP Eating Disorders compliance for Urgent cases remains below plan at only 33% in quarter 4 and there are currently 5 patients who have been waiting above the 4-week standard. Local reporting from the provider indicates that this has reduced to 1 individual waiting between 5-8 weeks as of 13/06/23.
- 4.8 A Deep Dive paper on CYP Mental Health will be presented to the Quality & Performance Committee in June.
- 4.9 Psychiatric Intensive Care Unit (PICU) and Acute Out of Area placements demand is volatile but occupied bed days for inappropriate placements have been reducing over recent months. The high demand is a national issue and is continually under review. At the end of May there was 1 inappropriate acute placement, and 3 inappropriate PICU placements.
- 4.10 The number of adults waiting for an ADHD assessment continues to increase which exceeds current service capacity. Of the 2149 waiting at the end of April 1473 (69%) are waiting over 18 weeks. Individuals are entitled to exercise choice of provider if the Choice framework guidance criteria are met, however it is noted that the rise in demand is a national not a local issue and providers nationally have increasing lists. There will be implications for commissioned services in relation to ongoing treatments for appropriate individuals following diagnosis.
- 4.11 Mental Health inpatient stays for adults with a Learning Disability (LD) are 18 inpatients (45.8 per million population) against a plan for quarter 1 of 19 i.e., the trajectory has been exceeded in a positive direction. The ICB are refocusing in this area and working with regional colleagues via supportive performance reviews to ensure that the end of year target is met.
- 4.12 There are 3 children (30 per million population) with LD in inpatient beds against a target of 15 per million population plans are in place to discharge 2 children.

**5. Quality**

A summary of quality indicators is provided at Appendix B.

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- 5.1 Infection Prevention and control metrics position at end of 22/23, *Clostridioides difficile* (*C diff*) infections at the end of 22/23 have risen nationally by 25%, all parts of the STW system have seen a rise, this is thought to be associated with a focus on respiratory rather than enteric (intestinal) precautions associated with the pandemic, high levels of occupancy in hospital environments restricting deep cleaning ability and increased use of antibiotics for respiratory and other infections. STW has an antimicrobial stewardship group focused on appropriate antimicrobial prescribing, and all Trusts with inpatient settings are reviewing actions against national guidance to ensure appropriate control of *C diff*. Learning from MRSA bacteraemia cases has shown a need to support the entire patient pathway to complete decolonisation therapy, a review of the pathway will be completed in 23/24.
- 5.2 The other bacteraemia cases reported are improved through a range of actions driving focus on hydration and device management (eg catheters and Intravenous lines) which all areas of the system have in their plans.
- 5.3 Maternity quality metrics are nationally provided for April 23 and are public health data from 2017-19. The maternity dashboard is monitored locally providing increased assurance of improvement.
- 5.4 An improvement plan is developed to regain position by Q4 of 2023-24. NHS STW continues to work with the NHSE regional team to monitor improvement and address concerns.
- 5.5 There have been 6 never events (3 RJAH/3 SaTH) all have been fully investigated and learning identified to prevent future similar occurrences. NHS STW Quality team working with the trusts to monitor ongoing actions and assurances.
- 5.6 The Emergency Department friends, and family test is at 55% but with only 40 respondents. Current UEC actions are linked to improving people's experience of use of the ED.
- 5.7 The data is reported for April 2023. SaTH continue to report high numbers associated with high bed occupancy. An internal action plan is in place but there is little change due to ongoing pressures. The NHS STW Quality Team continues to work with the trust to review the action plan.

## 6. Finance

### Financial Plan

- 6.1 The final financial plan for the system was submitted to NHSE on 4<sup>th</sup> May 2023. The planned system financial position for 23/24 is a £60m deficit with an underlying/recurrent financial plan of an £83.1m deficit. Key information on the plan submission metrics

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and split by organisation is shown in Appendix C. The system also submitted a compliant capital plan which is published on the ICB website.

## M2 Financial Position

### Revenue:

- 6.2 At M2 the STW system is reporting a £4m adverse variance to the plan submitted (£22.9m deficit against an £18.9m deficit plan). The main area of overspend is in SATH and relates to continued areas of open escalation space and associated agency expenditure as well as the impact of strike action. There are smaller overspends at both RJAH and SCHAT and a small favourable variance to plan at the ICB, mostly due to prior year benefits.
- 6.3 At Month 2 system agency expenditure is exceeding plan by £2.5m (£10.4m spend YTD v's £7.9m plan) and is exceeding the agency cap by £5.8m (cap is £4.5m YTD).
- 6.4 The system is reporting a forecast break-even position against the financial plan submitted (£57.1m deficit) but there remains significant high risk to delivery. The main areas of risk are related to:
- Delivery of efficiency plans- particularly identifying plans to deliver the system stretch target submitted in the financial plan.
  - Delivery of the elective recovery plan and achieving associated income built into the financial plan.
  - Risk of increasing system costs without a clear system operational and expenditure plan associated with hospital discharge.

### Capital:

- 6.3 At M2 the overall system capital position is £0.3m under planned expenditure. The SATH capital programme is currently delivering ahead of plan, RJAH, SCHAT and STWICB all have year to date slippage. All organisations are forecasting break even against the capital plans.

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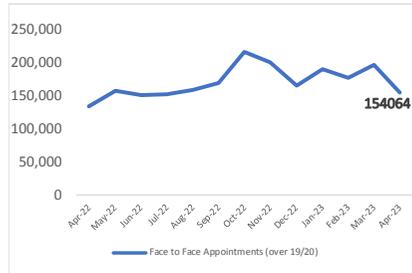


## 7. Workforce

- 7.1 The detailed arrangements for the oversight of the delivery of the workforce plan are being finalised. Currently, workforce issues specific to delivery are discussed at the programme boards and escalation is to the Integrated Delivery Committee (IDC).
- 7.2 As from April 2023, the national reporting of workforce performance has been reduced and we are not able to view sickness, turnover and training metrics. A process to get this data direct from providers will need to be put in place. At the time of writing this information was not available to report against. This data will be available from next week and will be reported to the Board in the next IPR.
- 7.3 The ICB agency expenditure plan submitted to NHSE equates to £34.7m. Whilst this is a planned deduction of £21.2m against last year's expenditure, there remains a shortfall of £1.7m to deliver the current plan. Fortnightly system agency reduction meetings will be in place from July and reporting of progress and governance is provided by the Financial Improvement Group.

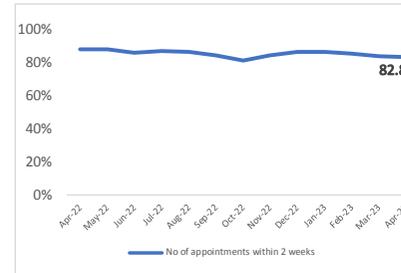
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Face to Face Appointments (over 19/20)



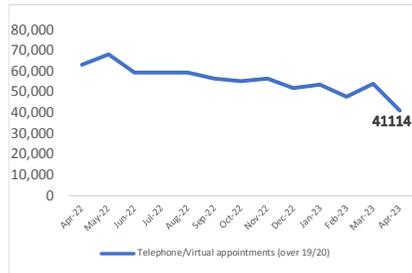
Organisation	Feb-23	Mar-23	Apr-23
Shropshire, Telford & Wrekin	176968	195796	154064
Shropshire, Telford & Wrekin	74.4%	73.7%	74.2%
National	69.9%	69.8%	70.0%

No of General Practice appointments within 2 weeks



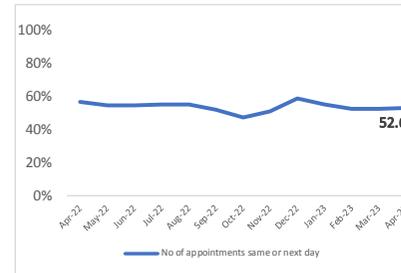
Organisation	Feb-23	Mar-23	Apr-23
Shropshire, Telford & Wrekin	85.2%	83.5%	82.8%
National	84.7%	83.2%	81.4%

Telephone/Virtual appointments (over 19/20)



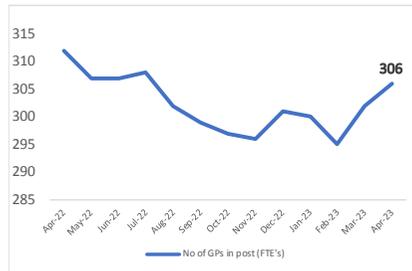
Organisation	Feb-23	Mar-23	Apr-23
Shropshire, Telford & Wrekin	47606	53765	41114
Shropshire, Telford & Wrekin	20.0%	20.2%	19.8%
National	27.2%	27.3%	26.8%

No of General Practice appointments same or next day



Organisation	Feb-23	Mar-23	Apr-23
Shropshire, Telford & Wrekin	52.5%	52.5%	52.6%
National	52.0%	51.4%	51.7%

No of GPs in post (FTE's)

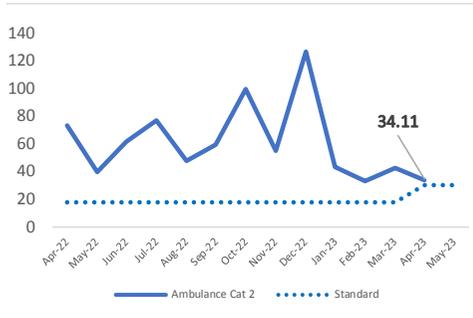


Organisation	Feb-23	Mar-23	Apr-23
Shropshire, Telford & Wrekin	295	302	306

An updated position with 23/24 plans will be included from July onwards when plans have been agreed.

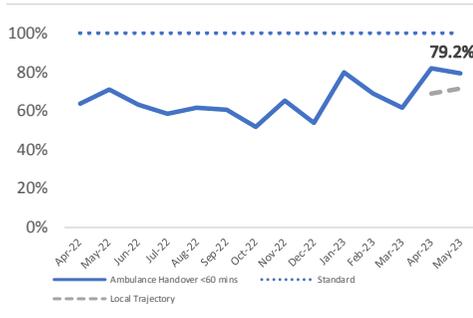


#### Ambulance Cat 2 (mins)



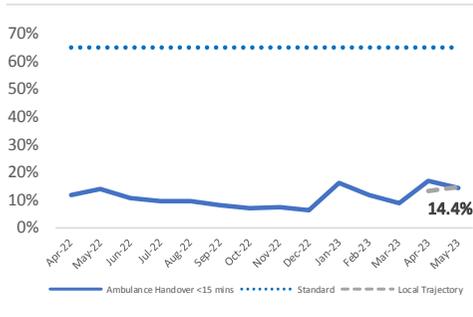
Organisation	Feb-23	Mar-23	Apr-23
Shropshire, Telford & Wrekin	33.4	42.3	34.1
Midlands	26.9	33.4	27.1

#### Ambulance Handover <60 mins



Organisation	Mar-23	Apr-23	May-23
Shropshire, Telford & Wrekin	61.9%	82.0%	79.2%
Midlands	87.2%	93.6%	91.9%

#### Ambulance Handover <15 mins

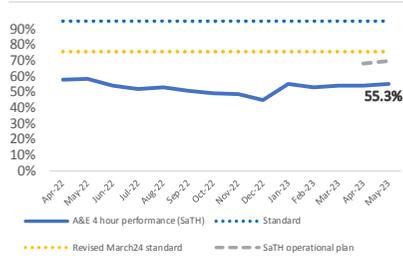


Organisation	Mar-23	Apr-23	May-23
Shropshire, Telford & Wrekin	8.9%	17.1%	14.4%
Midlands	29.6%	35.5%	34.1%

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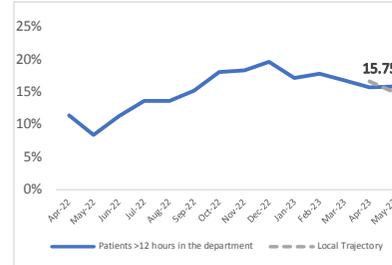


### A&E < 4 hours - SaTH only



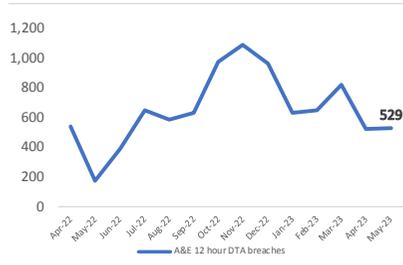
Organisation	Mar-23	Apr-23	May-23
Shropshire, Telford & Wrekin	63.2%	62.8%	64.8%
SaTH	54.1%	54.3%	55.3%
England	71.5%	74.6%	74.0%

### % Patients >12 hours in the department



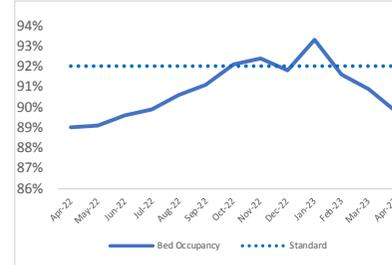
Organisation	Mar-23	Apr-23	May-23
Shropshire, Telford & Wrekin	16.7%	15.7%	15.8%
Midlands	9.9%	7.5%	8.4%

### A&E 12 hour DTA breaches



Organisation	Mar-23	Apr-23	May-23
Shropshire, Telford & Wrekin	817	524	529
SaTH	817	524	529

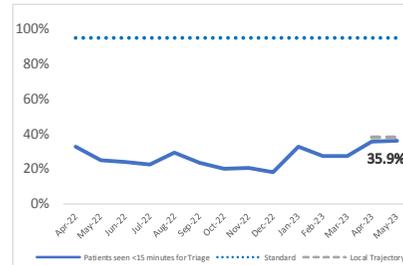
### Bed Occupancy



Organisation	Mar-23	Apr-23	May-23
Shropshire, Telford & Wrekin	90.9%	89.8%	91.4%
Midlands	94.1%	92.4%	93.6%
England	94.1%	92.6%	93.2%

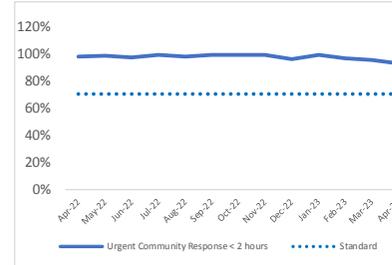
G&A occupancy rate - unadjusted

### Patients seen <15 minutes for Triage



Organisation	Mar-23	Apr-23	May-23
Shropshire, Telford & Wrekin	27.5%	35.7%	35.9%
Midlands	53.1%	58.7%	57.6%

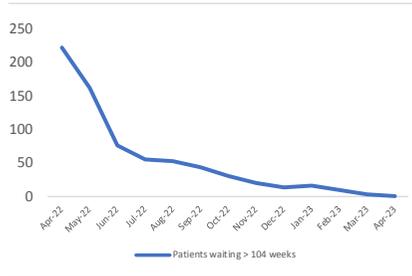
### Urgent Community Response < 2 hours



Organisation	Feb-23	Mar-23	Apr-23
Shropshire, Telford & Wrekin	96%	95%	93%
Midlands	85%	86%	87%
England	81%	81%	84%



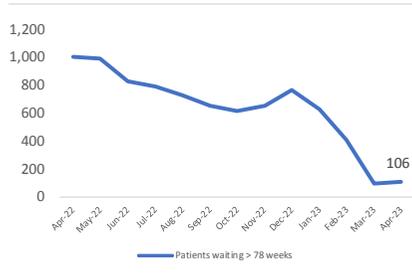
### Patients waiting > 104 weeks



Organisation	Feb-23	Mar-23	Apr-23
Shropshire, Telford & Wrekin	10	3	0
SaTH	1	0	0
RJAH	13	6	0

RJAH exc NONC patients

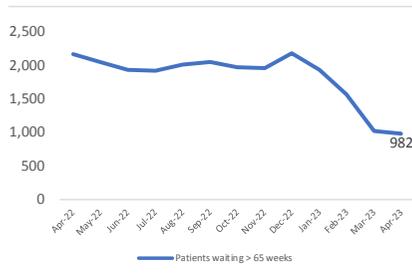
### Patients waiting > 78 weeks



Organisation	Feb-23	Mar-23	Apr-23
Shropshire, Telford & Wrekin	407	97	106
SaTH	252	43	50
RJAH	229	75	52

RJAH exc NONC patients

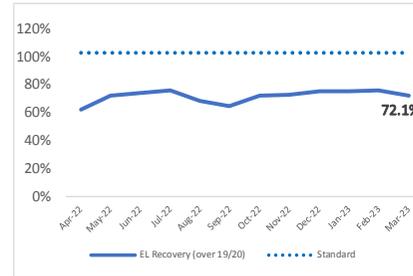
### Patients waiting > 65 weeks



Organisation	Feb-23	Mar-23	Apr-23
Shropshire, Telford & Wrekin	1562	1022	982
SaTH	1109	705	652
RJAH	665	461	400

RJAH exc NONC patients

### EL Activity (over 19/20)



Organisation	Jan-23	Feb-23	Mar-23
Shropshire, Telford & Wrekin	75.4%	76.2%	72.1%
Midlands	82.9%	82.2%	73.4%

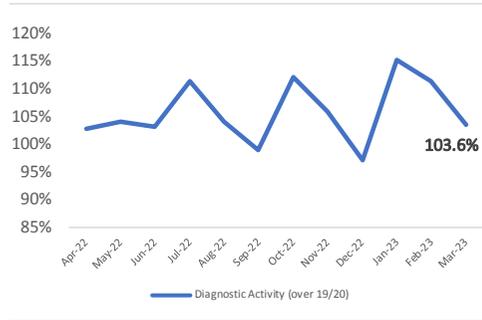
### Elective Recovery Fund (VWA)



Organisation	Jan-23	Feb-23	Mar-23
Shropshire, Telford & Wrekin	104.8%	101.2%	93.2%
Midlands	107.0%	101.4%	91.4%
England	107.2%	100.5%	91.2%

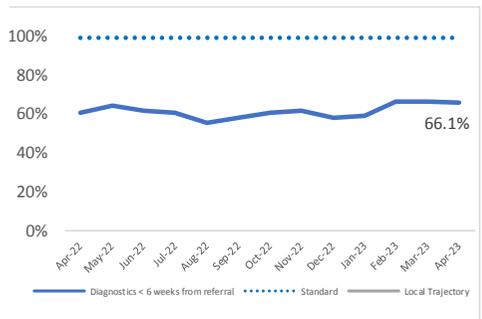
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### Diagnostic Activity (over 19/20)



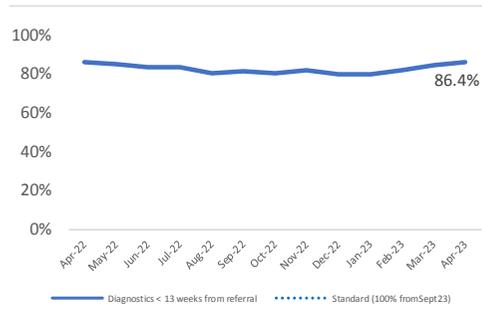
Organisation	Jan-23	Feb-23	Mar-23
Shropshire, Telford & Wrekin	115.1%	111.3%	103.6%
Midlands	110.5%	110.9%	104.5%

### Diagnostics < 6 weeks from referral



Organisation	Feb-23	Mar-23	Apr-23
Shropshire, Telford & Wrekin	66.7%	66.7%	66.1%
Midlands	66.3%	66.2%	72.0%
England	74.9%	75.0%	72.4%

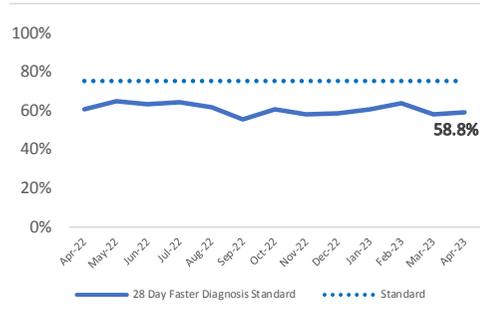
### Diagnostics < 13 weeks from referral



Organisation	Feb-23	Mar-23	Apr-23
Shropshire, Telford & Wrekin	82.0%	84.5%	86.4%
Midlands	82.3%	84.9%	89.0%
England	88.1%	89.8%	89.3%

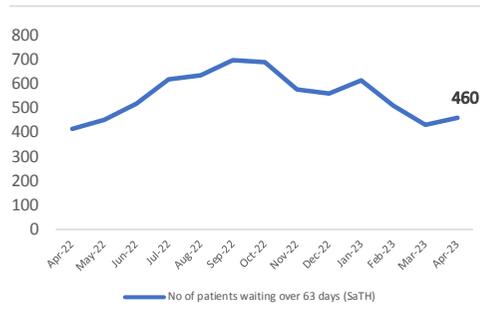
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### Cancer: 28 Day Faster Diagnosis Standard



Organisation	Feb-23	Mar-23	Apr-23
Shropshire, Telford & Wrekin	63.8%	57.9%	58.8%
National	75%	74%	71%

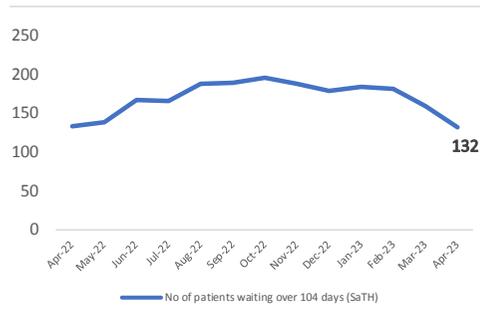
### Cancer: No of patients waiting over 62 days (SaTH)



Organisation	Feb-23	Mar-23	Apr-23
SaTH	510	432	460

Snapshot - point in time data

### Cancer: No of patients waiting over 104 days (SaTH)



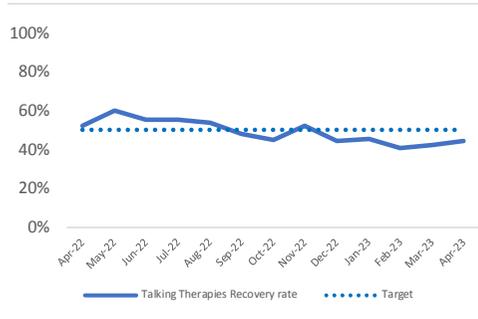
Organisation	Feb-23	Mar-23	Apr-23
SaTH	182	160	132

Snapshot - point in time data

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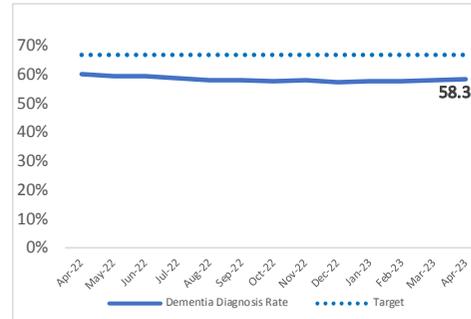


#### Talking Therapies Recovery rate @ MPUFT



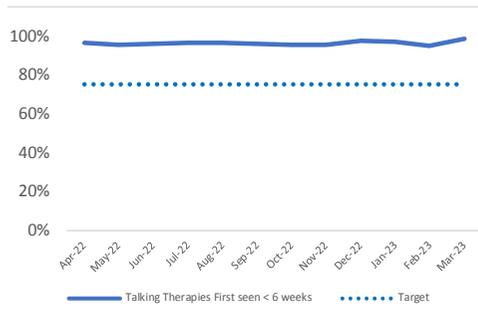
Organisati	Feb-23	Mar-23	Apr-23
Shropshire,	40.6%	42.5%	44.7%

#### Dementia Diagnosis Rate



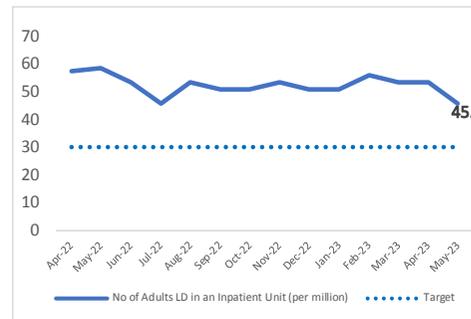
Organisati	Feb-23	Mar-23	Apr-23
Shropshire,	57.8%	58.0%	58.3%
England	62.0%	62.0%	63.2%

#### Talking Therapies seen < 6weeks



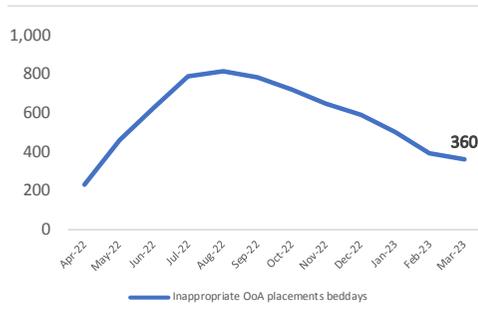
Organisati	Jan-23	Feb-23	Mar-23
Shropshire,	97.2%	95.1%	98.5%

#### No of Adults in an Inpatient Unit (per million)



Organisati	Mar-23	Apr-23	May-23
Shropshire,	53.4	53.4	45.8
England	43	43	42

#### Number of Inappropriate OoA placements beddays

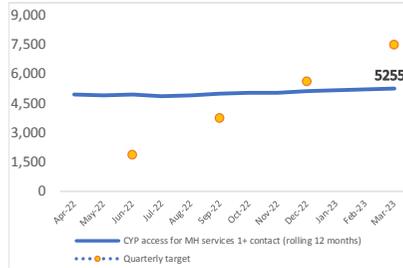


Organisati	Jan-23	Feb-23	Mar-23
Shropshire,	500	395	360

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#### CYP access for MH services 1+ contact (rolling 12 months)



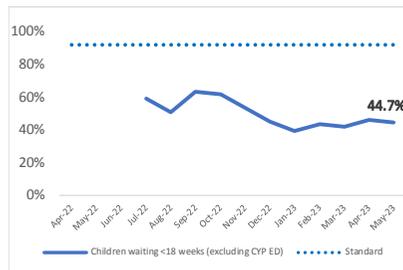
Organisation	Jan-23	Feb-23	Mar-23
Shropshire, Telford & Wrekin	5160	5210	5255

#### CYP Eating Disorders Urgent < 1 week (rolling 12 months)



Organisation	Q2 22/23	Q3 22/23	Q4 22/23
Shropshire, Telford & Wrekin	0.0%	57.1%	33.3%
England	67.10%	77.50%	78.70%

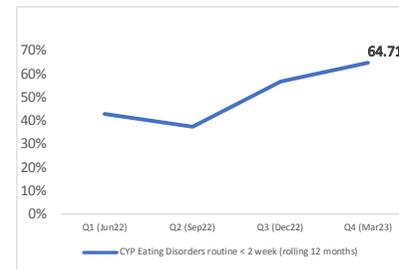
#### Children waiting <18 weeks (excluding CYP ED)



Organisation	Mar-23	Apr-23	May-23
Shropshire, Telford & Wrekin	41.9%	45.9%	44.7%

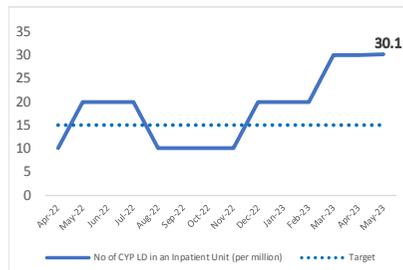
Snapshot - point in time data

#### CYP Eating Disorders Routine < 4 weeks (rolling 12 months)



Organisation	Q2 22/23	Q3 22/23	Q4 22/23
Shropshire, Telford & Wrekin	37.5%	56.8%	64.7%
England	74.6%	80.7%	82.5%

#### No of CYP in an Inpatient Unit (per million)



Organisation	Mar-23	Apr-23	May-23
Shropshire, Telford & Wrekin	30.1	30.1	30.1
England			

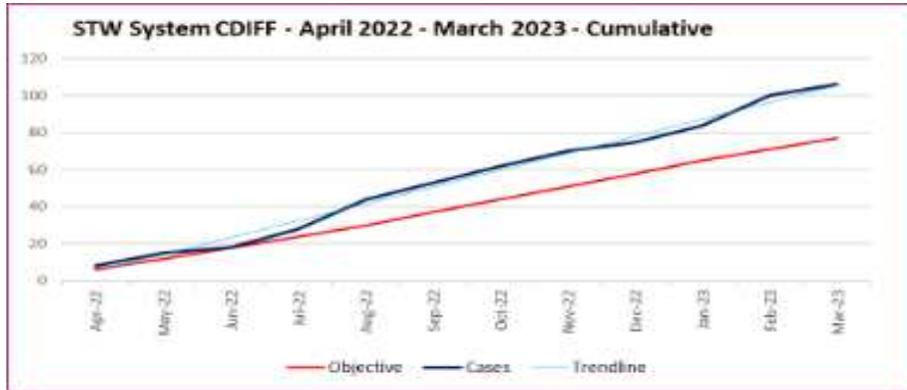
*NB. The small numbers of CYP patients with eating disorders can result in large swings in performance when viewed as percentages.*

Appendix B

Area	Indicator <small>*Please Note Indicators affected by changes to Occupied Bed Data For Detail See Reference Sheet</small>	Shropshire CCG - 05N	Telford & Wrekin CCG - 05X	SHROPSHIRE, TELFORD AND WREKIN (SUB ICB) - M2L0M	Acute or Specialist Trust		SaTH			RJAH			MPUFT			SCHT		
					Trust Type		Large acute trust			Acute specialist trust (including children)			Mental Health provider to STW only			Shropshire Community		
					Reporting Period	Standard / Engalnd rate	Value	No of reponses	Trend	Value	No of reponses	Trend	Value	No of reponses	Trend	Value	No of reponses	Trend
IPC	C.difficile			Objective = 77 Final position = 106	Cumulative Apr 22 - Mar 23	SATH Objective = 33 RJAH Objective = 2	60			3								
	E.coli Bacteraemia			Objective = 347 Final position = 333	Cumulative Apr 22 - Mar 23	SATH Objective = 96 RJAH Objective = 1	118			2								
	Pseudomonas aeruginosa Bacteraemia			Objective = 37 Final position = 39	Cumulative Apr 22 - Mar 23	SATH Objective = 19 RJAH Objective = 1	16			1								
	Kiebsiella spp Bacteraemia			Objective = 86 Final position = 78	Cumulative Apr 22 - Mar 23	SATH Objective = 23 RJAH Objective = 2	37			3								
	MRSA Bacteraemia			Objective = 0 Final position = 5	Cumulative Apr 22 - Mar 23	SATH Objective = 0 RJAH Objective = 0	2			0								
	MSSA Bacteraemia				Cumulative Apr 22 - Mar 23	No trajectory set	57			1								
Maternity	Stillbirths per 1,000 total births	2.83	6.62		2017-19	England = 3.99												
	Neonatal deaths per 1,000 total live births	3.09	3.09		2017-19	England = 2.86												
CHC	% Referrals completed within 28 days			35.0%	2022/23 Q4 Data Collection	England = 75%												
	Incomplete Referrals delayed >12 weeks			124	2022/23 Q4 Data Collection													
Incidents	Number of Never Events				Cumulative Position Mar 2023	0	3			3								
	Number/Trend Serious Incidents				Monthly Position April 2023	England Q4 22 = 569,261	1312			175			165			50		
Friends & Family Test	Friends & Family Test - Inpatient				Feb-23 Public	Not applicable Higher is better	98.4%	941		97.4%	234							
	Friends & Family Test - Community				Feb-23 Public	Not applicable Higher is better										95.5%	312	
	Friends & Family Test - A&E				Feb-23 Public	Not applicable Higher is better	55.0%	40										
	Friends & Family Test - Mental Health				Feb-23 Public	Not applicable Higher is better							81.91%	304				
MSA	Mixed Sex Accomodation Breaches				Apr-23	Zero Lower is better	72											



# Quality Exception Report



### Commentary:

The final number for the system for *Clostridioides difficile* (*C diff*) was 106 against and objective of 77. nationally there had been a 25% increase in reported cases. This potentially due to different practices in prescribing and infection prevention and control driven by the Covid19 pandemic. All partners in STW are reviewing current plans and actions against national guidance and lessons learnt from local investigation to control *C diff*.



### Commentary:

Mixed sex accommodations breaches are a particular issue at SaTH as shown above but driven by bed occupancy linked to UEC pressures. SaTH have an action plan in place which is overseen at the quality committee. Key actions are to step down from the intensive care unit promptly. Providers of NHS - funded care are expected to have a zero -tolerance approach to mixed-sex accommodation, except where it is in the overall best interest of all patients affected.



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# 23/24 Financial Plan

The final financial plan for the system was submitted to NHSE on 4<sup>th</sup> May 2023.

The planned system financial position for 23/24 is a £60m deficit with an underlying/recurrent financial plan of an £83.1m deficit. The split by organisation is shown in the table.

Other key metrics from the plan submission are also outlined for information

The plan for 23/24 is not without risk (operational, quality and financial) but we are committed to its delivery and managing risks in year. The unmitigated financial risk value in the plan is £93.2m across the system. All organisations are working hard to reduce and mitigate risks wherever possible.

The system submitted a compliant capital plan for 23/24 and this has been published on the ICB website.

	SATH £'000	RJAH £'000	SCHT £'000	STW ICB £'000	TOTAL £'000
23/24 in year plan	(45,462)	191	-	(14,730)	(60,001)
NR items	(4,571)	9,058	6,413	12,194	23,094
Underlying plan	(40,891)	(8,867)	(6,413)	(26,924)	(83,095)

System Financial Performance £000	Provider Financial Performance £000	Net Risk £000	2023/24 Underlying Position £000	System Efficiency %
<b>(60,002)</b>	<b>(45,271)</b>	<b>(93,281)</b>	<b>(83,096)</b>	<b>6.7%</b>
Financial Performance As A % Of Allocation	ICB Financial Performance £000	Net Risk As A % Of Allocation	2023/24 Underlying Position % Of Allocation	Recurrent Efficiency %
<b>-5.8%</b>	<b>(14,731)</b>	<b>-8.94%</b>	<b>-8.0%</b>	<b>60.1%</b>

The three key themes of overall system risk for 23/24 are:

1. Escalation costs – risk that as a system we will be unable to reduce escalation costs at SATH due to continued high levels of NCTR (No Criteria To Reside) patients and the need for corridor care.
2. Elective Recovery Funding – the plan assumes that the system will exceed its elective recovery target as per the submitted activity plan and therefore earn additional income. If the system does not deliver the required activity levels then this income will not materialise or will be clawed back by NHSE. This could lead to stranded costs within the system.
3. Unidentified efficiency/system stretch target - At the time of the plan submission there were no plans identified to deliver the £12.5m system stretch efficiency target and also £2.5m unidentified efficiency within the ICB. Immediate action now needs to be taken to confirm identified schemes across the system and ensure delivery in year.



# Finance M2 position

Organisation	YTD			FULL YEAR			PRIOR YEAR
	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance to Plan £000	Forecast Plan Surplus/ (Deficit) £000	Forecast Surplus/ (Deficit) £000	Variance to Plan £000	Actual £000
<b>Commissioners</b>							
NHS Shropshire, Telford and Wrekin	(4,067)	(3,887)	180	(11,828)	(11,826)	1	(21,516)
<b>Total Commissioners</b>	<b>(4,067)</b>	<b>(3,887)</b>	<b>180</b>	<b>(11,828)</b>	<b>(11,826)</b>	<b>1</b>	<b>(21,516)</b>
<b>Providers</b>							
The Shrewsbury and Telford Hospital NHS Trust (SATH)	(12,992)	(16,909)	(3,917)	(45,462)	(45,462)	0	(47,206)
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT (RUAH)	(1,939)	(2,228)	(289)	191	191	0	2,454
Shropshire Community Healthcare NHS Trust (SCHT)	95	79	(16)	(0)	(0)	0	1,092
<b>Total Providers</b>	<b>(14,836)</b>	<b>(19,058)</b>	<b>(4,222)</b>	<b>(45,271)</b>	<b>(45,271)</b>	<b>0</b>	<b>(43,660)</b>
<b>TOTAL SYSTEM Performance Financial Position Surplus/(Deficit)</b>	<b>(18,903)</b>	<b>(22,945)</b>	<b>(4,042)</b>	<b>(57,099)</b>	<b>(57,097)</b>	<b>1</b>	<b>(65,176)</b>

## Key Data

- £22.9m M2 YTD deficit
- £4.0m adverse to plan at M2
- Forecasting delivery of the plan but with significant risk
- £2.5m above agency expenditure plan (£10.4m ytd spend v's £7.9m plan) at M2 and £5.8m above the agency cap (£4.5m cap ytd) for the system
- The overspend is mainly driven by continued open escalation areas at SATH and the impact of strike action leading to increased agency/staffing costs.

## What have we done and next steps

STW recognises its material underlying deficit and local challenges, including those associated with geography, configuration of estate and availability of substantive workforce. We are committed to delivering our plans at a time when we are also battling heavy demand in urgent care.

Medium to long term financial plan development is underway with a first cut submission planned by the end of September, which will include detailed mapping of the underlying position and a financial recovery trajectory

Updates to 'triple lock' process underway to include scrutiny of substantial non recurrent investment.

Operational leads working collectively on system bed model, discharge schemes and reducing escalation costs

Efficiency and transformation plan development (see efficiency slide)

Strengthened system wide financial governance particularly around pay controls.

Contract rebasing project to review current contractual arrangements and ensure all activity and costs are correctly captured

System wide productivity group set up to drive actions for improving productivity

## Month 2 Headlines by Organisation

At Month 2 the ICS is performing £4m adverse to the year to date plan. The full year forecast outturn remains in line with the full year plan.

**SATH:** At M2 SaTH is performing £3.9m adverse to plan. This is mostly driven by escalation costs above plan (£0.8m), pay award impact (£0.3m), strike action (£0.2m), enhanced patient support (£0.6m), agency and staffing pressures (£2.4m) offset by non pay underspends (£0.7m). Of these drivers, both escalation and enhanced care support costs (ECS) are driven by high numbers of no criteria to reside (NCTR) patients, with escalation costs linked to the declaration of a critical incident in May. Staffing and agency pressures are linked to high levels of vacancies and continued usage of agency staff within both medics and nursing.

**SCHT:** At M2 SCHT is performing £16k adverse to plan due to higher than planned agency cost offset by lower than planned non pay cost, profit on sale of assets and anticipated other operating income.

**ICB:** At M2 the ICB is performing £0.2m favourably to plan and is forecasting achievement of the plan. £0.6m of net non recurrent benefit from prior year (now that M12 data is available) is being offset with a £0.4m hit in relation to the planning assumption made around pursuing Welsh elective recovery income. This issue continues to be followed up with NHSE and the forecast position assumes it will still be forthcoming- this is flagged as a risk. £0.1m of cost pressure in M2 regarding the system people team is being offset with a £0.1m benefit YTD in Individual Commissioning/Mental Health based on the latest information in Broadcare.

**RJAH:** At M2 RJAH is performing £0.3m adverse to plan. £88k relates to LVA (Low Volume Activity) arrangements where the trust is paid a block based on an average of previous years activity. The trust has carried out additional activity which is unfunded. The other £0.2m relates to loss of activity due to strike action





# Efficiency Delivery

EFFICIENCIES	YTD			FULL YEAR		
	Plan £000	Actual £000	Variance to Plan £000	Plan £000	Forecast £000	Variance to Plan £000
Organisation						
NHS Shropshire, Telford and Wrekin - Recurrent	2,302	2,302	0	18,731	18,698	(33)
NHS Shropshire, Telford and Wrekin - NonRecurrent	230	338	108	7,216	7,249	33
	<b>2,532</b>	<b>2,640</b>	<b>108</b>	<b>25,947</b>	<b>25,947</b>	<b>0</b>
The Shrewsbury and Telford Hospital NHS Trust (SaTH) - Recurrent	647	76	(571)	17,079	17,079	0
The Shrewsbury and Telford Hospital NHS Trust (SaTH) - NonRecurrent	989	804	(185)	18,373	18,373	0
	<b>1,636</b>	<b>880</b>	<b>(756)</b>	<b>35,452</b>	<b>35,452</b>	<b>0</b>
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT (RJAH) - Recurrent	378	327	(51)	3,933	3,933	0
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT (RJAH) - NonRecurrent	0	0	0	630	630	0
	<b>378</b>	<b>327</b>	<b>(51)</b>	<b>4,563</b>	<b>4,563</b>	<b>0</b>
Shropshire Community Healthcare NHS Trust (SCHT) - Recurrent	219	143	(76)	2,386	2,386	0
Shropshire Community Healthcare NHS Trust (SCHT) - NonRecurrent	109	125	16	1,722	1,722	0
	<b>328</b>	<b>268</b>	<b>(60)</b>	<b>4,108</b>	<b>4,108</b>	<b>0</b>
<b>TOTAL SYSTEM - RECURRENT</b>	<b>3,546</b>	<b>2,848</b>	<b>(698)</b>	<b>42,129</b>	<b>42,096</b>	<b>(33)</b>
<b>TOTAL SYSTEM - NONRECURRENT</b>	<b>1,328</b>	<b>1,267</b>	<b>(61)</b>	<b>27,941</b>	<b>27,974</b>	<b>33</b>
<b>TOTAL SYSTEM</b>	<b>4,874</b>	<b>4,115</b>	<b>(759)</b>	<b>70,070</b>	<b>70,070</b>	<b>0</b>

## M2 Update

At M2 the system overall has a £0.8m adverse variance to its efficiency plan. The main variance is within the SaTH plan and directly relates to escalation cost that has not reduced. This relates to reduced utilisation of the virtual ward due to delays in recruitment and the need for continued education on the referral criteria and benefits of the use of the Virtual Ward. There are continued high numbers NCTR patients within SaTH's beds.

The system has submitted an overall efficiency plan totalling £70m, which equates to 6.7% of the system overall allocation. Unidentified efficiency remains at a high level mostly due to the system stretch target of £12.5m which was agreed at the time of planning to be apportioned across all organisations. The unidentified value has reduced since the plan submission due to the identification of £2.5m of efficiencies in the ICB internal efficiency plan. Three key themes for the system stretch target have been agreed: Place Based Joint Commissioning, System Wide Medicines Management and the system bed model. Each of these are being worked up across the system but robust plans have yet been identified. A number of other areas are also being explored through the Financial Improvement Programme Group.

## Financial Risk

System Risk	23/24 Gross Risk	Mitigation	Un-Mitigated Risk	Un-Mitigated		Movement from Plan
	£'000	£'000	£'000	23/24 Plan Risk	£'000	
NHS Shropshire, Telford & Wrekin ICB	18,904	(2,495)	16,409	17,661	1,252	
Robert Jones & Agnes Hunt Hospital	7,121	(4,686)	2,435	7,066	4,631	
Shrewsbury & Telford Hospitals	86,561	(17,827)	68,734	63,678	(5,056)	
Shropshire Community Hospital Trust	6,145	(469)	5,676	4,876	(800)	
<b>Grand Total</b>	<b>118,731</b>	<b>(25,477)</b>	<b>93,254</b>	<b>93,281</b>	<b>27</b>	

A number of areas remain a high financial risk for the ICS. The current net risk for each organisation is presented above including the movement since the plan submission. For STWICB and RJAH the net risk has improved whereas for SATH it has deteriorated (NB SCHAT movement is due to a late change at planning that wasn't captured in the submission but reconciles to the risk position presented to SCHAT Board)

The movement in the SATH risk position is mainly due to increased risk in escalation costs and operational staffing.

Risk will be reviewed and reported every month with a first piece of work to be completed to ensure consistency of approach across organisations

The key themes of risk remain as:

- Efficiency delivery
- Elective recovery delivery and receipt of associated income
- Escalation costs



# Finance – Capital

CAPITAL PROGRAMME	YTD			FULL YEAR			PRIOR YEAR	
	Plan £000	Actual £000	Variance to Plan £000	Plan £000	Forecast £000	Variance to Plan £000	Actual £000	Actual £000
Organisation								
NHS Shropshire, Telford and Wrekin	(46)	0	46	(576)	(576)	0	(1,243)	
The Shrewsbury and Telford Hospital NHS Trust (SaTH)	(162)	(304)	(142)	(19,391)	(19,391)	0	(19,798)	
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT (RJAH)	(325)	(152)	173	(7,360)	(7,360)	0	(10,137)	
Shropshire Community Healthcare NHS Trust (SCHT)	0	181	181	(2,500)	(2,500)	0	(2,497)	
<b>TOTAL SYSTEM</b>	<b>(533)</b>	<b>(275)</b>	<b>258</b>	<b>(29,827)</b>	<b>(29,827)</b>	<b>0</b>	<b>(33,675)</b>	

## Summary

- The SaTH capital programme is currently delivering ahead of plan due to the phasing of the internal programme.
- RJAH YTD slippage relates to the theatre project which will be delivered in year.
- SCHT are currently delivering ahead of plan due to net disposals.
- STW ICB has a slight year to date underspend on its capital plan due to depreciation charges not yet realised on HQ estate that now have to be capitalised in line with IFRS16.

## What have we done and next steps

- There are a number of approved schemes that are due to be delivered in 2023/24 including the Elective Hub at PRH, the Community Diagnostic Centre in Telford, the modular wards and the continuation of national digital funding.
- The OBC for HTP is undergoing national review.
- The system capital prioritisation and oversight group is closely monitoring the delivery of the 2023/24 capital plan.



## Board

<b>Agenda item no.</b>	ICB 28-06-098								
<b>Meeting date:</b>	28 <sup>th</sup> June 2023								
<b>Paper title</b>	Annual Reports and Accounts (including Annual Governance Statements) for NHS Shropshire Telford and Wrekin CCG months 1 – 3 and NHS Shropshire, Telford and Wrekin ICB months 4 – 12 for the reporting period 2022/23								
<b>Paper presented by:</b>	Claire Skidmore, Chief Finance Officer								
<b>Paper approved by:</b>	Claire Skidmore, Chief Finance Officer Alison Smith – Director of Corporate Affairs								
<b>Paper prepared by:</b>	Alison Smith – Director of Corporate Affairs Angus Hughes – Associate Director of Finance								
<b>Signature:</b>									
<b>Committee/Advisory Group paper previously presented:</b>	A draft Annual report for both the CCG and ICB was presented to the Audit Committee in April with a brief summary of progress with the accounts audit. Final version of both annual reports and accounts was presented to the Audit Committee at its meeting on 21 <sup>st</sup> June.								
<b>Action Required (please select):</b>									
A=Approval	<input checked="" type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input checked="" type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input checked="" type="checkbox"/>
<b>Previous considerations:</b>	n/a								

### 1. Executive summary and points for discussion

Due to the dissolution of Clinical Commissioning Groups (CCG) and the creation of Integrated Care Boards part way through the 2022/23 financial year, annual reports and accounts (including Annual Governance Statements) have to be produced in line with NHS England and Department of Health guidance by both NHS Shropshire, Telford and Wrekin CCG for months 1 to 3 attached as **appendix 1** and by NHS Shropshire, Telford and Wrekin ICB for months 4 to 12 attached as **appendix 2**.

In addition there is a separate Letter of Representation for each organisation attached as **appendix 3 and 4**.

The Audit Findings Reports for each entity, as prepared by Grant Thornton – External Auditors are attached for information as **appendix 5 and 6**.

#### Annual Accounts

As a result of the ICB being established with effect from 1<sup>st</sup> July 2022 two sets of accounts have been prepared for the financial year 2022/23.

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A three month set of accounts to the closure of the CCG on 30<sup>th</sup> June 2022 and a nine month set of accounts for the ICB to 31<sup>st</sup> March 2023.

All of the assets and liabilities transferred from the CCG into the ICB at 1<sup>st</sup> July 2022 but owing to the ICB being a new organisation there is no requirement to provide comparative information for the prior period. The Statement of Financial Position discloses the value of the assets and liabilities which were transferred from the CCG.

Both sets of accounts have been reviewed by Grant Thornton auditors. No adjustments are required to the accounts which are submitted for review. All minor presentational adjustments identified have been actioned.

## Annual Report

The NHS Manual for accounts 2022/23 sets out the minimum content requirement for the Annual Report for both CCGs and ICBs, however the Annual Report should provide additional information to give an overview of the NHS body and to facilitate local accountability.

Due to the timing of the dissolution of the CCGs, the CCG Draft Annual Report (including the Annual Governance Statement) 2022/23 for months 1 – 3 was not shared with the CCG Audit Committee, but instead submitted to NHS England for review in October 2022 as per national guidance. It is presented to the Board for **noting** prior to submitting as the final version for signing by the ICB's Accountable Officer and then to the ICB's external auditors Grant Thornton, with final submission to NHS England/Improvement in line with the annual audit timetable deadline.

The ICB Annual Report (including the Annual Governance Statement) 2022/23 for months 4 to 12 is presented for consideration and approval by the ICB Board, prior to submitting as the final version for signing by the ICB's Accountable Officer and then to the ICB's external auditors Grant Thornton, with final submission to NHS England/Improvement in line with the annual audit timetable deadline.

## Annual Governance Statement

The Government Financial reporting manual requires CCGs and ICBs to also prepare a Governance Statement as part of the Annual Accounts and these are contained in appendix 1 and 2 respectively. The Statement reflects the financial year being reported on for each organisation and the period up to the signing of the Annual Report and Accounts by the Accountable Officer.

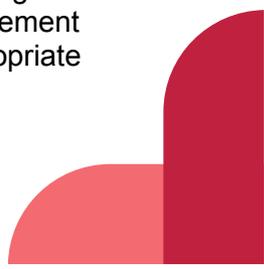
## Audit Findings Reports

These reports are prepared by Grant Thornton to provide their overall audit opinion and highlight areas of work performed during the audit process.

Audit opinions for both the CCG and ICB entities are unqualified.

These reports have been presented to Audit Committee and assurance provided that no further adjustments are required to the accounts arising from any of the audit findings disclosed in their reports. Audit Committee have also been assured of the management control recommendations and responses included, and are satisfied that the appropriate mitigating controls will be in place going forward.

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**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	

**2. Recommendation(s)**

**The Board is asked to:**

- 1) Note the content of the **final NHS Shropshire, Telford and Wrekin CCG Annual Report and Accounts** (including the Annual Governance Statement) for months 1 – 3 2022/23
- 2) Assure itself that the content of the **final NHS Shropshire, Telford and Wrekin ICB Annual Report and Accounts** (including the Annual Governance Statement) for months 4 – 12, 2022/23, is accurate and sufficiently reflects the position of NHS Shropshire, Telford and Wrekin.
- 3) To approve **final version of NHS Shropshire, Telford and Wrekin ICB Annual Report and Accounts** for months 4 – 12, 2022/23 and Annual Governance Statement months 4 – 12, 2022/23 of NHS Shropshire, Telford and Wrekin for approval by the Board, prior to submission to the external auditor and NHS England.
- 4) To approve the **Letters of Representation** for the two organisations.
- 5) To note the content of the **Audit Findings Reports** for the two organisations.

**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 identified.

**4. Appendices**

Appendix 1 – Final Annual Report and Accounts (including Annual Governance Statement) for NHS Shropshire, Telford and Wrekin Clinical Commissioning Group – months 1 – 3, 2022/23

Appendix 2 – Final Annual Report and Accounts (including Annual Governance Statement) for NHS Shropshire, Telford and Wrekin ICB – months 4 – 12, 2022/23

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Appendix 3 – Letter of Representation for NHS Shropshire, Telford and Wrekin Clinical Commissioning Group – months 1 – 3, 2022/23

Appendix 4 - Letter of Representation for NHS Shropshire, Telford and Wrekin ICB – months 4 - 12, 2022/23

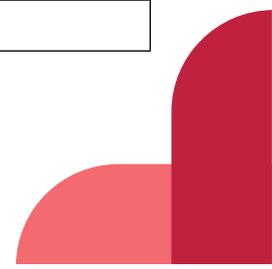
Appendix 5 – Audit Findings Report for NHS Shropshire, Telford and Wrekin Clinical Commissioning Group – months 1 – 3, 2022/23

Appendix 6 – Audit Findings Report for NHS Shropshire, Telford and Wrekin ICB – months 4 - 12, 2022/23

## 5. What are the implications for:

Shropshire, Telford and Wrekin’s Residents and Communities	None identified
Quality and Safety	There is a section of both annual reports that details a quality assessment of commissioned services by the respective organisations over the reporting period.
Equality, Diversity, and Inclusion	There is a section of both annual reports that detail action taken to address equality issues by the respective organisations over the reporting period.
Finances and Use of Resources	In addition to final accounts there is a section of both annual reports that detail action taken to address financial challenges by the respective organisations over the reporting period.
Regulation and Legal Requirements	The CCG and ICB are required to produce an annual report by NHS England and the Department of Health
Conflicts of Interest	None identified
Data Protection	None identified
Transformation and Innovation	There is a section of both annual reports that detail transformation of commissioned services by the respective organisations over the reporting period.
Environmental and Climate Change	There is a section of both annual reports that detail action taken to address the challenges arising from climate by the respective organisations over the reporting period.
Future Decisions and Policy Making	None identified

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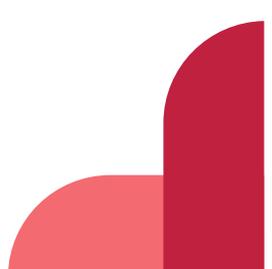
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Citizen and Stakeholder Engagement	There is a section of both annual reports that detail engagement with our local population over the reporting period.
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<b>Request of Paper:</b>	<ol style="list-style-type: none"> <li>1) Note the content of the <b>final NHS Shropshire, Telford and Wrekin CCG Annual Report and Accounts</b> (including the Annual Governance Statement) for months 1 – 3 2022/23</li> <li>2) Assure itself that the content of the <b>final NHS Shropshire, Telford and Wrekin ICB Annual Report and Accounts</b> (including the Annual Governance Statement) for months 4 – 12, 2022/23, is accurate and sufficiently reflects the position of NHS Shropshire, Telford and Wrekin ICB.</li> <li>3) To approve <b>final version of NHS Shropshire, Telford and Wrekin ICB Annual Report and Accounts</b> for months 4 – 12, 2022/23 and Annual Governance Statement months 4 – 12, 2022/23 of NHS Shropshire, Telford and Wrekin for approval by the Board, prior to submission to the external auditor and NHS England.</li> <li>4) To approve the <b>Letters of</b></li> </ol>	<b>Action approved at Committee:</b>	
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	<b>Representation</b> for the two organisations. 5) To note the content of the <b>Audit Findings Reports</b> for the two organisations		
		<b>If unable to approve, action required:</b>	
<b>Signature:</b>		<b>Date:</b>	

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**INTEGRATED CARE BOARD**

<b>Agenda item no.</b>	ICB 28-06-099								
<b>Meeting date:</b>	28 <sup>th</sup> June 2023								
<b>Paper title</b>	Updated Terms of Reference for the Finance Committee								
<b>Paper presented by:</b>	Claire Skidmore Chief Finance Officer								
<b>Paper approved by:</b>	Claire Skidmore Chief Finance Officer								
<b>Paper prepared by:</b>	Meryl Flaherty Head of Contracting								
<b>Signature:</b>									
<b>Committee/Advisory Group paper previously presented:</b>	N/A								
<b>Action Required (please select):</b>									
A=Approval	<input checked="" type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input checked="" type="checkbox"/>
<b>Previous considerations:</b>									
Not Applicable									

**1. Executive summary and points for discussion**

The purpose of this report is to seek approval from the Integrated Care Board for three minor amendments to the Terms of Reference (TOR) for the Finance Committee. The updates are required to be presented to the Board because the Finance Committee TOR form part of the ICB's Governance Handbook and any amendments to the handbook require Board approval.

The TOR for the Finance Committee require the three updates below:

**Updated Subgroup Title**

Due to the change in contract mechanism for in-system providers and the need for increased focus on productivity, the Intelligent Fixed Payment Management Group (IFPMG) is evolving and expanding to make sure that its remit remains relevant. A revised Terms of Reference has been agreed by the Finance Committee and the sub group will, from now on, be called the 'Strategic Finance, Productivity and Planning Group' (SFPPG).

The SFPPG will oversee work on contract rebasing and productivity and will oversee development of the system wide financial risk framework and contract mechanisms. It will also provide executive oversight to the system-wide planning process. As the sub group's title is referenced in the Terms of Reference for the Finance Committee, approval is sought from the Board to update the TOR to reflect this change.

**Change of Provider Name**

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Midlands Partnership Foundation Trust (MPFT) has now been renamed to Midlands Partnership University Foundation Trust (MPUFT). Whilst changes are being made to the TOR, references to 'MPFT' will be updated.

### Change to Membership

After an unsuccessful round of recruitment for a Lay Member to support the Finance Committee, a revised role has been developed and supported by the Board at a previous meeting. A change to the TOR is required to bring the role title up to date. (Lay Advisor to Associate Non-Executive Director – Finance).

Finally, the Executive Director of Strategy and Integration has been removed from the membership list.

All of these changes are highlighted in the Terms of Reference attached at Appendix 1 for information.

### 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	
Creating system sustainability	X
Workforce	

### 2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Integrated Care Board are asked to.

**APPROVE** the revised Terms of Reference for the Finance Committee

### 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

Appendix 1- Updated Terms of Reference for the Finance Committee with changes highlighted.

### 5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	No Impact
Quality and Safety	No Impact
Equality, Diversity, and Inclusion	No Impact
Finances and Use of Resources	Embraces collaboration across system organisations
Regulation and Legal Requirements	No Impact
Conflicts of Interest	No Impact
Data Protection	No Impact
Transformation and Innovation	No Impact
Environmental and Climate Change	No Impact
Future Decisions and Policy Making	No Impact

<b>Action Request of Paper:</b>	<b>APPROVE</b> the revised Terms of Reference for the Finance Committee		
<b>Action approved at Board:</b>			
<b>If unable to approve, action required:</b>			
<b>Signature:</b>		<b>Date:</b>	

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# NHS Shropshire, Telford and Wrekin

## Finance Committee

### Terms of Reference

#### 1. Constitution

- 1.1 The Finance Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.
- 1.2 These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.3 The Committee is an executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

#### 2. Authority

2.1 The Finance Committee is authorised by the Board to:

- Investigate any activity within its terms of reference.
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) as outlined in these terms of reference.
- Commission any reports it deems necessary to help fulfil its obligations,
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, Standing Orders and Scheme of Reservation and Delegation (SoRD) but may not delegate any decisions to such groups.

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2.2 For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

### 3. Purpose

3.1 To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan. This includes:

- financial performance of NHS STW
- financial performance of NHS organisations within the NHS STW footprint

In doing so, the Committee will act with input and insight from Local Authority Partners.

3.2 The Finance Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

### 4. Membership and attendance

#### 4.1 Membership

4.1.1 The Committee members shall be appointed by the Board in accordance with the NHS STW Constitution.

4.1.2 The Board will appoint no fewer than four members of the Committee including one who is an Independent Non-Executive Member of the Board. Other members of the Committee need not be members of the Board, but they may be.

4.1.3 In order to efficiently discharge the Committee responsibilities the Committee will subdivide its meeting into two parts; one looking at the responsibilities for NHS STW financial performance and the other looking at the responsibilities for the financial performance of the wider system.

Members for internal ICB responsibilities:

- ICB Chief Finance Officer
- ~~ICB Executive Director of Strategy and Integration~~
- ICB Independent Non Executive Director (Chair)
- ~~ICB Associate Non-Executive Director - Finance (Vice Chair)~~

Members for external ICS system responsibilities:

- ICB Chief Finance Officer
- ~~ICB Executive Director of Strategy and Integration~~
- ICB Independent Non Executive Director (Chair)

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- ICB Associate Non-Executive Director - Finance (Vice Chair)
- SaTH Non Executive Director
- SaTH Chief Finance Officer (or Deputy)
- MPUFT Chief Finance Officer (or Deputy)
- Shropshire Community Health NHS Trust Non Executive Director
- Shropshire Community Health NHS Trust Chief Finance Officer (or Deputy)
- RJAH Non Executive Director
- RJAH Chief Finance Officer (or Deputy)
- Shropshire Council – Finance Lead (or Deputy)
- Telford and Wrekin Council – Finance Lead (or Deputy)

4.1.4 Members will possess between them knowledge, skills and experience in:

- accounting;
- risk management;
- technical or specialist issues pertinent to the ICB's business.

4.1.5 When determining the membership of the Committee, active consideration will be made to diversity and equality.

#### 4.2 Chair and vice chair

4.2.1 In accordance with the constitution, the Committee will be chaired by an Independent Non-Executive Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

4.2.2 In the event of the chair being unable to attend, ICB Associate Non-Executive Director - Finance who is Vice Chair will chair the meeting.

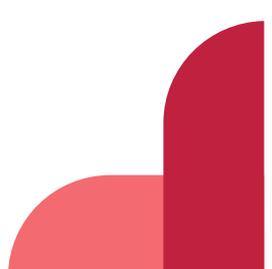
4.2.3 In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number Chair the meeting.

4.2.4 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.

#### 4.3 Attendees

4.3.1 Only members of the Committee have the right to attend Committee meetings, however all meetings of the Committee may also be attended by other invited and appropriately nominated individuals who are not members of the Committee. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter, including representatives from the health and wellbeing board(s), secondary, mental health and community providers.

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4.3.2 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

4.3.3 The Chair of NHS STW may also be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.

#### 4.4 Attendance

4.4.1 Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

### 5. Meetings, quoracy and decisions

#### 5.1 Meetings

5.1.1 The Finance Committee will meet at least 4 times annually, except for August and December.

5.1.2 Arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

5.1.3 The Board, Chair or Chief Executive may ask the Finance Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

5.1.4 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

#### 5.2 Quorum

5.2.1 For a meeting to be quorate a minimum of 50% members is required, including the Chair or Vice Chair (or their deputy).

5.2.2 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

5.2.3 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

5.2.4 Decisions deemed by the Chair to be 'urgent' can be taken outside of the meeting via email communication, and with the agreement of a quorate number of members.

#### 5.3 Decision-making and voting

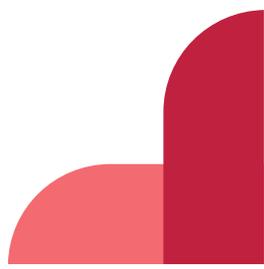
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- 5.3.1 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 5.3.2 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 5.3.3 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.
- 5.3.4 Where any such action has been taken between meetings, then these will be reported to the next meeting.

## 6. Responsibilities of the Committee

- 6.1 The Committee's duties can be categorised as follows.
- 6.2 System financial management framework
  - to set the strategic financial framework of NHS STW and monitor performance against it to develop NHS STW financial information systems and processes to be used to make recommendations to the Board on financial planning in line with the strategy and national guidance to ensure health and social inequalities are taken into account in financial decision-making
- 6.3 Resource allocations (revenue)
  - to develop an approach to distribute the resource allocation through commissioning and direct allocation to drive agreed change based on NHS STW strategy to advise on and oversee the process regarding the deployment of system-wide transformation funding
  - to work with ICS partners to identify and allocate resources where appropriate to address finance and performance related issues that may arise
  - to work with ICS partners to consider major investment/disinvestment outlined in business cases for material service change or efficiency schemes and to agree a process for sign off
  - to develop standing financial instructions for approval by the Board.
- 6.4 National framework
  - to advise NHS STW on any changes to NHS and non-NHS funding regimes and consider how the funding available to NHS STW can be best used within the system to achieve the best outcomes for the local population
  - to oversee national ICB level financial submissions
  - to ensure the required preparatory work is scheduled to meet national planning timelines
- 6.5 Financial monitoring information

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- to develop a reporting framework for NHS STW as a statutory body, using the chart of accounts devised by NHSE and the integrated single financial environment (ISFE) and NHS STW as a system of bodies
- to articulate the financial position and financial impacts (both short and long-term) to support decision-making
- to work with ICS partners to identify and agree common approaches across the system such as financial reporting, estimates and judgements
- to work with ICS partners to seek assurance over the financial reports from system bodies and provide feedback to them (being clear on how this role interacts with that of the audit committee)
- to oversee the development of financial and activity modelling to support the ICB priority areas
- to develop a medium- and long-term financial plan which demonstrates ongoing value and recovery
- to develop an understanding of where costs sit across a system, system cost drivers and the impacts of service change on costs
- to ensure appropriate information is available to manage financial issues, risks and opportunities across the ICB
- to manage financial and associated risks by developing and monitoring a finance risk register

#### 6.6 Performance

- to oversee the management of the system financial target and NHS STW's own financial targets
- to agree key outcomes to assess delivery of NHS STW financial strategy to monitor and report to the Board overall financial performance against national and local metrics, highlighting areas of concern
- to monitor and report to the Board key service performance which should be taken into account when assessing the financial position
- monitor arrangements for risk sharing or risk pooling with other organisations i.e. Section 75 arrangements NHS Act 2006.
- Recommend approval of healthcare contracts outside approved budgets to the Board.

#### 6.7 Communication

- to co-ordinate and manage communications on financial governance with stakeholders internally and externally
- to develop an approach with partners, including NHS STW health and care partnership, to ensure the relationship between cost, performance, quality and environment sustainability are understood

#### 6.8 People

- to develop a system finance staff development strategy to ensure excellence by attracting and retaining the best finance talent

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- to ensure that suitable policies and procedures are in place to comply with relevant regulatory, legal and code of conduct requirements

## 6.9 Capital

- to monitor the system capital programme against the capital envelope and take action to ensure that it is appropriately and completely used
- to gain assurance that the estates and digital plans are built into system financial plans
- to ensure effective oversight of future prioritisation and capital funding bids

## 6.10 The Committee has the authority to make the following decisions on behalf of NHS STW as set out in the Scheme of Reservation and Delegation:

- To approve policies and procedures specific to the Committee's remit which include, but are not limited to:
  - a) Financial policies and procedures

## 7. Behaviours and conduct

### 7.1 ICB values

7.1.1 Members will be expected to conduct business in line with NHS STW values and objectives.

7.1.2 Members of, and those attending, the Committee shall behave in accordance with NHS STW's Constitution, Standing Orders, Conflicts of Interest Policy and Standards of Business Conduct Policy.

### 7.2 Conflicts of interest

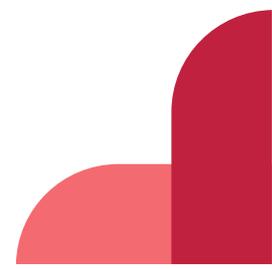
7.2.1 In discharging duties transparently, conflicts of interest must be considered, recorded and managed.

7.2.2 Members should have regard to both the ICB's policies and national guidance on managing conflicts of interest.

7.2.3 All potential conflicts of interest must be declared and recorded at the start of each meeting. A register of interests must be maintained by the Chair and submitted to the Board. If the Chair considers a conflict of interest exists then the relevant person must not take part in that item, and the Chair may require the affected member to withdraw at the relevant point.

### 7.3 Equality and diversity

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7.3.1 Members must demonstrably consider the equality and diversity implications of decisions they make.

## 8. Accountability and reporting

- 8.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- 8.2 The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders.
- 8.3 The Chair will provide assurance reports to the Board after each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.
- 8.4 The Committee will provide an annual report to the Board to describe how it has fulfilled its terms of reference, details on progress and a summary of key achievements in delivering its responsibilities.
- 8.5 The following sub Committees and groups will report into this Committee:
- Strategic Finance, Productivity and Planning Group
  - Capital Prioritisation and Oversight Group
  - STW Finance Training & Development Council

## 9. Secretariat and administration

- 9.1 The Committee shall be supported with a secretariat function which will include ensuring that:
- the agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead
  - attendance of those invited to each meeting is monitored and those that do not meet the minimum attendance requirements are highlighting to the Chair
  - records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary
  - preparation, collation and circulation of papers in good time
  - good quality minutes are taken in accordance with the standing orders and agreed with the chair so that a record are kept of matters arising, action points and issues carried forward
  - the Chair is supported to prepare and deliver reports to the Board
  - the Committee is updated on pertinent issues/ areas of interest/ policy developments action points are taken forward between meetings and progress against those is monitored.

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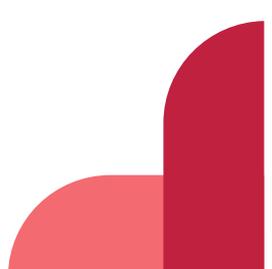
## 10. Review

10.1 The Committee will review its effectiveness at least annually. These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Date of approval: 30 November 2022

Date of review: 30 June 2023

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## Integrated Care Board

<b>Agenda item no.</b>	ICB 28-06-100.1					
<b>Meeting date:</b>	28th June 2023					
<b>Paper title</b>	Quality and Performance Committee Chair's Report					
<b>Paper presented by:</b>	Meredith Vivian, Non-Executive Director NHS STW					
<b>Paper approved by:</b>	Meredith Vivian, Non-Executive Director NHS STW					
<b>Paper prepared by:</b>	Vanessa Whatley, Director of Quality and Safety/Deputy Chief Nurse					
<b>Action Required (please select):</b>						
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 Wednesday 22nd February 2023 for noting.

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.

#### 1.5 Alerts

There remain significant challenges around children and young peoples MH waiting times. Workforce recruitment issues are having an ongoing impact.

There is a new risk around diabetes care which is monitored monthly and there is a plan to develop a governance infrastructure including a clinical advisory group to drive improvement and reduce this risk as rapidly as resources allow. Diabetes is a priority area in the ICS Clinical Strategy.

There was concern regarding a lack of assurance that the 104 week wait will reach a target of zero by the end of March 2023 and the 78 week wait will decrease significantly by the end of March 2023.

A deep dive into Serious Mental Illness (SMI) physical health checks was received. There continues to be issues obtaining the level of data required to provide accurate figures. All six elements of the health checks are being completed. However, due to IT issues this cannot be demonstrated.

A deep dive into LD & A physical health checks was received. At the end of January 2023 the performance rate had increased from 43.6% to 52.5% against a target of 75%

which is an increase compared to the performance rate of 38.5% in January 2022, however, there are 500 annual health checks to complete in February and March 2023. This is only achievable if no other unforeseen factors emerge in primary care. There needs to be further work to understand how these health checks can be done earlier in the year to prevent end of the year activity to catch up.

### 1.6 Assurance

Shropshire Telford and Wrekin now has a joint strategy for Health Protection.

Performance data was showing some improvement in urgent and emergency care pressure. More admissions directed to the AMU and those combined actions meant that the ambulance response times improved. CAT 2 average response times in December for STW went up to 116 minutes (driven by the Group Strep A outbreak). This fell to an average of 43 minutes in January. This was still an improvement on the underlying average pre December of 75 minutes.

Additional funding put in for primary care for December 2022 up to the end of January 2023 was made available to support additional urgency appointments in primary care.

It was reported that the 104 week waits are expected to be zero as planned however the 78 week target will decrease but will not reach national target of zero by the end of 2023. There was the potential for impact on some waiting times as a result of the industrial action operational plans, but these will not impact on the 78 week and 104 week waits.

Healthwatch Shropshire raised that they are looking at their priorities for 2023/24 which are based on the priorities of the ICS and are working with QPC to identify projects and timescales for 2023/24.

Engagement programme continues with both Healthwatch organisations.

### 1.7 Advise

The Committee heard that there are a range of services around smoking cessation but Nicotine Replacement Therapy is not provided which is causing issues across services.

The Safeguarding Court of Protection Policy was ratified on behalf of the ICB Board.

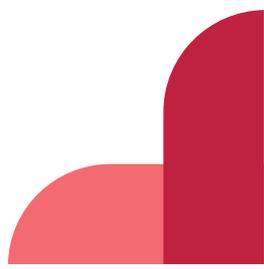
## 2. Recommendation(s)

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

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

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2.3 Note the new diabetes care risk.

**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**

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

**4. Appendices**

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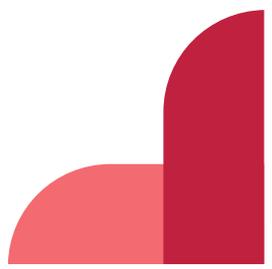
Appendix 1 – Quality and Performance Committee minutes from the meeting held on Wednesday 22<sup>nd</sup> February 2023

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<b>Request of Paper:</b>		<b>Action approved at Board:</b>	
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## Integrated Care Board

<b>Agenda item no.</b>	ICB 28-06-100.1					
<b>Meeting date:</b>	28 <sup>th</sup> June 2023					
<b>Paper title</b>	Quality and Performance Committee Chair's Report					
<b>Paper presented by:</b>	Meredith Vivian, Non-Executive Director NHS STW					
<b>Paper approved by:</b>	Meredith Vivian, Non-Executive Director NHS STW					
<b>Paper prepared by:</b>	Vanessa Whatley, Director of Quality and Safety/Deputy Chief Nurse					
<b>Action Required (please select):</b>						
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 Wednesday 22<sup>nd</sup> March 2023 for noting.
- 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.

#### 1.5 Alerts

A new risk was presented on the children's acute pathway through SaTH, particularly relating to deterioration. This was following 6 serious incidents in which children died following deterioration of their condition which were reported in the system from Dec 21-March 23, 5 were reported from SaTH and 1 from primary care. NHSE are overseeing actions to resolve this and more information was anticipated by QPC following the publication of the RCAs a deep dive into 3 of the cases by SaTH. A paper has been presented to System Quality Group with discussion and a Rapid Quality Review was undertaken in February with attendees across the system and external partners. The risk will be received monthly by the Committee for suitable assurance of progress.

SaTH remain concerned around mixed sex accommodation breaches and relates to the difficulty of getting flow through the system and where people are being cared for.

The deadline for the Section 31 conditions at SaTH have been moved back a year. The Committee was advised this was due to current pressures within the Trust that have prevented this including urgent and emergency care.

## 1.6 Assurance

Healthwatch Shropshire's plan for 23-24 will include elements of the risks reported to QPC.

The Committee was advised by MPFT that work to improve the Section 136 suite at the Redwoods for children was on track and would significantly improve the care of children and young people requiring this facility.

The Paediatric Ophthalmology risk had made good progress with SaTH signing a subcontract with Paragon (private provider) and the service will re-open on 1st April, 2023. Steps are in place to recommend the associated risk for de-escalation.

The risk around palliative and end of life care was also reported as reduced with de-escalation to the PEOLC Steering group progressing.

There is a sustained improvement in the timely reporting of incidents and receipt of 72 hours where applicable from partners, RCAs remain subject to delay at times. The Introduction of the Patient Safety Incident Response Framework (PSIRF) is in line with the plan and with national expectation and being co-ordinated across health partners through a partnership group, primary care is also involved though this is not mandated.

The monitoring of the Section 29A issued to MPFT relating to adult inpatients and PICU services was updated via system quality group and reported as on track. The CQC inspection took place in November and December 2022 and the full report was not yet received at this point. A re-inspection was expected within 3 months however this not yet occurred.

## 1.7 Advise

Healthwatch Shropshire have published their ambulance report which was discussed by the Committee. There was a concern from Healthwatch Shropshire will downsize and not be able to contribute as widely to the system agenda. Some recruitment was underway but resources also meant work needed to be prioritised.

## 2. Recommendation(s)

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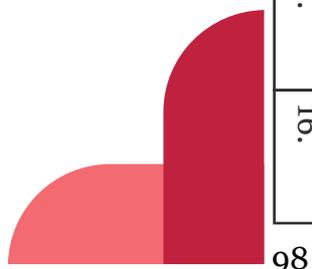
**NHS Shropshire, Telford and Wrekin Board is asked to consider the following recommendations arising from the meeting which require a decision:**

- 2.1 Accept the report.
- 2.2 Note the new risk relating to the cute paediatric pathway.
- 2.3 Consider the alerts for further action.

**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**

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#### 4. Appendices

Appendix 1 – Quality and Performance Committee minutes from the meeting held on Wednesday 22<sup>nd</sup> March 2023

<b>Request of Paper:</b>		<b>Action approved at Board:</b>	
		<b>If unable to approve, action required:</b>	
<b>Signature:</b>		<b>Date:</b>	

### Integrated Care Board

<b>Agenda item no.</b>	ICB 28-06-100.1				
<b>Meeting date:</b>	28 <sup>th</sup> June 2023				
<b>Paper title</b>	Quality and Performance Committee Chair's Report				
<b>Paper presented by:</b>	Meredith Vivian, Non-Executive Director NHS STW				
<b>Paper approved by:</b>	Meredith Vivian, Non-Executive Director NHS STW				
<b>Paper prepared by:</b>	Vanessa Whatley, Director of Quality and Safety/Deputy Chief Nurse				
<b>Action Required (please select):</b>					
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 Wednesday 27<sup>th</sup> April 2023 for noting.

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.

#### 1.5 Alerts

Industrial action was reported as a threat to cancer recovery and urgent and emergency care delivery.

Urology performance is challenging due to workforce and capacity and pathways are being supported by NHSE to optimize performance.

A primary care deep-dive informed QPC that patients continue to have significant issues in terms of getting through on the telephone and accessing an appointment in a timely way. This continues to be addressed with a range of actions which will be informed by the national plan for the improvement of access to primary care when it is published in May 2023. Actions include improved technology to access appointments and increased flexibility of the use of advanced practitioners.

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## 1.6 Assurance

The Palliative and End of Life care Risk was recommended to be de-escalated for management by the palliative and End of Life Steering Group. This was following assurance of improved governance and progression of the STW strategy was in place. NHSE have also reduced their risk associated with STW.

The Paediatric Ophthalmology risk was supported for de-escalation to the Planned Care Board and SaTH Contract review meeting. This was following actions in place which successfully led to re-opening of the service on 1<sup>st</sup> April 2023.

A quarterly dashboard is now in place to monitor progress with the Diabetes Programme and associated risk. Funding has been identified to rollout Continuous blood glucose monitoring for appropriate patients.

Pressure on elective cancer and diagnostics due to the national recovery programme has led to a faster rate of improvement and although STW ICB did not achieve the zero 78-week wait by the end of April 2023 (nor did several other system/providers). STW's rate of improvement was exceptional and there is now a plan in place to get to zero more than 78 weeks by end of June 2023. Plans are also now in place to enable the 0 to 65 week waits to be achieved by the end of February 2024.

The 52-week wait position was reported as decreasing.

A month-on-month improvement in diagnostics performance was reported. Assurance can be given that the Operational Plan in 2023/24 will achieve 85% for overall diagnostics being completed within six weeks. The associated risk is decreasing.

Virtual ward governance now includes a Clinical Advisory Group which was reported as having a positive effect on the ongoing establishment of virtual wards.

## 1.7 Advise

System Quality metrics are being reviewed in in line with regional metrics.

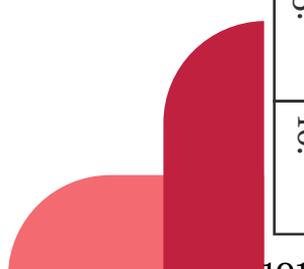
## 2. Recommendation(s)

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

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

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**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**

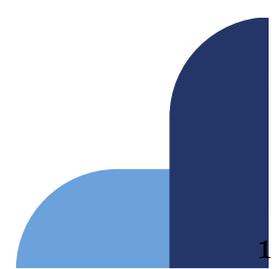
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The report provides assurance that the QPC is seeking assurance on the elective care and diagnostics and discussing challenges.

**4. Appendices**

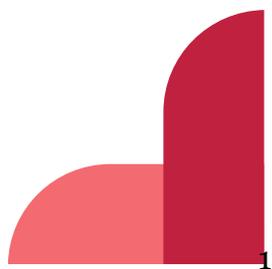
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Appendix 1 – Quality and Performance Committee minutes from the meeting held on Wednesday 27<sup>th</sup> April 2023.



<b>Request of Paper:</b>		<b>Action approved at Board:</b>	
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### Integrated Care Board

<b>Agenda item no.</b>	ICB 28-06-100.2						
<b>Meeting date:</b>	19 April 2023						
<b>Paper title</b>	Audit Committee Chair's Report						
<b>Paper presented by:</b>	Roger Dunshea						
<b>Paper approved by:</b>	Roger Dunshea						
<b>Paper prepared by:</b>	Roger Dunshea						
<b>Action Required (please select):</b>							
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 19 April 2023 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:

<p><b>ALERT:</b> Matters of concerns, gaps in assurance or key risks to escalate to the Board</p>	<p><b>General concern:</b> The papers for the committee totalled over 640 pages. It is very important that papers are reviewed in advance by executive directors to ensure the committee's scarce time is focussed on strategic matters , major risks , governance and independent assurance.</p> <p><b>Draft Annual Report and Accounts (ARA) 2022-23.</b> The draft ARA was noted by the committee. It is 130 pages and it was felt it could be edited to meet the needs of our key stakeholders. The strategic role of the ICB could be given more prominence with separation from the monitoring /transactional / process activities.</p> <p><b>Good Governance Institute (GGI) review:</b> The committee had understood the GGI was undertaking a review with the ICB . The members considered they should have been consulted and also given the terms of reference.</p>
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	<p><b>Board Assurance Framework (BAF):</b> The internal auditors have reported that an Assurance Framework has been established but is not sufficiently complete to meet the requirements of the Annual Governance Statement 2022-23 and provide reasonable assurance that there is an effective system of internal control to manage the principal risks across all the main business activities.</p>
<p><b>ADVISE:</b> Area's that continue to be reported on and/or where some assurance has been noted/further assurance sought.</p>	<p><b>Safeguarding:</b> Internal audit has reported good progress in addressing the actions recommended in their previous reports.</p> <p><b>Internal audit plan 2023-24</b> is summarised:</p> <ul style="list-style-type: none"> <li>• Better Care Fund effectiveness and accountability</li> <li>• Triangulation of population and patient engagement, experience and outcomes.</li> <li>• Ophthalmology commissioning</li> <li>• Continuing Health Care (CHC) commissioning and contracting</li> <li>• Delegated direct commissioning P,O &amp;D</li> <li>• Standard financial core systems audit.</li> </ul>
<p><b>ASSURE:</b> Positive assurances and highlights of note for the Board</p>	<p><b>Head of internal audit opinion 2022-23 (draft)</b> " My overall opinion is that <b>moderate</b> assurance can be given as weaknesses in the design, and/or inconsistent application of some controls, put the achievement of aspects of some of the organisation's objectives at risk in some of the areas reviewed."</p> <p><b>External audit of 2022-23 accounts:</b> The committee noted the plan to audit the accounts of the ICB.</p>
<p>Changes to the BAF Risk(s) and Directorate Risk Register Risk(s) agreed</p>	<p><b>The BAF and Strategic Risk Register:</b> Remain in development and will depend on the ICB's strategy goals being agreed.</p>
<p><b>ACTIONS:</b> Significant follow up action commissioned (including discussions with other Board Committees, changes to Work Plan)</p>	<p><b>Information policies and Information Governance .</b> The committee further requested a review by the executive of where these and related policies fit best within the Executive's and Board's subcommittee approval arrangements.</p>
<p><b>ACTIVITY SUMMARY:</b> Presentations/reports / items of note received including those approved.</p>	<p>The committee noted the :</p> <ul style="list-style-type: none"> <li>• Conflicts of Interest annual report</li> <li>• Health, Safety and Security reports.</li> <li>• Information Governance reports.</li> </ul> <p>The committee received updates on:</p>

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	<ul style="list-style-type: none"> <li>• Counter fraud</li> <li>• Losses and waivers etc</li> </ul>
Matters presented for information or noting	External and Internal audit professional briefings.
Committee self evaluation of effectiveness/ Terms of Reference Review/ Future Work Plan	Feedback was positive regarding engagement of all present. The volume of the pre reading was excessive (640 pages ).

## 2. Recommendation(s)

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

**None**

**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 applicable**

## 4. Appendices

**Appendix: 19 April 2023 Audit Committee minutes.**

<b>Request of Paper:</b>	To note	<b>Action approved at Board:</b>	
		<b>If unable to approve, action required:</b>	
<b>Signature:</b>	<i>RM Dunshea</i>	<b>Date:</b>	12 June 2023

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## Integrated Care Board

<b>Agenda item no.</b>	ICB 28-06-100.3					
<b>Meeting date:</b>	28 <sup>th</sup> June 2023					
<b>Paper title</b>	Finance Committee Chair's Report – 8 <sup>th</sup> March Meeting					
<b>Paper presented by:</b>	Trevor McMillan; Non Executive Director					
<b>Paper approved by:</b>	Trevor McMillan; Non Executive Director					
<b>Paper prepared by:</b>	Claire Skidmore; Chief Finance Officer					
<b>Action Required (please select):</b>						
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 8<sup>th</sup> March 2023 for noting.
- 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.

#### Report

- 1.5 Section 1 (ICB) and section 2 (system) of the meeting had similar agendas with items to consider the month 10 finance position (revenue and capital) and associated risks. Both meetings received a paper on progress with the 2023/24 plan as well. The section 2 meeting also received an update on progress with the development of the risk register and Board Assurance Framework.
- 1.6 The financial position considered by the Committee is the subject of a separate report to this Board. The Committee discussed the continued risk in delivering the financial plan for the year though noted the emergency action taken by the Integrated Care Board to support a revised forecast for 2022/23 on the conclusion of discussions with NHSE (regional and national teams).
- 1.7 Both meetings were updated on the actions underway to deliver a draft plan for activity, finance and workforce and noted that there is still much work to be done on both the in-year as well as medium term figures.
- 1.8 The Section 2 meeting also heard about work to update risk scoring and narrative after discussion at the previous Finance Committee. This will feed into the Board Assurance Framework (BAF) to be taken to Board in March '23. The entry reflects the risks discussed at

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the Finance Committee, and in particular highlight the challenges and mitigations for delivering a challenging plan.

## 2. Recommendation(s)

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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

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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 presents 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

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Appendix 1 - Finance Committee minutes from the section 1 and section 2 meetings held on 8th March 2023.

<b>Request of Paper:</b>	NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report	<b>Action approved at Board:</b>	
		<b>If unable to approve, action required:</b>	
<b>Signature:</b>		<b>Date:</b>	28th June 2023

## Integrated Care Board

Agenda item no.	ICB 28-06-100.3						
Meeting date:	28 <sup>th</sup> June 2023						
Paper title	Finance Committee Chair's Report – 28 <sup>th</sup> /30 <sup>th</sup> March Meetings						
Paper presented by:	Trevor McMillan						
Paper approved by:	Trevor McMillan						
Paper prepared by:	Claire Skidmore						
<b>Action Required (please select):</b>							
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 28<sup>th</sup> March 2023 (Section 1) and 30<sup>th</sup> March 2023 (Section 2) for noting.
- 1.2 The minutes of the meetings are attached for information.
- 1.3 Unfortunately the Section 2 meeting was not quorate however members present agreed to continue as no material decisions were required from the committee. 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.

#### Report

- 1.5 Section 1 (ICB) and section 2 (system) of the meeting had similar agendas with items to consider the month 11 finance position (revenue and capital) and associated risks. The section 1 meeting also received an update on progress with the ICB's efficiency programme for 2023/24. Both meetings received a paper on the 2023/24 plan and contracting arrangements.
- 1.6 The financial position considered by the Committee is the subject of a separate report to this Board. The Committee discussed the continued risk in delivering the financial plan for the year but noted that at month 11, the System looked set to achieve its reforecast position.
- 1.7 The scale of the deficit planned by the System remains of concern to the Committee and at the time of meeting, the Committee were briefed that the CEO ambition to deliver no worse than the deficit for 2022/23 had, disappointingly, not been achieved with a deficit plan of £76.9m being submitted at the end of March. It was noted that there is more work to do in this area. Committee members were clear that assurance is required regarding confidence in grip of the programme of work in order to deliver what will be a challenging plan. This will be a continuing discussion as the financial year progresses.

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1.8 The Committee also heard about plans for contracting in 2023/24 and beyond. The Intelligent Fixed Payment (IFP) System deployed in 2022/23 for in-system contracts has played a positive role in changing how we work together but has quickly become outdated and requires a refresh, (though without losing its positive attributes such as collaboration and transparency). The current IFPMG (management group to oversee the IFP arrangements), which is a sub group of the Finance Committee will be redesigned to accommodate a work programme to focus on new contracting models and other related work in preparation for 2024/25.

## 2. Recommendation(s)

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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

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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 presents 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.

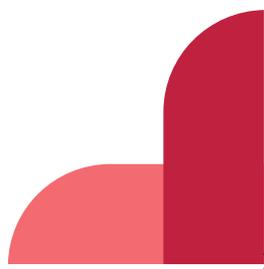
## 4. Appendices

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Appendix 1 - Finance Committee minutes from the section 1 and section 2 meetings held on 28th March/30th March 2023.

<b>Request of Paper:</b>	NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report	<b>Action approved at Board:</b>	
		<b>If unable to approve, action required:</b>	
<b>Signature:</b>		<b>Date:</b>	28th June 2023

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## Integrated Care Board

<b>Agenda item no.</b>	ICB 28-06-100.3					
<b>Meeting date:</b>	28 <sup>th</sup> June 2023					
<b>Paper title</b>	Finance Committee Chair's Report – 3 <sup>rd</sup> May Meeting					
<b>Paper presented by:</b>	Trevor McMillan; Non Executive Director					
<b>Paper approved by:</b>	Trevor McMillan; Non Executive Director					
<b>Paper prepared by:</b>	Claire Skidmore; Chief Finance Officer					
<b>Action Required (please select):</b>						
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 3<sup>rd</sup> May 2023 for noting.
- 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.

#### Report

- 1.5 Section 1 (ICB) and section 2 (system) of the meeting had similar agendas with items to consider the month 12 finance position (revenue and capital – pre audit) and associated risks. Both meetings received a paper on progress with the 2023/24 plan. The Section 1 meeting received and approved a policy for distribution of in-year funding allocations and the Section 2 meeting signed off the terms of reference for its third subcommittee – the Finance Training and Development Council (FTDC).
- 1.6 The financial position considered by the Committee is the subject of a separate report to this Board. The Committee noted that the month 12 position (pre-audit) was in line with the reforecast agreed with the regional and national NHSE teams (£65.4m). Capital expenditure had also completed in line with expectation for the year (with a small known underspend due to the timing of projects). Whilst this was agreed to be good news, the Committee noted that the System had still exited 2022/23 with a significant deficit and not the breakeven position that we are required by statute to deliver.
- 1.7 Both meetings were briefed on work to 'bridge' to the CEO ambition of a plan for 2023/24 that is no worse than the 2022/23 position and also on recent conversations with the national NHSE team which involved an additional ask to go further than this position. At the time of the meeting, a final position was yet to be agreed.

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- 1.8 At the Section 1 meeting, ICB budgets were agreed for circulation to budget managers though noting that these were subject to any final adjustments pending our response to the NHSE 'ask.'
- 1.9 The Section 2 meeting received confirmation that the System's capital plan had recently been published on the ICB website. This is a requirement for all Systems.
- 1.10 The Section 1 meeting approved a new policy for use of funding allocations that come into the System in-year. This has been designed to ensure that every allocation is used to maximise outcomes and impact for patients in line with the system agreed priorities whilst demonstrating value for money. It was noted that there may be times where the ICB must make a difficult decision not to spend part or all of an allocation received where it must prioritise expenditure in other areas. Decisions of this nature will not be taken lightly and will be heavily scrutinised and tested by the ICB executive team.
- 1.11 Finally, the Section 2 meeting received and approved the terms of reference for the Finance Training and Development Council (FTDC). A question was raised as to whether the Finance Committee was the best place for this group to report into but it was agreed that it was felt to be important to keep the profile of this group high on the agenda for the committee given the links between strong finance teams and governance and financial health. This will be monitored through the Committee's usual cycle for review.

## 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 presents 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 3<sup>rd</sup> May 2023.

<b>Request of Paper:</b>	NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report	<b>Action approved at Board:</b>	
		<b>If unable to approve, action required:</b>	
<b>Signature:</b>		<b>Date:</b>	28th June 2023

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## Integrated Care Board

<b>Agenda item no.</b>	ICB 28-06-100.4				
<b>Meeting date:</b>	28 June 2023				
<b>Paper title</b>	Remuneration Committee Chair's Report				
<b>Paper presented by:</b>	Trevor McMillan, Non-Executive Director & Chair of Remuneration Committee				
<b>Paper approved by:</b>					
<b>Paper prepared by:</b>	Lisa Kelly, Senior HR Business Partner (Client Delivery)				
<b>Action Required (please select):</b>					
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 20 June 2023 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 outline below: -
- A report regarding the post of Chief People Officer was presented for information and assurance
  - A report regarding an update on the post of Clinical Lead – Personalised Care was presented for approval
  - A report regarding a proposal for new arrangements for on-call was presented for approval
- 1.3.2 The paper presented for information and assurance was noted and the remaining papers 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 20 June 2023.

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**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**

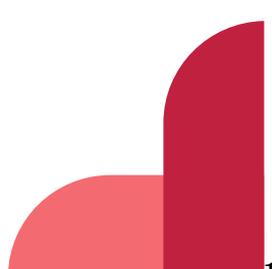
N/A

**4. Appendices**

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None

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



### Integrated Care Board

<b>Agenda item no.</b>	ICB 28-06-100.5				
<b>Meeting date:</b>	Wednesday 28 <sup>th</sup> June 2023				
<b>Paper title</b>	Strategy Committee Chair's Report				
<b>Paper presented by:</b>	Mrs Cathy Purt, Chair ICB Strategy Committee				
<b>Paper approved by:</b>	Mrs Cathy Purt, Chair ICB Strategy Committee				
<b>Paper prepared by:</b>	Gemma Smith, ICB Director of Strategic Commissioning				
<b>Action Required (please select):</b>					
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 Strategy Committee meeting held on 18<sup>th</sup> May 2023 for noting.
- 1.2 The minutes of the meeting are attached for information as appendix 1.
- 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, assurance received and areas for escalation are outlined below for the Board's consideration:

#### ICS People Strategy

The Committee received the draft ICS People Strategy and the following points were highlighted:

- The Strategy sets out our collective ambition for the next 5 years and is structured around the four core pillars of the NHS People Plan, underpinned by the NHS People Promise and the ambitions set out in the 2021 report, "The Future of NHS Human Resources & Organisational Development".
- The development of this Strategy represents a positive step towards working together on an agreed strategic direction and brings to life the ambition of our People Committee in emphasising the principle of subsidiarity - considering system-wide impacts and approaches alongside and to strengthen organisational ones.

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- There is a clear golden thread of strategic connection with national NHS People priorities setting out our aspirations from 2023 – 2027 and also clarified the focus of our portfolios.
- The Strategy is still a work in progress, recognising that workforce is our biggest challenge, our biggest risk, but also our biggest opportunity. The Committee recognised the need to think about how we support resource and develop this and how do we deal with some of those organisational boundary aspects to get us to a different place.

The committee noted the report.

### **Provider Collaborative Development**

The Committee received a verbal update and the following points were highlighted:

- We have significant challenges within our system, although good work is being done, we need to break down some of the organisational boundaries including how we get the governance and accountability and the leadership around that in the right way so that we can start to align all of this to our priority areas and drive that in the right way to reduce inequalities and improve patient outcomes.
- That the system were are now at a point where we are starting to explore the options around what some form of shared governance would look like requiring full engagement and Trusts Boards to be committed to work on getting this to the right place.
- There is a clear steer from NHSE and four strands of work have been set out including the need for a more formalised provider collaboration in our system, given our size and given our challenges.
- It was confirmed that the ICB are having discussions with both local authorities about what can more shared arrangements, shared roles and shared responsibilities look like in a different way including around how we drive integration and improve outcomes.

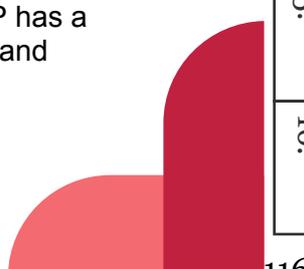
The Committee requested that an updated paper be brought to a future meeting for further discussion.

### **Local Care Programme**

The Committee received a presentation and the following points were highlighted:

- LCTP is a critical enabler to the Hospital Transformation Programme (HTP) by delivering more integrated community-based models of care that will suppress growth in the acute sector. However, it is also widely recognised that LCTP has a significant strategic imperative in its' own right – delivering more joined up and

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proactive care in the community will achieve improvements for our patients, residents and staff and support the longer-term sustainability of our health and care system.

- There has been a 're-set' of the Local Care Programme Board including revised system membership with agreement that the program board over the next three months, we would run a process of structured workshops bringing together the right colleagues in the room to put forward proposals for how both of those pieces of work would go forward which would in turn be fed back into the Committee.
- It was raised that the Strategy committee needed to get an overall view on all strategies to ensure links are in place and considered and Committee members to give thought to the presentation and reflect on that as it is important how that fits together with the HTP and the different plans we have in place and the strategies we have in place.

**The Committee requested that this be brought back to the Committee in June.**

### **Joint Forward Plan update**

The Committee received an update on the Joint Forward Plan and the following points were highlighted:

- Meeting has taken place with the GP Board to start and socialise the element around primary care and get their feedback and comments.
- Meeting has taken place with the Community Voluntary Sector Alliance and positive discussions have been had with both Shropshire and Telford and Wrekin around input into the plan and engaging at all levels.
- The plan will be submitted on Monday 22 May to NHSE for review and comments. Final refinements will then be done in readiness for the Board on 28 June.

The Committee noted the update

## **2. Recommendation(s)**

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

2.1 To note the Strategy Committee Chair's report for the 18 May 2023 meeting.

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**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**

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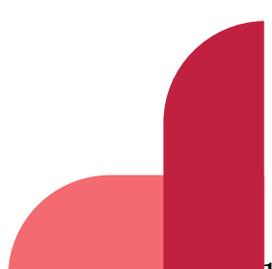
None identified.

**4. Appendices**

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Appendix 1 - Strategy Committee minutes from the meeting held on 18 May 2023

<b>Request of Paper:</b>	To note the Strategy Committee Chair's report.	<b>Action approved at Board:</b>	
		<b>If unable to approve, action required:</b>	
<b>Signature:</b>		<b>Date:</b>	



## Integrated Care Board

<b>Agenda item no.</b>	ICB 28-06-100.5				
<b>Meeting date:</b>	Wednesday 28 <sup>th</sup> June 2023				
<b>Paper title</b>	Strategy Committee Chair's Report				
<b>Paper presented by:</b>	Mrs Cathy Purt, Chair ICB Strategy Committee				
<b>Paper approved by:</b>	Mrs Cathy Purt, Chair ICB Strategy Committee				
<b>Paper prepared by:</b>	Alison Smith, ICB Director of Corporate Affairs				
<b>Action Required (please select):</b>					
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 Strategy Committee meeting held on 20<sup>th</sup> April 2023 for noting.
- 1.2 The minutes of the meeting are attached for information as appendix 1.
- 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, assurance received and areas for escalation are outlined below for the Board's consideration:

#### Assuring Implementation of ICS strategies

The Committee had some previously voiced some reservations around the clarity of its role in strategy development for the ICB/ICS and received assurance that the Good Governance Institute have been commissioned to undertake a two-stage governance review to initially map the committee/sub committee structure and to identify responsibilities and flow of assurance through committees to the Board which will help to provide the clarification the Committee had highlighted.

#### Clinical Strategy

The Committee received the draft Clinical Strategy and the following points were highlighted:

- The Clinical Strategy has been for approval through Boards and groups in February and March.
- This strategy has been developed to set out the clinical priorities and associated objectives that will deliver a 2-year clinical service improvement programme.

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- This is a key criteria for exiting segment 4 of the national oversight framework and meeting the commitment set out in the NHS Long-Term Plan.
- STW will be using the NHS Commissioning Cycle to plan, deliver and evaluate service improvements across system wide care pathways.
- The strategy draws together the first three stages of the strategic planning segment of the commissioning cycle and aims to identify the key workstreams that will undertake the service design and the development of measurable objectives which demonstrate delivery.

The Committee welcomed the document but asked that further work was considered in the following areas and brought back to a future meeting:

- stronger connection with the prevention pathways;
- clarity on how expanding services links in with Hospital Transformation Programme;
- a stronger focus on children and young peoples services;
- reconsideration of mental health as a stand-alone priority rather than one that cuts across a number of priorities;
- suggestion to map the existing provider clinical strategies to make sure that we are aligning strategic objectives from these; and
- wider involvement of clinicians in development of the strategy.

#### **NOF 4 Exit Criteria**

The following update was received on the progress with NOF 4 exit criteria:

- Draft plan has been reviewed with a view that exit from NOF 4 will be in March 2024
- NHSE have noted the good progress against criteria 4.
- Undertakings have been removed from Robert Jones & Agnes Hunt for criteria 5.
- The financial position is becoming the biggest challenge with longstanding performance issues. A plan for revised financial recovery strategy will be required by September which is in line with the regional expectations about being in a position to exit NOF 4 by the end of the year.

The Committee noted the report.

#### **MCAP update**

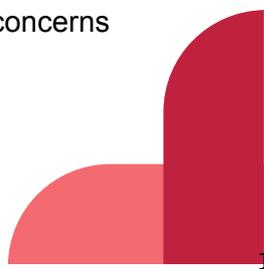
The Committee received a brief verbal update that work continued and a formal report will be presented to the May meeting.

#### **Operational Plan and Provider Collaborative**

An overview of progress to date was provided to the Committee:

- The Operational Plan presented is the final draft submitted to NHSE on the 30 March.
- Further work is underway to improve the financial position and a final version is expected to be re-submitted to NHSE 4 May.
- Further update will be present at ICB on 26 April.
- Feedback received from NHSE was supportive of the plan but tempered with concerns expressed around the system's ability to deliver it.

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- Needs further improvement in the financial position which now system Chief Executives have agreed a way forward.

The Committee agreed to bring an update on Provider Collaborative development to the May meeting.

### **Joint Forward Plan**

**The Committee received an update on the development of the plan itself and progress with engagement with the public and stakeholders and the following items were highlighted:**

- Draft version of the Joint Forward Plan was presented at the ICB in March, and it was agreed that the document was too long at 109 pages but a further draft has just been produced which is now 54 pages.
- NHSE are generally happy with the plan and have provided feedback on content.
- Summary document has been produced and Communications and Engagement team are adding final touches.
- It was noted that we are ahead of most systems on this and received positive feedback.
- It was agreed that the system needs to reach out to other geographical areas not yet covered specifically in the first engagement phase and this needs to be undertaken in ways that people in those areas feel is appropriate and they are comfortable with.

The Committee noted the update report.

### **HTP update**

**The following update was provided:**

A new model of care addressing our most pressing challenges, including duplicated & fragmented services and ageing infrastructure.

More joined-up services allowing us to work seamlessly with our health and social care partners as one integrated system.

The Hospitals Transformation Programme is one part of our overarching aim to improve health and wellbeing across Shropshire Telford and Wrekin.

Alongside transforming our acute hospital services, SaTH are working with partners across the integrated health and care system to improve access to GP services and deliver better services in the community – will be defined in the Joint Forward Plan.

Key dependency with the Local Care Transformation Programme

Our wider plans involve all of our health and care system partners working together:

- in a more joined-up way
- using our resources in the very best way for our communities
- ensuring health and care services meet the needs of our population, now and in the future.

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The Committee noted the update provided.

## 2. Recommendation(s)

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

2.1 To note the Strategy Committee Chair's report for the April 2023 meeting.

## 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

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None identified.

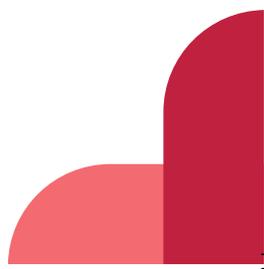
## 4. Appendices

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Appendix 1 - Strategy Committee minutes from the meeting held on 20<sup>th</sup> April 2023

<b>Request of Paper:</b>	To note the Strategy Committee Chair's report.	<b>Action approved at Board:</b>	
		<b>If unable to approve, action required:</b>	
<b>Signature:</b>		<b>Date:</b>	

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### Integrated Care Board

Agenda item no.	ICB 28-06-100.7					
Meeting date:	28 June 2023					
Paper title	Primary Care Commissioning Committee Chair's Report					
Paper presented by:	Niti Pall, Non-executive Director (Chair)					
Paper approved by:	Niti Pall, Non-executive Director (Chair)					
Paper prepared by:	Emma Pyrah, Associate Director of Primary Care					
<b>Action Required (please select):</b>						
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 Primary Care Commissioning Committee meeting held on 2<sup>nd</sup> June 2023 for noting.
- 1.2 The minutes of the meeting held on 3 February 2023 were approved by the Committee and are attached. The meeting scheduled for 31<sup>st</sup> March 2023 was cancelled as the meeting was not quorate.
- 1.3 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:
- 1.4 **Highley Medical Centre**
- The committee ratified approvals given via email due to the March meeting being cancelled. These were:-
- 3 month caretaking contract award (April-June 2023) for Dr Allen, Highley Medical Practice
  - Contract award of Highley Medical Practice to Bridgnorth Medical Practice following a formal procurement exercise.
  - In principle approval for the use of part of the Primary Care improvement grant capital budget as the ICB's contribution to the necessary funding to reconfigure part of the Severn Centre, Highley to accommodate Highley Medical Practice (subject to a viable business case being produced).
- 1.5 **Shrewsbury Primary Care Network Additional Estate**
- The committee ratified approval given via email due to the March meeting being cancelled for additional revenue rental funding to support Shrewsbury PCN to increase their estate to accommodate additional roles staff.
- 1.6 **Application to Reduce Practice Boundary – Hodnet Medical Practice:** An application from Hodnet Medical Practice to reduce their Practice boundary was considered by

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the committee. The practice asked for the reduction because there are 45 new homes in Hodnet village (potential 112 new patients) and there are housing developments in the Market Drayton/Tern Hill and Crudgington areas which could mean potentially 1800 patients choosing to register with the practice. The practice have tried hard to recruit extra staff to support their growing patient list without success and feel that any significant increase in patient list size risks them not being able to offer a safe, high quality service. The committee were concerned that approving the request would reduce patient choice in rural areas and therefore asked the primary care team to work with the practice to determine whether a support package can be provided to the practice prior to making a decision.

**1.7 Primary Care Digital Plan and Budget for 2023/24**

The Committee ratified the primary care digital programme of work and supporting budget for 2023/24. The Primary Care IT & Digital estate has grown rapidly over the past few years resulting from the increased use of IT and digital enabled working during the COVID pandemic and the increased number of PCN and ARRS roles. The total number of users is 2240.

The work programme will focus on:-

- **Digital as Standard: reducing reliance on paper.**
  - Digitisation of patient notes
  - Making practices paper "free"; this also facilitates a move to 'best place working' – *rollout of new Virtual Desktop Infrastructure (VDI) service to allow practice staff to securely work anywhere including from home, rollout of new Speechwrite 360 digital dictation software, rollout of new Docman Share to practices and PCN's, increased rollout of On-Line Consultation (OC) and Video Consultation (VC) systems, increased rollout of SMS text messages to patients for appointments etc, practice website reviews.*
    - Embedding MS Teams and other tools to enable better communication
- **Resilience through refresh** - Planned upgrade of all IT infrastructure to ensure fully supported and not end-of-life.
- **Assuring data and cyber integrity**

The Committee also received a briefing on the progress and next steps with developing the ICB Digital Strategy.

**1.8 Locally Commissioned Service (LCS) for Near Patient Testing for 'C reactive protein (CRP)**

The key aim of this locally commissioned service introduced in Telford & Wrekin in 2016 was to improve antimicrobial stewardship specifically around patients who have suspected respiratory tract infections. The Committee approved the recommendation to decommission this service based on the prescribing data review, varied uptake across practices, inequity of LCS offer across the county, complexity associated with Point of Care Testing and multiple machines placed in primary care, lack of robust long-term clinical governance and oversight.

**1.9 GP Access Recovery Plan** – NHSE published the GP Access Recovery Plan in May 2023. This puts GP access recovery on the same national priority level as recovery of elective and urgent and emergency care. Its key objectives are to improve GP access and patient experience by addressing the 8am rush and patients knowing on the day they make contact how their needs are going to be met either by the practice or by signposting to another appropriate service, rather than being told to call back the next day. The plan is underpinned by 4 pillars – self care, modern General Practice access, capacity and bureaucracy busting. Primary Care Networks are

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required to submit their improvement plans to the ICB by the end of June 2023. It is important to note that the Recovery Plan encompasses more than just primary care. There is a requirement that secondary care take back work that should be done in secondary care but is routinely expected to be picked up in primary care eg onward referrals to another specialty, fit notes on discharge. It is a requirement that the system plan for improvement and progress made is presented to the ICB in November 2023.

1.10 The Committee received update reports on current GP access performance, workforce and finance.

**2. Recommendation(s)**

**NHS Shropshire, Telford and Wrekin Board is asked to:**

2.1 Note this 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**

3.1 Not applicable.

**4. Appendices**

4.1 Not applicable.

<b>Request of Paper:</b>		<b>Action approved at Board:</b>	
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### Integrated Care Board (ICB)

<b>Agenda item no.</b>	ICB 28-06-100.8								
<b>Meeting date:</b>	28 June 2023								
<b>Paper title</b>	Integrated Delivery Committee (IDC): Chair's Report of meeting held on 10/05/23								
<b>Paper presented by:</b>	Gareth Robinson, IDC Vice Chair								
<b>Paper approved by:</b>	Harry Turner, IDC Chair								
<b>Paper prepared by:</b>	Jan Heath								
<b>Action Required (please select):</b>									
A=Approval	<input type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input checked="" type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input checked="" type="checkbox"/>

#### 1. Executive Summary and Points for Discussion

- 1.1 The purpose of the paper is to provide a summary of NHS STW Integrated Delivery Committee (IDC) meeting held on 10/05/23
- 1.2 The meeting was quorate and no conflicts of interest were declared.
- 1.3 The minutes of the meeting held on 17/04/23 were approved.
- 1.4 The IDC Chair's Report (April 23) was approved.
- 1.5 A summary of the discussions held, assurance received and areas for escalation are outlined below for the Board's consideration:

##### 1.5.1 Local Care Update

The Local Care Programme Director presented a paper on the status of the Local Care programme and the outcome of a Board workshop held in April to review and refresh the programme.

The Board had discussed the governance framework and agreed that the two distinct cohorts of work required different arrangements:

- Cohort 1: Virtual Ward and Integrated Discharge Team oversight to remain with the IDC as already in delivery and noting the interdependency with the UEC delivery plan
- Cohort 2: Neighbourhood Working/MDT and Community Beds to report into the ICB Strategy Committee as still in the design and development stage

The Programme Director outlined the next steps for development of Cohort 2 that would be a large, complex piece of work. The design would need to take into account the broader sub-acute and rehabilitation models of care and how that would fit with the SaTH modular units staffed by a combination of SaTH and SCHAT workforce. It is expected that the programme development will have short, medium and long-term aspects to implementation and will require extensive stakeholder engagement. Consequently, the Programme Director

highlighted the need to put the right infrastructure and resources in place to successfully design, develop and implement Cohort 2.

The Board had agreed to undertake a series of workshops over the next two months that would lead to the development of PIDs, Quality and Equality Impact Assessments, project plans and the associated reporting framework.

In addition, the Board had agreed to review its membership to appropriately reflect the breadth and depth of work across both cohorts and ensure sufficient level of seniority to contribute to joint problem solving and take actions and decisions back to individual organisations as required. On the basis, the Board was seeking to assign an executive level finance lead and increase clinical and professional representation.

The IDC recognised the recent progress made in taking forward the programme and made a number of points including the need to involve the newly-appointed Director of Strategic Commissioning in the design of Cohort 2 and the need for the IDC to receive regular updates on its development.

There followed useful discussions regarding the inclusion of the respiratory programme within the LC programme, the BI capacity to support design of Cohort 2 and the role of the SaTH/SCHT provider collaborative to deliver the plan. The IDC Deputy Chair highlighted that whilst the Joint Committee was a positive development, the system needed to take care not to over-rely on SaTH and SCHT where the role of primary care and local authorities would be critical to successful delivery. The IDC also requested that the Health & Wellbeing Board was updated on progress.

The IDC thanked the Local Care Programme Director for an excellent report.

### **1.5.2 Virtual Ward Update**

The Local Care Programme Director provided a brief update on the Virtual Ward project and highlighted that step down referrals are not on target.

She confirmed that going forward, the Local Care Board would scrutinise and challenge delivery against key metrics and that SaTH and SCHT would jointly ensure that referral numbers were as expected. The Local Care Board would only escalate to IDC where SaTH and SCHT could not jointly resolve issues.

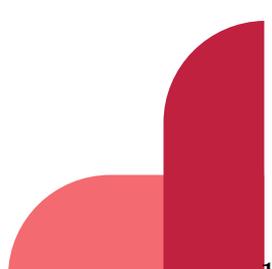
The Director of Quality & Performance confirmed that Virtual Ward metrics would appear in the Operational Plan Delivery Dashboard that would be coming to IDC on a monthly basis going forward.

### **1.5.3 Financial Improvement Programme**

The ICB Head of PMO presented a paper on the 2022/23 year-end position on system efficiency programmes and the plans in place to address the 2023/24 efficiency requirements.

The 2022/23 efficiency programmes had achieved a total of £25m against a target of £30m excluding an additional £11m stretch target. The shortfall was primarily attributed to a stretch target applied to the BTIs and delays to MSK Transformation and Workforce BTI programmes.

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The 2023/24 efficiency target presented even greater challenge to the system at £70m to be addressed through local CIP plans and systemwide BTIs including a £15m unidentified gap.

The Head of PMO outlined the work to date to address the gap and ensure that delivery plans are in place to deliver efficiencies against trajectory.

Progress is being monitored via the Financial Improvement Group that provides systemwide oversight and reports directly into the IDC.

The IDC noted the risks highlighted as part of the report including the phasing of the unidentified gap that was loaded towards the final quarter of the year.

The report identified a significant delay to the Corporate Services review that had originally been approved by CEOs in March but stalled whilst further discussions took place regarding the approach. The review was subsequently resumed but still encountering delays in obtaining data from SaTH and SCHAT.

#### 1.5.4 Planned Care Board Update

The Director of Elective Recovery, Cancer & Diagnostics provided a verbal update on the latest performance regarding 104 week and 78 week waiters. 104 week waiters were expected to be cleared by end May but there was low confidence that the 78 week waiters would be cleared with 12 patients potentially rolling into June.

65 week waits were on track to deliver against the trajectory set out in the operational plan. The cancer target had not been met for the 62 days backlog due to a combination of issues including radiology and endoscopy diagnostics and workforce challenges.

The IDC requested that the Director of Elective Recovery prepare a short briefing note to the IDC Chair on end of year performance on 104 and 78 week waits and a briefing note to the IDC Chair and Chief Execs on the 78 week breaches.

#### 1.5.5 UEC Board Update

The Director of Delivery & Transformation presented a report from the UEC Board that highlighted some positive progress in several areas:

- GP access had continued to improve
- Delivery of the recovery plan for primary care is positive
- There had been consistent improvement in ambulance handover performance over 6 months since October 2022 from 8000 to just under 2000 lost hours per month

It was highlighted that whilst all system partners had made a significant contribution to improvements, SaTH had played a critical role in terms of acute reconfiguration and internal processes.

There were two related key programmes of work that were highlighted as cause for concern and for escalation:

- **Accelerated discharge planning process:** led by SaTH with some impressive work so far on tracking discharge planning using a PDSA cycle approach. However, the UEC Delivery Board requires further assurance on the standard operating procedures and data systems required to ensure sustainability along with a set of metrics that will allow

SaTH to demonstrate the impact of this work. This will be crucial to the successful delivery of the reduction of NCTR patients

- **Complex discharge pathway review:** following a positive workshop on complex discharge pathway, this work led jointly by SaTH and SCHAT has stalled and is pending a discussion with the Joint Committee and an agreed way forward..

A summary of other pieces of work underway included:

- 2023/24 Improvement Plan is a work in progress but lost momentum in April due to operational challenges
- 2023/24 BCF review is being completed in the context of hospital discharge funding for this year and will not be able to be reconfigured – that presents an issue to be discussed by operational leads and the system finance group but mitigations are in place.

The IDC

- Noted the non-delivery of core performance targets, recognising the consistent improvement in ambulance handover performance since October
- Noted the contents of the system operational plan and **requested** a detailed summary of the output of the initial cycles of the weekly performance review from the UEC Delivery Board into IDC in order to demonstrate that the crucial reporting mechanism is functioning during May
- Requested UEC Delivery Board to review the detailed plans relating to the accelerated discharge planning approach and complex discharge pathway review
- Noted the high level UEC Improvement Programme ahead of a detailed presentation in June

### 1.5.6 Other Agenda Items

The IDC discussed the proposed IDC Forward Plan and optimum frequency for deep dive discussions of key transformation programmes.

Standing agenda items were provided for information and taken as read including the TWIPP and SHIPP Chairs Reports and the MH LDA Chairs Report.

## 2. Recommendations

The ICB is asked to:

- **Note** the outputs from the LCTP Board workshop including the intention to split the programme into two distinct cohorts with different oversight arrangements – Cohort 1 (VW & IDT) to report into IDC as a programme in delivery and Cohort 2 (Neighbourhood Working and Community Beds) to report into the ICB Strategy Committee whilst in the design and development stage
- **Note** that following a review of the LCTP Board membership, it is intended to assign an executive level finance lead and increase clinical and professional membership

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- **Note** work underway by the Financial Improvement Group to ensure that robust delivery plans are in place to deliver the 2023/24 efficiency of £70m including the £15m unidentified gap.
  
- **Request** that CEOs encourage positive engagement with the Corporate Services Review to accelerate the provision of the data requested and avoid further delays
  
- **Note** that the IDC seeks assurance from SaTH that the appropriate standard operating procedures, data systems and key metrics are in place at SaTH to ensure sustainability of the accelerated discharge planning process
  
- **Note** that the complex discharge pathway process review has stalled and requires an agreed way forward from the SaTH/SCHT Joint Committee.

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### Integrated Care Board (ICB)

<b>Agenda item no.</b>	ICB 28-06-100.8									
<b>Meeting date:</b>	28 June 2023									
<b>Paper title</b>	Integrated Delivery Committee (IDC): Chair's Report of meeting held on 12/06/23									
<b>Paper presented by:</b>	Gareth Robinson, IDC Vice Chair									
<b>Paper approved by:</b>	Harry Turner, IDC Chair									
<b>Paper prepared by:</b>	Jan Heath									
<b>Action Required (please select):</b>										
A=Approval	<input type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input checked="" type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input type="checkbox"/>	X

#### 1. Executive Summary and Points for Discussion

- 1.1 The purpose of the paper is to provide a summary of NHS STW Integrated Delivery Committee (IDC) meeting (Part One – Open) held on 12/06/23
- 1.2 The meeting was quorate and no conflicts of interest were declared.
- 1.3 The minutes of the meeting held on 10/05/23 were approved.
- 1.4 The IDC Chair's Report (May 23) was approved.
- 1.5 A summary of the discussions held, assurance received and areas for escalation are outlined below for the Board's consideration:

##### 1.5.1 System Operational Plan Dashboard

The ICB Director of Planning & Performance presented the first System Operational Plan Dashboard that will report a monthly summary of key metrics to the IDC that sets out the overall position against delivery of the system operating plan.

The dashboard will provide a level of confidence behind each of the metrics and therefore assurance to the IDC. It is expected that the understanding the detail behind key metrics and implementing mitigations for those off track will remain the responsibility of individual programme boards albeit the dashboard will provide areas of focus for recovery plans.

The dashboard summarises delivery against the operational plan for Month One and only includes validated data so where information is not yet available and validated (e.g. mental health information only reported quarterly), it will not display. The monthly position is then rag rated both against a) delivery of the plan and b) achievement against national targets. In future, it will also show month on month trends with direction of travel.

Also, it should be noted that due to the time required for data to be fully validated and coded, there is a slight time lag in reporting.

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- **UEC & Community**

Delivery against plan for most indicators is on track except for A&E 4 hour performance for which a recovery plan is underway. However, significant progress is being made in ambulance handovers albeit we are some way off the national target for 15 mins.

A&E attendances were slightly over plan with a big increase in minor Type 3 attendances at Telford but with more complex Type 1 attendances below plan. Admissions and occupancy are both looking positive and No Criteria To Reside is as expected with work underway to improve

- Virtual Ward is still below plan for utilisation of step down with a number of clinical meetings planned to improve the position.

- **Planned Care, Diagnostics & Cancer**

As the dashboard is a snapshot from a moment in time, it shows zero 104 weeks at the end of April although a couple of instances have now moved into the figures. The 78 week waits are off track but has been discussed at the Planned Care Board and all providers have given assurances that they will be at zero by end June. Both the over-52 and over-65 weeks are showing improvement with performance ahead of plan.

PIFU is slightly behind the national target although ahead of plan and whilst Virtual Outpatients are a little behind plan, there is a recovery plan in place and being tracked by the Planned Care Board.

Value Weighted Activity is included in the dashboard given the impact on ERF – at Month One it is below plan but the position is unvalidated and once all activity has been fully coded, the position is expected to improve – the final position for April will be included in the July dashboard together with an indicative position for May.

The July dashboard will also include an activity summary so that any specific areas of activity that are off-track can be addressed.

For Diagnostics, performance for six week waits against 85% target is on track against plan although activity is slightly behind which may be due to the industrial action in April. The Planned Care Board are not unduly concerned about it at this point and expect the target overall to be achieved although endoscopy as a modality will not deliver on plan.

Overall cancer target will be achieved although slightly behind on the faster diagnosis standard although expected to be recovered by end June as well as the 62 day target.

- **Primary Care and Mental Health/Learning Difficulties**

PCNs are due to submit their plans to the ICB at end June due to the delay in publication of the national improving primary care access plan therefore targets will not be available until July.

Mental Health data is only validated on a quarterly basis so will be reported quarterly unless the IDC wishes to see the unvalidated data on a monthly basis.

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Once the dashboard is fully populated with validated data across all programmes of work, it will be used as the basis for providing assurance on delivery by the IDC to the ICB and a mechanism for triangulating performance updates by Programme Directors to ensure data aligns.

### 1.5.2 Virtual Ward Update

The Local Care Programme Director provided an overview of Virtual Ward performance and the new governance arrangements that should provide greater transparency and confidence in delivery.

The new arrangements include a system-wide forum to oversee the remaining virtual ward expansion and address barriers to delivery – the Virtual Ward (VW) Expansion Forum. The forum includes GPs and pharmacists, council representation and operational staff from across the providers.

In terms of May performance, the aggregate no. of referrals was 320 against a target of 271 so overall over-delivering although performance is being driven by step-up referrals whilst step-down referrals are lower than expected.

Of the 290 step-up referrals in May, the approximate breakdown was:

- 20% A&E
- 40% care homes
- 30% Rapid Response
- 10% Out of Hours/GP

The VW team are now focusing on taking further demand from A&E and Out of Hours.

The May target for step-down referrals was 71 compared with the actual outturn of 30. There is a direct link between step-down referrals and not opening escalation capacity and therefore contributing to the reduction in escalation spend. It is likely that as some of the A&E step-up referrals would otherwise have converted to admissions and therefore also contributing to the reduction in escalation spend.

The performance data indicates that step down referrals increase during a Multi-Agency Discharge Event (MADE) or a critical incident such as a workforce strike. There is an action plan in place to drive the push and pull of patients from acute wards as step down into virtual wards.

Clinical champions are being put in place in a number of wards where there are patients likely to be suitable for the virtual ward pathways and additional promotional activities are in place. The action plan is also the focus of the SaTH/SCHT Joint Provider Committee that serves as the 'engine room' for shared actions.

The Local Care Programme Director ran through the key actions, timelines and owners and stated that by 20<sup>th</sup> June, a short paper would have been produced that set out the processes and routines that will become part of the 'daily battle rhythm' that ensures sustainability of progress achieved during MADE events.

The Programme Director also discussed a concern raised by local authority colleagues that Virtual Ward patients may require a higher level of care package for a short period of time

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because they were being transferred earlier than if they had received the remainder of their sub-acute care in hospital, resulting in increased costs for local authorities.

However, there is a counter-argument that earlier discharge to a virtual ward might reduce longer term care needs and therefore reduce longer term costs. It was agreed at the inaugural system-wide Virtual Ward Expansion Forum that a small group would take a sample of patients and work through the financial implications.

A final concern has been raised for some time regarding the Out of Hours model and the Programme Director confirmed that this needs to be reviewed urgently given gaps in provision that has been raised by GPs. A team is being convened within the week to develop a plan and report back to the VW Expansion Forum.

The Chair requested a detailed update back to the July IDC on VW performance and the action plan to address the issues raised and metrics that aligned to the system operational plan.

### 1.5.3 Financial Improvement Programme

The System PMO provided an update on progress towards the 2023/24 System Efficiency Target at £70m, for which there are schemes in place amounting to £55m with a balance of £15m unidentified. The level of confidence in delivery of schemes has been identified by organisation and phased across 12 months.

The current level of confidence shows c£5m with low confidence of delivery with highest risk schemes phased to the end of the year, with a spike in delivery in M12.

It was reported that there had been progress in addressing the gap across a number of schemes including a SaTH energy efficiency plan to achieve an additional £1.7m and potential additional CHC commissioning efficiencies at £2m.

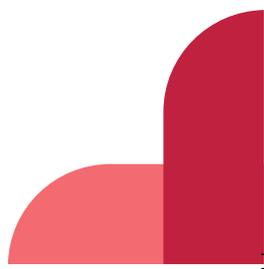
However, it was reported that the SaTH modular ward implementation is subject to delays and any additional savings on top of those already planned may not be realised until early in 2024/25.

The IDC noted the risks highlighted as part of the report including the phasing of the unidentified gap that was loaded towards the final quarter of the year. It was agreed that given the risk weighted towards the year-end, that this required close monitoring by the IDC and should be the focus for a series of deep dives to commence in August.

The deep dives would focus on the processes and plans in place to deliver their element of the efficiency target. Given the time constraints currently on the IDC agenda, it was agreed that the financial deep dives should take place at separate meetings to be convened for that specific purpose.

The report identified a significant delay to the Corporate Services review that had originally been approved by CEOs in March but stalled whilst further discussions took place regarding the approach. The review was subsequently resumed but still encountering delays in obtaining data from SaTH and SCHAT.

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Whilst it was noted that the Corporate Services review was a complex and sensitive project, it was agreed that the lack of progress in terms of obtaining the required data from SaTH and SCHAT should be escalated back to CEOs.

Progress across all FIP projects both in delivery and in the pipeline continue to be monitored via the Financial Improvement Group.

#### 1.5.4 UEC Board Update

The Director of Delivery & Transformation presented a report from the UEC Board that highlighted a number of key risks:

- Daily Operational Flow Process is not on plan although there is progress in terms of core performance. The 4-hour waits continues to present a challenge as well as discharge profiles that are still not on track. The existing ward process and UEC improvement programme are taking forward specific actions to address this.
- The No Criteria To Reside (NCTR) list that remains around 150 patients comprising those not ready to go and those medically fit for discharge with no plan in place
  - o Approx. 1/3 of patients identified as NCTR are not ready for discharge. The average LoS for patients after triggering MFFD status is 5 days. The accelerated discharge pathway work is focused on addressing this.
  - o The number of patients on the NCTR list and ready to go fluctuates between 75 and 100 and whilst there has been some improvement in Q1, the number required to be discharged is approx.. 100 behind plan. A joint SaTH/SCHAT programme of work relating to redesigning complex discharge pathways had stalled but is now due to launch on 21<sup>st</sup> June.
- Virtual Ward Capacity remains a key risk to the successful delivery of the 2023/24 system operating plan. Steps to address this are identified in 1.5.2 above.

The UEC update prompted a discussion on the impact of the Hospital Discharge Funding and the risk presented by lack of progress in developing a mitigation plan across the system that also required escalation to the ICB.

#### 1.5.4 Mental Health & LDA Chair's Report

The IDC received an update from MPFT that identified areas of greatest risk including:

- Learning Disability & Autism programme faces a number of issues including undiagnosed autism due to increasing demand without the capacity to successfully diagnose and lack of a Section 117 policy agreement is slowing down funding decisions
- Lack of post diagnostics services for both clinical and non-clinical resources and the impact on emergency admissions

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- Failure to appoint an LDA Commissioner will require a workaround to address capacity issues and development of a co-ordinated approach to Oliver McGowan training
- Dementia assessment and diagnosis rates, whilst improving, is impacting on the delivery of the care navigator role

The IDC noted the difficulties in recruiting the LDA Commissioner but acknowledged the work done to date to put in place a robust structure and recruit the commissioning team that once, in post, would ensure a much stronger position to progress some of the issues flagged.

### 1.5.5 Planned Care Board Update

The Director of Elective Recovery, Cancer & Diagnostics provided an update on the latest performance for electives:

- 78 and 104 week waits are on track to be at zero by end July taking into account industrial action and sickness absences.
- 65 week waits were on track to deliver against the trajectory set out in the operational plan.
- Diagnostics is seeing month on month improvement

A key challenge for the system relates to endoscopy modality where national targets not expected to be met by March. Revenue funding is required for additional rooms and is pending confirmation with NHSE and the West Midlands Cancer Alliance. The Planned Care Board is also working with the NHSE national and regional teams to explore what support can be offered.

For cancer, the system is on track to deliver the 62 day cancer target by end March next year with a high level of confidence. However, the Faster Diagnostics Standard (FDS) within 28 days also presents a challenge and mitigations are in place such as sourcing additional capacity for scans.

There are detailed action plans in place across all challenged pathways that are scrutinised on a weekly basis within SaTH locally, in System calls and then monthly at the Planned Care Board.

### 1.5.6 Other Agenda Items

The IDC approved the proposal to adopt the commissioning policy for the Baricitinib drug.

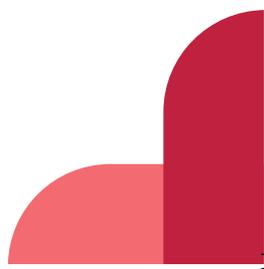
Standing agenda items were provided for information and taken as read including the TWIPP and SHIPP Chairs Reports.

A number of confidential commissioning proposals were considered at a confidential Part Two meeting.

## 2. Recommendations

The ICB is asked to:

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- **Note** the development of the **System Operational Plan Dashboard** that will provide assurance on delivery and performance against key metrics across IDC key programmes of work. The dashboard will provide areas of focus for IDC deep dives and additional support.
- **Note** the establishment of the **Virtual Ward Expansion Forum** to address issues and challenges facing expansion of virtual wards and provide a greater level of confidence in delivery
- **Note** over-delivery of the **Virtual Ward** referrals for May but the under-achievement of step down referrals and the action plan in place to address
- **Note** concerns raised regarding the potential increased cost of care packages for local authorities arising from expansion of the **Virtual Ward** and steps taken to investigate the probability of this occurring
- **Note** the action taken to urgently review the **Virtual Ward** Out of Hours model following concerns raised by GPs
- **Note** the risk associated with delivery of the **Financial Improvement Programme** and the phasing of the unidentified gap that is not forecast to deliver until Month 12.
- **Note** the IDC action to schedule a series of **financial deep dives** to address the unidentified gap and action plans in place within each organisation to meet the plan.
- **Note** the continuing delays to the **Corporate Services review** approved by CEOs in March and the difficulties in collecting data from SaTH and SCHAT
- **Note** the key risks to **UEC performance** improvement and particularly the impact of the lack of mitigation plan for the **Hospital Discharge Funding**.
- **Note** the risks to the **MH & LDA programme** and the work undertaken to date to create a robust commissioning structure and recruit to posts
- **Note** the improving position on 78 and 104 week waits reported via the **Planned Care Board** and assurance provided regarding 65 week waits and Diagnostics
- **Note** the limited confidence of the **Planned Care Board** that national targets for Endoscopy and Faster Diagnosis Standards will be met by end March

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