

Appendices

MEETING
28 June 2023 14:00

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Agenda item

ICB 28-06-093

ICB Chief Executive (CEO) Report:

- **Integrated System Improvement Plan (ISIP)**

NHS Shropshire, Telford & Wrekin Integrated System Improvement Plan

The Integrated System Improvement Plan (ISIP) covers the period from April 2022 to March 2027. Year 1 and year 2 of the improvement plan detail the actions required to exit from segment 4 of the NHS oversight framework by March 2024, with the aim to exit segment 3 during years 3 to 5.

Years 3 to 5 actions and intentions are taken from the Joint Forward Plan (JFP). Detailed plans and high level milestones for year 3 will be worked up later in the year to inform the Operational plan for 24/25 and the annual refresh of the Integrated System Improvement Plan and JFP.

| Tab | Title | Link |
|-----|--|---------------------------|
| 1 | Year 1 2022/23 - Milestones and status - Detailed Milestones | Link Here |
| 2 | Year 2 2023/24 - Milestones and status - Detailed Milestones | Link Here |
| 3 | Year 3 2024/25 - Milestones and status - Detailed Milestones | Link Here |
| 4 | Year 3 - 5 2024- 2027- JFP Actions and Intentions | Link Here |
| 5 | Exit Criteria 1 - Plans on a Page | Link Here |
| 6 | Exit Criteria 2 - Plans on a Page | Link Here |
| 7 | Exit Criteria 3 - Plans on a Page | Link Here |
| 8 | Exit Criteria 4 - Plans on a Page | Link Here |
| 9 | Exit Criteria 5 - Plans on a Page | Link Here |
| 10 | Key Performance Indicators (KPIs) | Link Here |
| 11 | Outcomes and Evidence of Improvement | Link Here |
| 12 | Reporting Timetable | Link Here |
| 13 | Glossary | Link Here |

| Plan Year/Exit Category | No | Project Name | Executive Sponsor | SRO | Date | MS No. | High Level Key Milestones | RAG | |
|-------------------------|--|--|---|--------------------------|--------|--|---|-------|--|
| Yr1 | 1. Development of STW 5 Year Integrated System Improvement Plan | P1.1 Governance and Programme Structure | Simon Whitehouse | Alison Smith | Sep-22 | 1.1.1 | Identify executive leads as SROs for each of improvement plans workstreams | GREEN | |
| | | | | | Oct-22 | 1.1.2 | Establish an Integrated Care Partnership (ICP) committee to enable discussions to be facilitated with local authority partners | GREEN | |
| | | | | | Nov-22 | 1.1.3 | Establishment of working group as a sub-committee to the ICP | GREEN | |
| | | | | | | 1.1.4 | Agree & consolidate the priorities from both health and wellbeing strategies | GREEN | |
| | | | | | Dec-22 | 1.1.5 | Establish reporting timetable for RSP regional report | GREEN | |
| | | | | | | 1.1.6 | Standard documentation suite and governance arrangements in place | GREEN | |
| | | | | | | 1.1.7 | Programme delivery reporting and escalation protocols defined and operating | GREEN | |
| | | | | | | 1.1.8 | Establish engagement meetings with local authority and health executives to discuss programme of work required | GREEN | |
| | | | | | Mar-23 | 1.1.9 | Ensure STW improvement plan compliments and supports priority programmes identified within other system organisations in | GREEN | |
| | | | | | | 1.1.9 | Ensure STW improvement plan compliments and supports priority programmes identified within other system organisations in | GREEN | |
| | P1.2 Analyse Local Population Health Data | Claire Skidmore | Julie Garside | Apr-22 | 1.2.1 | Due to capacity limitations within the ICS, recruit 2 additional dedicated PHM analysts - per place | GREEN | | |
| | | | | Sep-22 | 1.2.2 | Complete JSNAs to inform Integrated care Strategy | GREEN | | |
| | | | | | 1.2.3 | Obtain sign off of draft Integrated Care Strategy from ICB and ICP | GREEN | | |
| | | | | Dec-22 | 1.2.4 | Use local population health data to inform the clinical priorities within the Clinical Strategy | GREEN | | |
| | | | | Jan-23 | 1.2.5 | Establish T&F group for STW Cancer early diagnosis- reporting to cancer strategy group | GREEN | | |
| | | | | Feb-23 | 1.2.6 | Programme of place based needs assessment under way (Shropshire place) | GREEN | | |
| | | | | Mar-23 | 1.2.7 | Use local population health data to inform draft Strategic Commissioning Intentions | GREEN | | |
| | | | | Sep-22 | 1.3.1 | Establish Equality and involvement committee | GREEN | | |
| | | | | Nov-22 | 1.3.2 | Launch Involvement People and Communities Strategy and Toolkit | GREEN | | |
| | | | | Mar-23 | 1.3.3 | Launch winter campaign to reduce pressure on local service | GREEN | | |
| | P1.3 Communication & Engagement | Simon Whitehouse | Edna Boamong | | 1.3.4 | Commence awareness and roll out of IIA process across ICS with partners | GREEN | | |
| | | | | | 1.3.5 | Wide engage to inform Integrated Care Strategy | GREEN | | |
| | | | | Jan-23 | 1.4.1 | Development and implementation of a written and authorised partner collaboration agreement | GREEN | | |
| | P1.4 People Strategy & Delivery | Simon Whitehouse | Alex Brett | Jan-23 | 1.4.1 | Development and implementation of a written and authorised partner collaboration agreement | GREEN | | |
| | 2. Evidence of meaningful mobilisation of the Integrated System Improvement Plan over a period of at least 12 months | P2.1 Urgent & Emergency System Improvement | Gareth Robinson | Sam Tilley & Betty Lodge | Mar-23 | 2.1.1 | Primary care; extended access | GREEN | |
| | | | | | | 2.1.2 | Primary care; increase UEC appointments | GREEN | |
| | | P2.3 Finance Cost Improvement | Gareth Robinson | Gareth Robinson | Aug-22 | 2.3.1 | Identify further opportunities through a series of benchmarking reports targeting areas where our system outlies compared to its peers | GREEN | |
| | | | | | Sep-22 | 2.3.2 | Identify system wide financial opportunities within Estates, Medicines management, procurement and back office | GREEN | |
| | | | | | Oct-22 | 2.3.3 | Revisit financial benefits within the existing Transformation Programmes to stretch efficiency targets as far as possible. | GREEN | |
| | | | | | Nov-22 | 2.3.4 | Scope local CIP plans for 2023/24 | GREEN | |
| | | | | | | 2.3.5 | Establish a system wide Financial Improvement Programme Board to oversee the development and delivery of plans. | GREEN | |
| | | | | | | 2.3.6 | Identify SRO Leads from across the system to actively contribute and engage in the development of opportunities into high level Plans | GREEN | |
| | | | | | Dec-22 | 2.3.7 | High Level PIDs to be developed for each programme of work | GREEN | |
| | | | | | Mar-23 | 2.3.8 | Efficiency plans established for delivery in 2023 | GREEN | |
| | 3. System has in place robust system governance structure, processes and mechanisms established and fully functional, including financial governance | P3.1 Corporate Oversight and Assurance | Simon Whitehouse | Alison Smith | May-22 | 3.1.1 | Review of ICB subcommittee structure | GREEN | |
| | | | | | Jun-22 | 3.1.2 | Submit V1 of ICB constitution & governance handbook to NHSE | GREEN | |
| | | | | | Jul-22 | 3.1.3 | Submit proposed V1 governance handbook to ICB for sign off | GREEN | |
| | | | | | | 3.1.4 | Implement 'chairs highlight report' structure from each subcommittee to ICB to provide a mechanism for oversight, assurance, risk & escalation | GREEN | |
| | | | | | Aug-22 | 3.1.5 | Ensure MOU reflects ICB role and responsibility in solving the system quality and financial challenges and signed off | GREEN | |
| | | | | | Nov-22 | 3.1.6 | Submit proposed V2 governance handbook to ICB for sign off | GREEN | |
| | | | | | | 3.1.7 | Ensure the initial committee meetings reflect that the TOR content is applicable and transfer any amendments to V2 governance handbook | GREEN | |
| | | P3.2 Roles and Accountability | Simon Whitehouse | Alex Brett | Jul-22 | 3.2.1 | Recruit to substantive executive directors | GREEN | |
| | | | | | Aug-22 | 3.2.2 | Review and evaluate the requirement for a system Chief People Officer | GREEN | |
| | | | | | Mar-23 | 3.2.3 | Establish a substantive executive board including CEO and substantive Chief People Officer (CPO) | GREEN | |
| | P3.3 Place Oversight and Assurance | Simon Whitehouse | Claire Parker | | 3.2.4 | Review and align Executive portfolios including realigned JDs and identification and allocation of resource | GREEN | | |
| | | | | Jul-22 | 3.3.1 | Complete a revision of the Telford and Wrekin Partnership committees TOR to reflect delivery responsibilities and enhanced collaborative working | GREEN | | |
| | | | | | 3.3.2 | Complete a revision of the Shropshire Partnership committees TOR to reflect delivery responsibilities and enhanced collaborative working | GREEN | | |
| | P3.4 Improved Integrated Performance | Claire Skidmore | Julie Garside | Sep-22 | 3.3.3 | Participate in the NHSE cohort for the Place Development Programme | GREEN | | |
| | | | | Jan-23 | 3.3.4 | Ensuring the Place Based Delivery Boards align clearly within the ICB governance framework for assurance, delivery and strategy | GREEN | | |
| | | | | Mar-23 | 3.3.5 | Ensure the delivery plan is regularly monitored and assured through the Integrated Delivery Committee | GREEN | | |
| | P4.1 Financial Sustainability | Claire Skidmore | Laura Clare | Feb-23 | 3.4.1 | Co-design workshop with system performance leads & review of IPRs to Boards | GREEN | | |
| | | | | | 3.4.2 | Co-design with ICB finance lead | GREEN | | |
| | | | | | 3.4.3 | Co-design with ICB people lead | GREEN | | |
| | 4. Evidence of whole system ownership of quality, operational and financial challenge | P4.2 Clinical Leadership & Strategy | Dr Nick White | Dr Nick White | Sep-22 | 4.1.1 | Develop system wide financial reporting packs for new finance committee that highlight key areas of focus such as agency, COVID, efficiency etc and links to performance issues | GREEN | |
| | | | | | | 4.1.2 | Review system finance committee TOR to ensure greater non-exec representation | GREEN | |
| | | P4.4 Operational Planning Framework | Claire Skidmore | Julie Garside | Jun-22 | 4.2.1 | Sign off of readiness to operate statement re: CCMPPL | GREEN | |
| | | | | | Aug-22 | 4.2.2 | First meeting of CCMPPL senior clinical leaders | GREEN | |
| | | | | | Sep-22 | 4.2.3 | First meeting of Health & Care Senate | GREEN | |
| | | | | | Oct-22 | 4.2.4 | Start recruitment to clinical advisory groups | GREEN | |
| | | | | | Nov-22 | 4.2.5 | Appoint to strategic planning Band 9 secondment funded by recovery support programme | GREEN | |
| | | | | | Dec-22 | 4.2.6 | Share draft data to CCMPPL to facilitate discussions | GREEN | |
| | | | | | Jan-23 | 4.2.7 | Produce clinical strategy | GREEN | |
| | | | | | Mar-23 | 4.2.8 | Sign off of clinical strategy by CCMPPL | GREEN | |
| | | 4.2.9 | Establish Schedule for 6 face to face health and care senate meetings during 2023 | GREEN | | | | | |
| | P5.3 IPC Improvement at RJAH | Alison Bussey | Vanessa Whatley | May-22 | 4.4.1 | Undertake lessons learnt process with PWC | GREEN | | |
| | | | | Aug-22 | 4.4.2 | Develop new planning framework | GREEN | | |
| | | | | Sep-22 | 4.4.3 | Hold launch workshop for planning framework | GREEN | | |
| | | | | | 4.4.4 | Define and agree system and organisational roles and responsibilities for key areas of the planning process | GREEN | | |
| | | | | Oct-22 | 4.4.5 | Identify high level interventions for inclusion in plans | GREEN | | |
| | | | | Dec-22 | 4.4.6 | First cut of organisation activity, workforce and finance data | GREEN | | |
| | | | | | 4.4.7 | First cut of system activity, workforce and finance data | GREEN | | |
| | | | | Feb-23 | 4.4.10 | Narrative development from December with final narrative | GREEN | | |
| | | | | | 4.4.8 | Final triangulated system activity, workforce and finance numbers | GREEN | | |
| | | | | | 4.4.9 | Assumed NHSE submission date for first draft of plan | GREEN | | |
| | | | | Mar-23 | 4.4.11 | Governance approval process: Provider approval by 10 March and ICS approval by 17 March | GREEN | | |
| | | | | | 4.4.12 | NHSE submission date for final version of the plan | GREEN | | |
| | 5. Demonstrable and effective system support to address CQC conditions and undertakings in system providers | P5.4 Maternity Improvement | Dr Nick White | Alison Bussey | Sep-22 | 5.3.1 | Ensure system IPC governance is implemented & embedded along with implementation of reporting cycle (framework: IPC Group, System Quality Group, Quality & Performance Committee) | GREEN | |
| | | | | | Oct-22 | 5.3.2 | Resolve IPC undertakings | GREEN | |
| | | | | | | 5.3.3 | Recruit to new Associate Director of Infection Control (shared post with Shrop Com) | GREEN | |
| | | | | | Nov-22 | 5.3.4 | Arrange attendance of System and UKHSA at IPC assurance committee | GREEN | |
| | | | | | Mar-23 | 5.3.10 | Link with wider expertise within the system to reduce gaps | GREEN | |
| | | | | | | 5.3.5 | Joint System/NHSE quarterly walk around for assurance | GREEN | |
| | | | | | | 5.3.6 | Joint Triumvirate meeting System/NHSE/UKHSA quarterly desktop review of SSI's | GREEN | |
| | | | | | | 5.3.7 | Established monthly professional meetings for CNO to CNO | GREEN | |
| | | | | | | 5.3.8 | Established monthly system CNO and deputies meeting | GREEN | |
| | | | | | | 5.3.9 | Review if additional Board level committee for RJAH is still required post March 23 if improvements are sustained | GREEN | |
| | | 5.4.1 | Recruitment to Maternity Programme Manager | GREEN | | | | | |
| | | 5.4.2 | Oversight of CNST accreditation – level 2 | GREEN | | | | | |
| | Grand Total | | | | | | | | |

| Plan Year | Exit Category | No. | Project Name | Executive Sponsor | SRO | Date | MS No. | High Level Key Milestones | | |
|-----------|--|---|---|--|---|--|--|---|---|--|
| Yr2 | 1. Development of STW 5 Year Integrated System Improvement Plan | P1.1 | Governance and Programme Structure | Simon Whitehouse | Alison Smith | May-23 | 1.1.10 | Draft Improvement plan to NHSE for review | | |
| | | | | | | Jun-23 | 1.1.11 | Obtain sign off of the improvement plan by ICB Board | | |
| | | | | | | Jul-23 | 1.1.12 | NHSE receive signed off Improvement plan | | |
| | | | | P1.2 | Governance and Programme Structure | Simon Whitehouse | Alison Smith | Dec-23 | 1.1.13 | NHSE receive signed off Improvement plan |
| | | | | P1.3 | Communication & Engagement | Simon Whitehouse | Edna Boamong | Apr-23 | 1.3.6 | Create citizens panel/people network for ongoing dialogue about health and care services |
| | | | | P1.4 | People Strategy & Delivery | Simon Whitehouse | Alex Brett | Jun-23 | 1.3.7 | Widely engage to inform Joint Forward Plan (JFP) |
| | | Apr-23 | 1.4.2 | | | | | Development of One System People Strategy | | |
| | | May-23 | 1.4.3 | | | | | Refresh of People Delivery Programmes to align to One People Strategy | | |
| | | | | | | | | 1.4.4 | Determine high level milestones for work programmes 23/24 | |
| | | | | P1.5 | Provider Collaborative | Simon Whitehouse | Nicky O'Connor | Sep-23 | 1.4.5 | Establishment of an appropriately resourced ICS People function including a Workforce Information & Planning Hub |
| | | Jul-23 | 1.5.1 | | | | | Development and consultation of potential future model | | |
| | | Sep-23 | 1.5.2 | | | | | Final proposed model of collaboration drafted and socialised | | |
| | | | | | | | | 1.5.3 | Agreement with NHSE & Providers | |
| | | | | | | | | Oct-23 | 1.5.4 | Model dependent – recruitment to commence for Chairs |
| | | | | | | | | Dec-23 | 1.5.5 | Alignment of Board governance across providers |
| | | | | | | | | Feb-24 | 1.5.6 | Establish joint committees across providers |
| | | | | P1.6 | Update Finance Strategy | Claire Skidmore | Laura Clare | May-23 | 1.6.1 | Development and approval of 23/24 system financial plan |
| | | Sep-23 | 1.6.2 | | | | | Development and approval across system of 5 year financial plan | | |
| | | | 1.6.3 | | | | | Collectively owned financial strategy document detailing clear financial recovery trajectory and key milestones and triangulation to activity and workforce plans as well as links to performance criteria | | |
| | 2. Evidence of meaningful mobilisation of the Integrated System Improvement Plan over a period of at least 12 months | P2.1 | Urgent & Emergency System Improvement | Gareth Robinson | Sam Tilley & Betty Lodge | May-23 | 2.1.3 | Acute; implementation of standardised ARA model | | |
| | | | | | | 2.1.4 | Embed and enhance system operational centre operating model : including system wide risk process | | | |
| | | | | | | 2.1.5 | Community; increasing virtual ward capacity | | | |
| | | | | | | Jun-23 | 2.1.6 | Acute: workstream 1 focus on Initial Assessment and redirection | | |
| | | | | | | 2.1.7 | Enhance provision for High Intensity Service Users | | | |
| | | | | | | 2.1.8 | Stabilise Enhanced Integrated Discharge Team (IDT) provision | | | |
| | | | | | | 2.1.9 | Standardised D2A process and discharge model | | | |
| | | | | | | Aug-23 | 2.1.10 | Redesign of IUC | | |
| | | | | | | Apr-23 | 2.2.1 | Implement new FIT pathways for Colorectal* | | |
| | | | 2.2.2 | Implement validation Program –i.e. 12 weeks by end of April | | | | | | |
| | | | May-23 | 2.2.3 | Deliver 78w trajectories for SaTH(0 May), RJA(0 June) | | | | | |
| | | | Jun-23 | 2.2.4 | Implement a system wide Planned care dashboard –Phase 4 | | | | | |
| | | | 2.2.5 | Implement BPT pathways for Prostate* | | | | | | |
| | | | 2.2.6 | Develop and Implement CDC Phase 1* | | | | | | |
| | | | 2.2.7 | Health Inequalities EQIA | | | | | | |
| | | | Jul-23 | 2.2.8 | Implement NSS Pathway | | | | | |
| | | | Sep-23 | 2.2.9 | Elective hubs at PRH (SATH) | | | | | |
| | | | Dec-23 | 2.2.10 | Introduction of an outpatient procedure suite at RSH during 2023 | | | | | |
| | | | Mar-24 | 2.2.11 | Deliver 65w trajectories for SaTH and RJAH | | | | | |
| | | 2.2.12 | Develop Theatre Utilisation improvements including GIRFT principles | | | | | | | |
| | | 2.2.13 | Implement a Single STW PTL for T&O* | | | | | | | |
| | | 2.2.14 | Elective Hub RJAH | | | | | | | |
| | | 2.2.15 | Increasing the use of alternatives including advice and guidance (A&G), patient initiated follow ups (PIFU) and virtual outpatients | | | | | | | |
| | | 2.2.16 | Implement outcomes from Health Inequalities Review | | | | | | | |
| | | 2.2.17 | Expand the Targeted Lung Health Checks (TLHC) programme | | | | | | | |
| | | May-23 | 2.3.10 | Establish weekly review meetings to be held by Executive and Director leads to address unidentified value | | | | | | |
| | | 2.3.11 | New Governance structure to be established to strengthen IDC - CEO Leads to be confirmed | | | | | | | |
| | | 2.3.9 | Efficiencies submitted as part of financial plans | | | | | | | |
| | | Jun-23 | 2.4.1 | Refreshed project plan in place for implementation of dementia project scope in 23/24 to have clear action plans for all three elements in scope | | | | | | |
| | | Jul-23 | 2.4.8 | Management of Change for staff completed (Talking Therapies) | | | | | | |
| | | 2.4.9 | Digital solution implemented (Talking Therapies) | | | | | | | |
| | | Sep-23 | 2.4.2 | Implementation Plan developed for Phase 2 Living as I choose (Dementia) | | | | | | |
| | | Dec-23 | 2.4.10 | Launch of new single model (Talking Therapies) | | | | | | |
| | | 2.4.3 | Phase one Living as I choose implemented (Dementia) | | | | | | | |
| | | Feb-24 | 2.4.4 | Business case developed for transition components of Dementia Vision | | | | | | |
| | | Mar-24 | 2.4.5 | Early help offer implemented with 50% Practices dementia friendly | | | | | | |
| | | 2.4.6 | Revised dementia assessment and diagnosis processes implemented | | | | | | | |
| | | Apr-23 | 2.4.7 | Workforce for new model agreed (Talking Therapies) | | | | | | |
| | 3. System has in place robust system governance structure, processes and mechanisms established and fully functional, including financial governance | P3.1 | Corporate Oversight and Assurance | Simon Whitehouse | Alison Smith | Jun-23 | 3.1.8 | GGI governance structure review phase one completion: analysis of current governance structure and co design of revised effective structure which will include aligning operational meetings, projects and workstreams to the sub committee structure | | |
| | | | | | | Dec-23 | 3.1.9 | GGI governance structure review phase two completion: | | |
| | | | | | | Apr-23 | 3.3.6 | Undertake a Board Development day to establish ways of working | | |
| | | | Jun-23 | 3.3.7 | Begin discussions at SHIPP & TWIPP on how the Place boards will deliver improvements in quality, operations and finance. | | | | | |
| | | | 3.3.8 | Ensure the Place based delivery plan aligns to the ICS 5 year plan and operational plan | | | | | | |
| | | | Sep-23 | 3.3.9 | Implement learning from final recommendations from the NHSE Place Development Programme | | | | | |
| | | | 3.3.10 | Produce a plan for SHIPP & TWIPP to deliver improvements in operations and finance at Place. | | | | | | |
| | | | May-23 | 3.4.4 | Co-design with ICB quality lead | | | | | |
| | | | Jun-23 | 3.4.5 | 1st iteration of new Integrated Performance Report to ICB Board | | | | | |
| | | | Jul-23 | 3.4.6 | Review of Integrated Performance Report by ICB Board | | | | | |
| | | | 3.4.7 | SOP finalised for delivery of new report format | | | | | | |
| | | | Aug-23 | 3.4.8 | 2nd iteration of Integrated Performance Report to ICB Board | | | | | |
| | | 4. Evidence of whole system ownership of quality, operational and financial challenge | P4.1 | Financial Sustainability | Claire Skidmore | Laura Clare | Apr-23 | 4.1.3 | Review and update intelligent fixed payment process including framework & risk sharing to ensure contract sign off for 1st April 2023 | |
| | | | | | | | 4.1.4 | System wide financial risk register in place that sits below the GBAF and links to wider quality/safety risks highlighted | | |
| | | | | | | | Jul-23 | 4.1.5 | Clear decision making process and governance route for financial sustainability understood across the system | |
| | | | | Sep-23 | 4.1.6 | Develop 23/24 and longer term financial plan across system with consistent assumptions and clear deliverable recovery trajectory | | | | |
| | | | | 4.1.7 | IIF work plan for 23/24 to rebase contracts ready for 1st April 2024- provider rebase work to be reviewed through costing and contracting group- to be linked to development of a financial risk sharing methodology and agreement across the ICS with all providers. | | | | | |
| | | | | May-23 | 4.2.10 | Clinical Strategy approved by Strategy Committee | | | | |
| | | | | Apr-23 | 4.3.1 | Agree process with PCNs for plan development, submission, sign off, in year monitoring and year end assessment | | | | |
| | | | May-23 | 4.3.2 | PCNs establish baseline start point for each practice | | | | | |
| | | | 4.3.3 | NHSE publish the GP Access Recovery Plan | | | | | | |
| | | | Jun-23 | 4.3.4 | PCNs develop a draft Improvement Action Plan for each practice | | | | | |
| | | | 4.3.5 | PCNs submit their collated Improvement Action Plan to ICB | | | | | | |
| | | | Jul-23 | 4.3.6 | ICB signs off PCN Improvement Plans | | | | | |
| | | | Sep-23 | 4.3.7 | Checkpoint Assurance meeting 1 with ICB/PCNs | | | | | |
| | | | Jan-24 | 4.3.8 | Checkpoint Assurance meeting 2 with ICB/PCNs | | | | | |
| | | | Mar-24 | 4.3.10 | Implement the Year 2 elements of the GP/GPN Workforce Strategy to increase capacity | | | | | |
| | | | 4.3.11 | PCNs recruit to their full 23/24 ARRS allocation | | | | | | |
| | | | Jul-23 | 4.4.13 | Lessons learnt evaluation period | | | | | |
| | 5. Demonstrable and effective system support to address CQC conditions and undertakings in system providers | | P5.1 | UEC Clinical Advisory Group | Dr Nick White | Betty Lodge | Apr-23 | 5.1.1 | Develop the 23/24 UEC Improvement Plan | |
| | | | | | | | 5.1.2 | Establish monthly UEC CAG meetings | | |
| | | May-23 | | | | | 5.1.3 | Establish UEC clinical advisory group ToR | | |
| | | | 5.1.4 | Undertake system wide review of UEC risk Log | | | | | | |
| | | | 5.1.5 | Appointment of AMD for UEC & Clinical Leads for All workstreams | | | | | | |
| | | | May-23 | 5.2.1 | Review completed of original concerns and recommendations from the CQC | | | | | |
| | | | Jun-23 | 5.2.2 | Assessment completed of the improvements made since the inspection through review of existing documentation and key stakeholder discussions (including external stakeholders such as regional and CQC colleagues) | | | | | |
| | | | 5.2.3 | Report produced that identifies what improvements are still required or where further assurance is required to ensure sustainable improvement to meet requirements including system support and accountabilities | | | | | | |
| | | | Jul-23 | 5.2.4 | Report presented and discussed at system wide summit | | | | | |
| | | | 5.2.5 | Action plan for phase 2 of project completed | | | | | | |
| | | | Apr-23 | 5.4.3 | Implement maternity workforce plan to stabilise workforce i.e. recruitment and retention. Workplan to be in place and monitored at LMNS programme board | | | | | |
| | | | 5.4.4 | Initiate expectant mothers health inequalities project | | | | | | |
| | | | Jul-23 | 5.4.5 | Establish insights visits with networking ICBs | | | | | |
| | | | 5.4.6 | Review and refresh PCBC from 2018 and develop a clear timeline for public consultation on the maternity led units (MLUs) | | | | | | |
| | | | Mar-24 | 5.4.7 | Evidence of completion of all actions attributable to Ockenden 1 | | | | | |
| | | | 5.4.8 | Evidence of completion of all actions attributable to Ockenden 2 | | | | | | |
| | | | Jun-23 | 5.5.1 | Set 12 month trajectory to increase the number of people identified in last 12 months of life towards the national expectation of 0.6% of GP registered population and offered an Advance Care plan (ACP) | | | | | |
| | | | Sep-23 | 5.5.2 | Completion of Business cases 24/7 advice and guidance line | | | | | |
| | | | 5.5.3 | System wide flagging - to understand the functionality needed to share flagging arrangements across provider IT systems (to include NHS11 and WMAS) | | | | | | |
| | | 5.5.4 | System PEOLC Dashboard | | | | | | | |
| | | Oct-23 | 5.5.5 | Complete recruitment for key leadership posts. | | | | | | |
| | | Dec-23 | 5.5.6 | Completion of Babies & CYP Strategy | | | | | | |
| | | 5.5.7 | Completion of Business case 24/7 access to care | | | | | | | |
| | | Mar-24 | 5.5.8 | Workforce training needs analysis | | | | | | |
| | | Dec-24 | 5.5.9 | Workforce competency and training programme | | | | | | |
| | | Mar-23 | 5.6.2 | ICB to strengthen its internal governance and oversight to ensure weekly review of incidents and tracking of completed reports | | | | | | |
| | | Oct-23 | 5.6.3 | SI admin to move from CSU to ICB as agreed with MLCSU | | | | | | |
| | | 5.6.4 | Develop standard work and clear governance framework for oversight of SI learning within the system | | | | | | | |
| | | Jan-24 | 5.6.1 | Ensure System Oversight Assurance Group (SOAG) has oversight of the improvement work in SATH which includes Paediatrics and refocus on outcomes for patients and staff rather than just the focus of delivery of actions | | | | | | |

Grand Total

| Plan Year | Exit Category | No. | Project Name | Executive Sponsor | SRO | Date | MS No. | High Level Key Milestones | |
|--------------------|--|------|-------------------------------------|-------------------|-----------------|---|--------|--|---|
| Yr3 | 3. System has in place robust system governance structure, processes and mechanisms established and fully functional, including financial governance | P3.3 | Place Oversight and Assurance | Simon Whitehouse | Claire Parker | Apr-24 | 3.3.11 | Implement a scheme of delegation utilising the national guidance | |
| | | | | | | | 3.3.12 | Ensure delivery and assurance arrangements are in place in readiness for place-based partnership to have assigned budgetary responsibilities | |
| | 4. Evidence of whole system ownership of quality, operational and financial challenge | P4.3 | Operational Planning - Primary Care | Gareth Robinson | Emma Pyrah | Apr-24 | 4.3.9 | PCNs provide evidence of achievement to ICB for assessment | |
| TBC | 4. Evidence of whole system ownership of quality, operational and financial challenge | P4.1 | Financial Sustainability | Claire Skidmore | Laura Clare | TBC (reliant on ICS strategy being developed) | 4.1.8 | Develop and mature the strategic prioritisation process for the Investment panel (to include both revenue & capital spend) | |
| | | | | | | TBC (relies on 'Place' project) | 4.1.9 | | Produce financial information in order to inform the 'Place' meetings |
| | | | | | | TBC (relies on ICS development) | 4.1.10 | | As ICS becomes clearer regarding its requirements for finance functions, map across current ICB finance workforce to ensure establishment & skills are adequate |
| | 5. Demonstrable and effective system support to address CQC conditions and undertakings in system providers | P5.4 | Maternity Improvement | Dr Nick White | Alison Bussey | TBC-SaTH developing plan. | 5.4.9 | Focus continuity of care for populations the local community – MCoC | |
| | | P5.5 | Improvement in End of Life Care | Alison Bussey | Gemma Smith | TBC | 5.5.10 | Planned roll out for EPaCCS or similar integrated record and coordinating system | |
| | | P5.6 | Strengthening SI Governance | Alison Bussey | Vanessa Whatley | TBC | 5.6.5 | NHSE review of Serious incident management | |
| | | | | | | | 5.6.6 | Plan to address any areas for improvement to be developed in line with above review. | |
| Grand Total | | | | | | | | | |

Shropshire, Telford & Wrekin

Joint Forward Plan

2023 – 2028

| TASK | ASSIGNED TO | 2023 - 2024 | | | 2024 - 2025 | | | 2025 - 2026 | | | 2026 - 2027 | | | 2027 - 2028 | | |
|--|---|-------------|----|----|-------------|----|----|-------------|----|----|-------------|----|----|-------------|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| Person Centred Care | | | | | | | | | | | | | | | | |
| Establish leadership, governance and resource for this programme of work | Strategic Commissioning Lead | | | | | | | | | | | | | | | |
| Identify our priorities through a population health management approach, identifying health inequalities and taking a proactive prevention approach | Clinical Lead for Personalised Care | | | | | | | | | | | | | | | |
| Establish our Person-Centred Facilitation Team to coordinate and enable this approach. | Clinical Lead for Personalised Care | | | | | | | | | | | | | | | |
| Involve the full range of people who can contribute from the outset – including but not limited to, people in our communities and those enabling their voice including Healthwatch; representatives from non-clinical provision including VCSE and Social Prescribing; multi-Professional Clinical and Care Leads; Health and Care Managerial Leads, and Representation from Person-Centred Facilitation Team. | Clinical Lead for Personalised Care | | | | | | | | | | | | | | | |
| Develop and mandate a structured person-centred approach to wrap around each ICS priority workstream: realising opportunities for using non-clinical community resources (including via social prescribing), choice, shared decision making, supported self-care, personalised care planning and personalised health and care budgets. | Clinical Lead for Personalised Care | | | | | | | | | | | | | | | |
| Inspire, equip and support our leadership and wider workforce in this approach | Clinical Lead for Personalised Care | | | | | | | | | | | | | | | |
| Agree 5-year plan to shift resource towards person-centred, preventative services & action, including support for VCSA development as a provider collaborative | Clinical Lead for Personalised Care | | | | | | | | | | | | | | | |
| Pro active prevention | | | | | | | | | | | | | | | | |
| Agree a set of values, standards, beliefs and ways of working | Director of Partnerships & Place | | | | | | | | | | | | | | | |
| Agree and implement an effective method to gather and use multi-agency intelligence across the system | Director of Planning & Performance | | | | | | | | | | | | | | | |
| Engagement/Consultation with internal and external stakeholders for each of the priority programmes | Director of Comms & Engagement | | | | | | | | | | | | | | | |
| Identify the opportunities for proactive prevention, reducing inequalities, and increasing self-management for each of the priority programmes | Each programme director / Senior Responsible Officer Health Inequalities | | | | | | | | | | | | | | | |
| Ensure all information is accessible and meets the NHS standard | Comms & Engagement Team | | | | | | | | | | | | | | | |
| Agree a communications strategy to ensure messaging is consistent and clear across the system | Director of Comms & Engagement | | | | | | | | | | | | | | | |
| Make best use of available technology to improve coordination of care, communication, understanding and monitoring of health. | Digital Programme lead | | | | | | | | | | | | | | | |
| Workforce development through education and training and development of new roles and new ways of working. | Director of People | | | | | | | | | | | | | | | |
| Survivors of Abuse | | | | | | | | | | | | | | | | |
| Complete IITSCCE health actions | ICB Chief Nursing Officer | | | | | | | | | | | | | | | |
| Implementing the requirement of the Serious Violence Duty in line with Safeguarding Partnerships and national requirements | ICB Chief Nursing Officer | | | | | | | | | | | | | | | |
| Build pathways for supporting survivors, based on knowledge and information with partners. | ICB Chief Nursing Officer | | | | | | | | | | | | | | | |
| Working with schools and education establishments regarding abuse | ICB Chief Nursing Officer | | | | | | | | | | | | | | | |
| Engage with Children and Young people in our plans | ICB Chief Nursing Officer | | | | | | | | | | | | | | | |
| Telford & Wrekin Integrated Place Partnership | | | | | | | | | | | | | | | | |
| Delivery of 'Live Well' programmes aimed at encouraging healthy lifestyles and improving mental wellbeing | Service Delivery Manager: Health Improvement, TWC | | | | | | | | | | | | | | | |
| Development of a Healthy Weight Strategy | | | | | | | | | | | | | | | | |
| Delivery of the place-based elements of the system wide strategy for cancer (including early cancer diagnosis) | NHS STW & Deputy Director: Public Health, TWC | | | | | | | | | | | | | | | |
| Delivery of programmes to improve awareness of and reduce inequity of access to vaccination, screening and health checks | Service Delivery Manager: Health Improvement, TWC & Deputy Director: Public Health, TWC | | | | | | | | | | | | | | | |
| Deliver Start for Life and Family Hub transformation programme | Deputy Director: Public Health, TWC & Group Specialist, Family Hubs, TWC | | | | | | | | | | | | | | | |
| Deliver improved social, emotional and mental health services for TW children and young people | TBC | | | | | | | | | | | | | | | |
| Consult on the draft co-produced SEND and Alternative Provision Strategy for 2023-2028 and implement final strategy | Director: Education and Skills, TWC | | | | | | | | | | | | | | | |
| Delivery of TW Learning Disability Strategy objectives (including for example reducing the number of people with learning disabilities in In-Patient Care and increasing the number of people with learning disabilities who have had an annual health check) | Learning Disability Partnership Assistant Director, Adult Social Care, TWC | | | | | | | | | | | | | | | |
| Delivery of TW Autism Strategy objectives (including for example increasing the number of autistic people who have had an annual health check and reducing the number of people awaiting an autism assessment, and the time between referral, diagnosis and support) | Autism Partnership, Assistant Director: Adult Social Care, TWC | | | | | | | | | | | | | | | |
| Development of a place-based Mental Health Strategy, co-producing it with people with lived experience (including for example supporting the Mental Health Alliance to continue to help shape multi-disciplinary mental health support) | Mental Health Alliance, Assistant Director: Adult Social Care, TWC | | | | | | | | | | | | | | | |
| Development of a place-based Ageing Well Strategy, co-producing it with people with lived experience (including for example developing a new integrated dementia model of care) | Service Delivery Manager: Community Specialist Teams, Adult Social Care, TWC | | | | | | | | | | | | | | | |
| Implementation of Local Care Transformation Programme workstreams at place | LCTP Programme Director, NHS STW | | | | | | | | | | | | | | | |
| Support with developing integrated neighbourhood teams linked to the Local Care Transformation Programme's Proactive Care Workstream | Integration Programme Manager, TWC & PCN CDs | | | | | | | | | | | | | | | |
| Support Primary Care to meet their 2023-24 access requirements | PCN CDs & Associate Director of Primary Care, NHS STW | | | | | | | | | | | | | | | |
| Support Primary Care to meet their target to recruit to additional roles by March 2024. | PCN CDs & Associate Director of Primary Care, NHS STW | | | | | | | | | | | | | | | |
| Shropshire Integrated Place Partnership | | | | | | | | | | | | | | | | |
| Deliver the all-age Local Care Programme across communities in Shropshire | All system partners | | | | | | | | | | | | | | | |
| Expand CYP integration test and learn sites to become all age delivery in North Shrewsbury, Ludlow, Market Drayton, and develop roll out plan for rest of county. | Public Health | | | | | | | | | | | | | | | |
| Deliver more Health and Wellbeing Centres; Oswestry, Highley, Ludlow, Shrewsbury, that include MDT approaches. | Partners identified across Voluntary and Community through Public Services | | | | | | | | | | | | | | | |
| Develop a Neighbourhood Model – to connect with Health and Wellbeing Centres – that includes PCNs being supported by joint working and integrated approaches for Proactive Care, Neighbourhood, Integrated Discharge and Social Care Hubs (including reablement), and Rapid Response | Local Care Programme | | | | | | | | | | | | | | | |
| Social Prescribing expansion into A&E, midwifery, children, young people and families and local health and wellbeing centres. | Public Health | | | | | | | | | | | | | | | |
| Local Care Transformation Programme | | | | | | | | | | | | | | | | |
| Local Care programme refresh – reviewing the scope of future programmes of work to ensure clear priorities and assigned responsibilities across system partners | Interim STW LCTP Programme Director | | | | | | | | | | | | | | | |
| Programme 1: Avoiding hospital admissions through provision of wider services including rapid response | Complete | | | | | | | | | | | | | | | |
| Programme 2: Implementing a 'discharge to assess' model to support patients to safely return home where any ongoing care needs can be assessed | SRO for community transformation | | | | | | | | | | | | | | | |
| Programme 3: Opening 250 'Virtual Ward' beds to enable more patients to return to the place they call home to receive medical care that would otherwise be delivered in an acute hospital. | SRO for community transformation | | | | | | | | | | | | | | | |
| Programme 4: Employing a proactive care approach focused on keeping people well and preventing avoidable health issues for those at high-risk of a non-elective hospital admission. | Director of Strategic Commissioning ICB | | | | | | | | | | | | | | | |
| Programme 5: Developing our approach to neighbourhoods to bring together multi-disciplinary teams of staff from across primary care, community care, social care and the voluntary and community sector to work together to deliver joined up, person-centred and proactive care. | Place based delivery Development framework to be in place by end of Q4 | | | | | | | | | | | | | | | |
| Programme 6: Reviewing community-based services for sub-acute care and reablement to make best use of our available resources, including our staff and our physical assets including community care settings. | Director of Strategic Commissioning ICB | | | | | | | | | | | | | | | |
| Proactive Care (Previously Anticipatory Care) | | | | | | | | | | | | | | | | |
| Review support to people living with frailty to identify opportunities for integration | Director of Strategic Commissioning | | | | | | | | | | | | | | | |
| Redesign falls pathways to create a consistent approach | Director of Strategic Commissioning | | | | | | | | | | | | | | | |
| Framework to guide the further roll out and expansion of proactive care delivery across STW | Director of Strategic Commissioning | | | | | | | | | | | | | | | |
| Primary Care Networks and General Practice | | | | | | | | | | | | | | | | |
| Develop an action plan to deliver the recovering access to primary care delivery | Associate Director of Primary Care | | | | | | | | | | | | | | | |

| No. | Plan Title | Executive Sponsor | SRO |
|-----|--|-------------------|----------------|
| 1.1 | Governance and Programme Structure | Simon Whitehouse | Alison Smith |
| 1.2 | Incorporate Local Population Health Data | Claire Skidmore | Julie Garside |
| 1.3 | Communication & Engagement | Simon Whitehouse | Edna Boampong |
| 1.4 | People Strategy and Delivery | Simon Whitehouse | Alex Brett |
| 1.5 | Provider Collaborative | Simon Whitehouse | Nicky O'Connor |
| 1.6 | Update Finance Strategy | Claire Skidmore | Laura Clare |

| PROGRAMME: Exit Criteria 1 | | PROJECT NAME: 1.1 Governance and Programme Structure | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|--|--------------------------------|---|---|---|---|--|----|--|---|---|--|-----------------|---------------------------|-------------|-----------|--------------|-----|----------------------------|--------------|------|-------------------------|-----|-----------------------|--------------|------|---|-----|---------|--------------|---------------------|
| Executive Sponsor | Simon Whitehouse, CEO | Senior Responsible Officer | Alison Smith, Director of Corporate Affairs | Corporate Dept. | Finance, Performance & Quality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operational Lead | Julie Garside, Director of Performance & Delivery | Clinical lead | n/a | Finance Lead | TBC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | High Level Key Milestones | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design and embed a programme structure capable of providing good governance and programme delivery to support the development of the STW 5 Year Integrated System Improvement Plan (ISIP). The programme structure will have the capability of providing assurance across the system and to the regional Improvement Review Meeting (IRM). A structured approach will support the development of more sophisticated selection and prioritisation of improvement projects to ensure that the right initiatives are supported that provide clear benefits to the system and its local population. | | <ul style="list-style-type: none"> Programme IT infrastructure PMO resource to provide reporting against the programme | | <ol style="list-style-type: none"> Identify executive leads as SROs for each of improvement plans workstreams Establish an Integrated Care Partnership (ICP) committee to enable discussions to be facilitated with local authority partners Establishment of working group as a subcommittee to the ICP Agree & consolidate the priorities from both health and wellbeing strategies Establish reporting timetable for RSP regional report Standard documentation suite and governance arrangements in place Programme delivery reporting and escalation protocols defined and operating Establish engagement meetings with local authority and health executive to discuss programme of work required Ensure STW improvement plan compliments and supports priority programmes identified within other system organisations improvement programmes Draft Improvement plan to NHSE for review Obtain sign off of the improvement plan by ICB Board NHSE receive signed off improvement plan Incorporate detailed milestones & KPIs into year 3 of the improvement plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Impact | | Key Project Risks | | Key Measurable Outcomes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Fully functional programme structure built on good practice with a clear purpose and role with an effective approach to prioritisation of effort and focus All Executive Sponsors and SROs of the 5 year improvement plan have a clear understanding of their roles and responsibilities in the delivery and have access to the appropriate tools and support Executives are provided with robust and regular monitoring and information on delivery The ICS has a Board approved 5 year improvement plan with clear measurable immediate and longer term priorities by March 2023. System governance and performance management embedded to ensure delivery of the system improvement programme Implementation of agreed set of actions to be taken by the system partners to support the wider system performance / improvement | | <table border="1"> <thead> <tr> <th>System partners not able to agree 5 year improvement priorities</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>9</td> <td>9</td> </tr> <tr> <td>Sustained operational pressures could impact on ability to progress with improvement plan</td> <td>9</td> </tr> <tr> <td>Insufficient PMO and analytical resource/capacity available in ICS to initiate appropriate programme structure & workstreams</td> <td>12</td> </tr> <tr> <td>Capacity for system leaders due to operational pressures</td> <td>9</td> </tr> </tbody> </table> | | System partners not able to agree 5 year improvement priorities | Score | 9 | 9 | Sustained operational pressures could impact on ability to progress with improvement plan | 9 | Insufficient PMO and analytical resource/capacity available in ICS to initiate appropriate programme structure & workstreams | 12 | Capacity for system leaders due to operational pressures | 9 | <table border="1"> <thead> <tr> <th>Baseline Metric</th> <th>Improvement/Target Metric</th> <th>Data Source</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>ICS Strategy</td> <td>n/a</td> <td>Available from December 22</td> <td>Board Papers</td> <td>Once</td> </tr> <tr> <td>System Improvement Plan</td> <td>n/a</td> <td>Available from Jun 23</td> <td>Board Papers</td> <td>Once</td> </tr> <tr> <td>Evidence of clear governance processes in place to monitor progress including TOR, minutes, action logs for IPC & subcommittees</td> <td>n/a</td> <td>Ongoing</td> <td>Board Papers</td> <td>Monthly & Quarterly</td> </tr> </tbody> </table> | | Baseline Metric | Improvement/Target Metric | Data Source | Frequency | ICS Strategy | n/a | Available from December 22 | Board Papers | Once | System Improvement Plan | n/a | Available from Jun 23 | Board Papers | Once | Evidence of clear governance processes in place to monitor progress including TOR, minutes, action logs for IPC & subcommittees | n/a | Ongoing | Board Papers | Monthly & Quarterly |
| System partners not able to agree 5 year improvement priorities | Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sustained operational pressures could impact on ability to progress with improvement plan | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insufficient PMO and analytical resource/capacity available in ICS to initiate appropriate programme structure & workstreams | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Capacity for system leaders due to operational pressures | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Baseline Metric | Improvement/Target Metric | Data Source | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICS Strategy | n/a | Available from December 22 | Board Papers | Once | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| System Improvement Plan | n/a | Available from Jun 23 | Board Papers | Once | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evidence of clear governance processes in place to monitor progress including TOR, minutes, action logs for IPC & subcommittees | n/a | Ongoing | Board Papers | Monthly & Quarterly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Version Control ICS Exit Criteria 1.1 V3 April 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PROGRAMME: Exit Criteria 1 | | PROJECT NAME: 1.2 Incorporate Local Population Health Data | | Level of PMO Support: | | | | | | | |
|--|--|--|---|---|-------------|---|-------|---|---|---|----|
| Executive Sponsor | Claire Skidmore, Chief Finance Officer | Senior Responsible Officer | Julie Garside, Director of Performance & Delivery | Corporate Dept. | Finance | | | | | | |
| Operational Lead | Craig Kynaston, System Head of Business Intelligence | Clinical lead | Masood Ahmed, Deputy CMO | Finance Lead | Laura Clare | | | | | | |
| Project Scope | | Resource Requirements | | High Level Key Milestones | | | | | | | |
| In order to give direction to the ICS 5 year improvement plan and shape the themes for measurable quality improvements, obtain local population health and demographics data to analyse and design how local services meet the needs for the local population health and aligns to the clinical strategy. Ensure national drivers for improvement are also reviewed and factored into themes including primary care, mental health, paediatrics and ambulance handover. | | <ul style="list-style-type: none"> Financial – initial revenue to appoint 2x Band 7 PHM analysts – one for each place Input from local teams to support data review | | <ol style="list-style-type: none"> Due to capacity limitations within the ICS, recruit 2 additional dedicated PHM analysts per place Complete ISNAs to inform Integrated Care Strategy Obtain sign off of draft Integrated Care Strategy from ICB and ICP Use local population health data to inform the clinical priorities within the Clinical Strategy Establish T&F group for STW Cancer early diagnosis reporting to cancer strategy group Programme of place based needs assessment under way (Shropshire place) Use local population health data to inform draft Strategic Commissioning Intentions | | | | | | | |
| Project Impact | | Interdependencies | | Key Project Risks | | | | | | | |
| <ul style="list-style-type: none"> The ICS has utilised local and relevant data to evaluate needs for the local population with clear measurable priorities Better use of resource and data source to shape 5 year improvement plan Better ICB understanding of services locally provided/improved ability to business plan and engage in collaborative discussion with partners Demonstrating the ability to manage patients safely utilising local data ICS owned priorities able to evidence improvements in patient safety, effectiveness and experience through system working and partnerships Improved confidence and trust in the system from families, community and stakeholders | | <ul style="list-style-type: none"> Sign off required through appropriate governance framework Funding from all local partners Buy in from local partners for continuous involvement in project Links with other programmes including HTP and LCP Outcomes from ICP and Health & Wellbeing strategies | | <table border="1"> <thead> <tr> <th>System partners not able to agree 5 year improvement priorities</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Lack of buy in/commitment from local partners</td> <td>9</td> </tr> <tr> <td>Coordination of timelines between a number of providers</td> <td>12</td> </tr> </tbody> </table> | | System partners not able to agree 5 year improvement priorities | Score | Lack of buy in/commitment from local partners | 9 | Coordination of timelines between a number of providers | 12 |
| System partners not able to agree 5 year improvement priorities | Score | | | | | | | | | | |
| Lack of buy in/commitment from local partners | 9 | | | | | | | | | | |
| Coordination of timelines between a number of providers | 12 | | | | | | | | | | |
| Version Control ICS Exit Criteria 1.2 V3 April 23 | | | | | | | | | | | |

| PROGRAMME: Exit Criteria 1 | | PROJECT NAME: 1.3 Communication & Engagement | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|---|-------------------------------|---|---|--|---|--|---|--|---|---|---|---|--|-----------------|---------------------------|-------------|-----------|---|--------------------|---------------------------------|---|-----------|---------------------------------------|-----------------------------|--|----------------------------------|-----------|--|----------------------|--------------------------------|--|---------|
| Executive Sponsor | Simon Whitehouse | Senior Responsible Officer | Edna Boampong, Director of Communications and Engagement | Corporate Dept. | Communications and Engagement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operational Lead | Jackie Robinson Associate Director Comms and Engagement | Clinical lead | NA | Finance Lead | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | High Level Key Milestones | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By law, NHS Commissioners and Trusts must ensure that patients and / or the public are involved in certain decisions that affect the planning and delivery of NHS services. Through the ICS pledge 8, we are committed to enhanced engagement of stakeholders, politicians and the public. | | <ul style="list-style-type: none"> Ensure commissioners build in a budget to effectively engage and involve communities. Where projects are interdependent, we will be more efficient and relevant pieces of work together to have "one conversation". Have consistency and timeliness in providing to support programme plans. Create the infrastructure to log evidence of engagement and involvement to provide a robust evidence base and audit trail that will demonstrate system transparency in decision making. Provide ongoing support to commissioners undertaking Impact Assessments to embed this into service change proposals. Provide strategic support to VCSA involvement postholder who will bring a range of organisations together to work more closely with the ICS. Link in with SHIPP and TWIPP to keep partners informed of future programmes of work | | <ol style="list-style-type: none"> Establish Equality and Involvement committee Launch Involvement People and Communities Strategy and toolkit Launch winter campaign to reduce pressure on local service Commence awareness and roll out of IIA process across ICS with partners Wide engage to inform Integrated Care Strategy Create citizens panel/people network for ongoing dialogue about health and care services Widely engage to inform Joint Forward Plan (JFP) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Impact | | Key Project Risks | | Key Measurable Outcomes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Keep local patients, stakeholders, partners and the public informed, using appropriate communications, tools and channels. Communicate the ICS's transformation priorities, outlining why the change is needed, the process for the change and the benefits for the local population. Deliver communications that have impact with clear calls to action and, when appropriate, encourage behaviour change. Seek out, listen, and respond to the needs, experiences and wishes of patients and local communities to inform the improvement of local health and care services. Use existing and new knowledge/insight about local communities to understand their needs, experiences and wishes for their health and care. Actively engage groups and individuals who are seldom heard by working with community partners and organisations. Ensure all staff understand the importance of involving people in their work who have the skills and resources they need to do it. | | <table border="1"> <thead> <tr> <th>Capacity in partner organisations to undertake robust engagement</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>8</td> </tr> <tr> <td>Insufficient funding to support comms and engagement activity (document production, events etc.)</td> <td>8</td> </tr> <tr> <td>Loss of confidence in change programmes that have been ongoing for some time</td> <td>5</td> </tr> <tr> <td>Overlooking the importance of feedback to all stakeholder regarding their influence in service change (You Said, We Did)</td> <td>5</td> </tr> <tr> <td>Risk of Judicial Review on consultation and/or equality challenge to service change</td> <td>3</td> </tr> </tbody> </table> | | Capacity in partner organisations to undertake robust engagement | Score | 8 | 8 | Insufficient funding to support comms and engagement activity (document production, events etc.) | 8 | Loss of confidence in change programmes that have been ongoing for some time | 5 | Overlooking the importance of feedback to all stakeholder regarding their influence in service change (You Said, We Did) | 5 | Risk of Judicial Review on consultation and/or equality challenge to service change | 3 | <table border="1"> <thead> <tr> <th>Baseline Metric</th> <th>Improvement/Target Metric</th> <th>Data Source</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>Update of Involving People Strategy toolkit</td> <td>No updates to date</td> <td>10 organisations to use toolkit</td> <td>Hits to the website and download of toolkit</td> <td>Quarterly</td> </tr> <tr> <td>Recruit residents to people's network</td> <td>No one currently registered</td> <td>100 people registered by the end of the year</td> <td>Data base with registered people</td> <td>Quarterly</td> </tr> <tr> <td>Wide engagement for Joint Forward Plan</td> <td>Engage with partners</td> <td>Increased awareness across STW</td> <td>numbers of activities and response to survey</td> <td>Monthly</td> </tr> </tbody> </table> | | Baseline Metric | Improvement/Target Metric | Data Source | Frequency | Update of Involving People Strategy toolkit | No updates to date | 10 organisations to use toolkit | Hits to the website and download of toolkit | Quarterly | Recruit residents to people's network | No one currently registered | 100 people registered by the end of the year | Data base with registered people | Quarterly | Wide engagement for Joint Forward Plan | Engage with partners | Increased awareness across STW | numbers of activities and response to survey | Monthly |
| Capacity in partner organisations to undertake robust engagement | Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insufficient funding to support comms and engagement activity (document production, events etc.) | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss of confidence in change programmes that have been ongoing for some time | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overlooking the importance of feedback to all stakeholder regarding their influence in service change (You Said, We Did) | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk of Judicial Review on consultation and/or equality challenge to service change | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Baseline Metric | Improvement/Target Metric | Data Source | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Update of Involving People Strategy toolkit | No updates to date | 10 organisations to use toolkit | Hits to the website and download of toolkit | Quarterly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recruit residents to people's network | No one currently registered | 100 people registered by the end of the year | Data base with registered people | Quarterly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wide engagement for Joint Forward Plan | Engage with partners | Increased awareness across STW | numbers of activities and response to survey | Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Version Control ICS Exit Criteria 1.3 V3 April 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PROGRAMME: Exit Criteria 1 | | PROJECT NAME: 1.4 People Strategy & Delivery Programmes | | Level of PMO Support: | | | | | | | | | | | | | |
|---|-----------------------------|---|-----------------|---|---------------------|---|-------|---------------------------|----|---|---------------------------|---|-----------------------------|--|---------------------------|---|---------------------------|
| Executive Sponsor | Simon Whitehouse, CEO | Senior Responsible Officer | Alex Brett, CPO | Corporate Dept. | ICB People Function | | | | | | | | | | | | |
| Operational Lead | Sara Hayes, Deputy CPO | Clinical lead | n/a | Finance Lead | n/a | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | High Level Key Milestones | | | | | | | | | | | | | |
| We have developed an ICS People Strategy that provides a long term (5 year) direction of travel for our vision of one system workforce, and delivering people services where appropriate, at scale, through provider collaboration. | | <ul style="list-style-type: none"> Sustainably funded and resourced system people team (pay) Sustainably funded non-pay budget A Directorate team comprising appropriate expertise in appropriate numbers that will facilitate and enable sovereign organisations to participate in prioritised workstreams Data, Digital, IS, Comms & equipment resources that enable the team to deliver the work programme in collaboration and conjunction with providers | | <ol style="list-style-type: none"> Development and implementation of a written and authorised partnership collaboration agreement Development of One System People Strategy Refresh of People Delivery Programmes to align to One People Strategy Determine high level milestones for work programmes 23/24 Establishment of an appropriately resourced People function including a Workforce Information & Planning Hub | | | | | | | | | | | | | |
| Project Impact | | Interdependencies | | Key Project Risks | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Demonstrable leadership and delivery of the vision for one system workforce and subsidiarity of sovereign organisations to system in the People sphere Development of a single workforce plan for health provider employers in the system, evidencing system-level programmes that can make the greatest impact on overall system workforce transformation and supply. Delivery of national NHS People Plan priorities (or their equivalent) for the whole system workforce | | <ul style="list-style-type: none"> Prioritisation of patient services and improvement programmes to enable planning of people matters (resourcing, OD, development, career pathways etc.) Clarity of patient activity required (to enable planning of workforce numbers to meet demand) Funding | | <table border="1"> <thead> <tr> <th>The team does not have sustainable structure, skills and funding to enable impactful delivery at a system level</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>4 (major)*4 (likely) = 16</td> <td>16</td> </tr> <tr> <td>Partner organisations acting as sovereign first before system</td> <td>4 (major)*3 (likely) = 16</td> </tr> <tr> <td>Immediate financial impacts preventing investment that would bring future gains</td> <td>4 (major)*3 (possible) = 12</td> </tr> <tr> <td>Capacity in organisational operational leaders and People team colleagues to participate fully in agreed system priority workstreams</td> <td>4 (major)*3 (likely) = 16</td> </tr> <tr> <td>Parttime CPO (0.3WTE) in post to lead and drive this Programme and go in CPOs within the ICS in partner organisations</td> <td>4 (major)*3 (likely) = 16</td> </tr> </tbody> </table> | | The team does not have sustainable structure, skills and funding to enable impactful delivery at a system level | Score | 4 (major)*4 (likely) = 16 | 16 | Partner organisations acting as sovereign first before system | 4 (major)*3 (likely) = 16 | Immediate financial impacts preventing investment that would bring future gains | 4 (major)*3 (possible) = 12 | Capacity in organisational operational leaders and People team colleagues to participate fully in agreed system priority workstreams | 4 (major)*3 (likely) = 16 | Parttime CPO (0.3WTE) in post to lead and drive this Programme and go in CPOs within the ICS in partner organisations | 4 (major)*3 (likely) = 16 |
| The team does not have sustainable structure, skills and funding to enable impactful delivery at a system level | Score | | | | | | | | | | | | | | | | |
| 4 (major)*4 (likely) = 16 | 16 | | | | | | | | | | | | | | | | |
| Partner organisations acting as sovereign first before system | 4 (major)*3 (likely) = 16 | | | | | | | | | | | | | | | | |
| Immediate financial impacts preventing investment that would bring future gains | 4 (major)*3 (possible) = 12 | | | | | | | | | | | | | | | | |
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| Parttime CPO (0.3WTE) in post to lead and drive this Programme and go in CPOs within the ICS in partner organisations | 4 (major)*3 (likely) = 16 | | | | | | | | | | | | | | | | |
| Version Control V3 – April 23 | | | | | | | | | | | | | | | | | |

| PROGRAMME: Exit Criteria 1 | | PROJECT NAME: 1.5 Provider Collaborative | | Level of PMO Support: | | | | | | | | | | | | | |
|---|-----------------------|--|--|--|-------------|--|-------|-------|---|-----------------------------------|---------|------------------------------|---------|---------------------------------------|---------|---|----------|
| Executive Sponsor | Simon Whitehouse, CEO | Senior Responsible Officer | Nicky O'Connor, ICS Programme Director | Corporate Dept. | Chair & CEO | | | | | | | | | | | | |
| Operational Lead | TBC | Clinical lead | N/A | Finance Lead | CFO | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | High Level Key Milestones | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> There is agreement between NHSE (Midlands), the national NHSE team and the system that there is a critical need to progress transformation, improve the system's financial position and overall provider performance The project is focussed on both the governance, statutory and relationship aspects of developing a formalised provider collaboration across NHS STW (excluding primary care at this point) The project aims to deliver a different way of working between providers to maximise all opportunities of improvement within the system | | <ul style="list-style-type: none"> Access to legal support Programme management office support Capacity to support the development of the detailed scope, options and implications for partners across NHS STW Chair and CEO capacity and time to develop and socialise the options Communications and engagement department capacity | | <ol style="list-style-type: none"> Development and consultation of potential future model Final proposed model of collaboration drafted and socialised Agreement with NHSE & Providers Model dependent recruitment to commence for Chairs Alignment of Board governance across providers Establish joint committees across providers | | | | | | | | | | | | | |
| Project Impact | | Interdependencies | | Key Project Risks | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Drive greater integrated working to provide resilience, mutual and better management of capacity Design new models of care and improve pathways Tackle some of the long standing relationship issues Implementing a shared governance model that enables transformation programmes to be aligned to organisational priorities – reducing health inequalities, maintaining and improving quality and safety standards, driving improved efficiency, effectiveness and reducing cost Cost improvements, efficiencies, productivity and economies of scale | | <ul style="list-style-type: none"> NHSE statutory responsibilities and wider NHSE reconfiguration The impact of the new NHSE Operating Model Governance arrangements for NHS Trust and NHS Foundation Trusts | | <table border="1"> <thead> <tr> <th>Failure to reach agreement on the model of collaboration</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>3x3=9</td> <td>9</td> </tr> <tr> <td>Failure to appoint into key roles</td> <td>3x5= 15</td> </tr> <tr> <td>Failure to gain NHSE support</td> <td>2x5= 10</td> </tr> <tr> <td>Failure of Provider Boards to support</td> <td>4x5= 20</td> </tr> <tr> <td>Potential wider NHS System reconfiguration and change</td> <td>3x5 = 15</td> </tr> </tbody> </table> | | Failure to reach agreement on the model of collaboration | Score | 3x3=9 | 9 | Failure to appoint into key roles | 3x5= 15 | Failure to gain NHSE support | 2x5= 10 | Failure of Provider Boards to support | 4x5= 20 | Potential wider NHS System reconfiguration and change | 3x5 = 15 |
| Failure to reach agreement on the model of collaboration | Score | | | | | | | | | | | | | | | | |
| 3x3=9 | 9 | | | | | | | | | | | | | | | | |
| Failure to appoint into key roles | 3x5= 15 | | | | | | | | | | | | | | | | |
| Failure to gain NHSE support | 2x5= 10 | | | | | | | | | | | | | | | | |
| Failure of Provider Boards to support | 4x5= 20 | | | | | | | | | | | | | | | | |
| Potential wider NHS System reconfiguration and change | 3x5 = 15 | | | | | | | | | | | | | | | | |
| Version Control 1.5-v1 April 23 | | | | | | | | | | | | | | | | | |

| Exit Criteria 1 | | PROJECT NAME: 1.6 Update Finance Strategy | | Level of PMO Support: | | | | | | | | | | | |
|--|--------------------------------------|--|--------------------------------------|--|-------------|--|-------|-----------------------------------|----|--|-----------------------------|---|-----------------------------|--|-----------------------------|
| Executive Sponsor | Claire Skidmore, Director of Finance | Senior Responsible Officer | Laura Clare, Deputy Director Finance | Corporate Dept. | ICB Finance | | | | | | | | | | |
| Operational Lead | N/A | Clinical lead | N/A | Finance Lead | N/A | | | | | | | | | | |
| Project Scope | | Resource Requirements | | High Level Key Milestones | | | | | | | | | | | |
| STW submitted a £19m deficit plan in 2022/23 and is one of 5 ICSs in England that were unable to submit a balanced plan following the second plan resubmission. To improve the financial position, exercise collective leadership and work towards developing a sense of mutual accountability for resource use and outcome, there requires whole system ownership of its financial challenges. This will require the development of a clear long term financial strategy and plan that is triangulated with activity and workforce information and underpins the wider system improvement strategy. | | <ul style="list-style-type: none"> Finance workforce/capacity (recurring and non-recurring) Capacity from PMO and transformation, clinical and operational teams for the development of efficiency plans and transformation of pathways | | <ol style="list-style-type: none"> Development and approval of 23/24 system financial plan Development and approval across system of 5 year financial plan Collectively owned financial strategy document detailing clear financial recovery trajectory and key milestones and triangulation activity and workforce plans as well as links to performance criteria | | | | | | | | | | | |
| Project Impact | | Interdependencies | | Key Project Risks | | | | | | | | | | | |
| <ul style="list-style-type: none"> 5 year financial strategy underpinning the 5 year system improvement plan Strategy collectively owned by all ICS organisations Strategy clearly aligned with activity and workforce 5 year detailed financial plan model sitting alongside the narrative strategy The medium to long term cost improvement/efficiency programme and transformation work (for example the hospital transformation programme and Local Care Programme) are clearly articulated within the detailed financial plan | | <ul style="list-style-type: none"> Development of 5 year system improvement plan to enable identification of financial requirements 5 year activity and workforce plans to triangulate with finance Development of cost improvement and transformation schemes to deliver efficiency required Links to development of financial governance, reporting and risk share arrangements in exit criteria 4 | | <table border="1"> <thead> <tr> <th>Limited capacity within the ICB Finance team to focus on system as well as ICB</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>3 (minor)*5 (almost certain) = 20</td> <td>20</td> </tr> <tr> <td>Consideration of finance, quality and performance are not fully aligned when setting strategic and operational plans which may result in sub optimal delivery of recovery trajectories</td> <td>4 (major)*3 (possible) = 12</td> </tr> <tr> <td>Late availability of activity & WTE data in order to produce robust financial modelling</td> <td>4 (major)*3 (possible) = 12</td> </tr> <tr> <td>Capacity and commitment across system to transform pathways and deliver efficiency</td> <td>4 (major)*3 (possible) = 12</td> </tr> </tbody> </table> | | Limited capacity within the ICB Finance team to focus on system as well as ICB | Score | 3 (minor)*5 (almost certain) = 20 | 20 | Consideration of finance, quality and performance are not fully aligned when setting strategic and operational plans which may result in sub optimal delivery of recovery trajectories | 4 (major)*3 (possible) = 12 | Late availability of activity & WTE data in order to produce robust financial modelling | 4 (major)*3 (possible) = 12 | Capacity and commitment across system to transform pathways and deliver efficiency | 4 (major)*3 (possible) = 12 |
| Limited capacity within the ICB Finance team to focus on system as well as ICB | Score | | | | | | | | | | | | | | |
| 3 (minor)*5 (almost certain) = 20 | 20 | | | | | | | | | | | | | | |
| Consideration of finance, quality and performance are not fully aligned when setting strategic and operational plans which may result in sub optimal delivery of recovery trajectories | 4 (major)*3 (possible) = 12 | | | | | | | | | | | | | | |
| Late availability of activity & WTE data in order to produce robust financial modelling | 4 (major)*3 (possible) = 12 | | | | | | | | | | | | | | |
| Capacity and commitment across system to transform pathways and deliver efficiency | 4 (major)*3 (possible) = 12 | | | | | | | | | | | | | | |
| Version Control ICS Exit Criteria 1.6v3 April 23 | | | | | | | | | | | | | | | |

| No | Project Title | Executive Sponsor | SRO | RAG Apr 23 | Final Milestone |
|-----|--|-------------------|------------------------|------------|-----------------|
| 2.1 | Urgent & Emergency System Improvement | Gareth Robinson | Sam Tilley/Betty Lodge | On Track | Aug 23 |
| 2.2 | Elective Care & Cancer System Improvement | Gareth Robinson | Gloria Onwubiko | On Track | Mar 24 |
| 2.3 | Finance Cost Improvement | Gareth Robinson | Gareth Robinson | | May 23 |
| 2.4 | New Service Model for Dementia & Talking Therapies | Gareth Robinson | Tracey Jones | On Track | Mar 24 |

| PROGRAMME: Exit Criteria 2 | | PROJECT NAME: 2.1 Urgent & Emergency System Improvement | | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---------------------------------------|-----------------|--|--------------------------|----------------------|-----------|-------|---|--------|---|--------|---|--------|--|--------|---|--------|---|---------|--|---------|------------------------------------|---------|--|---------|--------------------|--------|
| Executive Sponsor | Gareth Robinson, Director of Delivery & Transformation | Senior Responsible Officer | Sam Tilley & Betty Lodge | Corporate Dept. | UEC | Specialities / Sub Dept. | UEC | | | | | | | | | | | | | | | | | | | | | | |
| Operational Lead | SharonClenell Head of UEC | Clinical lead | Nick White CMO Chris Pickering AMD | Finance Lead | Jill Price | PMO Lead | Gill Harill(interim) | | | | | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | | | | | | | | | | | | | | | | | | | | | | | |
| To build on the current UEC Improvement plan to ensure there is a clear short, mid and long term sustainable plan to meet the demands across the urgent & emergency care pathways. This will specifically focus on the Stabilisation, standardisation and sustained improvements across the UEC pathway. The 23/24 plan has been revised in conjunction with the UEC Clinical Advisory group and incorporates all elements of the National UEC recovery plan. The 23/24 plan focus on 3 main areas: Appropriate Access to Care, Early Flow (72hours) & Prompt and Effective discharge. | | The Plan for 23/24 will need to address how short term funding for key projects can be mapped into existing budgets and elements where further efficiencies can be made. Alignment to workforce planning for both Health and Social Care sectors will be a key requirement. The system continues to implement digital and IT infrastructure projects and in particular there is an intent to implement SHREWD in line with NHSE recommendations as soon as local IT infrastructure allows | | | <table border="1"> <thead> <tr> <th>Milestone</th> <th>Date</th> </tr> </thead> <tbody> <tr><td>1 Primary care; extended access</td><td>Mar 23</td></tr> <tr><td>2 Primary care; increase UEC appointments</td><td>Mar 23</td></tr> <tr><td>3 Acute; implementation of standardised ARA model</td><td>May 23</td></tr> <tr><td>4 Embed and enhance system operational centre operating model including system wide risk process</td><td>May 23</td></tr> <tr><td>5 Community; increasing virtual ward capacity</td><td>May 23</td></tr> <tr><td>6 Acute: workstream 1 focus on Initial Assessment and redirection</td><td>June 23</td></tr> <tr><td>7 Enhance provision for High Intensity Service Users</td><td>June 23</td></tr> <tr><td>8 Stabilise Enhanced IDT provision</td><td>June 23</td></tr> <tr><td>9 Standardised DZA process and discharge model</td><td>June 23</td></tr> <tr><td>10 Redesign of IUC</td><td>Aug 23</td></tr> </tbody> </table> | | | Milestone | Date | 1 Primary care; extended access | Mar 23 | 2 Primary care; increase UEC appointments | Mar 23 | 3 Acute; implementation of standardised ARA model | May 23 | 4 Embed and enhance system operational centre operating model including system wide risk process | May 23 | 5 Community; increasing virtual ward capacity | May 23 | 6 Acute: workstream 1 focus on Initial Assessment and redirection | June 23 | 7 Enhance provision for High Intensity Service Users | June 23 | 8 Stabilise Enhanced IDT provision | June 23 | 9 Standardised DZA process and discharge model | June 23 | 10 Redesign of IUC | Aug 23 |
| Milestone | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Primary care; extended access | Mar 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Primary care; increase UEC appointments | Mar 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Acute; implementation of standardised ARA model | May 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Embed and enhance system operational centre operating model including system wide risk process | May 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Community; increasing virtual ward capacity | May 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Acute: workstream 1 focus on Initial Assessment and redirection | June 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Enhance provision for High Intensity Service Users | June 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Stabilise Enhanced IDT provision | June 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Standardised DZA process and discharge model | June 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Redesign of IUC | Aug 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Impact | | Interdependencies | | | Key Project Risks | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Improved patient outcomes and experience (reduced time in ED and ambulance) Improve processes such as length of stay, ambulance handover, no criteria to reside Reduce time lost to WMAS Improve Cat 2 response times Appropriate care settings for all patient requirements Control of costs relating to capacity requirements | | The success of the UEC Improvement programme has key interdependencies with the Local Care Programme, the delivery of the BCF and workforce planning. Governance and reporting arrangements and the introduction of PMO support to the programme will assist in better alignment and line of sight across these interdependencies | | | <table border="1"> <thead> <tr> <th>Risk</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>Sustained operational and industrial action pressures impacting on time to release staff to focus on transformation</td><td>4x4-16</td></tr> <tr><td>Lack of PMO support</td><td>4x3-12</td></tr> <tr><td>Workforce</td><td>4x4-16</td></tr> <tr><td>Financial resource</td><td>4x4-16</td></tr> <tr><td>Estates infrastructure</td><td>4x4-16</td></tr> <tr><td>Digital and IT infrastructure</td><td>4x4-16</td></tr> </tbody> </table> | | | Risk | Score | Sustained operational and industrial action pressures impacting on time to release staff to focus on transformation | 4x4-16 | Lack of PMO support | 4x3-12 | Workforce | 4x4-16 | Financial resource | 4x4-16 | Estates infrastructure | 4x4-16 | Digital and IT infrastructure | 4x4-16 | | | | | | | | |
| Risk | Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sustained operational and industrial action pressures impacting on time to release staff to focus on transformation | 4x4-16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lack of PMO support | 4x3-12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Workforce | 4x4-16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial resource | 4x4-16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estates infrastructure | 4x4-16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Digital and IT infrastructure | 4x4-16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key Measurable Outcomes | | Baseline Metric (Mar 23) | Improvement/Target Metric | Data Source | Frequency | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduce number of patients with No Criteria To Reside | | 150 | 75 | ICB | Daily | | | | | | | | | | | | | | | | | | | | | | | | |
| Improved ED Performance against hour standard | | 63.2% | 76% | ICB | Daily | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduce ambulance handover delay to support Category 2 response times of 30 minutes | | 40 mins | 30 mins | WMAS | Daily | | | | | | | | | | | | | | | | | | | | | | | | |
| Improve performance in 15 minutetime to initial Assessment for Adults and paediatrics | | 27% | 95% | SATH | Weekly | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduce Number of Patients waiting >12 hours in ED | | 16.9% | 0% | SATH | Daily | | | | | | | | | | | | | | | | | | | | | | | | |

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| PROGRAMME: Exit Criteria 2 | | PROJECT NAME: 2.2 Elective Care & Cancer System Improvement 23/24 | | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------------|---|--------------------------|-----|-----------|-------|---|--------|--|--------|---|--------|---|--------|---|--------|---|--------|------------------------------|--------|---|--------|--|--------|---|--------|---|--------|--|--------|--|--------|----------------------|--------|--|--------|---|--------|--|--------|
| Executive Sponsor | Gareth Robinson, Director of Delivery & Transformation | Senior Responsible Officer | Gloria Onwubiko, Director of Elective Recovery, Cancer & Diagnostics | Corporate Dept. | Delivery & Transformation | Specialities / Sub Dept. | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operational Lead | Sara Biffen - COO(SATH), Mike Carr - COO(RIAH) | Clinical lead | Nick White, Medical Director | Finance Lead | Jill Price, Finance Partner | PMO Lead | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Eliminate waits of over 65 weeks for elective care by March 24 Deliver reduction in outpatient follow -up by 25% against the 2019/20 baseline by March 2024. Meet the 85% day case and 85% theatre utilisation expectations. Ensure patients are seen in a timely manner to reduce harm and likelihood of requiring emergency care Implement priority pathway changes for lower GI, Skin and prostate cancer. Reduce 62 days Cancer backlog Meet the 75% FDS standard to support elective recovery Implement the community diagnostic centres (CDCs), Elective hubs Support DMAS delivery as member Deliver the five strategic priorities for tackling health inequalities | | <ul style="list-style-type: none"> ERF funding to support recovery IS Provision to support delivery including supporting from NHSE Regional team with Tariff caps Regional Mutual Aid Hub Expansion of workforce in particular Radiology, Theatre staff and Consultants. Implementation of CDC Elective Hub Implementation Digital Resource - IT equipment, Telephony e.t.c Appropriate referral management in place to ensure patients are offered choice at other providers Simple Business case approval processes Dedicated Health Inequalities Resource Flexibility to move resources (workforce and monies) around | | | <table border="1"> <thead> <tr> <th>Milestone</th> <th>Date</th> </tr> </thead> <tbody> <tr><td>1 Implement new FIT pathways for Colorectal*</td><td>Apr 23</td></tr> <tr><td>2 Implement validation Programme. e. 12 weeks by end of April</td><td>Apr 23</td></tr> <tr><td>3 Deliver 78w trajectories for SaTH(0 May), RJAH(0 June)</td><td>May 23</td></tr> <tr><td>4 Implement a system wide Planned care dashboard Phase 4</td><td>Jun 23</td></tr> <tr><td>5 Implement BPT pathways for Prostate*</td><td>Jun 23</td></tr> <tr><td>6 Develop and Implement CDC Phase 1*</td><td>Jun 23</td></tr> <tr><td>7 Health Inequalities EQIA</td><td>Jun 23</td></tr> <tr><td>8 Implement NSS Pathway</td><td>Jul 23</td></tr> <tr><td>9 Elective hubs at PRH (SATH)</td><td>Sep 23</td></tr> <tr><td>10 Introduction of an outpatient procedure suite at RSH during 2023</td><td>Dec 23</td></tr> <tr><td>11 Deliver 65w trajectories for SaTH and RIAH</td><td>Mar 24</td></tr> <tr><td>12 Develop Theatre Utilisation improvements including GIRFT principles</td><td>Mar 24</td></tr> <tr><td>13 Implement a Single STW PTL for T&O*</td><td>Mar 24</td></tr> <tr><td>14 Elective Hub RIAH</td><td>Mar 24</td></tr> <tr><td>15 Increasing the use of alternatives including advice and guidance (A&G), patient initiated follow ups (PIFU) and virtual outpatients</td><td>Mar 24</td></tr> <tr><td>16 Implement outcomes from Health Inequalities Review</td><td>Mar 24</td></tr> <tr><td>17 Expand the Targeted Lung Health Checks (TLHC) programme</td><td>Mar 24</td></tr> </tbody> </table> | | | Milestone | Date | 1 Implement new FIT pathways for Colorectal* | Apr 23 | 2 Implement validation Programme. e. 12 weeks by end of April | Apr 23 | 3 Deliver 78w trajectories for SaTH(0 May), RJAH(0 June) | May 23 | 4 Implement a system wide Planned care dashboard Phase 4 | Jun 23 | 5 Implement BPT pathways for Prostate* | Jun 23 | 6 Develop and Implement CDC Phase 1* | Jun 23 | 7 Health Inequalities EQIA | Jun 23 | 8 Implement NSS Pathway | Jul 23 | 9 Elective hubs at PRH (SATH) | Sep 23 | 10 Introduction of an outpatient procedure suite at RSH during 2023 | Dec 23 | 11 Deliver 65w trajectories for SaTH and RIAH | Mar 24 | 12 Develop Theatre Utilisation improvements including GIRFT principles | Mar 24 | 13 Implement a Single STW PTL for T&O* | Mar 24 | 14 Elective Hub RIAH | Mar 24 | 15 Increasing the use of alternatives including advice and guidance (A&G), patient initiated follow ups (PIFU) and virtual outpatients | Mar 24 | 16 Implement outcomes from Health Inequalities Review | Mar 24 | 17 Expand the Targeted Lung Health Checks (TLHC) programme | Mar 24 |
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| 4 Implement a system wide Planned care dashboard Phase 4 | Jun 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7 Health Inequalities EQIA | Jun 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Implement NSS Pathway | Jul 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 14 Elective Hub RIAH | Mar 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 17 Expand the Targeted Lung Health Checks (TLHC) programme | Mar 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Impact | | Interdependencies | | | Key Project Risks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Improvement in future patient experience including better service provision for STW population Better staff morale will mean a more efficient delivery of elective and cancer activity Transparency and ownership of deliverables and metrics will strengthen system partnership working Strengthening the governance of performance management will ensure issues/risk are dealt with in timely manner | | <ul style="list-style-type: none"> Appropriate IS capacity and utilising of DMAS by providers Outpatient initiatives being taken up by the population Diagnostic Recovery (inc CDC implementation, Staffing e.t.c) System wide workforce plan Integrated Delivery Committee approval process streamlined. Cancer strategy board support for delivery Urgent care pressures management and appropriate system escalation plans(e.g impact of two modular wards) Development of provider collaboratives | | | <table border="1"> <thead> <tr> <th>Risk</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>Restoration pace will not keep up with patient demand which may result in harm.</td><td>12</td></tr> <tr><td>Urgent Care pressures within SaTH impacting on elective recovery</td><td>15</td></tr> <tr><td>Lack of Spinal disorder capacity at Robert Jones impacting long waits</td><td>15</td></tr> <tr><td>Workforce pressures and the ability to recruit staff in various areas</td><td>12</td></tr> <tr><td>Patient willingness to travel to other NHS providers including the IS when provision is not available in the system</td><td>12</td></tr> <tr><td>Diagnostic capacity across the system mainly CT & MRI</td><td>16</td></tr> <tr><td>Delays in CDC implementation</td><td>16</td></tr> <tr><td>DNA rate impacting on overall recovery for cancer, elective and diagnostics</td><td>6</td></tr> <tr><td>Clinical capacity to support delivery of OP transformation initiatives</td><td>10</td></tr> </tbody> </table> | | | Risk | Score | Restoration pace will not keep up with patient demand which may result in harm. | 12 | Urgent Care pressures within SaTH impacting on elective recovery | 15 | Lack of Spinal disorder capacity at Robert Jones impacting long waits | 15 | Workforce pressures and the ability to recruit staff in various areas | 12 | Patient willingness to travel to other NHS providers including the IS when provision is not available in the system | 12 | Diagnostic capacity across the system mainly CT & MRI | 16 | Delays in CDC implementation | 16 | DNA rate impacting on overall recovery for cancer, elective and diagnostics | 6 | Clinical capacity to support delivery of OP transformation initiatives | 10 | | | | | | | | | | | | | | | | |
| Risk | Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Urgent Care pressures within SaTH impacting on elective recovery | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lack of Spinal disorder capacity at Robert Jones impacting long waits | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Patient willingness to travel to other NHS providers including the IS when provision is not available in the system | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Delays in CDC implementation | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DNA rate impacting on overall recovery for cancer, elective and diagnostics | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical capacity to support delivery of OP transformation initiatives | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key Measurable Outcomes | | Baseline Metric | Improvement/Target Metric | Data Source | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delivery of target metrics: 65ww, 52 ww, cancer 62 backlog, FDS, Diagnostics, Virtual, PIFU and A&G | | As per Operating plan | As per Operating plan | Various | Various | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deliver 103% elective activity against 19/20 baseline | | Operating plan | 108% | WLMDS | Weekly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Implement the community diagnostic centres (CDCs) | | No CDC | CDC Phase 1 June 23 | N/A | Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Version Control | | Exit Criteria 2.2 v3 April 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PROGRAMME: Exit Criteria 2 | | PROJECT NAME: 2.3 Finance Cost Improvement | | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---------------------------|-----------------|---|--------------------------|--------------------------------|-----------|-------|--|-----------------------------|---|-----------------------------|--|--------|-------------------------------------|--------|---|--------|---|--------|--|--------|---|--------|---|--------|--|--------|---|--------|
| Executive Sponsor | Gareth Robinson, Director of Delivery & Transformation | Senior Responsible Officer | Gareth Robinson | Corporate Dept. | Delivery and Transformation | Specialities / Sub Dept. | Finance, Performance & Quality | | | | | | | | | | | | | | | | | | | | | | | | |
| Operational Lead | N/A | Clinical lead | N/A | Finance Lead | Laura Clare | PMO Lead | Kate Owen | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A key element of the NHS long term plan is to deliver system-level financial balance. In order to support this a Financial Cost Improvement Programme has been established which will include a series of local and system wide efficiency programmes that will be (delivered over the medium to long term and) collectively owned by all ICS organisations and will form part of the medium to long term financial strategy. | | <ul style="list-style-type: none"> Capacity from operational and clinical Leads, finance and Business Intelligence teams will be required to support the development of efficiency plans and transformation programmes PMO Resource across all ICS organisations | | | <table border="1"> <thead> <tr> <th>Milestone</th> <th>Date</th> </tr> </thead> <tbody> <tr><td>1 Identify further opportunities through a series of benchmarking reports targeting areas where our system outlies compared to its peers</td><td>Aug 22</td></tr> <tr><td>2 Identify system wide financial opportunities within Estates, Medicines management, procurement and back office</td><td>Sep 22</td></tr> <tr><td>3 Revisit financial benefits within the existing Transformation Programmes to stretch efficiency targets as far as possible.</td><td>Oct 22</td></tr> <tr><td>4 Scope local CIP plans for 2023/24</td><td>Nov 22</td></tr> <tr><td>5 Establish a system wide Financial Improvement Programme Board to oversee the development and delivery of plans.</td><td>Nov 22</td></tr> <tr><td>6 Identify SRO Leads from across the system to actively contribute and engage in the development of opportunities into high level Plans</td><td>Nov 22</td></tr> <tr><td>7 High Level PIDs to be developed for each programme of work</td><td>Dec 22</td></tr> <tr><td>8 Efficiency plans established for delivery in 2023</td><td>Mar 23</td></tr> <tr><td>9 Efficiencies submitted as part of financial plans</td><td>May 23</td></tr> <tr><td>10 Establish weekly review meetings to be held by Executive and Director Leads to address unidentified value</td><td>May 23</td></tr> <tr><td>11 New Governance structure to be established to strengthen ICS Leads to be confirmed</td><td>May 23</td></tr> </tbody> </table> | | | Milestone | Date | 1 Identify further opportunities through a series of benchmarking reports targeting areas where our system outlies compared to its peers | Aug 22 | 2 Identify system wide financial opportunities within Estates, Medicines management, procurement and back office | Sep 22 | 3 Revisit financial benefits within the existing Transformation Programmes to stretch efficiency targets as far as possible. | Oct 22 | 4 Scope local CIP plans for 2023/24 | Nov 22 | 5 Establish a system wide Financial Improvement Programme Board to oversee the development and delivery of plans. | Nov 22 | 6 Identify SRO Leads from across the system to actively contribute and engage in the development of opportunities into high level Plans | Nov 22 | 7 High Level PIDs to be developed for each programme of work | Dec 22 | 8 Efficiency plans established for delivery in 2023 | Mar 23 | 9 Efficiencies submitted as part of financial plans | May 23 | 10 Establish weekly review meetings to be held by Executive and Director Leads to address unidentified value | May 23 | 11 New Governance structure to be established to strengthen ICS Leads to be confirmed | May 23 |
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| 9 Efficiencies submitted as part of financial plans | May 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Establish weekly review meetings to be held by Executive and Director Leads to address unidentified value | May 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 New Governance structure to be established to strengthen ICS Leads to be confirmed | May 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Impact | | Interdependencies | | | Key Project Risks | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Successful delivery of the Financial Cost Improvement programme will <ul style="list-style-type: none"> Support the overall financial position Deliver value for money Enable further investment for priority areas | | <ul style="list-style-type: none"> Supports the systems financial strategy Links to the strategic Long Term Plan (5 year integrated system improvement plan) | | | <table border="1"> <thead> <tr> <th>Risk</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>Limited capacity within PMO and BI teams to focus on system and ICS led programmes</td><td>4 (major)*3 (possible) = 12</td></tr> <tr><td>Capacity and commitment across system to transform pathways and deliver efficiency (due to operational pressures)</td><td>4 (major)*3 (possible) = 12</td></tr> </tbody> </table> | | | Risk | Score | Limited capacity within PMO and BI teams to focus on system and ICS led programmes | 4 (major)*3 (possible) = 12 | Capacity and commitment across system to transform pathways and deliver efficiency (due to operational pressures) | 4 (major)*3 (possible) = 12 | | | | | | | | | | | | | | | | | | |
| Risk | Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Limited capacity within PMO and BI teams to focus on system and ICS led programmes | 4 (major)*3 (possible) = 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Capacity and commitment across system to transform pathways and deliver efficiency (due to operational pressures) | 4 (major)*3 (possible) = 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key Measurable Outcomes | | Baseline Metric | Improvement/Target Metric | Data Source | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delivery of STW 2023/24 Efficiency plans (monitored through Financial improvement programme group (FIP) and IDC) | | n/a | £69.3m | Finance | Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plans in place to address unidentified value across STW (monitored within each organisation and FIP) | | n/a | £14.9m | Finance | Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delivery of Systems Transformational Programmes (Big Six) | | n/a | £6.7m | Finance | Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Longer Term 5 year Efficiency Programme aligned to system Priorities | | n/a | Long Term Financial Model | Finance | Annual Refresh | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Version Control | | ICS Exit Criteria 2.3 v3 April 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

6

| PROGRAMME: Exit Criteria 2 | | PROJECT NAME: 2.4 Implementation of a new Service Model for Dementia and Talking Therapies (prev IAPT) | | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|-----------------|---|--------------------------|---------------|-----------|-------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|--|--------|--|--------|--|--------|---|--------|
| Executive Sponsor | Gareth Robinson Director of Delivery and Transformation | Senior Responsible Officer | Tracey Jones Director of MH, LD&A and CYP | Corporate Dept. | Delivery and Transformation | Specialities / Sub Dept. | Mental Health | | | | | | | | | | | | | | | | | | | | | | |
| Operational Lead | Helen Rowney Head of MH | Clinical lead | Dr Priya George | Finance Lead | Ruth Yates | Project Manager | Helen White | | | | | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones April 23 onwards | | | | | | | | | | | | | | | | | | | | | | | | |
| Dementia Implementation of the 4 key streams of the co-designed Dementia Vision by March 2025. Sub scope for 23/24 achievement of <ul style="list-style-type: none"> Early help offer trajectory 50% practices dementia friendly 23/24 and fully rolled out 24/25 Revised Assessment and Diagnosis services Phase one of workstream 3 "Living as I choose" Talking Therapies Implementation of a single refreshed model of NHS Talking Therapies, for anxiety and depression across Shropshire Telford and Wrekin. (formerly known as Improving Access to Psychological Therapies, IAPT) | | Dementia : Project implementation resources in providers (SaTH, SCHT, MPFT and Primary Care) Potential additional financial resources to deliver Phase 2 workstream 3 and workstream 4 in 24/25 (subject to business cases in 23/24) Talking Therapies : Project implementation in MPFT: Sourced and active in implementing the transition plan from previous model into single agreed unified model Both projects require data analyst capacity, quality team and comms and engagement capacity. PMO and workforce support | | | <table border="1"> <thead> <tr> <th>Milestone</th> <th>Date</th> </tr> </thead> <tbody> <tr><td>1 Refreshed project plan in place for implementation of dementia project scope in 23/24 to have clear action plans for all three elements in scope (Dementia)</td><td>Jun 23</td></tr> <tr><td>2 Implementation Plan developed for Phase 2 Living as I choose (Dementia)</td><td>Sep 23</td></tr> <tr><td>3 Phase one Living as I choose implemented (Dementia)</td><td>Dec 23</td></tr> <tr><td>4 Business case developed for transition components of Dementia Vision</td><td>Feb 24</td></tr> <tr><td>5 Early help offer implemented with 50% Practices dementia friendly</td><td>Mar 24</td></tr> <tr><td>6 Revised dementia assessment and diagnosis processes implemented</td><td>Mar 24</td></tr> <tr><td>7 Workforce for new model agreed (Talking Therapies)</td><td>Apr 23</td></tr> <tr><td>8 Management of Change for staff completed (Talking Therapies)</td><td>Jul 23</td></tr> <tr><td>9 Digital solution implemented (Talking Therapies)</td><td>Jul 23</td></tr> <tr><td>10 Launch of new single model (Talking Therapies)</td><td>Dec 23</td></tr> </tbody> </table> | | | Milestone | Date | 1 Refreshed project plan in place for implementation of dementia project scope in 23/24 to have clear action plans for all three elements in scope (Dementia) | Jun 23 | 2 Implementation Plan developed for Phase 2 Living as I choose (Dementia) | Sep 23 | 3 Phase one Living as I choose implemented (Dementia) | Dec 23 | 4 Business case developed for transition components of Dementia Vision | Feb 24 | 5 Early help offer implemented with 50% Practices dementia friendly | Mar 24 | 6 Revised dementia assessment and diagnosis processes implemented | Mar 24 | 7 Workforce for new model agreed (Talking Therapies) | Apr 23 | 8 Management of Change for staff completed (Talking Therapies) | Jul 23 | 9 Digital solution implemented (Talking Therapies) | Jul 23 | 10 Launch of new single model (Talking Therapies) | Dec 23 |
| Milestone | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4 Business case developed for transition components of Dementia Vision | Feb 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Early help offer implemented with 50% Practices dementia friendly | Mar 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Revised dementia assessment and diagnosis processes implemented | Mar 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Workforce for new model agreed (Talking Therapies) | Apr 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Management of Change for staff completed (Talking Therapies) | Jul 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Digital solution implemented (Talking Therapies) | Jul 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Launch of new single model (Talking Therapies) | Dec 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Impact | | Interdependencies | | | Key Project Risks | | | | | | | | | | | | | | | | | | | | | | | | |
| Dementia : person centered individual care that is co-ordinated and proactive enabling individuals and their carers to have improved experiences of care Talking Therapies : Individuals across STW will have the skills and techniques to enable them to better manage their health and well being | | For both Dementia and Talking Therapies MH Community Transformation Project (MPFT led) Population health data project for confirming current and future demand and targeting health inequalities Financial Improvement plan Achievement of non recurrent waiting list initiatives | | | <table border="1"> <thead> <tr> <th>Risk</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>System partners unable to recruit to agreed workforce models (both projects)</td><td>12</td></tr> <tr><td>Pace of change differential across sub components of workstreams in the model between system partners (Dementia)</td><td>12</td></tr> <tr><td>Lack of provider IT systems to accurately collect and collate data for both planning and monitoring</td><td>12</td></tr> <tr><td>Capacity across system to engage with and in multiple transformation projects due to multiple interdependencies</td><td>9</td></tr> </tbody> </table> | | | Risk | Score | System partners unable to recruit to agreed workforce models (both projects) | 12 | Pace of change differential across sub components of workstreams in the model between system partners (Dementia) | 12 | Lack of provider IT systems to accurately collect and collate data for both planning and monitoring | 12 | Capacity across system to engage with and in multiple transformation projects due to multiple interdependencies | 9 | | | | | | | | | | | | |
| Risk | Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pace of change differential across sub components of workstreams in the model between system partners (Dementia) | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lack of provider IT systems to accurately collect and collate data for both planning and monitoring | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Capacity across system to engage with and in multiple transformation projects due to multiple interdependencies | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key Measurable Outcomes | | Baseline Metric 22/23 | Target | Data Source | Frequency | | | | | | | | | | | | | | | | | | | | | | | | |
| Improvement in Dementia Diagnosis rates to achieve target within operational planning guidance 23/24 | | 57.78% | 67.6% | BI Team | Monthly | | | | | | | | | | | | | | | | | | | | | | | | |
| Achievement of target in operational plan of number of individuals who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within 23/24 | | 7365 individuals | 12,948 individuals | BI Team | Quarterly | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduction of avoidable hospital admissions for those living with dementia | | 1602 cases admitted | 8% reduction 142 cases | BI Team | Monthly | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduction in total numbers of admissions of individuals with a Long Term Condition who have mild to moderate anxiety and depression and LTC | | 2607 cases admitted | 10% reduction 260 cases | BI Team | Monthly | | | | | | | | | | | | | | | | | | | | | | | | |
| Version Control | | 2.4-v3 April 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| No | Project Title | Executive Sponsor | SRO |
|-----|-----------------------------------|-------------------|---------------|
| 3.1 | Corporate Oversight and assurance | Simon Whitehouse | Alison Smith |
| 3.2 | Roles and Accountability | Simon Whitehouse | Alex Brett |
| 3.3 | Place oversight and Assurance | Simon Whitehouse | Claire Parker |
| 3.4 | Improved Integrated Performance | Claire Skidmore | Julie Garside |
| | | | |
| | | | |
| | | | |

| PROGRAMME: Exit Criteria 3 | | PROJECT NAME: 3.1 Corporate Oversight and Assurance | | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|-------------------------------|---|-----------------------------------|------------|-----------|-------|--|--------|--|--------|--|--------|--|--------|---|--------|--|--------|--|--------|---|--------|---|--------|
| Executive Sponsor | Simon Whitehouse, Chief Executive Officer | Senior Responsible Officer | Alison Smith, Director of Corporate affairs | Division(s) / Corporate Dept. | Corporate Affairs | Specialities / Sub Dept. | Governance | | | | | | | | | | | | | | | | | | | | |
| Operational Lead | N/A | Clinical lead | N/A | Finance Lead | N/A | PMO Lead | N/A | | | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Ensure there is a sub-committee Structure and Governance Handbook in place. Evidence of regular and meaningful monitoring of Delivery in line with ICB Governance Handbook. ICB/NHS England MOU reflects ICB role and responsibility in solving the system quality and financial challenges. | | <ul style="list-style-type: none"> PMO support at delivery level Evidence of regular and meaningful monitoring of delivery in line with ICB Governance Handbook | | | <table border="1"> <thead> <tr> <th>Milestone</th> <th>Date</th> </tr> </thead> <tbody> <tr><td>1 Review of ICB subcommittee structure</td><td>May 22</td></tr> <tr><td>2 Submit V1 of ICB constitution & governance handbook to NHSE</td><td>Jun 22</td></tr> <tr><td>3 Submit proposed V1 governance handbook to ICB for sign off</td><td>Jul 22</td></tr> <tr><td>4 Implement 'chairs highlight report' structure from each subcommittee to ICB to provide a mechanism for oversight, assurance, risk & escalation</td><td>Jul 22</td></tr> <tr><td>5 Ensure MOU reflects ICB role and responsibility in solving the system quality and financial challenges and signed off</td><td>Aug 22</td></tr> <tr><td>6 Submit proposed V2 governance handbook to ICB for sign off</td><td>Nov 22</td></tr> <tr><td>7 Ensure the initial committee meetings reflect that the TOR content is applicable and transfer any amendments to V2 governance handbook</td><td>Nov 22</td></tr> <tr><td>8 GGI governance structure review phase one completion: analysis of current governance structure and co design of revised effective structure which include aligning operational meetings, projects and workstreams to the subcommittee structure</td><td>Jun 23</td></tr> <tr><td>9 GGI governance structure review phase two completion: Implementation of new structure</td><td>Dec 23</td></tr> </tbody> </table> | | | Milestone | Date | 1 Review of ICB subcommittee structure | May 22 | 2 Submit V1 of ICB constitution & governance handbook to NHSE | Jun 22 | 3 Submit proposed V1 governance handbook to ICB for sign off | Jul 22 | 4 Implement 'chairs highlight report' structure from each subcommittee to ICB to provide a mechanism for oversight, assurance, risk & escalation | Jul 22 | 5 Ensure MOU reflects ICB role and responsibility in solving the system quality and financial challenges and signed off | Aug 22 | 6 Submit proposed V2 governance handbook to ICB for sign off | Nov 22 | 7 Ensure the initial committee meetings reflect that the TOR content is applicable and transfer any amendments to V2 governance handbook | Nov 22 | 8 GGI governance structure review phase one completion: analysis of current governance structure and co design of revised effective structure which include aligning operational meetings, projects and workstreams to the subcommittee structure | Jun 23 | 9 GGI governance structure review phase two completion: Implementation of new structure | Dec 23 |
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| 3 Submit proposed V1 governance handbook to ICB for sign off | Jul 22 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Implement 'chairs highlight report' structure from each subcommittee to ICB to provide a mechanism for oversight, assurance, risk & escalation | Jul 22 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Ensure MOU reflects ICB role and responsibility in solving the system quality and financial challenges and signed off | Aug 22 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Submit proposed V2 governance handbook to ICB for sign off | Nov 22 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Ensure the initial committee meetings reflect that the TOR content is applicable and transfer any amendments to V2 governance handbook | Nov 22 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9 GGI governance structure review phase two completion: Implementation of new structure | Dec 23 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Impact | | Interdependencies | | | Key Project Risks | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Sub-committee structure and governance handbook in place Reviewed and restructured assurance & governance framework including business cycles/TOR/minutes Mapping of assurance framework throughout the system Regulatory and Statutory compliance Improvements in governance will support improvements in meeting constitutional standards and transformation and service redesign Public confidence and reputation Improved quality of services and patient, staff experience | | <ul style="list-style-type: none"> NHSE Annual Governance Review guidance Work by subcommittees to align projects and workstreams Financial Sustainability project | | | <table border="1"> <thead> <tr> <th>Risk</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>There is a risk that provision of key information to assist GGI with phase one mapping exercise may not be undertaken in a timely way and may result in delays</td> <td>9</td> </tr> <tr> <td>There is a risk that lack of engagement by senior and middle management across the ICB and ICS with the review may result in an incomplete information being provided and a delay in completion of the project</td> <td>9</td> </tr> </tbody> </table> | | | Risk | Score | There is a risk that provision of key information to assist GGI with phase one mapping exercise may not be undertaken in a timely way and may result in delays | 9 | There is a risk that lack of engagement by senior and middle management across the ICB and ICS with the review may result in an incomplete information being provided and a delay in completion of the project | 9 | | | | | | | | | | | | | | |
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| Key Measurable Outcomes | | Baseline Metric | Improvement/Target Metric | Data Source | Frequency | Version Control | | | | | | | | | | | | | | | | | | | | | |
| Evidence of governance handbook approved and in place | | V1 handbook to be updated | Final handbook available by Nov 22 | ICB | Yearly review | ICS Exit Criteria 3.1 v3 April 23 | | | | | | | | | | | | | | | | | | | | | |
| Process for ensuring 'chairs highlight report' structure is in place which demonstrates there is a mechanism for oversight, assurance, risk & escalation for all subcommittees and this is providing evidence of improvements supported by the governance framework | | N/A | New process in place | ICB | 6 monthly | | | | | | | | | | | | | | | | | | | | | | |
| Revised governance structure following GGI review in place | | N/A | Clearly mapped governance structure presented in the Governance Handbook | ICB/GGI | Annual review | | | | | | | | | | | | | | | | | | | | | | |

| PROGRAMME: Exit Criteria 3 | | PROJECT NAME: 3.2 Roles and Accountability | | | Level of PMO Support: | | | | | | | | | | | | |
|--|-----------------------|--|---------------------------|-------------------------------|---|-----------------------------------|--------|-----------|-------|--|--------|--|--------|--|--------|---|--------|
| Executive Sponsor | Simon Whitehouse, CEO | Senior Responsible Officer | Alex Brett, CPO | Division(s) / Corporate Dept. | Strategy & Integration | Specialities / Sub Dept. | People | | | | | | | | | | |
| Operational Lead | n/a | Clinical lead | N/A | Finance Lead | N/A | PMO Lead | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | | | | | | | | | | | |
| To ensure that the ICB fulfils its statutory duty to carry out its functions effectively, efficiently and economically it must ensure roles, accountability and resource is clearly defined. Executive portfolios must be agreed with ownership of key programmes and in doing so will build patient, public and stakeholder confidence that their health and healthcare is in safe hands. This fundamental accountability to the public and stakeholders is delivered by building confidence in the quality and safety of health services and ensures that resources are invested in a way that delivers optimal health outcomes. | | <ul style="list-style-type: none"> Substantive funding for CPO role additional to current budget allowance Allocated funding for interim support for part time CPO role January – March 23 to lead the delivery of people plan | | | <table border="1"> <thead> <tr> <th>Milestone</th> <th>Date</th> </tr> </thead> <tbody> <tr><td>1 Recruit to substantive executive directors</td><td>Jul 22</td></tr> <tr><td>2 Review and evaluate the requirement for a system Chief People Officer</td><td>Aug 22</td></tr> <tr><td>3 Establish a substantive executive board including CEO and substantive Chief People Officer (CPO)</td><td>Mar 23</td></tr> <tr><td>4 Review and align Executive portfolios including realigned JDs and identification and allocation of resource</td><td>Mar 23</td></tr> </tbody> </table> | | | Milestone | Date | 1 Recruit to substantive executive directors | Jul 22 | 2 Review and evaluate the requirement for a system Chief People Officer | Aug 22 | 3 Establish a substantive executive board including CEO and substantive Chief People Officer (CPO) | Mar 23 | 4 Review and align Executive portfolios including realigned JDs and identification and allocation of resource | Mar 23 |
| Milestone | Date | | | | | | | | | | | | | | | | |
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| 4 Review and align Executive portfolios including realigned JDs and identification and allocation of resource | Mar 23 | | | | | | | | | | | | | | | | |
| Project Impact | | Interdependencies | | | Key Project Risks | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Recruitment to substantive Executive board positions Executive portfolios agreed with clear ownership key programmes Public confidence and reputation Improved quality of services and patient, staff experience Well led and designed People Plan and Strategy across the system Meets targets defined in the National People Plan New and improved ways of working to deliver care Improved recruitment and retention of all staffing groups across the system Growing for the future | | <ul style="list-style-type: none"> System working through what PLACE means to STW and its providers National Team's approval for CEO substantive recruitment | | | <table border="1"> <thead> <tr> <th>Risk</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Substantive recruitment to CPO</td> <td>9</td> </tr> <tr> <td>Dependent on National Team approval on recruitment for a substantive CEO</td> <td>8</td> </tr> </tbody> </table> | | | Risk | Score | Substantive recruitment to CPO | 9 | Dependent on National Team approval on recruitment for a substantive CEO | 8 | | | | |
| Risk | Score | | | | | | | | | | | | | | | | |
| Substantive recruitment to CPO | 9 | | | | | | | | | | | | | | | | |
| Dependent on National Team approval on recruitment for a substantive CEO | 8 | | | | | | | | | | | | | | | | |
| Key Measurable Outcomes | | Baseline Metric | Improvement/Target Metric | Data Source | Frequency | Version Control | | | | | | | | | | | |
| Fully established Exec team in post | | n/a | Fully Established | | | ICS Exit Criteria 3.2 v3 April 23 | | | | | | | | | | | |
| Meeting the requirements of governance handbook | | | | | | | | | | | | | | | | | |

| PROGRAMME: Exit Criteria 3 | | PROJECT NAME: 3.3 Place Oversight and Assurance | | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|-----------------|--|-----------------------------------|------------------------|-----------|-------|--|---------|--|---------|---|--------|---|--------|---|--------|--|--------|--|--------|---|--------|---|--------|---|--------|---|--------|---|--------|
| Executive Sponsor | Simon Whitehouse, CEO | Senior Responsible Officer | Claire Parker, Director of Partnerships and Place | Corporate Dept. | Delivery & Transformation | Specialities / Sub Dept. | Place and Partnerships | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operational Lead | Penny Bason, Shropshire & Sarah Downes, Telford & Wrekin | Clinical lead | N/A | Finance Lead | Colin Thomas, Finance Partner | PMO Lead | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To develop the integrated Place partnerships to a level of maturity to take on delegated functions from the ICB and to deliver the 5 Year Plan and Operational Plan. | | <ul style="list-style-type: none"> Financial and workforce capacity for delivery and plans | | | <table border="1"> <thead> <tr> <th>Milestone</th> <th>Date</th> </tr> </thead> <tbody> <tr><td>1 Complete a revision of the Telford and Wrekin Partnership committees TOR to reflect delivery responsibilities and enhanced collaborative working</td><td>July 22</td></tr> <tr><td>2 Complete a revision of the Shropshire Partnership committees TOR to reflect delivery responsibilities and enhanced collaborative working</td><td>July 22</td></tr> <tr><td>3 Participate in the NHSE cohort for the Place Development Programme</td><td>Sep 22</td></tr> <tr><td>4 Ensuring the Place Based Delivery Boards align clearly within the ICB governance framework for assurance, delivery and strategy</td><td>Jan 23</td></tr> <tr><td>5 Ensure the delivery plan is regularly monitored and assured through the Integrated Delivery Committee</td><td>Mar 23</td></tr> <tr><td>6 Undertake a Board Development day to establish ways of working</td><td>Apr 23</td></tr> <tr><td>7 Begin discussions at SHIPP & TWIPP on how the Place boards will deliver improvements in quality, operations and finance.</td><td>Jun 23</td></tr> <tr><td>8 Ensure the Place based delivery plan aligns to the ICS 5 year plan and operational plan</td><td>Jun 23</td></tr> <tr><td>9 Implement learning from final recommendations from the NHSE Place Development Programme</td><td>Sep 23</td></tr> <tr><td>10 Produce a plan for SHIPP & TWIPP to deliver improvements in operations and finance at Place.</td><td>Sep 23</td></tr> <tr><td>11 Implement a scheme of delegation utilising the national guidance</td><td>Apr 24</td></tr> <tr><td>12 Ensure delivery and assurance arrangements are in place in readiness for place-based partnership to have assigned budgetary responsibilities</td><td>Apr 24</td></tr> </tbody> </table> | | | Milestone | Date | 1 Complete a revision of the Telford and Wrekin Partnership committees TOR to reflect delivery responsibilities and enhanced collaborative working | July 22 | 2 Complete a revision of the Shropshire Partnership committees TOR to reflect delivery responsibilities and enhanced collaborative working | July 22 | 3 Participate in the NHSE cohort for the Place Development Programme | Sep 22 | 4 Ensuring the Place Based Delivery Boards align clearly within the ICB governance framework for assurance, delivery and strategy | Jan 23 | 5 Ensure the delivery plan is regularly monitored and assured through the Integrated Delivery Committee | Mar 23 | 6 Undertake a Board Development day to establish ways of working | Apr 23 | 7 Begin discussions at SHIPP & TWIPP on how the Place boards will deliver improvements in quality, operations and finance. | Jun 23 | 8 Ensure the Place based delivery plan aligns to the ICS 5 year plan and operational plan | Jun 23 | 9 Implement learning from final recommendations from the NHSE Place Development Programme | Sep 23 | 10 Produce a plan for SHIPP & TWIPP to deliver improvements in operations and finance at Place. | Sep 23 | 11 Implement a scheme of delegation utilising the national guidance | Apr 24 | 12 Ensure delivery and assurance arrangements are in place in readiness for place-based partnership to have assigned budgetary responsibilities | Apr 24 |
| Milestone | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 Produce a plan for SHIPP & TWIPP to deliver improvements in operations and finance at Place. | Sep 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Implement a scheme of delegation utilising the national guidance | Apr 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Ensure delivery and assurance arrangements are in place in readiness for place-based partnership to have assigned budgetary responsibilities | Apr 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Impact | | Interdependencies | | | Key Project Risks | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Integrated Place based partnerships are subcommittees of the ICB Evidence that the Integrated Plan is discussed at the Integrated Place Partnerships Delivery, assurance and governance arrangements in place for the Integrated Place Partnerships Reducing inequalities by delivery in Place through neighbourhood teams and integrated community & primary care | | <ul style="list-style-type: none"> Workforce Programme – resources available and able to recruit IT & digital infrastructure | | | <table border="1"> <thead> <tr> <th>Risk</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Risk of non delivery of Place based services if there is no scheme of delegation resource</td> <td>12</td> </tr> <tr> <td>Capacity to deliver the programmes of work in the Place based partnerships</td> <td>12</td> </tr> <tr> <td>Financial constraints have the ability to effect partnership relationships, there is a risk that the partnership will not be able to implement partnership place based services</td> <td>9</td> </tr> </tbody> </table> | | | Risk | Score | Risk of non delivery of Place based services if there is no scheme of delegation resource | 12 | Capacity to deliver the programmes of work in the Place based partnerships | 12 | Financial constraints have the ability to effect partnership relationships, there is a risk that the partnership will not be able to implement partnership place based services | 9 | | | | | | | | | | | | | | | | | | |
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| Key Measurable Outcomes | | Baseline Metric | Improvement/Target Metric | Data Source | Frequency | Version Control | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Joint Strategic Needs Assessment (JSNA) | | 2018/19 report | 2022/23 | Public Health | Every 3 years | ICS Exit Criteria 3.3 v3 April 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Development of Place based plans and governance framework | | CCG version | 2022/23 | ICS | Monthly Review | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Better Care Fund | | 2022/23 | 2023/24 | National team | Annual review | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PROGRAMME: Exit Criteria 1 | | PROJECT NAME: 3.4 Improved Integrated Performance Report | | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|-----------------|--|---------------------------------|-----|-----------|-------|---|--------|---|--------|---|--------|-----------------------------------|--------|---|--------|--|--------|---|--------|---|--------|
| Executive Sponsor | Claire Skidmore, Director of Finance | Senior Responsible Officer | Julie Garside, Director of Planning & Performance | Corporate Dept. | Strategy & Integration | Specialities / Sub Dept. | | | | | | | | | | | | | | | | | | | |
| Operational Lead | SamCook, Deputy Director of Performance | Clinical lead | Vanessa Whately, Deputy Chief Nurse | Finance Lead | Laura Clare, Deputy Finance Director | PMO Lead | n/a | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | | | | | | | | | | | | | | | | | | | |
| Develop a more focused report that highlights critical operational system performance by exception and the impact mitigating actions are having on improving performance. Where there are provider specific performance issues these will be identified, and system partners will contribute with provider specific intelligence on risks and issues related to this issue, to triangulate to internal provider performance reporting. | | <ul style="list-style-type: none"> Capacity of System BI and Performance Leads to work together to deliver the information required to meet the ongoing requirements of reporting to the Board. Capacity of ICB leads to provide information and intelligence as input to the report. | | | <table border="1"> <thead> <tr> <th>Milestone</th> <th>Date</th> </tr> </thead> <tbody> <tr><td>1 Co-design workshop with system performance leads & review of IPRs to Boards</td><td>Feb 23</td></tr> <tr><td>2 Co-design with ICB finance lead</td><td>Feb 23</td></tr> <tr><td>3 Co-design with ICB people lead</td><td>Feb 23</td></tr> <tr><td>4 Co-design with ICB quality lead</td><td>May 23</td></tr> <tr><td>5 1st iteration of new Integrated Performance Report to ICB Board</td><td>Jun 23</td></tr> <tr><td>6 Review of Integrated Performance Report by ICB Board</td><td>Jul 23</td></tr> <tr><td>7 SOP finalised for delivery of new report format</td><td>Jul 23</td></tr> <tr><td>8 2nd iteration of Integrated Performance Report to ICB Board</td><td>Aug 23</td></tr> </tbody> </table> | | | Milestone | Date | 1 Co-design workshop with system performance leads & review of IPRs to Boards | Feb 23 | 2 Co-design with ICB finance lead | Feb 23 | 3 Co-design with ICB people lead | Feb 23 | 4 Co-design with ICB quality lead | May 23 | 5 1 st iteration of new Integrated Performance Report to ICB Board | Jun 23 | 6 Review of Integrated Performance Report by ICB Board | Jul 23 | 7 SOP finalised for delivery of new report format | Jul 23 | 8 2nd iteration of Integrated Performance Report to ICB Board | Aug 23 |
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| 1 Co-design workshop with system performance leads & review of IPRs to Boards | Feb 23 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Co-design with ICB finance lead | Feb 23 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Co-design with ICB people lead | Feb 23 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Co-design with ICB quality lead | May 23 | | | | | | | | | | | | | | | | | | | | | | | | |
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| Project Impact | | Interdependencies | | | Key Project Risks | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Provides a system overview of performance and interdependencies and consequent impacts to enable more effective solutions. Draws attention to areas of concern and progress of actions not delivering as planned for wider discussion and collective ownership of system solution. | | <ul style="list-style-type: none"> Timely reporting of operational delivery boards and committees of the ICB to provide progress against performance improvement plans and further actions. | | | <table border="1"> <thead> <tr> <th>Risk</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Capacity of System BI and Performance leads to provide ongoing information and intelligence to meet deadlines</td> <td>4x3=12</td> </tr> <tr> <td>Capacity of ICB Quality, People and Finance leads to provide and information and intelligence to meet deadlines</td> <td>2x4=8</td> </tr> <tr> <td>Timing of committees and Board prevents full alignment of reporting</td> <td>3x3=9</td> </tr> </tbody> </table> | | | Risk | Score | Capacity of System BI and Performance leads to provide ongoing information and intelligence to meet deadlines | 4x3=12 | Capacity of ICB Quality, People and Finance leads to provide and information and intelligence to meet deadlines | 2x4=8 | Timing of committees and Board prevents full alignment of reporting | 3x3=9 | | | | | | | | | | |
| Risk | Score | | | | | | | | | | | | | | | | | | | | | | | | |
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| Key Measurable Outcomes | | Baseline Metric | Improvement/Target Metric | Data Source | Frequency | Version Control | | | | | | | | | | | | | | | | | | | |
| ICB Integrated Performance Report structure is agreed and SOP in place for delivery. | | N/A | New Process in Place | ICB | Bi-Monthly | ICS Exit Criteria 3 v3 April 23 | | | | | | | | | | | | | | | | | | | |
| Aligns with relevant committees 'chairs highlight report' | | N/A | Retrospective Review | ICB | Half Yearly | | | | | | | | | | | | | | | | | | | | |
| Evidence of governance annual review in place | | N/A | Overview Report | ICB | Yearly | | | | | | | | | | | | | | | | | | | | |

| No | Project Title | Executive Sponsor | SRO |
|-----|-------------------------------------|-------------------|---------------|
| 4.1 | Financial Sustainability | Claire Skidmore | Laura Clare |
| 4.2 | Clinical Leadership & Strategy | Nick White | Nick White |
| 4.3 | Operational Planning – Primary Care | Gareth Robinson | Emma Pyrah |
| 4.4 | Operational Planning Framework | Claire Skidmore | Julie Garside |

| Exit Criteria 4 | | PROJECT NAME: 4.1 Financial Sustainability | | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|-------------------------------|---|--------------------------|-----------|-------|--|------------------------------------|--|-----------------------------|--|-----------------------------|--|-----------------------------|---|--------|---|--------|---|--------|---|--|--|---------------------------------|---|---------------------------------|
| Executive Sponsor | Claire Skidmore, Chief Finance Officer | Senior Responsible Officer | Laura Clare, Deputy CFO | Division(s) / Corporate Dept. | ICB Finance | Specialities / Sub Dept. | | | | | | | | | | | | | | | | | | | | | | |
| Operational Lead | N/A | Clinical lead | N/A | Finance Lead | As above | PMO Lead | | | | | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | | | | | | | | | | | | | | | | | | | | | | |
| STW submitted a £19m deficit plan in 2022/23 and is one of 5 ICSs in England that were unable to submit a balanced plan following the second plan resubmission. To improve the financial position, exercise collective leadership and work towards developing a sense of mutual accountability for resource use and outcome, there requires whole system ownership of its financial challenges. This will require: | | <ul style="list-style-type: none"> Finance workforce (recurring and non recurring) Capacity from PMO, transformation, clinical and operational teams for the development and delivery of efficiency plans and transformation of pathways | | | <table border="1"> <thead> <tr> <th>Milestone</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>1. Develop system wide financial reporting packs for new finance committee that highlight key areas of focus such as agency, COVID, efficiency etc and links to performance issues</td> <td>Sep 22</td> </tr> <tr> <td>2. Review system finance committee TOR to ensure greater representation</td> <td>Sep 22</td> </tr> <tr> <td>3. Review and update intelligent fixed payment process including framework risk sharing to ensure contract sign off for April 2023</td> <td>Apr 23</td> </tr> <tr> <td>4. System wide financial risk register in place that sits below the GBAF and to wider quality/safety risks highlighted</td> <td>Apr 23</td> </tr> <tr> <td>5. Clear decision making process and governance route for financial sustainability understood across the system</td> <td>Jul 23</td> </tr> <tr> <td>6. Develop 23/24 and longer term financial plan across system with consistent assumptions and clear deliverable recovery trajectory</td> <td>Sep 23</td> </tr> <tr> <td>7. IFP work plan for 23/24 to rebase contracts ready for April 2024 provider rebase work to be reviewed through costing and contracting groups linked to development of a financial risk sharing methodology and agreement across the ICS with all providers.</td> <td>Sep 23</td> </tr> <tr> <td>8. Develop and mature the strategic prioritisation process for the Investment panel (to include both revenue & capital spend)</td> <td>TBC (relies on ICS strategy being developed)</td> </tr> <tr> <td>9. Produce financial information in order to inform the 'Place' meetings</td> <td>TBC (relies on 'Place' project)</td> </tr> <tr> <td>10. As ICS becomes clearer regarding its requirements for finance functions, map across current ICB finance workforce to ensure establishment & skills are adequate</td> <td>TBC (relies on ICS development)</td> </tr> </tbody> </table> | | Milestone | Date | 1. Develop system wide financial reporting packs for new finance committee that highlight key areas of focus such as agency, COVID, efficiency etc and links to performance issues | Sep 22 | 2. Review system finance committee TOR to ensure greater representation | Sep 22 | 3. Review and update intelligent fixed payment process including framework risk sharing to ensure contract sign off for April 2023 | Apr 23 | 4. System wide financial risk register in place that sits below the GBAF and to wider quality/safety risks highlighted | Apr 23 | 5. Clear decision making process and governance route for financial sustainability understood across the system | Jul 23 | 6. Develop 23/24 and longer term financial plan across system with consistent assumptions and clear deliverable recovery trajectory | Sep 23 | 7. IFP work plan for 23/24 to rebase contracts ready for April 2024 provider rebase work to be reviewed through costing and contracting groups linked to development of a financial risk sharing methodology and agreement across the ICS with all providers. | Sep 23 | 8. Develop and mature the strategic prioritisation process for the Investment panel (to include both revenue & capital spend) | TBC (relies on ICS strategy being developed) | 9. Produce financial information in order to inform the 'Place' meetings | TBC (relies on 'Place' project) | 10. As ICS becomes clearer regarding its requirements for finance functions, map across current ICB finance workforce to ensure establishment & skills are adequate | TBC (relies on ICS development) |
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| Project Impact | | Interdependencies | | | Key Project Risks | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> the development of a risk sharing methodology to balance quality, safety and risk production of relevant financial data for 'Place' committees to support financial decision making for the local population robust financial modelling | | <ul style="list-style-type: none"> Development of strategy identifying financial requirements 'Place' development Development of transformational schemes to delivery efficiency required to meet financial recovery Financial Strategy development – exit criteria 1 All of this may impact on the current configuration of the finance team | | | <table border="1"> <thead> <tr> <th>Risk</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Limited capacity within the ICB Finance team to focus on system as well as ICB</td> <td>14 (major)*5 (almost certain) = 20</td> </tr> <tr> <td>Consideration of finance, quality and performance are not fully aligned when setting strategic and operational plans which may result in sub-optimal delivery of recovery trajectories</td> <td>4 (major)*3 (possible) = 12</td> </tr> <tr> <td>Late or no availability of activity & WTE data in order to produce robust financial modelling</td> <td>4 (major)*3 (possible) = 12</td> </tr> <tr> <td>Capacity and commitment across system to transform pathways and deliver efficiency</td> <td>4 (major)*3 (possible) = 12</td> </tr> </tbody> </table> | | Risk | Score | Limited capacity within the ICB Finance team to focus on system as well as ICB | 14 (major)*5 (almost certain) = 20 | Consideration of finance, quality and performance are not fully aligned when setting strategic and operational plans which may result in sub-optimal delivery of recovery trajectories | 4 (major)*3 (possible) = 12 | Late or no availability of activity & WTE data in order to produce robust financial modelling | 4 (major)*3 (possible) = 12 | Capacity and commitment across system to transform pathways and deliver efficiency | 4 (major)*3 (possible) = 12 | | | | | | | | | | | | |
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| Version Control | | Version Control | | | Version Control | | | | | | | | | | | | | | | | | | | | | | | |
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| Key Measurable Outcomes | | Baseline Metric | Improvement/Target Metric | Data Source | Frequency | Score | | | | | | | | | | | | | | | | | | | | | | |
| Signed off contracts and IFP framework with system providers by April 2023 | 22/23 contract and IFP framework | Signed 23/24 contracts | Contracts register IFPMG minutes | Annual | 12 | | | | | | | | | | | | | | | | | | | | | | | |
| Strategic prioritisation framework and risk management arrangements developed and in place | Not currently in existence | Documentation in place and approved | Investment panel minutes, IFPMG minutes | Annual | 12 | | | | | | | | | | | | | | | | | | | | | | | |
| Financial recovery trajectory met for 12 months | 22/23 Financial plan | Financial plan delivery | Financial reporting | Monthly | 12 | | | | | | | | | | | | | | | | | | | | | | | |

| PROGRAMME: Exit Criteria 4 | | PROJECT NAME: 4.3 Operational Planning – Primary Care | | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|-------------------------------|--|--------------------------|-----------|-------|---|--------|--|--------|---|--------|--|--------|--|--------|--|--------|--|--------|---|--------|---|--------|---|--------|--|--------|
| Executive Sponsor | Gareth Robinson, Executive Director Transformation and Delivery | Senior Responsible Officer | Emma Pyrah Associate Director of Primary Care | Corporate Dept. | Transformation and Delivery | Specialities / Sub Dept. | | | | | | | | | | | | | | | | | | | | | | | | |
| Operational Lead | Janet Gittens & Alec Gandy, Partnership Managers | Clinical lead | Nick White, CMO | Finance Lead | Angharad Jones, Finance Business Partner | PMO Lead | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | | | | | | | | | | | | | | | | | | | | | | | | |
| The project aim is to develop and implement a PCN Capacity and Access Improvement Plan to improve: | | <ul style="list-style-type: none"> Senior project management capacity within the PC Team BI support for data analysis PCN/Practice capacity to engage with the project Repurposed PCN DES IIF funding to incentivise in year improvement as set out in the GP Contract and PCN DES 23/24 | | | <table border="1"> <thead> <tr> <th>Milestone</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>1. Agree process with PCNs for plan development, submission, sign off, in year monitoring and year end assessment</td> <td>Apr 23</td> </tr> <tr> <td>2. PCNs establish baseline start point for each practice</td> <td>May 23</td> </tr> <tr> <td>3. NHSE publish the GP Access Recovery Plan</td> <td>May 23</td> </tr> <tr> <td>4. PCNs develop a draft Improvement Action Plan for each practice</td> <td>Jun 23</td> </tr> <tr> <td>5. PCNs submit their collated Improvement Action Plan to ICB</td> <td>Jun 23</td> </tr> <tr> <td>6. ICB signs off PCN Improvement Plans</td> <td>Jun 23</td> </tr> <tr> <td>7. Checkpoint Assurance meeting 1 with ICB/PCNs</td> <td>Sep 23</td> </tr> <tr> <td>8. Checkpoint Assurance meeting 2 with ICB/PCNs</td> <td>Jan 24</td> </tr> <tr> <td>9. PCNs provide evidence of achievement to ICB for assessment</td> <td>Apr 24</td> </tr> <tr> <td>10. Implement the Year 2 elements of the GP/GPN Workforce Strategy to increase capacity</td> <td>Mar 24</td> </tr> <tr> <td>11. PCNs recruit to their full 23/24 ARRS allocation</td> <td>Mar 24</td> </tr> </tbody> </table> | | Milestone | Date | 1. Agree process with PCNs for plan development, submission, sign off, in year monitoring and year end assessment | Apr 23 | 2. PCNs establish baseline start point for each practice | May 23 | 3. NHSE publish the GP Access Recovery Plan | May 23 | 4. PCNs develop a draft Improvement Action Plan for each practice | Jun 23 | 5. PCNs submit their collated Improvement Action Plan to ICB | Jun 23 | 6. ICB signs off PCN Improvement Plans | Jun 23 | 7. Checkpoint Assurance meeting 1 with ICB/PCNs | Sep 23 | 8. Checkpoint Assurance meeting 2 with ICB/PCNs | Jan 24 | 9. PCNs provide evidence of achievement to ICB for assessment | Apr 24 | 10. Implement the Year 2 elements of the GP/GPN Workforce Strategy to increase capacity | Mar 24 | 11. PCNs recruit to their full 23/24 ARRS allocation | Mar 24 |
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| Project Impact | | Interdependencies | | | Key Project Risks | | | | | | | | | | | | | | | | | | | | | | | | | |
| The main impact of the project relates to improved patient experience and timeliness of getting through to their practice on the telephone and timely access to an appointment which meets their clinical needs. An associated impact of patients accessing their GP practice more easily is a reduced demand on other parts of the urgent and emergency care system such as ambulance and A&E | | <ul style="list-style-type: none"> Improvements in workforce recruitment and retention Reduction in elective backlog to reduce demand on primary care No further transfer of secondary/community care work to primary care without supporting funding otherwise anything additional created will be cancelled out Provision of adequate estate in which to house additional roles and from which to provide additional services Sufficient capacity within other providers such as pharmacy to accommodate additional transferred demand | | | <table border="1"> <thead> <tr> <th>Risk</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Elective backlog recovery is not fast enough to materially impact on the associated knock on primary care demand in 2023/24</td> <td>15</td> </tr> <tr> <td>Recruitment and retention of staff when primary care is under increasing demand and public criticism</td> <td>15</td> </tr> <tr> <td>Funding is insufficient to provide the level of capacity increase required to meet demand</td> <td>15</td> </tr> <tr> <td>Transfer of Pharmacy, Optometry and Dentistry in April 2023, although hosted support service remain, dilutes the focus of the Primary Care Team from purely GP</td> <td>9</td> </tr> <tr> <td>Pathway and transformation redesign projects transfer additional unfunded work to primary care cancelling out any additional capacity created through this project</td> <td>15</td> </tr> <tr> <td>Capacity of PCNs/practices to test and embed change whilst meeting day to day demand pressures</td> <td>9</td> </tr> <tr> <td>Availability of adequate additional fit for purpose estate in which to house the additional roles and deliver additional services from</td> <td>15</td> </tr> </tbody> </table> | | Risk | Score | Elective backlog recovery is not fast enough to materially impact on the associated knock on primary care demand in 2023/24 | 15 | Recruitment and retention of staff when primary care is under increasing demand and public criticism | 15 | Funding is insufficient to provide the level of capacity increase required to meet demand | 15 | Transfer of Pharmacy, Optometry and Dentistry in April 2023, although hosted support service remain, dilutes the focus of the Primary Care Team from purely GP | 9 | Pathway and transformation redesign projects transfer additional unfunded work to primary care cancelling out any additional capacity created through this project | 15 | Capacity of PCNs/practices to test and embed change whilst meeting day to day demand pressures | 9 | Availability of adequate additional fit for purpose estate in which to house the additional roles and deliver additional services from | 15 | | | | | | | | |
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| Version Control | | Version Control | | | Version Control | | | | | | | | | | | | | | | | | | | | | | | | | |
| V3 – April 23 | | V3 – April 23 | | | V3 – April 23 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key Measurable Outcomes | | Baseline Metric | Improvement/Target Metric | Data Source | Frequency | Score | | | | | | | | | | | | | | | | | | | | | | | | |
| Increase in online consultations | Awaiting national data publish | 5/1000 practice population | NHS Tableau | Weekly | 15 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Increase in referrals to Community Pharmacy Consultation Service | Awaiting national publication May 23 | 0.6/1000 practice population | NHS Futures | Weekly | 15 | | | | | | | | | | | | | | | | | | | | | | | | | |
| All patients who need a routine care have an appointment within 2 weeks | Jan 23 – 88% | Awaiting national publication May 23 | GPAD Nat Dashboard | Monthly – 2 months in arrears | 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| All patients requiring urgent care receive an appointment same day/next day in accordance with clinical need | Jan 23 – 54% | Awaiting national publication May 23 | As above | Monthly | 15 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of PCN ARRS roles recruited to against plan | 315 | Awaiting submission of PCN plans in line with (PCAR Plan) | P Morgan | Monthly | 15 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Increase in download and usage of the NHS App for accessing General Practice | Feb 23 – 49% STW patient sign up | Increase from baseline TBD as above | tbc | tbc | 15 | | | | | | | | | | | | | | | | | | | | | | | | | |

| PROGRAMME: Exit Criteria 4 | | PROJECT NAME: 4.2 Clinical Leadership & Strategy | | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---------------------------|-------------------------------|---|--------------------------|-----------|-------|---|--------|---|--------|--|--------|--|--------|---|--------|--|--------|------------------------------|--------|---|--------|--|--------|--|--------|
| Executive Sponsor | Dr Nick White, CMO | Senior Responsible Officer | Dr Nick White, CMO | Division(s) / Corporate Dept. | Medical Director / Nursing | Specialities / Sub Dept. | | | | | | | | | | | | | | | | | | | | | | |
| Operational Lead | Simon Collings, Head of Clinical Strategy | Clinical lead | Dr Nick White, CMO | Finance Lead | N/A | PMO Lead | | | | | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | | | | | | | | | | | | | | | | | | | | | | |
| To ensure decision making across the ICS is clinically led, well managed and data driven. Plan to have Clinical & Care Multi Professional Leadership (CCMPL) embedded across the system at all levels. | | <ul style="list-style-type: none"> 6 months funding for B9 secondment from RSP support funding Need to ensure ongoing project manager availability Adequate data analytics and business intelligence functions | | | <table border="1"> <thead> <tr> <th>Milestone</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>1. Sign off of readiness to operate statement re: CCMPL</td> <td>Jun 22</td> </tr> <tr> <td>2. First meeting of CCMPL senior clinical leaders</td> <td>Aug 22</td> </tr> <tr> <td>3. First meeting of Health & Care Senate</td> <td>Sep 22</td> </tr> <tr> <td>4. Start recruitment to clinical advisory groups</td> <td>Oct 22</td> </tr> <tr> <td>5. Appoint to strategic planning Band 9 secondment funded by recovery support programme</td> <td>Nov 22</td> </tr> <tr> <td>6. Share draft data to CCMPL to facilitate discussions</td> <td>Dec 22</td> </tr> <tr> <td>7. Produce clinical strategy</td> <td>Jan 23</td> </tr> <tr> <td>8. Sign off of clinical strategy by CCMPL</td> <td>Mar 23</td> </tr> <tr> <td>9. Establish Schedule for 6 face to face health and care senate meetings during 2023</td> <td>Mar 23</td> </tr> <tr> <td>10. Clinical Strategy approved by Strategy Committee</td> <td>May 23</td> </tr> </tbody> </table> | | Milestone | Date | 1. Sign off of readiness to operate statement re: CCMPL | Jun 22 | 2. First meeting of CCMPL senior clinical leaders | Aug 22 | 3. First meeting of Health & Care Senate | Sep 22 | 4. Start recruitment to clinical advisory groups | Oct 22 | 5. Appoint to strategic planning Band 9 secondment funded by recovery support programme | Nov 22 | 6. Share draft data to CCMPL to facilitate discussions | Dec 22 | 7. Produce clinical strategy | Jan 23 | 8. Sign off of clinical strategy by CCMPL | Mar 23 | 9. Establish Schedule for 6 face to face health and care senate meetings during 2023 | Mar 23 | 10. Clinical Strategy approved by Strategy Committee | May 23 |
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| Project Impact | | Interdependencies | | | Key Project Risks | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Improved clinical engagement Better patient Experience Improved quality of care of our local community Support solutions and facilities that will support the sustainable delivery of high quality care for our patients Identify and develop initiatives that support the delivery of new models of care | | <ul style="list-style-type: none"> Population health management Commissioning Coms & engagement | | | <table border="1"> <thead> <tr> <th>Risk</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Appointment of B9 position</td> <td>1</td> </tr> <tr> <td>Adequate Business Intelligence resource</td> <td>9</td> </tr> <tr> <td>Adequate PMO resource</td> <td>6</td> </tr> <tr> <td>Reliance on 'good will' of clinicians to be involved as direct funding for their time not available in all cases</td> <td>12</td> </tr> </tbody> </table> | | Risk | Score | Appointment of B9 position | 1 | Adequate Business Intelligence resource | 9 | Adequate PMO resource | 6 | Reliance on 'good will' of clinicians to be involved as direct funding for their time not available in all cases | 12 | | | | | | | | | | | | |
| Risk | Score | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appointment of B9 position | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adequate Business Intelligence resource | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adequate PMO resource | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reliance on 'good will' of clinicians to be involved as direct funding for their time not available in all cases | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Version Control | | Version Control | | | Version Control | | | | | | | | | | | | | | | | | | | | | | | |
| ICS Ext Criteria 4.2 V3 April 23 | | ICS Ext Criteria 4.2 V3 April 23 | | | ICS Ext Criteria 4.2 V3 April 23 | | | | | | | | | | | | | | | | | | | | | | | |
| Key Measurable Outcomes | | Baseline Metric | Improvement/Target Metric | Data Source | Frequency | Score | | | | | | | | | | | | | | | | | | | | | | |
| Publication of signed off clinical strategy | N/A | New strategy available | ICB | Annual | 12 | | | | | | | | | | | | | | | | | | | | | | | |
| Identification of priority areas | N/A | New priorities | ICB | Annual | 12 | | | | | | | | | | | | | | | | | | | | | | | |
| Production of commissioning intentions | N/A | New intentions | ICB | Annual | 12 | | | | | | | | | | | | | | | | | | | | | | | |

| PROGRAMME: Exit Criteria 4 | | PROJECT NAME: 4.4 Operational Planning Framework | | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|-----------------|--|--------------------------|-----------|-------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|---|--------|--|--------|---|--------|---|--------|---|--------|--|--------|--------------------------------------|--------|
| Executive Sponsor | Claire Skidmore, Director of Finance | Senior Responsible Officer | Julie Garside, Director of Planning and Performance | Corporate Dept. | Strategy & Integration | Specialities / Sub Dept. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operational Lead | Angie Parkes, Deputy Director of Planning | Clinical lead | n/a | Finance Lead | Jill Price, Associate Director of Finance | PMO Lead | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> The project aim is to implement a consistent planning approach across the system that identifies ownership and holds members to account Assumed first draft submission date of Thursday 9 February Final submission date of Thursday 30 March (midday) | | <ul style="list-style-type: none"> Specialist resource across the system including: <ul style="list-style-type: none"> Planning leads Analytics leads Finance leads Workforce leads Operational leads | | | <table border="1"> <thead> <tr> <th>Milestone</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>1. Undertake lessons learnt process with PWC</td> <td>May 22</td> </tr> <tr> <td>2. Develop new planning framework</td> <td>Aug 22</td> </tr> <tr> <td>3. Hold launch workshop for planning framework</td> <td>Sep 22</td> </tr> <tr> <td>4. Define and agree system and organisational roles and responsibilities for key areas of the planning process</td> <td>Sep 22</td> </tr> <tr> <td>5. Identify high level interventions for inclusion in plans</td> <td>Oct 22</td> </tr> <tr> <td>6. First cut of organisation activity, workforce and finance data</td> <td>Dec 22</td> </tr> <tr> <td>7. First cut of system activity, workforce and finance data</td> <td>Dec 22</td> </tr> <tr> <td>8. Final triangulated system activity, workforce and finance numbers</td> <td>Feb 23</td> </tr> <tr> <td>9. Assumed NHSE submission date for first draft of plan</td> <td>Feb 23</td> </tr> <tr> <td>10. Narrative development from December with final narrative</td> <td>Feb 23</td> </tr> <tr> <td>11. Governance approval process: Provider approval by 10 March and ICS approval by 17 March</td> <td>Mar 23</td> </tr> <tr> <td>12. NHSE submission date for final version of the plan</td> <td>Mar 23</td> </tr> <tr> <td>13. Lessons learnt evaluation period</td> <td>Jul 23</td> </tr> </tbody> </table> | | Milestone | Date | 1. Undertake lessons learnt process with PWC | May 22 | 2. Develop new planning framework | Aug 22 | 3. Hold launch workshop for planning framework | Sep 22 | 4. Define and agree system and organisational roles and responsibilities for key areas of the planning process | Sep 22 | 5. Identify high level interventions for inclusion in plans | Oct 22 | 6. First cut of organisation activity, workforce and finance data | Dec 22 | 7. First cut of system activity, workforce and finance data | Dec 22 | 8. Final triangulated system activity, workforce and finance numbers | Feb 23 | 9. Assumed NHSE submission date for first draft of plan | Feb 23 | 10. Narrative development from December with final narrative | Feb 23 | 11. Governance approval process: Provider approval by 10 March and ICS approval by 17 March | Mar 23 | 12. NHSE submission date for final version of the plan | Mar 23 | 13. Lessons learnt evaluation period | Jul 23 |
| Milestone | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 13. Lessons learnt evaluation period | Jul 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Impact | | Interdependencies | | | Key Project Risks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The main impact of the project relates to improved system working. This is expected to, in turn, deliver improvements across safety, quality, patient experience and efficiencies. | | <ul style="list-style-type: none"> Project dependent upon triangulated provider activity, workforce and finance templates being completed and submitted to ICB for amalgamation Project dependent upon impact of known interventions being quantified by February Project will provide the blueprint for system operational priorities and delivery for 23/24 and 24/25 | | | <table border="1"> <thead> <tr> <th>Risk</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Capacity to have effective clinical engagement to deliver the planning framework</td> <td>15</td> </tr> <tr> <td>Awareness of impact of interventions on partners</td> <td>15</td> </tr> <tr> <td>Insufficient operational buy-in to the planning process due to operational pressures</td> <td>15</td> </tr> <tr> <td>Ability to ensure the quality of plans due to availability of key stakeholders</td> <td>15</td> </tr> <tr> <td>Limitations in relation to capacity to deliver the planning framework due to resources being reallocated</td> <td>12</td> </tr> <tr> <td>Ability to deliver planning actions impacted by delays elsewhere in the system</td> <td>12</td> </tr> <tr> <td>Issues with data quality across the system</td> <td>12</td> </tr> <tr> <td>Limitations with data availability across the system</td> <td>12</td> </tr> <tr> <td>Ability to create deliverable/realistic plans if recruitment plans are developed at an organisational level without assessing potential impact for partners</td> <td>12</td> </tr> <tr> <td>Ability to deliver at pace required with the growing complexities</td> <td>12</td> </tr> <tr> <td>Readiness to change across the system</td> <td>12</td> </tr> <tr> <td>Unknown external factors affecting development of plan</td> <td>12</td> </tr> </tbody> </table> | | Risk | Score | Capacity to have effective clinical engagement to deliver the planning framework | 15 | Awareness of impact of interventions on partners | 15 | Insufficient operational buy-in to the planning process due to operational pressures | 15 | Ability to ensure the quality of plans due to availability of key stakeholders | 15 | Limitations in relation to capacity to deliver the planning framework due to resources being reallocated | 12 | Ability to deliver planning actions impacted by delays elsewhere in the system | 12 | Issues with data quality across the system | 12 | Limitations with data availability across the system | 12 | Ability to create deliverable/realistic plans if recruitment plans are developed at an organisational level without assessing potential impact for partners | 12 | Ability to deliver at pace required with the growing complexities | 12 | Readiness to change across the system | 12 | Unknown external factors affecting development of plan | 12 | | |
| Risk | Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Limitations in relation to capacity to deliver the planning framework due to resources being reallocated | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Limitations with data availability across the system | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ability to create deliverable/realistic plans if recruitment plans are developed at an organisational level without assessing potential impact for partners | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Unknown external factors affecting development of plan | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Version Control | | Version Control | | | Version Control | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exit Criteria 4.4 - v2 April 23 | | Exit Criteria 4.4 - v2 April 23 | | | Exit Criteria 4.4 - v2 April 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key Measurable Outcomes | | Baseline Metric | Improvement/Target Metric | Data Source | Frequency | Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First draft submitted to NHSE to deadline (assumed to be 9 February) | Complete | Submitted to deadline | n/a | Annual | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Final version submitted to NHSE to deadline (midday 30 March) | Complete | Submitted to deadline | n/a | Annual | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operational plan signed off by all partners | Complete | Signed off by partners | n/a | Annual | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| No | Project Title | Executive Sponsor | SRO |
|-----|---------------------------------|-------------------|-----------------|
| 5.1 | UEC Clinical Advisory | Nick White | Betty Lodge |
| 5.2 | CYP Mental Health Crisis Care | Alison Bussey | Tracey Jones |
| 5.3 | IPC Improvement at RJAH | Alison Bussey | Vanessa Whatley |
| 5.4 | Maternity Improvement | Nick White | Alison Bussey |
| 5.5 | Improvement in End of Life Care | Alison Bussey | Gemma Smith |
| 5.6 | Strengthening SI Governance | Alison Bussey | Vanessa Whatley |

| PROGRAMME: Exit Criteria 5 | | PROJECT NAME: 5.1 UEC Clinical Advisory Group | | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|-------------------------------|--|--------------------------|---|--------------------|----------------------|--|------------------------|----|---|-------|---|-------|-----|-----|-------|---|---------|---------|-------|-------|--|-----|-----|------|--------|---|-------|----|------|-------|--|--|--|
| Executive Sponsor | Dr Nick White, CMO | Senior Responsible Officer | Betty Lodge, Deputy Director of Urgent Care & EPRR | Division(s) / Corporate Dept. | Medical Director & Performance and Transformation | Specialities / Sub Dept. | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operational Lead | Sharon Clennell, Head of Urgent Care & Transformation | Clinical lead | Dr Nick White, CMO | Finance lead | N/A | PMO Lead | Chris Billingham, Project Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Establish a UEC clinical advisory group to ensure there is safe and timely care along the UEC pathway and evidence of ICB leading changes through UEC Delivery Board which deliver:</p> <p>a) services which promote improved UEC and discharge performance to support SaTHs delivery of safe care e.g. reduction of MIMDs</p> <p>b) Demonstrable and effective system support for resolving undertakings for UEC at SaTH.</p> | | <ul style="list-style-type: none"> Clinical leadership and engagement Project management Business intelligence | | | <ol style="list-style-type: none"> Develop the 23/24 UEC Improvement Plan Establish monthly UEC CAG meetings Establish UEC clinical advisory group Undertake system wide review of UEC risk Log Appointment of AMO for UEC & Clinical Leads for All workstreams | | <p>Apr 23</p> <p>Apr 23</p> <p>May 23</p> <p>May 23</p> <p>May 23</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Impact | | Interdependencies | | | Key Project Risks | | Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Improved clinical outcomes for our patients, families and service users. Improved patient experience Culture and staff experience Staff satisfaction Improved confidence and trust in the service from families, community and stakeholders Cost Improvements or Efficiencies Reduced ED attendances and overall length of staff for medical admitted patients Move the CQC rating from inadequate to requires improvement Improved workforce engagement, and leadership, culture and governance | | <ul style="list-style-type: none"> Elective care Hospital transformation programme Local care transformational programme Social care UEC System Improvement Programme | | | <table border="1"> <thead> <tr> <th>Workforce availability</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Workforce resilience</td> <td>16</td> </tr> <tr> <td>Availability of estate</td> <td>12</td> </tr> <tr> <td>Maturity of relationship with local authority</td> <td>6</td> </tr> </tbody> </table> | | Workforce availability | Score | Workforce resilience | 16 | Availability of estate | 12 | Maturity of relationship with local authority | 6 | | | | | | | | | | | | | | | | | | | | | | | |
| Workforce availability | Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Workforce resilience | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Availability of estate | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Version Control | | Key Measurable Outcomes | | | Baseline Metric (Mar 23) | | Improvement/Target Metric | Data Source | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICS Exit Criteria 5.1 V3 April 23 | | <table border="1"> <thead> <tr> <th>Reduce number of patients with No Criteria To Reside</th> <th>Baseline Metric (Mar 23)</th> <th>Improvement/Target Metric</th> <th>Data Source</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>Reduce number of patients with No Criteria To Reside</td> <td>150</td> <td>75</td> <td>ICB</td> <td>Daily</td> </tr> <tr> <td>Improved ED Performance against 4 hour standard</td> <td>63.2%</td> <td>76%</td> <td>ICB</td> <td>Daily</td> </tr> <tr> <td>Reduce ambulance handover delays to support Category 2 response times of 30 minutes</td> <td>40 mins</td> <td>30 mins</td> <td>WMAAS</td> <td>Daily</td> </tr> <tr> <td>Improve performance in 15 minute time to initial Assessment for Adults and paediatrics</td> <td>27%</td> <td>95%</td> <td>SATH</td> <td>Weekly</td> </tr> <tr> <td>Reduce Number of Patients waiting >12 hours in ED</td> <td>16.9%</td> <td>0%</td> <td>SATH</td> <td>Daily</td> </tr> </tbody> </table> | | | Reduce number of patients with No Criteria To Reside | Baseline Metric (Mar 23) | Improvement/Target Metric | Data Source | Frequency | Reduce number of patients with No Criteria To Reside | 150 | 75 | ICB | Daily | Improved ED Performance against 4 hour standard | 63.2% | 76% | ICB | Daily | Reduce ambulance handover delays to support Category 2 response times of 30 minutes | 40 mins | 30 mins | WMAAS | Daily | Improve performance in 15 minute time to initial Assessment for Adults and paediatrics | 27% | 95% | SATH | Weekly | Reduce Number of Patients waiting >12 hours in ED | 16.9% | 0% | SATH | Daily | | | |
| Reduce number of patients with No Criteria To Reside | Baseline Metric (Mar 23) | Improvement/Target Metric | Data Source | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduce number of patients with No Criteria To Reside | 150 | 75 | ICB | Daily | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Improved ED Performance against 4 hour standard | 63.2% | 76% | ICB | Daily | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduce ambulance handover delays to support Category 2 response times of 30 minutes | 40 mins | 30 mins | WMAAS | Daily | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Improve performance in 15 minute time to initial Assessment for Adults and paediatrics | 27% | 95% | SATH | Weekly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduce Number of Patients waiting >12 hours in ED | 16.9% | 0% | SATH | Daily | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PROGRAMME: Exit Criteria 5 | | PROJECT NAME: 5.3 IPC improvement at RJAH | | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|------------------------|---|--------------------------|---|--------------------|--|--|------------------------------------|--|---|---------|---|--|---|---|------------------------|-----------------------|--|-----------------------------------|-------------------|----------------------|--|-----|------------------|------|------|--|--|--|
| Executive Sponsor | Alison Bussey, Chief Nursing Officer | Senior Responsible Officer | Vanessa Whatley, Deputy CMO | Corporate Dept. | Nursing & Quality | Specialities / Sub Dept. | Infection Control | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operational Lead | Sam Young, Associate Director of Infection Prevention and Control RJAH | Clinical lead | Paul Kavanagh, Fields, Director of Nursing RJAH | Finance lead | N/A | PMO Lead | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | Date | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Ensure there is continued governance oversight from the system for Infection Prevention and Control (IPC) improvement at RJAH following sign off of enforcement undertakings in November 2022. This will provide open and consistent communication channels, enhanced clinical engagement and support, a framework to monitor metrics and a means to ensure action is taken if improvements decline. Ensuring there is oversight from the system will reduce the need for external support.</p> | | <p>Electronic surveillance software. Information Analyst Both above need to be system wide.</p> | | | <ol style="list-style-type: none"> Ensure system IPC governance is implemented & embedded along with implementation of reporting cycle (framework: IPC Group, System Quality Group, Quality & Performance Committee) Resolve IPC undertakings Recruit to new Associate Director of Infection Control (shared post with Shop Com) Arrange attendance of System and UKHSA at IPC assurance committee Joint System/NHSE quarterly walk around for assurance Joint Triumvirate meeting System/NHSE/UKHSA quarterly desktop review Established monthly professional meetings for CNO to CNO Established monthly system CNO and deputies meeting Review if additional Board level committee for RJAH is still required post March 23 if improvements are sustained Link with wider expertise within the system to reduce gaps | | <p>Feb 22</p> <p>Oct 22</p> <p>Oct 22</p> <p>Nov 22</p> <p>Jan 23 & Mar 23</p> <p>Jan 23 & Mar 23</p> <p>Mar 23</p> <p>Mar 23</p> <p>Mar 23</p> <p>Mar 23</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Impact | | Interdependencies | | | Key Project Risks | | Score | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Improved confidence in practices undertaken at RJAH Shared learning across the system Positive impact on culture Continued communication and engagement including MDT Strengthened governance Strong system leadership support Positive impact on other organisations in the system | | <ul style="list-style-type: none"> Annual review of quality governance arrangements across ICB* Links with review of Business Intelligence to provide timeliness of performance data Links to People Plan for development of specialist skills programme for IPC and Consultant medical microbiologist positions Links to System Digital Strategy, electronic patient record and updated PAS systems | | | <table border="1"> <thead> <tr> <th>Capacity within system to offer IPC support and expertise where needed</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Capacity within system to offer IPC support and expertise where needed</td> <td>9</td> </tr> <tr> <td>Timeliness of IPC performance data</td> <td>12</td> </tr> <tr> <td>Significant out break of community associated infection impacting on inpatient care (Flu/Covid/19/Novovirus) Vacancies within a small team that covers all system providers</td> <td>9</td> </tr> </tbody> </table> | | Capacity within system to offer IPC support and expertise where needed | Score | Capacity within system to offer IPC support and expertise where needed | 9 | Timeliness of IPC performance data | 12 | Significant out break of community associated infection impacting on inpatient care (Flu/Covid/19/Novovirus) Vacancies within a small team that covers all system providers | 9 | | | | | | | | | | | | | | | | | | |
| Capacity within system to offer IPC support and expertise where needed | Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Capacity within system to offer IPC support and expertise where needed | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Timeliness of IPC performance data | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Version Control | | Key Measurable Outcomes | | | Baseline Metric (Mar 23) | | Improvement/Target Metric | Data Source | Frequency | | | | | | | | | | | | | | | | | | | | | | | |
| ICS Exit Criteria 5.3 V3 April 23 | | <table border="1"> <thead> <tr> <th>Nationally determined infection surveillance metrics are adequately managed and any variance (outbreaks) managed effectively</th> <th>Baseline Metric (Mar 23)</th> <th>Improvement/Target Metric</th> <th>Data Source</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>Nationally determined infection surveillance metrics are adequately managed and any variance (outbreaks) managed effectively</td> <td>National Metrics</td> <td>Maintain trajectory/take appropriate action to regain.</td> <td>National</td> <td>Monthly</td> </tr> <tr> <td>Monitor surgical site infection rates, gather themes for learning</td> <td>National average SSI rate for modules undertaken at RJAH</td> <td>Remain within national comparison for peers</td> <td>UK HSA SSI surveillance data/Network of specialist Trusts</td> <td>Quarterly (in arrears)</td> </tr> <tr> <td>Use of antimicrobials</td> <td>Watch and reserve DDs/1000 total admissions 12 months to sept 22 1,562</td> <td>Decreasing to ward the 991 target</td> <td>NHSE surveillance</td> <td>Monthly (in arrears)</td> </tr> <tr> <td>Formal approval of undertakings signed off</td> <td>N/A</td> <td>Fully signed off</td> <td>NHSE</td> <td>Once</td> </tr> </tbody> </table> | | | Nationally determined infection surveillance metrics are adequately managed and any variance (outbreaks) managed effectively | Baseline Metric (Mar 23) | Improvement/Target Metric | Data Source | Frequency | Nationally determined infection surveillance metrics are adequately managed and any variance (outbreaks) managed effectively | National Metrics | Maintain trajectory/take appropriate action to regain. | National | Monthly | Monitor surgical site infection rates, gather themes for learning | National average SSI rate for modules undertaken at RJAH | Remain within national comparison for peers | UK HSA SSI surveillance data/Network of specialist Trusts | Quarterly (in arrears) | Use of antimicrobials | Watch and reserve DDs/1000 total admissions 12 months to sept 22 1,562 | Decreasing to ward the 991 target | NHSE surveillance | Monthly (in arrears) | Formal approval of undertakings signed off | N/A | Fully signed off | NHSE | Once | | | |
| Nationally determined infection surveillance metrics are adequately managed and any variance (outbreaks) managed effectively | Baseline Metric (Mar 23) | Improvement/Target Metric | Data Source | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Monitor surgical site infection rates, gather themes for learning | National average SSI rate for modules undertaken at RJAH | Remain within national comparison for peers | UK HSA SSI surveillance data/Network of specialist Trusts | Quarterly (in arrears) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use of antimicrobials | Watch and reserve DDs/1000 total admissions 12 months to sept 22 1,562 | Decreasing to ward the 991 target | NHSE surveillance | Monthly (in arrears) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Formal approval of undertakings signed off | N/A | Fully signed off | NHSE | Once | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PROGRAMME: Exit Criteria 5 | | PROJECT NAME: 5.5 Improvement in End of Life Care | | | Level of PMO Support: | | | | | | | | | | | | | | | | | |
|---|--------------------------------------|--|---|-----------------|---|--------------------------|--|--------------------|--|---|--|--------------------------|------------------------|-----------|---|------------------|--------------------------|------------------------|-----------|--|--|--|
| Executive Sponsor | Alison Bussey, Chief Nursing Officer | Senior Responsible Officer | Gemma Smith, Director of Strategic Commissioning | Corporate Dept. | Strategy & Integration | Specialities / Sub Dept. | Transformation and System Commissioning (Community) | | | | | | | | | | | | | | | |
| Operational Lead | Alison Massey | Clinical lead | Professor Derek Willis, Medical Director Sevens Hospice | Finance lead | | PMO Lead | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | Date | | | | | | | | | | | | | | | |
| <p>In the past 12 months and following the approval of the integrated palliative and end of life care strategy (Adults) the system steering group has overseen changes in Governance and leadership arrangements to enable a system view of improvements, risks and issues</p> <p>A full contract and quality review of provider services</p> <p>A quality improvement project with the aim to increase the number of people who are predicted to be in the last 12 months of life identified on GP practices' register</p> <p>System support for SaTHs PEOLC improvement plan with the aim to improve CQC rating for next inspection</p> <p>Revised and tested anticipatory prescribing prescription and administration forms</p> <p>Initiated recruitment of specialist children's palliative care nurses to work alongside the Community Children's Nursing team</p> <p>Worked with the regional team to develop a local dashboard</p> <p>Evidence improvements to see SW regional risk level reduce to a level 2</p> <p>For the next 12 months the aims are:</p> <p>1. Two adult strategy implementation</p> <p>2. Develop the Integrated Strategy for Babies, Children and Young People (BCYP) living with life threatening/limiting conditions by Q3 2023/24</p> <p>3. To include</p> <p>4. Increase the number of people predicted to be in the last year of life identified on practice register</p> <p>5. Provide better coordination of care for these individuals</p> <p>6. Create a system to flag a person with palliative care needs across providers and to enable access to the Integrated care record to support coordination of care</p> <p>7. Review progress of provider service development improvement plans in support of collaboration and MDT working as part of 23/24 contracts</p> <p>8. To develop and present business cases for approval to commission 24/7 access and advice and guidance (as a statutory requirement)</p> | | <p><i>Financial (recurring or non-recurring)</i></p> <ul style="list-style-type: none"> Programme Lead, Clinical Lead, Project Support Officer (substantive and interim arrangements) Workforce – workforce analysis needs to be completed Data/ Equipment – system dashboard in development (interim BI analyst) To meet the statutory requirements to commission PEOLC services a business case will be developed in 2023 to enable access to 24/7 care and advice and guidance <p><i>Interdependencies</i></p> <p>What must be delivered in other areas to succeed.</p> <ul style="list-style-type: none"> Integrated Care Record and Electronic Palliative Care Coordinating System (EpaCCS). System Workforce plan Personalised Care Programme SaTH PEOLC Improvement plan Local Care Transformation Programme <p>What will this project enable in other programmes / projects</p> <ul style="list-style-type: none"> Provider collaboration Common Provider Service Development Improvement plans (SDIPs) <p><i>System interventions</i></p> <ul style="list-style-type: none"> Workforce planning Integrated care record | | | <ol style="list-style-type: none"> Set 12 month trajectory to increase the number of people identified in last 12 months of life towards the national expectation of 0.6% of GP registered population and offered an Advance Care plan (ACP) Completion of Business cases 24/7 advice and guidance line System wide flagging to understand the functionality needed to share flagging arrangements across provider IT systems (to include NHS11 and WMAAS) System PEOLC Dashboard Complete recruitment for key leadership posts. Completion of BCYP Strategy Completion of Business case 24/7 access to care Workforce training needs analysis Workforce competency and training programme Planned roll out for EpaCCS or similar integrated record and coordinating system | | <p>Jun 23</p> <p>Sep 23</p> <p>Sep 23</p> <p>Sept 23</p> <p>Oct 23</p> <p>Dec 23</p> <p>Dec 23</p> <p>Mar 24</p> <p>Dec 24</p> <p>TBD (see risk below)</p> | | | | | | | | | | | | | | | |
| Project Impact | | Interdependencies | | | Key Project Risks | | Score | | | | | | | | | | | | | | | |
| <p>Adults predicted to be in the last 12 months of life receive safe high quality care well coordinated</p> <p>BCYP with life threatening/limiting conditions receive safe high quality care that is coordinated</p> <p>Patients can access care 24/7</p> <p>There is access to 24/7 advice and for patients, families and carers</p> <p>Patients physical, social, psychological and spiritual needs are met</p> <p>Family and loved ones offered appropriate level of bereavement support</p> | | <p>Workforce development is a subgroup of the Steering Group with an aim to identify current workforce and complete a training needs analysis</p> <p>This working Group has not had consistent leadership or system representation</p> <p>Full functionality of the current integrated care record (ICR) needs to be made available to enable access to a single care record, to support coordination of care to track strategy implementation and to provide data needed for 4 national care metrics. Roll out and functionality of the One Health Care record is unclear</p> | | | <table border="1"> <thead> <tr> <th>Workforce development is a subgroup of the Steering Group with an aim to identify current workforce and complete a training needs analysis</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Workforce development is a subgroup of the Steering Group with an aim to identify current workforce and complete a training needs analysis</td> <td>12</td> </tr> <tr> <td>Full functionality of the current integrated care record (ICR) needs to be made available to enable access to a single care record, to support coordination of care to track strategy implementation and to provide data needed for 4 national care metrics. Roll out and functionality of the One Health Care record is unclear</td> <td>15</td> </tr> </tbody> </table> | | Workforce development is a subgroup of the Steering Group with an aim to identify current workforce and complete a training needs analysis | Score | Workforce development is a subgroup of the Steering Group with an aim to identify current workforce and complete a training needs analysis | 12 | Full functionality of the current integrated care record (ICR) needs to be made available to enable access to a single care record, to support coordination of care to track strategy implementation and to provide data needed for 4 national care metrics. Roll out and functionality of the One Health Care record is unclear | 15 | | | | | | | | | | |
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| Version Control | | Key Measurable Outcomes | | | Baseline Metric (Mar 23) | | Improvement/Target Metric | Data Source | Frequency | | | | | | | | | | | | | |
| 5.5-v1 Apr 23 | | <table border="1"> <thead> <tr> <th>There is an increase in the number of people added to Primary Care Palliative Care Register</th> <th>Baseline Metric (Mar 23)</th> <th>Improvement/Target Metric</th> <th>Data Source</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>There is an increase in the number of people added to Primary Care Palliative Care Register</td> <td>Sept 22 0.31%</td> <td>Increase of 10% to 0.34%</td> <td>Primary Care registers</td> <td>Quarterly</td> </tr> <tr> <td>There is an increase in the number of people on primary Care Palliative Care register</td> <td>Baseline Sept 22</td> <td>Increase of 10% to 0.42%</td> <td>Primary Care registers</td> <td>Quarterly</td> </tr> </tbody> </table> | | | There is an increase in the number of people added to Primary Care Palliative Care Register | Baseline Metric (Mar 23) | Improvement/Target Metric | Data Source | Frequency | There is an increase in the number of people added to Primary Care Palliative Care Register | Sept 22 0.31% | Increase of 10% to 0.34% | Primary Care registers | Quarterly | There is an increase in the number of people on primary Care Palliative Care register | Baseline Sept 22 | Increase of 10% to 0.42% | Primary Care registers | Quarterly | | | |
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| There is an increase in the number of people on primary Care Palliative Care register | Baseline Sept 22 | Increase of 10% to 0.42% | Primary Care registers | Quarterly | | | | | | | | | | | | | | | | | | |

| PROGRAMME: Exit Criteria 5 | | PROJECT NAME: 5.2 CYP Mental Health Crisis Team (s31 System Support Phase 1 to SaTH) | | | | | | | | | | | | | |
|---|---|--|--|-----------------|---|--------------------------|---|--------------------|---|----|---|---|---|---|--|
| Executive Sponsor | Alison Bussey ICB Chief Nursing Officer | Senior Responsible Officer | Tracey Jones Director of MH LDB& and CYP | Corporate Dept. | Delivery and Transformation | Specialities / Sub Dept. | | | | | | | | | |
| Operational Lead | Brett Toro Pearce Associate Director Commissioning and Transformation | Clinical lead | Dr Priya George | Finance lead | Ruth Yates | Project Manager | TBC | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones April 23 onwards | | Date | | | | | | | | |
| <p>Phase One</p> <p>Evaluation of the contribution of system partners to achieving the resolution of s31 placed on SaTH by CQC with regard to ensuring SaTH have a system in place for effective management of service users under the age of 18 through the emergency care pathway and the stipulation that SaTH must not admit patients;</p> <p>(a) under the age of 18 who present with isolated acute mental health needs</p> <p>(b) who do not have physical health needs that require inpatient assessment and treatment</p> <p>Phase Two</p> <p>To be scoped following summit mid July</p> | | <p>To support initial actions after the s31 notice, Mental Health Investment Standard (MHIS)HS and Long Term Plan funding agreed as part of 5 year plan were brought forward by one year to ensure clinical teams in place</p> <p>Stakeholder will be required to actively engage in Phase One to provide data /information sources and engage with summit processes</p> <p>PMO support to undertake review</p> <p>Additional PMO resources will be required for phase two</p> | | | <ol style="list-style-type: none"> Review completed of original concerns and recommendations from the CQC Assessment completed of the improvements made since the inspection through review of existing documentation and key stakeholder discussions (including external stakeholders such as regional and CQC colleagues) Report produced that identifies what improvements are still required or where further assurance is required to ensure sustainable improvement to meet requirements including system support and accountabilities Report presented and discussed at system wide summit Action plan for phase 2 of project completed | | <p>May 23</p> <p>Jun 23</p> <p>Jun 23</p> <p>Jul 23</p> <p>Jul 23</p> | | | | | | | | |
| Project Impact | | Interdependencies | | | Risks | | Score | | | | | | | | |
| <p>Improved experience of care for CYP and their families through development of services that support children and young people in crisis in community to prevent admission and support to CYP with MH needs who present in Emergency Departments.</p> <p>Co-ordination and accountability of System collective working to support SaTH achieving improvements in quality of care and patient experience</p> | | <p>UEC Improvement programme</p> <p>Paediatric Pathways Transformation Programme (commencing early May 23)</p> <p>Potential for actions arising from summit planned in July to be a workstream of the Paediatric Pathways Transformation programme to align system collaboration in removing s31 conditions.</p> | | | <table border="1"> <thead> <tr> <th>Operational UEC pressures may reduce the availability of stakeholders to engage / contribute to project</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Operational UEC pressures may reduce the availability of stakeholders to engage / contribute to project</td> <td>12</td> </tr> <tr> <td>Capacity across system to engage with and in multiple transformation projects due to interdependencies with other transformation programmes</td> <td>9</td> </tr> <tr> <td>Recruitment of staff to deliver the additional MH support as committed to within the s31 business cases</td> <td>9</td> </tr> </tbody> </table> | | Operational UEC pressures may reduce the availability of stakeholders to engage / contribute to project | Score | Operational UEC pressures may reduce the availability of stakeholders to engage / contribute to project | 12 | Capacity across system to engage with and in multiple transformation projects due to interdependencies with other transformation programmes | 9 | Recruitment of staff to deliver the additional MH support as committed to within the s31 business cases | 9 | |
| Operational UEC pressures may reduce the availability of stakeholders to engage / contribute to project | Score | | | | | | | | | | | | | | |
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| Version Control | | Key Measurable Outcomes | | | Baseline | | Target | Data Source | Frequency | | | | | | |
| ICS Exit Criteria 5.2 V3 April 23 | | Admissions of under 18 year olds with an isolated acute mental health need to SaTH | | | | 0 | SaTH | Monthly | | | | | | | |

| PROGRAMME: Exit Criteria 5 | | PROJECT NAME: 5.4 Maternity Improvement | | | Level of PMO Support: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------------------|---|---|-----------------|--|--------------------------|--|--------------------|-------------------------------------|--------------------------------|---|-----------------|---|---------|--|--------------------|-----------------|------------|---------|--|-------------------|-----------------|---|-----------|---|------------------------------------|-----------------|---|------------|--|--|--|
| Executive Sponsor | Dr Nicholas White, CMO | Senior Responsible Officer | Alison Bussey, Chief Nursing Officer | Corporate Dept. | Nursing & Quality | Specialities / Sub Dept. | Maternity | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operational Lead | Sue Bull, LMNS Programme manager | Clinical lead | Sharon Fletcher, Patient Safety Specialist | Finance lead | N/A | PMO Lead | Sue Bull, LMNS Programme Manager | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | Date | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>SaTH's maternity service has been in the spotlight since 2016 when concerns were first raised regarding quality, patient experience and safety. The first Ockenden report was published in December 2020, the final Ockenden report in March 2022 along with additional reviews undertaken by a number of professional bodies. The reviews provided detailed, dynamic improvement plans to support maternity services to deliver, evidence, monitor and maintain best practice. While a governance structure for maternity services is fully embedded across the system, the ICS needs to continue ensuring there is continued oversight for maternity improvement including; The supporting shared learning initiatives across boundaries networking with other ICB's, tackle health inequalities for (expectant) mothers within the local population, oversee and drive forward the 'better births' and continuity of care agenda, work towards a stabilised maternity workforce and drive forward the pre-consultation business case relating to midwifery led units.</p> | | <ul style="list-style-type: none"> Maternity Programme Manager post – currently vacant new post holder start date 3rd Jan 2023 LMNS funding for transformation workstreams from the National and Regional NHS teams. | | | <ol style="list-style-type: none"> Recruitment to Maternity Programme Manager Oversight of CNST accreditation level 2 Implement maternity workforce plan to stabilise workforce i.e. recruitment and retention. Workplan to be in place and monitored at LMNS programme board Initiate expectant mothers health inequalities project Establish insights visits with networking ICBs Review and refresh PCBRC from 2018 and develop a clear timeline for public consultation on the maternity led units (MLUs) Evidence of completion of all actions attributable to Ockenden 1 Evidence of completion of all actions attributable to Ockenden 2 Focus continuity of care for populations the local community/MCoC | | <p>January 23</p> <p>March 23</p> <p>April 23</p> <p>April 2023</p> <p>July 23</p> <p>July 23</p> <p>March 24</p> <p>March 24</p> <p>TBC SaTH developing plan.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Impact | | Interdependencies | | | Key Project Risks | | Score | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Delivery of safe and effective maternity services Demonstrate that we have complied with and embedded learning from visits undertaken by professional bodies Demonstrate safe and kind culture able to evidence embedded learning A future service vision and service delivery model co-designed with patients and key stakeholders delivering evidence based interventions in line with Better Birth's national maternity strategy Improved confidence and trust in the service from families, community and stakeholders An engaged, included workforce with high levels of job satisfaction | | <ul style="list-style-type: none"> Recruitment and retention within already established system workforce programmes Safe staffing levels to deliver midwifery continuity of carer (MCoC) Coms & engagement to share good news relating to maternity services across the system Health & equality strategy Maternity Incentive Scheme oversight of quality and submission Maternity Voices Partnership – voices of service users | | | <table border="1"> <thead> <tr> <th>Workforce – recruitment & retention</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Workforce – recruitment & retention</td> <td>8</td> </tr> <tr> <td>Review of PCBRC regarding midwifery led unit/impact of decisions made through public consultation and ability to implement due to staffing limits</td> <td>20</td> </tr> <tr> <td>Equity in women's and families voices being heard</td> <td>12</td> </tr> </tbody> </table> | | Workforce – recruitment & retention | Score | Workforce – recruitment & retention | 8 | Review of PCBRC regarding midwifery led unit/impact of decisions made through public consultation and ability to implement due to staffing limits | 20 | Equity in women's and families voices being heard | 12 | | | | | | | | | | | | | | | | | | |
| Workforce – recruitment & retention | Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Workforce – recruitment & retention | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Review of PCBRC regarding midwifery led unit/impact of decisions made through public consultation and ability to implement due to staffing limits | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equity in women's and families voices being heard | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Version Control | | Key Measurable Outcomes | | | Baseline Metric (Mar 23) | | Improvement/Target Metric | Data Source | Frequency | | | | | | | | | | | | | | | | | | | | | | | |
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| Nationally determined infection surveillance metrics are adequately managed and any variance (outbreaks) managed effectively | Baseline Metric (Mar 23) | Improvement/Target Metric | Data Source | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Ockenden Report progress | To achieve LEA and LAEL | Full compliance | Monday.com | Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Framework progress monitoring | To achieve actions | Full compliance | Monday.com | Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CNST Maternity Incentive Scheme (MIS) NHS Resolution | Annual submission | Full compliance | MSDS and Regional and SaTH quality dashboards | Quarterly | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saving Babies Lives Care Bundle version 2 | To achieve all submission criteria | Full compliance | MSDS and Regional and SaTH quality dashboards | Bi-monthly | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PROGRAMME: Exit Criteria 5 | | PROJECT NAME: 5.6 Strengthening SI Governance | | | Level of PMO Support: | | | | | | | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|-----------------|--|--------------------------|--|--------------------|--|---|-----|-----|------------------|-----|--|-----|-----|--------------------------|-----|--|--|--|
| Executive Sponsor | Alison Bussey | Senior Responsible Officer | Vanessa Whatley | Corporate Dept. | Nursing & Quality | Specialities / Sub Dept. | | | | | | | | | | | | | | | | |
| Operational Lead | Tracey Slater | Clinical lead | N/A | Finance lead | N/A | PMO Lead | | | | | | | | | | | | | | | | |
| Project Scope | | Resource Requirements | | | High Level Key Milestones | | Date | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Understand the need to strengthen serious incident processes and oversight across the system including risk escalation Identify key actions required to address any areas for improvements Utilise Patient Safety Incident Reporting Framework (PSIRF) as leverage for change Identify system development (OD) requirements specifically | | <p>Time for existing key leaders and patient safety experts across the system to shape the plan</p> <p>Finance and commitment to support any OD requirements</p> <p>QI resource from within the system as needed to be prioritised</p> <p>NHSE to identify resource to work with the ICB on the review</p> <p>Adequate quality & safety reporting systems including incident management software and functions</p> | | | <ol style="list-style-type: none"> Ensure System Oversight Assurance Group (SOAG) oversight of the improvement work in SaTH which includes Paediatrics and refocus on outcomes for patients and staff rather than just the focus of delivery of actions ICB to strengthen its internal governance and oversight to ensure weekly review of incidents and tracking of completed reports SI admin to move from CSU to ICB as agreed with WMAAS Develop standard work and clear governance framework for oversight of SI learning within the system NHSE review of Serious incident management Plan to address any areas for improvement to be developed in line with above review. | | <p>Jan 24</p> <p>Apr 23</p> <p>Oct 23</p> <p>Oct 23</p> <p>TBC</p> <p>TBC</p> | | | | | | | | | | | | | | | |
| Project Impact | | Interdependencies | | | Key Project Risks | | Score | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Safety Quality Patient and carer Experience Strengthened governance Shared learning across the system Organisational Development (strengthening Just Culture) | | <ul style="list-style-type: none"> PSIRF programmes in each trust Learning from Deaths Key transformation programmes eg Paediatric, Maternity & Neonatal, UEC. Review of ICB in line with reductions in Paediatric. | | | <table border="1"> <thead> <tr> <th>Unable to recruit a quality analyst for the thematic review of quality information/project development</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Unable to recruit a quality analyst for the thematic review of quality information/project development</td> <td>12</td> </tr> </tbody> </table> | | Unable to recruit a quality analyst for the thematic review of quality information/project development | Score | Unable to recruit a quality analyst for the thematic review of quality information/project development | 12 | | | | | | | | | | | | |
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| Unable to recruit a quality analyst for the thematic review of quality information/project development | 12 | | | | | | | | | | | | | | | | | | | | | |
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| Version 1.0 – Apr 23 ISIP refresh | | <table border="1"> <thead> <tr> <th>Revised and agreed governance arrangements shared at ICB as identified through scoping work</th> <th>Baseline Metric (Mar 23)</th> <th>Improvement/Target Metric</th> <th>Data Source</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>Revised and agreed governance arrangements shared at ICB as identified through scoping work</td> <td>n/a</td> <td>n/a</td> <td>ICB Board Papers</td> <td>n/a</td> </tr> <tr> <td>Clinical leadership and quality assurance is evident in all key areas of work identified</td> <td>n/a</td> <td>n/a</td> <td>Committee & Board Papers</td> <td>n/a</td> </tr> </tbody> </table> | | | Revised and agreed governance arrangements shared at ICB as identified through scoping work | Baseline Metric (Mar 23) | Improvement/Target Metric | Data Source | Frequency | Revised and agreed governance arrangements shared at ICB as identified through scoping work | n/a | n/a | ICB Board Papers | n/a | Clinical leadership and quality assurance is evident in all key areas of work identified | n/a | n/a | Committee & Board Papers | n/a | | | |
| Revised and agreed governance arrangements shared at ICB as identified through scoping work | Baseline Metric (Mar 23) | Improvement/Target Metric | Data Source | Frequency | | | | | | | | | | | | | | | | | | |
| Revised and agreed governance arrangements shared at ICB as identified through scoping work | n/a | n/a | ICB Board Papers | n/a | | | | | | | | | | | | | | | | | | |
| Clinical leadership and quality assurance is evident in all key areas of work identified | n/a | n/a | Committee & Board Papers | n/a | | | | | | | | | | | | | | | | | | |



| Exit Criteria | Agreed Evidence and performance Metrics to Exit NOF 4. | Current BRAGG | Project No. | Plan Title | Potential evidence of delivery/performance | Oversight and Assurance Groups | Key Performance Indicators |
|--|--|---------------|-------------|---|--|---|--|
| 1. Development of STW 5 Year Integrated System Improvement Plan | <p>1.1 Robust plan in place that triangulates finance, performance and quality.</p> <p>a) Plan is backed up by clinical strategy to be developed by and agreed between ICB and NHSE</p> <p>b) The plan contains detailed milestones for delivery in Yr1 and Yr2</p> <p>c) The plan delivers measurable quality improvements for the system's population</p> <p>d) Executive leads identified as SROs for each of the plan workstreams</p> <p>1.2 Cyclic review is in place that links in with ICB governance. Clear process for monitoring delivery of the plan and review in line with annual planning cycle. This will include assurance that the plan places no significant risk to maintaining quality, and robust internal governance processes are in place to identify any worsening of the system's position.</p> <p>1.3 Plan signed off by ICB and NHSE.</p> | AMBER | P1.1 | Governance and Programme Structure | TOR, Schedule of Meetings, minutes of meetings, sign off of: <ul style="list-style-type: none"> - Integrated System Improvement Plan (ISIP) - Hospital Transformation Plan (HTP) - Health & Well being Strategies - Engagement Meetings with LAs & Health Executives - Reporting & Escalation process documentation - NHSE Sign off of ISIP - MCAP Audit supporting strategic direction - System risk management policy - System Board Assurance Framework & risk registers | Strategy Committee ICP Committee ICP Sub-Committee NHSE IRM Meeting Audit Committee | ICS Strategy ISIP Evidence of clear governance processes in place to monitor progress inc. TOR, minutes, action logs for ICP & Sub-committees |
| | | | P1.2 | Analyse Local Population Health Data | TOR, Schedule of Meetings, minutes of meetings, sign off of: <ul style="list-style-type: none"> - JSNAs for Shropshire (SHIPP) and Telford & Wrekin (TWIPP) - Integrated Care Strategy - Clinical Strategy - Strategic Commissioning Intentions Document - Place Based Needs Assessment Document | Integrated Care Board Integrated Care Partnership Cancer Strategy Group T&F Group: STW Cancer Early Diagnosis | Sign off draft Integrated Care Strategy Signed off Clinical Strategy Example of a place based needs assessment |
| | | | P1.3 | Communication & Engagement | TOR, Schedule of Meetings, minutes of meetings, sign off of: <ul style="list-style-type: none"> - Involvement of People and Communities Strategy & Toolkit - Winter campaign documentation and communication plan - IIA process communication plan - JFP engagement plan - Engagement plan for Integrated Care Strategy and feedback - Inception of Equality and Involvement Committee and Citizens panel. | Equality & Involvement Committee Citizens panel ICB Board | Uptake of Involving People Strategy toolkit - 10 organisations Recruit residents to People's Network - 100 individuals registered by Mar 24 Wide engagement for JFP IRM KPI Dashboard: |
| | | | P1.4 | People Strategy & Delivery | TOR Schedule of meetings, minutes of meetings, sign off of: <ul style="list-style-type: none"> - Partner Collaboration Agreement - One System People Strategy - People Delivery Programme Plans - Business Case for ICS People Function | People Committee | IRM KPI Dashboard: <ul style="list-style-type: none"> - Staff in Post Actual v Plan - Vacancies - Sickness - Turnover - Reduction in agency booking - Improvement in staff well being: - Pulse survey - Staff survey |
| | | | P1.5 | Provider Collaborative | TOR, Schedule of meetings, minutes of meetings, sign off of: <ul style="list-style-type: none"> - Provider governance structure - Design of new models of care and improvement of pathways - Examples of capacity management and mutual aid - Examples of collaborative decision making | ICB Board Provider Sub-committee | Formal governance structure agreed and in place Improved collaborative decision making on both short and long term strategy and performance Improvement in key system quality, safety, performance and financial metrics |
| | | | P1.6 | Update Finance Strategy | TOR, Schedule of meetings, minutes of meetings, sign off of: <ul style="list-style-type: none"> - System Financial Plan - 5 year Financial Plan - Financial Strategy | Finance Committee ICB Board | 23/24 Financial Plan signed off Financial Strategy signed off 5 year Financial modelling triangulated to activity and workforce data in place to support strategy. |
| 2. Evidence of meaningful mobilisation of the Integrated System Improvement Plan over a period of at least 12 months | <p>2.1 Delivery of agreed milestones within the ISIP.</p> <p>2.2 Delivery of quantified performance improvements. This will focus on improvements against agreed trajectories rather than delivery of specific constitutional standards.</p> <p>2.3 Mitigation in place where milestones cannot be delivered for reasons outside system control.</p> <p>2.4 Evidence of sustained ISIP delivery (at least 6 months) with sign off by ICB.</p> <p>2.5 Evidence in the Integrated Performance Report that actions have had a demonstrable positive effect on performance improvement in the areas of quality, workforce, Operational efficiency and Finance.</p> | RED | P2.1 | Urgent & Emergency System Improvement | TOR, Schedule of meetings, minutes of meetings, sign off of: <ul style="list-style-type: none"> - UEC Improvement Plan - UEC & LCP Board & IDC - Standardised D2A process & Discharge model - High Intensity Service Users plan & performance monitoring - Virtual ward plans and agreement of pathways to match capacity - Primary Care extended access plan and increase in UEC appointments | UEC Board IDC Committee Primary Care Committee SaTH ETAC Performance Meeting SCC Operational Meeting LCP Board | IRM KPI Dashboard: <ul style="list-style-type: none"> - Reduce No Criteria to Reside - Improve ED Performance against 4 hour standard - Reduce ambulance handover delays to support Cat 2 response times to <30 mins - Improve performance in 15 min time to initial assessment for adults and paediatrics - Reduce number of patients waiting > 12 hours in ED - Increase utilisation of virtual wards |
| | | | P2.2 | Elective Care & Cancer System Improvement | TOR, Schedule of meetings, minutes inc. sign off of programmes, pathways: <ul style="list-style-type: none"> - FIT Pathway agreed with SaTH and Primary Care - System wide Planned Care Dashboard - BPT pathways for Prostate agreed and implemented - Health Inequalities EQIA and action plan - Non Specific Symptoms Cancer pathways agreed - Elective hubs operational at SaTH - Theatre utilisation improvement plan - Single STW patient tracking list (PTL) for T&O - Programme plan for Targeted Lung Health Checks (TLHC) - CDC Phase 1 operational - Paediatric Ophthalmology revised service model leading to reductions in waiting times for patients. | Planned Care Board Integrated Delivery Committee (IDC) System Diagnostic Group system Elective & Cancer Recovery Group Cancer Strategy Group NHSE Tier 1 meeting | IRM KPI Dashboard: <ul style="list-style-type: none"> - 65 week waits to zero by Mar 24 - reduce 52 week waits - Reduce Cancer 62 day backlog in line with trajectory - Faster Diagnosis Standard 75% by Mar 24 - Increase patients waiting <6 weeks for Diagnostics to trajectory - Increase Virtual Outpatients, PIFU and A&G - Deliver 103% EL activity against 19/20 Baseline (VWA) - CDC Phase 1 operational Jun 23 |
| | | | P2.3 | Finance Cost Improvement | TOR, Schedule of meetings, minutes of meetings including sign off of: <ul style="list-style-type: none"> - CIP plans - Financial Improvement plan - Monitoring of performance against plan | Financial Improvement Programme Board (FIP) Integrated Delivery Committee (IDC) | Delivery of STW 2023/24 Efficiency plans Plans for unidentified Efficiencies Delivery of system transformational Programmes (Big Six) Longer term 5 year Efficiency Programme aligned to system priorities |
| | | | P2.4 | New Service Models for Dementia & Talking Therapies | TOR, schedule of meetings, minutes of meetings including sign off of and performance monitoring of: <ul style="list-style-type: none"> - Dementia Programme plan - Business Case for Dementia Vision agreed - Dementia Assessment and Diagnosis Process agreed - Business case for workforce to support Talking Therapies and Consultation process for MOC agreed - Digital solution for Talking Therapies agreed - Single operating model for Talking Therapies implemented | Mental Health & LDA Board Integrated Delivery Committee | IRM KPI Dashboard: <ul style="list-style-type: none"> - Dementia Diagnosis rates to meet target of 67.60% - Increase access to Talking Therapies to 12,948 individuals - Reduce avoidable hospital admissions for those living with dementia by 8% - Reduce total admissions of individuals with a long term condition who have mild to moderate anxiety and depression by 10% |
| 3. System has in place robust system governance structure, processes and mechanisms established and fully functional, including financial governance | <p>3.1 Subcommittee Structure and Governance Handbook in place</p> <p>3.2 Evidence of regular and meaningful monitoring of Delivery in line with ICB Governance Handbook</p> <p>3.3 Executive team in place and ICB established 1st July. Executive portfolios agreed with clear ownership key programmes</p> <p>3.4 ICB/NHS England MOU reflects ICB role and responsibility in solving the system quality and financial challenges</p> <p>3.5 Evidence that the Integrated Plans is discussed and implemented at PLACE as sub-committees of STW ICB</p> <p>3.6 Delivery and Assurance arrangements in place for the Implementation Plans</p> | AMBER | P3.1 | Corporate Oversight and Assurance | TOR, Schedule of meetings, meeting minutes including approval of and reflecting: <ul style="list-style-type: none"> - Governance handbook - Chairs highlight reports - Governance structure phase 1 - MOU | ICB Board NHSE | Governance Handbook in place Chairs highlight reporting structure in place Revised governance structure following GGI review in place |
| | | | P3.2 | Roles and Accountability | TOR, Schedule of meetings, minutes of meetings demonstrating: <ul style="list-style-type: none"> - Executive team in place - Executive sponsors and leads for key programmes - ISIP showing Executive lead sponsors. | ICB Board | Fully established Executive team in post Meeting the requirements of the governance handbook |
| | | | P3.3 | Place Oversight and Assurance | TOR, Schedule of meetings, minutes of meetings including sign off and monitoring of: <ul style="list-style-type: none"> - scheme of delegation - arrangements for budgetary responsibilities - Place based delivery plan - recommendations from Place Development Programme - Examples of Place Board decisions to improve quality, finance and operations. - Falls changes to pathways from decisions made at SHIPP Board development day plans. | SHIPP & TWIPP ICB Board Integrated Delivery Committee | JSNA 2022/23 Place Based plans and governance framework 2022/23 Better Care Fund 2023/24 |
| | | | P3.4 | Improved Integrated Performance | TOR, Schedule of meetings, minutes of meetings including sign off and monitoring of: <ul style="list-style-type: none"> - Integrated Performance report (IPR) v1 to June ICB Board - IPR v2 to ICB Board - SOP for IPR production - Feedback on IPR v1 | ICB Board | Integrated Performance report structure agreed and SOP in place for delivery Aligns with 'Chairs highlight' report Reviewed as part of annual governance review |
| 4. Evidence of whole system ownership of quality, operational and financial challenge | <p>4.1 Visible evidence that following collective behaviours across the system are embedded and valued within system leadership</p> <p>a) Collective decision making</p> <p>b) Sharing quality, operational and financial risk</p> <p>4.2 ICB/PLACE & Trust Board Minutes/Papers are explicit in addressing quality & financial issues (to include ToRs, membership etc)</p> <p>4.3 Evidence of system sign off for key strategies and plans including ISIP, Annual Plan, Clinical Strategy and progression of HTP</p> <p>4.4 Evidence of shared approach to risk management in the system</p> <p>4.5 Evidence of Clinical and Professional Leadership and work of clinical advisory groups</p> | AMBER | P4.1 | Financial Sustainability | TOR, Schedule of meetings, minutes of meetings including sign off of and performance monitoring of: <ul style="list-style-type: none"> - System wide financial reporting packs - Intelligent fixed payment process, framework & risk sharing - Financial risk register - Financial sustainability engagement - Financial recovery trajectory - Re-basing of provider contracts for 1st April 24 - Strategic prioritisation process for Investment panel - Financial information pack for Place meetings - Review of Finance function and workforce | Finance Committee Finance Improvement Programme Board ICB Board | Signed contracts and IFP framework with System Providers Strategic prioritisation framework and risk management arrangements in place Financial recovery trajectory met for 12 months |
| | | | P4.2 | Clinical Leadership & Strategy | TOR, Schedule of meetings, minutes of meetings including sign off and monitoring of: <ul style="list-style-type: none"> - Clinical strategy - Clinical data for CCMPL - Agreement of priority areas - Action plan from peer review of Serious Incidents - Action plan following system oversight of Children's services | CCMPL Strategy Committee Health & Care Senate System Quality Group PTAC | Publication of signed clinical strategy Identification of priority areas Production of commissioning intentions |
| | | | P4.3 | Operational Planning - Primary Care | TOR, Schedule of meetings, minutes of meetings including sign off and monitoring of: <ul style="list-style-type: none"> - Process for PCN development, monitoring and year end assessment - PCN Improvement Action plans - Checkpoint assurance meetings - Year 2 elements of the GP/GPN workforce strategy - Recruitment to PCN ARRS roles | Primary Care Commissioning Committee ICB Board | IRM KPI Dashboard: <ul style="list-style-type: none"> - Increase in on-line consultations - Increase in referrals to Community Pharmacy Consultation Service - All patients who need routine care have an appointment within 2 weeks - All patients who need urgent care have an appointment same or next day - Recruit to PCN ARRS roles - Increase in download & usage of the NHS App to access General Practice |
| | | | P4.4 | Operational Planning Framework | TOR, Schedule of meetings, minutes of meetings including sign off and monitoring of: <ul style="list-style-type: none"> - Operational Plan for 2023/24 - NHSE sign off of plan - Lessons learned & recommendations for 2024/25 planning process - Actions identified to accountable Programme Boards and IDC Dashboard with metrics mapped to Boards/Committees/Meetings. | System Planning and Performance Meeting ICB Board | Operational Planning Framework First draft submitted Operational Planning Framework Final version submitted Operational Plan signed off by all partners. |
| 5. Demonstrable and effective system support to address CQC conditions and undertakings in system providers | <p>5.1 Through ICB Quality Governance Structures evidence of decisions which support SaTH to address CQC conditions.</p> <p>5.2 Evidence of ICB leading changes through UEC Delivery Board which deliver a) services which promote improved UEC and discharge performance to support SaTHs delivery of safe care e.g. reduction of No Criteria to Reside b) Demonstrable and effective system support for resolving Undertakings for UEC at SaTH</p> <p>5.3 Resolution of the CQC condition regarding Cyp with mental health issues and no physical issues within SaTH</p> <p>a) Development and approval of a clear strategy for MH&CYP</p> <p>b) Development of a newly commissioned service model and supporting transformation plan</p> <p>5.4 Resolution of the CQC condition and completion of Ockenden report 1 (10-Dec-20) actions regarding Maternity services</p> <p>5.5 Demonstrable and effective system support for resolving Undertakings for IPC at RJAH</p> <p>5.6 Evidence of Clinical and Professional Leadership and work of clinical advisory groups</p> | AMBER | P5.1 | UEC Clinical Advisory Group | TOR, Schedule of meetings, minutes of meetings including sign off and monitoring of: <ul style="list-style-type: none"> - UEC risk log cross referenced with system operational plan risks - Rollout of Discharge to assess model - Agreement of clinical pathways to maximise utilisation of virtual wards including 'step down' patients. - Clinical leads agreed for all workstreams - Recommendations from CAG to support SaTH address CQC conditions. | UEC Board UEC Clinical Advisory Group (CAG) IDC CCMPL Local Care Board | IRM KPI Dashboard: <ul style="list-style-type: none"> - Reduce No Criteria to Reside (NCTR) - Improve ED Performance against 4 hour standard - Reduce ambulance handover delays to support Cat 2 response times to <30 mins - Improve performance in 15 min time to initial assessment for adults and paediatrics - Reduce number of patients waiting > 12 hours in ED - Increase utilisation of virtual wards |
| | | | P5.2 | CYP Mental Health Crisis Care | TOR, Schedule of meetings, minutes of meetings including sign off and monitoring of: <ul style="list-style-type: none"> - Report and Improvement plan to address remaining recommendations of the CQC - New service model and transformation plan agreed. - Strategy for MH&CYP | CYP Board System Quality Group | IRM KPI Dashboard: <ul style="list-style-type: none"> - Reduction in admissions of <18 year olds with an isolated acute mental health need to SaTH |
| | | | P5.3 | IPC Improvement at RJAH | TOR, Schedule of meetings, minutes of meetings including sign off and monitoring of: <ul style="list-style-type: none"> - IPC governance & reporting cycle - NHSE Walk around review - NHSE & UKHSA Quarterly review of SSIs - NHSE removal of Undertakings letter | RJAH IPC Committee RJAH Trust Board System Quality Group Quality & Performance Committee CNO Meeting CNO & Deputies Meeting | IRM KPI Dashboard: <ul style="list-style-type: none"> - Infection surveillance metrics maintain trajectory/target - Use of antimicrobials - Surgical site infection rates compare with peers - Formal undertakings removed |
| | | | P5.4 | Maternity Improvement | TOR, Schedule of meetings, minutes of meetings including sign off and monitoring of: <ul style="list-style-type: none"> - CNST accreditation level 2 certificate - Workforce plan - Health inequalities programme progress - Feedback from insight visits with ICBs - Refresh of PCBC and timeline for consultation for Midwifery Led Units - Evidence of completion of Ockenden 1 & 2 | LMNS Maternity Assurance & Transformation Committee (MTAC) | IRM KPI Dashboard: <ul style="list-style-type: none"> - Compliance with first Ockenden report - Compliance with second Ockenden report - Compliance with National Framework - Accreditation with CNST Level 2 Maternity Incentive Scheme - Achieve submission criteria for Saving Babies Lives Care Bundle v2 |
| | | | P5.5 | Improvement in End of Life Care | TOR, Schedule of meetings, minutes of meetings including sign off and monitoring of: <ul style="list-style-type: none"> - Agreed trajectory for increase to register and those offered and advance care plan - Business cases agreed for 24/7 advice and guidance line - work with NHS 111 and WMAS on system flagging - Agreed dashboard for PEOLC - BCYP strategy - Business case agreed for 24/7 access to care - Workforce training plan | Getting to Outstanding Project Group System Palliative and End of Life Steering Group | IRM KPI Dashboard: <ul style="list-style-type: none"> - Increase in individuals added to the Primary Care Palliative Care Register - Increase in the number of individuals offered an advance care plan |
| | | | P5.6 | Strengthening SI Governance | TOR, Schedule of meetings, minutes of meetings including sign off and monitoring of: <ul style="list-style-type: none"> - Scoping review and recommendations - Action plans to strengthen governance - OD action plans and delivery - Paediatric improvements and outcomes - NHSE review of Serious Incident Management and action plans | SOAG ICB Board Paediatric Assurance & Transformation Committee (PTAC) | Revised and agreed governance arrangements shared at ICB as identified through scoping work Clinical leadership and quality assurance is evident in all key areas of work identified |

Appendix 1 Reporting Cycle



| Update Month | Milestone Report | Executive Meeting | Finalised Rep to NHSE | STW IRM with NHSE | Final Report to NHSE | STW Strategy Committee |
|----------------|----------------------------|----------------------------|----------------------------|---------------------------------|----------------------------|----------------------------|
| January 2023 | 23 rd January | 24 th January | 27 th January | 3 rd February | 14 th February | 16 th February |
| February 2023 | 20 th February | 21 st February | 24 th February | 3 rd March | 14 th March | 16 th March |
| March 2023 | 20 th March | 21 st March | 24 th March | 31 st March | 11 th April | 20 th April |
| April 2023 | 24 th April | 25 th April | 28 th April | 5 th May | 9 th May | 18 th May |
| May 2023 | 22 nd May | 23 rd May | 26 th May | 2 nd June No Meeting | 13 th June | 15 th June |
| June 2023 | 26 th June | 27 th June | 30 th June | 7 th July | 11 th July | 20 th July |
| July 2023 | 24 th July | 25 th July | 28 th July | 4 th August | 8 th August | No Meeting |
| August 2023 | 21 st August | 22 nd August | 25 th August | 1 st September | 10 th September | 21 st September |
| September 2023 | 25 th September | 26 th September | 29 th September | 6 th October | 10 th October | 19 th October |
| October 2023 | 23 rd October | 24 th October | 27 th October | 3 rd November | 14 th November | 16 th November |
| November 2023 | 20 th November | 21 st November | 24 th November | 1 st December | 12 th December | 21 st December |

| Acronym | Title |
|---------|---|
| A&G | Advice & Guidance |
| ARRS | Additional Roles Reimbursement Scheme |
| CAG | Clinical Advisory Group |
| CCMPL | Clinical & Care Multi Professional Leadership |
| CDC | Community Diagnostic Centre |
| CIP | Cost Improvement Plan |
| CNO | Chief Nursing Officer |
| CNST | Clinical Negligence Scheme for Trusts |
| CQC | Care Quality Commission |
| CYP | Children & Young People |
| D2A | Discharge to Assess |
| EPaCCs | Electronic Palliative Care Coordinating System |
| EQIA | Equality Impact Assessment |
| ETAC | Emergency Transformation Assurance Committee |
| GGI | Good Governance Institute |
| GP | General Practitioner |
| GPN | General Practice Nurse |
| HTP | Hospital Transformation Plan |
| ICB | Integrated Care Board |
| ICP | Integrated Care Partnership |
| ICS | Integrated Care Strategy |
| IDC | Integrated Delivery Committee |
| IDT | Integrated Discharge Team |
| IFP | Intelligent Fixed Payment |
| IIA | Inequalities Impact Assessment |
| IPR | Integrated Performance Report |
| IRM | Improvement Review Meeting |
| ISIP | Integrated System Improvement Plan |
| IUC | Integrated Urgent Care |
| JFP | Joint Forward Plan |
| JSNA | Joint Strategic Needs Assessment |
| KPI | Key Performance Indicators |
| LCP | Local Care Plan |
| LMNS | Local Maternity & Neonatal System |
| MH | Mental Health |
| MLU | Midwifery Led Unit |
| MOC | Management of Change |
| MOU | Memorandum of Understanding |
| MTAC | Maternity Transformation & Assurance Committee |
| NCTR | No Criteria to Reside |
| PCBC | Pre-Consultation Business Case |
| PCN | Primary Care Networks |
| PEOLC | Palliative & End of Life Care |
| PIFU | Patient Initiated Follow Up |
| PSIRF | Patient Safety Incident Reporting Framework |
| PTAC | Paediatric Transformation & Assurance Committee |
| PTL | Patient Tracking List |
| Q&PC | Quality & Performance Committee |
| SCC | Strategic Control Centre |
| SHIPP | Shropshire Integrated Place Partnership |
| SOAG | System Oversight Assurance Group |
| SOP | Standard Operating Procedure |
| STW | Shropshire, Telford & Wrekin |
| T&F | Task & Finish |
| TLHC | Targeted Lung Health Checks |
| TOR | Terms of Reference |
| TWIPP | Telford & Wrekin Integrated Place Partnership |
| UEC | Urgent Emergency Care |
| VWA | Value Weighted Activity |
| WMAS | West Midlands Ambulance Service |
| | |

Agenda item

ICB 28-06-094

- **Joint Forward Plan**

Shropshire, Telford & Wrekin

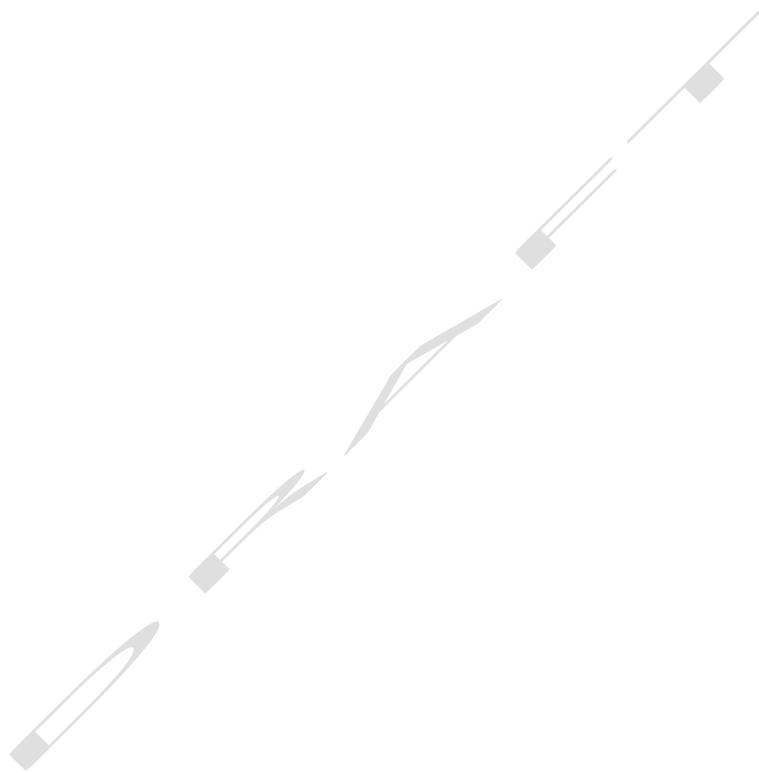
Joint Forward Plan

2023 – 2028

(DRAFT V 10.3 - June 2023)

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|-----|--|---|--|



| | |
|--|-----------|
| Executive Summary | 3 |
| Chapter 1: Our Integrated Care System (ICS)..... | 5 |
| 1.1 Background..... | 5 |
| 1.2 Our Population | 5 |
| 1.3 What we want to achieve..... | 6 |
| 1.4 How we will deliver these priorities? | 7 |
| 1.5 Our model of care..... | 7 |
| 1.6 Our approach to Quality..... | 8 |
| Chapter 2: Delivering Person-centred care..... | 11 |
| 2.1 How we will implement a Person-centred Care approach..... | 11 |
| 2.2 Delivering Integration and Joint Commissioning..... | 12 |
| 2.3 Provider Collaboratives | 13 |
| 2.4 Children and Young people | 14 |
| 2.5 Proactive Prevention | 14 |
| 2.6 Our approach to tackling inequalities and duty to reduce health inequalities. | 16 |
| 2.6 Duty to address the needs of survivors of abuse. | 18 |
| Chapter 3: Place-Based Delivery | 19 |
| 3.1 Our Places..... | 19 |
| 3.2 Telford & Wrekin..... | 20 |
| 3.3 Shropshire | 21 |
| 3.4 Local Care Transformation Programme (LCTP) | 24 |
| 3.5 Proactive Care (Previously Anticipatory Care)..... | 27 |
| 3.6 Primary Care Networks and General Practice | 27 |
| 3.6.1 Our approach to Medicines..... | 29 |
| 3.7 Community Pharmacy, Optometry and Dental..... | 31 |
| 3.8 Voluntary and Community Sector (VCS)..... | 31 |
| Chapter 4: Hospital and Clinical services | 32 |
| 4.1 Hospital Transformation Programme (HTP) | 32 |
| 4.2 Elective Care..... | 34 |
| 4.3 Maternity Services..... | 38 |
| 4.4 End of Life Care..... | 39 |
| 4.5 Duty to take specialist and clinical advice. | 40 |
| 4.6 Clinical Strategy and Priorities..... | 41 |
| Chapter 5: Enablers | 48 |
| 5.1 People..... | 48 |
| 5.2 Digital as an Enabler of Change | 49 |
| 5.2.4 Our current and future position | 50 |
| 5.3 Population Health Management (PHM) as enabler of Population Health | 51 |
| 5.4 Estates - System Physical Infrastructure, Estates Strategy and Planned Delivery..... | 51 |
| 5.5 Financial Sustainability & Productivity | 52 |
| 5.6 Our Commitment to Communication & Engagement..... | 54 |
| 5.7 Our commitment to research and innovation..... | 56 |

Executive Summary

The Shropshire, Telford & Wrekin (STW) Integrated Care System (ICS) has developed this Joint Forward Plan to outline how our health and care system will work together to deliver the priorities we have jointly agreed over the next five years.

This plan has been developed through a collaborative approach with all system partners and wider stakeholders in this diagram (right) and is based on engagement with our local communities. It is not set in stone: we will continue to engage with our communities beyond the publication of the plan.

Since March 2020, when the Covid-19 pandemic was declared, our health and care system has come through the most challenging few years in its recent history. The pandemic changed the way we worked, lived and how our health and care was delivered. As a system, as partners and as individuals we learned a lot about working together and the importance of community and wellbeing. However, the pandemic has also exacerbated our challenges and the demand for services.



For example, we are seeing unprecedented demand for mental health and wellbeing services, particularly for our children and young people. The backlog of planned operations and medical interventions has grown. We have experienced challenges in delivering several constitutional standards. Our whole system faces significant challenges in recruitment and workforce shortages, particularly in relation to restoring elective inpatient and cancer activity.

In July 2021 our system was formally placed in the national Recovery Support Programme (RSP) due to serious, complex, and critical quality and finance concerns within our system that require intensive support.

Our system is currently spending in excess of its allocated finances and therefore our plan is set in the context of a financial recovery trajectory. Rather than spending more, we need to allocate resources on the basis of creating health value, implementing innovative financial flows and payment mechanisms and considering allocation of resources to provider collaboratives and “places”. We need to think differently and work differently in order to meet these challenges. We are better able to address these challenges by working more closely together.

One example of working together is the Office of the West Midlands – a partnership of West Midlands Integrated Care Boards. The six ICBs in the West Midlands are working together so at scale collaboration and distributive leadership will add value and benefit to a shared set of common goals and priorities for West Midlands citizens and patients.

The three key elements of our plan are:

- 1. Taking a person-centred approach (including proactive prevention, self-help and population health to tackle health inequalities and wider inequalities).***

We are committed to working with service users, carers and partners to support our citizens to live healthy, happy and fulfilled lives. This will mean supporting people to proactively look after their own health, putting a greater emphasis on preventing illness and staying well, but also providing the right care when and where they need it. Chapter 2 talks about person-centred care, what it is and how we will deliver person-centred care.

2. Improving place-based delivery, having integrated multi-professional teams providing a joined approach in neighbourhoods, supporting our citizens and providing care closer to home, where possible.

The STW Local Care Transformation Programme (LCTP) brings together a collection of transformation initiatives that will deliver more joined up and proactive care closer to home, supporting improved health and wellbeing for our population. This is encompassed by the Local Care vision of “adding years to life and life to years”. Details of the LCTP are set out in Chapter 4 of this plan.

3. Providing additional and specialist hospital services through our Hospital Transformation Programme (HTP).

The HTP is putting in place the core components of the acute service reconfiguration agreed as part of the Future Fit consultation. It is helping us to address our most pressing clinical challenges and establish solid and sustainable foundations upon which to make further improvements.

In conclusion, this plan highlights the work that we are undertaking across the ICS to improve the care we provide for the citizens of Shropshire, Telford and Wrekin. We understand that this is an ambitious plan but with significant challenges and there is much work to be done, but we believe that it is achievable, and we must deliver our plan to improve the health and care services for our population with the strong commitment of our partner organisations and by talking to and working with our communities.

Chapter 1: Our Integrated Care System (ICS)

1.1 Background

Our Joint Forward Plan has been developed through a collaborative approach with all system partners and wider stakeholders, including our Health and Wellbeing Boards. We will be held to account for its delivery by our population, patients and their carers or representatives – and in particular through the Integrated Care Partnership (ICP), Healthwatch and the local authorities’ Joint Health Overview and Scrutiny Committees.

As an ICS we understand the importance of developing our health and care services based on the views of our local population, alongside the evidence on population health. We have been working with our two Healthwatch organisations to hear what our residents are telling us.

Residents have asked for ‘A person-centred approach to our care’. People must be at the heart of everything we do and by delivering joined up services in both the acute and community settings we can give everyone the best start in life, creating healthier communities and helping people to age well.



1.2 Our Population

Our approach to population health and business intelligence, and our understanding of our population and their needs, will ensure that as a system we are working on the right priorities. Furthermore, it will then provide the in-depth analysis to support commissioners in facilitating work with providers, community assets and our population to find solutions to our wicked issues.

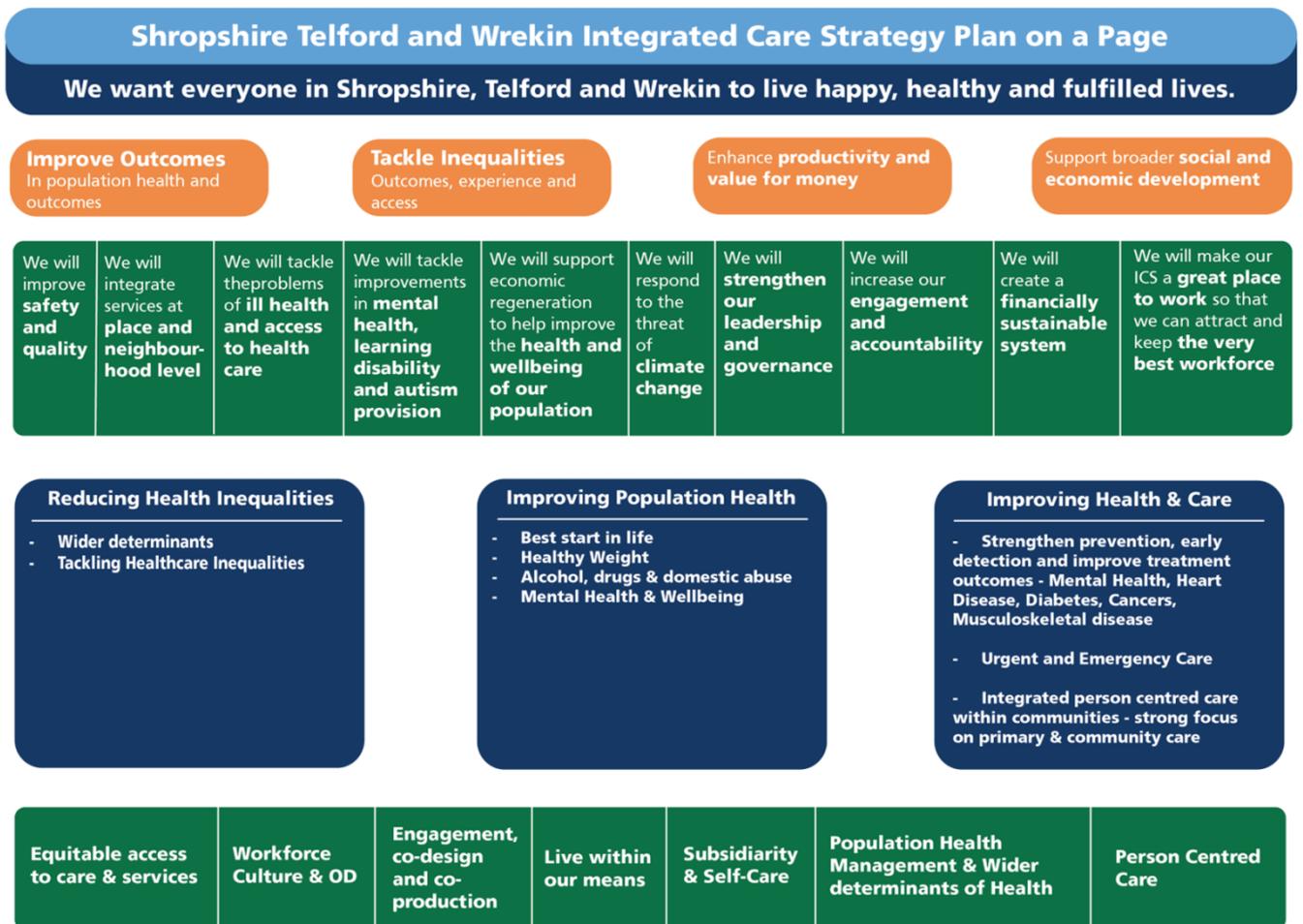
Our Councils provide the Joint Strategic Needs Analysis for the populations and communities of each of our places. These inform the Health and Wellbeing Strategies for each of our places and

subsequently our interim Integrated Care Strategy, which was approved 20th March 2023 by the Integrated Care Partnership. The Strategy can be found here:

<https://www.shropshiretelfordandwrekin.nhs.uk/wp-content/uploads/NHS-STW-Interim-Integrated-Care-Strategy-V-9.0-2.pdf>

1.3 What we want to achieve.

Within the context described above, our ICS Vision, Pledges and Strategic Priorities are summarised in the diagram below:

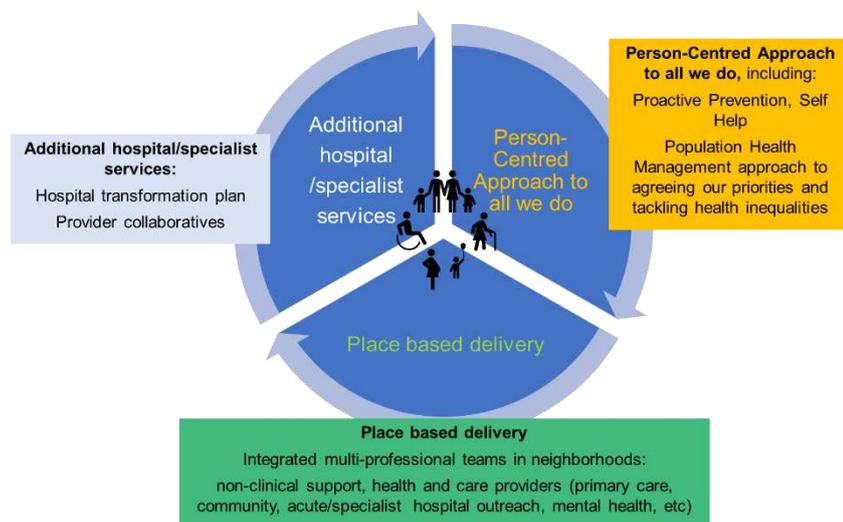


1.4 How we will deliver these priorities?

To achieve our priorities and our model of care there are three key components of our Plan, as shown on the right.

Our two Places will play a major role in delivery of our priorities, the table below shows how the ICS priorities align with our Place priorities.

A detailed overview of the Population Health Priorities, Inequalities Priorities and Health and Care Priorities across Shropshire, Telford and Wrekin and the ICS can be seen in Appendix One



Case study – Healthy Lifestyles Service - part of the Teldoc Diabetes Pathway.

Teldoc patients are now able to book an appointment to see a Healthy Lifestyles Advisor at the Oakengates Medical Practice, Telford. Clinics are scheduled on 3 days a week for patients requiring support with pre-diabetes or who are newly diagnosed with diabetes. Being part of the Teldoc Diabetes Pathway allows patients to meet with an Advisor without using the standard referral route (online form completion or telephoning the service) making it more accessible to the patient. Co-location of the Healthy Lifestyles Service with a Primary Care provider demonstrates the joint working between these 2 organisations and makes the 2 services work seamlessly together. Patients can go on for follow-up support with their Advisor in a community clinic close to their home – removing the need to visit the GP surgery for this type of intervention.

1.5 Our model of care

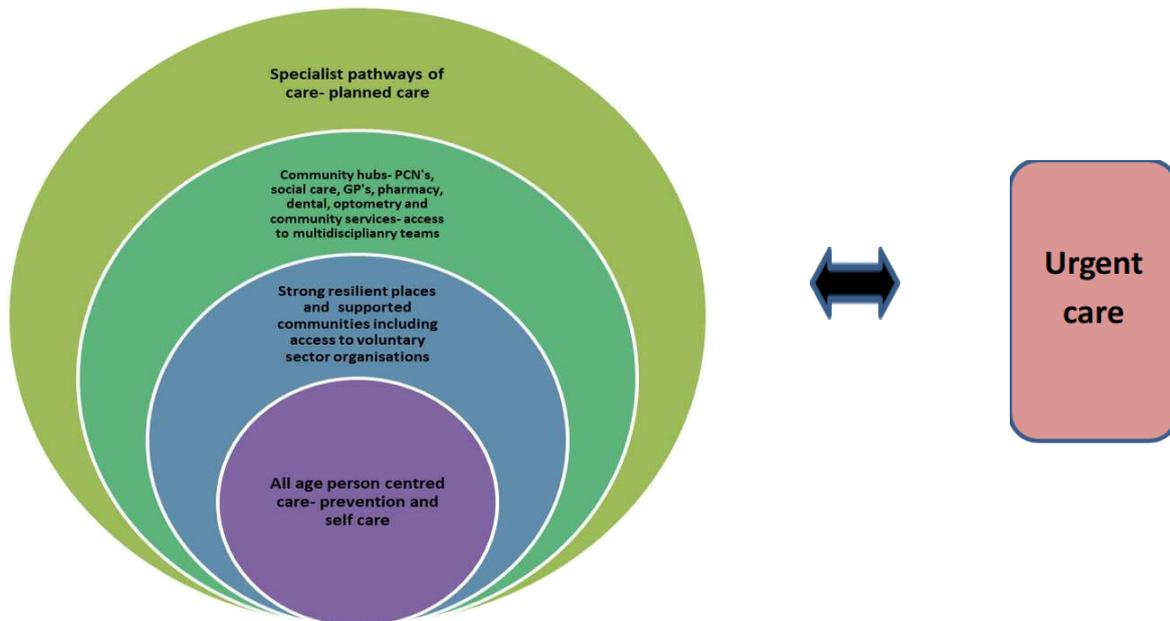
Although we are a challenged system, we are an ambitious one. Our public and stake holder engagement through 'The Big Conversation' have consistently told us they want more services closer to home or work, easy straight forward access and communication about onward services and referrals or support within their community for self-care.

Our model of care is designed to take the views of our communities into account and therefore starts with keeping well and healthy with prevention and self-care at the heart, supported by resilient, strong communities that offer services to keep people happy and well, supported by our community and voluntary sector and our 'Places'.

Access to health and care is through community based 'hubs' that deliver a range of health and care services including physical, mental and social care services and includes our primary care services, general practice, community pharmacy, optometrists and dentists. Our Local Care Transformation Programme will ensure that care is delivered through a multi-disciplinary integrated team supported by our community services.

Referral to planned health care or specialist services such as cancer services or orthopaedic services, for example, will be timely and well communicated. Our Hospital Transformation Programme and our providers of health and care working in 'Provider Collaboratives' will ensure that our clinical priorities are being met, but also support prevention and self-care.

We want our model of health and care to deliver truly integrated services that are built on person-centred needs and communication that is clear so that pathways from prevention to acute or planned and specialist services can be clearly understood and co-produced with individuals and our communities, developing a system of improvement by measuring impacts and outcomes, and using learning to expand and improve continuously.



1.6 Our approach to Quality

As a system we commit to using all available resources including Right Care Opportunities to deliver improved quality by removing unwarranted variation and improving outcomes at a population health level.

It is our ambition to create outstanding quality by:

- Committing to patient-centred, personalised care where patients have ownership of their own care, but also routinely inform development and delivery of future services based on the learning of their lived experiences.
- Strengthening integrated multi-disciplinary working across our organisations to ensure our population receive care in the right place at the right time.
- Streamlining care with robust pathways to ensure with sufficient capacity for planned care designed to improve patient experience and outcomes.
- Making sure people can navigate a simplified urgent care system to meet both physical and mental health needs.
- Support our health and care providers to achieve improved CQC ratings where appropriate.

Key Organisations CQC ratings 1st June 2023

| Organisation Name | Inspection category | Publication Date | Overall | Safe | Effective | Caring | Responsive | Well led |
|--|--|--------------------------------|---------|------|-----------|--------|------------|----------|
| Midlands Partnership University NHS Foundation Trust | Mental Health Services (relevant to STW) | 5 th July 2019 | ● | ● | ● | ● | ● | ● |
| Robert Jones and Agnes Hunt Orthopaedic NHS Foundation Trust | Specialist NHS Hospital | 21 st February 2019 | ● | ● | ● | ★ | ● | ● |
| Severn Hospice (Apley site) | Hospice Service | 11 th January 2022 | ● | ● | ★ | ★ | ● | ● |
| Severn Hospice (Bicton site) | Hospice Service | 12 th January 2022 | ● | ● | ● | ● | ● | ● |
| Shrewsbury and Telford NHS Trust | Acute Hospital NHS Non -Specialist | 18 th November 2021 | ● | ● | ● | ● | ● | ● |
| Shropshire Community Health NHS Trust | Community Health NHS and Independent | 1 st August 2019 | ● | ● | ● | ● | ● | ● |

Key areas where we need to improve quality of services (June 2023)

- Childrens and young people's services
 - We want to strengthen the multi-agency approach to the prevention of poor mental health and improve access when services are needed.
 - We want to ensure children's acute services are safe and effective, and waiting lists are tackled in line with adult services.
- Urgent and emergency care
 - We want to improve timely access to urgent and emergency care as well as providing it where the person needs it.
- Diabetes care
 - We want to focus on prevention of diabetes and healthy lives for people with diabetes.
- Maternity care
 - We want to continuously improve our maternity services and sustain improvements made in response to the Ockenden reports.

As a system we will fully prepare for the CQC framework to monitor quality of services for Integrated Care systems.

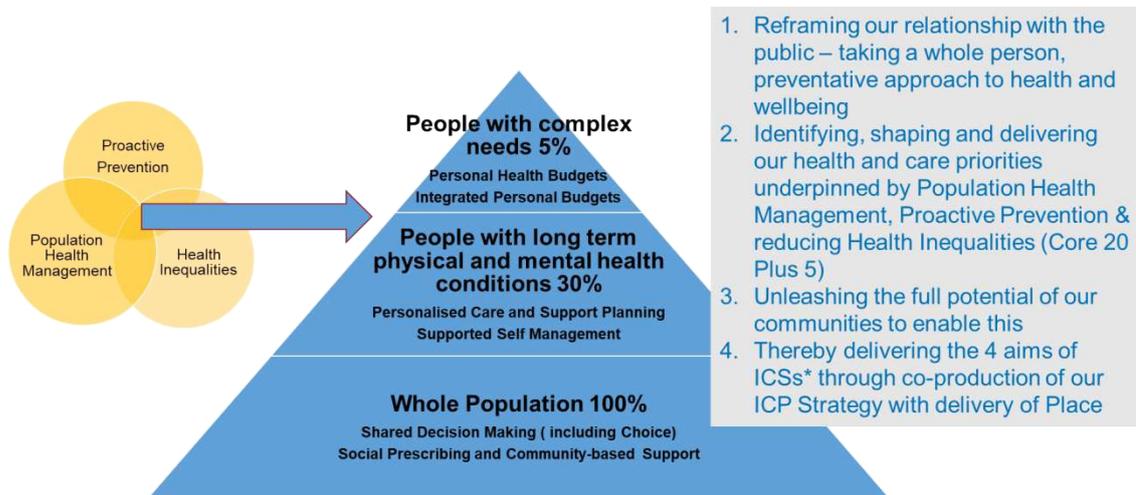
Our plans to continuously improve the quality of our services are outlined in the table below:

| How will we monitor quality? | How will we measure and sustain quality? | How will we improve quality? |
|---|---|---|
| <ul style="list-style-type: none"> • Listening to those with experience of care. • System Quality Risk Register. • System risk escalation. • System Quality metrics at Place. • System Quality Group with clear terms of reference and feed to Regional Quality Group. • The Quality and Performance Committee seeking assurance against the risks with the partnership of key agencies across the ICS in line with national guidance. • Learning from deaths, CDOP, infant mortality & LeDeR. • The co-ordinated introduction of PSIRF and learning from incidents as a system and beyond, driven by Patient Safety Specialists and Patient Safety Partners. • Receiving and discussing quality exception reports monthly at ICB Board. | <ul style="list-style-type: none"> • Executive champions of quality health and social care coming together at System Quality Group to drive quality services forward across the ICS and beyond. • Contracts and local quality requirements. • Clearly defined System Quality Metrics. • Themed quality visits. • Partnering with Healthwatch and the voluntary sector. • Co-production with those who experience care. • Feedback from our residents. • Quality accounts. | <ul style="list-style-type: none"> • Integration of quality improvement expertise into system priority programmes. • Research and innovation. • Rapid learning from incidents and themes across partners. • Finding out what works through Quality Improvement Projects with partners across the ICS. • Focus on personalised palliative and end of life care. • Aging well though support of care homes and domiciliary care to deliver the highest possible care they can. • A focus on early years. • Ensuring quality care is accessible to all, no matter background, creed or location though strategic integration of quality and Core20PLUS5. |

Chapter 2: Delivering Person-centred care.

2.1 How we will implement a Person-centred Care approach.

The diagram below summarises how we will implement our person-centred approach.



*Integrated Care Systems exist to achieve 4 aims:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

25

What we mean by a “Person Centred Approach.”

Person-centred care moves away from professionals deciding what is best for a patient or service users, and places the person at the centre, as an expert of their own experience and lives. The person, and their family where appropriate, becomes an equal partner in the planning of their care and support, ensuring it meets their needs, goals, and outcomes.

With an emphasis on “doing with” rather than “doing to”, person-centred care runs through both individual and group settings, allowing users of services to be active not only in their own care but also in the design and delivery of services. This approach can improve both the experience and quality of care.

Person-centred care relies on several aspects, including:

- people’s values and putting people at the centre of their care, considering people’s preferences and chosen needs.
- ensuring people are physically comfortable and safe.
- emotional support involving family and friends.
- making sure people have access to appropriate care that they need, when and where they need it.
- ensuring people get all the information they need, in a way that is accessible for them, to make decisions for their care and support.

Person centred care also recognises the strong and evidenced link between non-clinical, community support, and improvement in health and wellbeing.

We will facilitate a strengths-based approach in our communities to utilise non-clinical resources, recognising that the wider determinants of health affect 90% of our health and wellbeing, with health and care services impacting only 10%.

We will take the following actions:

| Action | Owner | Timescale |
|--|-------------------------------------|-----------|
| Establish leadership, governance and resource for this programme of work | Strategic Commissioning Lead | 2023 |
| Identify our priorities through a population health management approach, identifying health inequalities and taking a proactive prevention approach | Clinical Lead for Personalised Care | 2023/24 |
| Establish our Person-Centred Facilitation Team to coordinate and enable this approach. | Clinical Lead for Personalised Care | 2023/24 |
| Involve the full range of people who can contribute from the outset – including but not limited to, people in our communities and those enabling their voice including Healthwatch; representatives from non-clinical provision including VCSE and Social Prescribing; multi-Professional Clinical and Care Leads; Health and Care Managerial Leads, and Representation from Person-Centred Facilitation Team. | Clinical Lead for Personalised Care | 2023/24 |
| Develop and mandate a structured person-centred approach to wrap around each ICS priority workstream: realising opportunities for using non-clinical community resources (including via social prescribing), choice, shared decision making, supported self-care, personalised care planning and personalised health and care budgets. | Clinical Lead for Personalised Care | 2023/24 |
| Inspire, equip and support our leadership and wider workforce in this approach | Clinical Lead for Personalised Care | 2023/24 |
| Agree 5-year plan to shift resource towards person-centred, preventative services & action, including support for VCSA development as a provider collaborative | Clinical Lead for Personalised Care | 2023/24 |

2.2 Delivering Integration and Joint Commissioning

Joint commissioning refers to arrangements in which public bodies look to undertake the planning and implementation of services collaboratively; this could be for a whole population or in relation to people with particular needs (such as those with a complex disability). We believe that commissioning collaboratively as a system enables benefits to be realised for everyone, including improved outcomes and experiences for people, reduced duplication, best use of resources and improved access to services.

We will use joint commissioning to deliver integrated services.

Integration focuses on the strengths of people and communities as a cornerstone of how we will work. As described in our model of care, people and communities, with public services working together, support people to build the foundations for a healthy and fulfilling life.

The diagram on the right demonstrates this people and community centred approach that is echoed throughout this plan and the Integrated Care System's work.

Specifically, we will seek jointly to design and invest in pathways which are person-centred and hold organisations jointly accountable for the overall experience of individuals and families. We will also engage people with lived experience, communities, and professionals in setting the overall priorities for an area and designing pathways which reflect local needs and opportunities. We will develop performance management frameworks which consider not only quality of individual services, but also the extent to which people experience integrated, high-quality care. We will use the financial and workforce resources available across our organisations to support local populations in the most effective means possible. The Better Care Fund (BCF) enables this joint working and a focus on local priorities at place-based level.



Case Study: Integration and Transformation Programme

The Integration and Transformation Programme's is working to prevent escalation of need and to reduce the long-term impacts and effects that the pandemic has had on local people in Shropshire.

The approach aims to create a more positive and promising future for people of all ages and builds on the Strengthening Families approach to Early Help. The programme is based on evidence, data, insight and learning regarding local need and from successful integration programmes nationally, where a similar approach has been adopted. It is intended to reduce inequalities in our population and poverty in all its forms; providing early support and interventions that reduce risk and enable children, young people, adults, and families to achieve their full potential and enjoy life.

2.3 Provider Collaboratives

Provider Collaboratives are partnerships that bring together two or more NHS trusts (public providers of NHS services including hospitals and mental health services) to work together at scale to benefit their populations. While providers have worked together for many years, the move to formalise this way of working is part of a fundamental shift in the way our health and care system is organised, continuing to move from an emphasis on organisational autonomy and competition to collaboration and partnership working. The rationale for providers working together in this way comes down to improving efficiency, sustainability and quality of care. Collaborative arrangements see providers coming together to consolidate corporate services for greater efficiency, increase sustainability by making better use of a limited workforce and improve quality of care by standardising clinical practice to tackle variations in care across different sites.

In STW, Provider Collaboratives are still developing and have been referred to in various sections of this plan. The main focus is how a provider collaborative will drive patient outcomes and quality and support the following areas:

- How we tackle unwanted variation
- How we improve resilience on delivery
- How we improve productivity
- Governance accountability
- Leadership development

We will continue the development of a local Provider Collaborative for Mental Health across Shropshire, Telford and Wrekin for all mental health transformation, developing effective partnerships and working collaboratively to provide seamless, well integrated services whilst bringing the design and provision of care closer together for the benefit of our communities. Increasingly over the 5 years covered by this plan we will seek to ensure that the provider collaborative works across statutory and non-statutory organisations alongside co-production with the wider communities involved with upon by service delivery.

Our system Provider collaboratives are:

- Shrewsbury and Telford Hospitals and Shropshire Community Trust
- Midlands Partnership University Hospital FT
- GP Practices (51 practices) working through a GP Board.

Local Provider Collaboratives (LPC) under integrated models would see delegation of functions to the Provider Collaborative from the ICB, pooled budgets for areas agreed by the collaborative as being within the scope of the Provider Collaborative.

2.4 Children and Young people

Our system needs to focus more on our children and young people. We are awaiting feedback from the engagement through the “Big Conversation” to understand the priorities of children and young people. We know that children also need to live happy, healthy and fulfilled lives and the pandemic has impacted on them in many ways. Throughout this plan we need to consider children and young people, their families and carers including those children with complex needs and the support their families need. The offer starts before conception and through to adulthood. CYP mental health is addressed in chapter 4, however we will develop the children’s strategy which includes prevention, early help and physical health throughout 2023/24.

2.5 Proactive Prevention

Our system is unified in our vision to improve prevention for people living in Shropshire, Telford & Wrekin. By working together at Place, with Primary Care, the voluntary and community sector, community services, care and council services, business and people themselves, we can take a proactive approach to identifying risk in the population and supporting people to reduce their risk.

Proactive prevention begins in childhood. We must recognise the cumulative effect of the impact of Adverse Childhood Experiences (A.C.E.’s) and trauma which are causally and proportionately linked to

poor physical, emotional and mental health and have a significant impact on social, educational and health outcomes. Proactive prevention through the life course can be threaded through our place-based programmes of work and developing resilient communities.

In this context, the system wide Proactive Prevention approach builds on what is already in place across Shropshire and Telford & Wrekin.

It will provide:

- A common vision of Proactive Prevention that is centred around a person's strengths and community assets, self-care and early intervention and advice (preventing escalation of needs).
- Common language and clear communication messages.
- A shared culture with a shared set of values, standards, and beliefs.
- Consistent ways of working and consistent decision making.
- Multi-agency intelligence from a variety of sources to support and inform decision making.

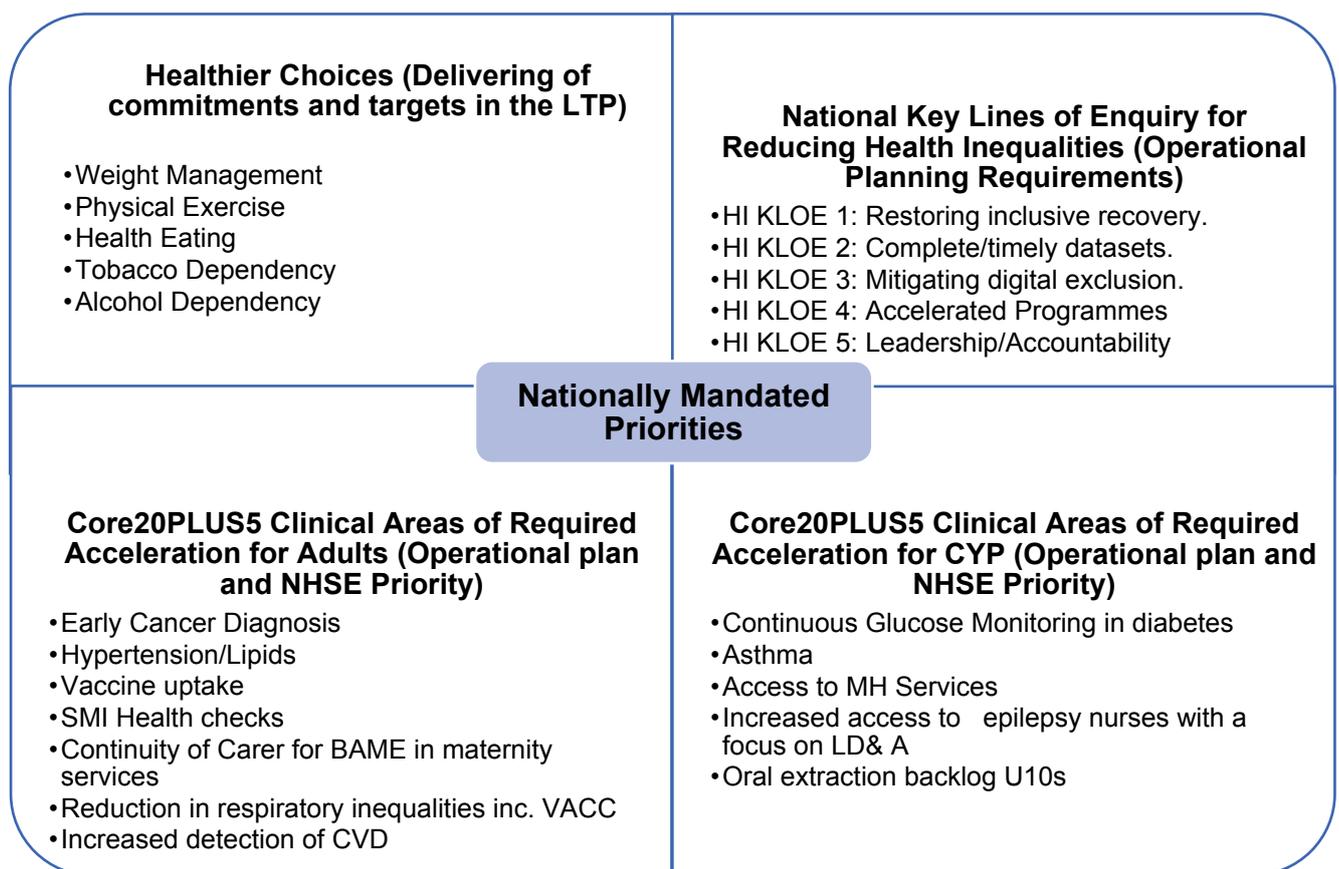
The following actions will be taken:

| Action | Owner | Timescale |
|--|--|--|
| Agree a set of values, standards, beliefs and ways of working | Director of Partnerships & Place | July 2024 |
| Agree and implement an effective method to gather and use multi-agency intelligence across the system | Director of Planning & Performance | April 2024 |
| Engagement/Consultation with internal and external stakeholders for each of the priority programmes | Director of Comms & Engagement | April 2025 |
| Identify the opportunities for proactive prevention, reducing inequalities, and increasing self-management for each of the priority programmes | Each programme director / Senior Responsible Officer Health Inequalities | April 2024 and as and when new priority programmes are developed |
| Ensure all information is accessible and meets the NHS standard | Comms & Engagement Team | April 2024 |
| Agree a communications strategy to ensure messaging is consistent and clear across the system | Director of Comms & Engagement | July 2023 |
| Make best use of available technology to improve coordination of care, communication, understanding and monitoring of health. | Digital Programme lead | April 2024 and ongoing |
| Workforce development through education and training and development of new roles and new ways of working. | Director of People | December 2023 and ongoing |

2.6 Our approach to tackling inequalities and duty to reduce health inequalities.

We know that there are differences in services across the county which we need to reduce. Healthcare inequalities are unjustifiable differences in the outcomes for people in relation to the services we offer. At the core of health inequalities is the access to care that people receive and the opportunities that they have to lead healthy lives. Whilst the ICB recognises its duty to address access to health services, we also wish to recognise and work with partners to tackle the causes of the wider determinants of health inequalities, including preventable causes of ill health. Research has demonstrated that certain sections of society, those living in the 20% most deprived areas and individuals from marginalised communities experience greater burden of ill health when compared to wider society. To address this NHSE has advocated the Core20+ focus on health inequalities reduction. This will run alongside the ICBs general duty to reduce inequalities in access.

The nationally mandated priorities as a minimum requires the ICB to ensure the ICB are addressing the following areas:



In January 2023, STW undertook an evaluation to provide an early and detailed assessment of how well the dispersed approach to the implementation of the priorities is working, significant progress has been achieved during the first year of implementation and the process of evaluation has helped to focus on providing additional opportunities to improve knowledge, increase coordination, accountability and commitment.

The system is working up a rolling programme of data analytics that will be used to identify key health inequalities by programme area e.g., Cancer, Urgent and Emergency Care, Mental Health, Children

and Young People that will then inform our ongoing programme of work to reduce inequalities across STW. This work programme will align with the needs assessments being undertaken by our public health colleagues to give a holistic view of our inequalities and their wider determinants and inform the actions required across the system to reduce inequalities over time. This programme will be agreed by the end of July and will be in line with the priorities identified within the Integrated Care Strategy. Working in collaboration with our 'Places' we need to ensure that we are contributing to the reduction of wider inequalities that impact on health inequalities, such as housing, education and employment.

The following recommendations and actions were agreed and will be delivered over the next 12 months:

| Recommendation | Actions | Owner | Timescale |
|--|--|--|-----------|
| Strengthen the consistency of governance arrangements for reporting HI. | <ul style="list-style-type: none"> Secure additional PMO resource to drive progress. Co-ordinate system wide 2023/24 HI Implementation Plan Develop a consistent monitoring framework which links through local governance and feeds into the quarterly NHSE stocktake reports, highlighting any areas that require regional/national support (i.e., shared learning). Providers to take forward the HI asks within the Operational Plan. To assist in our legal duty to promote reduction of health inequalities this will form part the schedule 2N of NHSE Standard Contract Ensure all operational plan and Core20PLUS5 Objectives are reported to the System Health Inequalities Board Ensure quarterly reporting to board from Q2 onwards | SRO Health Inequalities | 2023/24 |
| Promote understanding of the Health Inequalities agenda and support staff to deliver | <ul style="list-style-type: none"> Collate HI, health literacy and population health training and resources. Create a central 'resource directory' on local Intranet. Work with our People Team to develop a HI training module/workshop and embed HI and health literacy training within staff competencies/inductions. Share best practice locally, regionally and nationally. | SRO Health Inequalities | 2023/24 |
| Confirm baseline data, available intelligence and analytical requirements for each priority HI area. | <ul style="list-style-type: none"> Explore data resources to identify a core set of metrics. Develop a HI Dashboard which can support impact and outcomes monitoring at a granular level. | Director of Planning & Performance | 2023/24 |

Case Study: Outreach vaccination service – reducing inequalities.

A collaboration was formed between both local authorities (Telford & Wrekin and Shropshire Council) providing operational support for the NHS to deliver an outreach COVID 19 Vaccination programme focussed on reducing inequalities. Over 10,000 people have been vaccinated on the mobile bus referred to as Bob or Betty which was loaned by Shropshire Council, along with a driver to make the service as accessible as possible.

Using a community-centred and intelligence-led approach, our most deprived, rural and ethnically diverse communities have been able to access a vaccination on their doorstep, protecting and preventing further ill health. Team Bob or Betty has played an important part in the COVID 19 vaccination programme, making Shropshire, Telford & Wrekin one of the top performing vaccination programmes for reducing inequalities nationally. The positive outcome of this approach will inform the way future programmes will be rolled out in the community.

Case Study: Core20PLUS Connectors (known locally as Shropshire, Telford & Wrekin (STW) Cancer Champions)

Shropshire, Telford & Wrekin, in partnership with both Local Authorities, were successful in their bid to be selected as one of 11 wave 1 pilot sites across the country taking part in the NHSE Health Inequalities Core20PLUS Core Connectors programme.

The aim of the programme is to develop and support community-based roles know as ‘Connectors’ who will impact on the goals of the Core20PLUS5 (a national approach to tackling health inequalities) – acting as a voice for local communities through raising awareness of barriers and therefore helping to reduce health inequalities for our under-served populations.

As STW is an outlier for early cancer diagnosis, our local pilot specifically aims:

1. Raise awareness of cancer signs and symptoms and local screening services.
2. Understand barriers to people accessing healthcare services.
3. Positively contribute to STWs achievement of the goal of 75% of cases diagnosed at stages 1 or 2 by 2028.

The project is delivered in partnership between the NHS, local authorities and the community and voluntary sector, with Lingen Davies Cancer Fund and Qube Oswestry Community Action as our lead delivery partners.

A collaborative approach has been pivotal to ensure the project benefits from the engagement expertise of our Local Authority Outreach Teams and lead delivery partners, both in terms of raising awareness of the opportunity to become a Connector but also in engaging with and building trust with our under-served communities.

2.6 Duty to address the needs of survivors of abuse.

We have a duty to address the needs of survivors of abuse in our area. People can be survivors of a range of different types of abuse, such as Domestic Abuse; Sexual Abuse; Child Sexual Exploitation; Criminal Exploitation; Neglect; Financial or emotional abuse. The table below summarises our approach and actions to delivering this duty.

| | | |
|------------------|--|---|
| Preventing abuse | Supporting those who have suffered abuse | How will we know our approach is working? |
|------------------|--|---|

| | | |
|---|---|---|
| <ul style="list-style-type: none"> • Effective multi-agency working through Safeguarding Partnerships. • Delivering the requirements of the Serious Violence Duty. • Commissioning services based on existing resources and robust population information. • Linking with the voluntary sector. • Linking local and NHSE commissioned services. • Participation in the Criminal Justice Partnership. • Engaging those with lived experience in our plans and actions including co-production. • Implementing the Liberty Protection Safeguards in line with national timescales. • Engaging children and young people and their carers in our plans and actions. | <ul style="list-style-type: none"> • Listening to victims and their needs • Implementing a trauma-informed approach to relevant commissioned services. • Building pathways based on knowledge and information about the effectiveness of interventions. • Focussing on prevention of mental ill health. • Working with schools and education establishments. • Meeting the needs of looked after children. • Engaging CYP in our plans • Delivering the actions required in the Independent Inquiry into Child Sexual Exploitation in Telford (IITCSE). | <ul style="list-style-type: none"> • Robust multi-agency data sets to triangulate crime, social care and health data. • Working with Healthwatch and those with lived experience. • Working in safeguarding partnerships to gain intelligence on changing themes in abuse and the prevention measures needed as a dynamic process. • Benchmarking with other areas and engagement in regional and national improvements. • Audit of services • Gaining feedback from service users to ensure the approaches are working |
|---|---|---|

We will take the following actions:

| Action | Owner | Timescale |
|--|---------------------------|---------------|
| Complete IITSCSE health actions | ICB Chief Nursing Officer | December 2023 |
| Implementing the requirement of the Serious Violence Duty in line with Safeguarding Partnerships and national requirements | ICB Chief Nursing Officer | March 2024 |
| Build pathways for supporting survivors, based on knowledge and information with partners. | ICB Chief Nursing Officer | March 2024 |
| Working with schools and education establishments regarding abuse | ICB Chief Nursing Officer | December 2023 |
| Engage with Children and Young people in our plans | ICB Chief Nursing Officer | March 2024 |

Chapter 3: Place-Based Delivery

3.1 Our Places

Role of Place

Place is defined by NHS England as being a geographic area that is defined locally. In Shropshire, Telford & Wrekin Integrated Care System we define ‘place’ as the areas coterminous with our two local authorities: Telford & Wrekin, and Shropshire. Both places have strong place-based integration boards – Shropshire Integrated Place Partnership (SHIPP) and Telford & Wrekin Integrated Place Partnership (TWIPP). Both SHIPP and TWIPP are accountable to their local Health and Wellbeing Boards as well

as the STW Integrated Care Board (ICB). See [Appendix B:](#) for Telford & Wrekin Integrated Place Partnership priorities

The role of SHIPP and TWIPP is to implement proactive prevention, reduce health inequalities, and improve outcomes for the local population.

SHIPP and TWIPP reflect the identity of each of the places and benefit from the assets and strengths of the communities within that place. However, the places ensure that standards of access and quality do not vary and connect across STW to ensure that the evidence of the most effective prevention, population health and care models are applied in every neighbourhood.

3.2 Telford & Wrekin

Telford & Wrekin Health and Wellbeing Strategy

Telford & Wrekin Health and Wellbeing Board is refreshing its priorities and the updated strategy will be approved in June 2023. The priorities are based on engagement and insight with our Telford and Wrekin residents and intelligence from the JSNA on local health and wellbeing outcomes and inequalities gaps. Delivery of these health and wellbeing strategy priorities is steered and overseen by the TWIPP, the Best Start in Life Board and the Community Safety Partnership.

[Telford and Wrekin Health and Wellbeing Strategy](#)

Telford & Wrekin Integrated Place Partnership

The Telford & Wrekin Integrated Place Partnership (TWIPP) comprises of senior officers from Telford & Wrekin Council, NHS Shropshire, Telford & Wrekin, Primary Care Networks, Midlands Partnership Foundation Trust, Shropshire Community Health Trust, Shrewsbury and Telford Hospital Trust, Healthwatch, Shropshire Partners in Care and the Voluntary Sector. TWIPP's strategic priorities are aligned to the Integrated Care Strategy as well as the Telford & Wrekin's Health and Wellbeing Strategy. Currently no delegation of budget or resources from the system is in place but this is an ICS ambition and work will need to be developed in relation to quality and finance to further enable delivery at place. For TWIPP and strategic priority alignment see [Appendix A:](#)

Supporting the implementation of the Strategic Plan is a set of actions for the ICB and Telford and Wrekin Place, as indicated in the table below:

| Action | Owner | Timescale |
|--|---|------------|
| Delivery of 'Live Well' programmes aimed at encouraging healthy lifestyles and improving mental wellbeing | Service Delivery Manager: Health Improvement, TWC | April 2024 |
| Development of a Healthy Weight Strategy | | April 2024 |
| Delivery of the place-based elements of the system wide strategy for cancer (including early cancer diagnosis) | NHS STW & Deputy Director: Public Health, TWC | April 2024 |
| Delivery of programmes to improve awareness of and reduce inequity of access to vaccination, screening and health checks | Service Delivery Manager: Health Improvement, TWC & Deputy Director: Public Health, TWC | April 2024 |
| Deliver Start for Life and Family Hub transformation programme | Deputy Director: Public Health, TWC | April 2024 |

| | | |
|--|--|-------------|
| | & Group Specialist, Family Hubs, TWC | |
| Deliver improved social, emotional and mental health services for TW children and young people | TBC | April 2024 |
| Consult on the draft co-produced SEND and Alternative Provision Strategy for 2023-2028 and implement final strategy | Director: Education and Skills, TWC | April 2024 |
| Delivery of TW Learning Disability Strategy objectives (including for example reducing the number of people with learning disabilities in In-Patient Care and increasing the number of people with learning disabilities who have had an annual health check) | Learning Disability Partnership Assistant Director, Adult Social Care, TWC | Aprils 2024 |
| Delivery of TW Autism Strategy objectives (including for example increasing the number of autistic people who have had an annual health check and reducing the number of people awaiting an autism assessment, and the time between referral, diagnosis and support) | Autism Partnership, Assistant Director: Adult Social Care, TWC | April 2024 |
| Development of a place-based Mental Health Strategy, co-producing it with people with lived experience (including for example supporting the Mental Health Alliance to continue to help shape multi-disciplinary mental health support) | Mental Health Alliance, Assistant Director: Adult Social Care, TWC | April 2024 |
| Development of a place-based Ageing Well Strategy, co-producing it with people with lived experience (including for example developing a new integrated dementia model of care) | Service Delivery Manager: Community Specialist Teams, Adult Social Care, TWC | April 2024 |
| Implementation of Local Care Transformation Programme workstreams at place | LCTP Programme Director, NHS STW | April 2024 |
| Support with developing integrated neighbourhood teams linked to the Local Care Transformation Programme's Proactive Care Workstream | Integration Programme Manager, TWC & PCN CDs | April 2024 |
| Support Primary Care to meet their 2023-24 access requirements | PCN CDs & Associate Director of Primary Care, NHS STW | April 2024 |
| Support Primary Care to meet their target to recruit to additional roles by March 2024. | | April 2024 |

3.3 Shropshire

Shropshire Health and Wellbeing Strategy

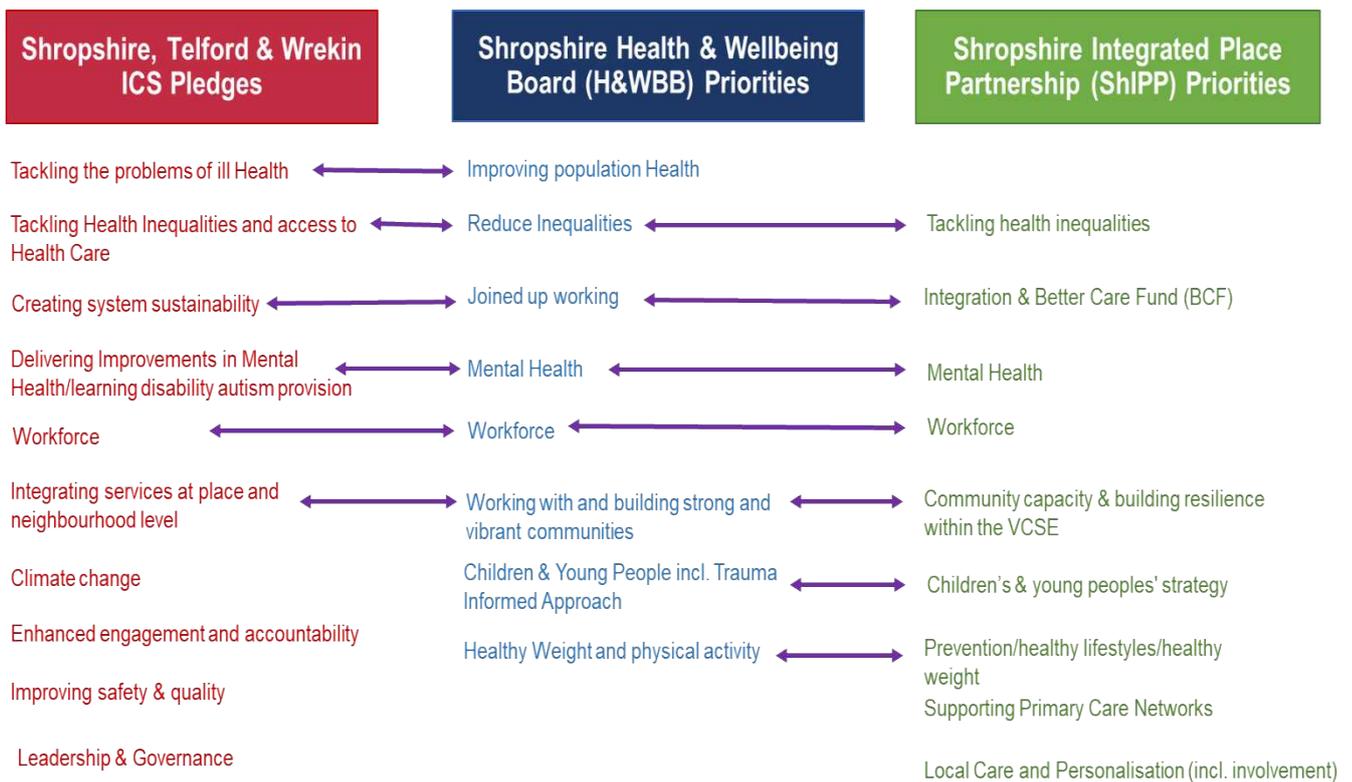
The Shropshire Health and Wellbeing Board acts to ensure that key leaders from the health and care system work together to improve the health and wellbeing of Shropshire residents. Board members collaborate to understand their local community's needs, agree priorities and work together to plan how best to deliver services. Shropshire's Health and Wellbeing Board has produced its Joint Health and Wellbeing Strategy (JHWBB) based on the needs of local people, setting out the long-term vision for Shropshire and identifying the immediate priority areas for action and how the Board intends to address these. The JHWBB can be found at the following link: [The JHWBB strategy 2022-27](#).

The priorities of Joint Health and Wellbeing Strategy are developed in response to the [Shropshire Joint Strategic Needs Assessment \(JSNA\)](#). The Needs Assessment fulfils a statutory duty to identify areas of health and wellbeing need through the examination of national and highly localised data. In Shropshire the JSNA is considered a dynamic assessment that is regularly updated as new understanding and data come to light. In addition to thematic assessments, we are working towards the development of Locality Needs Assessments, which demonstrate the need in our very local communities (18 Place Plan areas).

Shropshire Integrated Place Partnership

SHIPP aims to work collaboratively to deliver the system priorities. It does this by working in partnership with shared collaborative leadership and responsibility. Clinical/care leadership is central to the partnership, to ensure that services provide the best quality evidence-based care and support for our people, improving outcomes and reducing health inequalities. It is expected that through the programmes of SHIPP, and routine involvement and coproduction, local people and workforce can feed ideas and information to inform and influence system strategy and priority development.

The table below shows the alignment of priorities across Shropshire Place:



Case Study: Telford and Wrekin Schools Health and Wellbeing Programme

The Schools Health and Wellbeing Programme supports local early years settings and primary schools to enhance their health and wellbeing offer. With a focus on reducing excess weight and obesity, a tiered approach is being used to target children and families across Telford where there are higher than average levels of obesity and deprivation. A Health and Wellbeing Toolkit for schools has been launched to provide access to resources and training, as well as a support package to help achieve a Healthy Schools Rating. Wrockwardine Wood Junior School is one of the schools that has taken part in an enhanced package of support and has recently been awarded a Gold Healthy Schools Rating. Staff CPD and parent engagement has been a key focus and the school has taken part in many activities to promote physical activity and healthy eating such as the Eat Well Project. This is where children receive education sessions on sugar awareness and family cooking on a budget. The school has also incorporated active learning and getting children moving throughout the day, for example, times table recall is done in an active manner. Through this, the school have recognised an increase in confidence and enjoyment of physical activity and pupils have said: “We love it when we get up and move when we are learning. It helps us remember things better”.

The table below indicates the actions that will be taken to deliver these priorities in Shropshire:

| Action | Owner | Timescale |
|--|--|--|
| Deliver the all-age Local Care Programme across communities in Shropshire | All system partners | 2023 and ongoing |
| Expand CYP integration test and learn sites to become all age delivery in North Shrewsbury, Ludlow, Market Drayton, and develop roll out plan for rest of county. | Public Health | 31 st March 2024 and ongoing |
| Deliver more Health and Wellbeing Centres; Oswestry, Highley, Ludlow, Shrewsbury, that include MDT approaches. | Partners identified across Voluntary and Community through Public Services | 2023 and ongoing |
| Develop a Neighbourhood Model – to connect with Health and Wellbeing Centres – that includes PCNs being supported by joint working and integrated approaches for Proactive Care, Neighbourhood, Integrated Discharge and Social Care Hubs (including reablement), and Rapid Response | Local Care Programme | 31 st March 2024 and ongoing delivery |
| Social Prescribing expansion into A&E, midwifery, children, young people and families and local health and wellbeing centres. | Public Health | 31 st March 2024 and ongoing |

3.4 Local Care Transformation Programme (LCTP)

The Local Care Transformation Programme (LCTP) is one of our system's two major transformation programmes. The LCTP brings together a collection of transformation initiatives that will deliver more joined up, integrated and proactive care in peoples' homes and local communities, supporting improved health and wellbeing for our population. This is encompassed by the Local Care vision of "adding years to life and life to years".

The programme consists of initiatives that will deliver more care into the community achieving improved outcomes and experiences for patients, while also helping to relieve pressure on our acute hospital services so that those services are able to deliver quality services when people need them.

The programme was established in 2022 and to date has focused on three key critical initiatives:

- **Implementing alternatives to hospital admission**, providing 2-hour rapid response in the community
- **Setting up of a Virtual Ward** providing sub-acute care in the place people call home that would otherwise need to be provided in an acute hospital, thereby providing an improved experience for patients. Initially, there has been a focus on the frailty pathway including enabling referral to the Virtual Ward from care homes and rapid response teams.
- **Implementing an integrated discharge team (IDT)** to support timely and appropriate discharge from hospital with the necessary community support in place

In 23/24 and beyond, the programme will focus on the following:

- **Virtual ward phase 2** - Expanding the Virtual Ward to further pathways including respiratory and cardiology in 23/24 and supporting more people to return home from an acute hospital sooner
- **IDT phase 2** - Implementing a Discharge to Assess model to support patients to safely return home where any ongoing care needs can be assessed (this is distinct from sub-acute medical care and may involve discharging home to identify rehabilitation and reablement needs or ongoing care needs).
- **Sub-acute care and rehabilitation** – reviewing and where appropriate redesigning some of our models of sub-acute care (above and beyond the Virtual Ward) and rehabilitative care models to complement the Hospital Transformation Programme. This will involve looking at how we make best use of our community assets including our community bed base capacity.
- **Neighbourhood multi-disciplinary team working** – working with our two places and aligning with a person-centred approach.

The implementation of neighbourhood based multi-disciplinary teams will be a multi-year programme of change.

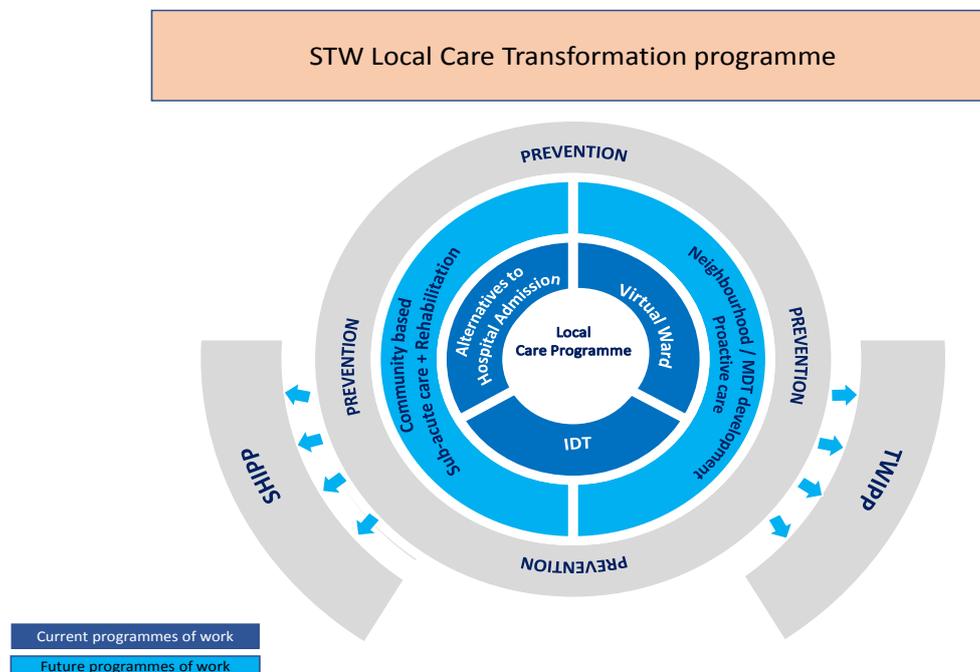
The role that our community hospitals play is front and central to the delivery of Local Care, providing crucial facilities in which to develop vibrant health and care hubs serving the local population's needs in our rural communities. Whilst our ambition for the existing community hospital sites is clear, the system recognises that there will be difficulties in terms of the lack of available capital and staffing challenges across both bed and community-based services and close working will be required with all stakeholders in designing services that are co-produced and sustainable moving forwards.

The development of our local approach to care is critical in also supporting the system's commitment to reducing health and rural access inequalities and delivering care as close to home as possible. The ICB has already collated significant feedback from communities in terms of what they would like to see in the future and as a next step will undertake the process of aligning this with the Joint Strategic

Needs Assessments for Shropshire, Telford and Wrekin. This will then form the basis of the next stage of engagement with all of our local stakeholders and neighbours within Powys with the intention of developing evidence-based options for care at a local level for each of the sites, working closely with our Places in Telford and Wrekin and Shropshire as our strategic delivery partners which we intend to commence in the summer 2023.

The scope of the programme is summarised in the diagram below. The transformation initiatives within Local Care are inextricably linked with our intentions for a more proactive approach to prevention (see section 2.2).

The Programme will focus on creating the necessary levers and enablers, unblocking barriers to change, and promoting lasting change. The system is actively working with NHSE to help provide the necessary infrastructure to enable the programme to achieve this strategic role.



By delivering the six critical programmes of work below we will:

- Expand community-based services and provide suitable alternatives to hospital-based care.
- Support people with long-term conditions and those with a range of health and wellbeing needs to be empowered in the delivery of their care.
- Respond swiftly to those in crisis to avoid unplanned hospital admissions.
- Ensure a focus on proactive care and early intervention that promotes good health and wellbeing.
- Develop a deeper understanding of the needs of our population and make demonstrable progress in tackling health inequalities.
- Focus rehabilitation services to help people maximise their functional outcomes and independence, focusing on the personal goals that matter most to patients.
- Enable our staff to work flexibly across organisational boundaries in more integrated and joined up ways that enables staff to deliver high quality care for their patients; thereby supporting staff wellbeing and job satisfaction.

| Action | Owner | Timescale |
|---|---|--|
| Local Care programme refresh – reviewing the scope of future programmes of work to ensure clear priorities and assigned responsibilities across system partners | Interim STW LCTP Programme Director | Q3 |
| Programme 1: Avoiding hospital admissions through provision of wider services including rapid response | Complete | Transfer to BAU |
| Programme 2: Implementing a ‘discharge to assess’ model to support patients to safely return home where any ongoing care needs can be assessed | SRO for community transformation | Ongoing D2A implementation complete by Q4 |
| Programme 3: Opening 250 ‘Virtual Ward’ beds to enable more patients to return to the place they call home to receive medical care that would otherwise be delivered in an acute hospital. | SRO for community transformation | Ongoing Expansion complete by end of Q3 - 250 beds |
| Programme 4: Employing a proactive care approach focused on keeping people well and preventing avoidable health issues for those at high-risk of a non-elective hospital admission. | Director of Strategic Commissioning ICB | Ongoing |
| Programme 5: Developing our approach to neighbourhoods to bring together multi-disciplinary teams of staff from across primary care, community care, social care and the voluntary and community sector to work together to deliver joined up, person-centred and proactive care. | Place based delivery Development framework to be in place by end of Q4 | Ongoing |
| Programme 6: Reviewing community-based services for sub-acute care and reablement to make best use of our available resources, including our staff and our physical assets including community care settings. | Director of Strategic Commissioning ICB | ongoing |

Case study – Virtual Wards

Remote monitoring was successfully used with a patient in their 80s who had a suspected diagnosis of Chronic Obstructive Pulmonary Disease. They had received treatment including steroids, antibiotics, inhalers, and medication to help their condition improve. Their pulse, blood pressure, temperature and oxygen levels were near normal, but needed monitoring. A visit by a nurse to record their observations would not have been necessary and would have interrupted the patient's day while they waited for a visit. The patient was keen to use the equipment, and after a short training session was happy with recording their own observations. When their observations showed a change, they were contacted by telephone and advice was given about self-care, and the observations that evening were normal again. This meant that the patient's deterioration was picked up quickly without the patient needing to attempt to get in contact with team, and without waiting around for a visit.

Based on this success the LCP is planning to open 250 'Virtual Ward' beds to enable more patients to return to the place they call home to receive medical care that would otherwise be delivered in an acute hospital.

3.5 Proactive Care (Previously Anticipatory Care)

Proactive Care is a key workstream of the Local Care Transformation Programme (linked to programme 4). It is a model of care, delivered in the community, to a targeted cohort of patients with multiple long-term conditions who would benefit from integrated care to support management of their conditions. A successful model will result in reductions in use of unplanned care, reductions in morbidity, addressing health inequalities, improved patient experience and supporting people to stay well for longer.

Working in partnership with system providers, the voluntary and community sector, public and patients, the project aims to embed a system-wide model that is flexible enough to meet the needs of the population for delivery at a local level.

Work is taking place with two PCNs to develop existing MDT arrangements to align more closely with the key components of the Proactive Care model. Any learning from this work will be developed further as soon as possible.

| Action | Owner | Timescale |
|---|--|------------------|
| Review support to people living with frailty to identify opportunities for integration | Director of Strategic Commissioning (DoSC) | March 24 |
| Redesign falls pathways to create a consistent approach | DoSC | March 24 |
| Framework to guide the further roll out and expansion of proactive care delivery across STW | DoSC | Q2 and 3 2023/24 |

3.6 Primary Care Networks and General Practice

The current model of contracting for and providing General Medical Services has not changed in decades, yet the way modern healthcare is accessed and delivered has changed. Despite the huge amount of demand and work delivered in general practice, there have been increasing levels of dissatisfaction in primary care access and care for both patients and staff, and these challenges are now threatening the sustainability of our primary care services. General Practice is suffering the same

challenges in workforce and resources as the rest of our system. In particular there are challenges related to development of GP estates and primary care estates need to be incorporated into the wider enabler of the system estates plan.

Primary Care networks were set up to support groups of practices to deliver the Primary Care Network Direct Enhanced Service (PCN DES). Some PCN's are more mature than others and are using resources aligned to PCN's to develop and work with neighbourhood models of care and influence the local care programme as members of the place partnerships. Primary care will be at the heart of healthcare and must be appropriately resourced to support and enable true integration.

In May 2023, a delivery plan for recovering access to primary care was published by NHS England. The aims of this plan are to tackle the 8am rush in general practice, to enable people to know their needs will be met when they contact the practice and to widen the scope of services available from community pharmacy. There are four areas this plan focusses on:

- Empowering patients
- Implementing Modern General Practice Access
- Building capacity
- Cutting bureaucracy

There is a need for evolution in the way primary care is delivered, protecting its core strengths, such as continuity of care, and placing it at the heart of new health and social care systems. Primary care is the ideal deliverer of person-centred care with the need for patients to be invested in their health planning through the use of personal health plans. We propose to have an integrated primary care service, providing streamlined access to care and advice, that is straightforward to navigate; more proactive, personalised care and support from a multidisciplinary team based around neighbourhoods; and help people to stay well longer.

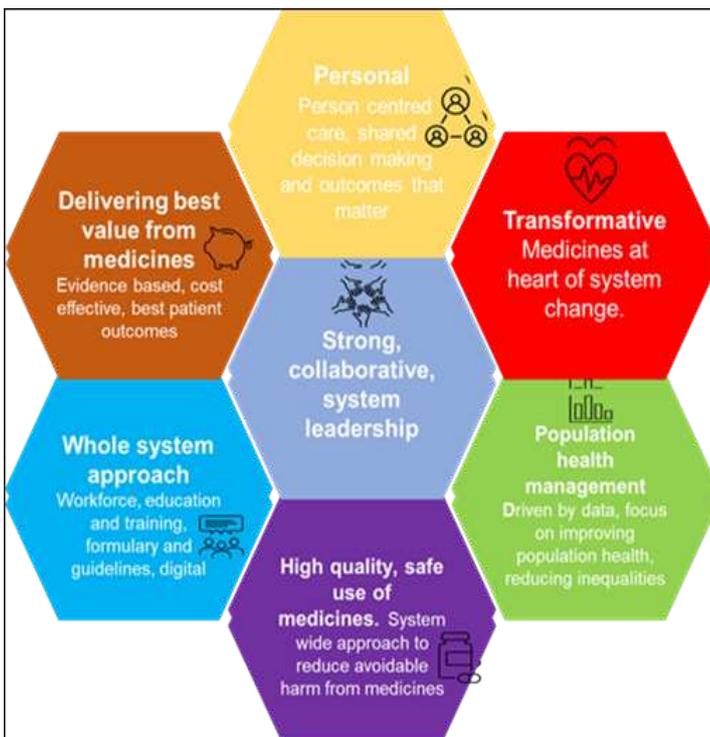
Primary care cannot achieve this alone - it will need system support to provide the conditions for locally led change, and a supporting infrastructure to implement change. GPs must lead and support any changes proposed, ensuring we maintain stability in primary care.

Key actions are below:

| Actions | Owner | Timescale |
|---|---|------------------------------|
| Develop an action plan to deliver the recovering access to primary care delivery | Associate Director of Primary Care | Summer 2023 |
| Enabling PCNs to develop integrated neighbourhood teams (INT) | Associate Director of Primary Care | Summer 2023 |
| Develop and deliver with the GP Board the 'Fuller recommendations' as a clear set of system actions | Associate Director of Primary Care | Summer 2023 |
| Work with Primary Care networks to deliver the contract DES | Associate Director of Primary Care | Ongoing |
| Deliver the Local care programme integration with neighbourhood teams and primary care networks | Associate Director of Primary Care Director of Strategic Commissioning | In line with LTCP timescales |
| Deliver the actions from the Primary Care Strategy (under development) | Associate Director of Primary Care | Action plan by Autumn 2023 |

| | | |
|--|------------------------------------|----------------------------|
| Co-design and put in place infrastructure and support for integrated neighbourhood teams | Associate Director of Primary Care | Action plan by Autumn 2023 |
| Supporting a primary care forum and representation | Associate Director of Primary Care | Action plan by Autumn 2023 |
| Primary care workforce planning embedded in system workforce plans | Associate Director of Primary Care | Action plan by Autumn 2023 |
| Developing a system-wide estates plan for primary care | Associate Director of Primary Care | Action plan by Autumn 2023 |
| A development plan to support the sustainability of primary care | Associate Director of Primary Care | Action plan by Autumn 2023 |
| Consider how to take the Fuller recommendations forward | Associate Director of Primary Care | Action plan by Autumn 2023 |

3.6.1 Our approach to Medicines



Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. In an era of significant economic, demographic and technological challenge it is crucial that patients get the best quality outcomes from the medicines that they are prescribed.

Our vision for medicines optimisation within STW ICS delivers a patient-focussed approach to getting the best possible health benefits from the investment made in medicines. This requires a holistic approach, an enhanced level of person-centred care delivery, and partnership between clinical professionals and patients. Our aim is to ensure that the right patient gets the right medicine, at the right time. We will focus on wider health outcomes including improved clinical

outcomes for patients, reducing avoidable hospital admissions related to medicines (HARMs), reducing health inequalities & utilising a population health management approach. A patient centred approach will in turn ensure we get the best from our investment in medicines, patients live longer, healthier lives. It will also support the system to achieve its aims in transforming care by improving capacity through admission avoidance, earlier discharge and supporting high quality access to care in alternative settings.

Over the next five years our strategy will focus on six key themes:

| Theme | Focus |
|-------|-------|
|-------|-------|

| | |
|------------------------------|---|
| Person Centred Care | <ul style="list-style-type: none"> • Holistic approach to shared decision making • High quality prescribing to improve patient outcomes and reduce health inequalities – currently we have a focus on cardiovascular, diabetes and respiratory disease, • Equity of access to medicines and a standardised approach with shared guidelines to best practice in all settings • Supporting patients to self-care where appropriate |
| Delivering Best Value | <ul style="list-style-type: none"> • Making best use of available resources by: • Shared system evidence based and cost-effective formulary – 90% adherence in all settings • Best value biologics (high cost drugs) – 90% use of best value biologics • Reduce prescribing of low priority medicines Reduce waste • Reduce environmental impact of medicines and inhalers (working towards NHS net-zero in 2040) |
| Medicines Quality and Safety | <ul style="list-style-type: none"> • System approach to improving medicines safety across primary and secondary care. Aim to align incident report system across all providers, improving safety by reporting and learning from medication errors whilst encouraging an open culture • Reducing hospital admissions related to medicines (HARMS) – WHO challenge to reduce this by 50% • Improving performance against national and local targets – currently our focus is anticoagulation, sodium valproate in pregnancy and prescribed dependence performing medicines (opioids) Deprescribing to reduce inappropriate polypharmacy • System Antimicrobial Resistance Strategy by July 2023 |

| Action | Owner | Timescale |
|--|---|-----------------|
| Integrate prescribing electronic systems (EPS) across NHS providers, integration of community pharmacy with primary care patient records | System Lead Pharmacist and Director of Strategy (SaTH) | 2023-2026 |
| Improve Recruitment and retention of a resilient Pharmacy Workforce | System Pharmacy Lead | Ongoing |
| Meet national & regional targets for Antimicrobial Resistance, Best Value Biologics and Medicines Value programmes | System Pharmacy Lead | Ongoing |
| Improve system-wide outcomes e.g. improvements in patient outcomes, health inequalities, HARMS secondary care admissions, morbidity and mortality through improved quality & safer prescribing | System Pharmacy Lead | |
| Manage financial available resources – getting the best out of every £1 we invest in medicines | System Pharmacy Lead and Chief Pharmacists | Year on year |

3.7 Community Pharmacy, Optometry and Dental

In April 2023 the contractual services for Pharmacy, Optometry and Dental services were delegated to ICB's. The management of the contracts will be undertaken in partnership with the West Midlands Office through joint governance arrangements.

These primary care services are becoming increasingly important, never more so than through the Covid-19 pandemic.

Community Pharmacy services will expand through the Recovering Access to Primary Care published in May 2023. There are opportunities to deliver services to alleviate pressure in general practice but there are challenges. Workforce in community pharmacy is under the same challenges as other health care services. There is a national lack of NHS dentists, this is particularly an issue for STW. In Shropshire, many of our rural communities do not have access to a pharmacy and therefore some of the options to access the proposed services will be a challenge.

| Action | Owner | Timescale |
|---|---|-------------|
| Work with the West Midlands Office to ensure contractual changes, quality and challenges are addressed for STW POD services | Office of the West Midlands and AD Primary Care | Ongoing |
| Develop and deliver an action plan for Community Pharmacy services set out in the Recovering Access to Primary Care Delivery Plan | Community Pharmacy ICB lead | Summer 2023 |
| Review low availability of NHS dental services across STW and work with OWM to develop a plan for increasing access | Office of the West Midlands and Dental leads | April 2024 |

3.8 Voluntary and Community Sector (VCS)

Our system has a wealth of experience as well as knowledge, (professional) expertise and skills in our Community and Voluntary Sector. During the Covid-19 pandemic the VCS delivered an unprecedented level of services to our communities.

The Voluntary and Community Sector across STW will support and is committed to supporting the delivery of the priorities within our plan and to joint working that has and will continue to contribute to shape and improve services in STW from a grassroots perspective. As a system we need to support the VCS ambition to deliver well-resourced services to our places, neighbourhoods and communities. With the knowledge of the communities and populations they serve, sustainable community services will underpin the person-centred approach to delivery of prevention, self-care and keeping well throughout a person's health and care journey. Our strong VCSE sector underpins healthy communities, supports well-being and specialist services.

We recognise that to reduce inequalities we will need to draw on the knowledge of the local authorities, VCSE and other partners with experience and expertise in this regard. The VCSE sector is an important partner in our system and plays a key role in improving health, wellbeing, and care outcomes due to their reach and connection with communities. Our partnership working has been

formalised within two Memorandum of Understandings (MOUs) with the VCSE and Healthwatch. These MOUs sets out why the ICS values the role of the VCS and Healthwatch in improving health, social care and wellbeing in this area, and explains why and how we wish to work in partnership on shared ambitions.

| Action | Owner | Timescale |
|---|------------------------------------|-----------------|
| Include the VCS at the earliest opportunity of development of our health and care pathways in partnership | Director of Partnerships and Place | Ongoing |
| Use long term contracts (NHS standard) with the VCS to create sustainability of services, to be flexible and have a proportionate approach to funding; including grants as well as long term contracts. | ICB Contracts team | From April 2024 |
| Use the experience, expertise and skills of VCS when developing our person-centred approach and training to health and care staff | Director of Partnerships and Place | April 2024 |
| Use the VCS experience, knowledge, skills and expertise to transform services within our communities, so they deliver the model of care | Director of Partnerships and Place | April 2025 |
| Work to support the VCS Alliance | Director of Partnerships and Place | Ongoing |

Case Study: OsNosh CIC

OsNosh is an initiative which brings the community together in all aspects of the food cycle, for example; building community gardens with the help of local growers, using creative cooking to educate and inspire, creating a space to learn, grow and belong, fighting food poverty, promoting food equality and preventing waste through surplus food recycling.

Starting with community meals, providing a “pay as you can” offer to a handful of people this initiative is now supporting over 200 people, offering share tables, takeaway hot meals and community events and regular community meals with the help of a workforce of over 180 volunteers.

This sustainable community project has had an overwhelmingly positive and heart-warming response from local charities and businesses. Every week they deliver dishes to a wide range of people in the local community, including those in need, saving food going to waste, and sharing their culinary knowledge with ways to cook up tasty and nutritious food for pennies.

Chapter 4: Hospital and Clinical services

4.1 Hospital Transformation Programme (HTP)

Our Hospital Transformation Programme is our second system major transformation programme and a key part of the bigger picture for our patients and communities. We are trying to address the following critical issues:

- Our workforce challenges.
 - We are overly reliant on agency and temporary staff because we are unable to recruit and retain the high calibre staff we need. This is mainly due to the current configuration

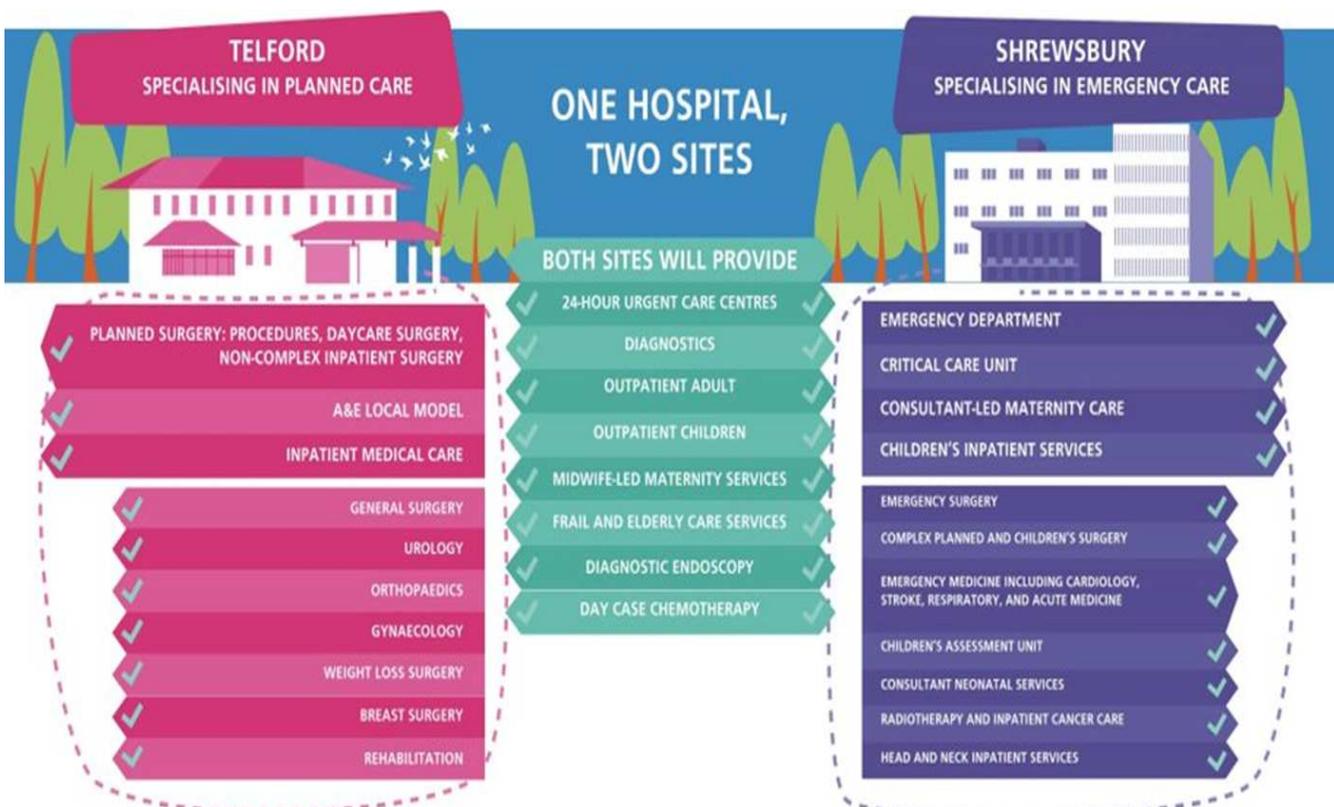
of services which means that staff must work across sites; are unable to access multi-disciplinary support when they need it for our sickest patients; our clinical environments do not provide the capacity, space or layout needed to provide modern day healthcare. All these factors impact negatively on our people, resulting in them leaving and impacts our ability to attract the number and skill mix of substantive staff that we need.

- Our clinical model challenges.
 - The clinical model is not fit for purpose because of the outdated service configuration that prevents us from addressing quality and operational issues. This becomes more impactful as more and more Hospital Trusts across the UK reconfigure their services to better meet the needs of their citizens, patients, and staff.
 - Our greatest areas of risk are the sustainable provision of Critical Care and Emergency Medicine services, and consistently providing uninterrupted planned care capacity to ensure we are able to treat the many our patients who are waiting for planned procedures, many of which are life changing.
- Our infrastructure challenges.
 - Our infrastructure does not support the delivery of modern-day healthcare, our digital aspiration, or the capacity we need to care for our patients in a safe and dignified way.
 - The configuration of our buildings does not lend itself to robust infection prevention processes – we need more single rooms and better ventilation.
- The needs of our population are changing – our systems, processes and estate need to be able to meet those changing needs.

To address these challenges, the Hospital Transformation Programme is transforming services across our acute hospital sites and putting in place the core components of the acute service reconfiguration agreed as part of the Future Fit consultation. Key benefits include:

- A dedicated Emergency Department with immediate access to medical and surgical specialities
- Ring-fenced planned care services supporting the needs of our population.
- A much better environment for patients, families and staff
- Improved integration of services for local people

The diagram below demonstrates what we are moving towards:



To deliver the programme our next steps are as follows:

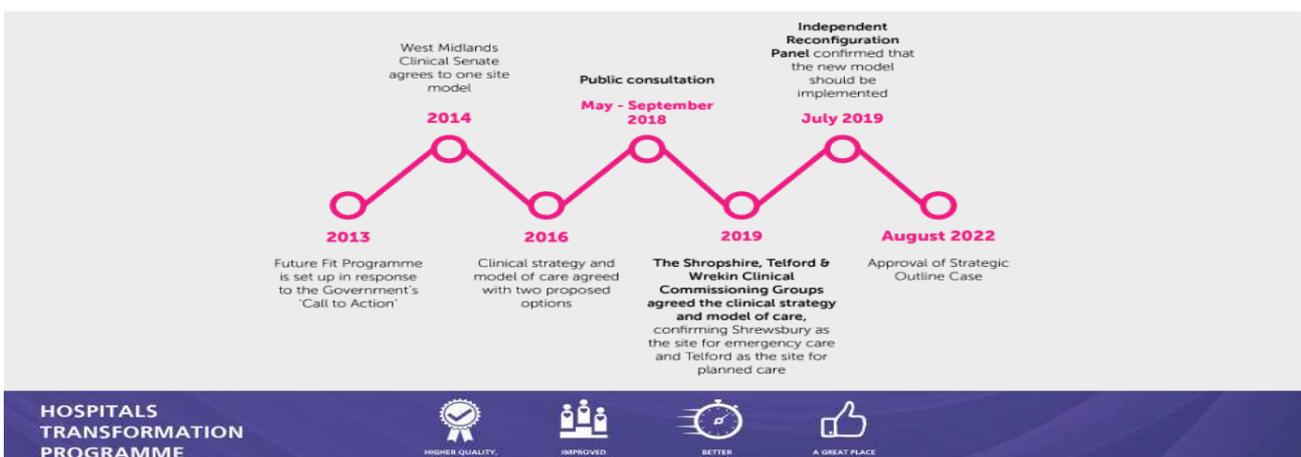
| Action | Owner | Timescale |
|--|--------------------|-------------|
| Outline Business case with pathway design and architect designs to be submitted to NHS England | HTP programme lead | Summer 2023 |
| Develop full business case and submit for regional and national approval | HTP programme lead | Autum 2023 |
| Start Implementation | HTP programme lead | 2023/24 |
| Further staff, patient and community engagement | HTP programme lead | 2023 - 2026 |
| Implement new ways of working | HTP programme lead | Q4 2026 |

4.2 Elective Care

At the beginning of 22/23 financial year our providers developed a 3-year plan in alignment with the NHS England Long Term Plan on how to rise to the challenges of addressing the elective backlogs that had grown during the pandemic. These plans, including a number of large-scale transformation programmes of work on pathways and how services are provided, form part of the system-wide elective recovery deliverables as a key enabler for being more efficient and thereby releasing capacity that can be freed up to recover waiting lists.

Outpatients – Service provision

Our journey so far



New approaches and ways of providing Outpatient services to help recover some of the post-Covid long waiting lists include:

- addressing health inequalities as part of waiting list recovery
- increased used of Advice and Guidance (and preventing some face-to-face appointments)
- virtual consultations (and preventing some face-to-face appointments)
- patient-initiated follow-ups (and preventing some routine follow ups)
- improved capturing and reporting of the above in system data.
- validation and review of waiting lists.
- one stop clinics
- nurse-led telephone follow ups
- remote reviews
- looking at ways of reducing missed appointments

The development of Community Diagnostic Centres (CDC's) is a central pillar of the ICS strategy for integrated care and core to restoration and recovery of the NHS across the county. The first CDC in the county will be in Telford (TF1)

- the facility is expected to be operational during 23/24
- additional MRI capacity will be introduced as part of the CDC from October 2023
- additional CT capacity will be introduced as part of the CDC from May 2023
- the CDC's also contribute to providing certain services in communities rather than general hospital settings, as part of moving towards more locally available services where clinically appropriate

Funding was also approved during 22/23 for an Elective Hub at SaTH to increase capacity and deliver activity to help reduce the surgery backlog. Within the Hub there will be two theatres and an associated recovery area. This scheme will create a ring-fenced elective day-case facility bed base 52 weeks a year.

In addition, the creation of an additional theatre and associated recovery and facilities at The Robert Jones and Agnes Hunt Orthopaedic Hospital was also approved, with plans including:

- Construction planned to be completed by October 2023.
- The Theatre will be operational by January 2024. This capacity will enable RJAH to deliver an additional approximately 282 elective cases in 2023/24 and 1,200 elective cases recurringly thereafter.
- This will deliver 9% increase in elective activity for the delivery of additional spinal disorders and orthopaedic activity.

Linked to the NHS Long Term Plan, the broader programme of Elective Care Transformation is to lead and oversee transformative change on areas of elective care that will ensure individuals needing planned care see the right person, in the right place, at the right time (first and every time), and get the best possible outcomes, delivered in the most efficient way, whilst also enabling elective recovery through being more innovative, effective & efficient.

Outpatients Transformation

This 5 year programme of work running until 2026 is to transform the provision of Outpatient services in the county to be more effective & efficient, whilst generating efficiencies that help enable recovery of long elective waiting lists and waiting times through reutilisation of freed up capacity.

High-level benefits expected from this programme of work are as follows:

| | |
|-----------------------------------|---|
| Patients & Carers | <ul style="list-style-type: none"> Safer and quicker care Better experience Seamless communication Care that fits around you Reduced travel/stress |
| Primary Care & GP's | <ul style="list-style-type: none"> Manageable demand Ability to target available resources Supported, sustainable teams Seamless communication |
| Secondary and Hospital Colleagues | <ul style="list-style-type: none"> Safe care Manageable demand Ability to target resources Supported, sustainable teams Seamless communication |
| Integrated Care System | <ul style="list-style-type: none"> Improved health & wellbeing of the local population Better outcomes Increased value Less waste More resources |

With alternative approaches and ways of providing Outpatient services that mean people may no longer need to visit a hospital, this generates a number of other more environmental benefits that will contribute to the system Green and Net Zero plans including:

- Reduced miles travelled by patients, and their family and carers
- Reduced CO2 emissions
- Reduced hospital car park use
- Reduced time needed for appointments (for virtual/telephone consultations)

| Action | Owner | Timescale |
|--|----------------------------|------------|
| Implementation of phase one of elective hubs (SaTH) | DoS | July 23 |
| Implementation of phase two of elective hubs (RJAH) | DoS | January 24 |
| Implementation of the enhanced recovery programme for total hip replacements and total knee replacements | SRO MSK and clinical leads | April 23 |
| Build on digital solutions to support flexible clinic capacity to increase use of virtual outpatient | DoS | March 24 |
| Implement High Volume Low Cost and Best Practice pathways | MD and CNO | March 24 |
| Implement Bluespier Theatre Management software in SaTH | DoS | March 24 |
| Implement the "Gold Standard" for patient initiated follow ups | DoS, MD | March 24 |
| Implement the first phase of the MSK transformation | SRO MSK | March 24 |
| Develop roadmap for health inequalities elective recovery principles | DoS | June 23 |

| | | |
|--|--|--------------|
| Both acute trusts to develop SMART action plans for health inequalities elective recovery principles | DoS, COO | September 23 |
| Complete intensive focussed piece of work focussing on ensuring consideration of health inequalities in waiting list recovery | DoS | April 23 |
| Implementation of the Community Diagnostic Centre | SRO CDC | December 23 |
| Optimised use of Advice & Guidance as a new way of providing Outpatient services, preventing some unnecessary face to face hospital appointments | Programme SRO, Clinical Lead and Programme Lead | 2021-2027 |
| Optimised use of Virtual Consultations as a new way of providing Outpatient appointments, preventing a number of face to face hospital appointments and preventing travel for patients | Programme SRO, Clinical Lead and Programme Lead Programme SRO, Clinical Lead and Programme Lead | 2021-2027 |
| Optimised use of Patient Initiated Follow Up discharges, maximising patient involvement in their own care and preventing a number of routine follow up appointments | Programme SRO, Clinical Lead and Programme Lead | 2021-2027 |
| Optimised use of one stop clinics and remote reviews to minimise the number of appointments needed | Programme SRO, Clinical Lead and Programme Lead | 2021-2027 |
| Redesigned and improved pathways and processes to ensure they are efficient and effective | Programme SRO, Clinical Lead and Programme Lead | 2021-2027T |
| Improve patient experience – right appointment, in the right place, with the right person, at the right time, first time | Programme SRO, Clinical Lead and Programme Lead | 2021-2027 |
| Reduce travel requirements and disruption for patients by providing some services closer to home or in your own home/environment | Programme SRO, Clinical Lead and Programme Lead | 2021-2027 |
| Improve staff experience | Programme SRO, Clinical Lead and Programme Lead | 2021-2027 |
| Reduce hospital car park occupancy | Programme SRO, Clinical Lead and Programme Lead | 2021-2027 |
| Reduce CO2 emissions through reduced travel to appointments | Programme SRO, Clinical Lead and Programme Lead | 2021-2027 |
| Reduce waiting lists, waiting times and delays for elective services through more efficient ways of working | Programme SRO, Clinical Lead and Programme Lead | 2021-2027 |

| | | |
|---|---|-----------|
| Improve communication with patients, carers and guardians | Programme SRO, Clinical Lead and Programme Lead | 2021-2027 |
| Maximised use of new technologies, approaches and innovation | Programme SRO, Clinical Lead and Programme Lead | 2021-2027 |
| Optimise use of available resource and value for money, including staffing, time, and clinic space | Programme SRO, Clinical Lead and Programme Lead | 2021-2027 |
| Contribute to system workforce transformation through improvements to recruitment & retention from new and different ways of working, and types of role | Programme SRO, Clinical Lead and Programme Lead | 2021-2027 |

4.3 Maternity Services

Maternity Transformation was highlighted as a key area at the establishment of the ICB in our System Development Plan based on the findings of the first Ockenden report. We have already made significant improvements in the quality and safety of maternity care since then.

In March 2023 NHS England produced a three-year delivery plan for local maternity and neonatal services. The plan encompasses four themes:

- Listening to and working with women and families with compassion
- Growing, retaining and supporting our workforce
- Developing and sustaining a culture of safety, learning and support
- Standards and structures that underpin safer, more personalised and more equitable care.



Based on this vision we will, together with local transformation and partners across the system such as providers, commissioners and system users, deliver a plan to transform Local Maternity Neonatal System (LMNS). We also work with “Maternity Voices” to engage with parents and families about services to ensure co-production of services is at the heart of pathways.

| Action | Owner | Timescale |
|--|--|------------------------|
| Develop an LMNS Maternity transformation plan for 2023 – 2026 with system partners | Local Maternity and Neonatal System (LMNS) Programme | 3 year phased approach |

4.4 End of Life Care

It is the commitment of Shropshire Telford & Wrekin Integrated Care System that people nearing the end of their life receive high quality and compassionate care and are supported to live well and to die with dignity in a place of their choosing. In Shropshire Telford & Wrekin we know that for the majority of people we do this. However, we also know that we can do more, particularly for those that do not access or have difficulty accessing services. We want to identify people in their last journey of life earlier and anticipate care needs that can be planned for in advance. Actions we propose to take are as follows:

| Action | Owner | Timescale |
|---|--|-------------------------------|
| Create greater integration between generalist and specialist services by implementing the second year of the Palliative and End of Life Strategy | STW Senior Responsible Officer, Clinical Lead and Commissioning and Contracting Lead | March 24 |
| Better support people to live as well as possible by identifying people earlier in their last journey of life and to anticipate care needs that can be planned for. | | April 2025 |
| People in the last year of life to be systematically identified and offered an assessment and advance care plan. | | April 2024 |
| All people on an end-of-life care register will have an identified coordinator. | | April 2025 |
| Everyone will have access to the care they need at any time of the day. | | April 2024 |
| People their families and loved ones will have access to 24/7 advice and guidance. | | April 2024 |
| Build a workforce with the knowledge skills and confidence to deliver compassionate care. | | April 2025 |
| Address inequalities to ensure that access to care is available to all. | | April 2025 |
| Localities to work together for people, their families and loved ones. | | March 2026 |
| Develop an enhanced service to provide an additional level of care for those with more complex needs. | | April 2025 |
| Digital enhancement to support, electronic shared care records, centralised information to support care delivery and monitor progress | ICB Deputy Medical Director | In line with digital strategy |
| Palliative and end of life care is to be seen as everyone's responsibility | STW Senior Responsible | March 2026 |

| | | |
|---|--|----------------|
| Offer support for families and loved ones in the care of someone that is dying and after their death | Officer, Clinical Lead and Commissioning and Contracting Lead | April 2025 |
| Babies, Children and Young People Palliative and End of Life Care Strategy will be developed in 2023. | Chair Childrens and Young Person's PEO LC Working Group | December 2023 |
| Hope House Children's Hospice will be working with Shropshire Community Health Children's Nursing Team to establish joint working arrangements and the role of specialist nurses. | | September 2023 |
| For 2023 people have told us that they would like to understand more about Advance Care Planning for people living with dementia, what dying looks like, and what to expect if you are caring for someone in the last weeks and days of life. We will work with people and the public to shape how we might deliver these subjects. | STW Commissioning and Contracting Lead System Communications and Engagement Lead | April 2024 |

Babies Children and Young People with Life Limiting or Life-Threatening Conditions

The number of Babies, Children or Young People (BCYP) with life limiting / life threatening conditions in our region is, thankfully, low, with an average of 11 BCYP who might be expected to die each year. The specific and often very complex needs for BCYP who require palliative, and end of life care means that an all-age strategy is not appropriate, and the Shropshire Telford & Wrekin Integrated Babies, Children and Young People Palliative and End of Life Care Strategy will be developed in 2023.

In addition, over the next 12 months, Hope House Children's Hospice will be working with Shropshire Community Health Children's Nursing Team to establish joint working arrangements and the role of specialist nurses. It is anticipated that evaluation of this work will evidence a sustainable workforce model that will enable learning in practice for nurses that do not have a specialist qualification and a more sustainable model of 24/7 care for those BCYP who will die at home.

4.5 Duty to take specialist and clinical advice.

To ensure that clinical advice and /or specialist advice is at the core of supporting our plans that advice is embedded throughout the ICS Governance structure. From individual clinical leads working on pathways or specialities. A Health and Care Senate, a forum for clinicians to share learning, information and challenges. There are also four specialist boards that support the ICS. They are:

- Mental Health and Learning Disabilities and Autism Programme Board
- Children and Young People, SEND and families Programme Board
- Urgent and Emergency Care Board
- Planned Care Board

Specialist advice is supported by NHS England through the clinical and specialist networks.

4.6 Clinical Strategy and Priorities

In response to the national and system context, the Shropshire, Telford and Wrekin Clinical Strategy 2023-2025 sets out six priority health improvement pathways which are:

- Urgent and Emergency Care (UEC)
- Cancer
- Cardiac
- Diabetes
- Musculoskeletal (MSK)
- Mental Health

In addition to the above, the ongoing programmes of work in relation to maternity and neonatal services will continue. Other priority areas such as Respiratory, Urology and Gynaecology will be monitored and included in further phases of the clinical improvement programme.

Clinical Priority 1 - Urgent and Emergency Care

Across NHS STW our levels of emergency admissions are broadly flat, if not slightly reducing compared to pre-pandemic levels, mostly within the GP direct admissions cohort. Our A&E attendances have grown since the levels in 19/20 but have remained flat since 21/122, however with Type 3 (Minors e.g. minor injury/minor illness) attendances increasing at a faster rate than our Type 1 (Majors e.g. chest pain).

In line with national and local requirements we plan to:

| Action | Owner | Timescale |
|--|--|-----------|
| Review pre-hospital urgent care services to determine a future model that provides the most efficient delivery | Director of Urgent Care | March 24 |
| Enhance provision for high intensity users | Director of Urgent Care | March 24 |
| Expand the Integrated Delivery Team and simplify the Fact Finding Assessment Process | Director of Urgent Care | March 24 |
| Reintroduce the discharge to assess process | Director of Urgent Care | March 24 |
| Develop antibiotic therapy in the community | Director of Urgent Care and AD Medicines | March 24 |
| Expand the Urgent Community Response service | Director of Urgent Care | March 24 |

| | | |
|--|---|---|
| Reduce the proportion of patients with no criteria to reside who are not discharged (phased trajectory totalling a reduction in delayed discharges of 75 a day by April 2024, In addition this will achieve 15-20% improvement in 4 hr target, reduction of 12hr waits by 50 per day and a reduction in ambulance delays by 10 per day) | Clinical Strategy Lead | April 2024 |
| Expand community services and reduce unwarranted demand. This will be achieved through <ul style="list-style-type: none"> • improvements in long term conditions and frailty pathways, • adult and young persons asthma (reduction of admission rate from 108 per 100k to 90 by April 2024 and 75 by April 2025) and • increased use of virtual wards (reduction in admissions by 20% or 30 – 40 per day by April 2025) | Clinical Strategy Lead | Ongoing April 2024 April 2025 April 2025 |
| Improve Health Inequalities by reducing the number of emergency admissions of patients with long term conditions by 20% by April 2025 and undertake further assessment of inequalities in A&E due to deprivation and ethnicity | Clinical Strategy Lead STW SRO Health inequalities | April 2025 |
| Through the Social Care Discharge Improvement plan we will deliver 20 additional discharges per day into social care rising to 30 | Clinical Strategy Lead | April 2023/24 |
| Through the Acute Discharge Improvement Plan we will ensure discharge planning is within 2 days of admission and full utilisation of criteria led discharge, same day emergency care, continue to embed the home first principles, increase virtual ward capacity (predicted circa additional 40 discharges per day by April 2024) | Clinical Strategy Lead | April 2024 |
| Through the Local Care Transformation Programme we will Improve utilisation of community services including virtual wards (phased roll out commencing 2023) | Clinical Strategy Lead | Commencing 2023 |

Clinical Strategy Priority 2 – Cancer

We plan to work collaboratively to implement changes to make significant improvements in the lives of people diagnosed with cancer and enable more people to live full lives beyond cancer.

As a system we want to ensure that people understand when to go and seek advice from their GP, or other health professional, as we know how much early diagnosis can impact on the long-term prognosis for people living with cancer. However, we know that once a cancer has been diagnosed there have to be high quality services available to ensure that people get the best treatment at the right time. In some cases this will mean that people may have to travel further for surgery or other treatments to ensure that they get the high quality care and treatment needed to improve their outcome. That is not to say people should not receive high quality care and treatment as close to home as possible but is a recognition that to maximise survival and outcomes we may not be able to provide everything within

Shropshire, Telford & Wrekin (STW). This is particularly relevant to some childhood and rare cancers where specialised care needs to be centralised in larger cancer units.

We have significant variation in both early diagnosis and outcomes for our population. We need to work in partnership to ensure that we provide the right information for our population to enable people to understand the risks they are taking with their health in the short, medium and long term. This includes advice on what alterations that they can make to their lifestyle that will enable them to live longer happier and healthier lives thereby reducing the rates of cancer and the impact on the individual.

In line with national and local requirements we plan to:

| Action | Owner | Timescale |
|---|--------------------------|---------------------------------------|
| Implement FIT triage for patients referred on a 2ww colorectal pathway to achieve the target of 80% in year | Director of Planned Care | April 23 |
| Evaluate the Tele-dermatology pilot to determine local deliver model | Director of Planned Care | March 24 |
| Redesign prostate pathways in line with Best Practice Timed Pathway | Director of Planned Care | March 24 |
| Meet the Faster Diagnosis standard by April 2024 with the opening of a Community Diagnostic Centre and rapid diagnostic service to achieve the 75% faster diagnosis standard by April 2024. | Clinical Strategy Lead | April 2024 |
| Increase the number of patient diagnoses at stage 1 and 2. Improvement trajectory to be developed and agreed to achieve 75% of cancers diagnosed at stage 1 or 2 by March 2028. | | Ongoing improvements until March 2028 |
| Restore and transform acute services and increase cancer treatment capacity by 13% from 2019/20 baseline. For colorectal, skin and prostate implement best practice pathways and achieve a median day of 28 days for each pathway by April 2025. Increase elective cancer capacity with a focus on lower GI, gynaecology and urology, engage with specialised commissioning to increase treatment capacity by 13% based on 19/20 baseline for chemotherapy, radiotherapy and the specialised surgery population of STW. | Clinical Strategy Lead | April 2025 |
| Reduce health inequalities in bowel cancer and cervical screening coverage | Clinical Strategy Lead | ongoing |
| Enhance personalised care by a 25% increase in September 2022 baseline by April 2025 April 2024/25 and the roll out of patient stratified follow ups which will be in place for 10 cancer pathways by April 2024 and April 2025. | Clinical Strategy Lead | April 2025 |

Clinical Strategy Priority 3 – Cardiac Pathway

In line with national and local requirements we plan to:

| Action | Owner | Timescale |
|--|---------------------------|------------|
| Establish a CVD project group to drive the work increasing our “treatment to target” outcomes for hypertension | DD Partnerships and Place | June 24 |
| Increase the rates of early detection and treatment to reduce the proportion of undiagnosed patients for three metrics; hypertension, coronary heart disease and heart failure. | Clinical Strategy Lead | TBC |
| Restore inpatient and outpatient care through transformation and increase capacity to meet the elective target of 130% or pre-covid baseline by April 2025 | Clinical Strategy Lead | April 2025 |
| Improve discharge and ongoing patient management and support | Clinical Strategy Lead | TBC |
| Clinical initiatives established to support include: <ul style="list-style-type: none"> • Early detection and treatment • Acute restoration and transformation • Enhancement of discharge and ongoing management • Improved pharmacological treatment and management | Clinical Strategy Lead | TBC |

Clinical Strategy Priority 4 – Diabetes

In line with national and local requirements we plan to:

| Action | Owner | Timescale |
|---|------------------------|------------------------------|
| Increase the proportion of patients achieving all eight care processes initially focussing on two care processes, foot care (improve standard by 10% September 2023 and a further 15% by April 2024) and urinary albumin (5% by September 2023 and a further 5% by April 2024) as these are the biggest outliers for type 2 diabetes. | Clinical Strategy Lead | September 2023 April 2024 |
| Work with 9 outlying practices to achieve the national average for all eight care processes by April 2024 | Clinical Strategy Lead | April 2024 |
| Reduce hospital spells for diabetic foot issues to 15 per 100k population by April 2024 and the relative number of diabetic lower limb amputations by 11 per 100k population by April 2024 | Clinical Strategy Lead | April 2024 |
| Clinical initiatives established to support include: <ul style="list-style-type: none"> • Review of care and treatment across primary care and community car settings • Lower limb care management | Clinical Strategy Lead | TBC |

Clinical Strategy Priority 5 – Musculoskeletal (MSK)

The population of STW continue to experience variation within the system and in comparison, to other regions. For instance, a person from the most deprived quintile is 41% more likely to be readmitted as an emergency following surgery than a person from the most affluent quintile. We also know that there is an underrepresentation of specific population groups on our waiting lists and our rates for diabetic amputations are significantly higher than other regions. We have ambitions to improve safety and quality, integrate services, tackle health inequalities and access to care, and create a great place for staff to work. The ICS has an opportunity to demonstrate an efficient and sustainable way to fulfil these ambitions by taking a population-based approach to meet the needs of patients facing musculoskeletal (MSK) concerns. Through our evidence-based understanding of the current challenges, we identify the following actions:

| Action | Owner | Timescale |
|---|------------------------|------------|
| Reduce referral rates per 10k population with the aim of moving into the 3 rd quartile for activity with a referral rate reduced from 11.9 to 8.2 or 167 referrals per week by April 2024 | Clinical Strategy Lead | April 2024 |
| Reduce outpatient activity levels to national average rates this equates to a 25% reduction by March 2024 | Clinical Strategy Lead | March 2024 |
| Restore inpatient activity levels and eradicate 52ww with a total activity requirement increasing to 228 per week from April 2025. Phased trajectory in place | Clinical Strategy Lead | April 2025 |
| Reduce expenditure on MSK by £15m per year by April 2025 | Clinical Strategy Lead | April 2025 |
| Clinical initiatives established to support include: <ul style="list-style-type: none"> • Demand analysis and referral reduction • Outpatient transformation Inpatient restoration and redesign | Clinical Strategy Lead | TBC |

Clinical Strategy Priority 6 – Mental Health

Our priorities include an ambition to prevent mental disorders in young people (and by default adults) through effective mental health promotion and prevention as well as transforming current services to ensure they are accessible, integrated and reflect the best available evidence.

| Action | Owner | Timescale |
|--|---|----------------------|
| Adult Mental Health | | |
| Complete Adult Services Transformation Programme | Programme Director and SRO MPUFT | April 24 |
| Develop and implement a programme of work to enable local repatriation of individuals receiving community rehabilitation who are being supported away from their family and home area. | Director of Mental Health, CYP and LD&A and | Complete by April 25 |

| | | |
|--|--|------------------------------------|
| | System SRO Mental Health | |
| Complete review of Talking Service (previously IAPT) model and implement new service model. Deliver service improvements to achieve national access targets | Director of Mental Health, CYP and LD&A and System SRO Mental Health | April 24 March 24- March 29 |
| Develop our Talking Service model to link into the mental health elements of pathways for the clinical priorities and respiratory services, including cancer pathways. | Clinical Strategy Lead | April 23 – March 25 |
| Develop and implement trauma informed services across the breath of adult and CYP services | Clinical Strategy Lead | Ongoing |
| Crisis Support | | |
| Undertake a demand and capacity review to determine our local needs | | 2023 TBC |
| Implement 111 Option 2 for all urgent calls being directed to our local 24/7 access professionals | | September 2023 |
| Develop the support to reduce suicide and a pathway for bereavement support. | | Ongoing |
| Increase support to individual prior to reaching a crisis- early intervention | Director of Mental Health, CYP and LD&A and System SRO Mental Health | TBC |
| Develop pathways with VCSE support with a focus on Twilight 6pm-2am shift including closer working with ambulance service and police. | | TBC |
| Develop non-hospital crisis beds with the third sector to reduce hospital admissions | | |
| Develop services for the homeless community and review pathways into substance misuse and secondary mental health services. | | TBC |
| To continue to work with West Midlands ambulance service to develop mental health support within their offer | Clinical Lead and Commissioning and Contracting Lead | Ongoing |
| Develop an all age HBPOS offer with staff skilled in both adult and Children's mental health. | Director of MH CYP LD&A and System SRO Mental Health | March 25 |
| Children and Young People's (CYP) Mental Health | | |
| Develop and engage on an up-dated Children and Young People's (CYP) Local Transformation Plan (LTP)Strategy. | Director of MH CYP LD&A and Clinical Strategy Lead | 2023-24 |
| Undertake a review of the existing BEE U services and service redesign/ procurement based on CYP plan above | Director of MH CYP LD&A and Clinical Strategy Lead | 2024 -2025 |
| Develop the offer for prevention and early intervention to support CYP and their families as part of review above | | 2025 |

| | | |
|---|--|------------|
| Develop and offer training to all staff across the system to understand the negative impact of adverse childhood experiences (ACEs) in later life. | Clinical Strategy Lead and System SRO MH | TBC |
| Develop the mental health support offer for family, parent and carer support for children with complex needs | LA Leads, Director of MH CYP LD&A and Clinical Strategy Lead | TBC |
| Ensure transitional planning is a part of all CYP to adult pathways | Clinical Strategy Lead | Ongoing |
| Older People's Mental Health Services | | |
| Undertake demand and capacity modelling for future service demand relating to Dementia | Director of Mental Health, CYP and LD&A and System SRO Mental Health | March 2025 |
| Fully implement the revised model of service delivery necessary across the system to achieve the principles of the Dementia Vision including VSCE and Primary Care | | |
| Achieve the Dementia Diagnosis rate of 66.7 % for 23/24 | Director of Mental Health, CYP and LD&A and System SRO Mental Health | March 2024 |
| Continue to deliver the national target rates 24 onwards | | |
| Maximise opportunities to join up thinking and service delivery with SaTH to ensure high quality, timely discharges for older adults experiencing mental health problems. | Director of Mental Health CYP and LD&A and Clinical Strategy Lead | Ongoing |
| Maximise opportunities to join up thinking and service delivery with Primary Care to ensure high quality, integrated care for older adults experiencing mental health problems. | Director of Mental Health CYP and LD&A and Clinical Strategy Lead | Ongoing |
| Learning Disabilities and Autism | | |
| Develop an integrated offer around the reduction of inappropriate prescribing for adults and children (STOMP/STAMP) and bring organisations together. | Director of Mental Health CYP and LD&A, Clinical Strategy Lead | Dec 2023 |
| | | March 24 |
| Raise the awareness of autism and what issues people may have as well as continue to expand the use of the Autism passport. | | Ongoing |
| Develop services for individuals with ASD who don't meet current criteria for secondary mental health services. | | August 25 |
| Achieve adult national trajectory of no more than 30 per million individuals who are inpatients | | March 24 |
| Achieve CYP national target of no more than 11 per million individuals who are inpatients | | |
| Develop and implement a diagnostic Learning Disability Pathway | Clinical Strategy Lead | March 24 |

| Specialist Mental Health Services | | |
|---|--|-----------|
| Perinatal Support | | |
| Develop services to enable the longest wait for Tokophobia and bereavement and loss does not exceed 4 weeks from referral to assess and treat. | Director of Mental Health CYP and LD&A, Clinical Strategy Lead | March 24 |
| Maximise opportunities to work with West Mercia police and partners in Local Authority to consider what support can be offered to individuals and families affected by Operation Lincoln. | | Ongoing |
| Eating Disorder Services | | |
| Develop and implement eating disorder services including specialist services for more complex longer-term individuals. | Director of Mental Health, CYP and LD&A and Clinical Strategy Lead | April 25 |
| Neurodevelopment Disorders | | |
| ADHD and ASD | | |
| Develop a robust assessment, diagnosis and treatment pathway and reduce the waiting list to 18 weeks for ADHD/ ASD | Director of Mental Health, CYP and LD&A and Clinical Strategy Lead | March 27 |
| Ensure there are clear shared care agreements in place and that there are processes for reviewing prescribing for ADHD | Clinical Strategy Lead | 2023-2025 |
| Mainstream services will be trained to ensure reasonable adjustments are made for those with ADHD /ASD | Clinical Strategy Lead | March 25 |
| Learning Disabilities | | |
| Mainstream services will be trained to ensure reasonable adjustments are made for those with ADHD /ASD | Clinical Strategy Lead | March 25 |
| Provider Collaborative | | |
| Scope Potential to implement a Mental Health Provider Collaborative across MH Providers and Local Authorities and ICB | Programme Director Provider Collaborative Scoping Programme | March 24 |

Chapter 5: Enablers

5.1 People

Our system workforce has been working collaboratively for many years, an approach underscored during the system's response to the Covid-19 pandemic. During this time relationships have formed between NHS, Local Authority, ICB (formerly CCGs), Primary Care, Social Care and Voluntary sector partners to tackle the workforce pressures at a system level.

Our ICS People Committee draws its membership from a broad range of stakeholder organizations and continues to build on our collaborative approach towards delivering the National guidance for ICB People Functions to support a sustainable "One Workforce" within Health and Care - creating a

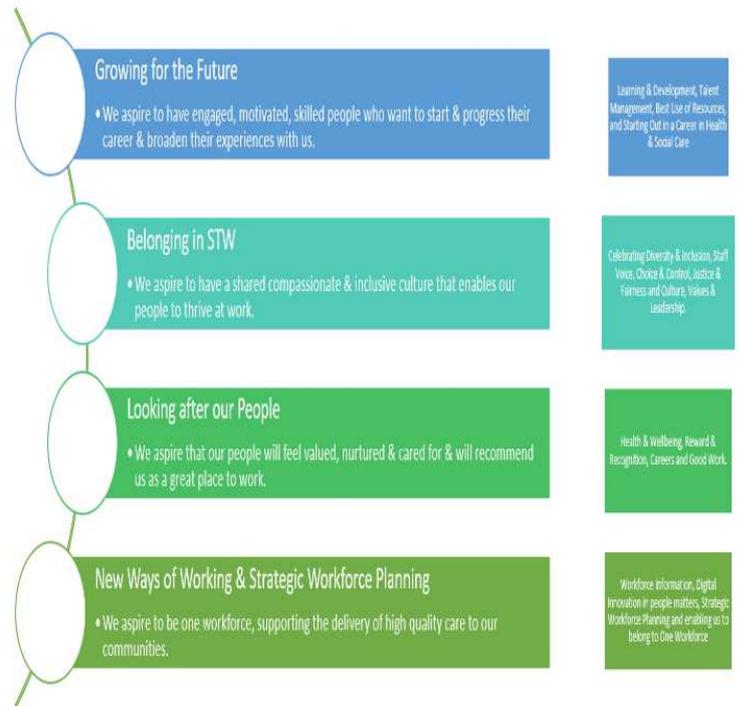
compassionate and inclusive culture and working collaboratively as a system to address our workforce challenges.

People Strategy 2023 - 2027

Our People Strategy sets out our ambition for the next 5 years for the circa 23,000 people who work with us across health & social care 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 Future of NHS Human Resources & Organisational Development. Our four ambitions are set out below and describe what we want to do – and can be flexible to accommodate changing demands.

We are now working across our system with our partners to jointly agree the delivery plan and priorities for the next 5 years.

We have retained most of our previous NHS STW Local People Plan portfolios to enable strategic consistency, and so we can continue to see the golden thread of strategic connection with national NHS People priorities.



| Action | Owner | Timescale |
|---|----------------------|---------------------------|
| Align our People Strategy and STW workforce supply priorities with available capacity | Chief People Officer | September 2023 |
| Enable implementation of People Strategy and STW workforce supply priorities | Chief People Officer | October 2023 – March 2024 |

5.2 Digital as an Enabler of Change

As an ICS we place our people at the heart of our digital journey and work together as a system to manage health and wellbeing services for our population. We promote a digital first, not digital only approach to improving care. Shropshire, Telford and Wrekin ICS are currently moving through the process of digitally transforming, to 'level up' and align with both ICS and national objectives. This means putting in place the right infrastructure that our impacted users expect. It means providing digital access to medical and care records. And it means ensuring information can be shared easily between our different care settings.

The NHS England Frontline Digitisation programme (FDP) aims to support ICSs in reaching an accepted baseline of digital maturity and accelerate the overall adoption of core technology required for real digital transformation of services. We recognise that there is a long way to go in our ICS digital

journey, but by taking the initial steps to digitally transform and improve our technological capabilities, we are solidifying our commitment to excellence, and are aligned to the national focus to provide high quality care to patients, improving accessibility and consistency of services through digital innovation.

5.2.4 Our current and future position

The table below shows our as-is position and the future desired state of our ICS:

| Current | Future |
|--|--|
| <ul style="list-style-type: none"> A 'digitally immature' system Digital inclusion across communities is worse than the national average. Ageing estate across the system – community hospitals, primary care, SaTH, Local Authorities Silos based with digital services and digital management being delivered out of each organisation | <ul style="list-style-type: none"> Build upon collaboration to date and focus on how we can support our organisations to meet national expectations and deliver against local priorities. put coordination and structure around the digital portfolio thus protecting the time of our staff by prioritising their workload and sharing the resources we have. Combine the needs of our citizens, staff and organisation with the expectations of national bodies and regional partners to prioritise focus for investment and effort in digital transformation. Ensure we work to a plan to support those who are 'digitally excluded' |

5.2.5 Our Digital Pledges

| DIGITISE SAFE PRACTICE, SMART FOUNDATIONS, WELL LED | CONNECT EMPOWERING CITIZENS, SUPPORTING PEOPLE | TRANSFORM HEALTHY POPULATIONS, IMPROVING CARE |
|--|--|--|
| <p>Electronic Patient Record Level up access to electronic patient records & collaborate on implementation</p> <p>Cyber Security Ensuring that the ICS Partners' cyber & support approach is robust & aligned</p> <p>Infrastructure Optimisation & Convergence Upgrade infrastructure across ICS and converge where appropriate to reduce variation</p> <p>Digital Diagnostics Providing joined up solutions to enable optimal diagnostic services at a Network level</p> <p>Outpatient Transformation Supporting the digital delivery of outpatient care</p> <p>Digitise Social Care Improving digital maturity and connectivity of Social Care throughout the ICS</p> <p>Procurement and Supply Chain Management Align approach and converge where possible to make best use of resources and suppliers</p> | <p>Shared Care Records Linking records across NHS and social care and beyond boundaries of ST&W</p> <p>Workforce, Digital Inclusion and Leadership Enable our staff to thrive through a digital first approach to delivering care</p> <p>MSK Transformation Enable a local integrated model through a single digital system</p> <p>Collaborative ways of working and model for digital Putting in place the right Operating Model, Standards and tools to foster collaboration</p> | <p>Local Care Transformation Expand technology use to support treatment at home and prevent health issues escalating in vulnerable or at-risk groups.</p> <p>Citizen Inclusion Offering greater digital choice for how citizens can access & manage health and care services</p> <p>Data and Analytics Enable effective data sharing, improve reporting capabilities and drive evidence-based decision making</p> |

In order to deliver our ambitions and pledges we will embed sustainable ways of working to ensure we are best set up to successfully delivery our digital portfolio.

Also, we will:

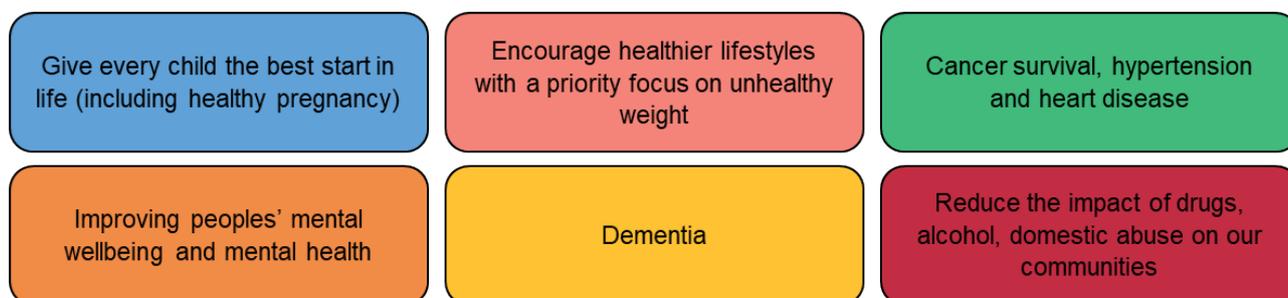
| Action | Owner | Timescale |
|---|-----------------------------|-----------|
| Embrace Digital into our culture | Digital Transformation Lead | 2023/24 |
| Learn and converge as an ICS | Digital Transformation Lead | 2023/24 |
| Streamline procurement across the ICS | Digital Transformation Lead | 2023/24 |
| Upskill workforce and communities in data literacy | Digital Transformation Lead | 2023/24 |
| Work for patients collectively focusing on citizen inclusion in all digital decisions | Digital Transformation Lead | 2023/24 |

| | | |
|--|-----------------------------|---------|
| Govern and manage our digital portfolio together | Digital Transformation Lead | 2023/24 |
| SATH EPR programme – detailed Trusts wide and departmental programme | | |
| Implement Careflow PAS and Careflow ED | SATH EPR programme | 2023/24 |
| 24/25 – Implement Careflow Connect, Electronic Prescribing and Medicines Management (EPMA) and Order Comms | SATH EPR programme | 2024/25 |

5.3 Population Health Management (PHM) as enabler of Population Health

Population Health Management (PHM) is a person centred, data driven approach that seeks to improve the physical and mental health of people over their lifetime. PHM allows our system to use all the digitally collated data, intelligence and insight from our area to make collective decisions and prioritise key issues and specific populations of people, depending on need and equity. It requires clinicians, professionals, frontline workers to expand their focus from treatment / assessment to considering the whole person and their health risk.

System leaders in conjunction with local stakeholders and the public have set our ambitions and priorities for PHM over the next five years. We expect our priorities to evolve and respond to conversations with the public over the next five years. Our six population health priorities are:



5.4 Estates - System Physical Infrastructure, Estates Strategy and Planned Delivery

In line with NHSE requirements all ICS need to draft their Estates and Physical Infrastructure Strategies by December 2023. This process will need to be fully integrated into all system clinical and non-clinical workstreams. The development of the strategy will aid system thinking and alignment across the infrastructure components and core objectives and must fully integrated with all elements of the forward plan. We aim to deliver an estate which is fit for purpose and providing high quality care environments which enable the safe delivery of services for our communities. This means an estate which is in compliant and functionally suitable, is environmentally sustainable, is accessible to local people and which is flexible and designed around changing service needs.

ICS Estates and Physical Infrastructure Strategies will be used to inform future NHS Treasury Funding.

The Estates and Physical Infrastructure Strategy will be comprised of the following components:

- Estates Physical Infrastructure
 - Primary Care Estate
 - Community Estate
 - Acute
 - Mental Health
- Other Physical Infrastructure
 - Energy
 - IT Physical Infrastructure
- Medical Equipment
- Zero Carbon Roadmap

The strategy will also support the system priorities of HTP, MSK Transformation and Outpatient Transformation as well as existing physical infrastructure workstreams and projects like Community Diagnostic Centres, Cavell Centres and non-clinical estates rationalisation.

| Action | Owner | Timescale |
|--|------------------------------|---------------|
| Agree Estates and Physical Infrastructure Strategy | Estates lead | December 2023 |
| Implement Estates and Physical Infrastructure Strategy | ICB, managed by Estates lead | Early 2024 |

5.5 Financial Sustainability & Productivity

The Shropshire, Telford and Wrekin system has a significant underlying financial deficit which is one of the reasons that we are part of the Recovery Support Programme (RSP). The system and ICB is therefore subject to significant scrutiny around finances and financial decisions, with a specific requirement to develop an approach to recovering and making sustainable the financial position.

A system financial framework was therefore developed in 2020/21 and agreed by all organisations and all system partners work closely together to deliver a roadmap for financial recovery.

All organisations have:

- approved the approach of ‘one model, one consistent set of assumptions’ and recognise that the position of each organisation will evolve and change transparently.
- agreed to mobilise and deliver the plan to enable the development and delivery of the financial strategy and Financial Improvement Framework as part of an Integrated System Strategy
- ensured that the transparent and agile approach to financial planning and management continues across the system.
- recognised the initial financial control totals in the Financial Improvement Framework with a commitment to agree organisational control totals within that (noting that this framework is now due a refresh in 2023/24 given the deterioration in the 2022/23 outturn compared to plan).
- agreed to work together to use our resources flexibly and effectively, to deliver the system vision.

To ensure that all decision-making is open and changes are understood and approved by all, the system has been operating under the ‘triple-lock’ process and using a principle of ‘moving parts.’ This means that decisions are made at local, ICS and regional level (triple lock) and that new expenditure can only be committed if it is backed by new income or efficiency (‘moving parts’). The principles are designed to ensure decisions are owned by each organisation and at system level, with oversight from NHSE. All

investment decisions are made using a system wide prioritisation framework/scoring mechanism to ensure that decisions take into account the triple aims of the system – health and wellbeing of the population, quality of service provision and sustainable and effective use of resources.

The Integrated System Improvement Plan provides the mechanism by which the ICB will come out of NHSE oversight level NOF 4. Delivery against monthly milestones within the plan is reported to ICB exec group and the Strategy Committee by the Planning & Performance team. Evidence of delivery is collated and submitted to NHSE and then formal progress presented at our Improvement Review Meetings which are likely to move from monthly to quarterly in 23/24. Formal changes to the RAG status of our exit criteria are agreed at the regional NHSE Recovery Support Oversight group (RSOG). The formal sign off of exit criteria is via the national Quality & Performance Committee based on the recommendations from the regional RSOG.

A system wide approach to efficiency, productivity and transformation is in place. This includes ensuring effective financial governance and controls, improving productivity through a system wide focus group, driving efficiency through consolidation and collaboration, improving use of NHS estate and focussing on system wide priorities for transformation e.g., the Local Care programme and MSK.

A system productivity oversight group will be in place from June 23 that will meet monthly to coordinate and oversee delivery of the system level improvement in productivity and efficiency. It will work with regional leads to ensure our systems and processes are aligned to regional and national priorities and allow all parts of the system to share ideas and best practice for improvement. Providers will have their own individual plans, but the impact and learning will be shared at the oversight group to ensure our plans are delivering the required improvement. It reports to the System Financial Management Group, which in turn reports to the System Finance Committee.

The recent Hewitt review of Integrated Care Systems outlined the need to focus on the creation of health value and implementation of innovative financial flows and payment mechanisms. As the system matures, opportunities to understand the cost of whole care pathways and intelligence through population health management approaches will allow consideration of resource allocation to provider collaboratives and places.

ICBs have been notified that baseline running cost allowances (allocations to fund the running costs of an ICB) will reduce by 30% in real terms by 2025/26, with at least 20% to be delivered by 2024/25. This provides us with an opportunity to review how we deliver the core business of the ICB alongside the development of our models for provider collaboratives and place.

| Action | Owner | Timescale |
|---|--------------------------------------|--------------|
| Development of system wide medium to long term financial plan with consistent assumptions and clear deliverable recovery trajectory | Director of Finance | September 23 |
| As system matures and population health information is available, development of resource allocation methodology to provider collaboratives and 'place' | System | ongoing |
| Exit National Outcomes Framework level 4 (NOF4) | Director of Planning and Performance | April 24 |

5.6 Our Commitment to Communication & Engagement

In line with our values, we have built our Joint Forward Plan through a process of genuine engagement with our local communities, stakeholders, and our staff.

Comprehensive and meaningful engagement will ensure our services are more responsive to people’s physical, emotional, social and cultural needs. We will take active steps to strengthen public, patient and carers’ voice at place and system levels. In particular, we engaged with groups who are seldom heard and have the greatest health inequalities to ensure they are not excluded from the dialogue.



| | | | |
|---|---|---|---|
|  | 1. Seek out, listen, and respond to the needs, experiences, and wishes of our communities to improve our health and care services |  | 2. Ensure people are involved in everything we do as an ICS – from an individual’s care, to service design and making decisions about health and care priorities |
|  | 3. Relationships between our communities and health and care organisations are based on equal partnerships, trust, and mutual respect |  | 4. Use existing and new knowledge about our communities to understand their needs, experiences and wishes for their health and care by developing methods for gaining insights |
|  | 5. Involve people early and clearly explain the purpose of the involvement opportunities |  | 6. Reach out to and involve groups and individuals who are often seldom heard by working with community partners |
|  | Make sure the communications and the ways people can get involved are clear and accessible |  | 8. Record what people say and let them know what happened as a result |
|  | Ensure staff understand the importance of involving people in their work, and have the skills and resources they need to do it |  | 10. Learn from when involvement is done well and when it could be improved. |

We have developed a set of principles for involvement which have been shaped with input from people across our health and care system and communities. They have been informed by the knowledge and experience of a diverse range of people, including those with lived experience of using our services and those for whom involvement is already embedded into their working practices.

To read our full involving people and communities strategy click here

<https://www.shropshiretelfordandwrekin.nhs.uk/get-involved/our-approach/>

To support staff to plan and undertake the appropriate level of involvement of people and communities, we have built into our governance arrangements an Equality and Involvement Committee. The role of the Committee is to provide assurance to the Board that our strategies, plans, service designs and developments have adequately and appropriately:

- Considered and addressed the health and care needs and aspirations of residents in Shropshire, Telford and Wrekin who do, or may, experience inequalities in access to health services and health outcomes. Involved people who do, or may, use the services under consideration.
- Further information about the role of the Committee and its membership can be found here: <https://www.shropshiretelfordandwrekin.nhs.uk/get-involved/our-approach/equality-and-involvement-committee-eic/>

How we engaged our different stakeholders to inform our Joint Forward Plan

To inform our Joint forward plan, we launched *The Shropshire, Telford and Wrekin Big Health and Wellbeing conversation* programme of engagement with our communities, staff, and partners. This has included listening events, a Big Conversation Survey, STW Citizen pledges, community outreach, stakeholder engagement, establishing a peoples network, engagement with a wide range of community groups, PR and media engagement and finally digital engagement.

See further details in [Appendix F](#):

What people told us

“The plan should say how you will evidence that the priorities are being achieved and making a difference”

“Consider the need for local clinics/hubs (e.g., location that is easy for family to visit patients)”

“All-age mental health, but especially amongst young people, needs to be stronger and should be a higher priority”

“Care being closer to home should be about accessibility not how many miles away it is. Everyone should be able to access care easily. It should be clear what is meant by ‘closer to home’”

“There is still inequality over access to technology, not all people have access to internet or technology, how can we ensure equitable access”

“More support needed for carer involvement in shared care and specifically how this could be improved upon”

“When you visit the hospital A&E the children’s waiting area is often closed and it’s not nice for us as young people to have to sit in the adult’s area, it’s noisy and there is nothing to play with”

To read our full involving people and communities strategy click here

<https://www.shropshiretelfordandwrekin.nhs.uk/get-involved/our-approach/>

Case Study: Black & Asian Community Health and Wellbeing project

After listening to community leaders and analysing data, several health concerns were identified for Black and Asian communities across Telford and Wrekin, making it clear that to tackle health inequalities, we needed to work more closely to understand what solutions and community-led activities would improve their health, wellbeing and prevent ill health now and in the future. Funding was utilised for an Asset Based Community Development project, involving seven community organisations representing a wide range of our target residents. This project has enabled these groups to work together for the first time, leading to new positive working relationships, the achievement of shared goals and a greater level of community cohesion, to make a real difference to their health and happiness. Local people have had the opportunity to attend training courses including Making Every Contact Count, walk leader training, healthy eating and cooking sessions, mental health 1st aid, suicide prevention and physical activity courses. Community workshops and health and wellbeing activities have engaged over 3500 participants and have included cricket, football, netball, community cooking sessions, fitness classes, martial arts and mental health sessions, craft and chatter groups, music and mindfulness, swimming, walking groups and seated exercise.

5.7 Our commitment to research and innovation

Research

It is our ambition to support all of our colleagues across the ICS to get involved in research. Staffordshire and Shropshire Health Economy Research Partnership (SSHERP) brings together all partners across the ICS to develop collaborative approaches to enabling involvement in research across commercial/non-commercial – sharing resources/skills/knowledge; developing and expanding research capability.

Further, we are planning to promote engagement with the citizens of STW and encourage them to get involved and take part in research.

| Action | Owner | Timescale |
|--|-------|-----------|
| Identify research needs and shape plans | MD | April 24 |
| Collaborate with local research infrastructure and stakeholders including industry where appropriate - NIHR CRN, WMAHSN, ARC, BRC, IAA capital bids etc. | MD | Ongoing |
| Ensure research support and delivery posts are sustainably funded where appropriate so everyone can play a role. | MD | By 2026 |

Innovation

We want to be an innovative and learning healthcare system, taking best applying it to services within Shropshire, Telford & Wrekin to improve the lives of patients. On this basis we will work with a range of partners, including primarily the local Academic Health Science Network (AHSN), which is the innovation arm of the NHS. The voluntary and community sector can be a particularly rich source of innovation and new ideas.

| Action | Owner | Timescale |
|--|--|-----------|
| Undertake horizon scanning across the ICS to identify opportunities for innovation, then consider scaling cost effective or cost-saving innovation in order to drive economic development. | Director of Strategic Commissioning | 2023-2028 |
| Engage with stakeholders for innovative idea generation. | Director of Comms and Engagement, plus all | 2023-2028 |

Appendices

Appendix A:

Overview of the Population Health Priorities, Inequalities Priorities and Health and Care Priorities across Shropshire, Telford and Wrekin and the ICS

| Telford & Wrekin Health & Wellbeing Board proposed Priorities | Telford & Wrekin Integrated Place Partnership (TWIPP) Priorities | Shropshire, Telford & Wrekin ICS Priorities | Shropshire Health & Wellbeing Board Priorities | Shropshire Integrated Place Partnership (ShIPP) Priorities |
|---|---|--|---|--|
| Population Health Priorities | | | | |
| Best Start in life • Start for Life Family Hubs | Best start in life | Best Start in life | Children & Young People incl. Trauma Informed Approach | Children's & young peoples' strategy |
| Healthy weight | Healthy weight | Healthy weight | Healthy Weight and physical activity | Prevention/healthy lifestyles/healthy weight |
| Mental health and wellbeing | Mental Health, Learning Disability & Autism | Mental wellbeing and mental health | Mental Health | Mental Health |
| Prevent, protect and detect early | Reducing preventable diseases through early diagnosis, screening, immunisation, and improving reach of services | Preventable conditions – heart disease and cancer | - | - |
| Alcohol, drugs and domestic abuse | - | Reducing impact of drugs, alcohol and domestic abuse | - | - |
| Inequalities Priorities | | | | |
| Inclusive resilient communities Housing and Homelessness Economic opportunity | - | Wider determinants: • Homelessness • Housing • Cost of living | Working with and building strong and vibrant communities | Community capacity & building resilience within the VCSE |
| Prevent, protect and detect early Closing the gap Starting well - Living well – Ageing well | Core 20plus5 and reducing barriers to access | Inequity of access to preventative care | Reduce Inequalities Improving population Health | Tackling health inequalities |
| Closing the gap – deprivation – equity – equality - inclusion | - | Deprivation and rural exclusion | • Reduce Inequalities • Improving population Health | Tackling health inequalities |
| - | Reducing barriers to access | Digital exclusion | - | - |
| Health and Care Priorities | | | | |
| - | Proactive prevention Local Prevention and early intervention services | Proactive approach to support & independence | - | - |
| Integrated neighbourhood health and care • Primary care • Closing the gap | Local Care transformation (includes neighbourhood working) | Person-centred integrated within communities | Joined up working | Local Care and Personalisation (incl. involvement) Integration & Better Care Fund (BCF) |
| - | Older adults and dementia | Best start to end of life (life course) | - | - |

| | | | | |
|--|---|---|--|---|
| Best Start in life: Start for Life Family Hubs, social emotional & mental health, SEND | Best Start in Life SEND & transition to adulthood | Children and young people's physical & mental health and focus on SEND | Children & Young People incl. Trauma Informed Approach | Children's & young peoples' strategy |
| - | - | Mental, physical and social needs supported holistically | - | - |
| - | Accessible information, advice and guidance | People empowered to live well in their communities | - | - |
| - | Primary Care access and integration, place-based development in line with the Fuller report | Primary care access (General Practice, Pharmacy, Dentists and Opticians) | - | Supporting Primary Care Networks |
| - | - | Urgent and emergency care access | - | - |
| - | - | Clinical priorities e.g. MSK, respiratory, diabetes | - | - |

Appendix B: Telford & Wrekin Integrated Place Partnership priorities

| Shropshire, Telford & Wrekin ICS Priorities | Telford & Wrekin Health & Wellbeing Board proposed Priorities | Telford & Wrekin Integrated Place Partnership (TWIPP) Priorities |
|--|--|---|
| Wider determinants: <ul style="list-style-type: none"> • Homelessness • Cost of living Deprivation and rural exclusion People empowered to live well in their communities | Inclusive resilient communities Housing and Homelessness Economic opportunity Green and sustainable borough Closing the gap – deprivation – equity – equality - inclusion Starting well - Living well – Ageing well | |
| Best Start in life Children and young people’s physical & mental health and focus on SEND | Best Start in life <ul style="list-style-type: none"> • Start for Life Family Hubs • Healthy weight • Social emotional & mental health SEND | Best start in life SEND & transition to adulthood |
| Mental wellbeing and mental health | Mental health and wellbeing | Mental Health Learning Disability & Autism |
| Healthy weight | Healthy weight | |
| Reducing impact of drugs, alcohol and domestic abuse | Alcohol, drugs and domestic abuse | |
| Preventable conditions – heart disease and cancer Inequity of access to: <ul style="list-style-type: none"> • Cancer screening • Heart disease • Diabetes • Health checks SMI & LDA • Vaccinations • Preventative maternity care | Prevent, protect and detect early <ul style="list-style-type: none"> • Closing the gap | Reducing preventable diseases through early diagnosis, immunisations, screening and improving the reach of services Core 20plus5 and reducing barriers to access |
| Proactive approach to support & independence Primary Care Access Person-centred integrated within communities Urgent & Community Care access Clinical priorities e.g., MSK, diabetes, heart disease, cancer, mental health and UEC. Best start to end of life (life course) | Integrated neighbourhood health and care <ul style="list-style-type: none"> • Primary care • Closing the gap | Proactive prevention Accessible information, advice and guidance Local Prevention and early intervention services Older adults and dementia Local Care transformation (includes neighbourhood working) Primary Care access and integration, place-based development in line with the Fuller report |

Appendix C: List of Acronyms

| Acronym | Meaning | Acronym | Meaning |
|---------|---|---------|---|
| BAF | Board Assurance Framework | MDT | Multi-Disciplinary Team |
| A.C.E | Adverse Childhood Experience | MH | Mental Health |
| AHP | Allied Health Professional | MIU | Minor Injury Units |
| AHSN | Academic Health Science Network | MOU | Memorandum of Understanding |
| ARC | Academic Research Council | MPFT | Midlands Partnership Foundation Trust |
| BAME | Black, Asian and minority ethnic | MSK | Musculoskeletal |
| BAU | Business as Usual | MTAC | Maternity Transformation Assurance Committee |
| BCYP | Babies, Children or Young People | NHSE | National Health Service England |
| BI | Business Intelligence | NIHR | National Institute for Health and Care Research |
| BCF | Better Care Fund | NHSI | National Health Service Improvement |
| BTI | Big Ticket Items | NQB | National Quality Board |
| CCG | Clinical Commissioning Group | OD | Organisational Development |
| CDC | Community Diagnostic Centre | ODG | Operational delivery Group |
| CDH | Community Diagnostics Hub | ORAC | Ockenden Report Assurance Committee |
| CDOP | Child Death Overview Panel | PCN | Primary Care Network |
| CEO | Chief Executive Officer | PHM | Population Health Management |
| CL | Clinical Lead | PL | Programme Lead |
| CQC | Care Quality Commission | PMO | Project Management Office |
| CRN | Clinical Research Network | POD | Primary, Optometry and Dental |
| CVS | Council for Voluntary Service | PSIRF | Patient Safety Incident Response Framework |
| CYP | Children and Young People | QIP | Quality Improvement Plan |
| DHCS | Department of Health & Social Care | QSC | Quality & Safety Committee |
| DTOC | Delayed Transfers of Care | RJAH | The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust |
| ED&I | Equality, Diversity and Inclusion | ROS | Readiness to Operate Statement |
| FREED | First Episode Rapid Early Intervention for Eating Disorders | ROP | Recovery Oversight Programme |
| G2G | Getting to Good | RSP | Recovery Support Programme |
| HARMS | Hospital Admissions Related to Medicines | SaTH | Shrewsbury & Telford Hospital NHS Trust |
| HBPOS | Health Based Place of Safety | SDP | System Development Plan |
| HCSW | Health Care Support Worker | SEEDS | Support and Education On Eating Disorders |
| HI | Health Inequality | SFH | Sherwood Forest Hospitals NHS Trusts |
| HTP | Hospital Transformation Programme | ShIPP | Shropshire Integrated Place |

| | | | |
|--------|---|----------|--|
| | | | Partnership |
| IAPT | Improving Access to Psychological Therapies | ShropCom | Shropshire Community Health NHS Trust |
| ICB | Integrated Care Board | SMI | Severe Mental Illness |
| ICP | Integrated Care Partnership | SOAG | SaTH Safety Oversight and Assurance Group |
| ICS | Integrated Care System | SOF4 | Segment 4 of the System Oversight Framework |
| IDC | Integrated Delivery Committee | SOP | Standard Operating Protocols |
| IG | Information Governance | SRO | Senior Responsible Officer |
| IITCSE | Independent Inquiry into Child Sexual Exploitation in Telford | SSHERPpa | Staffordshire and Shropshire Health Economy Research Partnership |
| INT | Integrated Neighbourhood Teams | STW | Shropshire, Telford and Wrekin |
| JHWBB | Joint Health and Wellbeing Strategy | TWC | Telford and Wrekin Council |
| JSNA | Joint Strategic Needs Assessment | TWIPP | Telford & Wrekin Integrated Place Partnership |
| KLOE | Key Lines of Enquiry | UEC | Urgent and Emergency Care |
| LCTP | Local Care Transformation programme | UHNM | University Hospitals of North Midlands |
| LDA | Learning Disability and Autism | UTC | Urgent Treatment Centres |
| LeDeR | Learning from Life and Death Reviews of people with a learning disability and autistic people | VCSE | Voluntary, Community & Social Enterprise |
| LMNS | Local Maternity and Neonatal System | WMAHSN | West Midlands Academic Health Science Network |
| LTP | Long Term Plan | WMAS | West Midlands Ambulance Service |
| LTP | Local Transformation Plan | | |

See embedded action plan for full details



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Appendix D: Summary of Actions

Shropshire, Telford & Wrekin

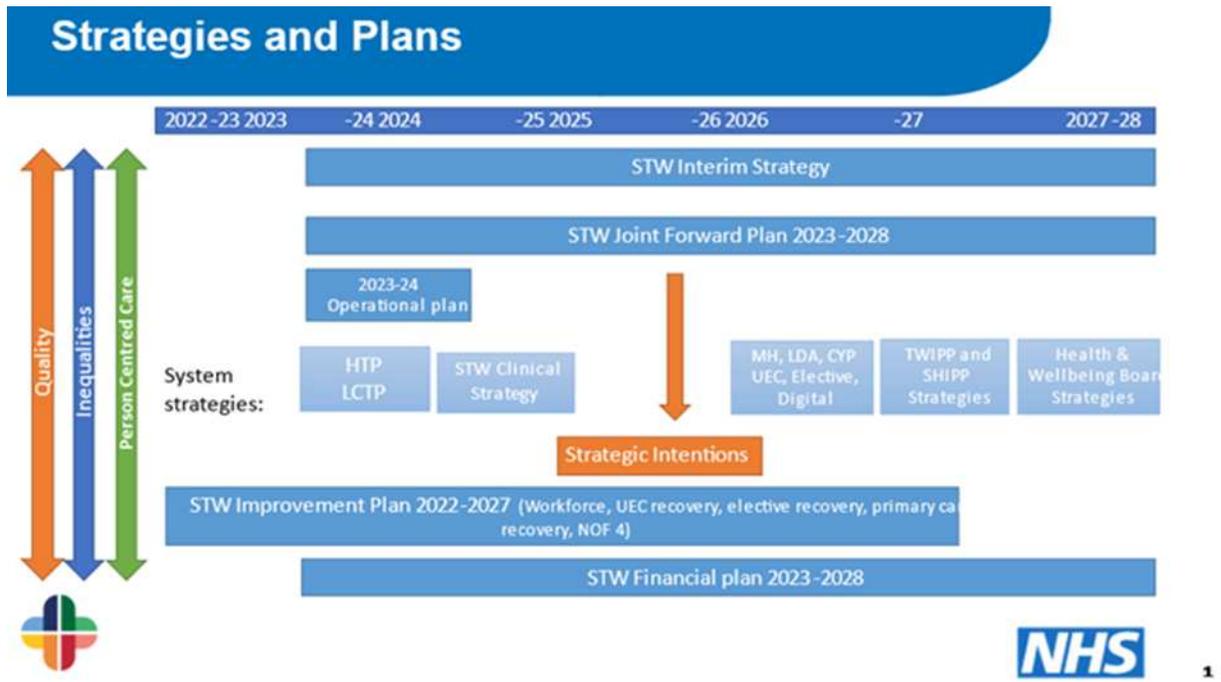
Joint Forward Plan
2023 – 2028

| TASK | ASSIGNED TO | START | END | 2023 - 2024 | | | | 2024 - 2025 | | | | 2025 - 2026 | | | | 2026 - 2027 | | | | 2027 - 2028 | | | |
|---|-------------------------------------|-------|-----|-------------|----|----|----|-------------|----|----|----|-------------|----|----|----|-------------|----|----|----|-------------|----|----|----|
| | | | | Q1 | Q2 | Q3 | Q4 |
| Person Centred Care | | | | | | | | | | | | | | | | | | | | | | | |
| Identify our priorities through a population health management approach, identifying health inequalities and taking a proactive prevention approach | Clinical Lead for Personalised Care | | | █ | █ | | | | | | | | | | | | | | | | | | |
| Establish our Person-Centred Facilitation Team to coordinate and enable this approach. | Clinical Lead for Personalised Care | | | █ | | | | | | | | | | | | | | | | | | | |
| Involve the full range of people who can contribute. | Clinical Lead for Personalised Care | | | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | |
| Develop and mandate a structured person-centred approach | Clinical Lead for Personalised Care | | | █ | | | | | | | | | | | | | | | | | | | |
| Wrap around each ICS priority workstream: planning and personalised health and care budgets. | Clinical Lead for Personalised Care | | | █ | █ | █ | █ | █ | | | | | | | | | | | | | | | |
| Inspire, equip and support our leadership and wider workforce in this approach | Clinical Lead for Personalised Care | | | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | |
| Agree 5-year plan to shift resource towards person-centred, preventative services & action | Clinical Lead for Personalised Care | | | █ | █ | | | | | | | | | | | | | | | | | | |
| Pro active prevention | | | | | | | | | | | | | | | | | | | | | | | |
| Agree a set of values, standards, beliefs and ways of working | TBC | | | | | | | | | | | | | | | | | | | | | | |
| Agree and implement an effective method to gather and use multi-agency intelligence across the system | TBC | | | | | | | | | | | | | | | | | | | | | | |
| Engagement/Consultation with internal and external stakeholders for each of the priority programmes | TBC | | | | | | | | | | | | | | | | | | | | | | |
| Identify the opportunities for proactive prevention, reducing inequalities, and increasing self-management for each of the priority programmes | TBC | | | | | | | | | | | | | | | | | | | | | | |
| Ensure all information is accessible | TBC | | | | | | | | | | | | | | | | | | | | | | |
| Agree a communications strategy to ensure messaging is consistent and clear across the system | TBC | | | | | | | | | | | | | | | | | | | | | | |
| Make best use of available technology to improve coordination of care, communication, understanding and monitoring of health. | TBC | | | | | | | | | | | | | | | | | | | | | | |
| Workforce development through education and training and development of new roles and new ways of working. | TBC | | | | | | | | | | | | | | | | | | | | | | |
| Strengthen the consistency of governance arrangements for reporting HI. | TBC | | | | | | | | | | | | | | | | | | | | | | |
| Assess how dedicated HI roles contribute to success. | TBC | | | | | | | | | | | | | | | | | | | | | | |
| Identify baseline staff competencies and capacity to rapidly increase knowledge and skills on HI. | TBC | | | | | | | | | | | | | | | | | | | | | | |
| Confirm baseline data, available intelligence and analytical requirements for each priority HI area. | TBC | | | | | | | | | | | | | | | | | | | | | | |

Appendix E: List of strategies and plans

The JFP was informed by and based on the following strategies and plans of the Shropshire, Telford and Wrekin Integrated Care System:

- Interim Integrated Care Strategy
- STW Clinical Strategy - status: signed off
- STW Improvement Strategy
- Operational Plan
- HTP strategy
- LCTP strategy
- Mental Health, Learning Disabilities and Autism
- Children and Young People
- Urgent and Emergency Care
- Digital Strategy
- TWIPP and SHIPP strategies
- Health and Wellbeing boards strategies
- Strategic Intentions
- STW Improvement Plan
- Financial Plan



For further information or copies of these documents please contact stw.generalenquiries@nhs.net

Appendix F: How we engaged our different stakeholders to inform our Joint Forward Plan

To inform our Joint forward plan, we launched The Shropshire, Telford and Wrekin Big Health and Wellbeing conversation programme of engagement with our communities, staff, and partners. It was essential that our engagement activity was accessible and as visible as possible, using all established methods of communication and engagement such as printed materials in a range of formats, online and face-to-face contact through a variety of meetings and events, as well as embarking on new channels of digital engagement.

Partnerships were formed with VCSE organisations, Healthwatch and local media organisations to maximise reach and raise awareness about the activity. Activity was tailored to ensure it is appropriate for the local population and specific protected characteristics and audiences. New technology and social media were used to communicate and engage with citizens.

Our approach was to collaborate extensively with local people who use health and care services, their families and any carers, local political stakeholders as well as members of the public, including seldom heard groups to ensure that our residents help inform our decisions.

Listening Events

To launch the big health and wellbeing conversation, we organised six listening events for the public and our stakeholders. Locations for the public events were decided based on the intelligence of our partners and stakeholders based on current local issues and existing activity. Six locations in Shropshire, Telford and Wrekin were identified. These were:

- Telford – Sutton Hill
- Bishops Castle
- Telford Centre
- Ludlow
- Market Drayton
- Shrewsbury

Those that attended the sessions were taken through a short presentation about the Shropshire, Telford and Wrekin ICS, the challenges that exist within the system, and how their feedback would feed into the development of the Joint Forward Plan.

Big conversation survey

An online survey was launched to support the ‘Conversation,’ enabling us to capture qualitative and quantitative data. We encouraged people to complete a survey as well as capturing important demographic data and data for future engagement and follow up.

STW citizen pledges

A large part of the ‘conversation’ emphasised the need for people to take more personal responsibility for their own health and wellbeing and promoting community resilience.

Citizens were given information about pressures that exist in the system and the small things they can do to improve things e.g., the impact of attending A&E for a non-emergency, benefits of accessing their local pharmacy versus a GP.

We used this opportunity to socialise the STW pledges. The public were asked to suggest some pledges, things they can do to improve their own wellbeing or changes to the way they currently use health and care services which could help address some of the challenges faced in the system.

Community outreach

A community engagement team conducted on-street / opportunistic engagement at prime locations in communities (e.g., Supermarkets, GP practices and outpatient clinics). Street teams will focus on areas of high deprivation and target groups of people who would not normally contribute to engagement activity.

Stakeholder engagement

A series of stakeholder engagement sessions throughout the period, including primary care, hospital clinicians, councillors, MPs, VCSE colleagues and Healthwatch to ensure they have an opportunity to be part of the 'conversation' and the design process and are sighted early on our priorities and proposals.

Stakeholders will be provided with opportunities to:

- Input and share ideas about how they / their organisations can contribute to local delivery
- Describe what they would like to see in the health and care system over the next five years – what will things look like in five years' time?
- Identify ways we can transform / plan / commission services differently to increase access and reduce inequalities.

Establishing a people's network

We have been recruiting a system-wide citizen network of local residents, which will enable us to gather public views and opinions on a wide variety of topics, allowing members of the public to get involved in shaping the future of local health and care services. The panel will form a large, representative group of local residents who are able and willing to offer their opinion and be engaged on a wide range of local issues.

Engagement with community groups

We attended a number of existing community groups and meetings to engage with protected characteristics and equality groups. The format depended on the demographics and needs of the group. The aim of this engagement was to gain insight into the experiences of marginalised groups to support improving access and reducing inequality.

Our community group outreach work approach has included:

- Black, Asian and Minority Ethnic groups
- Faith groups
- Families
- Veterans
- Ex Offenders
- Carers
- Older People
- LGBT
- Substance Misusers
- Looked After Children
- Children and Young People
- Farmers groups
- Homeless People
- People with long term conditions
- Disability groups
- People living in deprived areas

PR and media engagement

A proactive PR campaign was launched, the PR campaign enabled us to reach a large audience without the expensive cost of traditional advertising and marketing and increased viability of the ICS and the engagement exercise.

Digital activity

To ensure maximum reach our digital campaign required it to be varied and wide ranging. The digital campaign consisted of a mixture of interactive website content, social media sharing and interaction, consistent and frequent e-newsletters to staff in all partner organisations, using their existing channels. Photo and video content generated during the outreach activity was also shared on social media.

| TASK | ASSIGNED TO | START | END | 2023 - | | | | 2024 - | | | | 2025 - | | | | 2026 - | | | | 2027 - | | | |
|--|---|-------|-----|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|
| | | | | Q1 | Q2 | Q3 | Q4 |
| Person Centred Care | | | | | | | | | | | | | | | | | | | | | | | |
| Establish leadership, governance and resource for this programme of work | Strategic Commissioning Lead | | | | | | | | | | | | | | | | | | | | | | |
| Identify our priorities through a population health management approach, identifying health inequalities and taking a proactive prevention approach | Clinical Lead for Personalised Care | | | | | | | | | | | | | | | | | | | | | | |
| Establish our Person-Centred Facilitation Team to coordinate and enable this approach. | Clinical Lead for Personalised Care | | | | | | | | | | | | | | | | | | | | | | |
| Involve the full range of people who can contribute from the outset – including but not limited to, people in our communities and those enabling their voice including Healthwatch; representatives from non-clinical provision including VCSE and Social Prescribing; multi-Professional Clinical and Care Leads; Health and Care Managerial Leads, and Representation from Person-Centred Facilitation Team. | Clinical Lead for Personalised Care | | | | | | | | | | | | | | | | | | | | | | |
| Develop and mandate a structured person-centred approach to wrap around each ICS priority workstream: realising opportunities for using non-clinical community resources (including via social prescribing), choice, shared decision making, supported self-care, personalised care planning and personalised health and care budgets. | Clinical Lead for Personalised Care | | | | | | | | | | | | | | | | | | | | | | |
| Inspire, equip and support our leadership and wider workforce in this approach | Clinical Lead for Personalised Care | | | | | | | | | | | | | | | | | | | | | | |
| Agree 5-year plan to shift resource towards person-centred, preventative services & action, including support for VCSA development as a provider collaborative | Clinical Lead for Personalised Care | | | | | | | | | | | | | | | | | | | | | | |
| Pro active prevention | | | | | | | | | | | | | | | | | | | | | | | |
| Agree a set of values, standards, beliefs and ways of working | Director of Partnerships & Place | | | | | | | | | | | | | | | | | | | | | | |
| Agree and implement an effective method to gather and use multi-agency intelligence across the system | Director of Planning & Performance | | | | | | | | | | | | | | | | | | | | | | |
| Engagement/Consultation with internal and external stakeholders for each of the priority programmes | Director of Comms & Engagement | | | | | | | | | | | | | | | | | | | | | | |
| Identify the opportunities for proactive prevention, reducing inequalities, and increasing self-management for each of the priority programmes | Each programme director / Senior Responsible Officer Health Inequalities | | | | | | | | | | | | | | | | | | | | | | |
| Ensure all information is accessible and meets the NHS standard | Comms & Engagement Team | | | | | | | | | | | | | | | | | | | | | | |
| Agree a communications strategy to ensure messaging is consistent and clear across the system | Director of Comms & Engagement | | | | | | | | | | | | | | | | | | | | | | |
| Make best use of available technology to improve coordination of care, communication, understanding and monitoring of health. | Digital Programme lead | | | | | | | | | | | | | | | | | | | | | | |
| Workforce development through education and training and development of new roles and new ways of working. | Director of People | | | | | | | | | | | | | | | | | | | | | | |
| Our approach to tackling inequalities and duty to reduce health inequalities | | | | | | | | | | | | | | | | | | | | | | | |
| Strengthen the consistency of governance arrangements for reporting HI. | SRO Health Inequalities | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Secure additional PMO resource to drive progress. Co-ordinate system wide 2023/24 HI Implementation Plan Develop a consistent monitoring framework which links through local governance and feeds into the quarterly NHSE stocktake reports, highlighting any areas that require regional/national support (i.e., shared learning). Providers to take forward the HI asks within the Operational Plan. To assist in our legal duty to promote reduction of health inequalities this will form part the schedule 2N of NHSE Standard Contract | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Ensure all operational plan and Core20PLUS Objectives are reported to the System Health Inequalities Board Ensure quarterly reporting to board from Q2 onwards | | | | | | | | | | | | | | | | | | | | | | | |
| Promote understanding of the Health Inequalities agenda and support staff to deliver | SRO Health Inequalities | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Collate HI, health literacy and population health training and resources. Create a central 'resource directory' on local Intranet. Work with our People Team to develop a HI training module/workshop and embed HI and health literacy training within staff competencies/inductions. Share best practice locally, regionally and nationally. | | | | | | | | | | | | | | | | | | | | | | | |
| Confirm baseline data, available intelligence and analytical requirements for each priority HI area. | Director of Planning & Performance | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Explore data resources to identify a core set of metrics. Develop a HI Dashboard which can support impact and outcomes monitoring at a granular level. | | | | | | | | | | | | | | | | | | | | | | | |
| Survivors of Abuse | | | | | | | | | | | | | | | | | | | | | | | |
| Complete IITSCCE health actions | ICB Chief Nursing Officer | | | | | | | | | | | | | | | | | | | | | | |
| Implementing the requirement of the Serious Violence Duty in line with Safeguarding Partnerships and national requirements | ICB Chief Nursing Officer | | | | | | | | | | | | | | | | | | | | | | |
| Build pathways for supporting survivors, based on knowledge and information with partners. | ICB Chief Nursing Officer | | | | | | | | | | | | | | | | | | | | | | |
| Working with schools and education establishments regarding abuse | ICB Chief Nursing Officer | | | | | | | | | | | | | | | | | | | | | | |
| Engage with Children and Young people in our plans | ICB Chief Nursing Officer | | | | | | | | | | | | | | | | | | | | | | |
| Telford & Wrekin Integrated Place Partnership | | | | | | | | | | | | | | | | | | | | | | | |
| Delivery of 'Live Well' programmes aimed at encouraging healthy lifestyles and improving mental wellbeing | Service Delivery Manager: Health Improvement, TWC | | | | | | | | | | | | | | | | | | | | | | |
| Development of a Healthy Weight Strategy | | | | | | | | | | | | | | | | | | | | | | | |
| Delivery of the place-based elements of the system wide strategy for cancer (including early cancer diagnosis) | NHS STW & Deputy Director: Public Health, TWC | | | | | | | | | | | | | | | | | | | | | | |
| Delivery of programmes to improve awareness of and reduce inequity of access to vaccination, screening and health checks | Service Delivery Manager: Health Improvement, TWC & Deputy Director: Public Health, TWC | | | | | | | | | | | | | | | | | | | | | | |
| Deliver Start for Life and Family Hub transformation programme | Deputy Director: Public Health, TWC & Group Specialist, Family Hubs, TWC | | | | | | | | | | | | | | | | | | | | | | |
| Deliver improved social, emotional and mental health services for TW children and young people | TBC | | | | | | | | | | | | | | | | | | | | | | |
| Consult on the draft co-produced SEND and Alternative Provision Strategy for 2023-2028 and implement final strategy | Director: Education and Skills, TWC | | | | | | | | | | | | | | | | | | | | | | |
| Delivery of TW Learning Disability Strategy objectives (including for example reducing the number of people with learning disabilities in In-Patient Care and increasing the number of people with learning disabilities who have had an annual health check) | Learning Disability Partnership Assistant Director, Adult Social Care, TWC | | | | | | | | | | | | | | | | | | | | | | |
| Delivery of TW Autism Strategy objectives (including for example increasing the number of autistic people who have had an annual health check and reducing the number of people awaiting an autism assessment, and the time between referral, diagnosis and support) | Autism Partnership, Assistant Director: Adult Social Care, TWC | | | | | | | | | | | | | | | | | | | | | | |
| Development of a place-based Mental Health Strategy, co-producing it with people with lived experience (including for example supporting the Mental Health Alliance to continue to help shape multi-disciplinary mental health support) | Mental Health Alliance, Assistant Director: Adult Social Care, TWC | | | | | | | | | | | | | | | | | | | | | | |
| Development of a place-based Ageing Well Strategy, co-producing it with people with lived experience (including for example developing a new integrated dementia model of care) | Service Delivery Manager: Community Specialist Teams, Adult Social Care, TWC | | | | | | | | | | | | | | | | | | | | | | |
| Implementation of Local Care Transformation Programme workstreams at place | LCTP Programme Director, NHS STW | | | | | | | | | | | | | | | | | | | | | | |
| Support with developing integrated neighbourhood teams linked to the Local Care Transformation Programme's Proactive Care Workstream | Integration Programme Manager, TWC & PCN CDs | | | | | | | | | | | | | | | | | | | | | | |
| Support Primary Care to meet their 2023-24 access requirements | PCN CDs & Associate Director of Primary Care, NHS STW | | | | | | | | | | | | | | | | | | | | | | |
| Support Primary Care to meet their target to recruit to additional roles by March 2024. | PCN CDs & Associate Director of Primary Care, NHS STW | | | | | | | | | | | | | | | | | | | | | | |
| Shropshire Integrated Place Partnership | | | | | | | | | | | | | | | | | | | | | | | |
| Deliver the all-age Local Care Programme across communities in Shropshire | All system partners | | | | | | | | | | | | | | | | | | | | | | |
| Expand CYP integration test and learn sites to become all age delivery in North Shrewsbury, Ludlow, Market Drayton, and develop roll out plan for rest of county. | Public Health | | | | | | | | | | | | | | | | | | | | | | |
| Deliver more Health and Wellbeing Centres; Oswestry, Highley, Ludlow, Shrewsbury, that include MDT approaches. | Partners identified across Voluntary and Community through Public Services | | | | | | | | | | | | | | | | | | | | | | |
| Develop a Neighbourhood Model – to connect with Health and Wellbeing Centres – that includes PCNs being supported by joint working and integrated approaches for Proactive Care, Neighbourhood, Integrated Discharge and Social Care Hubs (including reablement), and Rapid Response | Local Care Programme | | | | | | | | | | | | | | | | | | | | | | |
| Social Prescribing expansion into A&E, midwifery, children, young people and families and local health and wellbeing centres. | Public Health | | | | | | | | | | | | | | | | | | | | | | |
| Local Care Transformation Programme | | | | | | | | | | | | | | | | | | | | | | | |
| Local Care programme refresh – reviewing the scope of future programmes of work to ensure clear priorities and assigned responsibilities across system partners | Interim STW LCTP Programme Director | | | | | | | | | | | | | | | | | | | | | | |
| Programme 1: Avoiding hospital admissions through provision of wider services including rapid response | Complete | | | | | | | | | | | | | | | | | | | | | | |
| Programme 2: Implementing a 'discharge to assess' model to support patients to safely return home where any ongoing care needs can be assessed | SRO for community transformation | | | | | | | | | | | | | | | | | | | | | | |
| Programme 3: Opening 250 'Virtual Ward' beds to enable more patients to return to the place they call home to receive medical care that would otherwise be delivered in an acute hospital. | SRO for community transformation | | | | | | | | | | | | | | | | | | | | | | |
| Programme 4: Employing a proactive care approach focused on keeping people well and preventing avoidable health issues for those at high-risk of a non-elective hospital admission. | Director of Strategic Commissioning ICB | | | | | | | | | | | | | | | | | | | | | | |
| Programme 5: Developing our approach to neighbourhoods to bring together multi-disciplinary teams of staff from across primary care, community care, social care and the voluntary and community sector to work together to deliver joined up, person-centred and proactive care. | Place based delivery Development framework to be in place by end of Q4 | | | | | | | | | | | | | | | | | | | | | | |
| Programme 6: Reviewing community-based services for sub-acute care and reablement to make best use of our available resources, including our staff and our physical assets including community care settings. | Director of Strategic Commissioning ICB | | | | | | | | | | | | | | | | | | | | | | |
| Proactive Care (Previously Anticipatory Care) | | | | | | | | | | | | | | | | | | | | | | | |
| Review support to people living with frailty to identify opportunities for integration | Director of Strategic Commissioning | | | | | | | | | | | | | | | | | | | | | | |
| Redesign falls pathways to create a consistent approach | Director of Strategic Commissioning | | | | | | | | | | | | | | | | | | | | | | |
| Framework to guide the further roll out and expansion of proactive care delivery across STW | Director of Strategic Commissioning | | | | | | | | | | | | | | | | | | | | | | |
| Primary Care Networks and General Practice | | | | | | | | | | | | | | | | | | | | | | | |
| Develop an action plan to deliver the recovering access to primary care delivery | Associate Director of Primary Care | | | | | | | | | | | | | | | | | | | | | | |

Agenda item

ICB 28-06-094

- **Digital ICS Strategy 2023-2026**



Integrated Care System

Shropshire, Telford and Wrekin



Shropshire, Telford and Wrekin

DIGITAL ICS STRATEGY 2023-26

DRAFT



Digital transformation can realise our collective ICS ambition



Dr Masood Ahmed
Shropshire, Telford & Wrekin ICS
Chief Digital Information Officer

“We will use digital to improve care for citizens, support our staff and enhance how we work together as an Integrated Care System delivering our collective ambitions”

Our pledge as an ICS is that we place our people at the heart of our digital journey and work together as a system to manage health and wellbeing services for our population. We promote a digital first, not digital only approach to improving care. Shropshire, Telford and Wrekin ICS are currently moving through the process of digitally transforming, to ‘level up’ and align with both ICS and national objectives. This means putting in place the right infrastructure that our citizens, patients and users expect, and supports our digital transformation journey.

We have a portfolio of programmes, reflecting the key digital challenges identified across the ICS and solidifying our overarching vision. We are committed to enhancing our digital capabilities and maturity, through the effective management of data and the implementation and collaboration of systems across all organisations affiliated with the ICS.

We recognise that there is a long way to go in our ICS digital journey, but by taking the initial steps to digitally transform and improve our technological capabilities, we are fulfilling our commitment to excellence, and are aligned to the national focus and recent Hewitt Review, to provide high quality care to patients, improving accessibility and consistency of services through digital innovation.



“

My GP & community support workers are aware of my care needs as they receive consistent, reliable, high quality information.



“

I can get access to my test results and status digitally



“

I can access information I need from multiple devices, locations & organisations.



“

I can receive care from the comfort of my home.



“

I can access data that enables me to make better decisions about the care of my patients.



Our ICS' challenges and ambitions give us focus for prioritisation in digital

Shropshire, Telford and Wrekin's Integrated Care Strategy will set a bold vision for what the ICS wants to achieve through greater partnership and collaboration with the aim of delivering more joined-up and person-centred care for our population. The Joint Forward Plan, currently in development until summer 2023, will provide the operational detail around how the strategy's vision can and will be realised. This Digital Strategy, alongside other enabling strategies, must aid the ICS in meeting the ambitions and vision set out in those plans.

Locally, this ICS faces significant challenges when compared to national averages:



Currently STW is in segment 4 of the National Oversight Framework which means the ICB has very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support



The system has an estimated £106million that cannot be closed through traditional cost efficiencies



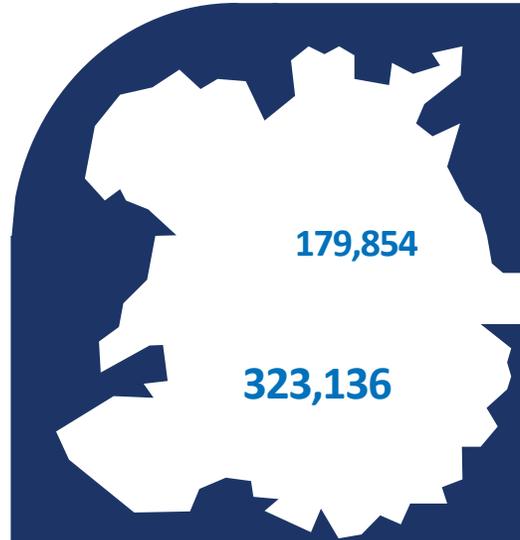
We have a workforce shortage due to unfilled vacancies, poor retention and high sickness rates



We have a population and workforce that is ageing and living with more complex needs



Continuing quality concerns & inefficiencies at our acute trust



Our ICS

- ▶ NHS Shropshire, Telford and Wrekin
- ▶ Shropshire Council (our Shropshire Place)
- ▶ Telford & Wrekin Council (out Telford & Wrekin Place)
- ▶ The Shrewsbury and Telford Hospital NHS Trust
- ▶ The Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

We are on a journey to increase our digital maturity

- ▶ SaTH's Digital Strategy makes a self assessment of Level 1 on HIMSS Electronic Medical Record Adoption Model (AMRAM)
- ▶ The system's digital exclusion level exceed that of the national average
- ▶ We have an ageing estate across the system – community hospitals, primary care, Shrewsbury and Telford Hospital, Local Authorities
- ▶ We are silos based with digital services and digital management being delivered out of each organisation
- ▶ The geographical area of STW has seen digital challenges with rurality, an ageing population and high levels of deprivation

- ▶ Shropshire Community Health NHS Trust
- ▶ Midlands Partnership NHS Foundation Trust
- ▶ Primary Care Networks 8 PCN's (4 PCN's Telford and Wrekin, 4 PCN's Shropshire) and General Practice
- ▶ The voluntary sector and other core partners such as Imaging and Pathology Networks



We want to design a health and care system that puts citizens & patients' needs first

Digital can enable the ICS to deliver effective and safe care, for the citizens of Shropshire, Telford & Wrekin.

Our ICS will interact and communicate with our citizens and patients to ensure we are meeting and understanding key issues which directly affect them and their needs.

The organisations in our region will use technology to work better together to deliver the ambitions of our citizens and build a health and care service that meets their expectations.

** These voices have been captured via numerous engagement routes with citizens and reflects current feelings surrounding digital transformation within the ICS.*



My prescriptions are paper-free if I want them to be

All care providers have the most up to date information to provide consistent, reliable, high quality care

My digital experience is tailored to my needs & appropriate for my digital skills.

I can contribute information to my healthcare record.

I can easily access services that meet my needs via an online directory.

My local hospital is modern.



I can turn up for my blood test without a paper referral copy. The phlebotomist will know what tests I have been referred for and by whom.

I know that my clinician has the most up to date information about my care & treatment plan.

I am confident my care & personal information is safe & secure.

I want my family and me to feel supported at the end of life

I can get access to my test results and status digitally.

I can access Wi-Fi throughout the hospital.



I only have to visit the hospital when I really need to.

I have access to information about my care and treatment in a format that I understand.

I can receive care from the comfort of my home.

Clinicians and nurses can spend more time with me.

Professionals that listen to me when I speak to them about my concerns

I do not have to repeat myself.



We will use digital to enable our workforce to deliver effective care

We will support all ICS partners to equip colleagues with the right tools and skills to allow them to focus on effective delivery of care to our communities.

We will implement and enable digital services which support staff in the delivery of excellent patient care and associated services. We will constantly strive to improve the services we deliver and introduce improved ways of working, and we will support staff to maximise the potential of these changes.

Our strategy will ensure data-driven insights inform clinical quality improvement, service & organisational planning, and organisational performance management.



Aspects of my work are automated, letting me focus on delivery.

I can provide and receive effective handovers, supported by digital presentation of data.

I can record and analyse information about patient outcomes and experience.

I receive alerts or notifications that help me to safely & effectively care for our patients.

I can access data that enables me to make better decisions about the care of my patients.

We use digital insights to identify what we do well and what we can improve on.



I only need to log on once to access the information I need.

My work is automatically saved and readily accessible.

I have the tools that enable me to work effectively on site and remotely.

I can view the results of tests for my patients even when they have been performed outside of this Trust.

Patient records are 'digital-first' and I have minimised or eliminated the use of paper.

I can access information I need from multiple devices & locations.

IT support my needs and I feel involved in digital change.



I am supported to use new digital solutions.

I can view patient records in a way that is meaningful to me.

I can access information I need from multiple devices, locations and organisations.

I can capture information at the point of care.

There is a single point of contact for any digital issues

I can easily request consultations & diagnostic tests digitally.

I can share information easily with my colleagues.



Our health and care organisations will benefit from taking a digital approach to delivering services

We will use technology that capitalises on effective data management and implementing innovation

Digital will support our health and care services to deliver care that is safe, clinically effective and provides a positive patient experience. Digital will help the ICS to be sustainable, cost effective and will ensure it is fit for the future.

Our Strategy will support the ambition of the ICS and will deliver on our ambition to provide care to communities which is supported by well maintained and embedded technology.



We are striving to be a paper lite ICS

Data returns are automated and submitted electronically.

Our clinicians are involved in digital decision making and influential in shaping the future of digital

We work together to ensure our services are cost effective.



Services are better connected, resulting in more efficient and effective data analysis.

Our systems and services are modelled to meet future demand.

We can manage, in real-time, our resources or assets across the ICS.

Collaborating lessons learnt and resources in relation to key digital programmes

Medical Devices are secure and free of cyber threat

We co-ordinated an infrastructure collaboration group across the ICS



We have a single source of truth.

Systems and hardware are safe from Cyber Security threats 24/7

We are able to share patient information between services safely and securely.

Procurement and contract renewals are streamlined and converged where possible across the ICS

Test results can be captured electronically from anywhere within the ICS

Our decision making is data-led.



Our prioritisation for investment is driven by national ambition

We will prioritise how and where we invest in digital across Shropshire, Telford & Wrekin Integrated Care System.

Nationally, the NHS is focused on meeting the challenges of the future and is investing £2billion to support Digital Transformation. The Secretary of State for Health and Social Care set out in the [Plan for digital health and social care \(June 2022\)](#) the minimum digital foundations expected of all providers of health and social care in England.

The national ask of us as an ICS is that we support our health and care organisations to work together to meet digital expectations including:

- The core capabilities set out in [The Frontline Digitisation Minimum Digital Foundations \(MDF\)](#)
- implementing standards defined in [What Good Looks Like \(WGLL\)](#) framework for digital services
- enabling providers to work towards [Level 5 on the HIMSS EMRAM maturity model](#) which is designed to strengthen

performance

- Develop a comprehensive digital strategy for the ICS which includes a clear vision and objectives for the use and innovation of digital technology as per the [Hewitt Review](#)
- Establish a digital & data architecture for the ICS, whether this is locally or nationally, aligning to both the [Hewitt Review and STW Population Health Management Strategy](#)
- We will invest in digital skills training to increase digital competencies across the workforce, improving the use of data and analytics which supports clinical decision making, improving patient experience as per the [Hewitt Review](#)
- As providers of care we are also committed to delivering the NHS Long Term Plan, which emphasises the

importance of transforming the way care is delivered through the use of digital tools and data.

These national frameworks provide a structure for planning digital delivery and a focused prioritisation of investment.

We will work with NHS England to ensure that our programme of digital transformation in this region meet the needs of national funding priorities and the standards expected of us.



Our Digital Strategy will be considered against the What Good Looks Like framework:

WELL LED

A clear strategy for digital transformation & collaboration, with citizens & frontline perspectives at the centre.

ENSURING SMART FOUNDATIONS

Digital, data and infrastructure operating environments are reliable, modern, secure, sustainable, and resilient

SAFETY AND PRACTICE

Organisations maintain the standards for safe care, set by the Digital Technology Assessment Criteria for health and social care.

SUPPORTING PEOPLE

We have a workforce that is digitally literate and able to work optimally with data and technology.

IMPROVING CARE

Citizens are at the centre of service design, with access to a standard set of digital services that suit all literacy and digital inclusion needs.

HEALTHY POPULATIONS

Embeds digital and data within our improvement capability to transform care pathways, reduce unwarranted variation and improve health / wellbeing.

EMPOWERING CITIZENS

We use data to design and deliver improvements to population health and wellbeing, making best use of collective resources. The insights we produce from data are used to improve outcomes and address health inequalities



Our ICS' challenges and ambitions give us focus for prioritisation

DRAFT

To tackle these challenges, the ICS recognises a number of high level priorities that will be reflected within the ICS Strategy and Joint Forward Plan. These include:

Transformational recovery of the six clinical priority pathways:

Urgent and Emergency Care (UEC), Cancer, Cardiac, Diabetes, MSK and Mental Health (*STW Clinical Strategy, March 23*). The clinical strategy has been developed to set out the clinical priorities and associated objectives that will deliver a 2-year clinical service improvement programme. This is a key criteria for exiting segment 4 of the national oversight framework.

Full alignment and delivery

of the two large scale transformation change programmes **Hospital Transformation Programme**, which includes the implementation of a new EPR system at SaTH and RJAH & **Local Care Transformation Programme** such as delivering Virtual Wards, with the aim to deliver a sustainable health and care system for the residents of Shropshire, Telford & Wrekin.

Service recovery

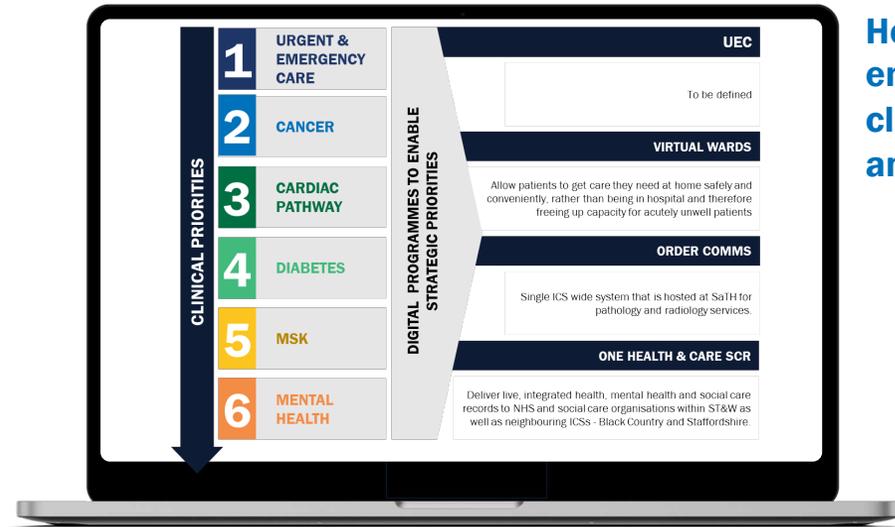
including efficiency and productivity improvement.

Population Health Management

Digital and data are at the heart of improving patient outcomes, and this will support Population Health Management by establishing a **workforce analytics team** to provide support for the analytical requirements for PHM. Additionally, Identifying a solution for an **'Engine Room'** for a single data repository across the ICS.

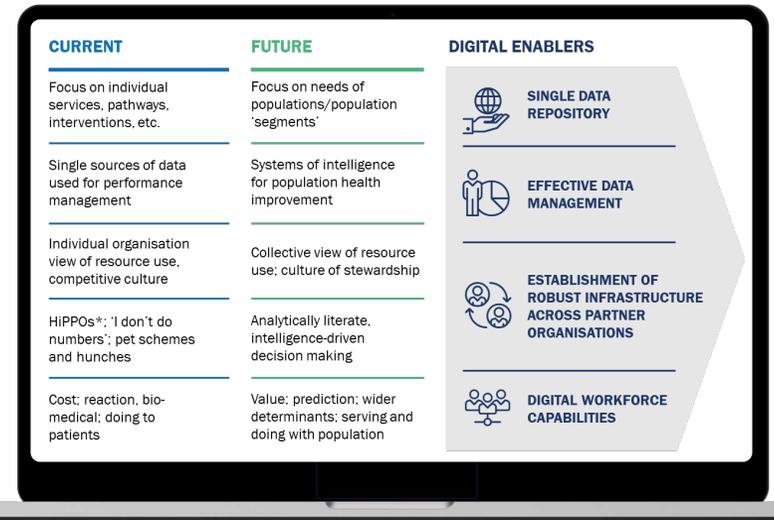
Delivery of ambitions in NHS Long Term Plan

including Prevention, Reduction of inequalities, Joined up coordinated care.



How digital can enable the clinical strategy ambition

How digital can enable Population Health Management



Digital can act as an enabler to the ICS in meeting their key challenges and ambitions.

DRAFT

Our Digital Strategy makes the following pledges for the next three years

1

Putting citizens at the heart of our design

2

Collaborative working across the ICS

3

Shared resources & meeting workforce challenges together

4

Improved reporting capabilities & confidence in source of truth

5

Improved Cyber Security capabilities & infrastructure

6

Single technology where possible

7

Compliant with national standards and regulations

8

Agreed approach to procurement and contracting



We will be realistic in what we can achieve over the next three years

DRAFT

Our next three years will build upon our collaboration to date and focus on how we can support our organisations to meet national expectations and deliver against local priorities.

Not all of the programmes in our current digital portfolio are live, resourced or funded. We have no new budget for 2023/24 and we are operating in a financially constrained environment where Integrated Care Boards are having to assess and manage finances to continue to be sustainable.

As an ICS we will structure and coordinate around the digital portfolio and make decisions together. In doing so we can protect the time of our staff by prioritising their workload and sharing the resources we have.

We therefore will be realistic in our ambition, deliver what we said we would deliver and set the digital foundations that will enable future transformation and innovation.

Our Digital Strategy takes the needs of our citizens, workforce and organisations combined with the expectations of national bodies and regional partners to prioritise focus for investment and effort in digital over the next three years.

Despite our challenges we have proven that we can support each other to implement digital solutions:



RESILIENCE

Supporting staff to continue working during the COVID-19 pandemic through rapid deployment of home working solutions.



IMPROVED PATIENT EXPERIENCE

Introducing software to support online appointment booking & introducing virtual follow-up appointments for outpatients.



ENHANCING PERFORMANCE, SAFETY & SECURITY

Replacing ageing devices and infrastructure.



INCREASING COMMUNITY DIGITAL EXPOSURE

Allowing the digitally excluded citizens the opportunity to borrow an iPad to increase digital literacy



IDENTIFYING DIGITAL LITERACY GAPS

Enabling the over 65's the opportunity to increase their digital literacy with citizens engagement events



HOSPITAL OF THE FUTURE

Procurement of a network upgrade solution and commencement a two-year upgrade programme



'AT A GLANCE' INFORMATION

Introducing digital tools to make it easier for clinical staff to see the information they need



IMPROVING STAFF EXPERIENCE AND PRODUCTIVITY

Simplifying the sign on process for staff through single on software



Our digital portfolio will enable us to put in place the core foundations to set us up for future transformation

DRAFT

The ICS will oversee the delivery of this digital portfolio for the next three years.

The prioritised programmes are underpinned by the digital pledges, align to national frameworks and will enable the ICS to meet its local challenges and ambitions.

The majority of these digital programmes will be managed and delivered by organisations and partnerships within the ICS.

DIGITISE

SAFE PRACTICE, SMART FOUNDATIONS, WELL LED

Electronic Patient Record

Level up access to electronic patient records & collaborate on implementation

Cyber Security

Ensuring that the ICS Partners' cyber & support approach is robust & aligned

Infrastructure Optimisation & Alignment

Upgrade infrastructure across ICS and align technology, suppliers and processes to reduce variation

Digital Diagnostics

Providing joined up solutions to enable optimal diagnostic services at an Imaging and Pathology Network level

Outpatient Transformation

Supporting the digital delivery of outpatient care

Digitise Social Care

providers will adopt a Digitalisation of Social Care Records and care homes will install Sensory Based Fall equipment

CONNECT

EMPOWERING CITIZENS, SUPPORTING PEOPLE

Shared Care Records

Enabling clinicians and staff the ability to access patient records across multiple regions including Shropshire, Staffordshire and Black Country

Workforce, Digital Inclusion and Leadership

Enable our workforce and community to thrive through a digital first approach to managing care, through the

MSK Transformation

Enable a local integrated model using a digital system that standardises referrals, joins up records and creates a single point of access to the service

TRANSFORM

HEALTHY POPULATIONS, IMPROVING CARE

Local Care Transformation

Expand technology such as Virtual Wards to support treatment and care at home and prevent health issues escalating in vulnerable or at-risk groups.

Citizen Inclusion

Offering greater digital choice for how citizens can access & manage health and care services

Hospital Transformation Programme

Substantial investment into transformation hospitals digitally to deliver a sustainable health and care system for the residents of Shropshire, Telford & Wrekin

Population Health Management

Using digital and data to accurately predict and understand current health care needs and what the local population will require in the future

Collaborative ways of working and model for digital

Putting in place the right Operating Model, Standards and tools to foster collaboration

Data and Analytics

Enable effective data sharing, improve reporting capabilities and drive evidence-based decision making

Delivering this Strategy will allow us to work more collaboratively as an ICS

The majority of our digital programmes will be managed and delivered by organisations and partnerships within the ICS.

However successfully implementing ICS digital change cannot be achieved by a single organisation. This requires all organisations as part of STW to come together and challenge individual ways of working and focus on finding solutions.

To aid this we will embed sustainable ways of working to ensure we are all best set up to successfully delivery the digital portfolio. Our pledges align to our portfolio and will enable transformation to occur.

By adopting these ways of working, we are promoting continuity across the ICS and enabling all organisations and partnerships to streamline their approach to digital in the same manner. These ways of working encompass the key prioritised digital programmes of work across the ICS, and allow for a better, and more sustainable future.

Ways of working to embed digital across the ICS



WORK FOR PATIENTS COLLECTIVELY FOCUSING ON CITIZEN INCLUSION IN ALL OUR DIGITAL DECISIONS



EMBRACE DIGITAL INTO OUR CULTURE



LEARN AND CONVERGE AS AN ICS



UPSKILLING WORKFORCE AND COMMUNITIES IN DATA LITERACY



GOVERN AND MANAGE OUR DIGITAL PORTFOLIO TOGETHER



COMMIT TO STREAMLINING PROCUREMENT ACROSS THE ICS



Embracing digital into the ICS Culture



DRAFT

As we continue our digital journey as an ICS, and with large scale digital programmes planned for implementation over the next 3 years, including the implementation of new EPR systems, Infrastructure upgrades and Cyber Security optimisation, this will dramatically challenge our processes and how we communicate with each other. It is imperative that as an ICS, we share lessons learnt and adapt our culture, challenging the pre historic ways of working to become an ICS where technology and digital services are not only enablers to providing better care, but staff and organisations are motivated to provide better care across the whole ICS with more efficient communication.

The culture principles our organisations and partnerships will adopt:



We support and empower our staff and citizens to understand the opportunities of digital ways of working



Staff and citizens are properly prepared for digital change



Communications from digital is honest, timely, relevant and engaging



Actions that our organisations and partnerships will embed to embrace culture:

- ✓ Organisations and partnership staff surveys to understand staff confidence and capabilities in digital
- ✓ Digital change management programmes to support the change in culture and help staff embrace and feel confident with new ways of working.
- ✓ Digital skills training to embed digital first culture within the ICS
- ✓ Super user programmes for ICS Wide digital programmes which will enable staff to act as champions of new systems
- ✓ Staff feedback sessions to input into digital expectations and current experiences
- ✓ Hold regular digital meeting including a representative from all ICS organisations to raise issues, lessons learnt and direction





To deliver digital initiatives across the ICS, clear ways of working that empower collaboration and learnings from all organisations and partnerships across the ICS is required to embed a 'Joined Up' culture.

The success of the ICS' Digital Transformation journey will be driven through collaboration across organisations and partnerships, by sharing resources, lessons learnt and models of behaviour, this will enable the ICS to have greater interoperability and perform better quality of care and services across STW. This approach allows STW to partner with neighbouring ICS' to ensure patients receive consistent continuity of care.



Actions that our organisations and partnerships will embed to embrace collaboration:

- ✓ EPR collaboration group to share lessons learnt, strategic direction and challenges
- ✓ Infrastructure collaboration group to share lessons learnt, strategic direction and challenges
- ✓ Post implementation teams to support the transition into BAU and a managed service
- ✓ Co-ordinate shared resources to make the best use of the capabilities and skillsets across the ICS
- ✓ Converge Digital resources where possible to have one single point of contact
- ✓ The ICS' Digital plans will support the overall ICS Strategy of being more joined up across organisations and partnerships
- ✓ Collaborate across the ICS to learn and develop and seek opportunities for innovation.



Commit to streamlining procurement across the ICS



DRAFT

In order to ensure we are providing all organisations with ‘value for money’ there is an collective ICS commitment to work collaboratively with current and future suppliers in the procurement of hardware and software.

By agreeing upon an collective approach and ambition, the ICS will future proof its long term supply chain strategy and ensure longer term and more sustainable contractual arrangements are achieved across the ICS. By creating a joined up approach between providers for going to market, selecting suppliers which are best for our system and achieving greater purchasing power we will secure more sustainable partnerships.



Actions that are required to embed a more streamlined supply chain:

- ✓ Co-ordinate a Contract renewal group that identifies opportunities for collaboration across the ICS
- ✓ Streamline procurement and supplier service offerings across the ICS to achieve greater economies of scale
- ✓ Review contracts as a system to ensure the ICS is getting best value for money and achieving purchasing power
- ✓ Ensure decision making is made at a system level and collaboration with procurement needs
- ✓ Identifying each organisations current procurement & contract renewal to find opportunities for collaboration across the ICS



Upskilling workforce and communities in data literacy



DRAFT

If, as an ICS we want to embed a digital first culture, it is important that we ensure our workforce and community meets a minimum level of data, digital and cyber security literacy to enable this culture to exist within the ICS

As technology evolves, it is vital that we continue to develop our workforce to be confident, capable and motivated to use digital across the ICS. We will adhere to a minimum level of digital, data and cyber security literacy across all organisations and partnerships in the ICS and support staff to attain this necessary skill level. To achieve this, we need to incorporate and develop digitally literate health and social care workforce for today and the future. By focusing on key areas such as 'Growing for the Future' and 'Looking after our People', we can ensure we have an engaged, motivated and skilled workforce that is passionate about furthering their development with us, creating a culture for all of our people to thrive at work.

Empowering and educating the community about how to manage their healthcare digitally can create a more efficient health service. By actively promoting communities to further develop their skill set, and learn from citizens what they need for their digital experience, we can tailor engagement to suit the priorities of the communities and make healthcare more accessible for all and encourage a 'Digital First' culture.



Actions that are required to embed culture:

- ✓ Current capability analysis across ICS workforce and community digital, data and cyber security literacy via surveys
- ✓ Support the workforce through training modules to increase data literacy
- ✓ Utilising new and existing forums through all organisations and partnerships to work with the communities to increase digital health literacy
- ✓ Support all staff to attain a basic level of data, digital and cyber security literacy, followed by continuing professional development.
- ✓ Provide a Digital resource with the mandate to support and improve staff digital literacy skills
- ✓ Network of digital champions across the ICS to empower 'Digital First' mentality

Work for patients collectively focusing on citizen inclusion in all our digital decisions



DRAFT

Creating an environment which encourages and empowers citizens voice when making digital decisions, this will drive the innovation of the delivery of care, and will be a critical feature in the success of delivering digital transformation across Shropshire, Telford & Wrekin

As the ICS becomes more digitally mature, it is essential for the citizens to be included in what they want from digital healthcare and can assist in prioritising digital programmes. By utilising the citizen inclusion as well as information from our partners, clinicians, staff and service users, we can identify what is working well, what can be improved and what is important to them. This will enable us to plan, design and deliver health and social care services that are right for our local population of Shropshire, Telford & Wrekin.

Citizen inclusion is one of the key focuses for the ICS, as a part of this it is important that the community are engaged and included in digital decision and have the necessary capability to utilise the ICSs digital vision. This aligns with the recent Hewitt Review which outlines the need for ICSs to take a patient centred approach. As we continue to drive digital, by undertaking discovery events such as the Big Health and Wellbeing Conversation, this allows citizens to provide feedback to the ICS to better the service provided. Additionally, council led initiatives are imperative to ensure the digital strategy is aligned to what the citizens require, and access to digital.

As part of this the STW Councils are continuing to grow their community engagement events, with events such as a library tablet lending schemes which allow anyone with a library card over the age of 18 to borrow an Ipad which includes support such as the NHS App. As well as delivering the Get Connect Programme which provides in person sessions to the over 65s on how to use digital services such as managing their own healthcare.



Actions that are required to embed culture:

- ✓ Proactively seek community feedback on existing digital functionality for managing your own health, and input into digital developments
- ✓ An ICS Digital inclusion strategy with citizen engagement groups included
- ✓ Identify the needs and preferences of the population across STW and use this insight to inform and develop digital strategies.



Embracing digital into the ICS Culture



We will adhere to the formal governance structures and ways of working of the Shropshire, Telford and Wrekin ICS and the Place Partnerships.

We will adhere to the formal governance structures and ways of working of the Shropshire, Telford and Wrekin ICS and the Place Partnerships. The ICS role within digital is to support our organisations as they plan, deliver and optimise digital services for the benefit of our citizens in this region. We will do this through providing a joined up strategic oversight over all digital transformation programmes and portfolios outlined in this Strategy. Our governance structure means we can promote a system-wide approach to the delivery of digital transformation programmes that achieves and drives value for money.

ICS organisations & partnerships

Digital programmes & digital enablement programmes

Digital decision making groups to bring programmes together

INTEGRATED CARE BOARD

Sets the strategy and determines budget. Provides overall decision making and alignment of strategies

ICS INTEGRATED DELIVERY COMMITTEE

Provide oversight and decision making in alignment with ICB strategic direction.

ICS DIGITAL DELIVERY GROUP

Recommendations and risk escalation up to IDC from the programmes. Decisions made and approved for Digital programmes to progress.

DIGITAL ENABLEMENT

MSK, LOCAL CARE

DIGITAL PORTFOLIO & PROGRAMMES

EPR, CYBER...

PLACE PARTNERSHIPS

NHS PROVIDERS

PRIMARY CARE NETWORKS

LOCAL AUTHORITIES

The ICB will provide direction and programme management support across the digital portfolio

Chief Digital Information Officer function

- ICS Chief Digital Information Officer
- ICS Chief Clinical Information Officer
- ICS Chief Clinical Nursing Officer
- ICS Digital Programme Management Office

Aligning to WGLL guidelines we commit to investing in ICS-wide CCIO and CNIO functions. To deliver against this Strategy and to continue to improve our services through digital we need better digital cohesion, collaboration and coordination. We have identified vital interventions which are needed to take place in order to realise benefits:



Increase ICB capacity to provide greater structure and oversight to enable effective decision making aligned to the key visions associated with national and local objectives. In enabling and prioritising a portfolio of work there is opportunity for financial efficiencies to be explored and realised.



The ICS must define its digital vision and build capabilities to achieve short and long term priorities. By creating a centralised workforce and enhancing current capabilities, the ICS can achieve the greatest value and build towards long term strategic objectives, with the future vision of a digital shared service.



Establishing clear governance within the ICS to ensure that the direction of travel is clear, staff are supported to deliver against priorities in a timely manner, and that there is appropriate accountability and decision making



To achieve the desired digital transformation outcomes across the ICS, identifying opportunities for greater collaboration across all organisations will enable efficiencies across the ICS through sharing of knowledge, processes and resources.



STW ICS' approach to culture change needs to evolve in order to secure leadership, clinical and non-clinical buy-in, collaboration opportunities and citizen inclusion for the changes that the Digital Strategy will deliver.

“ Quote Goes Here ”



Contacts & Useful Links

For further information about the Shropshire, Telford & Wrekin (STW) ICS and our partner organisations across the health and social care systems, please see the links to the right to find out more about each organisation via their website. Additionally, you can find links to Organisations Digital Strategies.



[Shropshire, Telford & Wrekin Integrated Care System \(ICS\) Website](#)

[The Shrewsbury and Telford Hospital Website](#)

[The Robert Jones and Agnus Hunt Orthopaedic Hospital Website](#)

[Shropshire Community Health NHS Trust Website](#)

[Midlands Partnership NHS Foundation Trust Website](#)

[West Midlands Ambulance Service Foundation Trust Website](#)

[STW Integrated Care Board \(ICB\) Website](#)

[Shropshire Council Website](#)

[Telford & Wrekin Council Website](#)

[Shropshire, Telford & Wrekin Primary Care Networks Website](#)

[The Shrewsbury and Telford Hospital Digital Strategy](#)

[Shropshire Council Digital Strategy](#)

[Telford & Wrekin Council Digital Strategy](#)

Should you wish to contact STW ICS regarding this digital strategy or offer any feedback, please email:



Agenda item

ICB 28-06-096

- **LeDeR Annual Report**



LeDeR: Learning from Lives and Deaths of People with a Learning Disability and Autism

Annual Report

1st April 2022 - 31st March 2023

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Table of Contents

| Title | Page/s |
|--------------------------------------|---------------|
| Acknowledgments | 4 |
| Executive summary | 5 |
| Introduction | 6-7 |
| Structure and governance | 8-10 |
| Statement of purpose | 11 |
| Learning from reviews | 12-13 |
| Local progress 2022/23 | 13-25 |
| Performance | 26-28 |
| Demographic data and equality impact | 28-35 |
| Measuring success | 35 |
| Recommendations and next steps | 36-37 |
| Conclusion | 37 |
| Appendix 1 | 38 |

Credits and Acknowledgements

Shropshire, Telford and Wrekin Integrated Care System LeDeR Steering Group would like to thank the following people without whom the reviews and learning would not have been possible.

- The families, friends, carers and health and social care professionals who have provided critical contributions to each LeDeR review. Their support has been invaluable.
- Our LeDeR reviewers, without their expertise, experience, and passion we would not be where we are.
- Members of the LeDeR Steering Group and Governance Panel.
- Primary Care colleagues across Shropshire Telford and Wrekin.
- Shropshire County Council
- Telford and Wrekin Council
- Shropshire Telford & Wrekin child death overview panel (CDOP)
- Shrewsbury and Telford Hospitals NHS Trust (SaTH)
- Shropshire Community Health NHS Trust
- Midlands Partnership University NHS Foundation Trust (MPFT)
- NHS South Central and West Clinical Support Unit
- NHS England national team
- NHS England regional team
- Mrs J Hampton-Pidgeon - LeDeR programme administration support
- Mr R Gough - parent/carer
- Julie Mellor and members of the group 'Taking Part'.

Executive Summary

I am proud to present this Learning from Lives and Deaths, a service of people with a learning disability and autistic people (LeDeR) annual report for 2022-2023. It is so important that we continually drive improvement and focus on the learning from LeDeR and embed it into our everyday practices to reduce inequalities and ensure people with learning disabilities and autism have the best opportunities for healthy lives, and this report sets out our achievements, challenges and next steps in Shropshire Telford and Wrekin (STW).

The LeDeR reviews in STW have shown cancer, dementia, respiratory, and urological conditions to be the common causes of death in people with learning disabilities and autism. These are areas we will continue to be working with partners through our LeDeR governance and wider working in our system to improve the care and experience for people with learning disabilities and autism and their families.

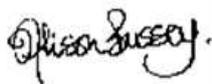
I am delighted to see the progress in the Oliver McGowan training implementation across our partners. This is a milestone in training, and I look forward to seeing the impact of this training over the coming years in improved quality and access to services as well as improved experience for people and their families.

The LeDeR reviews have shown a wide range of exemplar practices in the last year including partnership and multidisciplinary working, end of life care, use of reasonable adjustments and access to specialists when needed, to name but a few. However, we can do better.

In 2023/24 we will be working together to further improve our timeliness of LeDeR reviews working with our commissioned service, improve the uptake of annual health checks and action plans, improve the use of the Mental Capacity Act, and strengthen the use of hospital passports. We will also be working to understand and improve how we ensure our population with autism and for those people with learning disabilities from ethnic minority groups are reported into LeDeR following a death. This way we can learn and move further to reduce inequalities in our Integrated Care System.

This LeDeR Annual Report 22-23 presents many other opportunities for improvement, and we will be supporting these at every opportunity and working continuously, with the resources we have, to improve the lives and deaths of people with learning disabilities and autism.

I would like to thank all our partners for their ongoing support of the LeDeR programme, and especially those people and families that give their time voluntarily, contributing through their lived experiences, to improve the lives of others.



Alison Bussey

Chief Nursing Officer

Shropshire Telford and Wrekin Integrated Care Board

Introduction

LeDeR is a National Health Service (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:

- 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.

Health inequalities are unfair differences in the status of people's health that are seen when people with a learning disability or autistic people receive healthcare, and this has been proven to result in poorer outcomes. At the core of it is access to care that people receive and the opportunities that they have to lead healthy lives.

Health inequalities can therefore involve differences in:

- Health status, for example, life expectancy
- Access to care, for example, availability of commissioned services, ability of individuals from difference segments of our population such as CORE20 (the most deprived 20% of the national population as identified by the national index of multiple deprivation), (black, Asian and minority ethnic communities (BAME), and inclusion groups to access core services and this will be further impacted on by their learning disability and autism diagnosis.
- Quality and experience of care, for example, levels of patient satisfaction which we know is impacted upon by staff's awareness and knowledge of learning disability and autism and the implementation of reasonable adjustments.
- Behavioural risks to health, for example, smoking rates, food choices, not accessing screening.
- Wider determinants of health, for example, quality of housing.

Too many people with a learning disability are dying earlier than they should, many from things that could be treated or prevented. A statement from Mencap around health inequalities quotes that data reported by NHS digital 2017 that on average the life expectancy of women with a learning disability is 18 years shorter than for women in the general population. The life expectancy of men with a learning disability is 14 years shorter than for men in the general population.

Autistic people have significantly lower life expectancies than the rest of the population. A statement from the UK government in 2021 quotes the data reported by the British Journal of Psychiatry that autistic people will live 16 years fewer than their non-autistic peers.

A LeDeR review looks at key episodes of health and social care the person received that may have been relevant to their overall health outcomes. We look for areas that need improvement and areas of good practice. We use these examples of good practice to share both locally and nationally. This helps reduce inequalities in care for people with a learning disability and autistic people. It reduces the number of people dying earlier than they should.

119 reviews have been completed since 2017, 115 adult reviews and 4 CDOP reviews. We use the data and evidence to make a real difference to health and social care services across the region and share this learning nationally.

This report provides an update on the progress and impact made across Shropshire Telford and Wrekin (STW) from 1st April 2022 to 31st March 2023. The report reflects some of the extraordinary efforts of our partners working together for the second year running that has continued to challenge health and social care providers.

From April 2022/23 we commissioned an external provider South Central and West Clinical Support Unit (SCWCSU) to undertake LeDeR reviews. The Shropshire Telford and Wrekin Integrated Care Board (NHS STW) worked closely with SCWCSU to ensure that we have high quality assurance of all reviews undertaken. SCWCSU and NHS STW have worked together to monitor all reviews for STW including a small backlog reported for 2021/22 SCWCSU.

The reviewers endeavour to maintain the high quality of reviews completed and the Steering Group ensure the learning from these reviews are embedded into practice to improve services for people with learning disabilities and autism with the aim of reducing health inequalities.

The Shropshire Telford and Wrekin Integrated Care Board is responsible for ensuring that:

- LeDeR reviews are completed for Shropshire, Telford, and Wrekin.
- There are fewer preventable deaths because people are getting the right care.

- All the organisations in the ICS learn from LeDeR to support services to prevent people dying too soon.
- There is a stronger emphasis on the delivery of the actions coming out of the reviews and holding local system partners to account for delivery, to ensure that there is evidence of service improvement locally.
- The LeDeR process involves an initial review and then a decision will be taken whether to complete a focused review.
- The LeDeR process looks at the circumstances of a death but also someone's life before death.
- For the first time deaths of adults who have a diagnosis of autism, but no learning disability have been included in the process. LeDeR reviews are done for all autistic people over the age of 18 who have been formally diagnosed by a doctor that they are autistic, and this is evidenced in their medical record. All reviews of people who are autistic without a learning disability are focussed reviews in order to collect meaningful data and learning.
- All people from ethnic minority groups also get a focussed review because evidence shows that the health inequalities experienced by people from these communities can be significant and there is also significant under reporting of learning disability and autism deaths to LeDeR from these communities.
- Anyone who has been detained under the Mental Health Act in the last 5 years also receives a focussed review.
- Anyone who has been through the criminal justice system in the last 5 years also receives a focussed reviewed.

There is a national LeDeR policy and LeDeR website where you will be able to find a lot of background information about LeDeR. Shropshire Telford and Wrekin Integrated Care System (STWICS) follows this national policy [NHS England » Learning from lives and deaths – People with a learning disability and autistic people \(LeDeR\) policy 2021](#)

The LeDeR process (see Appendix 1)

- When a person with a learning disability or autism dies, a LeDeR death notification is completed; usually by a health or social care professional and sent to the SCWCSU to conduct a review.
- The SCWCSU and the local area contact (LAC) are then informed that a LeDeR notification has been submitted on the LeDeR platform. The LAC and the senior reviewer can then discuss the notification if needed.

- The senior reviewer in SCWCSU will assign the review to one of the reviewers. At this stage it is assigned as an initial review or a focused review according to the LeDeR policy and local themes agreed by the LAC, although some may start as initial reviews and can be escalated to a focused review, if a relative requests this or if any of the information from the review suggests that the review meets the criteria of a focused review.
- If a family member or next of kin (NOK) is listed, the reviewer will contact the LeDeR administrator for SCWCSU to request a letter is sent out to the family member or NOK explaining what LeDeR is together with a link to access further information on the LeDeR website and a LeDeR leaflet.
- At this point a discussion with the administrator to contact the GP's or health or social care provider to request necessary information relating to the individuals care and treatment.
- The letter to the family member or NOK will include a date and time the reviewer will call them, and a contact number is also included should the family member or NOK wish to decline this contact from the reviewer.
- If accepted, the reviewer will set up a meeting with the family member to talk about the life and care of the relative that has died.
- The reviewer conducts the review and obtains the health and social care records from GP's, social services, and hospitals. If there are any concerns or issues, the reviewer will contact the LAC.
- Once the reviewer has collated all the information they need for the review, they submit the completed review to the senior reviewer for quality assurance. All reviews are then sent to the LAC for quality assurance. If there are any concerns the LAC will discuss this with the reviewer before it is closed on the platform or send to the governance panel.
- If it is an initial review, then the senior reviewer will discuss the quality of the review and the lessons learnt with the LAC and the review is completed.
- If it is a focused review, it is discussed in the governance panel to agree any lessons learnt and sign off before closure.
- It also feeds into the LeDeR quarterly and annual reports, which in turn, helps to improve the overall quality of care for people with learning disabilities and autism.

What does the Shropshire Telford and Wrekin Integrated Care Board LeDeR Governance panel do?

NHS STW LeDeR Governance Panel are part of the ICB quality governance structures. The Steering Group role is to review the development plan and make sure that the lessons we are learning from the reviews improve the care and treatment of people with a learning disability and autism in Shropshire Telford and Wrekin.

SCWCSU reviewers are invited to all governance meetings to present areas of learning, good practice and areas of concern to the NHS STW Governance Panel, who sign off the quality of focused reviews and in discussion with the reviewer, agree specific, measurable, achievable, realistic and timebound (SMART) actions which feed into the strategic plan for Shropshire Telford and Wrekin. The governance panel meet monthly.

The NHS STW Governance Panel includes experts by experience, and we are in the process of recruiting from our ethnic minority group population. The Governance Panel will advise the LeDeR Steering Group of the findings from the reviews and in turn the Steering Group will take priority actions.

The Equality Diversity and Inclusion (EDI) Lead and the LAC meet on a regular basis to discuss any issues identified around EDI.

Shropshire Telford and Wrekin LeDeR Steering Group

Our Steering Group is chaired by the LAC, who is also a member of our Governance Panel. The NHS STW LeDeR Steering Group aims to take a strategic level oversight of the reviews of deaths of people with learning disabilities and or autism, driving transformation to improve care. STW steering group meetings are held bi-monthly.

The role of the LeDeR Steering Group is to:

- Discuss the outcome of any reviews.
- Support the identification and sharing of best practice in the review process.
- Monitor actions and outcomes.
- Respond to recommendations to improve service provision and reduce likelihood of premature deaths.
- Recognise and share best practice and innovation.
- Demonstrate the impact of changes.

The STW Steering Group is attended by representatives from all system partners.

The Group consists of members, including a representative from:

- Shrewsbury and Telford Hospitals NHS Trust
- Midlands Partnership University NHS Foundation Trust
- Shropshire Council
- Telford and Wrekin Council
- Shropshire Community Health NHS Trust
- Robert Jones and Agnes Hunt Orthopaedic NHS Foundation Trust
- NHS STW, the Integrated Care Board
- Primary Care.

Our Statement of Purpose

- That LeDeR reviews are allocated and completed to a high standard within the stipulated programme timescales.
- Ensuring action is taken to address the recommendations emerging from completed reviews via action plans, dashboards and steering group meetings thereby improving the quality of health and social care services and reducing the health inequality faced by people with learning disabilities and autism.
- All our work includes the following principles: - co production, collaboration, person centred, learning and improvement, value and respect and lead through example.
- The overriding principle, clearly set out in the Terms of Reference for the Steering Group to affect meaningful change and improve outcomes for local people, with the aim to extend the average lifespan of those with a Learning Disability and /or Autism and to ensure that those with LD&A are kept as healthy as they can be during their life.
- The outcomes that we are aspiring to achieve include supporting longer, healthier, and happier lives for people with a Learning Disability and Autism/Autistic across our Integrated Care System.
- That all stakeholders, including people with learning disabilities and autism and their family, friends, and carers, feel an equal partner in the LeDeR programme.

Learning from local reviews 2022/2023

From an overview of completed reviews for STW during 2022/2023 collective causes of deaths were identified as below:

- Cancer
- Dementia

- Respiratory
- Urology

Following all completed STW reviews in 2022/23 many areas of good practice were noted including:

- Familiar staff members were available to support the individual during hospital admission and stay.
- Good working relationships between GPs and nursing homes, where weekly team meetings were held for each resident to ensure health needs were met.
- Testing patients with learning disabilities who have epilepsy for Dravet Syndrome early.
- Good practice around personalised end-of-life care whilst remaining in the individual's own home.
- Excellent advance care planning and documentation.
- Full MDT discussions held where best interest decisions had been made for those individuals that had been deemed to lack capacity around their care and treatment.
- Good partnership working between teams, e.g., GP, social care providers, Community Learning Disability Team, Community Mental Health Team, local authorities, and acute hospitals.
- Reasonable adjustments have been implemented in a number of cases e.g., easy read information to help individuals understand, adjustments made to times of visits and home visits have been made available to support individuals.
- Access to specialist consultants and nurses where individuals have complex physical healthcare issues e.g., neurology for people with epilepsy and urology for people who have chronic kidney problems.

Following all completed STW reviews a number of areas of lessons learnt and potential for improvements were noted including:

- Annual health checks and health action plans not consistently being completed.
- Reasonable adjustments not consistently being implemented e.g., regular carers supporting individuals during hospital admissions.
- Hospitals passports not being completed, fully utilised or taken to hospital during admission.
- Healthier lifestyles support not being considered particularly around obesity.
- Do not attempt cardiopulmonary resuscitation (DNACPR) and Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) documents being poorly completed.

- Mental Capacity/best interest decisions not always fully assessed, and documentation is not being regularly completed during hospital admissions for care and treatment.
- Deprivation of liberties (DoLS) not being applied for/fully understood during hospital admissions when restrictive interventions are required such as 1:1 supervision at all times.
- Reasonable adjustments not consistently being implemented to support individuals to access physical health screening e.g., cervical/bowel screening.

Local progress in 2022/23 against out LeDeR action plan

Oliver McGowan Training

The e-learning Oliver McGowan training has started to be rolled out amongst some of our system partners. Oliver's training is delivered in 2 tiers, the e-learning is the first part of both tier 1 and tier 2 training. Everyone across the system will need to complete the e-learning. Shropshire Telford and Wrekin ICS have recently established The Oliver McGowan Training in Learning Disability and Autism stakeholder group. The first meeting took place at the beginning of June 2023 and will continue to meet fortnightly to discuss and establish how to further roll out tier 1 and tier 2 training across the system.

Promote the need for reasonable adjustments and implementation of hospital passports.

Acute Liaison Nurses (ALN) now have office bases on each of the acute sites at Telford and Shrewsbury hospitals and have access to the clinical systems to enable regular visits to the wards to visit anyone with a learning disability. Each day (Monday to Friday) a learning disability admissions list is generated, this list is cleansed and updated by the ALN and then sent to the mental health and learning disability lead and safeguarding team within Telford and Shrewsbury hospitals. The ALNs can ensure any reasonable adjustments are implemented during their hospital admission. The ALNs have rolled out face to face training with all acute staff on the importance of reasonable adjustments and the use of hospital passports and they are available for support and work flexibly to support the needs of the individual.

Annual health checks including medication reviews.

General practice has continued to prioritise learning disability annual health checks (LDAHC) throughout 2022-23 in line with the national guidance to reduce health inequalities and proactively engage those at greatest risk of poor health. NHS STW has

worked and continues to work with practices and partners to improve the offer, uptake, and quality of annual health checks delivered. The ICB is committed to offering 100% of people with a learning disability an annual health check.

General Practice have worked with Midlands Partnership University Foundation Trust (MPFT) to target efforts to reach patients who were overdue their health checks as part of recovery from the pandemic and offer reasonable adjustments to encourage take up including home visits.

Despite the recent challenges on general practice due to winter pressures and the need to provide urgent Strep A capacity which resulted in a dip in activity for December 2022 and January 2023. General practice has worked hard to maintain capacity directed at LDAHCs.

As a result, for 2022-2023 STW practices have completed 76.5% (1956) LDAHCs against a target of 75%. This is a significant increase compared to 2021-2022 where we achieved 63% (1577). This is shown in diagrams 2 and 3 below.

Diagram 2

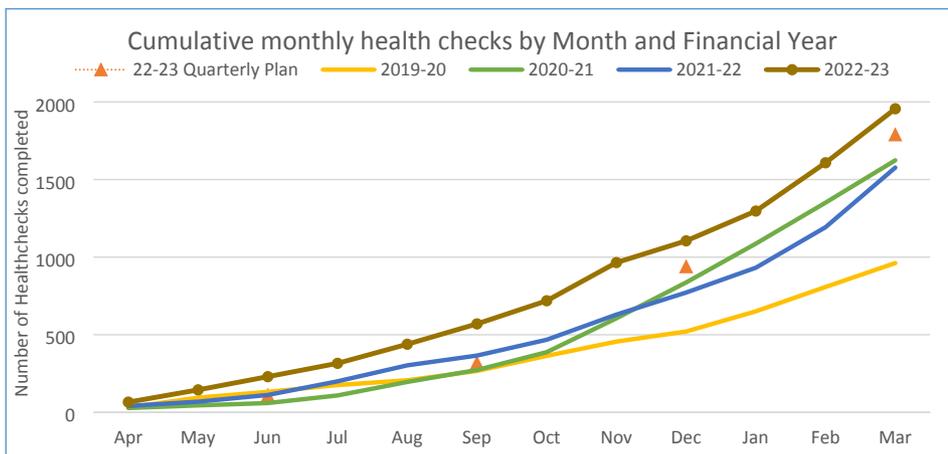
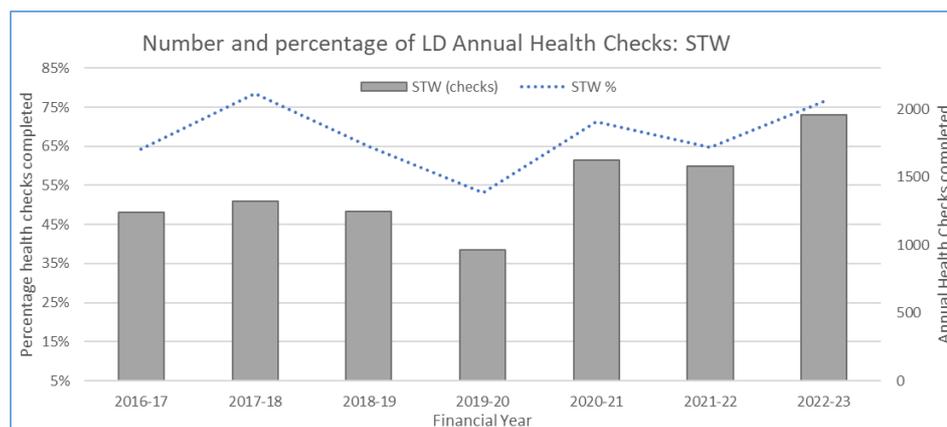


Diagram 3



Bespoke training for Shared Lives and social care providers has been developed to outline what carers should expect from the annual health checks (AHC) and is available as required.

A targeted approach with all Learning Disability providers promoting and raising awareness of annual health checks. Midlands Partnership University Foundation Trust (MPFT) are supporting practices in some care homes and their nurse led team are completing face to face visits for base line observations and support in completing the health check questionnaires which follow the AHC template.

Enhanced ways of communication have been developed through easy read documents which have been shared with the local community and partners; a video was developed by local young service users to encourage attendance at annual health checks <https://www.shropshiretelfordandwrekinccg.nhs.uk/your-health/local-services/learning-disabilities-and-special-educational-needs/annual-health-checks/>

A pilot audit of annual health checks was carried out last year and will be completed again this year to look at the quality aspect of annual health checks completed.

Findings from the annual health check (AHC) pilot audit

All practices in the pilot demonstrated a holistic approach to AHC’s and took into account the needs of the individuals, for example booking longer appointments or at quieter times of the day. Due to Covid 19 restrictions, some checks took place via video link. Practices used a template for the AHC but these varied and some captured more of the information

required for the AHC. All practices discussed with the person or their carer next steps/actions but not all were given an action plan in writing.

It is invaluable to spend time with the lead health professional for learning disabilities in the practice to gain that overall knowledge of how the AHC is planned and conducted.

Feedback has been received from the practices audited reporting they found it very useful, it has highlighted areas of learning that they will change in future. They would like a tool to allow them to self-audit in future.

Recommendations following the pilot audit.

- Support update training for staff
- Use of easy read format templates for letters, pre appointment questionnaires and action plans for the people to have following the annual health check which details what the GP practice is going to do and any actions for the individual/carer to complete.
- Recommendation to practices of templates which support capture of all areas of the LDAHC and how these are saved/recorded onto practice patient records.
- Modification of audit template to reflect areas identified in pilot.

Oversight of monitoring Annual Health Checks is the responsibility of the STW Annual Health Check working group.

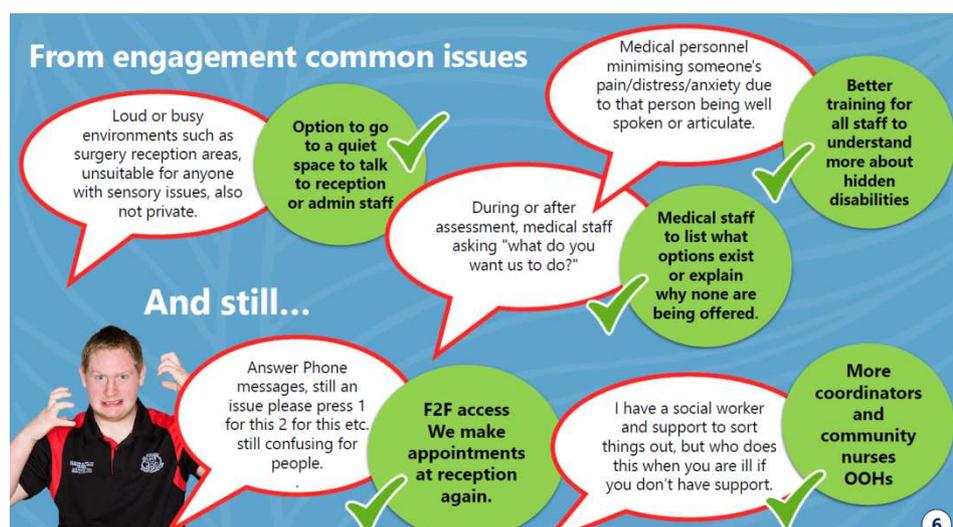
Reasonable adjustments to support better screening and access to health and social care.

System wide joint working is ongoing with our colleagues in Public Health to address health inequalities which link in with our partnership boards and ongoing work. Views are sought from our experts by experience through our Partnership Board for Carers, Mental Health, Learning Disability and Autism.

Our Learning Disability Partnership Board members are going to be working with Healthwatch and colleagues in the ICS to look at accessibility of health services along with our provider colleagues who are leading on the Treat Me Well Campaign. The Treat Me Well Campaign is a campaign to transform how the NHS treats people with a learning disability in hospital and highlights that making simple adjustments can make a big difference.

Through our partnership boards we aspire to continue to work with agencies such as Leisure Service, Public Health, the Police and specialist Learning Disability and Autism health services to continue to drive services to work together, embedding integration at place to deliver a reduction in health inequalities while improving outcomes for people.

Below is an extract from the 'Healthy Lives Project' completed by a voluntary group Taking Part, commissioned by Shropshire Council and NHS STW.



The Healthy Lives Project is a project that was developed and is run by Taking Part. This looks at what the health services experiences of people with Learning Disabilities and gathers what 'Health' looks like for people with learning disabilities. Taking Part looked at what do people know about their own health, established levels of understanding of their own needs and conditions, what is missing for them and what are the barriers to fair access to health services.

They used a Checkit tool that supports talking with people to gauge their level of understanding, where they are with screenings and check-ups and what they know about their health needs. Their aim was, based on ensuring that responding to health needs often requires the knowledge of care givers and the understanding of individuals by health professionals.

Some of the examples of changes we have made are as follows:

- o Easy read and visual information should be the 'norm' in most GP practices.
- o Easy read leaflets that are widely distributed in all medical facilities and can be easily seen.

- Ability to talk to a person and not have to deal with a technical facility when they are likely to be anxious and stressed. The option for people to book appointments in person at the surgery.
- Don't wait to be told a person needs reasonable adjustments please ask.

Support healthy living (management of obesity, healthy eating, and exercise)

The Community Learning Disability Team (CLDT) from MPFT hold physical health clinics to support safe prescribing of medications. This includes blood testing and ECGs to monitor their physical health in relation to the medicines they take.

The physical health pathway has been developed and reviewed in line with NICE Guidance (in accordance with Stopping over medication of people with a learning disability and/or autism, (STOMP) agenda.

Support continues to be provided regarding reasonable adjustments around Covid 19 vaccinations, clinical holds, and Mental Capacity Act (MCA) and best interest (BI) decisions. During the initial Covid 19 vaccinations (first two doses) that was mandatory for everyone to receive, we have successfully supported with several clinical holds with individuals that were deemed as lacking capacity following a mental capacity assessment and received the vaccinations in their best interest.

Table 1 shows the uptake of Covid vaccinations up to the end of December 2022 for Shropshire Telford and Wrekin. The STW vaccination service visited care homes in 2022/23 to offer boosters and 1st dose COVID-19 vaccinations. The STW vaccination service work closely with GP practices to identify eligible patients who have a learning disability (LD) and or autism (A). The STW vaccination service used social media, local newspapers and local radio stations to promote the COVID-19 vaccination programme and encourage uptake for people with an LD &/or A. The STW vaccination service delivered a number of pop-up clinics across STW bringing care closer to home for individuals. The team offered quiet clinics to encourage individuals with an LD &/or A to come forward for their vaccination. The STW vaccination service also offered ladies only clinics to encourage individuals with an LD &/or A to come forward for their vaccination.

Table 1

| | LD adults | Autism adults |
|-------------------------------------|-----------|---------------|
| Partial vaccination (one dose only) | 39 | 121 |
| Vaccinated (at least two doses) | 2180 | 2194 |
| Not vaccinated | 152 | 543 |

The Learning Disability Strategy and completed consultation of the Autism Strategy have reinforced the importance of embedding healthy lifestyles within social care settings and care provision. Voluntary sector workstreams are currently being funded by the ICB and local authorities to roll out awareness of reasonable adjustments and promote healthy living lifestyles to people with Learning Disability and autism.

Below is an extract from the ‘Healthy Lives Project’ completed by a voluntary group Taking Part, commissioned by Shropshire Council and ICB.

Engagement in action-what we said...

I am proud of myself I am eating healthily and exercising. I have lost a lot of weight and I am feeling much better. I have moved and get better support in my life now. I love coming here (Avalon) and going to Freda's, my life is very happy now I love where I live. Yes it's good for my well-being. I do think it's a good idea to know about keeping healthy and having people to talk to. Thank you.

We would like people to come and talk to us about us being healthy. I'd like dogs to come and yes therapy animals that would be good for us and good for the staff too! Can you sort animals coming in here? I like doing art, it makes me feel good and I will like to do more workshops about being healthy.

In conjunction with our voluntary sector, we have taken steps to address health care inequalities which make a significant contribution to the prevention agenda. We understand that poor health care can cost money – for example people with learning disabilities who are in pain associated with untreated disorders may develop challenging behaviour. People with poor mobility due to lifestyle issues such as obesity can require costly equipment,

Using the model of Understand, Prepare & Prevent (UPP), which is led by Taking Part. They provide opportunities for young people who have learning disabilities and / or autism to:

- Build their confidence to access environments outside the home reducing barriers to accessing health care.
- Benefit from Peer support to build confidence and resilience.
- Increased their activity levels and establish healthy lifestyle choices early on in their lives.
- Learn about health issues and to experience health interventions in a supportive and positive way.
- Bring Parent Carers together to benefit from peer support and to share information that enables them to actively support young people with learning disabilities and autism to lead healthy lives.

Provision of good end of life care

Collaborative working has been established with Taking Part, Shropshire Partners in Care, Severn Hospice and MPFT to establish and roll out an end-of-life training workshop for people with learning disabilities and autism. Shrewsbury and Telford Hospital NHS Trust have their own end-of-life team and appropriate referrals, and communication is key to ensure anyone with a learning disability, autism or both receive good end-of-life care.

Good epilepsy management and care

The Epilepsy Care Pathway has been updated to include Sudden Unexpected Death in Epilepsy (SUDEP) risk assessment, the majority of appropriate staff within MPFT have received epilepsy awareness training, mandatory training is planned for the summer of 2023 for all staff and there will be a focus on those not yet trained, this training also continues to be rolled out to all providers. An audit has been undertaken to review compliance with the epilepsy care pathway. An action plan was developed in line with national recommendations. It is ensured that anyone with a diagnosis of epilepsy has access and support from an epilepsy specialist nurse or neurologist.

Appropriate consideration of mental capacity assessments (MCA) and deprivation of liberties (DoLS) and assessment recorded.

There has been improved Learning Disabilities & Autism (LD&A) training within the acute trust including ReSPECT documentation and Mental Capacity Act (MCA). Face to face workshops are ongoing with Shrewsbury and Telford Hospital (SaTH) until the end of September 2023. Positive feedback has been received on workshops to date. Our system partners assure us that all staff receive appropriate training around MCA and DoLS.

Support equity for those with a learning disability from ethnic diverse groups

As a system we are raising awareness through our parent carers and service user groups on promoting engagement to reduce health inequalities. This is an area that we are currently working to establish appropriate data so that we can target ethnic diverse groups. Some of our voluntary sectors have started to look at this.

Identify and implement mechanisms for early detection of deterioration for those with a Learning Disability and Autism

The Community Learning Disability Team (CLDT) from MPFT have visited care homes to improve the understanding of the 'softer signs' of illnesses and the need to raise early concerns about subtle changes in a person's condition. Including the sharing and promotion of "Stop and Watch" resources, increased awareness of 'soft signs' of deterioration can promote proactive and preventative action.

Person centred health questionnaires and health action plans are developed to support health deterioration and actions to maintain and improve health. Bespoke assessments are completed for dysphagia and appropriate training offered to identify any signs of deterioration. Pain profiles are created to look at physical cues of health deterioration and presentation of pain that may be atypical to support early detection.

Within Shrewsbury and Telford hospital NHS Trust Robert Jones and Agnes Hunt Orthopaedic NHS Foundation Trust there is mandatory training in place for NEWS2 and sepsis screening as part of the deteriorating patient plan.

A reduction in the incidence of common causes of deaths in people with LD/A such as constipation and aspiration pneumonia. Tools to support the identification and treatment of pneumonia and constipation.

There is a pressing need for health and social care working in partnership to offer a programme of information and training around pneumonia and constipation. This includes:

- More opportunities for people with learning disabilities to understand their conditions and how to manage their own health.
- Raise awareness and offer support for prevention campaigns to include people with LD&A.
- Annual health-checks and scans; for people with LD&A to understand why these are important. Understanding their conditions and the effect it can have on their health.

- Easy ways to prevent things from going wrong; - send information in a way that people understand and to know where to ask what is needed.
- Keep instructions simple, make it clear what people with LD&A need to do next.

Some good examples are that care home staff attending training to ensure they know how to care for people who have learning disabilities and autism. We now have GP surgeries who visit people in their own homes to complete assessments and share information on how to support people with certain conditions.

Communication with individual, their family/carer and MDT

We are working collaboratively with parents, carers, experts by experience, advocacy, and other partners. Shropshire and Telford and Wrekin Councils are looking to continue to strengthen their approach to ensure services are shaped and delivered in line with good practice. A4U is an organisation which aims to improve the quality of life for people with disabilities and/or long-term conditions including autism, their families and carers in Shropshire and its borders. A4U also runs the Shropshire autism hub, this is the umbrella for a range of services provided for autistic adults over 18 years old in Shropshire. The services are provided by a partnership of organisations and include, focussed small group work, peer support, user led activities, life skills and carer support.

MPFT have co-produced easy read care plans and care planning routinely involves the person and others in their family/care team (as agreed with the person). Care Programme Approach (CPA) meetings and other care review meetings are planned with the person and family/paid carers as appropriate. MPFT use Friends and Family Postcards for feedback, feedback questionnaires at the end of treatment and act on the feedback received via these routes (Ask, Listen, Do). NHS STW commission Taking Part & Shropshire Peer Counselling and Advocacy Services (PCAS) who make valuable contributions to people's care reviews and lives.

Knowing who our people are – validation of GP registers and interlinked medical information on people with LD/A across the STW systems.

GP Practice Learning Disability register list sizes have continued to grow in 2022-23 as lists are cleansed and coding reviewed. There has been an increase of people registered with a Learning Disability this year with the STW list size rising to 2793 in April 2023 from 2436 at the end of March 2022.

MPFT continue to support with the ongoing cleansing of GP registers and GP training and are following up with face-to-face home visits when AHC appointments have not been attended. GPs share the lists of patients who are overdue AHCs with MPFT to enable a face-to-face follow ups and support with pre-health check questionnaires. MPFT are flagging areas of concern back to GPs for follow up appointments and prioritisation. An NHS funded nurse supports with this project.

Information is shared and priority patients flagged to GPs for them to see face to face where there are areas of concern.

Shrewsbury and Telford Hospitals NHS Trust are currently working on improving there coding on both hospital sites, they are in the process of changing their current system and their new system will be able to flag individuals with a learning disability, autism, or both to enable any reasonable adjustments required for the individual to be identified and implemented where applicable.

Table 2

| PCN | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 |
|---------------------|--------|--------|--------|--------|--------|--------|
| CHARLTON | 62 | 63 | 62 | 60 | 60 | 59 |
| NEWPORT AND CENTRAL | 173 | 174 | 176 | 178 | 178 | 181 |
| NORTH SHROPSHIRE | 476 | 480 | 482 | 476 | 465 | 463 |
| SE SHROPSHIRE | 227 | 224 | 224 | 223 | 222 | 221 |
| SHREWSBURY | 657 | 654 | 656 | 658 | 656 | 664 |
| SOUTHEAST TELFORD | 237 | 237 | 239 | 258 | 263 | 273 |
| SW SHROPSHIRE | 208 | 208 | 205 | 209 | 208 | 205 |
| TELDOC | 227 | 228 | 230 | 227 | 227 | 226 |
| WREKIN | 174 | 173 | 174 | 175 | 182 | 182 |
| Total | 2441 | 2441 | 2448 | 2464 | 2461 | 2474 |

| PCN | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 |
|---------------------|--------|--------|--------|--------|--------|--------|
| CHARLTON | 61 | 62 | 62 | 64 | 66 | 64 |
| NEWPORT AND CENTRAL | 181 | 181 | 181 | 180 | 180 | 182 |
| NORTH SHROPSHIRE | 470 | 469 | 470 | 476 | 474 | 474 |
| SE SHROPSHIRE | 226 | 226 | 227 | 228 | 226 | 225 |
| SHREWSBURY | 669 | 670 | 674 | 678 | 673 | 677 |
| SOUTHEAST TELFORD | 287 | 295 | 295 | 292 | 297 | 301 |
| SW SHROPSHIRE | 207 | 207 | 207 | 206 | 207 | 211 |
| TELDOC | 230 | 235 | 233 | 235 | 236 | 238 |
| WREKIN | 183 | 182 | 184 | 183 | 186 | 184 |
| Total | 2514 | 2527 | 2533 | 2542 | 2545 | 2556 |

Above is table 2 which demonstrates the monthly increase of the numbers of individuals who are on the learning disability register. In the 12-month period of 2022/23 we have seen an increase of 115 people added onto the register.

Appropriate care reviews

Telford and Wrekin Council continues to see the benefits of a dedicated Learning Disability and Autism front line Social Work team, supporting people residing and placed by Telford and Wrekin Council, supported by the Autism Practice Lead to improve practice and commissioning of services for Autistic people. However, the shortage of social workers within local authorities has impacted on the timeliness of individual care reviews.

The number of individuals with a learning disability within Telford and Wrekin who require a care act review is 510. Between the period of May 2022 to May 2023 263 people received a care act review, meaning over 50% of the reviews were completed within Telford and Wrekin.

The number of individuals with a learning disability within Shropshire who require a care act review is 710. Between the period April 2022 to March 2023 409 people received a care act review, meaning over 50% of the reviews were completed within Shropshire. Shropshire Council do not currently report on individuals with autism diagnosis only, this is something they are in the process of changing.

Shropshire Council have an external review team supporting with annual care act reviews and this means they should achieve 85% of reviews this in 2023/24 with priority focus on those in supported living and learning disability residential accommodation. This is expected to improve,

Progress on Clive Treacey action plan

In 2021/22 Shropshire local authority ran workshops looking into the life and death of Clive Treacey. Building on that approach, an action plan is now in place and being strengthened, in partnership with MPFT, Telford & Wrekin Council, NHS STW and other system partners to ensure consistency as far as possible to ensure actions to improve in line with the recommendations are being taken. An internal group of professionals has been established to push on with required actions and will be meeting monthly in 2023/24.

Some of the key progress made during 2022/2023 is listed below.

- Improved Learning Disabilities & Autism (LD&A) training within the acute trust and primary care. This includes online and face to face workshop training. The current percentage for this recording period for training to GP practices across STW is 24.5%, this is a low percentage, however, some of these practices have had received 2 or 3 sessions per practice. For this recording period 40 people within SaTH attended face to face training workshops, MPFT are currently in the

Commented [A1]: Waiting on response from T&W for plans to improve uptake for next recording period.

- process of liaising with GP practices and SaTH to continue to arrange training and to encourage uptake.
- Roll out of Oliver McGowan Training across the ICS system and the establishment of the STW ICS Oliver McGowan Training in learning disability and autism stakeholder group. Robert Jones and Agnes Hunt Orthopaedic NHS Foundation Trust rolled out tier 1 LD & A awareness training and now have 92.4% compliance within the trust.
 - Physical Health Pathway developed and reviewed in line with NICE Guidance.
 - Epilepsy Care Pathway updated (includes Sudden Unexpected Death in Epilepsy (SUDEP) and an action plan was developed in line with national recommendations.
 - Working Collaboratively with Taking Part (advocacy group), Shropshire Partners in Care, Severn Hospice and MPFT around an end-of-life training workshop for people with learning disabilities.
 - Easy read documents shared with the local community and partners and a video was developed by local young service users to encourage attendance at annual health checks.
 - The cleansing of hospital admissions lists by ALNs and shared with MH, LD lead and safeguarding team within SATH.
 - Voluntary sector workstreams rolling out awareness of reasonable adjustments and promoting healthy living lifestyles with people with LD&A.
 - Use of Understand, Prepare and Prevent (UPP) model which is led by Taking Part.
 - Ongoing work to establish appropriate data to ensure ethnic diverse groups can be targeted.
 - Ongoing work around the improvement of coding to flag individuals with LD&A.

Performance of Shropshire Telford and Wrekin LeDeR programme

NHSE key performance indicators for LeDeR activity require reviews to be allocated to a reviewer within 3 months of notification, for reviews to be completed within 6 months of notification and the quality assurance of initial submitted reviews by the LAC within 2 weeks of completion before taking to panel. In the year 2022/23 NHS STW received a total of 35 notifications of which 30 were adult notifications and 5 were CDOP.

Child death data

During 2022/23 there were 5 cases notified to the LeDeR platform, which related to the death of a child with learning disabilities. Child death reviews (CDR) are a mandatory process. All children’s deaths must be reviewed by a local child death overview panel (CDOP)

NHSE have commissioned the national child mortality database to carry out a thematic review of all the deaths of children and young people who have a learning disability or who are autistic, and this will be produced in the next year.

From mid to late 2023/24 the process around CDOP will change. A further update will come out to all systems once more details are known.

The pattern of notifications received by STW is detailed in the table below.

Table 3 - Summary of deaths notifications in 2022/23

| | |
|--|----|
| Total Adult notifications 1st April 2022- 31st March 2023 | 30 |
| Total CDOP notifications 1st April 2022- 31st March 2023 | 5 |
| Completed reviews in 2022/23 (excluding CDOP) | 24 |
| Number of initial reviews completed | 20 |
| Number of focused reviews completed | 4 |
| Number of initial reviews | 19 |
| Number of focussed reviews | 11 |

| | |
|--|---|
| Number of reviews on hold (as above undergoing statutory investigations) | 4 |
| Number of breaches | 7 |

Actions taken to address our performance.

We have focused to improve on our performance with an improvement in monitoring allocating of cases and completion of cases in a timely manner. We have a fortnightly follow-up with senior reviewers to ask how the cases are progressing, checking if they need any support from us to access notes or querying if there is anything that is delaying them from completing the review. During our meeting, we highlight any cases coming up to 4 months and give them priority for completion to prevent them from breaching the time frame. SCWCSU share their key performance indicators (KPI's) to show they are on track to complete all reviews on time. We have also identified thematic areas to increase the number of focused reviews to reach the threshold of the NHS England 35% target.

Our challenges

The challenges we have faced for the period are as follows:

- Accessing information/records on time from GPs, secure services, and archived records from providers.
- Obtain the Structured Judgment Reviews (SJRs) completed and submitted on time.
- Timely access to safeguarding and police investigations outcomes and reports.
- Ensuring that all cases for people with autism are reported and for those people with learning disabilities from ethnic minority groups.

We have met and discussed the effective ways of timely sharing all necessary information regarding the requirements of LeDeR reviews. We have agreed on contacts that will notified of any information required. This is not an issue in local authorities and acute hospitals, but it will continue to be a challenge in GP practices and social care providers. We could only establish contacts with GP's and social care providers where there have been reviews related to their patients.

Lessons from our reviewers

The reviewers have found out some amazing things about individuals by talking to friends, family and carers however have also found out about a few people who had sad lives; some who may have spent time in institutional care that may have had an impact on them during their life. These portraits help the reviewer connect to the person and remind us to consider whether the care and treatment they received has been of a high enough standard.

Undertaking a review can often result in exposure to distressing details of the circumstances leading up to a person's death. Contact with bereaved relatives and care staff can also be emotionally demanding. It is therefore important that reviewers are supported appropriately in order that they can carry out their role effectively and with compassion.

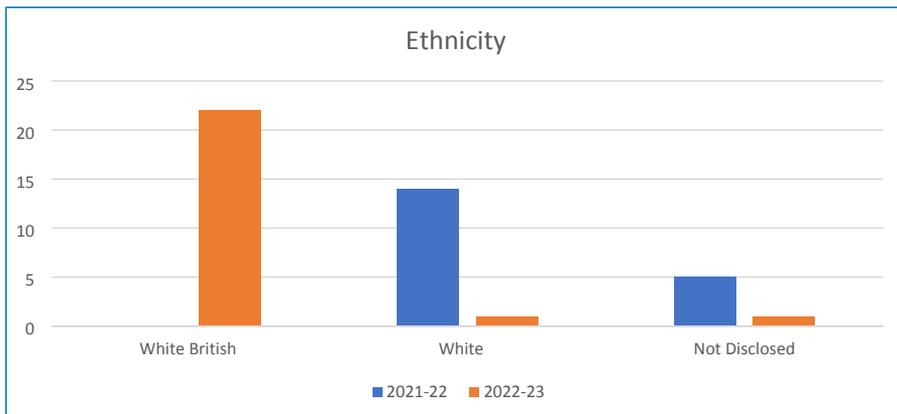
The process for the quality assurance and approval of all completed reviews has been maintained throughout this year. This process of quality assurance means that the friends and families of people with a learning disability who lose a loved one can feel confident that relevant aspects of learning are drawn from each LeDeR review with the aim of influencing improvements in the healthy future lives of others. Where the potential for care gaps or failings are apparent within the detail of an individual LeDeR review the LeDeR programme will work alongside colleagues and families to ensure alignment or escalation to appropriate statutory processes including NHS provider Serious Incident reporting, Safeguarding Reviews and Coroner's Office proceedings. Notifications continue to be predominantly made by Community Learning Disability Nurses or Learning Disability Acute Liaison Nurses.

Demographic data and equality impact

As of 31st January 2023, the population of Shropshire Telford and Wrekin is 523,531. 422,154 are adults and 101,377 are under 18 years of age. Data from general practice at 31st March 2023 indicates there are 2556 people aged 14 and over registered with a learning disability and 2880 people across Shropshire Telford and Wrekin registered with Autism.

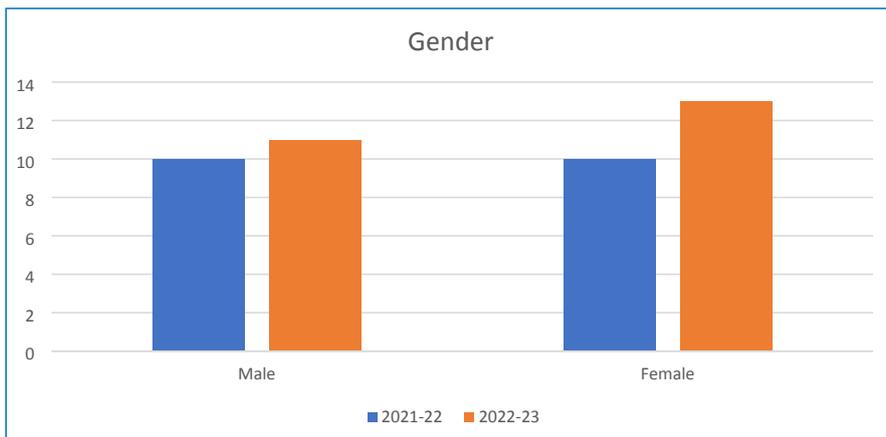
Below are tables 4 to 13 which demonstrate the analysis of the notifications that we received from the 1st of April 2022 to 31st March 2023 and comparison of data from last year.

Table 4 – Ethnicity of those reviewed.



At the point of notification one of the reviews did not state what the ethnicity of the person was and one of the reviews only stated that the person was white. However, compared to last year it shows that a person’s ethnicity is more clearly documented with a person’s race and nationality.

Table 5 – Gender of those reviewed.



Nationally there are more deaths of males than females. Across Shropshire Telford and Wrekin there are slightly more female deaths than male deaths, compared to last year where there was an equal divide between male and female deaths.

Table 6 – Age at death of those reviewed.

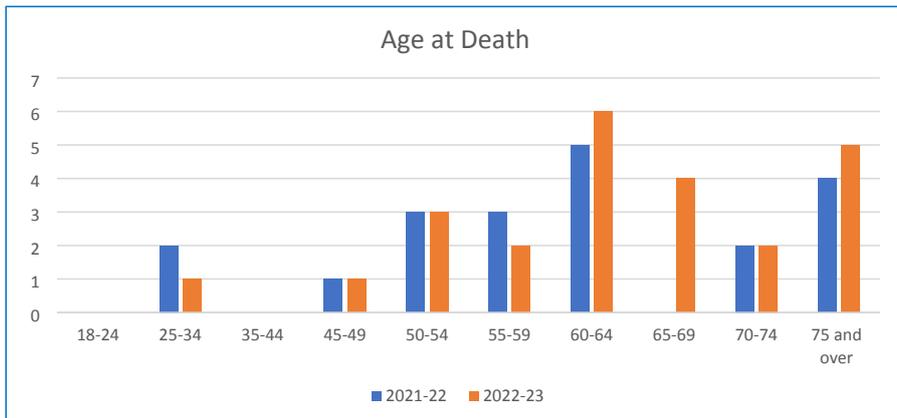
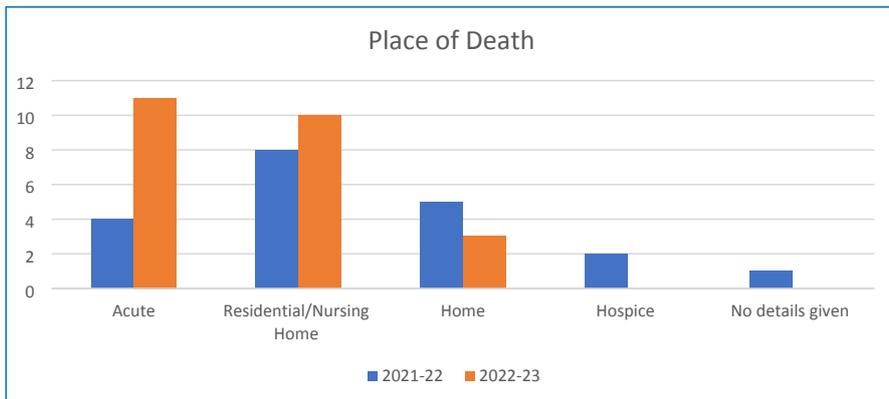


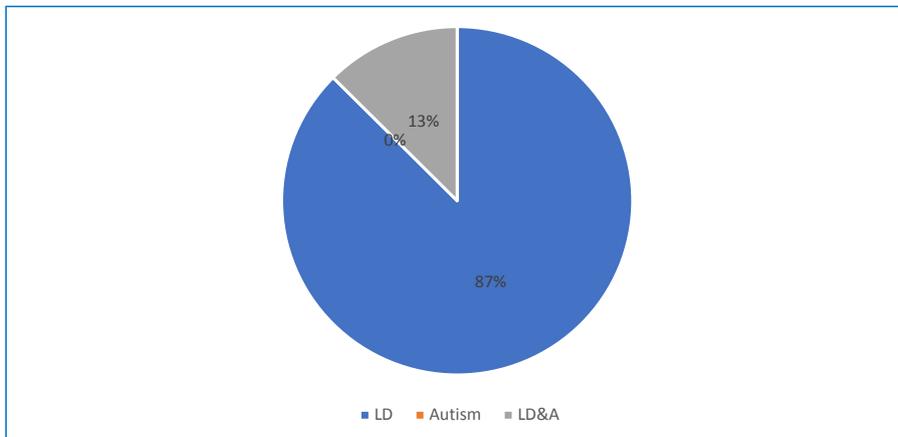
Table 6 shows the age range of all 24 reviews that were completed. Nationally the average age of death for a person with a learning disability is 62 years of age. In STW the average age of death for 2022/23 is age 62 years improvement of two years, compared to 60 years in 2021/22. However, 45% of those that died were under the age of 60 years.

Table 7 - Place of death of those reviewed.



As per table 7, thirteen people (42%) died in their usual place of residence, i.e., either their own home or a residential/nursing home, however in 2021-22 thirteen people (65%) died in their usual place of residence, i.e., either their own home or a care home. This is an area of care we are working to improve on in 2023/24.

Table 8 - Learning Disability (LD), Autism and Learning Disability & Autism (LD&A) data of those reviewed.



As per table 8, 21 people (84%) had a learning disability only diagnosis, 3 people (13%) had a dual diagnosis of learning disability and autism and no reviews (0%) in this period had a diagnosis of Autism only. This data was not reported for the period of 2021-22.

Table 9 – Cause of Death (2022-23) of those reviewed.

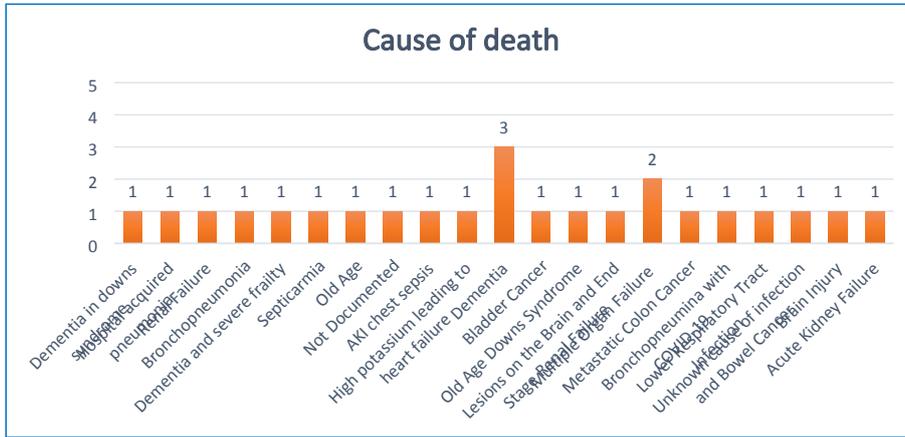
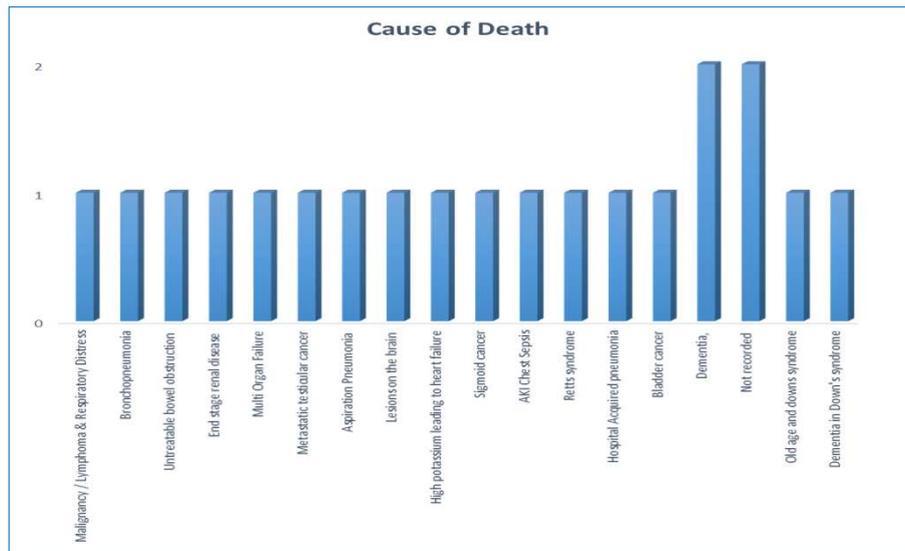
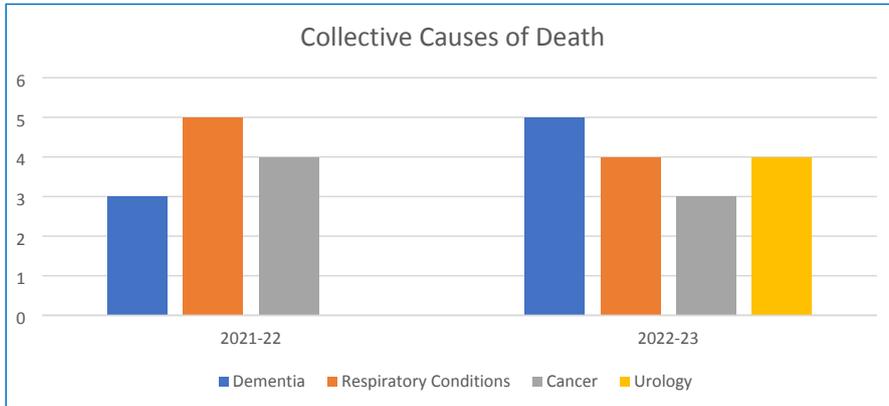


Table 9a – Cause of Death (2021-22) of those reviewed.



As per table 9 the causes of death for the 24 reviewed were varied during this reporting period, similarly to the data for 2021-22 as per table 9a. For the two years running the highest cause of death recorded was dementia.

Table 10 - Collective Causes of Death



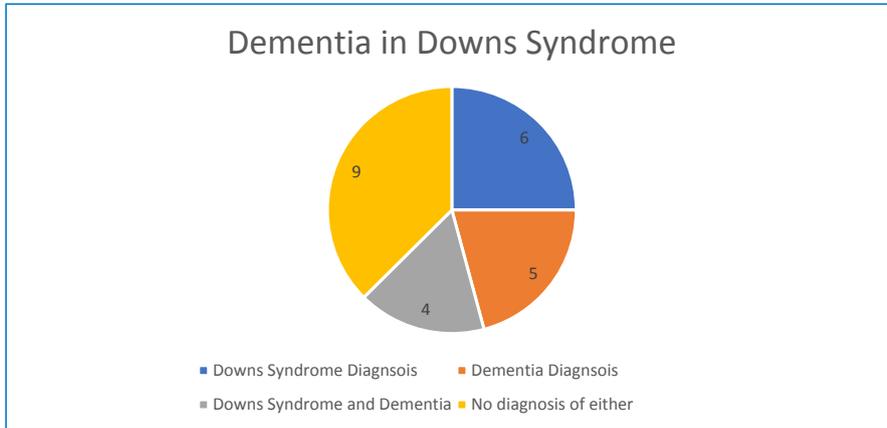
As per table 10 the top four themed causes of death are as detailed below, please note this is collective for groups with 3 or more.

- Dementia related deaths, which counted for the highest cause of death with five people (31%) having this documented as the primary cause of death.
- This was followed by four people (25%) having respiratory related deaths and four people (25%) having urology related deaths. (Urology includes diagnoses and treatments of disorders of the kidneys, ureters, bladder, urethra and can include the penis, testes, scrotum and prostate in males)
- Three people (19%) had cancer related deaths as a primary cause.

Compared to 2021-22 the causes of death were varied and had three top themed causes of death are:

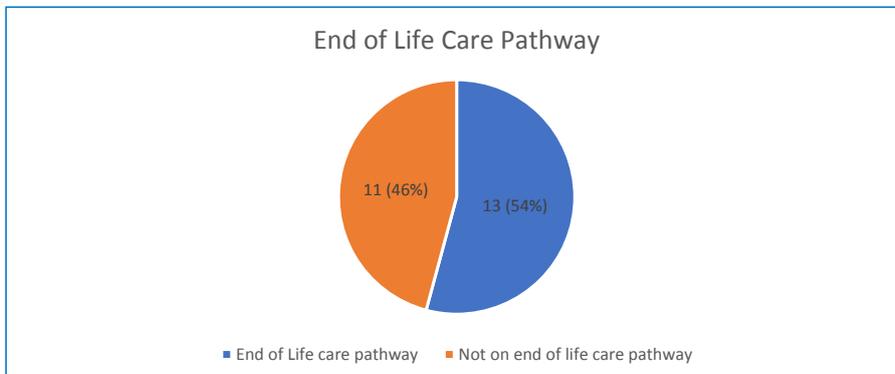
- Respiratory conditions, which counted for the highest cause of death with five (25%) people having this documented as the primary cause.
- This was followed by four (20%) cancer related deaths.
- Three (15%) patients had dementia as a primary cause.

Table 11 - Dementia and Down Syndrome



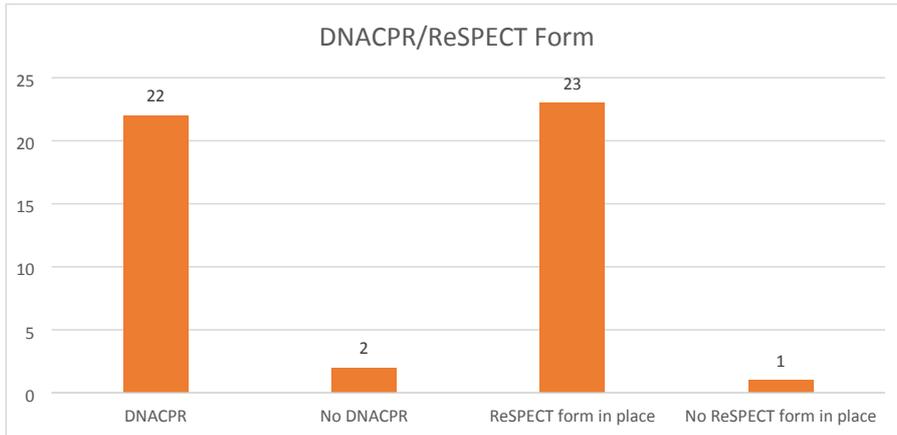
As per table 10 dementia was the leading cause of death during this reporting period. As per table 11, out of the 24 reviews 6 people (25%) had a diagnosis of Down Syndrome and 5 people (21%) had a Dementia diagnosis and 4 out of 24 (17%) had a dual diagnosis of both Down Syndrome and Dementia, compared with 9 people out of 24 (37%) without a diagnosis of either.

Table 12 - End of life



As per table 12, 13 people (54%) of the 24 reviews were on the end-of-life care pathway compared to 11 people (46%) who were not. This data was not reported for the period of 2021-22.

Table 13 - DNACPR / ReSPECT Form



As per table 13, 22 people out of 24 had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place compared to 2 people who did not and 23 people out of 24 had a ReSPECT form in place compared to 1 who did not. In 2021-22 completion of DNACPR was 95% the completion of ReSPECT documentation (Recommended Summary Plan for Emergency Care and Treatment) was not captured on the LeDeR platform, this is a change for 2022-23.

Measuring success

NHS STW are committed to extracting learning from LeDeR, implementing actions, and demonstrating change with ongoing commitment to sustainability of change, Achievements will be monitored by LeDeR Steering group and measured by:

- A reduction in the early deaths of people with a learning disability and/or autism
- Positive feedback from reviews of the quality and standards of care
- Achievements and progress of identified actions from our local LeDeR action plan
- Local dashboard data from completed LeDeR reviews evidencing increase in annual health checks, use of mental capacity assessment (MCA) framework, ReSPECT documentation, demographic data capture.
- Audit of action plan to ensure we are capturing all the learning and recommendations from the completed LeDeR reviews.

- Benchmark local performance against national and regional standards

Recommendations and next steps

It is proposed that while the key recommendations for 2023/24 are supported by NHS STW we should also seek support our system partners enabling us to:

- Strengthen links with and reduce inequalities for people from minority ethnic communities.
- Widen the membership of the Steering Group and Governance Panel to include people with lived experience and representation from a minority ethnic community.
- Make improvements in all key areas we have identified this year through a robust strategic plan that is led by our LD&A working group.
- Continue to strive for better performance of Learning Disability Annual Health Checks (LDAHC).
- Ensure learning identified from reviews informs day to day practice across our system partners through the development of strong links and platforms for sharing information and to influence national improvements.
- To ensure that we continue to focus on delivering the recommendations from the Oliver McGowan and Clive Treacey reports.
- Explore the term reasonable adjustments and its meaning and what people need compared with what they can expect and continue to explore the barriers individuals experience and support them to access what can make the difference to them.
- Increase the training around reasonable adjustments and healthy living across the STW system partners that incorporates Healthwatch/Treat me well.
- Work with GPs across Shropshire Telford and Wrekin to ensure GP records include number of individuals with a diagnosis of autism to improve our database for people with autism.
- Looking at how services can be improved to support autistic people to fully meet their needs adequately.
- NHS STW to carry out an audit on the adherence of mental capacity act and DoLS and the use of DNACPR and ReSPECT documents.

- To improve the collection of data for ethnic minority groups and to also promote appropriate recording of someone's ethnicity in demographic data.
- To explore and develop a regional interlinked system to identify people with a learning disability and autism when accessing health and social care services.
- To improve on the use of hospital passports across the STW system, for the work to be undertaken to use the One Health and Care Integrated Care Record to identify a person with a learning disability and/or autism and the hospital passport/reasonable adjustments so that no matter where the individual is in the system, this information can be accessed.
- Improve opportunities for personalised end of life care.

Conclusion

We value the on-going co-production of LeDeR related quality improvements across our system. This is central to the development and delivery of everything we do to improve the lives of people with LD and A and their loved ones. We would like to thank the contribution of the family members, reviewers, and STW LeDeR Steering Group members who have contributed to the reviews of deaths of people with learning disabilities and autism and worked to put service improvements in place.

The LeDeR programme in Shropshire Telford and Wrekin has seen strong engagement with stakeholders across the system who are committed to achieve the aims and objectives of the LeDeR programme. Although we have identified a number of areas that require improvement, we have also seen examples of good practice within our reviews that we will take as positive learning and thrive to improve at all times.

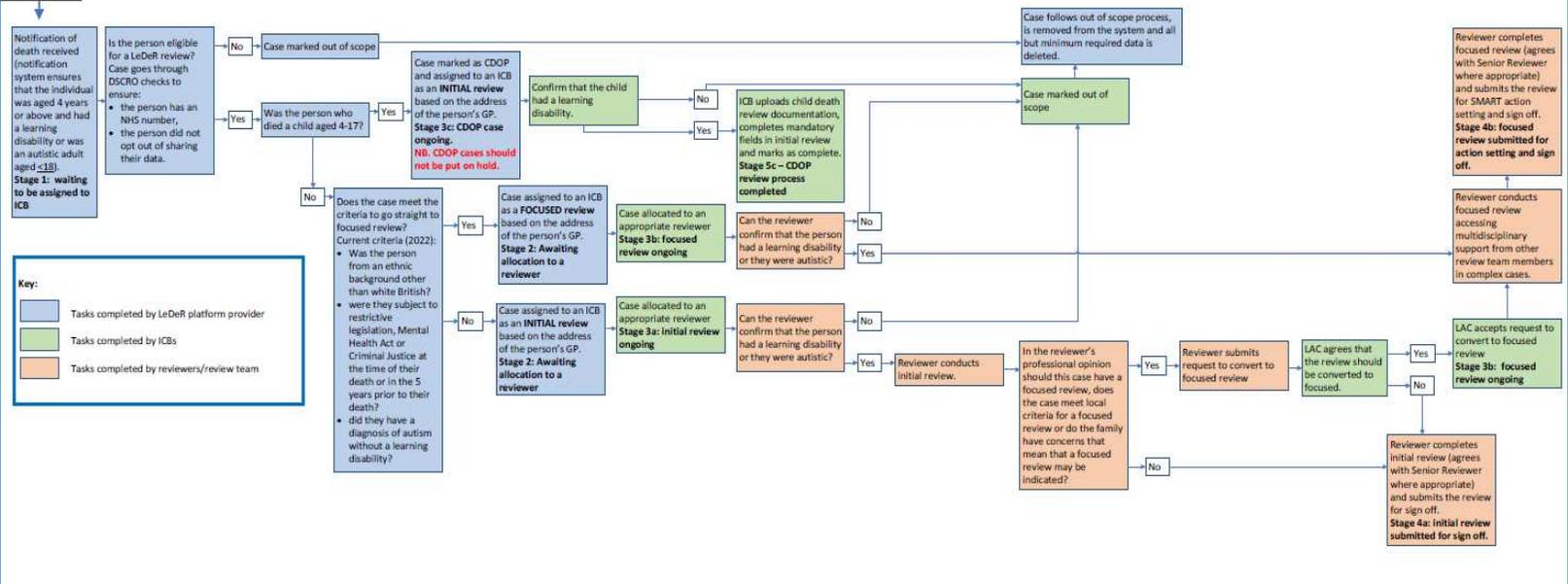
Appendix 1



Overview of review process



START



Key:

- Tasks completed by LeDeR platform provider
- Tasks completed by ICBs
- Tasks completed by reviewers/review team

Agenda item

ICB 28-06-098

- **CCG (months 1–3) and ICB (months 4 –12)
Annual Reports and Accounts 2022/23 – for
approval**

Annual Report and Accounts

Months 1 - 3
2022/23



Contents

| | |
|---|------------|
| Performance overview | 4 |
| Statement from Simon Whitehouse Accountable Officer NHS Shropshire, Telford and Wrekin..... | 4 |
| Statement of purpose and activities of the CCG | 5 |
| About us..... | 5 |
| Our mission statement and priorities | 7 |
| Mission statement..... | 7 |
| Strategic priorities | 7 |
| Population challenges..... | 8 |
| Working with partners | 8 |
| 2022/23 financial position | 11 |
| COVID-19 expenditure..... | 11 |
| Adoption of going concern basis | 12 |
| Performance dashboard | 14 |
| Performance analysis | 20 |
| Primary care..... | 20 |
| Transformation and commissioning | 23 |
| Local care and community transformation | 38 |
| Medicines optimisation..... | 45 |
| Finance | 50 |
| Sustainable development..... | 53 |
| Monitoring the quality of services..... | 56 |
| Engaging people and communities | 63 |
| Governance and assurance | 64 |
| Engagement activities..... | 65 |
| Engaging people by working with others..... | 66 |
| Patient Advice and Liaison Services (PALS) | 67 |
| Equality, Diversity and Human Rights Report | 72 |
| Health and Wellbeing Strategy | 77 |
| Telford and Wrekin Health and Wellbeing Strategy | 77 |
| Shropshire Joint Health and Wellbeing Strategy..... | 77 |
| Reducing health inequalities | 79 |
| Accountability Report | 81 |
| Corporate Governance Report..... | 81 |
| Members' Report | 81 |
| Statement of Accountable Officer's Responsibilities | 84 |
| Draft Head of Internal Audit (HOIA) Opinion | 121 |
| Remuneration Report | 127 |
| Remuneration Committee | 127 |



| | |
|--|------------|
| Policy on the remuneration of senior managers | 127 |
| Salary and pension benefits..... | 128 |
| Pension benefits | 130 |
| Compensation on early retirement or for loss of office - Finance | 131 |
| Staff Report | 135 |
| Other employee matters | 138 |
| Employees with a disability | 139 |
| Trade union facility time | 139 |
| Health and safety | 140 |
| Statement as to disclosure to auditors | 140 |
| Parliamentary Accountability Report..... | 141 |
| Annual Accounts | 142 |



Performance overview

Statement from Simon Whitehouse Accountable Officer NHS Shropshire, Telford and Wrekin

This annual report covers the period from 1st April 2022 to the 30th June 2022, before we commence a new era of NHS healthcare across Shropshire, Telford and Wrekin.

Throughout the final few months of Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG), our staff teams have worked tirelessly across a wide agenda. Whether it be the financial challenges in the local health and care system, the continued pressures of COVID-19, or the urgent and emergency care pathway pressures, the teams have been resilient and committed in their work. This is also of course against a backdrop of uncertainty as the CCG is closed down and we transition to the Integrated Care Board (ICB).

We have continued to be guided by our mission to ensure that everyone in Shropshire, Telford and Wrekin has the best possible health and healthcare through our planning, commissioning, and monitoring of services.

We have remained committed to our five key priorities: to reduce health inequalities; improve health outcomes; improve joint working with our local partners; to achieve financial balance; and to ensure that the health services we commission are high quality, sustainable and value for money.

Our collective commitment to establishing our Integrated Care System continues, and has gone from strength to strength, with collaboration and partnership working a top priority. We have continued to work closely with our partners across the NHS, our two local authorities, and local voluntary and community sector organisations.

It is important that we look ahead to the future and evolve with the changing needs of our population. Despite the NHS continuing to face national and local challenges, the Integrated Care Board has strong local partnerships in place and fantastic staff right across the health and care system that are working hard for the local population.

I am confident that we will continue to strive for outstanding health and care services for the people of Shropshire, Telford and Wrekin and that we will support people to start well, live well and age well.

Simon Whitehouse
Accountable Officer
NHS Shropshire, Telford and Wrekin
29th June 2023



Statement of purpose and activities of the CCG

This section of the Annual Report provides summary information on NHS Shropshire, Telford and Wrekin CCG – its purpose, key risks to the achievement of the organisation’s objectives and how the organisation has performed over the period of 1st April 2022 to 30th June 2022.

About us

NHS Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG) was a statutory body established under the Health and Social Care Act 2012. It was dissolved on 30th June 2022 and replaced by NHS Shropshire, Telford and Wrekin on 1st July 2022.

It was fully authorised as a Clinical Commissioning Group on 1 April 2021, following NHS Shropshire CCG and NHS Telford and Wrekin CCG being dissolved to create a single CCG with no conditions on its operations. The principal location of the business was Halesfield 6, Telford, TF7 4BF.

The CCG was a membership organisation. During the period 1st April 2022 to 30th June 2022, there were 51 GP practices in Shropshire, Telford and Wrekin, and all were member practices of the CCG. As local GPs, we had regular contact with patients and know what health services are needed to support our local population.

We were all committed to making a difference by putting patients at the heart of our decision-making and ensuring that every clinician was involved. By striving for the best possible standards, we wanted patients to be confident that they can access safe and quality care locally.

NHS Shropshire, Telford and Wrekin CCG was responsible for designing and purchasing (commissioning) healthcare in the Shropshire, Telford and Wrekin area. We:

- planned what services were needed to support the health needs of our local population
- purchased services such as mental health, hospital care and community services
- monitored these services to ensure patients in Shropshire, Telford and Wrekin had safe and quality care.

This means we commissioned services from a range of providers, including:

- The Shrewsbury and Telford Hospital NHS Trust (SaTH), who provide most of our local acute services
- community services from Shropshire Community Health NHS Trust
- specialist orthopaedic surgery and musculoskeletal medicine at The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH)
- mental health services from Midlands Partnership NHS Foundation Trust (MPFT)
- out-of-hours primary care services from Shropshire Community Health NHS Trust and Shropshire Doctors Co-operative (Shropdoc)
- ambulance services from West Midlands Ambulance Service University NHS Foundation Trust (WMAS) and RJAH.



We also worked closely with other organisations to ensure local health services were joined up. This included NHS England, which is the organisation responsible for buying GP, pharmacy, dental and specialised services in our area and across England.

In addition to our statutory duties, we also discharged the responsibility for commissioning primary care services in our area, on behalf of NHS England.

Our other key local partners were Shropshire Council and Telford and Wrekin Council. We worked together with them to commission services that cross social and health boundaries. This was done through the respective Better Care Funds (BCF), and within services where we had developed a joint strategy, for example, mental health services for children and young people.

A governance structure chart is included on page 100 of this report.



Our mission statement and priorities

Mission statement

To ensure that everyone in Shropshire, Telford and Wrekin has the best possible health and healthcare through our planning, buying and monitoring of services.

Strategic priorities

Working with our partners, NHS services, GP members and patients, we had identified five key priorities to help us deliver our mission statement. These priorities guided our decision-making to deliver high-quality, equitable, safe and locally-driven care.



To reduce **health inequalities** by making sure services are available when and where they are needed, for everyone in Shropshire, Telford and Wrekin.



To identify and improve **health outcomes** for our local population.



To improve **joint working** with our local partners, leading the way as we become an Integrated Care System.



To achieve **financial balance** by working more efficiently.



To ensure the health services we commission are **high quality**, sustainable and value for money.



Population challenges

We served a total population of around 506,000 people across Shropshire, Telford and Wrekin, who live in a large and diverse landscape of urban and rural areas.

Our growing population included many younger people, but since people are now living longer we also had an increasing number of older residents.

Through this reporting period, we had around 88,000 people living with a long-term illness – that's 18 per cent of our population.

There were also many health inequalities within the area that we wanted to tackle, as they pose challenges and problems for local people.

In Telford and Wrekin we had a large, younger urban population, with some rural areas. Many of the people we served live in deprived areas, with more than a quarter (27 per cent) of the borough's population living in the 20 per cent most deprived areas nationally, an increase of 24 per cent since 2010.

The number of over-65s living in the county has increased significantly in comparison to the national picture and will continue to do so over the next 10 years. The average age of a Shropshire resident is 43. Like many rural areas, the number of people aged 65 and over in Shropshire is expected to continue to rise.

Issues of frailty associated with this population were a significant consideration for the CCG in planning healthcare services for Shropshire residents. It is anticipated that the needs of this group of older people will increase significantly, with the potential for a particular impact on secondary care services.

As a result, tackling health inequalities was a priority for us:

- Rates of obesity in adults and children are significantly worse than average, with approximately 72 per cent of adults classed as overweight
- Approximately one in four people are estimated to have a mental health disorder across our CCG and this rate increases in certain geographical locations
- The treatment and management of diabetes in primary care is significantly worse than the national average
- Smoking in pregnancy in our CCG remains higher than the England average and is one of the worst rates in the country
- The prevalence of those smoking within Shropshire, Telford and Wrekin is worse than the prevalence in England as a whole
- The COVID-19 pandemic has increased existing health inequalities, both locally and nationally, in ways we are only beginning to understand.

Working with partners

We continued to build on the strong history of partnership working in Shropshire, Telford and Wrekin through the Shropshire, Telford and Wrekin Integrated Care System (ICS). We were



leading on a number of initiatives with partners that are key to the delivery of ICS objectives. This has continued to be a primary focus for us in the first quarter of 2022/23.

COVID-19

The early part of 2022 has continued to be challenging for the NHS nationally and locally due to the ongoing presence of COVID-19 and its impact on patients and staff. During April 2022 we saw higher levels of COVID-19 patients in our hospitals than at any other time during the pandemic.

As we moved towards the end of the period, the number of COVID -19 patients in our hospitals began to show signs of decreasing, but the requirement for stringent infection, prevention and control measures remains. We continue with our evergreen offer of COVID-19 vaccinations for all eligible residents of Shropshire, Telford and Wrekin

Locally, our ongoing approach to managing COVID-19 has continued to solidify strong partnership working on a scale that ensures we had capacity to treat COVID-19 positive patients, and also non-positive patients, in the safest way possible.

All providers, commissioners, local authority and third sector partners continue to work together to support those suffering from COVID-19, and to prevent the spread of the virus by encouraging everyone eligible to be vaccinated. We continue to ensure local people are given accurate and up-to-date advice on how to keep themselves and their families safe.

The effort has once again been unprecedented, and we would like to acknowledge all those organisations and individuals who have taken part and contributed their time, expertise, and staff to this monumental effort.

Shropshire Council and Telford and Wrekin Council's Health and Wellbeing Boards (HWBB)

Until 31st March 2022 our Chair, Dr John Pepper, and Interim Accountable Officer, Mark Brandreth, sat on the Health and Wellbeing Boards (HWBBs) of both local authorities. The HWBBs also form part of the ICS governance structure to ensure that partnership working is truly at the centre of the delivery of the ICS.

Both HWBBs have a Health and Wellbeing Strategy in place.

Telford and Wrekin Health and Wellbeing Strategy

The four cross-cutting priorities where the Telford and Wrekin HWBB wants to make the fastest progress are to:

- develop, evolve and deliver the Telford and Wrekin Integrated Place Partnership Priority Programmes
- tackle health inequalities in the borough
- improve emotional and mental wellbeing
- protect people's health from infectious diseases and other threats.



[The current strategy is available on Telford and Wrekin Council's website.](#)

Shropshire Health and Wellbeing Strategy

Shropshire Health and Wellbeing Strategy was refreshed in March 2022 and is available on [Shropshire Council's website](#)

The four main cross-cutting priorities for the Shropshire HWBB are to:

- Reduce health inequalities
- Joined up working
- Improving Population health
- Working with and building strong vibrant communities

Shropshire Council and Telford and Wrekin Council

The Better Care Fund (BCF) continues to be an important focus for our partnership working with Shropshire Council and Telford and Wrekin Council. Switching care from an acute setting to a community setting relies in part on the success of the BCF, and we have created programme support to ensure that we have the right skills and capacity to oversee this.

In addition, we continue to work collaboratively on our local place-based delivery model which forms an important element of the ICS. This work allows us to explore, in a more meaningful way, how health and social care services can be delivered in more community settings, closer to people's homes. Ultimately, the aim is for services to be more integrated so we can support the whole person, and not just a disease.

Joint Health Overview and Scrutiny Committee of Shropshire Council and Telford and Wrekin Council

Our interaction with the Joint Health Overview and Scrutiny Committee has continued to be significant during 2022/23. A number of service redesign projects have been discussed at the committee, as well as updates on the progress of meeting the ongoing challenges associated with COVID-19.

NHS Midlands and Lancashire Commissioning Support Unit

Midlands and Lancashire Commissioning Support Unit (MLCSU) provided a number of services through a contract ranging from financial management to human resources and information governance (IG). We continued to work with MLCSU in this period in terms of consistency of services provided.



2022/23 financial position

The Shropshire, Telford and Wrekin system is part of the Recovery Support Programme – Level 4 of the NHS England and NHS Improvement (NHSEI) System Oversight Framework. The system and CCG is therefore subject to significant scrutiny around finances and financial decisions, with a specific requirement to develop an approach to recovering a deteriorating financial position.

A system financial framework was therefore developed and agreed by all organisations and all system partners have worked closely together to develop a roadmap for financial recovery.

All organisations agreed to:

- approve the approach of ‘one model, one consistent set of assumptions’ and recognise that the position of each organisation will evolve and change transparently
- mobilise and deliver the plan to enable the development and delivery of the financial strategy and Financial Improvement Framework as part of an Integrated System Strategy
- ensure the transparent and agile approach to financial planning and management continues across the system
- recognise the financial control totals in the Financial Improvement Framework with a commitment to agree organisational control totals once operational planning has commenced
- work together to use our resources flexibly and effectively, to deliver the system vision.

To ensure that all decision-making is open and changes are understood and approved by all, the system has been operating under the ‘triple-lock’ process and the ‘**moving** parts’ principles. This means that decisions are made at local, ICS and regional level (triple lock) and that new expenditure can only be committed if it is backed by new income or efficiency (‘moving parts’). The principles are designed to ensure decisions are owned by each organisation and at system level, overseen by NHSEI as required whilst the system remains in the Recovery Support Programme.

In the three months to 30th June 2022 the CCG is reporting a breakeven position following national guidance on the transfer of CCGs to ICBs.

COVID-19 expenditure

The CCG spent £1.1m million on COVID-19-related costs in the three months to 30th June 2022.

The breakdown of this sum is as follows:



| | After care and support costs (community, mental health, primary care) | COVID Medicine Delivery Unit (CMDU) service | Additional PTS costs | TOTAL |
|---------------------------|---|---|----------------------|-------|
| | £'000 | £'000 | £'000 | £'000 |
| Acute Services | 8 | | | 8 |
| MH Services | 146 | | | 146 |
| Community Health Services | | 102 | | 102 |
| Primary Care Services | 1 | | | 1 |
| Continuing Care Services | 273 | | | 273 |
| Other Programme Services | 527 | | 69 | 596 |
| | 955 | 102 | 69 | 1,126 |

This was part funded from the CCG's 'general' COVID-19 allocation, with £791k being retained within the CCG and the remainder was transferred to the three system providers: The Shrewsbury and Telford Hospital NHS Trust, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust and Shropshire Community Health NHS Trust.

In addition, a specific Hospital Discharge Programme allocation of £4.6 million was received to cover the 'continuing care services'.

Adoption of going concern basis

The CCG's accounts have been prepared on a going concern basis.

The CCG ended the three month period to 30th June 2022 in a breakeven position and a cumulative deficit position of £134m. The Shropshire, Telford and Wrekin System reported a £10.1m deficit in the three month period to 30th June 2022.

Under new government legislation passed through Parliament, the CCG ceased to exist from 30 June 2022 and a new organisation 'NHS Shropshire, Telford and Wrekin Integrated Commissioning Board (ICB)' was created on 1 July 2022.

This change required the CCG to review whether this creates material uncertainty regarding its going concern status.

At the time, it was judged that the going concern status of the organisation remained unchanged on the following basis:

- The formation of the new organisation (ICB), had been approved by NHS England (NHSE) and the services provided by the CCG transferred entirely to the new organisation together with its assets and liabilities;
- The CCG had taken steps to maintain business continuity for the finance function during this time in order that payments and collection of debt were not materially impacted. These steps included securing remote access to financial systems for all finance staff and budget holders, and working with our third party providers (Midlands & Lancashire CSU and Shared Business Services), to ensure transactional



processing is not adversely affected. This is evidenced in the low value of the CCG's aged debt and its continued high achievement against the Better Payment Practice Code.

- There is a presumption that CCGs are deemed to be a going concern because there is a statutory requirement to perform the commissioning function by a public body – and this determines the requirement to apply the going concern principle – not whether the specific CCG will be doing the function in future.

Although the financial position of the CCG and the issue of a Section 30 report by the Secretary of State for Health indicates some uncertainty over the CCG's ability to continue as a going concern, the Governing Body, having made appropriate enquiries, have reasonable expectations that the CCG will have adequate resources to continue in operational existence for the foreseeable future both as a CCG and as its successor organisation, the ICB .

Further, the CCG submitted its 2022/23 financial plan covering the 3 months that the CCG was still in operation and the 9 month period for the ICB. This plan was based on the allocations notified by NHSE for the full financial year of 2022/23. The ICB has also submitted its draft plan for 2023/24 based on the allocations notified by NHSE for the full financial year 2023/24.

On this basis, the CCG has adopted the going concern basis for preparing the financial statements and has not included any adjustments that would result if it was unable to continue as a going concern.



Performance dashboard

The CCG governance structure and Shadow Integrated Care Board (ICB) monitors performance achievements, trends and risks through a number of internally and externally facing governance routes.

Operational performance for 2022/23 continues to be significantly impacted by the impact of COVID-19 pandemic and ongoing emergency demand pressures. This has meant continued reductions in some areas of planned care due to required escalation of medical patients into surgical beds and the continued cessation of reporting on some key indicators e.g. audiology, delayed transfers of care etc. There are a number of key performance measures and constitutional standards that have not been met nationally, and locally within our system.

In unscheduled care the system has been very dynamic in managing patient flow to include right care first time with the single point of referral (access); the rapid implementation of the two-hour community response; and advanced care planning for our patients with long term complex needs. Ambulance handover times have been of particular concern in the first quarter of the year.

In planned care, there has been a similar approach to unscheduled care in modelling and realising transformation opportunities. The CCG has driven to maintain 'time critical interventions' through the use of the independent sector and dynamic management of clinical lists which has set clear priorities for 2022/23. Work continues with our service providers to identify how normal services can be further restored, and numbers of long waiters (>104wks) reduced as quickly as is possible whilst still maintaining an ability to respond to any future resurgence of COVID-19 demand.

The local health system has coped well with the ongoing levels of COVID-19 in the first quarter of 2022/23 and has endeavoured to maintain critical services as much as possible with dynamic deployment of capacity (workforce and workspace). The system is forever learning how it needs to respond to mitigate the risk to the wider healthcare environment.

The CCG Q1 performance is shown on the next page.



NHS Constitution and related indicators – 2022/23

| KPI | Q2 | | Q3 | | | | Q4 | | | Q1 | | |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| EB3: 18ww RTT: incomplete waits | 62.8 % | 62.4 % | 60.4 % | 60.3 % | 61.7 % | 59.7 % | 51.5 % | 59.3 % | 60.0 % | 59.8 % | 61.3 % | 59.8 % |
| EB3: 18ww RTT: incomplete waits beyond 52 weeks | 3984 | 3930 | 3844 | 3816 | 3701 | 3760 | 3832 | 3729 | 4083 | 4493 | 4375 | 4385 |
| EB4: Diagnostic waits | 21.8 % | 29.2 % | 33.4 % | 32.3 % | 33.2 % | 38.7 % | 37.9 % | 34.2 % | 38.7 % | 39.2 % | 35.6 % | 38.1 % |
| EB6: CWT - 2-week cancer waits | 82.8 % | 87.4 % | 86.7 % | 83.9 % | 74.6 % | 76.1 % | 69.5 % | 76.7 % | 75.9 % | 71.4 % | 77.8 % | 76.5 % |
| EB7: 2-week breast waits | 35.4 % | 82.8 % | 90.3 % | 63.8 % | 17.2 % | 6.8% | 10.1 % | 13.8 % | 17.8 % | 21.1 % | 28.9 % | 32.5 % |
| EB8: CWT - 31 days to cancer treatment | 96.3 % | 94.1 % | 93.6 % | 93.8 % | 94.1 % | 97.1 % | 80.7 % | 91.5 % | 91.3 % | 91.0 % | 86.8 % | 91.5 % |
| EB9: CWT - 31 days to treatment (surgery) | 80.3 % | 87.2 % | 92.6 % | 74.4 % | 76.0 % | 86.7 % | 72.0 % | 85.7 % | 63.3 % | 76.5 % | 77.6 % | 76.6 % |
| EB10: CWT - 31 days to treatment (drugs) | 99.0 % | 100% | 98.8 % | 98.5 % | 100% | 100% | 83.2 % | 94.4 % | 90.6 % | 86.7 % | 91.7 % | 90.0 % |
| EB11: CWT - 31 days to treatment (radiotherapy) | 97.2 % | 96.2 % | 97.2 % | 96.3 % | 92.9 % | 100% | 90.5 % | 81.5 % | 69.9 % | 82.2 % | 82.1 % | 87.1 % |
| EB12: CWT - 62 days from referral to treatment | 64.9 % | 64.2 % | 60.3 % | 63.0 % | 62.3 % | 61.1 % | 46.9 % | 44.9 % | 63.6 % | 53.3 % | 47.3 % | 53.6 % |
| EB13: CWT - 62 days to treatment after referral | 85.7 % | 64.7 % | 62.5 % | 72.7 % | 59.3 % | 84.2 % | 34.5 % | 34.5 % | 69.2 % | 58.3 % | 38.1 % | 72.2 % |



Shropshire, Telford and Wrekin Clinical Commissioning Group

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|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| from screening | | | | | | | | | | | | |
| EB13: CWT - 62 days to treatment after consultant upgrade | 77% | 75% | 79% | 70% | 73% | 78% | 78% | 72% | 69% | 79% | 78% | 77% |
| EB13: CWT - 28 day diagnosis | 72.0 % | 70.2 % | 66.1 % | | | | 47.8 % | 63.7 % | 56.6 % | 60.9 % | 64.6 % | 63.3 % |
| EB13: A&E 4-hr waits for treatment / decision / discharge (SaTH) | 62.4 % | 60.7 % | 58.4 % | 57.7 % | 57.0 % | 58.2 % | 55.9 % | 55.8 % | 54.3 % | 57.9 % | 58.5 % | 54.3 % |
| EB13: A&E 12-hour waits for admission (SaTH) | 97 | 69 | 131 | 132 | 302 | 322 | 497 | 336 | 307 | 538 | 176 | 392 |
| EAS1: Dementia diagnosis rates | 62.6 % | 62.2 % | 61.9 % | 61.6 % | 61.5 % | 60.5 % | 60.0 % | 60.4 % | 60.0 % | 60.0 % | 59.5 % | 59.4 % |
| EA3: IAPT rollout YTD - based on MPFT reports | 3038 | 3753 | 4565 | 5327 | 6160 | 6817 | 7597 | 8403 | 9145 | 673 | 1430 | 2133 |
| EAS2: IAPT recovery rate | 51.0% | | | 44.0% | | | 50.5% | | | 52.5% | 60.0% | 55.2% |
| EH1-A1: IAPT completion where RTT was within 6 weeks | 95.0% | | | 95.0% | | | 99.6% | | | 96% | 97% | 95% |
| EH1-AS2: IAPT completion where RTT was within 18 weeks | 100% | | | 100% | | | 93.9% | | | 100% | 100% | 100% |
| EH10: Routine Eating Disorders - seen within 4 weeks | 96.3% | | | 88.9% | | | 78.4% | | | 61.3% | | |



Shropshire, Telford and Wrekin Clinical Commissioning Group

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|---|-------|----|----|-------|----|----|-------|----|----|-------|
| EH11: Urgent Eating Disorders - seen within 1 week | 68.8% | | | 62.5% | | | 58.3% | | | 62.5% |
| EH13: SMI patients have Annual Health Checks (rolling year) | 26.1% | | | 29.4% | | | 39.5% | | | TBC |
| EK1a: IP care in LD/autism (CCG responsible) | 7 | 6 | 8 | 8 | 7 | 9 | 9 | 10 | 11 | 8 |
| EK1b: IP care in LD/autism (NHSE responsible) | 11 | 13 | 12 | 12 | 12 | 11 | 11 | 11 | 11 | 10 |
| EK3: LD patients having Annual Health Checks (cumulative) | 333 | | | 746 | | | 1560 | | | 230 |
| EO1: Wheelchair waits (children) within 18 weeks | | | | 90.9% | | | 90.0% | | | 88.9% |



| Standard | Performance |
|---|--|
| <p>Referral to Treatment (RTT) for non-urgent consultant-led services: Incomplete patients to start treatment within a maximum of 18 weeks from referral</p> | <p>At the end of June 2022, we remained stable around the 60% mark, in line with the performance at the end of the previous year. Performance was impacted particularly at SaTH by the impact of COVID-19 and emergency pressures leading to the loss of capacity for elective care, and at RJAH due to COVID related staff sickness affecting their rate of recovery.</p> |
| <p>Number of 52-week RTT pathways (incompletes): Zero tolerance of over 52-week waits</p> | <p>At the end of June, published figures showed 4,385 Shropshire patients had been waiting over 52 weeks for treatment. Waiting list backlogs will continue to be addressed taking full account of clinical priority to recover the numbers waiting.</p> <p>The system only had patients 99 waiting >104wks vs a plan of 99 at the end of June, which were a combination of patient choice and complex spinal. The system is working towards zero patients waiting >104wks by the end of October, and to achieve zero patients waiting 78 weeks by April 2023. We have commissioned support with mutual aid from the independent sector, and nationally the NHS is coordinating mutual aid across the region wherever possible. The system transformation work is expected to yield efficiencies that will help with recovery of long waits by preventing unnecessary face-to-face appointments for patients and improving theatre efficiencies.</p> |
| <p>Diagnostic waiting times: Patients waiting for a diagnostic test should have been waiting fewer than six weeks from referral</p> | <p>Waiting times for diagnostic tests have not been achieved regularly throughout the year and were at 38.1 per cent in June. We have responded to the recovery by holding clinics outside of the current operating model, commissioning additional staffed MRI and CT capacity, and we have received funding for a Community Diagnostic Hub that will come online during 2022. Performance has plateaued Q1 across the system as a result of targeted local actions being planned for later in the year based on planned recruitment.</p> |
| <p>A&E waits: Patients should be admitted, transferred or discharged within four hours of their arrival at an A&E department</p> | <p>The start of the new financial year was still feeling the impact of the COVID-19 pandemic, and the emergency departments continued to have increased staff absences and a decreased flow through the hospital.</p> <p>Improvement plans within SaTH remain focused around increasing productivity throughout the hospital to achieve quicker progress through A&E and earlier discharge, to reduce ambulance conveyances by developing alternate options other than A&E and implementing national recommendations around Same Day Emergency Care (SDEC). Work continues with</p> |



| | |
|--|---|
| | <p>appropriate signposting of the public to NHS 111 to encourage patients to use other appropriate alternative services. The wider system continues to work on reducing demand to the front door via the Single Point of Access which is showing a reduction in the number of ambulances conveyed.</p> <p>Infection control measures, which were enhanced due to COVID-19, have continued to return to pre-COVID standards This will contribute to increased throughput of patients, which will help recover the position in overall performance.</p> |
| <p>Cancer waiting times: First outpatient appointment for patients referred urgently with suspected cancer by a GP</p> | <p>Performance remains challenged due to balancing resource and loss of treatment capacity arising from the impact of COVID-19. Challenges continue to exist across staffing capacity for all tumour types. There is a national shortage of radiographers which is having an impact locally. Across Shropshire Telford & Wrekin providers have embarked upon an international recruitment campaign which is on track to deliver additional capacity from the end of Q2</p> <p>Recovery in 2 week breast symptoms has begun in Q1. The system has responded by commissioning additional community-based services. The evidence suggests that there remains at this time an unknown demand that we are unable to quantify at this time of patients that have not presented or presented late due to the pandemic. The CCG is one of eight systems working with the West Midlands Cancer Alliance on a three-year trial in early diagnostic and intervention with identifying cancer with a simple blood test.</p> |
| <p>Category 1 ambulance calls: Category 1 calls to have an average emergency response within seven minutes and reach 90 per cent of calls within 15 minutes</p> | <p>The CCG has not achieved the targets locally during Q1 2022/23 for category 1 responses. For calls in categories 2 the performance continued to be challenged in Q1 but is expected to improve in Q2. We have restoration plans to help further recover category 2 performance in 2022/23 and to improve waiting times for category 1 based on improved ambulance handover delays.</p> |
| <p>Mental health and primary care indicators</p> | <p>The CCG has seen challenges in waiting times for children’s eating disorder services in Q1 that has continued from Q4. Investment in these services has been made and recruitment is planned which will help recover waiting time targets as 22/23 progresses. The system continues to respond to the demand in recovery of the services following the pandemic and has invested to reduce waiting times in services for children and young people in mental health crisis during the remainder of 22/23.</p> |



Performance analysis

Primary care

The CCG commissions primary care services under delegated authority from NHS England and has a memorandum of understanding (MoU) with NHS England which sets out roles and responsibilities and ensures robust contracts and support are provided to our GP practices.

The primary care team is led by an associate director of primary care with two primary care partnership managers acting as the first point of contact for individual practices and Primary Care Networks (PCN). The team also includes leads for workforce, estates and contracts, with project and administration support across all work streams.

Linked to the team is the newly established Training Hub, which leads and coordinates the delivery of training and development initiatives.

Primary Care Networks

The CCG has 51 GP practices across four localities (North Shropshire, South Shropshire, Shrewsbury and Atcham, and Telford and Wrekin). Practices make up the membership of our 8 PCNs:

- North Shropshire PCN
- Shrewsbury PCN
- South West Shropshire PCN
- South East Shropshire PCN
- Newport and Central PCN
- Wrekin PCN
- South East Telford PCN
- Teldoc PCN

In addition to playing a key role in the delivery of the COVID-19 vaccination programme, our PCNs have continued to develop and implement plans to meet the service requirements in the national PCN Directed Enhanced Service contract.

These include:

- **Enhanced access** providing additional routine and same day appointments on weekday evenings 6.30pm – 8.00pm and on Saturdays 9.00am – 5.00pm from 1st October 2022
- **Structured medication reviews (SMR)** supported by the Medicines Management team to prioritise patients who benefit from an SMR
- **Enhanced Health in Care Homes:** provide a lead GP for each care home; create a simple plan with local partners as to how the care home multidisciplinary team will



operate; introduce a weekly home round, building on the work from 2021/22 to establish a Care Home Enhanced Support team; development work has continued on a system approach to support care homes with integration into the work on anticipatory care

- **Early cancer diagnosis** including review of the referral practice for suspected cancers
- **Social prescribing and care co-ordination** taking a personalised care approach to supporting patients' non-clinical needs
- **Cardiovascular disease (CVD) prevention and diagnosis:** improve diagnosis of hypertension and the number of blood pressure checks delivered
- **Tackling health inequalities:** identify a population within the PCN who are experiencing inequality in health provision and/or outcomes and deliver a plan to tackle their unmet needs.
- **Anticipatory Care:** contribute to the development of ICS delivery plans.
- **Personalised Care:** by September 2022 contribute to a targeted programme of social prescribing to an identified cohort with unmet needs.

We have continued to support PCNs to develop their workforce plans to progress recruitment into new roles that are part of the Additional Roles Reimbursement Scheme (ARRS). Clinical pharmacists, social prescribing link workers, first contact physiotherapists and mental health practitioners have been the main roles to be recruited to with over 140 ARRS-funded staff now in post.

Access to general practice

There has been media coverage nationally and locally highlighting patient concerns about not being able to access their local GP surgery in a timely way, particularly regarding accessing face-to-face appointments.

Compared to pre-pandemic, general practice is providing more appointments than before, despite there being fewer GPs now than in 2015. There has been a reduction in the number of face-to-face contacts, but this has been more than offset by the significant rise in telephone consultations. That said, it is important to note that 7 out of 10 patients are being seen face to face.

Although there are more appointments available than in 2019, the demands on primary care have increased significantly due to the elective backlog, as primary care are having to manage patients whilst they wait for their elective treatment.

Community Pharmacy Consultation Service: There are now 30 GP practices referring patients to community pharmacy for low acuity conditions, such as hay fever, bites and stings, coughs and colds.

Primary care workforce

There have been many achievements in strengthening the primary care workforce, in addition to the PCN roles mentioned previously. Examples include:



- Production of the STW General Practitioner Strategy along with an action plan designed to improve the attraction, recruitment and retention of GPs
- supporting twenty five newly-qualified GPs and four newly-qualified general practice nurses on the NHS England and NHS Improvement funded Fellowship Programme across the Shropshire, Telford and Wrekin footprint
- ten GP mentors supported to deliver mentoring sessions to colleagues
- continued funding for newly-appointed GPs, providing support for GPs in the early part of their careers
- an enhanced Training Hub across the Shropshire, Telford and Wrekin footprint has enabled the delivery of a number of training programmes, including continuing professional development (CPD) for around 240 general practice nurses.
- Successful roll-out of the Lantum digital staff platform, improving the ability of practices to book GP, and other clinical locums
- An increase in the number of practices able to employ staff on Skilled Worker visas
- Recruitment of two GP Champions – one for ethnically diverse staff and the other for locums
- An increase in the number of facilitators for ARRS and other staff – now covering FCPs, Paramedics, Physician Associates, Nurses, AHPs and HCAs

Primary care estate

In the period, the new build at Shawbirch opened its doors to patients, and planning has continued as part of NHS STW being one of six pioneer projects across the country for the development of an integrated health and wellbeing hub in the south of Shrewsbury. This hub will provide the opportunity for 6 GP practices to re-locate to a single purpose-built premises, and the co-location of a range of other community and voluntary services. A further period of public engagement was undertaken which is being used to inform the potential service configuration in the building.

Cancer care co-ordination

The Macmillan Team are working with nine practices to deliver holistic Cancer Care Reviews alongside the clinical element completed by practices to people living with cancer, within 12 months of their diagnosis. Phase two of the pilot has been an offer out through PCNs to engage with the project. 339 Cancer Care Reviews have been completed. Expansion to 2 new Telford practices started in June 2022. A patient feedback survey was launched in June 2022. Initial findings are very positive and will be shared shortly. Planning is underway for an independent evaluation of the pilot project.

Learning disability annual health checks

General practice has continued to prioritise learning disability annual health checks throughout the pandemic, in line with the national guidance to reduce health inequalities and proactively engage those at greatest risk of poor health.

Despite the challenges of COVID-19, practices have continued to prioritise this work, reaching the position of 65 per cent of people on learning disability registers receiving an



annual health check before the end of March 2022. During the first quarter of 2022-23 the focus has been to identify those who are overdue a Learning disability annual health check and encourage attendance.

Afghanistan Relocation and Resettlement Scheme

In collaboration with Telford and Wrekin Local Council, NHS STW supported the 200+ evacuees that arrived in the Telford area, ensuring that the residents were all registered with a GP practice and received an initial health check.

Ukrainian refugees

In collaboration with Shropshire and Telford and Wrekin local councils, NHS STW is supporting the refugees from Ukraine with registering with a GP practice in the area where they will reside, and guidance on obtaining an initial health check.

Transformation and commissioning

In January 2019, the NHS Long Term Plan was published which set the strategic direction of travel for a number of services, including recommendations and guidelines on a review, redesign and transformation of services and pathways; pledging radical change for people requiring elective care, where too often people are travelling for hours to a hospital appointment that lasts only a few minutes when they could be saved time, cost and stress by the NHS doing things in a different way. It also aims to improve flow, safety, effectiveness, and efficiency across the system by making the best use of available resource.

The contents of the NHS Long Term Plan also helped shape the strategic aims and objectives of the local health and social care system during the integration of the CCGs coming together to work towards the same unified goals and vision. This included large-scale programmes of transformation including Mental Health and Dementia; Learning Disabilities and Autism; Children's Services; Hospital Transformation Programme; Urgent and Emergency Care; Cancer; Community and Local Care; and Elective Care transformation which includes outpatients, eye care, and musculoskeletal services.

In March 2020, as the COVID-19 pandemic began to have an impact on the local health and social care system, it required a rapid review of priorities and programmes of work. Many of them were paused to allow for staff to be redeployed into crisis response roles while the system navigated its way through a year of services being reduced or closed, and subsequent restoration and recovery planning.

As the impact of COVID-19 on the local system began to diminish, enabling a phased restoration of services, the system structured itself to once again revisit and re-start the various programmes of transformation, tapping into some of the accelerated innovation and collaborative working seen during our collective response to the pandemic.



The aims of the major transformation programmes were driven initially by national recommendations made in the NHS Long Term Plan but were localised to ensure challenges and issues relevant to our local population, and services were also reviewed and addressed as part of the work. These include recovery of existing waiting list backlogs and referral to treatment (RTT) performance for certain elective specialties, improved experiences and outcomes of services, a shift towards more locally available services, and improved running of services to ensure the most effective and efficient use of available resource.

In late 2020, the CCG and wider health and social care system agreed to re-start the agreed priorities for certain large-scale transformation programmes. A collaborative approach was established with resource from across the CCG and system provider organisations in forming programme boards and governance structures that would lead and take this work forward.

These areas, described in more detail below, include:

- Urgent and emergency care transformation
- Mental health transformation, including mental health, dementia, learning disabilities and autism
- Children and young people's services transformation
- Outpatient transformation
- Elective care transformation and recovery
- Cancer transformation
- Eye care transformation
- Musculoskeletal and pain transformation
- Community and local care transformation.

These are intrinsically linked with other interdependent and enabling programmes of work being led elsewhere in the system, and they include:

- Digital transformation
- Workforce transformation
- Hospital transformation
- Estate and space transformation.

These pieces of work and priorities continue in 2022 and beyond and are described below in more detail.

Urgent and emergency care transformation

Following the development of an initial Shropshire, Telford & Wrekin (STW) Urgent and Emergency Care (UEC) Improvement Plan in 2021/22, work has been completed on a refreshed plan for the 2022/23 period. The plan sets out to ensure an agreed set of improvement priorities, developed by the system, are in place to identify and tackle areas of service improvement, transformation and redesign, to ensure that we are providing the best services for our residents and addressing areas where performance is below the standard we would want.

The Shropshire, Telford & Wrekin system has experienced a number of challenges over a period of time in relation to the delivery of Urgent and Emergency Care (UEC). This has



been exacerbated recently by unprecedented levels of demand, not only in UEC but across the health and care sector. Into April 2022 we have seen the highest level of COVID-19 patients in our hospitals, the highest numbers of care homes closed to admissions and the highest numbers of staff sickness absence than at any other time during the pandemic. This has exacerbated some of our underlying challenges and has informed the development of our UEC Improvement Plan.

The interconnectedness of all elements of the UEC pathway means that pressures and blockages in any part of the pathway will inevitably cause an impact throughout and this often manifests in long ambulance handover delays. It is for this reason that a focused approach to improvement across the whole pathway is likely to give us the best outcomes.

Following a series of system workshops, focus groups and discussions with individual stakeholders the refreshed UEC Improvement Plan was developed to focus on three key areas:

- Pre Hospital Improvement
- In Hospital Improvement
- Discharge Improvement

The plan sets out a number of key work programmes under each of the three workstreams linked to the NHS England 10-point UEC Action Plan and also notes the links to wider schemes of local work that, whilst not formally falling under the remit of this programme, play an important role in supporting the delivery of these improvements. In addition to this a set of improvement metrics have been agreed to support delivery. This plan is now moving into the implementation and monitoring stage

In developing this plan there has been excellent engagement from stakeholders and the areas agreed for inclusion were deemed to offer the best opportunity to positively impact UEC performance.

Mental health, learning disabilities and autism

Adult mental health

Organisations across Shropshire, Telford and Wrekin continue to work in partnership to support all individuals with a mental health condition, those living with a learning disability, or who have autism.

During 2021/22, we undertook a significant amount of work to better understand the services we offer and the gaps we have locally.

An adult mental health strategy has been developed with a vision and implementation plan:



Our vision: ‘residents of Shropshire, Telford and Wrekin experience their best mental health and wellbeing and have easy access to the right treatment and support services, which are underpinned by hope and optimism.’

Increasing investment means that we now have:

- mental health workers who are working alongside GPs in practices offering advice, guidance, and brief interventions
- Calm Cafés across our localities supported by mental health professionals
- a specialist mental health service for women who have a fear of birth or who have lost a baby
- invested in psychiatric intensive care beds in Royal Hospital Cheadle so people do not have to travel so far across the county
- peer support for people discharged from the Redwoods Hospital where there are complex needs
- made SMI physical health checks a priority, with numbers increasing and systems working together to increase uptake.

This investment will continue to grow through 2022/23 as we transform our service offer in the community for adults with mental illness. We will be focusing on the physical health needs of people with mental illness, 18-to 25-year-olds with mental health problems, adults with eating disorders, people who need help to resettle in the community after spending time in hospital and increasing access to psychological therapies for people with complex needs.

Dementia

There has been significant co-production with people living with dementia and their carers to agree a vision and new model to support them:

‘People living with dementia and their unpaid carers are enabled to live the life that they choose that enhances and preserves their wellbeing.’

Our focus this year has been developing the Admiral Nurse role for Shropshire, who are specialist nurses who will support individuals living with dementia and their carers.

We have agreed our priorities for 2022/23: supporting GP practices to become dementia aware, developing a living plan, and making sure our website has clear information.

Children and young people (CYP)

CYP Mental Health Long Term Plan

The Shropshire, Telford and Wrekin Transformation Plan for Children and Young People’s Mental Health and Wellbeing was refreshed in 2021. This report details an update since



2020, areas where improvements have been made and where services and plans are being developed to meet the actions.

Areas of improvement include:

- an increase in early intervention mental health, via programmes such as Anna Freud across the county schools, and the mental health trailblazer in school service
- both council websites containing improved communications and understanding of the mental health support that is available
- no waits for mental health services over 18 weeks. Children and young people referred to BeeU Access are triaged within one week and contacted by service within four weeks, but usually within two weeks. The only pathway that has CYP waiting over 18 weeks is autism spectrum disorder (ASD) diagnosis
- Shropshire's recent Special Educational Needs and Disability (SEND) inspection concluded in a written statement of action. One of the areas of concern is 'Significant waiting times for large numbers of children and young people on the ASD and attention deficit hyperactivity disorder (ADHD) diagnostic pathways'. An ASD diagnostic team within Midlands Partnership NHS Foundation Trust (MPFT) has been in place since September 2020. It is then envisaged that all CYP will start their assessments within 12 weeks of referral – as per National Institute for Health and Care Excellence (NICE) guidance
- all children and young people in crisis are triaged within four hours and seen by the crisis homecare team within 72 hours. This meets the national target
- since January 2021, a 24/7 crisis care for children and young people ran by MPFT has been in place with increased funding from mental health transition monies.

Areas still under development:

- place-based neurodevelopmental pathways are being developed across the system to include pre-diagnosis, diagnosis and post diagnosis support
- the positive behaviour support (PBS) plan is an evidence-based model that improves outcomes for children and young people. The elements within the PBS include functional and sensory assessments, leading to personalised PBS plans. A joint paper and plan has been developed and will be vital in initially supporting children with learning disabilities.

System governance

During 2020/21, a children and young people (CYP) workstream was developed. The key elements include:

- the development of a recovery, restoration and 'new normal' governance structure within the health and care system, which has highlighted a need for a stronger CYP voice
- the foundations of a healthy and fulfilled adult life are laid in childhood and adolescence
- there are some excellent examples locally of partnership working to support improved outcomes for CYP



- there are many components and services that are interdependent and explicitly linked to each other underpinning successful outcomes for the CYP and their families
- an initial group met in June 2020 to discuss appetite, benefits and barriers. The group has met monthly since October 2020
- it is proposed that a CYP pathway group will pull together and co-ordinate the elements of the CYP service across the health and care system
- short, medium and long-term actions have been developed to demonstrate commitment to getting this right.

The aims of the group are to:

- work in partnership with CYP and their families to develop shared outcomes
- lead and improve partnership working across the system
- lead and inspire local partnerships to deliver an integrated approach across the wider system to ensure families experience a joined-up offer of provision
- make best use of available resources preventing duplication and silo working
- be the voice and advocate for CYP and their families across the health and care system
- build upon community capacity and assets whilst reflecting local issues and needs which will inform service delivery
- use innovative approaches to identify health and wellbeing needs to target interventions and prevent needs from escalating across the system
- share information effectively and efficiently with partner agencies
- develop an approach that supports the ethos of 'getting the right help at the right time', whilst considering the need for local adaptations
- develop a CYP strategy setting out our agreed partnership priorities for the next three years.

Future work for 2022/23

There are plans in place to develop a partnership with CYP and their families across the health and care system. The aim is to support the delivery of CYP transformation as recognised in the NHS Long Term Plan.

Community physical health

Shropshire Community Health NHS Trust delivers most of the children and young people community services, which include:

- CYP therapies
- Child Development Centres
- Wheelchair services
- Children community nursing service
- Paediatric psychology
- Community paediatricians
- 0-19 healthy child programme.



During 2020/21, a number of service reviews began. Findings will be published during 2022; these will include new pathways that have been co-produced across the system and with support from children and young people, their parents, and carers. These include speech and language therapy and special school nursing.

A joint project to improve the care of children with asthma is underway, increasing the number of senior nurses who will undertake annual reviews and reviews of those who have been in hospital. This is a team working across our hospitals, in the community, and within primary care.

Personalised care

NHS England has commissioned a number of projects in relation to supporting our population through person-centred care interventions. Priority areas for these projects focussed on children and young people's mental health, and children and young people with a diagnosis of asthma.

An ICS Asthma Group has been formulated and is utilising Personalised Care as a basis for its activities. Activity to date has included:

- the appointment of 2 x CCNs to provide 48 hour reviews and asthma education for children and young people, with a focus on Personalised Care.
- the rollout of an Asthma App to support self-management of the condition in children and young people. This is live in Primary Care Services across STW and is also being promoted through the CCN service and secondary care.
- referrals to creative activities designed to support children with Asthma.
- delivery of asthma training across all local services who work with children.
- engagement with children and young people to explore Asthma through public health events and close working with the Shropshire Youth Association.
- development of an Asthma diagnostic hub to enable early help, and provision of appropriate care.

Creative Health activities to support children and young people suffering with mental health were commissioned and referrals were initiated over the summer period. Referrals came from Social Services, schools' mental health leads, as well as from across the BeeU Service. Feedback on the activities to date has been very positive, with providers reporting a beneficial impact on the wellbeing of children who attended. The activities are to continue throughout 2022/23 and referrals are to be extended through the virtual schools. A Personalised Care and Support Plan has been developed which can be used by the activity providers, which enables children to further identify their goals and support mechanisms and better self-manage their mental health outside of the activity environment.

A Personalised Care and Support Plan (PCSP) was co-produced with children and young people who access the Social Prescribing Link Worker Service in South West Shropshire. The PCSP is being used within the service in Shropshire, which is now being expanded through recruitment of six additional Healthy Lives Advisors to support children in additional Shropshire PCN areas.



We have also been involved in artist facilitated co-production of a resource for young people on waiting lists for the Eating Disorder Service by young people with lived experience. This work was jointly presented recently at the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPG AHW) Webinar on Young People, Co-production, Creativity & Mental Health Services

A pilot project has been launched to support people in Oswestry who are experiencing poor mental health and/or substance misuse. The Health Equalities Partnership Programme (HEP), funded by NHS England, is a collaboration between Shropshire Council, Shropshire Telford and Wrekin CCG, Shropshire Mental Health Support (MHS), Designs in Mind, Midlands Partnership Foundation Trust and We are With You, and is designed to improve the wellbeing and mental health of Oswestry residents. Using creative resources in the community, MHS and Designs in Mind will introduce people to new tools to use as coping mechanisms, increase self-confidence, and teach people to manage their conditions using non-clinical interventions.

A project is being delivered in Telford in relation to developing materials used to promote cancer screening within ethnic minority groups. A number of community organisations have been consulted around the promotional materials to identify health literacy needs. The project has successfully recruited four health champions who will be further involved in the CORE 20 PLUS projects working in partnership with the Lingen Davies Cancer Fund. The CORE 20 PLUS project is additional inequalities funding that will see Cancer Champions being developed across Shropshire and Telford and Wrekin.

Finally, Parents Opening Doors in Telford have been commissioned to support children on the CCG's Dynamic Support Register with learning disabilities or autism, who are at risk of being admitted to a specialist learning disability or mental health hospital. Parents Opening Doors will be providing mentoring support to children and families as well as identifying and promoting social prescribing opportunities to improve health, wellbeing, and family relationships.

The local Personalisation Programme has initiated contact with leads across the CCG to facilitate opportunities in the following areas.

- Personalised care and support plans for maternity and cancer
- My Planned Care
- NHS @Home
- Palliative and End of Life Care

These projects have been complemented by a package of workforce training which has reached across our local healthcare system as well as our voluntary sector and health and wellbeing practitioners. All commissioned training was accredited by the Personalised Care Institute and promoted shared decision making, health coaching and motivational interviewing. Further training has been commissioned in 2022/23 to further develop the social prescribing link workers in Telford and Shropshire.



Special Educational Needs and Disability (SEND)

SEND work across the system at a place-based level and there are two SEND plans owned by each of the local authorities.

A joint SEND Inspection by the Care Quality Commission (CQC) and Ofsted took place in Shropshire across health, social care and education between 27th and 31st January 2020. The final letter was published on 6th May 2020 and identified many strengths, including the positive education outcomes for Shropshire children and young people with an Education, Health and Care Plan (EHCP) that attend mainstream schools and colleges.

A number of concerns were identified by the inspection. As a result of these findings and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, the Chief Inspector determined that the Shropshire 'local area' was required to produce a Written Statement of Action (WSOA).

We have worked with Shropshire Council and the Parent and Carer Council (PACC) to develop this co-produced WSoA. It identifies the actions that will be taken by all partners to secure timely improvement, as well as providing an indication of what difference we expect these actions to make to our children and young people with SEND, and their families. This will ensure that SEND is a priority for everybody and that all partners recognise the importance of SEND. The full WSoA is available online.

A reinspection from OFSTED and CQC is anticipated to take place in Summer/Autumn 2022, and the development of the Self Evaluation Framework (SEF) has been developing and shaping an accelerated action plan and refinement of the Key Performance Indicators (KPIs) within the areas of concern. The final Joint Strategic Needs assessment has been presented to the board, which will be revisited quarterly to provide updated data and information.

Learning from COVID-19

The SEND COVID-19 operational group was very successful in bringing different partners together across the system. They were able to develop solutions to problems together very quickly and easily. An example is offering fit mask testing to support workers in educational settings and parents with a child with aerosol generating procedure (AGP) from community health services.

The group carried out a strengths, weaknesses, opportunities and threats (SWOT) analysis. The wider CYP tactical group looked over and agreed many of the SWOTs were the same across the CYP economy. This piece of work has been taken forward by the new system governance plan for CYP.

The main elements which the group felt were invaluable were:

- improved communications across organisations
- reduction to barriers across organisations



- the offer of different types of service (for example virtual support where clients want, yet still offering face-to-face where needed or required). This offer will stay after COVID-19, and grow where the evidence and patients feedback dictates
- data sharing has improved during COVID-19, and examples of weekly huddles with social care and MPFT to discuss CYP with complex needs has been invaluable and this will stay post-COVID-19. Work to improve data sharing post COVID-19 is underway.

Learning disabilities and autism

Within learning disabilities services, we have increased our offer for those most in need of intensive support based on positive behavioural support principles. We continue to focus on the completion of annual physical health checks to improve the current inequalities experienced by people with a learning disability who are over the age of 14 years.

To ensure we understand the needs of people with learning disability and autistic people we have employed champions who are there to challenge the system to always consider the needs of these individuals.

The Keyworker project funding has been approved by NHS England, and development of the mobilisation plan and job descriptions for keyworkers etc have been co-produced with Barnardos and Parent Carer Forum.

An Autism in Schools launch event took place early in the financial year targeting senior school leaders setting the context for the project. We also ran an event with schools, local authorities, and PCF to coproduce the Learning and Development programme. 6 Training Modules were developed and delivered, with an average of 10 out of the 12 schools in attendance at the sessions. The project also delivered training and annual access to Widget online which was well received.

Parent Carer Forums worked with the schools to engage parent carer communities, establishing school-based participation groups, both face to face and online. These are supported by WhatsApp and closed Facebook groups, which support information sharing and peer connections.

Family support sessions with Educational Psychologists have been extended with funding for a further 2 years.

Elective care transformation and recovery

In addition to the longer-term transformation planning and potential impact, in the short-term NHS England required a number of rapid improvements from August 2021 onwards to help expedite rapid recovery, continuing throughout 2022/23.

These include:

- addressing health inequalities



- increased use of Advice and Guidance (and conversion to prevented face-to-face appointments)
- virtual consultations (and conversion to prevented face-to-face appointments)
- patient-initiated follow-ups (and conversion to prevented face-to-face appointments)
- improved capturing and reporting of the above in system data.

To further ensure the most efficient and effective use of available hospital capacity, ICS systems were also asked to implement a number of recommendations made by Getting it Right First Time (GIRFT) as part of the Midlands Elective Delivery Programme (MEDP).

Shropshire, Telford and Wrekin ICS was chosen as an early pilot for the first three specialties (ear, nose and throat (ENT), orthopaedics and ophthalmology), including the use of elective hubs (where possible) and innovation around surgical areas of 'High Volume, Low Complexity' activity, theatre utilisation and efficiencies, and improved and streamlined pathways. A second phase then commenced with the expansion to urology, gynaecology and general surgery. The whole programme is clinically led, and the local system has had to select clinical leads for each specialty.

Systems are being monitored and benchmarked against top decile performance and evaluation of the programme will include consideration of:

- clinical outcomes
- equity of access (clinical priority and waiting times)
- theatre and outpatient productivity
- improved patient and staff experience.

Prior to the pandemic, a forum already existed for the system-wide management of elective care performance including cancer, and this has since been expanded and reinvigorated to become a Shropshire, Telford and Wrekin Planned Care Recovery and Operational Group that oversees all of these aspects of elective care including performance, recovery, and transformation.

The Planned Care Operational Group sits within the emerging ICB structure, with operational and BI involvement and standing membership from system partners including SaTH, RJAH and SCHT. This group oversees the delivery of elective and cancer recovery. The group, operating on behalf of the CCG, governs all areas including recovery of elective care, cancer, and performance.

A broader Shropshire, Telford and Wrekin Planned Care Programme Board was also established that would manage oversight of this recovery and performance work as well as the elective care transformation programmes. All groups, programmes and areas of work ultimately report into this Planned Care Board that feeds upwards into the system chief executives. Any service changes, developments, or redesign report into the CCG Strategic Commissioning Committee, along with quarterly progress reports.

An additional group, the System Elective Delivery Plan Steering Group, is also being established by SaTH that will drive through delivery of the operational efficiencies and improved pathways recommended within the MEDP work and will report into the Planned Care Operational Group.



This group and its work cover the following six specific specialties:

- musculoskeletal (MSK)
- ear, nose and throat (ENT)
- ophthalmology
- gynaecology
- general surgery
- urology.

The broader programme of Elective Care Transformation is to lead and oversee transformative change on areas of elective care that will ensure individuals needing planned care see the right person, in the right place, at the right time (first and every time), and get the best possible outcomes, delivered in the most efficient way.

In addition, it sets out to address some of the known issues such as:

- suboptimal information flow and service pathways
- patients travelling to hospital, to wait for an appointment that may last only a few minutes, when we could save time, cost and stress by providing these services in a different way
- reducing the time to recovery for post-COVID-19 long waits that will help ensure the capacity we do have is utilised most efficiently, and that patients get to receive the care that they need, where when and how they need it.

The programmes and the work being planned provides the opportunity to properly review and redesign elective care and move away from individual specialty appointments, and more towards patient pathways, experience and journeys. Always with the patient at the centre, making outpatients and accessing care simple, effective and efficient – Right Care, Right Person, Right Place, Right Time. As broad high-level aims, it is expected that through Elective Care Transformation for the system we would:

- better manage increasing demand for elective care services
- improve patient experience and access to care
- provide more integrated, person-centred care.

These high-level aims set the context for programmes of review, redesign, development and transformation, with additional aims to reduce the need for face-to-face outpatient appointments by a third over the next five years, along with a range of other benefits and intended outcomes including:

- improved utilisation of secondary care resource – physical space and clinical time
- optimised use of shared information and improved pathways
- improved clinical outcomes through patients receiving expert advice more quickly and follow-ups based on clinical need – rather than arbitrary schedules
- improved co-ordinated care for patients with multiple conditions
- improved patient experience through improved timely access to the right service, more informed and more empowered
- better use of patients' time through preventing what may be unnecessary trips to hospital



- reduced environmental impact, through decreasing journeys to hospital therefore emitting fewer CO2 emissions, resulting in reduced environmental damage and risk of preventable deaths through air pollution
- financial efficiency to patients through not having to travel, and to the system through improved efficiency and utilisation of existing resource.

Outpatients transformation

Between 2021 and 2026, this programme aims to redesign outpatient services working in a phased way through the specialties, underpinned by the aims of improving referral processes and a 33 per cent reduction in face-to-face outpatient activity through methods such as Advice and Guidance, remote consultations, one-stop clinics, and patient-initiated follow-ups.

A clinically led but locally-owned review and redesign of pathways; also taking into account learnings and recommendations that will come out of stakeholder and public involvement and engagement sessions.

The scoping, baseline data modelling and analysis, and preparatory work was completed as well as a series of preliminary engagement sessions that are underway to gather feedback on current Outpatient services, the outputs from which will inform future design and development options on new ways of working and new ways of providing Outpatient care. This also links closely with work happening in digital and workforce transformation across the system to ensure large-scale transformation and innovation is enabled effectively with new technologies and strategic workforce planning.

In addition to the longer-term transformation work, a lot of initiatives and activities are now underway to accelerate any of the potential changes and benefits in-year, with the aim of optimising the use of things like advice & guidance, patient initiated follow ups, and virtual consultations. These innovative and efficient new ways of working generate a certain amount of efficiency, helping to free up resource to support on the recovery of waiting lists; so doing what we can from a number of directions to try and get back to a position of patients being seen in a timely manner – with the right care, provided by the right person, in the right place at the right time - first time.

The programme excludes MSK and ophthalmology as they are managed separately, and the impact of the transformation counted within their own programmes of work.

Cancer

Improving cancer pathways continues to be a priority and is at the heart of the ICS approach to recovery of cancer services. Key actions have been undertaken during 2021/22 and the first quarter of 2022/23 including:

- The Shropshire, Telford and Wrekin Cancer Strategy was approved with an action plan for its delivery now being finalised.
- the Macmillan Cancer Care Review (CCR) project secured additional funding until May 2023 and work is ongoing to meet the objectives outlined within the project



initiation document for that work. There has been really positive feedback and data gathered so far on the impact and benefit of this work, with additional practices becoming involved and an independent evaluation being planned.

- Faecal Immunochemical Testing (FIT) has been implemented for all colorectal urgent suspected Cancer patients from 1st April 2022. A procurement is due to be undertaken for the new service commencing April 2023.
- Work continues on the rollout of a non-site-specific pathway but has had to be delayed for now in the absence of a clinical lead. Work ongoing to appoint into this role so that the work can continue.
- The Community Breast Pain Clinic was established in November 2021 and has secured additional funding for a further 12 months. An interim evaluation of impact and benefit is underway.
- Work as a system with the West Midlands Cancer Alliance as part of the Galleri blood test trials along with Cancer Research UK, Kings College London and the American company GRAIL. The trial is around undertaking diagnostic blood tests on individuals to identify any markers as early indicators of Cancer, enabling earlier interventions. We are currently in year 2 of a 3-year national trial, that will then undergo a full evaluation.
- We are looking to develop a pilot for the use of teledermatology as a first step towards having this provision across the county. Having this would help with the effective and efficient remote review and triaging of suspected skin cancer referrals and thereby significantly reduce the need for face-to-face appointments in the acute hospital.
- Work continues as a system on the restoration of 62-day performance and delivery of the faster diagnosis standard.
- Living Well sessions continue to take place virtually, and SaTH is developing a health and wellbeing app that will help further support Cancer patients in a number of other ways.

Eye care transformation

Between 2021 and 2024, this programme aims to review and redesign integrated end-to-end eye care services and pathways across the county, spanning primary, community and secondary eye care provision.

With a scope based on the same principles as the outpatients transformation programme, it aims to improve referral processes and information sharing, shared decision-making, and reduce face-to-face outpatient activity through methods including advice and guidance, remote consultations, one-stop clinics, community-based diagnostics, nurse-led telephone follow-ups, and clinically-led review and redesign of pathways; also taking into account learnings and recommendations that will come out of stakeholder and public involvement and engagement sessions.

The phases of the programme will cover:

- rethinking referrals and integrated pathways (primary, community and secondary care)
- outpatient transformation



- multispecialty pathways (Giant Cell Arteritis and Hydroxychloroquine Monitoring).

All of these phases will cut across eye care in general in terms of pathways, processes and ways of working, but include particular areas such as:

- general outpatient eye care services
- children's eye care services
- urgent eye care services
- glaucoma
- cataract
- medical retina
- macular degeneration
- sight loss access to services.

The scoping, baseline data modelling and analysis, and preparatory work were completed between July and October 2021, when it was approved to launch the programme. A number of difficulties and pressures however including winter pressures, staffing shortages and the impact of the Omicron COVID-19 outbreak meant that this had to be paused and was eventually launched in February 2022.

After the Shropshire, Telford and Wrekin system agreed to be an early adopter and one of the 11 ICSs in the Midlands, and with the NHS England and NHS Improvement Midlands procurement of software underway, we are moving ahead earlier with one aspect of eye care transformation, which is the rollout of electronic eye care referrals. The project plan is currently being developed with NHS England colleagues and will involve stakeholders, GPs, patients and public.

The project will see an improved flow of direct referrals between optometrists, the Referral Assessment Service (RAS) and Telford Referral and Quality Services (TRAQS), GPs and secondary care with the ability to transfer high resolution digital images directly from optometrists to secondary care consultants and enabling effective virtual consultations to take place without the need for the individual having to visit hospital.

The project is progressing well and following a series of initial engagement sessions, the outputs have been consolidated and analysed, and are now being used in the design and development of proposed future models of eye care that will be shared at a later date for consideration and feedback.

Musculoskeletal (MSK) transformation

The MSK transformation programme, since 2021, has been looking to incorporate the work completed to date and build upon this in a three- to five-year programme. This programme aims to improve the MSK health of our local population, whilst ensuring when MSK care is required, that patients are cared for at the right time, in the right location by the right person.

The services currently in scope of this work are:

- referral and triage (SOOS/TEMs)
- therapies
- orthotics



- pain services
- rheumatology
- surgical services
- delivering recovery of the COVID-19 backlog of patient care without additional resource
- workforce planning.

The objectives of the programme are:

- delivering good outcomes and patient experience
- achieving outstanding patient safety
- providing timely access to patient care
- spending our money wisely
- patients are cared for by the right person, at the right location at the right time
- improve citizens' MSK and pain health.

It is a clinically-led, locally-owned review and redesign of MSK pathways; also taking into account learnings and recommendations that will come out of stakeholder and public involvement and engagement sessions, along with GIRFT and Best MSK recommendations.

The MSK transformation programme is phased as follows:

- Phase 1 (Year 1) – Strengthening of rheumatology
 - consolidation and standardisation of community MSK provision
 - focus on patient-initiated follow-ups plus implementation of a standard interface model for referral and triage. This includes Rheumatology but not at this stage due to capacity challenges.
- Phase 2 (Years 2 and 3) – Optimisation of orthopaedics
 - outpatients improvement project (aligned to the transformation programme)
 - review and redesign of pain services
 - maturing of system provision to support primary care
 - falls, fractures and osteoporosis (dependent on decision on trauma scope)
 - A decision to be made about whether trauma will be in scope for the programme
- Phase 3 (Years 4 and 5) – supporting those with long-term MSK conditions
 - development of self-management models.

Local care and community transformation

System changes

During the 2021/22 year, some major changes contributed to shifts in how the system needed to operate, including the response to COVID-19 and the impact it had on services, patients, and staff. This focused our system on working together as one cohesive team and as a combined force with the same aims and objectives. We also worked closely with our partners to accelerate areas of innovation and change where possible and appropriate. Work also continued to align commissioning to become one integrated strategic commissioning organisation spanning the whole Shropshire, Telford and Wrekin footprint.



As the system, its structure had to be redefined to take into account:

- the ongoing shift towards strategic commissioning and alignment between Shropshire, Telford and Wrekin
- COVID-19 response and the reducing, stopping and restarting of services
- development, management and delivery of a range of system transformation programmes
- development and delivery of system Long Term Plan priorities
- winter planning, performance and business as usual
- planned service development projects
- system improvement plans.

This restructuring of the system saw the development and establishing of three programme boards that would be accountable for all of this work associated with their areas. These groups were:

- Acute and Specialist Care Programme Board
- Community and Place Based Care Programme Board
- Mental Health, Autism and Learning Disabilities Programme Board.

As described, as COVID-19 took hold in the UK, resources were pulled into crisis response roles and therefore the decision was made to pause all transformation programmes in March 2020. In September 2020, it was agreed to re-start the transformation work across the system but with the need to revisit and refresh the scope, aims, objectives and anticipated outcomes. This work would be governed by a new system structure and programme boards.

Specifically for community-based services, this saw the establishing of the Local Care Programme Board and its programme board. Shropshire Integrated Place Partnership (SHIPP) Board and the Telford and Wrekin Integrated Place Partnership (TWIPP) Programme Board became the operational and delivery arms of this work.

As the structure of the ICS developed over 2021, the National Ageing Well Programme which included the previous model of the Care Closer to Home Programme was realigned under the umbrella of the local care transformation programme. This programme of work is linked to SHIPP and TWIPP.

Telford and Wrekin Integrated Place Partnership (TWIPP)

Telford and Wrekin Integrated Place Partnership (TWIPP) was established in 2019 as a partnership board between the clinical commissioning group, Telford and Wrekin Council, local healthcare service providers and representatives from the primary care networks.

TWIPP has six key priorities, which were reviewed and updated across partners in May 2021:

1. Integrated care and support pathways
2. Integrated advice, information and access to support
3. Building community capacity and resilience
4. Integrated response to tackling health inequalities
5. Prevention and healthy lifestyles



6. Maintaining the identity of Telford and Wrekin whilst supporting the system.

Key achievements against our shared priorities during April to end of June 2022

- Delivery of the COVID-19 vaccination programme as a combined health and social care programme using real-time data from primary care to assist in directing vaccination activities to areas of lower uptake, including using outreach methods to engage with our communities more fully
- In regard to prevention and healthy lifestyles, the local authority has launched the 'Year of Wellbeing'. The CCG has launched an NHS England digital weight management offer via primary care for those with hypertension and diabetes as part of a system-wide approach. This is connected into the wider pathways and assistance available from local authority healthy lifestyle advisors and as part of our strength-based assets approach within communities for adopting healthier lifestyles. In addition, a programme of work to introduce NHS-funded tobacco prevention in acute inpatient settings and further development of the tobacco prevention model in maternity has continued. The Shrewsbury and Telford Hospital NHS Trust have also been successful in securing funds for an alcohol care team to deliver inpatient services at the Princess Royal Hospital. Shropshire Community Health NHS Trust have commenced the implementation work for the community diagnostic hub in Telford
- Telford and Wrekin Council continue to offer services from the independent living smart house that allows for the showcase of technology that supports people at home as well as supporting skills and means of digital access
- The Integrated Health and Social care team have continued to provide a valued service over this period and the care home team element of our community services have continued to develop advanced care planning documentation and processes to support individuals in receiving care in their own environment
- As part of our integrated response to health inequalities, we have established joint working groups to look at addressing inequalities around cancer access and outcomes and in the detection and management of hypertension. During April to end of June 2022 this has included connections to the Core Cancer Champion Inequalities work.
- Working with our partners in the voluntary and community organisations, a programme of work has been implementing to co-produce the development of the Telford Ageing Well Strategy which will seek to address at place level the particular challenges of the rapidly ageing population in Telford.

[Find out more about TWIPP.](#)

Shropshire Integrated Place Partnership (SHIPP)

SHIPP is a partnership board of commissioners, providers of health and social care, the voluntary and community sector, and involvement leads, in Shropshire.

The Board focusses on joining up work, integrating where possible as well as collectively delivering its objectives and outcomes. It is a partnership of equals with shared collaborative



leadership and responsibility, enabled by the ICS governance and decision-making processes.

Clinical/care leadership is central to the partnership, including leadership from our Primary Care Networks, to ensure that services provide the best quality evidence-based care and support for our people, improving outcomes and reducing health inequalities.

It is expected that through the programmes of SHIPP, and routine involvement and co-production with local people and workforce, we are able to inform and influence system strategy and priority development.

SHIPP has six key priorities:

1. Health and Wellbeing – including Children and Young People’s Strategy, encouraging healthy lifestyles and mental health
2. Community capacity and resilience with the voluntary sector
3. Local care and personalisation
4. Supporting the primary care networks
5. Integration and one public estate
6. Tackling health inequalities.

Key achievements against our shared priorities

The Board has made great progress with regard to personalisation. Despite the pandemic the Social Prescribing programme grew throughout 2021/22 and continues to grow, demonstrating a large increase in referrals, and outcome data demonstrates significant improvement in wellbeing. We had over 1,975 referrals for 2021/22 and in the first quarter of 22/23 we have received 782 referrals (more than 100 per cent increase on the same period last year).

We introduced Personalisation Contract schedules for Shropshire Community Health NHS Trust, The Shrewsbury and Telford Hospital NHS Trust and The Robert Jones and Agnes Hunt Orthopaedic Hospital, which relate to personalised care and the uptake of Personalised Care Institute (PCI) accredited training.

We provided grant funding to bolster the voluntary and community sector infrastructure, including volunteer brokerage, VCSE development, community development, mental health and data and evaluation. This work is extremely important as part of our strategy to increase opportunities for people to improve their health and wellbeing in the communities where they live. The volunteer brokerage works hand in hand with Social Prescribing community development in order to improve the community offer and connect volunteering opportunities with people and communities. This work also links heavily with Community Mental Health Transformation and the delivery of the Children, Young People and Families Early Help and Prevention Strategy.

As part of our developing Children, Young People and Families Early Help and Prevention Strategy, we have launched a programme to deliver multiple projects to improve outcomes for children and their families, the focus included early years, school, access and social prescribing, looked-after children and workforce through place-based pilots.



Additionally, as part of personalisation and support for children and young people (CYP), we implemented a CYP Social Prescribing pilot, which included a provider collaborative to provide additional activities and support for CYP. We co-produced CYP Creative Health activities to support them with a diagnosis of asthma and low-level mental health issues. Furthermore, we commissioned support to develop and deliver personal care and support plans for children with complex mental health needs on the Dynamic Support Register (DSR) to avoid complex high-cost placements.

For local care, we have expanded rapid response across Shropshire and implemented a new Case Management and Community Respiratory pathway. A core element of SHIPP's work is to connect Local Care, Personalisation, Prevention (including Proactive Prevention) and Community workstreams together (including influencing how programmes work with local communities to co-produce health and care). Key areas of work agreed in early 2022/23 are Proactive Prevention, Engagement with Primary Care and Service Users/ Shropshire People, Respiratory Transformation, Alternative to Hospital. Additionally, SHIPP has requested some detailed work on the Falls pathway (primary prevention through to tertiary prevention).

Tackling health inequalities is core to our work, and we developed a Shropshire Inequalities Plan, secured NHSE funding to launch a Shropshire, Telford and Wrekin system Cancer Champion project, which will be delivered by the voluntary and community sector. We also supported primary care networks to deliver further inequalities projects. Additionally, through the Vaccination Programme and our Community Outreach offer we are delivering mini health checks alongside vaccinations in very local communities. This work is data driven and targeted at our most vulnerable communities.

The development of our locality based Joint Strategic Needs Assessment (JSNA) supports the system to understand our very local communities to inform decision making across programme and improves our connections with our communities (especially our very rural areas) as part of our involvement ethos and plays a central role in reducing health inequalities. This work has been developing in earnest since Quarter 4 2021/22, and is progressing well in Highley, Oswestry, Whitchurch and Bishop's Castle. All 18 Shropshire Place Plan Areas will have a Locality JSNA by 2024.

Local care transformation programme

The STW system continues to work together on our ambitious programme to build our integrated community base service.

We have seen during the last quarter of 2021/22 the successful implementation of our new models of care that are alternatives to hospital admissions. The new models of care are supporting residents across the county, through a coordinated response using the skills, knowledge and expertise of our health and care practitioners.

This ambitious programme will continue to build an integrated community-based infrastructure that will support residents to their own homes or in a community setting that is able to respond to their needs. We will continue to work collaboratively as partners to shift



our focus from providing a reactive offer of health and care to supporting residents through proactive prevention and early interventions.

The next 6 months will see our system co-designing and producing the following new models of care:

- Neighbourhood teams (adults)
- Neighbourhood teams (children)
- Ageing well
- Integrated discharge team
- Integrated therapy / AHP service
- Primary Care alignment to Integrated care services
- Proactive prevention
- Anticipatory care
- Virtual ward
- Community Bed based Model
- Respiratory Transformation
- Advance Care Planning in Care Homes Phase 2

We strongly believe that through our partnership with residents and communities, we will see the implementation of new models of care and new ways of working that have a focus on what matters to residents and communities in STW.

Palliative and end of life care

A system-wide review of adult palliative and end of life care commenced in the autumn of 2020. Phase one of the review was completed, and during 2021 three task and finish groups were established to work on a number of key actions for improvement identified in the first phase.

The Shropshire, Telford and Wrekin Integrated Palliative and End of Life Care Strategy (Adults) 2022-25 was ratified and launched in May 2020. The key priorities of the strategy are the improvements that people with the experience of caring for a loved one at the end of their life would like to see. These improvements include a named care coordinator and 24-hour access to advice and support.

A strategy implementation plan has been developed with a number of working groups in place with the responsibility to develop the actions within this plan.

Since the beginning of the year these groups have worked on a number of initiatives to include:

- Improving the process to access, prescribe and administer 'Just in Case' medication
- standardising the Fast-track process to reduce duplication and support quicker access to care and earlier discharge from hospital
- mapping out current Children and Young People services to identify any gaps and to identify development priorities in order to inform a Children and Young Persons Palliative and End of Life Strategy for Shropshire Telford and Wrekin



- working with libraries across the region to support the Death Positive Libraries programme in offering advice on advance care planning to the public.

During 2022 the Clinical Development Group has the opportunity to work with the NHS England National Palliative and End of Life Team on the Getting to Outstanding programme, which means that the Group will have access to quality improvement expertise and tools to support a development that is a key priority for improving the care of people in their last year of life.

Community Beds Review

A programme of work was launched to undertake a full review and potential repurposing of our available community beds. Phase 1 of this programme, the review of current bed availability and use, has now commenced working with key stakeholders across the system to understand the current community bed base across Shropshire, Telford & Wrekin. This includes an assessment of value for money and fitness for purpose, and the identification of any current issues regarding community bed provision. The outputs of this review will be used to inform Phase 2; the development of the future requirements for community beds, alongside other interdependent programmes of work across the system that have links to community-based beds.

Community Equipment Service

A programme of work commenced to scope the possibility of developing and commissioning a joint whole-county community equipment service across Shropshire, Telford & Wrekin, incorporating Shropshire County Council, Telford & Wrekin Council, and Shropshire, Telford and Wrekin CCG. This involves understanding and evaluating how community equipment is commissioned and provided currently, and engaging with professional stakeholders, service users and carers to understand the future requirements for an improved joint service and how this may best be provided.

Other

Other pieces of large-scale work include the neurology service delivered at SaTH that was successfully transferred to The Royal Wolverhampton NHS Trust (RWT) in May 2021 after being challenged for many years, primarily due to workforce limitations. These challenges led to patients experiencing long waits to see a consultant, which in turn led to the decision to close new referrals. Following system agreement that the local service could not be reopened in that form, agreement was reached between the CCG, SaTH and RWT to develop a sustainable neurology service across Shropshire, Telford and Wrekin.

The transfer was successful and is being monitored throughout 2022 prior to an evaluation and series of engagement sessions including clinical, patient and public and wider system stakeholders as an opportunity to undertake a full review and redesign, where necessary, of the local neurology service.



Work also continues on a review and redesign of audiology services in the county, including ear irrigation. Future plans not yet developed include the need to review and redesign cardiology and cardiovascular prevention, dermatology and irritable bowel services.

Medicines optimisation

Medicines optimisation looks at the value that medicines offer, making sure they are clinically-effective (that they improve outcomes for the person taking them) and cost-effective (that they represent good use of NHS resources). It is about ensuring that people get the right choice of medicines, at the right time and are engaged in the process by their clinical team (shared decision-making).

The goal of medicines optimisation is to help patients:

- improve their outcomes
- take their medicines correctly
- avoid taking unnecessary medicines
- reduce waste of medicines
- improve medicine safety.

Our medicines management team works closely with patients and members of the public, clinicians and commissioners to help achieve these goals.

Medicines optimisation clinical projects

Respiratory

Working with clinicians in SaTH and Shropshire Community Health NHS Trust, the Chronic Obstructive Pulmonary Disease (COPD) treatment guideline was updated to reflect the latest evidence-based guidance for the treatment of COPD (NICE).

Inhaler choices for this guidance were considered, along with the wider respiratory formulary choices to ensure carbon impacts are reduced where possible. Carbon impact guidance was also produced to aid safe, cost-effective prescribing across the system.

A clinical focus project for COPD was conducted across all practices in Shropshire, Telford and Wrekin to level-up previous work undertaken across most Shropshire practices, providing opportunity for a clinical catch-up programme across primary care. The project involved optimising inhaler therapy in COPD patients, reducing inhaled corticosteroid prescribing where appropriate/optimising triple therapy. This movement has been reflected by changes in prescribing data, with reduced inhaled steroid prescribing and increased uptake of triple therapy. Optimisation of treatment was to reduce harm from inappropriate steroid use and prevent further decline of patients with poorly controlled COPD, which may lead to hospital admission.

Cardiovascular disease (lipid management and atrial fibrillation)

Work to support the NHS Long Term Plan in reducing cardiovascular deaths includes:



- a cardiovascular focus project that was conducted across primary care, focusing on atrial fibrillation (AF) and the optimisation of anticoagulation management in these patients to reduce stroke risk. Patients' therapy was reviewed by practices across primary care and optimised in line with the new NICE AF management guidance. A lipid management project has also been running alongside this, ensuring patients with high risk of cardiovascular events are appropriately treated and optimised to reduce the risk of further cardiovascular disease (CVD) events
- guidance and searches being developed by the team (alongside secondary care) to support these projects, along with a training programme run in conjunction with local clinicians and the West Midlands Academic Health Science Network (WMAHSN)
- the medicines management team establishing a working group with specialist cardiologist and lipidologist leadership, to focus on lipid management and develop a system approach to support the implementation of inclisiran and reduce health inequalities.

Medicines optimisation in care homes

The care home medicines optimisation team collaboratively work with care homes, GP practices, community pharmacies and the local authorities to provide support, education and guidance to ensure safe and effective use of medicines and to support the delivery of quality, personalised and safe care. The team works collaboratively with the wider multidisciplinary teams supporting each patient, providing polypharmacy medication reviews, adherence advice, guidance in swallowing difficulties and advice on safe and effective medicines use, as well as providing a rolling training programme for care home staff.

The rolling training programme for care homes has been progressed to an online learning resource offering a blended learning approach throughout COVID-19. Nine modules have been added to the Learning Management System available to all care settings, including Antimicrobial Resistance and Medicines Management in Care, and a task group has been developed to create STOMP, medicines reconciliation and error training.

Throughout a very challenging time for care homes training attendance was still high, with five Medicines Management in Care training sessions delivered in collaboration with local authorities and Shropshire Partners in Care.

Medicines formulary

Medicines are approved for use locally after careful consideration of the supporting evidence at the Area Prescribing Committee and they are included on a formulary when they are considered to offer clinical benefits over what is already available. Medicines which are given a positive appraisal by NICE are automatically included on the formulary without further local consideration.

Formulary medicines represent the best choice from a value perspective which means that they will achieve the best treatment outcome at the least cost, this is different from simply using the cheapest medicine.



Medicines optimisation looks at the value which medicines deliver, making sure they are clinically effective and cost-effective. It is about ensuring people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team.

Prescribing support systems

Scriptswitch continues to ensure that safety and savings messages remain current, strengthening engagement with practices, delivering savings and exceeding the planned target figures. Information and safety messages have been updated, following a procurement process following the SBS framework, to move to one prescribing support system.

From 1st June 2022 Scriptswitch became the sole system in use in NHS STW. Scriptswitch already has more than 9,000 messages on the system with weekly updates which has been rolled out to all practices. Additional improvements include the integration and roll out of the Eclipse system support tool within Scriptswitch to alert practices to high-risk prescribing. This has had positive feedback and will, moving forward, become an integral safety system within GP practices.

ECLIPSE – Patient safety

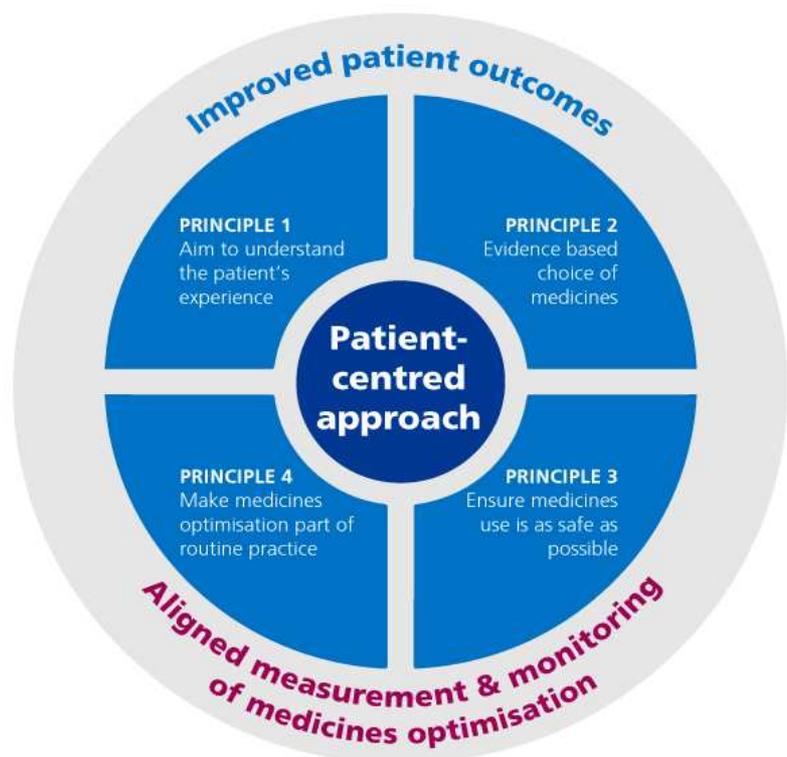
ECLIPSE Live provides a suite of Radar Admission Avoidance Alerts which identifies patients that fall within a prescribing safety risk category. These risk categories capture the latest

'UKMI Drug Monitoring in Adults in Primary Care' suggestions and NICE current best practice. The suite of alerts is a risk stratification system which can be utilised to help identify patients who may be at an increased risk of harm from medicines.

Following a drive for implementation from the medicines management team, 50 of the 51 GP practices across the CCG now actively utilise the alert system to identify patients with reversible risk, reducing complications, exacerbations and hospital admissions.

Formulary and medication switches/cost-effective prescribing

Cost-effective medication switches across Shropshire, Telford and Wrekin were impacted by redeployment due to COVID-19, however they still exceeded planned target QIPP



figures. To further support our cost-effective prescribing programme and realisation of efficiencies in prescribing across the system, we implemented the Accelerate cost-effective prescribing programme, working with Optum.

This programme allowed medication switches to be performed quickly to realise efficiency savings over a short time period, maximising in-year savings opportunity whilst team capacity was low.

Antimicrobial resistance

The UK's five-year national action plan for tackling antimicrobial resistance 2019-2024 remains to be embedded in our antimicrobial workstreams to ensure the appropriate and necessary use of antimicrobials.

One of the greatest steps we have taken in relation to antibiotics stewardship, is starting a development committee for a new service which will allow for intravenous antibiotics to be administered in a community setting. This will improve quality and efficiency of care and reduce risk of harm in patients with infection who would otherwise be hospitalised for IV antibiotic therapy.

A true, system-wide project, the development of this proposed service has been contingent on effective collaboration between all providers and stakeholders. We have held regular meetings with input from all disciplines including microbiology, transformation, pharmacy and nursing teams and have collaboratively moved towards the creation of a cohesive and integrated service proposal. We are working collaboratively to improve patient flow, appropriate optimisation of antimicrobial use and boost out of hospital care. This will not only reduce bed occupancy in hospitals by bringing care closer to home, but will also reduce the risk of hospital acquired infections.

Moving forward we will have an integrated approach to optimising and monitoring antimicrobial use through a new Antimicrobial Resistance Strategy Group, bringing together secondary and primary care providers to develop and deliver a shared strategy.

Improving patient safety

The medicines management team works with all local providers in order to promote the safe use of medicines. This includes conducting audits of the prescribing and monitoring of potentially high-risk drugs, providing advice and guidance on appropriate use of medicines, cascading drug warnings and safety information to providers and promoting and sharing learning from reported medication incidents.

System oversight is provided by the Medicines Safety Group (MSG) which is made up of the medicines safety officers from the provider organisations and representatives from primary care, local authority social service department, and the care home sector. The MSG receives summary reports from all the providers and considers whether medicines safety themes are emerging from routine medicines incident reporting.

The following three medicine classes warrant a more proactive planned approach to safety monitoring: the anticoagulants, valproate in pregnancy prevention programme, and



high dose opioids. A collaborative approach across all our NHS providers is underway.

Working collaboratively with our local hospitals and community provider

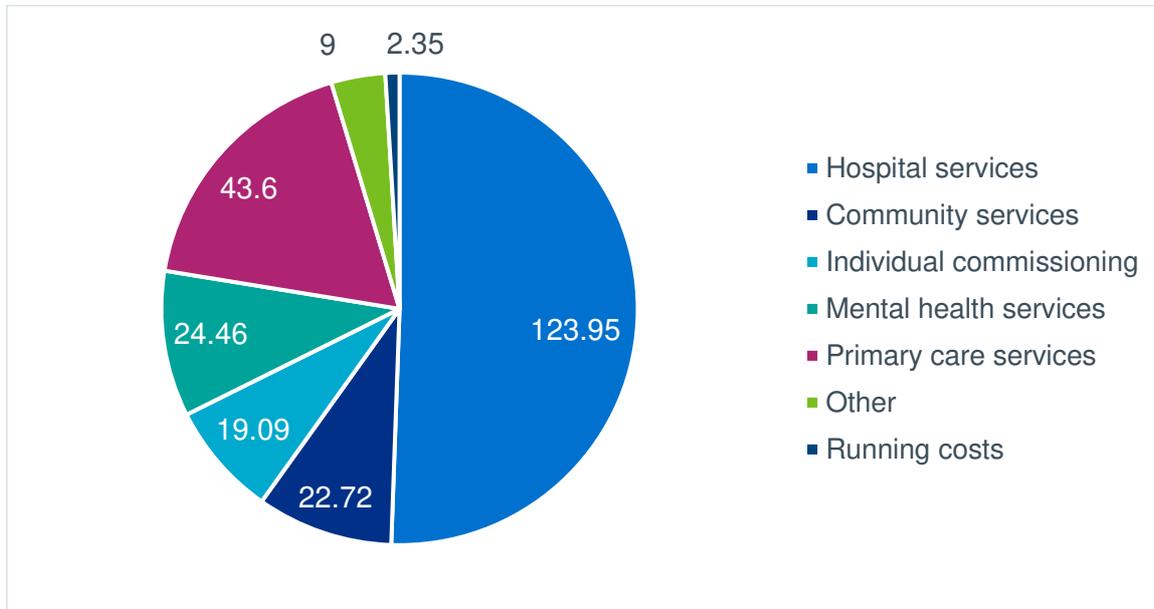
The medicines management team works closely with local trusts and specialist services in order to ensure that the treatment provided is evidence-based, following recommended clinical guidelines and is also cost-effective. This helps to ensure that the healthcare services commissioned for our population, are cohesive across all settings and make best use of medicines.



Finance

In the three months to 30th June 2022 the CCG received a total allocation of £245 million to spend on the healthcare of its residents. The chart below shows a breakdown of the CCG's expenditure for the period by spend type:

Net Expenditure 2022/23 (£245 million)



Further analysis of expenditure, by type



| | 30/06/2022 |
|--|-----------------------|
| | Total |
| | £'000 |
| Pay | 3,473 |
| Purchase of goods and services | |
| Services from other CCGs and NHS England | 1,621 |
| Services from foundation trusts | 36,853 |
| Services from other NHS trusts | 120,108 |
| Purchase of healthcare from non-NHS bodies | 35,268 |
| Prescribing costs | 21,145 |
| General Ophthalmic services | 177 |
| GPMS/APMS and PCTMS | 22,835 |
| Supplies and services – clinical | 409 |
| Supplies and services – general | 2,455 |
| Consultancy services | 86 |
| Establishment | 211 |
| Transport | 81 |
| Premises | 196 |
| Audit fees | 100 |
| <u>Other non statutory audit expenditure</u> | |
| · Other services | 6 |
| Other professional fees | 306 |
| Legal fees | 8 |
| Education, training and conferences | (55) |
| Total Purchase of goods and services | <u>241,809</u> |
| Depreciation and impairment charges | |
| Depreciation | <u>65</u> |
| Total Depreciation and impairment charges | <u>65</u> |
| Provision expense | |
| Provisions | (36) |
| Total Provision expense | <u>(36)</u> |
| Other Operating Expenditure | |
| Chair and Non Executive Members | 110 |
| Grants to Other bodies | 8 |
| Expected credit loss on receivables | (6) |
| Other expenditure | |
| Total Other Operating Expenditure | <u>112</u> |
| Total Expenditure | <u>245,423</u> |



An analysis of the Statement of Financial Position, detailing movements in assets and liability balances

| | 30-Jun-22 | 2021-22 |
|--|-----------------|-----------------|
| | £'000 | £'000 |
| Total Non Current Assets | 1,044 | - |
| Current assets: | | |
| Trade and other receivables | 2,910 | 3,618 |
| Cash and cash equivalents | 104 | 375 |
| Total current assets | <u>3,014</u> | <u>3,993</u> |
| Total assets | <u>4,059</u> | <u>3,993</u> |
| Current liabilities | | |
| Trade and other payables | (61,172) | (64,902) |
| Lease liabilities | (1,046) | - |
| Provisions | (2,219) | (2,406) |
| Total current liabilities | <u>(64,437)</u> | <u>(67,309)</u> |
| Non-Current Assets plus/less Net Current Assets/Liabilities | <u>(60,378)</u> | <u>(63,316)</u> |
| Non Current Liabilities | - | - |
| Assets less Liabilities | <u>(60,378)</u> | <u>(63,316)</u> |
| Financed by Taxpayers' Equity | | |
| General fund | (60,378) | (63,316) |
| Total taxpayers' equity: | <u>(60,378)</u> | <u>(63,316)</u> |



Sustainable development

As an NHS organisation and spender of public funds, we had an obligation to work in a way that has a positive effect on the communities for which we commission and procure healthcare. Sustainability means spending public money well, the smart and efficient use of natural resources, and building healthy, resilient communities.

By making the most of social, environmental and economic assets, we can improve health both in the immediate and long term, even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint. The CCG had a board-level Sustainability Champion and although we had planned to develop a Sustainability Policy during 2021/22, due to capacity constraints resulting from the pandemic and then the changes planned to dissolve CCGs and replace with Integrated Care Boards we were prevented from completing this work.

As a part of the NHS, public health and social care system, it was our duty to contribute towards the ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34 per cent (from a 1990 baseline). This is equivalent to a 28 per cent reduction from a 2013 baseline by 2020. It has been our aim to meet this target by reducing our carbon emissions 28 per cent by using 2013/14 as the baseline year.

The NHS has now set itself a much more ambitious target to become net carbon zero by 2040. Just one year after setting out these targets, the NHS has reduced its emissions equivalent to powering 1.1 million homes annually. The Shropshire, Telford and Wrekin ICB has accepted this challenge and established a Climate Change Group to work across organisations to deliver an ICS Green Plan which was approved by the shadow Shropshire, Telford and Wrekin ICB in April 2022. More information on these measures is available on the [Greener NHS website](#).

Energy

The CCG does not own or have control over any estate, other resources, natural capital or landowning that require reporting in this annual report.

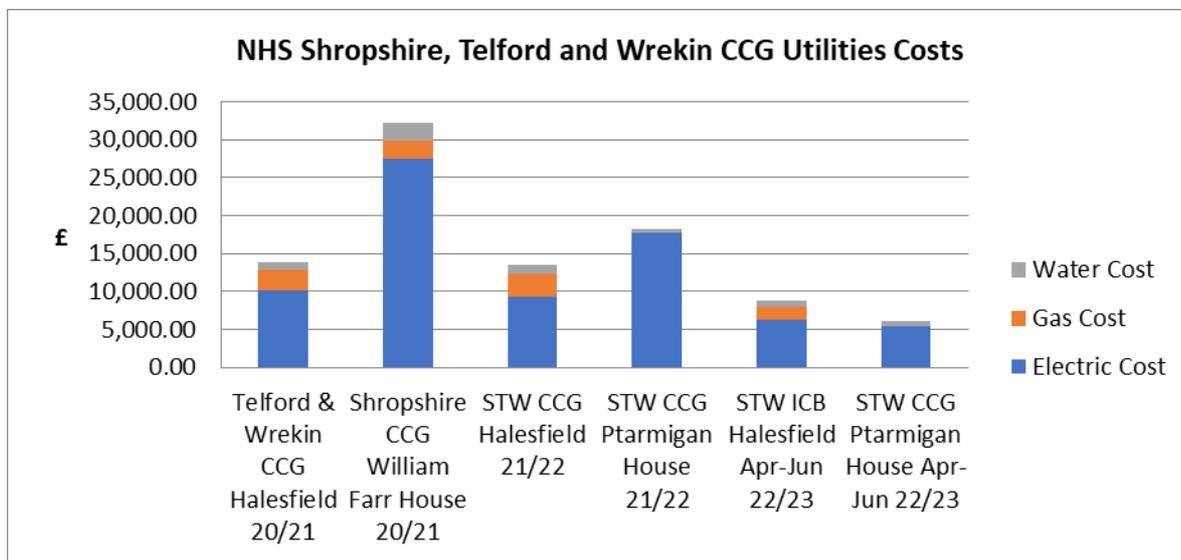
The graph below shows the position for 2020/21 across the two sites occupied by the then separate CCGs, Shropshire CCG at William Farr House and Telford and Wrekin CCG at Halesfield. In May 2021 following the two CCGs being dissolved, a single CCG was created and staff based at William Farr House were moved to a new site at Ptarmigan House.



Utilities costs 2021/22 and 2022/23

The graph below shows there has been the same level of usage of energy at the Halesfield site in water costs, gas and electricity costs during 2021/22, which is partly due to the CCG staff working from their homes for significant periods during 2020/21 whilst the country was subject to restrictions to combat COVID-19 pandemic, although the impact is less on energy costs as some staff still had to base themselves at the CCG's headquarters during these periods and so the buildings continued to require heat, light and water.

The landlord of Ptarmigan has been unable to provide the CCG with energy usage data for the building, so we are unable to make any direct comparisons with last years figures and also evaluate positive and negative impact from the relocation from William Farr House to Ptarmigan House and as this was the first year of occupation, we are unable to provide estimates based on previous energy consumption at this site.

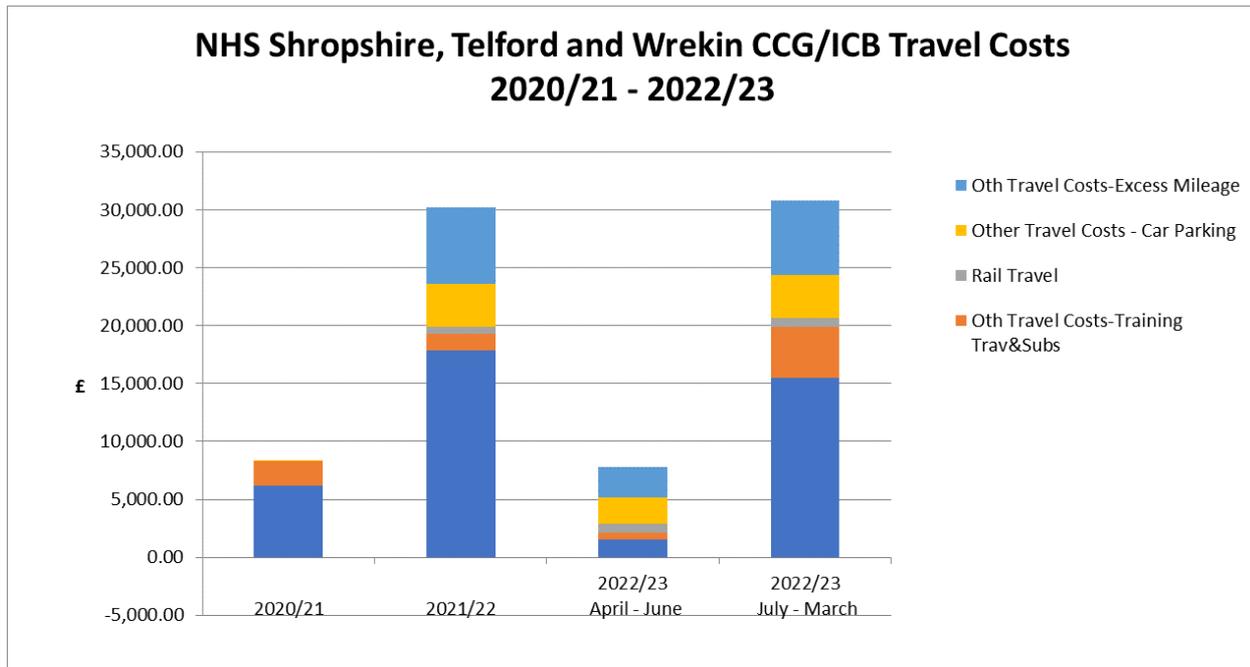


Travel

The graph below shows an increase of travel costs from 2020/21 which reflects the relaxing of COVID 19 restrictions nationally. To support staff, the ICB has developed an agile working policy, which has enabled staff to continue to work from home wherever possible, to reduce staff travelling and enable them to have an improved work life balance.

The ICB does not own, hire or lease car fleets and none of our travel costs include any flights, either international or internal within the UK.





Consumables and waste management

During the period 1st April to 30th June 2022 the CCG used a total of 70 reams of paper, this is in comparison to a 25% proportion of 54.25 reams of paper from the total of 217 reams of paper used in 2021/22. Contracts for waste are overseen by landlords of each of the properties where CCG staff are based and so the CCG does not have access to waste management information for reporting purposes.

Procurement

The CCG through its procurement processes, ensures that all tenders issued have a sustainability clause included and that since the beginning of the year all authorities have to include social value (which encompasses sustainability) in their tender evaluations (minimum weighting of 10 per cent). Clause SC18 Green NHS and Sustainability is in the NHS Standard Contract 2022/23 Service Conditions which the CCG used to contract for its services.

Efficiency programme

In order to fund increases in activity, demography and any additional cost pressures, the CCG has been required to deliver recurrent efficiency plans year on year.

During the first quarter of 2022/23, the CCG had a target to deliver £2.5m of savings as part of its internal efficiency plan and system transformation programmes. In June of this year £3m of efficiencies were reported which were predominantly achieved by Medicines Management and Individual Commissioning teams.



As part of the development of the system financial sustainability plan, all system organisations continue to work towards delivering a 1.6% internal efficiency target. In addition to this, system partners are working together to deliver large scale transformation programmes which will provide further efficiencies and value for money.

Monitoring the quality of services

Quality assurance principles and processes

NHS Shropshire, Telford and Wrekin CCG hold the following statutory responsibilities for quality under the Health and Social Care Act 2012:

- each CCG must exercise its functions with a view to securing continuous improvement in the quality of services and outcomes related to effectiveness, safety and the experience of the patient
- CCGs must work to ensure that health services are provided in an integrated way, particularly when integration would improve the quality of health services, reduce inequalities in access and reduce inequalities in outcomes
- CCGs have a duty to put and keep in place arrangements for the purpose of monitoring and improving the quality of healthcare provided by and for that body.

Until 30 June 2022, the CCG remains responsible for securing comprehensive services within the financial resources available to meet the needs of the population of Shropshire, Telford and Wrekin. In doing so, the CCG continues to be assured of the quality of the services commissioned during the transition arrangements to the new quality governance framework and the anticipated statutory functions of the ICS.

The CCG commissions services from independent providers and all the main NHS trusts in the area:

- The Shrewsbury and Telford Hospital NHS Trust (SaTH)
- Midlands Partnership NHS Foundation Trust (MPFT)
- West Midlands Ambulance Service University NHS Foundation Trust (WMAS)
- Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH)
- Shropshire Community Health NHS Trust (SCHT).

All Care Quality Commission ratings for the above can be found on the [CQC website](#)

Patient safety and quality

Quality is only achieved when three key elements are met:

- clinical effectiveness
- patient safety
- patient experience.

The role of the CCG's Quality team is to ensure that the services we commission are safe, effective and in line with the needs of the population.



We work collaboratively with all providers of health and social care across Shropshire, Telford and Wrekin to monitor and review information from a range of sources to ensure that safe, effective and high-quality, caring health services are commissioned and delivered for local people. Quality concerns and risks are reported to our monthly CCG Quality and Performance Committee (QPC). The Quality team holds its own risk register which is updated as required and reviewed on a quarterly basis. High risks are included in the CCG corporate risk register and reviewed monthly.

Quality assurance is sought from a variety of methods, including agreed quality schedules, regular formal contract reporting and quality review meetings with all providers. This is in addition to quality assurance visits and listening to the experiences of service users. Together, these provide a robust insight into the quality of local service delivery. We work collaboratively with partners to identify key areas for quality improvement, share best practice across the system, and ensure that incidents, complaints and events inform service improvements.

Alongside the CQC, we support providers to celebrate areas of strength and improvement and target areas of challenge. Over the past 3 months, we have worked with providers to identify several quality areas which required further in-depth analysis and understanding including urgent and emergency care and palliative and end of life care. CCGs hold the responsibility for the performance management of the Serious Incidents (SIs) reported by commissioned services. The CCG ensures that all incidents are investigated, and we develop action plans which we then monitor to completion. Changes in practice are tested through quality assurance visits.

SIs are integral to the patient quality and safety agendas and have been reported through monthly quality reports. We seek to ensure that lessons are learned from all incidents and that findings are shared wherever possible in order to mitigate the risk of recurrence.

Quality assurance visits are undertaken by commissioners to gain assurance about the quality and safety of all commissioned services. The visits can also improve local service provision and understanding and offer opportunities to improve patient experience.

Key issues and risks

Key quality risks during April to June 2022 have been the overall quality of services delivered by SaTH which is placed in NHS England System Oversight Framework (SOF) 4 (Recovery Support Programme) and currently rated inadequate by the CQC following its inspection November 2021, and although there was notable progress in some areas ratings remained the same.

Maternity services continue to be under external review relating to concerns raised about standards of safety and care and compassion published in the final Ockenden Report. The Local Maternity and Neonatal Services (LMNS) and the Trust continue to report steady progress which is supported through triangulation with reduced serious incidents.

Focus remains on the four key pillars of the report.

1. Safe Staffing



2. Training including multidisciplinary training
3. Learning from incidents
4. Listening to families.

A range of improvement work, and the development of different models of care delivery continues for Children and Young people in care, working with system partners across all relevant providers. We are also providing safeguarding assurance visits to inpatient settings to offer a good level of assurance that care delivery is centred around children and young people.

Partnership working across health and social care continues in our infection prevention and control (IPC) services as we learn to live with COVID-19 and other infectious diseases. We continue to work in partnership to deliver support, expertise and training, as well as maintain an oversight role where infection outbreaks or variances in standards occur.

In April 2021 Robert Jones and Agnes Hunt Orthopaedic NHS Foundation Trust was placed into NHS England System Oversight Framework (SOF) 3 due to concerns over the leadership of infection prevention and control. A rapid improvement plan has been initiated with immediate improvement to the estate and an expected completion by October 2022.

Ensuring quality in care homes and the domiciliary care home sector is equally challenging and complex. Through partnership working between the local authorities, their quality functions, and public health and the CCG, there has been a combined effort to support improved quality of care and maintain effective infection prevention and control supporting providers to deliver high-quality services and improvement plans. This contributes to the sustainability of out-of-hospital care and keeps these vulnerable groups safe.

Finally, all partners have been engaged in the management of urgent care pressures with the CCG team supporting improved processes and oversight of changes in pathways and processes to expedite out of hospital care.

Emergency Preparedness Resilience and Response (EPRR)

The CCG actively participates in EPRR activities on a local and regional footprint.

During the early part of 2022/23 the CCG has continued to support the system during the ongoing COVID-19 Incident, which although downgraded to a level 3 incident has still required significant EPRR oversight. COVID-19 has continued to be present and has dominated service planning and delivery. We have continued to apply the principles of EPRR to manage our response and to ensure the continued collaboration and support of all partners in our system. To this end, we have retained our incident management infrastructure throughout this period.

NHS Shropshire, Telford and Wrekin CCG has continued to lead the multi-agency system response to the pandemic, ensuring a responsive, multi-agency approach to a complex, demanding and evolving incident.



We have used a range of emergency system responses to manage the service pressures that have manifested. These have included re-deployment of staff to critical areas, stepping down non-critical services, and working with partners to create additional bed capacity.

EPRR self-assessment

Throughout this reporting period, the CCG was preparing for the initiation of Integrated Care Boards (ICBs) from 1st July 2022. ICBs are required to operate as category 1 responders for Emergency Planning, Resilience and Response (EPRR) purposes, and as such this places new duties on them that Clinical Commissioning Groups did not have as category 2 responders.

As part of the transition from the CCG to the ICB and in preparation for this year's annual NHS England EPRR assurance process, the CCG worked closely with NHS England to undertake the necessary preparatory work but also to review policies in procedures to ensure that they reflect learning from the pandemic.

The CCG continued to maintain a director on call rota for 24 hours a day, 365 days of the year – not only to support the incident response but to ensure other critical or major incidents and business continuity matters could be addressed in tandem.

Risks of fraud and error in COVID-19 support schemes

To reduce the risk of fraud and error in COVID-19 support schemes, we put the following in place:

- all claims for COVID-19 costs validated and signed off by the budget holder
- additional hours paid for COVID-19 support identified and signed off within timesheets by the budget holder
- COVID-19 goods and services commissioned in line with CCG procurement policy
- all Continuing Care expenditure confirmed by the CCG Continuing Healthcare team.

The CCG was audited in respect of COVID-19 expenditure in September 2021 (by CW audit services) and found to have 'significant' assurance in the following areas:

- Controls are in place to ensure key procedures/processes/Scheme of Delegation supporting ordering and payments have been reviewed. These are reasonable and being complied with
- Cost centres to enable appropriate monitoring and reporting of COVID-19 expenditure are controlled and on a sample basis appear to be used appropriately
- Prompt payments to suppliers are subject to appropriate monitoring with actions put in place where possible to move towards the seven-day payment turnaround target set by NHS England
- Financial reporting content specifically related to COVID-19 to those charged with governance is appropriate and provides transparency around key decisions made and processes followed
- Revised financial reporting and contracting guidance for 2020/21 is being applied and monitored against.



Whilst the audit related to 2020/21, the same level of controls have remained in place for 2021/22 and 2022/23.

Safeguarding

The Safeguarding team (designated nurses for children and looked-after children, designated lead professional for adults, named GPs) continued to offer advice, guidance, support and training across the health economy to professionals including dentists, pharmacists and GPs.

The CCG remained committed to being an equal partner within the Safeguarding Partnership Board arrangements for both Shropshire and Telford and Wrekin local authorities, leading and contributing to key strategic and operational workstreams. Some of the key safeguarding risks have been:

- reduced contact with children and vulnerable adults due to greater remote working within health, social care and education since the advent of lockdown measures
- a noted increase in harm to babies under 12 months old, with parental stress cited as the significant factor
- children and young people presenting with more complex mental health needs requiring additional specialist health service support and access to tier 4 specialist inpatient bed provision (for example eating disorder and complex behavioural cases) – this is not only a local issue but a national trend with a shortage of specialist facilities and services nationally
- an increase in the number of children in care from out of county moving to Shropshire, Telford and Wrekin, which can result in young people experiencing delays in placement when their care needs escalate.

Our key safeguarding activities during April-June 2022 include:

- Preparing for changes in requirements for adult safeguarding statutory legislation, including the awaited changes to Mental Capacity Act/Deprivation of Liberty safeguards (MCA/DOLs) and, in particular Liberty Protection safeguards when these are published
- Responding to our safeguarding internal audit findings which will allow us to strengthen the level of assurance that the CCG is carrying out its statutory duties appropriately.

The CCG Safeguarding team continues its activities:

- Working closely with local authority partners to assess levels of risk and prioritise and respond to changing needs
- Maintaining our quality monitoring of and improvement approach to all our providers
- Working directly with NHS Trusts to review and advise on best practice approaches to ensure safeguarding practice is robust and resilient
- Ensuring a child-centred approach in services for children and young people in crisis
- Maintaining a strong focus on attending to the health requirements for looked-after children



- Developing and implementing the training and support we offer to GP practices
- Investing in additional Multi-Agency Safeguarding Hub safeguarding capacity regarding the prevention of harm to children and young people, more health representation at key statutory child protection agency meetings and promoting the improvements in information sharing across agencies in the risk assessment process
- Completing Child Safeguarding Practice Reviews within tight timescales to identify learning across agencies and improve safeguarding provision.

Learning from deaths (LeDeR programme)

The Learning Disabilities Mortality Review (LeDeR) programme is a national programme to review the deaths of all patients with learning disabilities. The programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths and take forward that learning into our LeDeR steering group and Learning Disabilities and Autism (LDA) Board.

Between April and June 2022 we have renewed our governance structure to enable us to fully learn from the LeDeR reviews and implement our LeDeR policy and the three-year LeDeR strategy that will build on our successes. It will further strengthen partnership working to actively improve the lives and deaths for those with learning disabilities or autism. Achievements will be evidenced and monitored by:

- a reduction in the early deaths of people with a learning disability
- positive feedback from reviews of the quality and standards of care
- achievements/progress of identified actions from our local LeDeR action plan
- auditing/reviewing the action plan to ensure we are capturing all the learning and recommendations from the completed LeDeR reviews
- identifying specific learning around COVID-19 positive reviews during the reporting period.

[View the NHS Shropshire Telford and Wrekin CCG LeDeR Annual Report 2021/22](#)

ICS quality developments

In collaboration with our partners, over the next year we are focused on embedding our quality processes and structures which have been strengthened as we have run them in common with existing processes with quality monitoring metric development. This will lead to the development of a System Quality Strategy, which will reflect the changing priorities of the ICS from July 2022. The Quality Strategy describes improved opportunity for co-production, quality improvement and partnership-working at the organisational and system level, involving those who experience care, and enables us to ensure that improving quality is at the heart of everything we do.

In line with the national direction, our key quality priorities for 2022/23 will focus on ‘making quality everybody’s business’ and ensuring the delivery of consistently high-quality care. We will develop an integrated and collaborative approach to quality governance and assurance across the Shropshire, Telford and Wrekin system that minimises duplication, reduces



variation and delivers tangible improvements for our local population. We will work to develop a shared definition, vision and understanding of quality to establish a single view of quality across health and social care, including the voluntary and third sector and ensure:

- there will be an ICS approach to risk management and escalation
- there is monitoring through a quality monitoring dashboard
- we will use existing and developing metrics to understand the impact of quality improvements within our system.

The priority areas we have identified within our Quality Strategy include strengthening our system approaches regarding:

- **Infection prevention and control:** preventing avoidable healthcare-associated infections and building on the good work undertaken as part of the COVID-19 pandemic across our county.
- **Improving pathways for children and young people:** with a key spotlight on mental health.
- **Improving palliative and end of life care:** ensuring people are identified as being in the last months and years of life and have opportunities to plan and live the best lives possible at this time.
- **Maternity transformation** and improvement priorities ensuring safe care for women and babies.
- **Learning from deaths:** including a system focus and the new requirements of the LeDeR programme.
- **Experience of care:** with a focus on co-production and quality improvement.
- **Quality improvement:** embedding quality improvement at all levels of the ICS to ensure we can effectively tackle quality issues and grow as a system.

Taking a transformational approach and adopting a single, shared accountability framework will, over time, enable us to demonstrate:

- improved quality and safety of services for individual service users
- better outcomes and better service user experience for our population
- a safe and sustainable healthcare system.



Engaging people and communities

As a commissioning organisation, we have a legal duty under the National Health Service Act 2006 (as amended) to involve the public in the commissioning of services for NHS patients ('the public involvement duty'). For NHS Shropshire, Telford and Wrekin CCG, this duty is outlined in Section 14Z2 of the Act.

To fulfil the public involvement duty, the arrangements must provide for the public to be involved in:

- the planning of services
- the development and consideration of proposals for changes, which if implemented, would have an impact on services
- decisions which, when implemented, would have an impact on services.

In meeting our statutory duty to involve, we recognise the importance and value of patient and public engagement to develop and deliver whole-scale system change through new models of service provision. The success of these models of care will depend on the way we interact with and empower patients and the public to be involved in their own healthcare.

As a CCG, we were always keen, and continue to be keen, to hear the views of and provide opportunities for local people to be involved in shaping health and care across our system. There were numerous ways for people to share their views and get involved. Below is a screenshot of the CCG website to show the range of ways that people can do so.

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

ADVICE FOR PROFESSIONALS
Search ... SEARCH

ABOUT US YOUR HEALTH LATEST NEWS **GET INVOLVED** CONTACT US ACCESSIBILITY

HOME » YOUR HEALTH » HEALTH ADVICE » SELF-CARE » GET INVOLVED

Get Involved

We understand that the NHS is important to everyone. We want to make sure that local people and organisations are involved in designing local services. We want to keep you up-to-date with everything that is going on, and we want to hear your views.

There are lots of different ways to get involved in shaping the future of healthcare in Shropshire, Telford and Wrekin. To find out how you can browse the sections below.

It is important to us that patients and the public know how their views will inform decisions, which decisions they can be involved in, as well as when and how decisions will be made.

If you have any ideas on how we can improve the way we engage and involve the public, please contact us at: stwccg.communicationsteam@nhs.net

Current Conversations | How we involve the public | Opportunities | Our Approach | **Accessibility**

Our approach to listening to people and involvement and engagement varies according to what we are engaging on and who we need to engage with.

We use all available routes, including:



- events
- surveys – online and paper
- face-to-face interviews
- focus groups
- co-production in service design and development
- workshops
- social media
- direct contact and through our partner networks
- patient representatives
- insight and data.

Governance and assurance

The CCG existed to set healthcare outcomes for the people of Shropshire, Telford and Wrekin, ensuring services reflect the needs of the population and holding providers to account for the delivery of safe, high quality, value for money services that improve population health, within budgetary limitations.

Our commitment

Local people can influence health and social care services across the county. This helps us make better, more informed decisions about the services that are needed by all our diverse local communities.

This commitment is embedded in our [Constitution](#) which sets out how it will secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting commissioning arrangements.

Engagement assurance

The CCG has a number of committees where patient involvement is key:

- Audit Committee – lay member chair
- Remuneration Committee – two lay members attend, and one is chair
- Primary Care Commissioning Committee – lay member chair
- Quality and Performance Committee – lay member chair
- Finance Committee – lay member chair
- Joint Individual Funding Committee – lay member chair
- Joint Individual Funding Appeal Panel – lay member
- Strategic Commissioning Committee – lay member chair
- Assuring Involvement Committee – patient chair.

The Assuring Involvement Committee

The CCG Governing Body received assurance on the robustness of its involvement and relationship with the public through the Assuring Involvement Committee (AIC), which was established in 2021.



The AIC comprised of 9 volunteers from across Shropshire, Telford and Wrekin, along with the two lay members for patient and public involvement of the CCG's Governing Body. Its role was to provide assurance and oversight to the CCG Governing Body and its committees, and to ensure that meaningful patient and public engagement is embedded in the commissioning process. The AIC also ensured that equality and diversity activity is undertaken in the most effective way and meets the CCG's statutory and legal duties to involve patients, carers and the public, and the NHS mandatory guidance relating to public involvement.

CCG officers were asked to attend the AIC to update on the programme or scheme they are working on, including an update on the communications and engagement strategy in place for that specific piece of work. This approach provides the AIC with oversight and opportunities to offer constructive guidance.

Examples of the work of the AIC include:

- the Shrewsbury Health and Wellbeing Hub
- the musculoskeletal transformation programme
- end-of-life care review
- cardiology inpatient services
- renal dialysis services
- high intensity service review
- the eye care transformation programme.

[You can find more information about the AIC on our website.](#)

Engagement activities

Eye care transformation programme

The CCG along with the wider health and care system in Shropshire, Telford and Wrekin embarked on a programme of work to transform local eye care services.

The aim was to provide effective eye care services that are more joined up so that adults and children get the best care possible when and where they need it. We ran several engagement activities that enabled us to capture valuable insight, including a public survey, outreach in clinics and the community, and a series of workshops.

Whilst most people told us that they had had a good experience of our services, we also heard about areas that could be improved. The programme team is now using all the learning gathered to design the future model.



The Shrewsbury Health and Wellbeing Hub

The CCG carried out a second phase of engagement activity to ask local communities to share their views on proposals for a new, state-of-the-art health and wellbeing hub in Shrewsbury.

The hub proposal, if successful, will pilot a new approach to providing local health and wellbeing services that work seamlessly under one roof to offer high-quality care for the local community.

The most recent activity builds on public feedback already gathered in 2021 via an online questionnaire and telephone interviews.

This included a series of focus groups, in person and online, that were held throughout May during which participants were asked to tell us about their experiences of using GP practices in the area, their understanding about why GP services need to change and the benefits of change, the future of GP services in Shrewsbury, and what people would like to see in the proposed health and wellbeing hub.

Engaging people by working with others

Place engagement

‘Place’ involves commissioners, community services providers, local authorities, primary care, the voluntary and community sector, and public representatives working together to meet the needs of local people. They met in two Place alliances covering the whole of Shropshire, Telford and Wrekin, aligned to the footprint of the local authorities.

Place is a transformative work stream and aims to enable new models of care, integration and cost efficiencies by creating the environment and opportunity for organisations and the populations they serve to think, transform and work differently together, so that people can be well connected, and access coordinated services.

This way of working will inform and support the system leadership as it develops a new architecture and culture for system working which integrates good health and wellbeing support for those who live and work in Shropshire, Telford and Wrekin.

Place relies on organisations working better together to enable improved health outcomes for our population. Each Place alliance holds regular meetings, with a wide range of representation from principal system organisations and other relevant local organisations/groups.

Voluntary sector

The CCG has a history of strong links with the voluntary sector in Shropshire, Telford and Wrekin. We have continued to work closely with them in relation to our plans, particularly



with regard to Place. We used their networks as well as our own direct contacts to reach out to more voluntary sector organisations and into diverse communities across the patch.

Patient participation group networks

We worked with our patient participation group (PPG) networks, which bring together PPGs from across the county. The meetings provided a forum to inform patient representatives about national and local NHS developments and provide opportunities for involvement. PPG networks are also help shape our engagement techniques.

Shropshire, Telford and Wrekin Maternity Voices Partnership

The Maternity Voices Partnership (MVP) is an independent team made up of women and their families, commissioners, service providers and local authorities.

The function of the MVP is more than simply to listen. It brings people together to design and improve maternity care by discussing challenges and solutions across Shropshire (including Powys) and Telford and Wrekin.

Healthwatch

Healthwatch is an important partner for the CCG. They are regularly involved in formal and informal meetings including Governing Body and service transformation programmes. They attended the Quality and Performance Committee and are invited to input into the Patient Experience Report tabled there.

Healthwatch have supported the CCG to establish processes that support involvement and feedback mechanisms for patients and members of the public. These help the CCG gather insight to feed into service learning and development. Healthwatch also regularly provide Patient Engagement Reports. These reports are a valuable source of information for service reviews.

Patient Advice and Liaison Services (PALS)

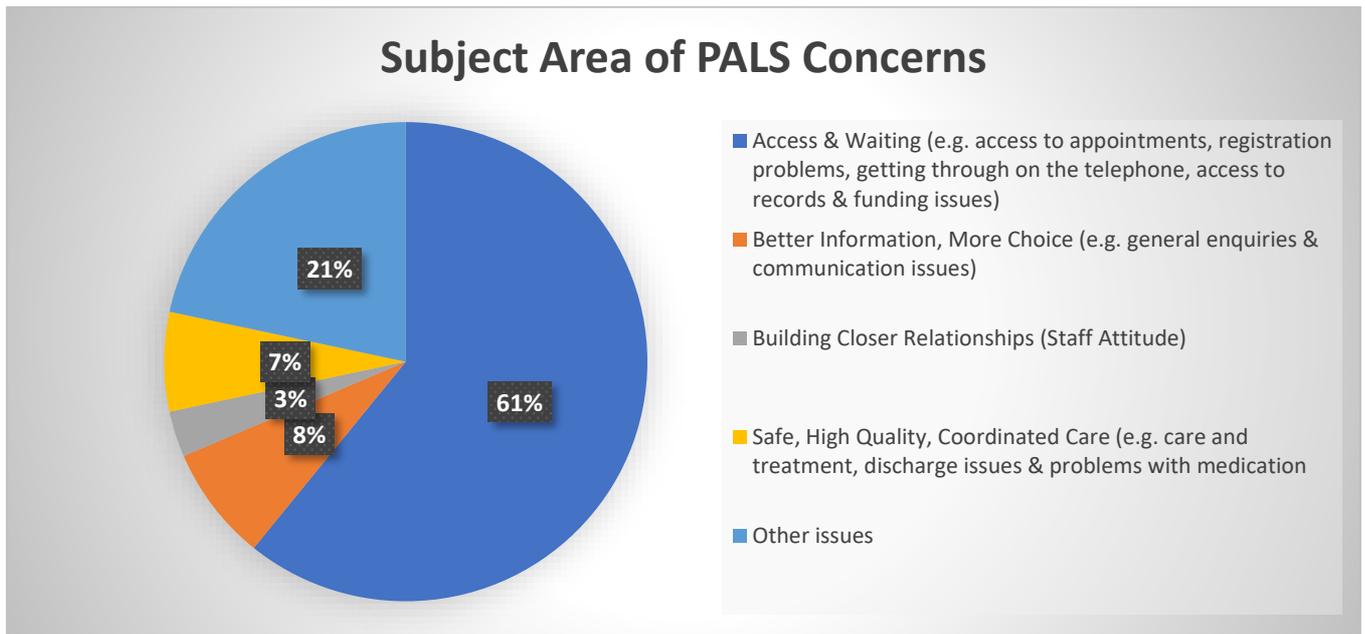
PALS was integral to NHS Shropshire, Telford and Wrekin CCG's commitment to working closely with patients and staff to improve services. It is an informal and impartial way to resolve the concerns of patients, relatives, carers and members of the public.

The service is intermediary and a useful source of information, often signposting people to the healthcare they need. All enquiries received through PALS are recorded on a database and used to improve services.

Due to the CCGs being dissolved on 30th June 2022, this report is for Q1 of 2022/23 only. During Q1 2022/23, 194 PALS enquiries were received via NHS Shropshire, Telford and Wrekin CCG Patient Services Team. This is a decrease on the 278 PALS enquiries received across NHS Shropshire, Telford and Wrekin CCG during Q1 2021/22.



The chart below illustrates the 'domains of patient experience' that the PALS enquiries received during Q1 2022/23 related to.



Similar to the previous year, more than half the PALS enquiries the CCG received raised concerns around gaining access to services.

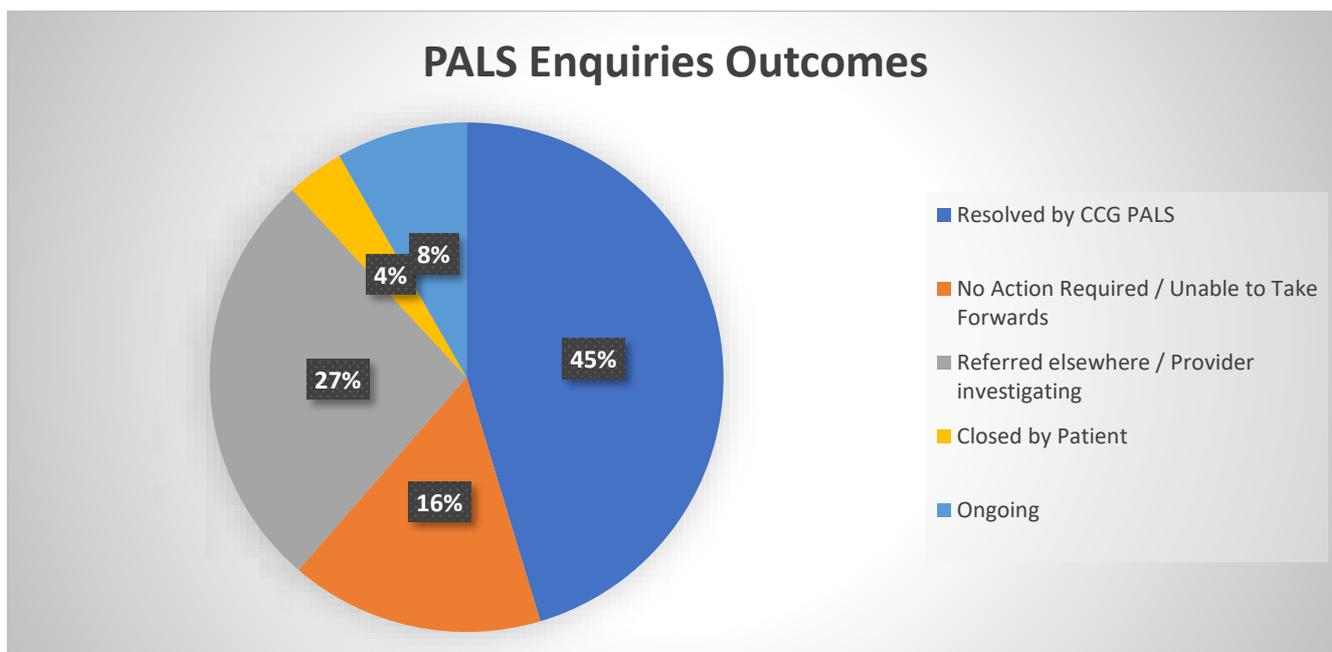
Of the enquiries received, 54 related to GP Practices, a high proportion of these were around accessing appointments.

There were 29 enquiries relating to hospital services, 20 of these were around access to appointments.

74 enquiries related to CCG services, with 14 of these being around COVID-19 and access. 10 related to the Prescription Ordering Department and were mostly around access via the telephone. 9 related to the Individual Commissioning Team and were around delays with Continuing Health Care assessments and poor communication. The rest of the enquiries were around commissioning decisions, relating to various services and including changes to prescribing.

The chart below shows what happened with the queries and concerns received by the CCG Patient Services Team.





Nearly half of the enquiries received were resolved by the CCGs Patient Services Team.

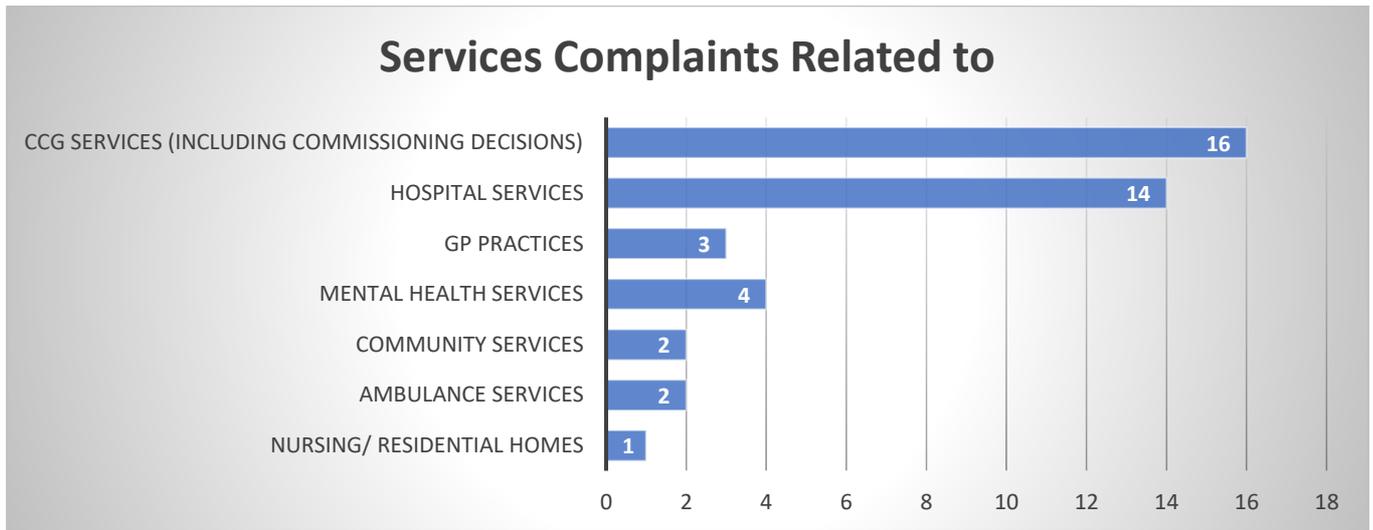
Complaints

Complaints are a valuable source of feedback and were used by the CCG to help improve services both within the organisation, and in the organisations that we commission. The CCG had a clear complaint policy in place, which is in line with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

During Q1 2022/23, NHS Shropshire, Telford and Wrekin CCG received 42 complaints, which is a slight increase on the number of complaints received across NHS Shropshire, Telford and Wrekin CCG during Q1 of 2021/22.

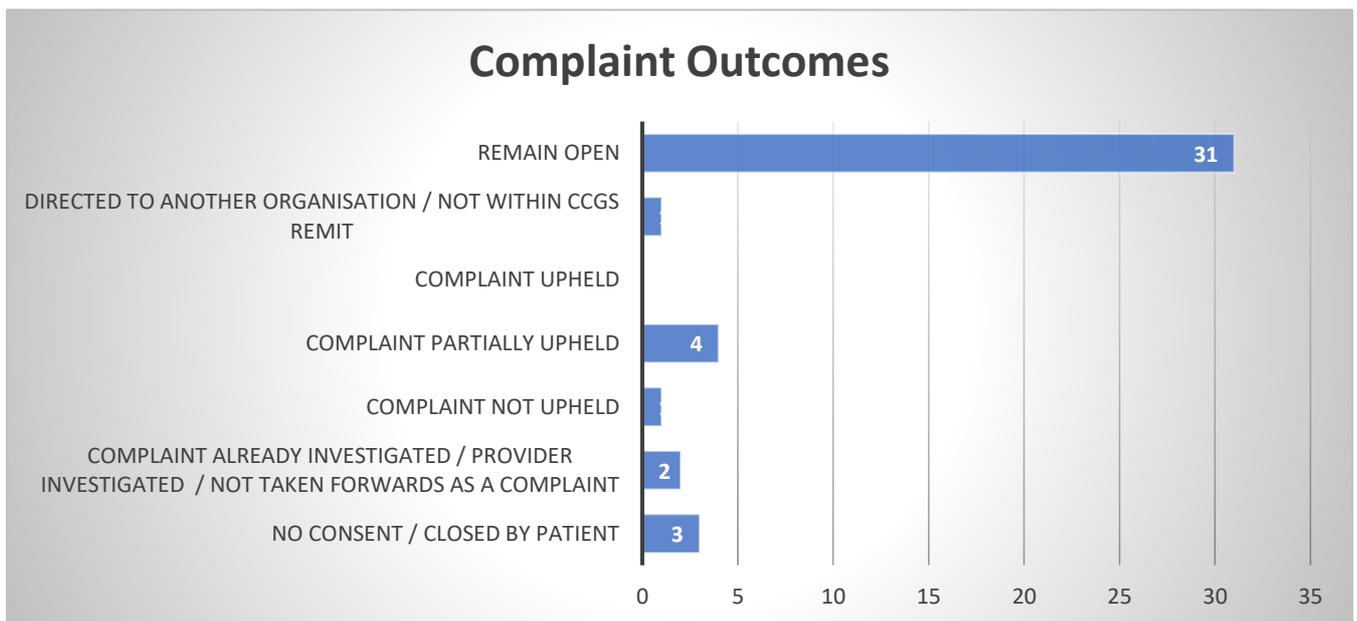
As shown in the graph below, in addition to complaints about the CCG itself, many of the complaints relate to providers of services commissioned by the CCG.





Of the complaints received by NHS Shropshire, Telford and Wrekin CCG, 16 related to CCG services; 4 of these related to the Individual Commissioning Team and were around delays with the Continuing Health Care assessment process. 6 related to medicines management, 5 of which were around the Prescription Ordering Service, getting through to this services and attitude of staff

Of the 42 complaints received, 31 are ongoing. The graph below shows the outcomes for complaints where the process has been completed during 2022/23.



Ombudsman

The public have the right to take their complaint to the Parliamentary and Health Service Ombudsman (PHSO) for review if they are not satisfied with the CCG’s response. The CCG has been contacted by the PHSO in relation to 3 cases during Q1 of 2022/23. All of these



cases are still ongoing and there have therefore been no recommendation made to date. Any recommendations received, will be picked up by NHS Shropshire, Telford and Wrekin Integrated Care Board once the PHSO process has been completed.

Data around the number of complaints received and accepted by the PHSO for all NHS organisations can be viewed on their website as follows:

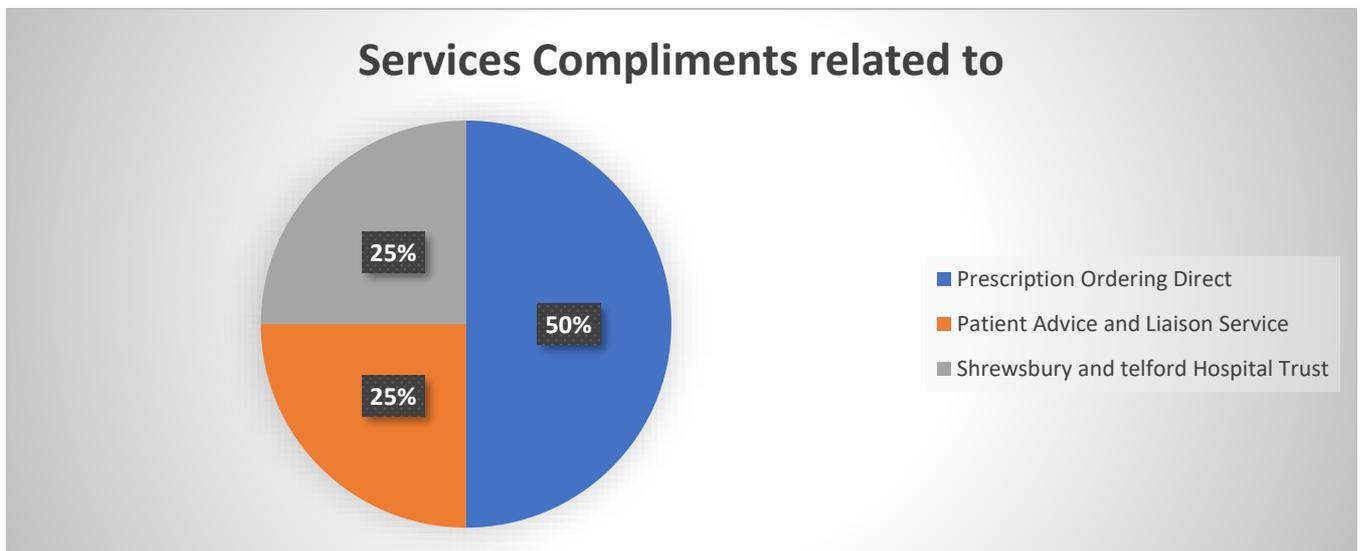
<https://www.ombudsman.org.uk/publications/complaints-parliamentary-and-health-service-ombudsman-2019-20-and-2020-21>

MP letters

During Q1 2022/23, NHS Shropshire, Telford and Wrekin CCG received 23 letters/emails from local Members of Parliament (MPs) relating to the healthcare of their constituents. 20 of these enquiries related to access to services. 11 enquiries related to GP Services and included getting through on the telephone, access to appointments and concerns around the care provided. The rest of the enquiries related to a variety of services. There were no other themes.

Compliments

In addition to dealing with complaints, concerns and enquiries, the CCG also receives positive feedback in the form of compliments. 4 compliments were received during 2022/23 and the chart below highlights the services that these compliments related to.



Learning from Feedback received

An important part of the complaints and PALS process is that lessons are learned, and improvements made to services based on feedback received from individuals. Below is an example of where changes have been made to services following patients providing feedback to the CCG:

| What we Heard | What has Happened |
|---|---|
| A patient raised concerns about not being able to choose which hospital his referral was sent to. | This issue was around out of county services restricting where referrals were being received from, due to the impact of the COVID-19 pandemic on waiting lists. During the investigation it was discovered that the referral process had also changed. This information had not been shared with NHS Shropshire, Telford and Wrekin CCG, as it was out of county. Staff within the referral assessment service and GPs have now been made aware of this change, so that referrals can be processed correctly in future. |

Equality, Diversity and Human Rights Report

We believe that equality and inclusion involves addressing health inequalities and should be at the heart of all our commissioning activity. It is our overriding aim to provide equality of opportunity to all our patients, their families and carers, and to proactively attempt to eliminate discrimination of any kind within the services we commission.

We have developed a wide-ranging programme of engagement which enables measurable involvement and ensures that the CCG listens to the views and experiences of our wider population, taking care to reach into our communities to influence commissioning decisions.

We have continued to engage regularly with a multitude of key partners and stakeholders, including voluntary and community groups who support and advocate on behalf of people facing the greatest health inequalities, as well as patient groups and both Healthwatch organisations. We have also introduced new roles to include increased capacity for continued, meaningful community engagement with key populations, as well as a more insight-led approach. With dedicated resources towards reviewing data, better identifying trends within our populations, and outreach activities, we have been able to develop more targeted campaigns and materials to tailor our communications and engagement.



We are committed to involving local people in continuing to monitor and develop the health services we commission and ensuring our providers meet the duties set out in the Equality Act 2010. Under the Equality Act 2010 and the Public Sector General Equality Duty, organisations must publish sufficient information to demonstrate that, in the exercise of its functions, it has a due regard to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a relevant protected characteristic and those who do not.

The NHS Equality Delivery System (EDS2) was launched in November 2013 to help monitor how the NHS is working towards these functions. It is a toolkit designed to help NHS organisations and members of staff review performance for people with characteristics protected by the Equality Act as well as identify how improvements can be made.

The nine protected characteristics are as follows:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership (ICB)
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation.

EDS2 can also be applied to people from other disadvantaged groups who may experience difficulties in accessing NHS services, including people who are homeless or live in poverty, those who are long-term unemployed, people in stigmatised occupations, drug users, and people with limited family or social networks, or who are geographically isolated.

Organisations score themselves against the main functions within the assessment, more information of which can be found on the [NHS England website](#).

[The results of the CCG's assessment can be found on our website.](#)

We continue to score ourselves as 'developing' in most areas because, although significant strides have been taken to improve the utilisation of information sources, for example more insight-led approaches, we are still in a phase of development to continue strengthening and improving our position. We also recognise that we need to further understand the needs of individuals accessing healthcare services and ensure we can evidence how we have acted to promote equalities.

A key source of information utilised by the CCG, to help understand in more detail how different groups access healthcare and influence commissioning decisions, is the Joint Strategic Needs Assessment (JSNA) for the resident population of both Shropshire and Telford and Wrekin. This assessment analyses the health, wellbeing and social care needs



of the population and aims to improve overall outcomes and reduce inequalities. The JSNA also informs the Joint Health and Wellbeing Strategy.

The JSNAs for Shropshire and Telford and Wrekin can be found on the respective council websites along with the population profiles, by ward, for both footprints. We utilise the standard NHS contract which places a requirement on providers to ensure that they consider the needs of individuals in the delivery of their services, including disability access and equity of access. Providers who bid for NHS services through our procurement processes are required to demonstrate compliance with the Equality Act 2010 and the Human Rights Act 1998.

We expect providers to clearly demonstrate the ability to make reasonable adjustments when accessing their services. This is monitored as part of the contract monitoring process. To improve our developing rating, we intend to work more with providers on their recording and reporting of protected characteristics.

It is acknowledged that a new, equal partnership with the VCSE sector could hold numerous opportunities. Through this initiative we have the chance to work differently and more collaboratively, to improve health outcomes and reduce health inequalities for the people of Shropshire, Telford and Wrekin.

A Memorandum of Understanding was co-produced and signed in October 2021 by respective leading members of the VCSE and ICB to kick start this integration process. In brief, the document outlines why the CCG/ICB wishes to work in partnership with the VCSE on shared ambitions and how we aim to achieve this over the coming years.

We have been developing a VCSE Alliance that will include strategic representation from the sector and will build upon this partnership. This Alliance will be plugged into the governance of the ICB and will provide this crucial representation within decision-making forums. In those areas of common interest, the two sectors will come together to effectively support each other and maximise all opportunities.

The Assuring Involvement Committee (AIC) for NHS Shropshire, Telford and Wrekin CCG was set up in 2021 to ensure the CCG is effectively engaging its local population to support service redesign. The Committee is made up of 9 members of the public and is tasked with looking in-depth at communications and engagement strategies produced as part of service redesign projects.

The Committee is responsible for ensuring effective and meaningful engagement and involvement with patients and the public, as well as providing insight and recommendations to help strengthen proposals and produce better engagement and involvement outcomes.

The AIC has reviewed the following communications and engagement strategies:

- The Shrewsbury Health and Wellbeing Hub
- Musculoskeletal Transformation Programme
- End of Life Care Review
- Cardiology Inpatient Services
- Renal Dialysis Services



- High Intensity Service Review
- The Eye Care Transformation Programme.

[Find more information about the AIC on our website.](#)

As part of the process undertaken for proposed service change, an Equality Impact Assessment (EQIA) is completed to determine the impact of plans to local patients and residents, particularly vulnerable groups, and aims to mitigate negative impact.

The EQIA is then considered at executive level as part of the agreement to proceed with projects and commissioning decisions. All papers presented to the CCG's Governing Body have a mandatory section with regard to the impact of the report on equality and diversity. The EQIAs have a risk scoring system for any negative impact identified. A Stage 2, fuller EQIA will be required for risks of nine and above.

As part of the work of the AIC, the CCG's Governing Body has an appointed Lay Member for Patient and Public Involvement (PPI) – Equality Diversity and Inclusion to provide a greater focus at Governing Body level on these important issues.

Culturally, we as a CCG linked into community groups and other local charities to demonstrate our commitment to an integrated approach to community. This has included our Lay Members for PPI attending external groups to listen to issues and answer questions.

The CCG has also encouraged senior managers to apply for the locally run Inclusive Leadership Programme which seeks to address managers awareness of inequalities in the workplace.

With regard to complaints, we continued to record equality monitoring data as part of our complaints function. Quality monitoring of patient experience reports from providers was also undertaken to identify themes and trends, and ensure actions are put in place.

The CCG's complaints service encouraged anonymous completion of equality monitoring forms by complainants, as well as feedback of the complaint handling process. This was then used to identify any themes or trends in experiences of specific protected characteristics.

A total of 4 forms were returned during the period 1st April to 30th June 2022, these indicated that complaints had been received from a variety of age ranges and have been received from people who are considered to have protected characteristics, as highlighted below:

- 25% identified as being transgender.
- 25% identified as not being White/British.
- 50% identified as having a disability.

Historically, the complaints team has attended engagement activities to promote the complaints process to various groups in order to ensure equality of access. It is hoped that this will be more of a possibility as we continue to move out of the COVID-19 pandemic.



We continued to ensure that we are reinforcing the Accessible Information Standard via a staff policy to help ensure that those people suffering from a visual or sensory impairment can specify how we communicate with them about their medical treatment.

The CCG required all provider contracts to contain equality and diversity clauses, notably as per Service Condition 13 of the NHS Contract. This applied to all the nine protected characteristics. Compliance with this service condition was monitored as part of routine quality monitoring of each contract.

Under Service Condition 13, providers must comply with equality legislation. That is, they must not discriminate on grounds of protected characteristics, must provide assistance and make reasonable adjustments where service users, carers and legal guardians do not speak English, or where they have communication difficulties. They must also provide a plan to show compliance with the legislation.

The Workplace Race Equality Standard (WRES) required us to ensure employees from black and minority ethnic (BAME) backgrounds had equal access to career opportunities and received fair treatment in the workplace.

The most recent workforce representativeness of ethnicity was reported in August last year for the financial year ending March 2021, when there were two separate CCGs in the ICS area.

Our self-certification statements can be found on our website:

- [NHS Shropshire CCG WRES Report 2020/21](#)
- [NHS Telford and Wrekin CCG WRES Report 2020/21](#).

Based upon our analysis of the Workforce Race Equality Standard (WRES) data, we have identified key actions which can be found in our [action plan](#).

The CCG recognised that unfair discrimination is unacceptable and, in this respect, has made a statement of policy on equal opportunities in employment through its Equality and Diversity Policy. This ensures that no potential or actual employee receives less favourable treatment on the grounds of age, disability, sex, sexual orientation, race, nationality, religion or belief, national or ethnic origins, gender reassignment, pregnancy or maternity, marriage or civil partnership or trade union membership.

Within our policy on equal opportunities, we recognised that everyone in the organisation has a role in ensuring fairness towards people with any disability. Emphasis was placed on the individual's ability, rather than disability, and we will endeavour to support disabled employees and prospective employees in the workplace with reasonable adjustments.

We remained committed to ensuring that staff receive up-to-date and relevant equalities and inclusion training, which is described in the CCG's Equalities and Diversity Policy, which sets out the CCG's vision that all employees should follow.



Health and Wellbeing Strategy

Health and Wellbeing Boards are an important feature of the reforms brought about by the Health and Social Care Act 2012.

The Health and Wellbeing Board acts to ensure that key leaders from the health and care system work together to improve the health and wellbeing of its residents. Health and Wellbeing Board members collaborate to understand their local community's needs, agree priorities and work together to plan how best to deliver services as well as promoting integrated working among local providers.

There are two local Health and Wellbeing Boards as NHS Shropshire, Telford and Wrekin CCG covered the boundaries of the two separate local authorities. Each of these Boards are in place to reflect the areas they serve, and they have different priorities and schemes of work. Throughout April to end of June 2022, NHS Shropshire, Telford and Wrekin CCG have fulfilled their commitment for senior leadership attendance as members of the two HWBBs through the Accountable Officer and /or a director level representative.

Telford and Wrekin Health and Wellbeing Strategy

In summer 2020, Telford and Wrekin Health and Wellbeing Board approved a new [Health and Wellbeing Strategy 2020-23](#). The four key priorities of the strategy are to:

- develop, evolve and deliver our Telford and Wrekin Integrated Place Partnership (TWIPP)
- tackle health inequalities
- improve emotional and mental wellbeing
- ensure people's health is protected as much as possible from infectious diseases and other threats.

The strategy provides more detail about what is planned and meant by each of these headings.

NHS Shropshire, Telford and Wrekin CCG was an active member of the TWIPP and has contributed to both its further development as well as to the delivery of associated programmes of work. Examples include the Health and Social Care Integrated Rapid Response Review and developing an Ageing Well Strategy.

Shropshire Joint Health and Wellbeing Strategy

Shropshire Health and Wellbeing Strategy was refreshed in March 2022 and is available on [Shropshire Councils website](#)

The four main cross-cutting priorities for the Shropshire HWBB are to:

- Reduce health inequalities
- Joined up working
- Improving Population health



- Working with and building strong vibrant communities

The CCG has supported these priorities through joint appointments with the local authority including a post with a focus on prevention. The CCG has continued to support the development of the local care programme and the introduction of an integrated rapid response service to assist individuals to remain in their own homes over April to end of June 2022.

The CCG contributed to the formation of the draft strategy for the period 2022-27, which was developed through careful analysis of local and national data and reports, and insight from Board members via a series of workshops.

NHS Shropshire, Telford and Wrekin CCG is an active member of the Shropshire Integrated Place Partnership (SHIPP) and have contributed to both its further development as well as to delivery of programmes of work associated with it.

The CCG has consulted each Chair and lead officer of the relevant Health and Wellbeing Board in preparing the review of their contribution to the delivery of the joint Health and Wellbeing Strategy for Shropshire and the joint Health and Wellbeing Strategy for Telford and Wrekin.



Reducing health inequalities

As a public sector organisation, the CCG must comply with specific equality duties that require it to evidence how it pays due regard to the needs of diverse and vulnerable groups in the exercising of its responsibilities.

For the purposes of this strategy, this includes compliance with the Equality Act 2010, Human Rights Act 1998 and relevant sections of the Health and Social Care Act 2012.

The CCG is committed to ensuring that it demonstrates due regard to the general duty when making decisions about policies and services. We have embedded the requirement to undertake an equality analysis into our decision-making processes. This ensures that we continually work to understand and respond to the diversity of patient experience in health access, care and outcomes, and to recognise and value the importance of using equality analysis to address health inequalities.

All committee reports require the author to consider how their report relates to equalities in general and to ensure that due regard is given to the general equality duty.

When project leads complete an Equality Impact Assessment it helps us identify those who may face barriers to accessing services and those groups with protected characteristics who may be affected should a plan or service be changed.

This information helps us to ensure that when we look at the possible impact of policy or project change, we ensure that we speak to those people or groups on whom the impact would be most felt. This targeted approach is built into our communication and engagement plans.

Our surveys also ask a core set of demographic questions to allow us to understand who is completing the survey and if they meet the general demographics of the geographical or service area. The questions that we ask relate directly to the nine protected characteristics.

Working with our partners across the system, including both Healthwatch and the VCSE, is critical in enabling us to engage with and understand the experiences of people within our communities who are experiencing the greatest health inequalities. We are continuing to develop our contacts and relationships with different groups and organisations that represent the diversity of our population.

Addressing inequalities in COVID-19 vaccine uptake

The communications and engagement plan specifically included activity and approaches to increase uptake and reduce hesitancy amongst groups experiencing the greatest health inequalities.



Shropshire, Telford and Wrekin Vaccination team has come up with a novel and highly effective solution to help address low vaccination uptake in some of its most vulnerable communities, tackling health inequalities with three vaccination buses, and targeted community engagement.

Working in close collaboration with a range of partners including both local authorities and the military, the Vaccination team utilised three vaccination buses to help them to respond to the fast-spreading Omicron variant during the booster sprint in December 2021.

The vehicles were sourced and repurposed into mobile vaccination units with changes such as privacy screens, power connections and heating added to allow NHS teams to set up the clinics wherever they parked. The buses, affectionately named Bob, Betty and Basil, have been run by a variety of staff including Telford and Wrekin Council, Shropshire Council, the military, NHS staff and volunteers. All staff members have gone above and beyond, working weekends and holiday periods to ensure its efficient running, and as part of the effort to get the vaccine to as many people as possible by the New Year.

This unique approach has been recognised as exemplary and was presented to Regional and National Vaccination teams. This work has also been successfully shortlisted for a Local Government Award.

Using a combination of data and insight – backed up by a comprehensive and imaginative communications campaign that included tailored text messages to unvaccinated patients and calls to residents encouraging them to get their jab – the vaccination buses have improved access to vaccination, particularly in the county's most disadvantaged, diverse and rural communities, significantly increasing the number of vaccinations delivered to these groups of people.

The Equalities Group continues to meet to review data and work with (and provide feedback to) local communities. The engagement carried out to support the vaccination programme, which supports our work to reduce health inequalities, provides a sound basis on which to build in future.



Accountability Report

Corporate Governance Report Members' Report

NHS Shropshire, Telford and Wrekin CCG was a membership organisation composed of the 51 GP practices located within the geographical area coterminous with the boundaries of Shropshire Council and Telford and Wrekin Council. When the members of the group met to conduct business as the CCG, this was known as the CCG Membership Forum.

The CCG also had four Locality Forums that were used to engage on a regular basis with member practices. Each member practice nominated one GP representative to represent the practice in all matters considered at the Membership or Locality Forum, and if necessary, exercise a vote. The Member Forum delegated the majority of decision-making to the CCG Governing Body. This was outlined in the CCG Constitution.

The member practices are outlined below:

| Practice name | Address |
|----------------------------------|--|
| Albrighton Medical Practice | Shaw Lane, Albrighton, Wolverhampton, WV7 3DT |
| Alveley Medical Practice | Village Road, Alveley, Bridgnorth, WV15 6NG |
| The Beeches Medical Practice | 1 Beeches Road, Bayston Hill, Shrewsbury, SY3 0PF |
| Belvidere Medical Practice | 23 Belvidere Road, Shrewsbury, SY2 5LS |
| Bishop's Castle Medical Practice | Schoolhouse Lane, Bishop's Castle, SY9 5BP |
| Bridgnorth Medical Practice | Northgate Health Centre, Northgate, Bridgnorth, WV16 4EN |
| Broseley Medical Centre | Bridgnorth Road, Broseley, TF12 5EL |
| Brown Clee Medical Practice | Ditton Priors, Bridgnorth, WV16 6SS |
| Cambrian Surgery | Oswestry Health Centre, Thomas Savin Road, Oswestry, SY11 1GA |
| The Caxton Surgery | Oswald Road, Oswestry, SY11 1RD |
| Charlton Medical Centre | Lion Street, Oakengates, Telford, TF2 6AQ |
| Churchmere Medical Group | Trimpley Street, Ellesmere, SY12 0DB |
| Church Stretton Medical Practice | Easthope Road, Church Stretton, SY6 6BL |
| Claremont Bank Surgery | Claremont Bank, Shrewsbury, SY1 1RL |
| Cleobury Mortimer Medical Centre | Vaughan Road, Cleobury Mortimer, Kidderminster, Worcestershire, DY14 8DB |
| Clive Surgery | 20 High Street, Clive, Shrewsbury, SY4 5PS |
| Court Street Medical Practice | Court Street Medical Centre, Court Street, Madeley, Telford, TF7 5DZ |
| Craven Arms Medical Practice | 20 Shrewsbury Rd, Craven Arms, SY7 9PY |



Shropshire, Telford and Wrekin Clinical Commissioning Group

| | |
|--|--|
| Dawley Medical Practice | Webb House, King Street, Dawley, Telford, TF4 2AA |
| Donnington Medical Practice | Wrekin Drive, Donnington, Telford, TF2 8EA |
| Highley Medical Centre | Bridgnorth Road, Highley, Bridgnorth, WV16 6HG |
| Hodnet Medical Centre | 18 Drayton Road, Hodnet, Market Drayton, TF9 3NF |
| Hollinswood and Priorslee Medical Practice | Downmeade, Hollinswood, Telford, TF3 2EW |
| Ironbridge Medical Practice | Trinity Hall, Dale Road, Coalbrookdale, Telford, TF8 7DT |
| Knockin Medical Centre | Knockin, Oswestry, SY10 8HL |
| Linden Hall | Station Road, Newport, near Telford, Shropshire, TF10 7EN |
| Marden Medical Practice | 25 Sutton Road, Shrewsbury, SY2 6DL |
| Market Drayton Medical Practice | Market Drayton Primary Care Centre, Maer Lane, Market Drayton, TF9 3AL |
| Marysville Medical Practice | Brook Street, Belle Vue, Shrewsbury, SY3 7QR |
| The Meadows Medical Practice (Clun and Knighton) | Penybont Road, Knighton, Powys, LD7 1HB |
| Much Wenlock and Cressage Medical Practice | Kingsway Lodge, Much Wenlock, TF13 6BL |
| Mytton Oak Surgery | Racecourse Lane, Shrewsbury, SY3 5LZ |
| Plas Ffynnon Medical Centre | Middleton Road, Oswestry, SY11 2RB |
| Pontesbury and Worthen Medical Practice | Hall Bank, Pontesbury, Shrewsbury, SY5 0RF |
| Portcullis Surgery | Portcullis Road, Ludlow, SY8 1GT |
| Prescott Surgery | Baschurch, Shrewsbury, SY4 2DR |
| Radbrook Green Surgery | Bank Farm Road, Shrewsbury, SY3 6DU |
| Riverside Medical Practice | Barker Street, Shrewsbury SY1 1QJ |
| Severn Fields Medical Practice | Severn Fields Health Village, Sundorne Road, Shrewsbury SY1 4RQ |
| Shawbirch Medical Practice | 5 Acorn Way, Shawbirch, Telford, TF5 0LW |
| Shawbury Medical Practice | Poynton Road, Shawbury, SY4 4JS |
| Shifnal and Priorslee Medical Practice | Shrewsbury Road, Shifnal, TF11 8AJ |
| South Hermitage Surgery | South Hermitage, Belle Vue, Shrewsbury, SY3 7JS |
| Station Drive Surgery | Station Drive, Ludlow, SY8 2AB |
| Stirchley Medical Practice | Sandino Road, Stirchley, Telford, TF3 1FB |
| Teldoc | Malinslee Surgery, Church Road, Malinslee, Telford, TF3 2JZ |
| The Surgery | Wellington Road, Newport, near Telford, Shropshire, TF10 7HG |
| Wem and Prees Medical Practice (Wem Site) | New Street, Wem, Shrewsbury, SY4 5AF |
| Wellington Medical Practice | The Health Centre, Victoria Avenue, Wellington, Telford, TF1 1PZ |
| Westbury Medical Centre | Westbury, Shrewsbury, SY5 9QX |



Woodside Medical Practice

Woodside Health Centre, Wensley Green, Woodside,
Telford, TF7 5NR

The CCG Governing Body discharged the day-to-day decision-making for the CCG as a whole and is made up of a number of different clinical and non-clinical professionals and lay members.

CCG Governing Body composition during the period 1st April 2022 to 30th June 2022 was as follows:

| Governing Body members up to 31 March 2022 | Board Role |
|--|--|
| Dr John Pepper (voting) | GP Chair |
| Dr Mike Matthee (voting) | GP/Healthcare Professional Member |
| Mrs Rachael Bryceland (voting) | GP/Healthcare Professional Member |
| Dr Mary Ilesanmi (voting) | GP/Healthcare Professional Member |
| Dr Adam Pringle (voting) | GP/Healthcare Professional Member |
| Dr Martin Allen (voting) | Secondary Doctor Member |
| Mrs Audrey Warren (voting) | Independent Nurse Member |
| Mr Geoff Braden (voting) | Lay Member – Governance |
| Mr Meredith Vivian (voting) | Lay Member – Patient Public Involvement (PPI) |
| Mrs Donna McArthur (voting) | Lay Member – Primary Care |
| Mr Ash Ahmed | Lay Member – Patient Public Involvement (PPI) – Equality, Diversity and Inclusion (EDI) |
| Mr Mark Brandreth (voting) | Interim Accountable Officer |
| Mrs Claire Skidmore (voting) | Executive Director of Finance |
| Mrs Zena Young (voting) | Executive Director of Nursing and Quality |
| Dr Julie Garside (voting) | Director of Performance responsible for the Executive Director of Transformation portfolio |
| Ms Claire Parker (non-voting) | Director of Partnerships |
| Miss Alison Smith (non-voting) | Director of Corporate Affairs |
| Mrs Sam Tilley (non-voting) | Director of Planning |
| Dr Deborah Shepherd (non-voting) | Medical Director |
| Dr Stephen James (non-voting) | Interim Chief Clinical Information Officer |
| Rachel Robinson (non-voting) | Director of Public Health for Shropshire Council |
| Liz Noakes (non-voting) | Director of Public Health for Telford and Wrekin Council |
| Lynn Cawley (non-voting) | Chief Officer – Healthwatch Shropshire |
| Barry Parnaby (non-voting) | Chair – Healthwatch Telford and Wrekin |

Committee(s) including Audit Committee

So that the CCG Governing Body could provide strategic direction to the CCG and to assure itself of the CCG's internal control infrastructure, it established a number of committees to undertake specific roles within the governance structure. A diagram showing the governance



structure and explaining the role of each committee can be found in the Annual Governance Statement later in this report.

The Composition of the Audit Committee was as follows:

- Geoff Braden – Lay Member for Governance and Chair of Audit Committee
- Mr Meredith Vivian – Lay Member Patient and Public Involvement
- Mrs Donna MacArthur – Lay Member Primary Care
- Mr Ash Ahmed – Associate Lay Member Patient and Public Involvement – Equality, Diversity and Inclusion.

The role of each CCG Governance Board committee, composition and attendance is detailed in the Annual Governance Statement which forms part of this Annual Report.

[Conflicts of interest declared by our CCG Governance Board members and other committees where membership is different can be found on our website.](#)

Information governance incidents

NHS Shropshire, Telford and Wrekin CCG has reported a total of 6 incidents during the period of 1st April to 30th June 2022. All of these incidents were graded as non-reportable – very low risk and therefore not reportable to the Information Commissioner’s Office (ICO).

Statement of disclosure to auditors

Each individual who is a member of the CCG at the time the Members’ Report is approved confirms:

- so far as the member is aware, there is no relevant audit information of which the CCG’s auditor is unaware that would be relevant for the purposes of their audit report
- the member has taken all the steps that they ought to have taken in order to make him or herself aware of any relevant audit information and to establish that the CCG’s auditor is aware of it.

Modern Slavery

NHS Shropshire, Telford and Wrekin CCG fully supported the Government’s objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

Statement of Accountable Officer’s Responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed the Chief Officer to be the Accountable Officer of NHS Shropshire, Telford and Wrekin CCG.



The responsibilities of an Accountable Officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the Clinical Commissioning Group Accountable Officer Appointment Letter. They include responsibilities for:

- The propriety and regularity of the public finances for which the Accountable Officer is answerable
- Keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the Accounts comply with the requirements of the Accounts Direction)
- Safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities)
- The relevant responsibilities of accounting officers under Managing Public Money
- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended) and with a view to securing continuous improvement in the quality of services (in accordance with Section 14R of the National Health Service Act 2006 (as amended))
- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

Under the National Health Service Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group to prepare for each financial year financial statements in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its net expenditure, changes in taxpayers' equity and cash flows for the financial year.

In preparing the financial statements, the Accountable Officer is required to comply with the requirements of the Group Accounting Manual issued by the Department of Health and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the Group Accounting Manual issued by the Department of Health have been followed, and disclose and explain any material departures in the financial statements
- Prepare the financial statements on a going concern basis.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out under the National Health Service Act 2006 (as amended), Managing Public Money and in my CCG Accountable Officer Appointment Letter.

I also confirm that:

- As far as I am aware, there is no relevant audit information of which the CCG's auditors are unaware, and that as Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information



- The Annual Report and Accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the Annual Report and Accounts and the judgments required for determining that it is fair, balanced and understandable.

Simon Whitehouse
Accountable Officer
NHS Shropshire, Telford and Wrekin
29th June 2023



Governance Statement

Introduction and context

NHS Shropshire, Telford and Wrekin CCG is a body corporate established by NHS England on 1 April 2021 under the National Health Service Act 2006 (as amended), which set out the CCG's statutory functions.

The general function of the CCG is to arrange the provision of services for people for the purposes of the health service in England. Specifically, it is required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.

As of 1st April 2022, the CCG is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

The CCG was dissolved on 30th June 2022 and its functions transferred to the NHS Shropshire Telford and Wrekin Integrated Care Board (ICB) on 1st July 2022. This governance statement covers the period of operation from 1st April 2022 to 30th June 2022.

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the CCG's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in managing public money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my CCG Accountable Officer Appointment Letter.

I am responsible for ensuring that the CCG is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the CCG as set out in this Governance Statement.

Governance arrangements and effectiveness

The main function of the Governing Body is to ensure that the CCG has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of relevant good governance.

The CCG is a clinically-led membership organisation comprising GP practices within the geographical area of Shropshire, which is coterminous with Shropshire Council, and Telford and Wrekin, which is coterminous with Telford and Wrekin Council. The members of the



CCG are responsible for determining the governing arrangements of the organisation, which they are required to set out in the CCG’s [Constitution](#), found on our website.

The year 2022/23 has continued to see an impact from COVID-19 pandemic on the CCG, in that staff and resources have continued to be redeployed to support frontline services and the mass COVID-19 vaccination programme. The governance processes for the CCG have, in line with national guidance and to support transition to the new ICB, also needed to change temporarily to fit this dynamic situation. Some committees of the Governing Body and membership have met less frequently, agendas have been streamlined, and risk management processes have focused on the CCG Board Assurance Framework (BAF) and system Gold Command emergency response. The CCG undertook these changes to ensure that its focus and resources continued to be reserved to meet the challenges from COVID-19 and to provide a seamless transition to the new ICB during the first quarter of 2022/23.

Membership Forum

The membership of the CCG is made up of 51 GP practices which are outlined in the Constitution. When the members of the group meet to conduct business as a group, this is known as the CCG Membership Forum. Each member of the group has nominated one practice representative to represent the practice in all matters, and vote on behalf of the practice at CCG Member Forum meetings.

The Membership Forum ensures that there is accountability between the CCG Governing Body and the group’s member practices. It also makes decisions and exercises powers reserved to the membership, as listed in the Scheme of Reservation and Delegation that forms part of the Constitution.

The Membership Forum did not meet during the first three months of the 2022/23 financial year. The full list of the Membership Forum can be found in the Accountability section of this Annual Report.

Locality Forums

The CCG also has four Locality Forums – local geographical groupings (‘localities’) of practice members which comprise the respective practice representatives of the practices within each locality. They provide a forum for discussion and involvement with member practices.

The CCG has constituted four localities: North Shropshire, Shrewsbury and Atcham, Telford and Wrekin, and South Shropshire.

Locality Forum members and attendance are listed below:

The North Shropshire Locality Forum

| Name | Title | Medical Practice | Attendance |
|-----------------|----------------------|------------------|------------|
| Dr Adam Booth | General Practitioner | Baschirch | 0 |
| Tracey Wilcocks | Practice Manager | Baschurch | 0 |



Shropshire, Telford and Wrekin Clinical Commissioning Group

| | | | |
|---------------------|----------------------|--------------------------|---|
| Dr T W Lyttle | General Practitioner | Churchmere Medical Group | 0 |
| Ms Jenny Davies | Practice Manager | Churchmere Medical Group | 1 |
| Dr A Schur | General Practitioner | Clive | 1 |
| Mrs Zoe Bishop | Practice Manager | Clive | 0 |
| Dr J Mehta | General Practitioner | Hodnet | 0 |
| Mrs Rosemary Mehta | Practice Manager | Hodnet | 0 |
| Dr J Davies | General Practitioner | Knockin | 1 |
| Mrs Mary Herbert | Practice Manager | Knockin | 1 |
| Dr Michael Matthee | General Practitioner | Market Drayton | 1 |
| Mrs Michele Matthee | Practice Manager | Market Drayton | 0 |
| Dr S Eslava | General Practitioner | Oswestry - Cambrian | 1 |
| Ms Nicola James | Practice Manager | Oswestry - Cambrian | 0 |
| Dr S Lachowicz | General Practitioner | Oswestry - Caxton | 0 |
| Mr James Bradbury | Practice Manager | Oswestry - Caxton | 0 |
| Dr Y Seenan | General Practitioner | Oswestry - Plas Ffynnon | 1 |
| Mr Nicolas Storey | Practice Manager | Oswestry - Plas Ffynnon | 1 |
| Dr A C W Clark | General Practitioner | Shawbury | 0 |
| Ms Clare McDermott | Practice Manager | Shawbury | 1 |
| Dr C Rogers | General Practitioner | Wem and Prees | 0 |
| Ms Caroline Morris | Practice Manager | Wem and Prees | 1 |
| Dr K Lewis (Chair) | General Practitioner | Westbury | 1 |
| Mrs Helen Bowkett | Practice Manager | Westbury | 0 |

The Forum met formally once in the period 1st April 2022 to 30 June 2022 as committees in common with the other Locality Forums. A summary of the areas discussed at the Forum are outlined below:

- Outpatient Redesign
- Appointment Process for Primary Care Board
- Primary Care Leadership for ICB
- Podiatry and Foot Health Services
- GP Strategy

Telford and Wrekin Locality Forum

| Name | Title | Medical Practice | Attendance |
|---------------------|----------------------|---------------------------|------------|
| Dr D Sharp | General Practitioner | Charlton Medical Practice | 1 |
| Anne Thorpe | Practice Manager | Charlton Medical Practice | 0 |
| Dr Teresa McDonnell | General Practitioner | Court Street | 1 |
| Maria Humphries | Practice Manager | Court Street | 1 |
| Dr H Bufton | General Practitioner | Dawley Medical Practice | 1 |
| Nicki Blackburn | Practice Manager | Dawley Medical Practice | 1 |



| | | | |
|----------------------------|----------------------|-----------------------------|---|
| Dr J Hudson | General Practitioner | Donnington Medical Practice | 1 |
| Jason Shelley | Practice Manager | Donnington Medical Practice | 0 |
| Dr R Mishra | General Practitioner | Hollinswood / Priorslee MP | 0 |
| Mala Mishra | Practice Manager | Hollinswood / Priorslee MP | 0 |
| Dr S Eli | General Practitioner | Ironbridge Medical Practice | 1 |
| Anna Rogers | Practice Manager | Ironbridge Medical Practice | 0 |
| Dr S Waldendorf | General Practitioner | Linden Hall, Newport | 1 |
| Karen Sloan | Practice Manager | Linden Hall, Newport | 0 |
| Dr C Freeman | General Practitioner | Shawbirch Medical Practice | 1 |
| Ruth Waldendorf | Practice Manager | Shawbirch Medical Practice | 0 |
| Dr M Innes / Dr N Gureja | General Practitioner | Stirchley Medical Practice | 1 |
| Tracie Craddock | Practice Manager | Stirchley Medical Practice | 1 |
| Dr I Chan (Chair) | General Practitioner | Teldoc | 1 |
| Elaine Edwards | Practice Manager | Teldoc | 0 |
| Dr D Ebenezer / Dr N Singh | General Practitioner | Wellington Medical Practice | 0 |
| Dr K Douglas | General Practitioner | Wellington Road, Newport | 0 |
| Lynn Kupiec | Practice Manager | Wellington Road, Newport | 0 |
| Dr M Thompson | General Practitioner | Woodside Medical Practice | 1 |
| Teresa Beasley | Practice Manager | Woodside Medical Practice | 0 |
| Dr Saritha Eli | General Practitioner | Ironbridge Medical Practice | 1 |
| Anna Rogers | Practice Manager | Ironbridge Medical Practice | 0 |

The Forum met formally once in the period 1st April 2022 to 30 June 2022 as committees in common with the other Locality Forums. A summary of the areas discussed at the Forum are outlined below:

- Outpatient Redesign
- Appointment Process for Primary Care Board
- Primary Care Leadership for ICB
- Podiatry and Foot Health Services
- GP Strategy

The Shrewsbury and Atcham Locality Forum

| Name | Title | Medical Practice | Attendance |
|---------------------|----------------------|------------------|------------|
| Dr Kate Leach | General Practitioner | Belvidere | 1 |
| Ms Caroline Davis | Practice Manager | Belvidere | 1 |
| Dr M Fallon | General Practitioner | Claremont Bank | 0 |
| Ms Jane Read | Practice Manager | Claremont Bank | 1 |
| Dr E Baines (Chair) | General Practitioner | Marden | 1 |
| Mrs Zoe George | Practice Manager | Marden | 1 |
| Dr J Visick | General Practitioner | Marysville | 0 |



Shropshire, Telford and Wrekin Clinical Commissioning Group

| | | | |
|---------------------|----------------------|---------------------------|---|
| Mrs Izzy Culliss | Practice Manager | Marysville | 1 |
| Dr S Watton | General Practitioner | Mytton Oak | 0 |
| Vacancy | Practice Manager | Mytton Oak | 0 |
| Dr A Adams | General Practitioner | Pontesbury and Worthen | 0 |
| vacancy | Practice Manager | Pontesbury and Worthen | 0 |
| Dr C Hart | General Practitioner | Radbrook Green | 1 |
| Dr H Bale | General Practitioner | Radbrook Green | 0 |
| Dr Benjamin Roberts | General Practitioner | Radbrook Green | 0 |
| Ms Angela Treherne | Practice Manager | Radbrook Green | 0 |
| Dr P Rwezaura | General Practitioner | Riverside | 1 |
| Ms Amanda Lloyd | Practice Manager | Riverside | 0 |
| Dr D Martin | General Practitioner | Severn Fields | 0 |
| Ms S Griffiths | Practice Manager | Severn Fields | 0 |
| Dr L Davis | General Practitioner | South Hermitage | 0 |
| Mrs Caroline Brown | Practice Manager | South Hermitage | 0 |
| Dr E Jutsum | General Practitioner | The Beeches, Bayston Hill | 1 |
| Ms N Perks | Practice Manager | The Beeches, Bayston Hill | 0 |

The Forum met formally once in the period 1st April 2022 to 30 June 2022 as committees in common with the other Locality Forums. A summary of the areas discussed at the Forum are outlined below:

- Outpatient Redesign
- Appointment Process for Primary Care Board
- Primary Care Leadership for ICB
- Podiatry and Foot Health Services
- GP Strategy

The South Shropshire Locality Forum

| Name | Title | Medical Practice | Attendance |
|----------------------------------|----------------------|------------------|------------|
| Dr Matthew Bird (Chair) | General Practitioner | Albrighton | 1 |
| Ms Val Eastup | Practice Manager | Albrighton | 0 |
| Dr D Abbotts | General Practitioner | Alveley | 0 |
| Mrs Lindsey Clark/Theresa Dolman | Practice Manager | Alveley | 0 |
| Dr A Penney / Dr P Gardner | General Practitioner | Bishops Castle | 1 |
| Ms Sarah Bevan/Thomas Davies | Practice Manager | Bishops Castle | 0 |
| Dr G Potter | General Practitioner | Bridgnorth | 1 |



| | | | |
|---|----------------------|---------------------------|---|
| Ms Dude Newell (started attending March 2021) | Practice Manager | Bridgnorth | 0 |
| Dr M Babu | General Practitioner | Broseley | 0 |
| Ms Nina Wakenell | Practice Manager | Broseley | 1 |
| Dr W Bassett | General Practitioner | Brown Clew | 0 |
| Ms Vicki Brassington | Practice Manager | Brown Clew | 0 |
| Dr A Chamberlain | General Practitioner | Church Stretton | 0 |
| Ms Emma Kay | Practice Manager | Church Stretton | 1 |
| Dr P Thompson | General Practitioner | Cleobury Mortimer | 0 |
| Mr Mark Dodds/Cate Tolley | Practice Manager | Cleobury Mortimer | 1 |
| Dr J Bennett | General Practitioner | Clun | 0 |
| Mr Peter Allen | Practice Manager | Clun | 0 |
| Dr M Carter | General Practitioner | Craven Arms | 0 |
| Mrs Susan Mellor- Palmer | Practice Manager | Craven Arms | 1 |
| Dr S Allen | General Practitioner | Highley | 1 |
| Mr S Consul | Practice Manager | Highley | 0 |
| Dr C Beanland / Dr C Targett | General Practitioner | Ludlow – Portcullis | 1 |
| Mrs Rachel Shields | Practice Manager | Ludlow – Portcullis | 1 |
| Dr G Cook | General Practitioner | Ludlow – Station Drive | 0 |
| Ms Jodie Billinge | Practice Manager | Ludlow – Station Drive | 0 |
| Dr J Wentel | General Practitioner | Much Wenlock and Cressage | 0 |
| Mrs Sarah Hope / Ms M Jones | Practice Manager | Much Wenlock and Cressage | 1 |
| Dr R Shore / Dr P Leigh | General Practitioner | Shifnal and Priorslee | 0 |
| Ms Hayley Breese | Practice Manager | Shifnal and Priorslee | 1 |

The Forum met formally once in the period 1st April 2022 to 30 June 2022 as committees in common with the other Locality Forums. A summary of the areas discussed at the Forum are outlined below:

- Outpatient Redesign
- Appointment Process for Primary Care Board
- Primary Care Leadership for ICB
- Podiatry and Foot Health Services
- GP Strategy

As set out in the Constitution, the CCG has delegated the majority of its decision making to the CCG Governing Body and has specific functions conferred on it by Section 25 in the 2012 Act.



Governing Body

The composition of the CCG Governing Body is made up of GP/Primary Healthcare Professional Board members drawn from the CCG membership and from the membership of NHS Shropshire, Telford and Wrekin CCG, jointly appointed executive officers, other clinical representation and lay members. The full composition is outlined in full within the Constitution.

CCG Governing Body met once during the period 1st April 2022 to 30th June 2022 in total. The names of members and their attendance are listed below:

| Governing Body members up to 30 June 2022 | Board Role | Meetings attended during 2022/23 |
|---|--|----------------------------------|
| Dr John Pepper (voting) | GP Chair | 1 |
| Dr Mike Matthee (voting) | GP/Healthcare Professional Member | 1 |
| Mrs Rachael Bryceland (voting) | GP/Healthcare Professional Member | 1 |
| Dr Mary Ilesanmi (voting) | GP/Healthcare Professional Member | 1 |
| Dr Adam Pringle (voting) | GP/Healthcare Professional Member | 1 |
| Dr Martin Allen (voting) | Secondary Doctor Member | 1 |
| Mrs Audrey Warren (voting) | Independent Nurse Member | 1 |
| Mr Geoff Braden (voting) | Lay Member – Governance | 1 |
| Mr Meredith Vivian (voting) | Lay Member – Patient Public Involvement (PPI) | 0 |
| Mrs Donna McArthur (voting) | Lay Member – Primary Care | 0 |
| Mr Ash Ahmed | Lay Member – Patient Public Involvement (PPI) – Equality, Diversity and Inclusion (EDI) | 0 |
| Mr Mark Brandreth (voting) | Interim Accountable Officer | 1 |
| Mrs Claire Skidmore (voting) | Executive Director of Finance | 1 |
| Mrs Zena Young (voting) | Executive Director of Nursing and Quality | 1 |
| Dr Julie Garside (voting) | Director of Performance responsible for the Executive Director of Transformation portfolio | 1 |
| Ms Claire Parker (non-voting) | Director of Partnerships | 1 |
| Miss Alison Smith (non-voting) | Director of Corporate Affairs | 1 |
| Mrs Sam Tilley (non-voting) | Director of Planning | 1 |
| Dr Deborah Shepherd (non-voting) | Medical Director | 0 |
| Dr Stephen James (non-voting) | Interim Chief Clinical Information Officer | 0 |
| Rachel Robinson (non-voting) | Director of Public Health for Shropshire Council | 0 |



| | | |
|----------------------------|--|---|
| Liz Noakes (non-voting) | Director of Public Health for Telford and Wrekin Council | 0 |
| Lynn Cawley (non-voting) | Chief Officer – Healthwatch Shropshire | 1 |
| Barry Parnaby (non-voting) | Chair – Healthwatch Telford and Wrekin | 0 |

Audit Committee

The Audit Committee provides assurance to the CCG Governing Body that the organisation’s overall internal control/governance system operates in an adequate and effective way. The Committee’s work focuses not only on financial controls, but also risk management and quality governance controls.

The Committee has met a total of three times during 2022/23, which is included in the attendance table below.

| Audit Committee members | Meetings attended during 2022/23 |
|---|----------------------------------|
| Mr Geoff Braden – Lay Member for Governance (Chair) | 3 |
| Mr Meredith Vivian – Lay Member PPI | 2 |
| Mrs Donna MacArthur – Lay Member Primary Care | 2 |
| Mr Ash Ahmed – Lay Member PPI – EDI | 1 |

Throughout quarter 1 of 2022/23, the Committee has received regular reports on the following:

1. Assurance and oversight of due diligence of transition from NHS Shropshire, Telford and Wrekin CCG to Integrated Care Board.
2. assurance gained from and further development of the Board Assurance Framework (BAF) and Executive Risk Register
3. assurance gained from overseeing the continued development and self-certification of the CCG against the Information Governance (IG) toolkit
4. assurance on quality process for triangulating information to monitor provider quality and ensuring high standards of safeguarding
5. assurance on the CCG’s emergency planning and business continuity processes
6. assurance on the counter fraud measures in place and on continuing work around preventing and addressing fraud
7. assurance gained from Internal / External Audit reports
8. assurance on the content of the annual accounts and annual report audit by external auditors

Remuneration Committee

The Remuneration Committee recommends to the Board appropriate salaries, payments and terms and conditions of employment. The Remuneration Committee has met twice as required during the period 1st April 2022 to 30th June 2022.



| Remuneration Committee members up to 1 August 2020 | Meetings attended during 2022/23 |
|---|----------------------------------|
| Mrs Donna MacArthur – Lay Member Primary Care (Chair) | 2 |
| Mr Meredith Vivian – Lay Member PPI | 2 |
| Mr Ash Ahmed – Lay Member PPI – EDI | 2 |

Throughout the first quarter, the Committee has received reports on:

- implementation of national guidance in relation to pay awards.
- consideration and ratification of National Guidance in relation to ICS Transition Management of Change Process for CCG staff
- review and support for two retire and return applications presented to the committee which recognised the recruitment challenges and the need to retain specialist skills and corporate memory.

Quality and Performance Committee

The Quality and Performance Committee oversees and provides assurance on performance and quality of commissioned services. The committee met 3 times during the year. The Committee continued to meet during quarter 1 in common with the shadow ICB Quality and Performance Committee to enable a seamless handover.

| Quality and Performance Committee members | Meetings attended during 2022/23 |
|--|----------------------------------|
| Mr Meredith Vivian – Lay Member PPI (Chair) | 3 |
| Mrs Audrey Warren – Registered Nurse | 2 |
| Mrs Rachael Bryceland – GP/Healthcare Professional | 1 |
| Dr Martin Allen – Secondary Care Doctor | 1 |

Throughout the first quarter, the Committee received reports on:

- SaTH CQC Condition Notices for CYP/Mental Health
- ASD
- Safeguarding
- ICS Quality & Safety Strategy
- Continuity of Carer
- Serious Incidence
- CHC Quarterly Update
- NICE
- SEND
- ICS Training Hub
- LMNS Update
- Ockenden Update
- Primary Care Quarterly report
- Ambulance on Scene of Times during the Pandemic



- Harm Review
- IPC Quarterly report
- LeDeR Update
- Patient Experience
- NHS 11 First
- Breast Cancer Updates

Finance Committee

The Finance Committee oversees and provides assurance on the financial delivery of commissioned services. The committee met 3 times during 2022/23.

| Finance Committee members | Meetings attended during 2022/23 |
|---|----------------------------------|
| Mr Geoff Braden – Lay Member Governance (Chair) | 3 |
| Mr Ash Ahmed – Lay Member PPI – EDI | 2 |
| Dr John Pepper – GP Chair | 1 |
| Dr Mike Matthee – GP / Healthcare Professional | 3 |
| Dr Martin Allen – Secondary Care Doctor | 2 |

Throughout the first quarter, the Committee has received reports on:

- Month 12 Finance Report
- 22/23 Finance Plan
- 2021/22 Value for Money Report including progress on 2022/23 Plans
- ICS Due Diligence
- Board Assurance Framework and Directorate Risk Register 2021/22
- 2022/23 Efficiency Plan Update
- M2 CCG Finance Report
- M2 Efficiency Plan Update

The Strategic Commissioning Committee

The Strategic Commissioning Committee oversees and provides assurance on the commissioning of services. The Committee has met once during the period 1st April 2022 to 30th June 2022 which is included in the attendance table below.

| Strategic Commissioning Committee members | Meetings attended during 2022/23 |
|---|----------------------------------|
| Mrs Audrey Warren – Registered Nurse (Chair) | 1 |
| Mr Ash Ahmed – Lay Member PPI – EDI | 1 |
| Mrs Donna MacArthur – Lay Member Primary Care | 1 |
| Dr John Pepper – GP/Healthcare Professional | 1 |
| Mr Mary Ilesanmi – GP/Healthcare Professional | 1 |

Throughout the first quarter the Committee has received reports on:



- Prescribing Development scheme 22/23
- Rapid Access Chest Pain Proforma
- Assurance Report (Q3 2021/22 Insight Report)
- Local Care Update (Presentation)
- Community Diagnostic Centre Business case

Primary Care Commissioning Committee

This committee oversees the commissioning of primary care under delegated decision-making authority from NHS England. The committee met eight times during the year.

The Primary Care Commissioning Committee has met twice as scheduled during the period 1st April 2022 to 30th June 2022.

| Primary Care Commissioning Committee members | Meetings attended during 2022/23 |
|--|----------------------------------|
| Mrs Donna MacArthur – Lay Member Primary Care (Chair) | 1 |
| Mr Meredith Vivian – Lay Member PPI | 2 |
| Independent GP - vacancy | n/a |
| Mr Mark Brandreth – Interim Accountable Officer | 0 |
| Mrs Claire Skidmore – Executive Director Finance | 1 |
| Mrs Zena Young – Executive Director of Nursing and Quality | 0 |
| Claire Parker – Director of Partnerships | 2 |
| Dr Julie Garside – Director of Planning | 2 |

Throughout the first quarter, the Committee has received reports on:

- Finance update
- Primary Care Update
- Primary Care Practice Visits Update
- GP Strategy
- Risk Register
- Winter Access Fund
- GP Patient Survey
- Draft Caretaking Policy

Individual Funding Committee

The IFC approves commissioning decisions for individual funding requests as part of a three-stage process, with the Committee fulfilling the second stage decision-making on behalf of the Group.

The IFR stage one screening panel considers IFR requests for funding for individual exceptional patients on behalf of the CCG. The Individual Funding Request Stage one screening panel did not meet during the period 1st April 2022 to 30th June 2022.



| IFR stage one screening panel members | Meetings attended during 2022/23 |
|--|----------------------------------|
| Gabriel Agboado – Consultant in Public Health Medicine | n/a |
| Michele Rowland-Jones – Senior Pharmaceutical Advisor | n/a |

Between 1 April 2022 and 30 June 2022, no cases were taken to the IFR stage one panel for consideration and 1 case was passed to a stage two Individual Funding Committee. Therefore 1 decision was made.

| Individual Funding Committee members (stage two) | Meetings attended during 2022/23 |
|---|----------------------------------|
| Barrie Reis-Seymour – Head of Transformation and System Commissioning – Elective Care | 0 |
| Tracey Jones – Deputy Director of Partnerships | 0 |
| Deborah Shepherd – GP | 1 |
| Kay Holland – Deputy Director Contracting | 0 |
| Meryl Flaherty – Contracts Business Partner | 1 |
| Gordon Kochane – Public Health Consultant | 0 |
| Francis Sutherland – Head of Transformation and Commissioning – Mental Health, Learning Disabilities and Autism | 1 |
| Liz Walker – Deputy Director Quality | 0 |
| Julie Garside – Director Transformation, Partnership and Commissioning | 0 |
| Angus Hughes – Associate Director of Finance – Decision Support | 0 |
| Angharad Jones – Finance Business Partner | 0 |
| Dr Adam Pringle – GP | 0 |

Between 1 April 2022 and 30 June 2022, no cases were taken to the IFR stage three (appeal) review panel for consideration.

| IFR stage three review panel members | Meetings attended during 2022/23 |
|--|----------------------------------|
| Dr John Pepper – GP | n/a |
| Zena Young – Executive Director of Nursing and Quality | n/a |

Assuring Involvement Committee

The Assuring Involvement Committee is composed of a number of volunteer members of the public who submitted expressions of interest via an advertisement to become committee members. The role of the committee is to ensure that the CCG involves patients and the public in its decision-making and strategic service design. The Assuring Involvement Committee has met twice during the period 1st April 2022 to 30th June 2022.

| Assuring Involvement Committee members | Meetings attended during 2022/23 |
|--|----------------------------------|
| Mr John Wardle (Chair) | 2 |



| | |
|--|---|
| Mr Ash Ahmed – Lay Member PPI – EDI | 0 |
| Mr Meredith Vivian – Lay Member PPI | 2 |
| Mrs Beverley Ashton – Assuring Involvement Committee Member | 2 |
| Mr Karl Bailey – Assuring Involvement Committee Member | 1 |
| Mrs Sherrel Fikeis – Assuring Involvement Committee Member | 2 |
| Mrs Valerie Graham – Assuring Involvement Committee Member | 1 |
| Mrs Rosemary Hooper – Vice Chair and Assuring Involvement Committee Member | 2 |
| Mrs Jackie Jones – Assuring Involvement Committee Member | 1 |
| Mr Patrick Spreadbury – Assuring Involvement Committee Member | 2 |
| Mrs Dawn Yapp-Altinsoy – Assuring Involvement Committee Member | 2 |

Throughout the first quarter, the Committee received reports on:

- The Shrewsbury Health and Well-being Hub
- Assuring involvement within the ICB

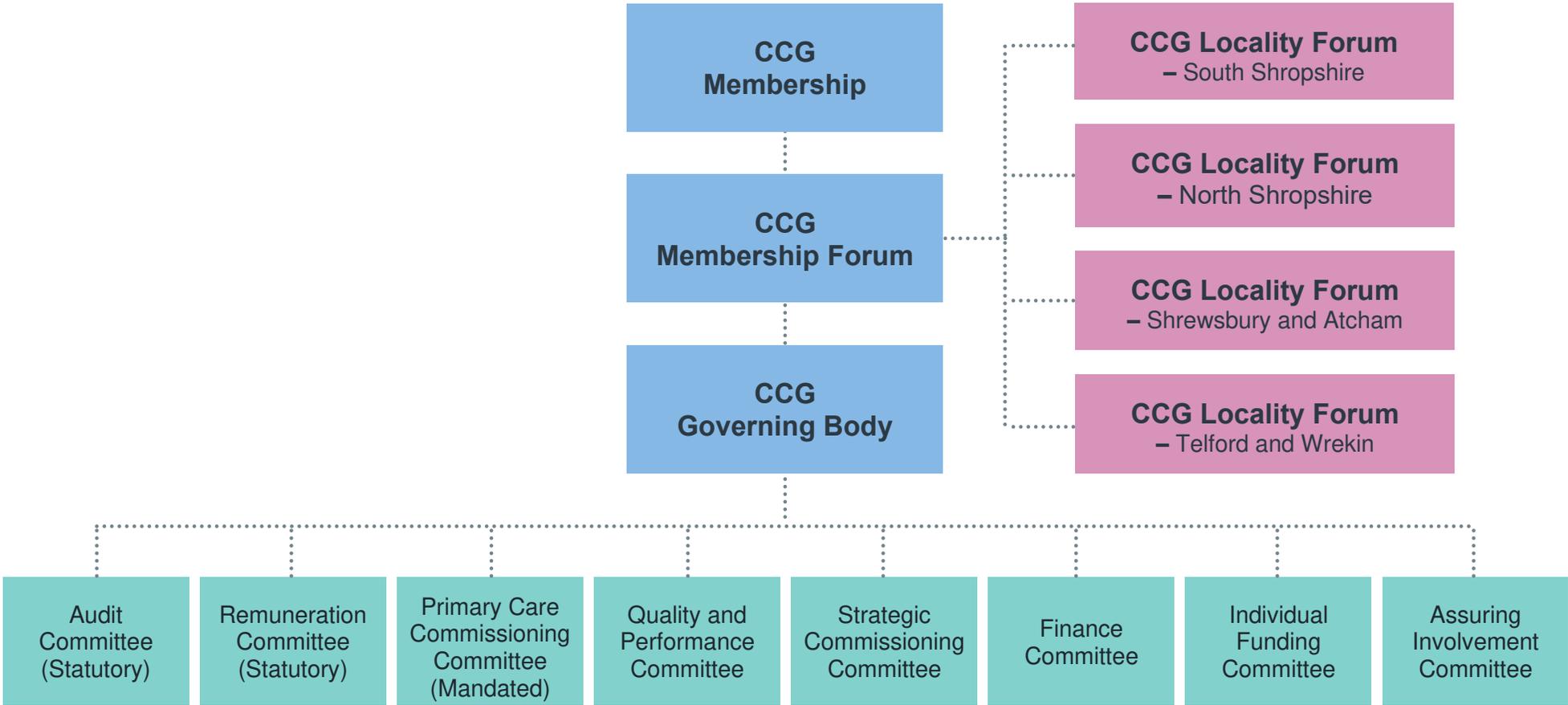
Membership of the committees and sub-committees of the CCG Governing Body is outlined in respective terms of reference which are included in the CCG’s Constitution and Governance Handbook. Attendance at these meetings is recorded in the minutes of each meeting.

The governance structure for NHS Shropshire, Telford and Wrekin CCG (as described in the CCG’s Constitution) is shown on the next page.

The CCG has reflected on its own effectiveness and performance as part the quarterly assurance checkpoints undertaken by NHS England for all ICS systems during 2022/23 and as part of the transition arrangements to the ICB. The outcomes of these have been reported to the CCG Governing Body and ICS Board.



Governance structure for NHS Shropshire, Telford and Wrekin CCG



UK Corporate Governance Code

NHS bodies are not required to comply with the UK Corporate Governance Code. However, we have reported on our corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the CCG and best practice.

Discharge of statutory functions

In light of the recommendations of the 1983 Harris Review, the CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the CCG is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all the CCG's statutory duties.

Risk management arrangements and effectiveness

Corporate governance is the system by which the CCG Governing Body directs and controls the organisation at the most senior level, to achieve its objectives and meet the necessary standards of accountability and probity. Using a risk management mechanism, the CCG Governing Body brings together the various aspects of governance: corporate, clinical, financial, and information to provide assurance on its direction and control across the whole organisation in a coordinated way.

The following information outlines the normal risk management practice the CCG follows. However, due to the COVID-19 pandemic, the CCG Governing Body agreed to continue to focus its attention during 2022/23 on the Board Assurance Framework to assist it in navigating a very challenging environment and conserving valuable staff resources and to provide a seamless transition to the ICB.

The CCG's Internal Auditors have reviewed the latest Governing Body Assurance Framework presented to the Audit Committee on 15th June 2022 and to the Governing Body on 8th June 2022 and have undertaken a high level review to confirm that it is broadly designed and operating effectively.

There were also some areas recommended for action which included the need to update some risks and actions and some inconsistency of detail and presentation of information. These recommendations were actioned in Q1 of 2022/23 financial year.

The coordinating body for receiving assurance on these strands of governance is the Audit Committee, which oversees integrated governance on behalf of the CCG Governing Body. In



addition, the other committees also oversee the risks within their specific remits, providing assurance to the Audit Committee where appropriate.

The CCG prevents risk arising wherever possible by:

- applying policies and procedures for staff and contractors to follow
- the CCG Constitution
- standing orders and prime financial policies
- the use of technical support external to the CCG (for example, legal, information governance, and human resources advice)
- internal audit.

The CCG also employs deterrents to risk arising (for example fraud and IT deterrents).

The system of risk control forms part of the CCG's system of internal control and is defined in the Integrated Risk Management Strategy, which is reviewed annually. The strategy defines the risk management responsibilities and common methodologies for the identification and assessment of risks for the whole organisation. It requires that risks are managed to a reasonable level, within the parameters of a defined risk appetite, rather than requiring the elimination of all risk of failure to achieve the CCG's objectives.

The risk control system facilitates the assessment of risk by:

- identifying and prioritising the risks to the achievement of the organisation's objectives
- evaluating the likelihood of those risks being realised and the impact should they be realised, and managing them efficiently, effectively and economically.

The Risk Management Strategy applies to all risks, whether these are financial, quality, performance, governance, etc.

The risk appetite was determined and approved by the Governing Body and the strategy outlines the processes for maintaining and monitoring the Board Assurance Framework and the Directorate Risk Register with due regard to this appetite.

Our risk appetite can be summarised as follows:

- we expect to fulfil our statutory and regulatory duties to maintain and improve quality and safety in our activities and those of the organisations we commission healthcare from
- to achieve this, we will maintain a lean and flexible governance and staffing structure, populated by people who think in a holistic, patient-focused way and with a keen sense of inventiveness
- we will accept risks graded as 'very low', avoid expenditure and use of resources on those graded 'low', manage in a cost-effective manner those graded moderate and enthusiastically seek to reduce those graded 'high'
- conversely, we will actively seek to implement actions to take opportunities graded 'high' and proportionately respond to those graded below this
- whilst we will ensure cost-effectiveness and a balanced budget, we seek quality and innovation towards best practice in patient-centred care.



Risk management is embedded in the activity of the CCG and can be demonstrated through:

- completion of equality impact assessments for reviewed or new policies
- incident and serious incident reporting is encouraged by the CCG and evident through the Ulysses reporting system
- Information Governance (IG), raising concerns and ensuring fraud awareness and training has been provided to senior managers and staff
- training for staff and Board members is mandated for particular areas: health and safety, IG, safeguarding, safer recruitment, fire safety, business continuity/emergency planning, Integrated Single Finance System (ISFE) and conflicts of interest
- intelligence gathering through quality and performance contracting processes with providers
- complaints and Patient Advice and Liaison Service (PALS) enquiries
- NHS-to-NHS concerns reporting via Ulysses
- national reviews, inspections and guidance.

Risks are identified, assessed and recorded in accordance with the Risk Management Strategy and Risk Assessment Code of Practice. The principal processes and the matrix described in these documents are applied to all risk registers, incident management and risk assessment activity across the CCG.

The following processes are used to identify risks:

- retrospectively following the occurrence of an adverse incident
- proactively to identify potential risks to service delivery
- during the development of new activities.

It is acknowledged that risks may be shared with other organisations that the CCG works with to jointly deliver services. Consequently, the BAF is discussed with risk management leads and reflects the identified strategic risks of these organisations where appropriate.

The following details are recorded for each recorded risk on a risk register:

- risk category/reference
- risk description
- existing controls/assurance
- risk grading with existing controls
- gaps in controls/assurance
- target risk grading
- actions to reduce the risk to an acceptable level
- amendments record.

Where necessary, actions include the identification of budgets and resources to facilitate their implementation. The CCG has given due regard to all national findings from quality reviews undertaken.

Our capacity to handle risk



Leadership is given to the risk management process by the Accountable Officer whose role is to own the Board Assurance Framework (BAF). The BAF, which documents the principal risks to the CCG’s objectives not being delivered, is underpinned by the Directorate Risk Register. This outlines the lower-level risks to each executive lead not meeting their specific remit objectives and, specifically, risks to the CCG not fully discharging primary care commissioning under its delegation from NHS England effectively. Each executive lead, or members of their respective teams, will inform the Directorate Risk Register. Both the Accountable Officer and directors are supported by the Director for Corporate Affairs. CCG staff are provided with a risk assessment code of practice and receive support and training on risk management from the Director of Corporate Affairs where required.

A summary of the major risks identified in this interim BAF during the first quarter of 2022/23 is set out below, and the actions being taken to mitigate the risks. The major risks to the CCG have been reviewed and revised bi-monthly where necessary and then presented to the Audit Committee and the CCG Governing Body.

| Description of major risks added to the Board Assurance Framework during 2022/23 | Existing controls | Further actions |
|---|---|--|
| <p>1. Patient and Public Involvement</p> <p>There is a risk that the CCG fails to meet its statutory duty to involve patients and the public in planning commissioning arrangements, in development and consideration of proposals to change or cease existing services.</p> | <ul style="list-style-type: none"> • Interim Communications and Engagement Strategy for STW CCG approved by Governing Body • Communications and Engagement teams working jointly across CCG, ICS and Providers providing more capacity and expertise in planning and delivery • Reports to Governing Body/Committees require section completing on patient involvement • Substantive ICS Director of Comms and Engagement now appointed and overseeing both ICS and CCG functions • Presence of Healthwatch for both areas at Governing Body meetings and Quality Committee • Lay Member for PPI and Lay Member for PPI - EDI in place on Governing Body to act as specific check and balance with regard to patient involvement • Assuring Involvement Committee as part of CCG Governance • Communications and Engagement teams are working jointly across the CCG, ICS and system partners | <ul style="list-style-type: none"> • Communications and Engagement Director overseeing the production of a Comms and Engagement Forward Plan to cover the period to the end of the financial year. The forward plan will then be used as a basis to formulate a more formal C&E Strategy for the ICS. • The Interim Director and Assistant Director have established processes with their new-look team and are now developing a forward plan of activity. |



| | | |
|---|---|---|
| | <p>providing more capacity and expertise in planning and delivery.</p> <ul style="list-style-type: none"> • ICS board meetings are now held in public and board papers published to the ICS website to increase transparency. | |
| <p>2. Transition to a statutory Integrated Care Board (ICB)</p> <p>There is a risk that the CCG does not have sufficient capacity and capability to undertake the transition to the ICS satisfactorily, which results in the ICB being unable to discharge its new statutory duties.</p> | <ul style="list-style-type: none"> • Governing Body members taking lead roles in ICS governance and delivery functions. • CCG Directors have dual roles with CCG and ICS • Joint CCG/ICS management team meetings • Transition meetings taking place with CCG AO ICS Director, ICS Workforce, CCG Director of CA • ICS has been authorised by NHS England • Project lead identified by ICS • National guidance has now been released • ICS and CCG have now appointed an interim CEO for ICS • Transition group overseeing transition plan and due diligence via fortnightly meetings. • Work is being shared between ICS/CCG and providers, with key leads being identified • CS Transition Group involves CCG ED for F, ED for Quality and Nursing, D of Partnerships and Director of CA • Transition plan in place with PMO support. • Due Diligence plan approved, and work is ongoing with identified PMO lead. | <ul style="list-style-type: none"> • Guidance on model constitution and place and ICB structures have been released. and ICB is leading more work on place-based arrangement - July 2022 • Governance structure has been agreed and terms of reference and scheme of reservation and delegation are being developed |
| <p>3. CCG workforce capacity</p> <p>There is a risk that due to the number of secondments, staff vacancies, recruitment freeze and staff sickness levels that the capacity, capability and resilience of our workforce is unable to meet the</p> | <ul style="list-style-type: none"> • Work has been done to ensure that there a no duplication between the CCG and ICB meetings. • A reduced rhythm of CCG governance meetings has been agreed with the CCG Governing Body. • HR are continuing to collect information on secondments/ temporary staffing as part of due diligence process to provide an overview. | <ul style="list-style-type: none"> • Capacity issues in directorates to be captured in DRR May 2022 |



| | | |
|---|---|--|
| <p>demands of ongoing requirements.</p> | <ul style="list-style-type: none"> • Effective prioritisation of workload to system Big 6 priorities and other quality and safety priorities. ongoing • CCG participated in collective mutual aid with system to support level 4 incident management Jan - Mar 2022 through an internal coordination overseen by ED of Quality and D of CA. | |
| <p>4. Financial sustainability</p> <p>There is a risk of failure to deliver the CCG element of the system financial sustainability plan.</p> | <ul style="list-style-type: none"> • Detailed YTD and forecasting information provided at both organisation and system level • Regular CCG/ICB budget holder meetings and budget holder training programme in place • PMO function set up within CCG Finance directorate to help leads to develop efficiency programme and accurately monitor progress and delivery. | <ul style="list-style-type: none"> • Sustainability working group action plan updated in April to focus on 5 key themes to address the gap, with assigned leads to be invited to present deep dives. Actions being monitored through the group and reported to finance committee. • CCG finance team actively engaged in discussions and monitoring potential risks and cost pressures. Issues discussed at regular system finance group meetings and pressures considered at Investment Panel. [LC May 21]. • Business case documentation has been requested from all leads by the end of February. (Efficiency programme leads Feb 22). |



5. System failure to deliver overall long-term sustainability plan

The underlying financial position of the CCG and the system as a whole is currently a significant deficit. The system is therefore in a recovery process and unable to make investment decisions without being through the 'triple lock' process of organisation, system and NHS England approval. As well as delivering the CCG element of the sustainability plan, the CCG will also play a key part in the whole system delivering the longer-term sustainability plan and the approximately £30 million transformational saving every year.

- Risk management framework in place across the system as part of development of system sustainability plan.
- System governance arrangements in place through sustainability committee and investment panel to ensure that new investments are not made unless recurrent resource is available.

- Significant work underway across system to model long term plan. Modelling task and finish group assembled and reviewing system wide financial model available from NHSEI. Future years of plan presented to the system in September- this included a ten year plan showing agreed high level assumptions. This was supported by system partners. System to organisation challenge meetings delivered improved planned deficit position for 22/23 Action plan held by ICB CFO for delivery in May and SROs to be assigned to programmes of work to deliver current gaps in transformation programmes and cost reduction targets. Long term plan to be refreshed following submission of final 22/23 plan. (CS May 22)
- System wide development of 'big 6' underway with SRO assigned to each, further work on modelling underway to align to system financial



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| | | <p>plan. Operational delivery group meetings now in place fortnightly with SRO, programme lead, and finance leads to ensure progress. [Cherry West May '22]</p> <ul style="list-style-type: none"> System risk management framework to be adopted by the new ICB |
| <p>6. Quality and Safety</p> <p>Without a robust quality governance framework in place, the system will not be able to monitor quality and safety and mitigate risks in a timely manner. Patients may experience poorer outcomes and experience.</p> | <ul style="list-style-type: none"> Development of an ICS Quality and Safety Strategy, co-produced with system health and social care partners and patient representative groups. Approved by ICS Board June 2021. Establishment of our ICS governance structure including Quality & Safety Committee (a sub-committee of the ICS Board) and System Quality Group (SQG) which provides quality surveillance and improvement. STW LMNS function is developing to encompass the new responsibilities for PNQSG, and ToR and risk register have been revised in light of this requirement. SaTH Safety Oversight and Assurance Group (SOAG) in place, co-chaired by NHSE/ICS lead and with system membership. SI reporting in accordance with NHS SI Framework, monthly SI review meetings between commissioner/provider in place. Patient Safety Group in place with remit to ensure the NHS Patient Safety strategy is delivered across system. System-wide IPC forum in place providing oversight and peer support. | <ul style="list-style-type: none"> Further develop and embed the system-wide revised approach to quality governance during 2022/23, including quality governance at 'place'. Identify senior resource (DDoN) to lead this work. Q3 Continue to monitor quality risks and workforce plans at provider level through existing mechanisms including a presence at SaTH internal quality governance. (nb. Workforce reported to ICS People Board which has agreed key priority areas for action). Ongoing SaTH undertaking a programme of Quality Improvement Getting to Good |



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| | <ul style="list-style-type: none"> • Vaccination quality governance forum in place to oversee C-19 delivery programme. • CCG/ICS quality and safety monitoring and reporting arrangements will run in parallel during 2022/23. • The model for system governance is confirmed. • There is a programme for monthly quality assurance visits including for maternity MVP and LMNS representatives are included in the Maternity and Neonatal Safety Champion quality visits monthly. • SaTH real-time (unvalidated) data submissions to MBRRACE-UK accessible through specialist midwife and perinatal mortality tool. • All women now on badgernet platform. Medway system now read only (May 22). • Regional escalation tool in place for maternity closures (May 22) • Quality metrics agreed and included in System Quality metrics from June 22 for oversight. | <p>Programme - reported monthly to SOAG for oversight & scrutiny. SOAG is co-chaired by ICS and NHS England directors.</p> <ul style="list-style-type: none"> • Further develop the maternity metrics dashboard at LMNS level - developments made with LMNS dashboard working with SaTH and CSU to establish validated metrics. Data Quality position report received to LMNS board March 2022, improvement expected by July 22. • Support to SaTH to further develop the content and accuracy of their internal maternity dashboard and improve exception reporting. • Continue to monitor Maternity service closure and impact, ensuring appropriate escalation process are followed in each occurrence. • Targeted quality improvement work relating to CYP MH in progress • Oversight of Safeguarding and LAC risks via |
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| | | <p>system safeguarding assurance mechanisms.</p> <ul style="list-style-type: none"> • Continue to monitor LAC standards (which are improving), supporting with revised referral processes. • Implement recommendations of CCG internal audit of Safeguarding Adult and Child processes. Oct 21 (June 22 completion) • Implement new statutory requirements for Liberty Protection Safeguards when national timelines and details are published. • System CYP MH Challenge event hosted jointly by SG partnership boards 13.06.22 |
| <p>7. Restoration of services post COVID-19</p> <p>There is a risk that the restoration of health services following the COVID-19 pandemic will not keep pace with patient need resulting in patients suffering harm.</p> | <ul style="list-style-type: none"> • Demand and Capacity Modelling • System Clinical prioritisation and approach to harm policy in place • Development of digital and virtual capabilities • Developing system infrastructure • 2022/23 operational plan • People Plan and workforce planning | <ul style="list-style-type: none"> • Elective Recovery trajectories set out in 2022/23 plan. Big 6 item re outpatient transformation and MSK addressing elements of sustainability and transformation • Demand and capacity and performance |



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| | | <p>monitoring ongoing to track progress and allow for early mitigation if deviation from plan is evident.</p> <ul style="list-style-type: none"> • Work ongoing on implementation of People Plan • Ongoing dialogue with NHSE regarding equipment and estate |
| <p>8. Population Health Needs</p> <p>There is a risk that the CCG fails to understand its population health needs and how this contributes to health inequalities across the footprint resulting in widening health inequalities.</p> | <ul style="list-style-type: none"> • Inequalities sits within the portfolio for Director of Planning and Partnerships and Population Health Management sits within the portfolio of the Director of Planning. JSNA work lead by Councils. | <ul style="list-style-type: none"> • First phase review of capacity and capability completed. Analyst network in place to support sharing skills and expertise and supporting a system approach. 2 x PHM posts (joint with LAs) recruited to. Refresh of PH Strategy completed to ensure system BI capacity is wrapping around the correct priorities. • PHM SRO within ICS structure but reporting lines and working group arrangements to be developed. Further momentum needed in relation to digital developments • Engagement strategies being developed with the SCcH and TWIPP boards. Joint posts with Local Authority to develop |



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| | | <p>partnership and place based working to deliver the needs of the population</p> <ul style="list-style-type: none"> • PHM SRO within ICS structure but reporting lines and working group arrangements to be developed • Funding requirement linked to output of the CSU Strategy Unit review |
| <p>9.Safeguarding / Looked After Child (LAC)</p> <p>There may be insufficient capacity to carry out statutory safeguarding responsibilities for adults and children within our system.</p> | <ul style="list-style-type: none"> • Robust safeguarding governance infrastructures for the two system Local Authorities, which is well attended by all statutory partners. • Regional safeguarding governance infrastructure which is well attended by CCG. • Experienced team members and good professional links between providers and commissioners of services across STW. • There is a Designated Doctor for LAC in post. | <ul style="list-style-type: none"> • Maintain attendance of designated and named professionals at safeguarding and LAC governance fora. • Continue to triangulate information and outcomes and address areas of concern. • Continue to undertake quality assurance visits. • Scope out development of a proactive/reactive support offer to CYP care homes with system partners. • Continue to support commissioners and providers in implementing new models of care. |
| <p>10. Risk of sustained urgent and emergency care (UEC) pressure</p> | <ul style="list-style-type: none"> • Daily Silver Call • Weekly Gold Call | <ul style="list-style-type: none"> • Several improvement workstreams in |



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| <p>There is a risk that demand for urgent and emergency care consistently outstrips capacity and that this will result in patients suffering harm.</p> | <ul style="list-style-type: none"> • UEC Improvement Plan in place • Significant cost pressure for WMAS already factored into 22/23 financial plan • WMAS handover - quality issues - Alternative pathways in place using primary care and community services for assessment. • The acute provider is undertaking harm assessments, CCG are included in terms of reference • The Quality and Performance Committee received quality and performance data on which to gain knowledge and inform discussion. • CCG Quality Team act on WMAS incidents to ensure lessons are learned and UEC leaders are aware to address performance to prevent repeat. | <p>place but capacity to deliver change has been limited due to the level of system pressure. There are signs that this is now beginning to ease. Learning from our current UEC improvement Plan and the approach to recent pressures has been consolidated and mapped into a refreshed UEC Improvement Plan which has been approved by the UEC Board.</p> <ul style="list-style-type: none"> • 1b. Work to finalise sub-work programmes to be completed by the end of May22 • Significant collaboration between partners agencies, including our LAs in addressing current pressures has shown benefits • Winter Comms plan in place, Winter Plan and specific winter schemes in place. • CG UEC staffing resource structure developed and agreed. • Specific development in place regarding discharge and attendance avoidance • WMAS handover costs will be monitored closely |
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| | | <p>through regular communication with WMAS and lead commissioner contracting and finance teams</p> <ul style="list-style-type: none">• Monitor WMAS Serious incidents for themes monthly at system quality group - July 22• CCG Quality Team monitor the timeliness of incident investigation to ensure immediate and longer-term actions are addressed in a timely way and learning is maximised. The SOP is updated and to be published – June 22• Systems to monitor patient and family feedback in relation to ambulance delays are to be established - July 22 |
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Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place to ensure the CCG delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk. It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control has been in place and under review for the first quarter of 2022/23 and up to the date of the dissolution of the CCG.

The system utilised by the CCG is designed to identify and prioritise risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. There is appropriate monitoring of risks and the courses of action being employed to mitigate them.

Our Risk Management Strategy defines our commitment to ensuring that the CCG has in place structures that will effectively manage risks of all kinds, in line with aims set out in our Constitution. We will take all reasonable steps to manage risks in commissioned services, staff, visitors, reputation, organisational assets and any other issue as an integral part of our management processes.

The following control mechanisms are in place:

- risk management
- Constitution
- security management
- Counter Fraud Annual Plan
- Internal Audit Annual Plan
- performance monitoring of CCG providers and the CCG itself
- IG Toolkit submission
- incident and serious incident reporting
- quality and financial reporting
- contract/quality performance monitoring arrangements with providers
- policies and procedures
- risk assessments
- governance reporting between the Board and its committees/sub-committees
- adult and children's safeguarding annual reports
- emergency and business continuity planning/core standards
- external regulator reports on providers.

Annual audit of conflicts of interest management

The CCG has a Conflicts of Interest Policy which governs the process for employees, Governing Body members, CCG Members, contractors, and others undertaking functions on behalf of the CCG to declare their interests where these may conflict with those of the CCG.



The Policy outlines a process for individuals both employed by the CCG or those not employed but acting on behalf of the CCG, to declare these interests to ensure that decisions made on behalf of the CCG are not compromised. The policy and registers can be found on the CCG website: www.shropshiretelfordandwrekinccg.nhs.uk/about-us/conflicts-of-interest/

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework.

The CCG has carried out its annual internal audit of conflicts of interest at the end of 2021/22 and the audit provided moderate assurance, with some recommendations for further action. All recommendations have been fully accepted by the CCG and mandatory training was up to date by 31st May 2022. Register of interests have been updated for Governing Body members and the senior management team and for practice members, with some of the latter still outstanding which had been escalated.

Due to the dissolution of the CCG on 30th June 2022 no further conflicts of interest audit has taken place for the period 1st April to 30th June 2022.

There have been no breaches of the Conflicts of Interest Policy which require reporting to the Audit Committee during this period.

Data quality

The Board relies on the data quality elements in its contracts with providers that requires them to quality assure their data prior to submission. The CCG also uses NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) for provider information performance, quality and finance and therefore the CCG's contract with MLCSU outlines information reporting expectations. The data sources used by MLCSU is the national UNIFY system and Secondary Uses Service (SUS) data which is verified via the contracting process with providers.

Information governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, particularly personal identifiable information. The framework is supported by a Data Security and Protection Toolkit (DSPT) and the annual submission process provides assurances to the CCG, other organisations and individuals that personal information is dealt with legally, securely, efficiently and effectively. The CCG has delivered a compliant DSPT for 2022/23 and submitted by the end of March 2022, ahead of the 30th June 2022 deadline.

The CCG places high importance on ensuring there are robust information governance (IG) systems and processes in place to help protect patient and corporate information. We have established an IG management framework and have developed processes and procedures



in line with the DSPT. We have ensured all staff undertake annual IG training and provide a staff IG handbook to ensure everyone is aware of their roles and responsibilities.

There are processes in place for incident reporting and the investigation of serious incidents. We have reported a total of 6 incidents during the first quarter of 2022/23 and all these incidents were graded as non-reportable – very low risk and therefore not reported to the Information Commissioner’s Office (ICO). We have developed an information asset register which enables the CCG to identify high-risk assets through data flow mapping, and the CCG ensures that an information risk culture is embedded throughout the organisation.

The CCG receives an IG service from MLCSU. This enables us to receive a full, specialised service, which as a small organisation we could not reproduce in-house.

A work programme has been undertaken by MLCSU to ensure that the CCG is compliant against General Data Protection Regulations. As part of this, the CCG’s information has been audited, staff training has been delivered and the CCG has a nominated Data Protection Officer.

Business-critical models

The CCG relies on centrally provided NHS business planning models to help it plan future strategy. The CCG has no business-critical models that it would be required to share with the Analytical Oversight Committee.

Third-party assurances

Third-party assurances are received annually from MLCSU for particular financial functions that are part of a service level agreement. Processes are in place to ensure that the CSU Internal Audit function shares its own audit findings of these functions with the CCG’s internal auditor, who includes a precis of the findings in the Head of Internal Audit Opinion, which is part of this statement.

Raising concerns – freedom to speak up

The CCG has a policy in place to support staff to raise concerns (sometimes referred to as ‘whistleblowing’). There have been no concerns raised by staff during the first quarter of year 2022/23. The CCG has appointed a Speak Up Guardian at Board level to support staff to raise concerns under the policy moving forward.

The Audit Committee gets an annual report on any concerns raised and action taken, protecting anonymity where required.

Control issues



The significant control issues that the CCG has been managing during the first quarter of 2022/23 that would require reporting in this Annual Governance Statement are as follows:

1. Financial deficit

The Shropshire, Telford and Wrekin system is part of the Recovery Support Programme – Level 4 of the NHS England System Oversight Framework. The system and CCG is therefore subject to significant scrutiny around finances and financial decisions. In 2022/23 the CCG (and the wider system) is reporting a deficit against the NHS England requirement of break-even.

System-wide financial reporting and governance has been implemented, including the system 'triple lock' process around all investment decisions. NHS England are involved in regular meetings across the system and have oversight of the development and progression of the system financial recovery plan.

2. Quality issues at local providers

The Shrewsbury and Telford Hospital NHS Trust (SaTH) remains the most challenged provider and cause for concern within the Shropshire, Telford and Wrekin healthcare system. The CCG continues to work with SaTH to manage significant performance and quality issues in year in relation to its acute provider, which is in special measures for quality and has also been subject to an independent review of maternity services by Mrs Donna Ockenden.

The CCG has a range of inputs to the provider to aid improvement and will be implementing revised system quality governance arrangements in readiness to operate as an ICS. The CQC recently published their Inspection Report following a number of visits across both sites at the Trust between July and August 2021. Core services of maternity, urgent and emergency care (UEC), medical wards and end-of-life care were inspected.

Overall, the Trust was rated as 'inadequate'. Both Safe and Responsive remained as 'inadequate', Effective and Well-led improved to 'requires improvement' and Caring stayed the same at 'requires improvement'. The report recognised areas of outstanding practice in maternity services, as well as areas which require further targeted work, particularly around end-of-life care and UEC. The Trust is working through the required and recommended actions identified in the report. Since the report, the CQC has revised the number of conditions in place with an overall reduction.

There have been infection prevention control issues identified at Robert Jones and Agnes Hunt Orthopaedic Foundation Trust. The issues highlighted are being addressed through an action plan that both the CCG and NHS England are monitoring closely.

3. Urgent and emergency care



Urgent and emergency care remained very challenged and do not currently meet Constitutional/national standards. There has been a national trend/uplift in the length of stay greater than seven days, and delays in complex discharges due to challenges in the care market. These particularly related to the impact of COVID-19 infection, prevention and control measures and the impact of COVID-19 on workforce availability.

This has impacted upon the ability to move patients quickly through the emergency department and onto the wards at SaTH. Bed occupancy remains exceptionally high, around 96 per cent across usable general and acute beds. The further impact of this has been an increase in ambulance handover delays.

Multi-Agency Discharge Events (MADE) have proved valuable and system-level demand and capacity meetings have mitigated some of the risk with forecasting the bed model required to achieve optimum flow. Outbreaks and staffing shortages due to COVID-19 have seen a number of system bed closures, which has severely impacted upon the ability to manage the back door and is reflected in this month's performance.

Trajectories for improvement were set with the provider in 2021/22 and can be seen in the urgent and emergency care (UEC) dashboard. In line with the continued need to manage the COVID-19 pandemic as a level 4 incident system, Silver and Gold calls have been in place daily to monitor UEC performance and agree actions to mitigate areas of concern.

4. COVID-19 pandemic

A continuing significant control issue is the impact of the continuing COVID-19 pandemic. A national emergency was declared in March 2020, which has required the NHS as a whole to respond on a scale not seen since the Second World War. The National Level 4 incident remains in place, and locally we continue to manage this in line with these requirements.

The CCG, in partnership with other key stakeholders, continued to lead the Local Health Resilience Partnership (LHRP) response to the emergency across Shropshire, Telford and Wrekin. Some clinical staff have continued to be redeployed to frontline services to support the significant challenge of COVID-19.

Non-clinical CCG staff have continued to be redeployed into identified critical services or have been trained to provide back-up to these services to cover any staff shortages. Where necessary, the CCG has secured additional service capacity.

The CCG has continued to lead on the restoration of services following the first national lockdown and the national COVID-19 vaccination programme during the year.

Review of economy, efficiency and effectiveness of the use of resources

The Finance Committee and Quality and Performance Committee (QPC) give detailed consideration to the CCG's financial and performance issues to provide the CCG Board with



assurance that all issues are being appropriately managed and escalated where necessary. This includes the determination of key financial assumptions to underpin the CCG's medium-term financial strategy and scrutiny of monthly financial reporting, including delivery of Quality, Innovation, Productivity and Prevention (QIPP) schemes through the system Investment Panel, performance against central management costs and efficiency controls.

Both committees report to the Governing Body via a chair's exception report at each meeting. In addition, the Governing Body receives summary financial, quality and performance reporting at each meeting.

The Internal Audit Plan also provides reports to the Audit Committee throughout the year on financial systems and financial management provided by the CCG and supported by MLCSU. Outcomes from these internal audit reviews are detailed in the Head of Internal Audit Opinion.

Delegation of functions

The CCG has a Scheme of Reservation and Delegation that sets out delegated areas of responsibility and authority and clearly defined limits that properly reflect roles and responsibilities.

It is underpinned by a comprehensive system of internal control, including budgetary control measures, and ensures that there are sufficient safeguards and management mechanisms in place to maintain high standards in terms of effective, efficient and economic operation of the group. The scheme captures the decision-making roles of the CCG Accountable Officer, directors, Governing Body and committees, and is linked to the terms of reference of each committee.

The Audit Committee maintains an oversight of delegated functions and responsibilities to ensure that resources are used efficiently and economically and that there are effective processes in place to guard against fraudulent usage.

The CCG, in accordance with its Constitution, reviews its Scheme of Reservation and Delegation annually. Amendments to the overarching Scheme of Reservation and Delegation are taken to the Governing Body in the first instance and any material changes must be approved by the CCG's Membership Forum. The CCG remains accountable for all its functions – including those that it has delegated.

External audit fees, work and independence

The CCG's external auditors are Grant Thornton UK LLP, Colmore Plaza, 20, Colmore Circus, Birmingham, B4 6AT. The estimated contract value is £100,810 excluding VAT. The contract includes the core audit work of the financial statements and work on the economy, efficiency and effectiveness in the CCG's use of resources (Value for Money).



Counter fraud arrangements

The CCG adheres to the standards set by NHS Counter Fraud Authority in order to combat economic crime within the NHS. The CCG complies with the NHS Counter Fraud Authority anti-fraud manual and best-practice guidance from the Chartered Institute of Public Finance and Accountancy and the Institute of Counter Fraud Specialists.

Counter fraud arrangements are contracted by the CCG from CW Audit Services who provide the services of an Accredited Local Counter Fraud Specialist (LCFS), contracted to undertake counter fraud work proportionate to the CCG's identified risks.

The CCG does not tolerate economic crime. The CCG has an Anti-Fraud, Bribery and Corruption Response Policy in place which is designed to make all staff aware of their responsibilities should they suspect offences being committed.

When economic crime is suspected it is fully investigated in line with legislation, with appropriate action taken, which can result in criminal, disciplinary and civil sanctions being applied. This work is monitored by the Audit Committee as a standing agenda item at each meeting.

The Government's Functional Standard (Govs13: Counter Fraud) was launched in October 2018 and is being implemented across all government departments and arms-length bodies, including the NHS who moved to adopt the new standards in 2021. The CCG Audit Committee receives a regular report from the LCFS which details activities undertaken against each of the Standards, and the LCFS produces an annual report detailing the year's activities. There is executive support and direction for a proportionate proactive work plan to raise awareness of the zero tolerance to fraud and to address identified risks.

The Executive Director of Finance, who is a member of the CCG Governing Body, is proactively and demonstrably responsible for tackling fraud, bribery and corruption and oversees that appropriate action is taken regarding any NHS Counter Fraud Authority quality assurance recommendations. In addition, the LCFS role is further supported by a nominated Counter Fraud Champion who provides a senior voice within the organisation to champion the counter fraud agenda, and to enable and support the counter fraud programme of work.

Draft Head of Internal Audit (HOIA) Opinion

The purpose of this HOIA Opinion for the period April to end June 2022 is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpin the Governing Body's own assessment of the effectiveness of the organisation's system of internal control. This Opinion will in turn assist the Governing Body in the completion of its Annual Governance Statement related to this period, leading to transition of the CCG to ICB with effect from 1st July 2022. I have set out a summary of my opinion below with detailed supporting information. My overall opinion is that Moderate 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.



Within my opinion I have noted that:

- The CCG has an effective Assurance Framework. It is important that the Board Assurance Framework is kept updated.
- Full assurance was provided for Financial Ledger and Significant Assurance for Debtors, Creditors and Payroll
- The implementation of agreed actions is effective at the CCG, however significant system challenges remain in relation to provider quality and financial sustainability.
- The CQC inadequate rating for Shrewsbury and Telford Hospital NHS Trust remained in place and the Ockenden Report highlighted repeated failures at the Trust's maternity service resulting in tragic consequence. Work/oversight has been handed over to the ICB.
- The CCG followed the transition arrangements designed by NHSE/I (with some local enhancements) as it progressed towards ICB status

I have highlighted the following Significant Issues that must be reported within your Annual Governance Statement: system underlying financial challenges; operational and quality challenges at the local provider.

The design and operation of the Assurance Framework and associated processes

I have reviewed the overall arrangements the Governing Body has in place to conduct its review of the system of internal control. This has entailed reviewing the way in which the Governing Body has identified the principal risks to achieving its objectives, the identification of controls in operation to mitigate against these risks and the degree to which the organisation has received assurances that these risks are being effectively managed. I have approached this by examining the Assurance Framework documents that you have in place and also by giving consideration to the wider reporting to the Governing Body that informs the Governing Body's assessment of the effectiveness of the organisation's system of internal control.

The CCG Board Assurance Framework (BAF) and Directorate Risk Register (DRR) were reviewed and updated by the strategic risk owners during April/May 2022. Following this, both the DRR and BAF were reviewed by the Executive Director for Nursing and Quality, The Director of Corporate Affairs, the Deputy Director for Nursing and Quality and the Deputy Chief Finance Officer prior to presentation to Board. A final iteration of the CCG BAF and DRR was then reported to Governing Body on 08 June. The CCG continued to carry high levels of risk to the achievement of its strategic objectives, particularly around financial sustainability and this was reflected appropriately in the BAF. We noted some improvements that could be made to the BAF which are being taken forward by the ICB.

It is my view that an Assurance Framework has been established which is designed and operating within the period of April to end of June 2022 to meet the requirements of the Governance Statement that will be required for the 3 month period leading to the transition from CCG to ICB and provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation during this time. It is important that the framework is kept up to date.



The system of internal control based on internal audit work undertaken

My Opinion also considers the range of work arising from the risk-based audit assignments that have been completed in the period leading to the CCG's transition to ICB with effect from 1st July 2022. A combined ICB and CCG internal audit plan for 2022/23 was developed to provide you with independent assurance on the adequacy and effectiveness of systems of control across a range of financial and organisational areas.

To support the interim opinion, we have considered: Transition to ICB

Transition process

The CCG followed the transition approach set out in guidance by NHSE/I with some local enhancements. A RAG rated checklist was used to provide assurance to Steering Groups and Audit Committee. Internal Audit were represented on the Due Diligence Assurance panel. The outcome of the work of the panel was presented to the Audit Committee in March 2022. The Audit Committee with representation from the shadow ICB Audit and Risk Committee on 20th May 2022, reviewed the evidence presented as part of this process and the panel and were assured by the process undertaken. This was then reported to the Governing Body in June 2022.

Additional Support

Whilst the wider NHS approach followed by the CCG for transition is reasonable and sensible, the CCG recognised the softer aspects of risk or plans and drive for improvement may not be fully captured. We helped with a facilitated approach to capture some of the softer intelligence that may be outside of the wider process. We agreed to attend a scheduled meeting with each of the Executives and their ICB counterparts, capture actions and act as a critical friend. In the end a total of ten meetings were attended and the outcome will be reported to the ICB Audit and Risk Committee.

The assurance levels provided for all assurance reviews undertaken is summarised below:

Full Assurance: Financial Ledger

Significant Assurance: Financial Systems (Payroll, Debtors, Accounts Payable)

Moderate Assurance: None

Limited Assurance: None

Board Assurance Framework – Level A – with recommendations for improvement including to keep updated.

Conflicts of Interest Management

The effective management of conflicts of interests within an organisation plays a pivotal role in providing assurances over governance arrangements and in particular transparency with key decision making. The CCG has a Conflicts of Interest Policy in place and declarations made have been recorded and managed within the Governing Body and committee



meetings held. Registers of Interest as at June 2022 have been published on the CCG's website. As part of the 2021/22 Audit Plan Conflicts of Interest at the CCG was given Moderate Assurance and an action plan was agreed. The CCG have signed off all the recommendations made as complete.

Data, Security & Protection Toolkit

The CCG submitted a "Standards Met" Data Security Protection Toolkit for 2021/22 on the 25th March 2022 ahead of the June deadline with an Information Governance training compliance rate of 95% in November 2021. Cyber arrangements were also included in the due diligence checklist.

Financial Position

On 28th April 2022, the system plan was submitted including a CCG deficit plan for the period ending 30th June 2022. Significant risks to the financial position were noted. The CCG had systems in place to ensure these risks are monitored. The Plan was then updated in June 2022. Against a national target of break even the local healthcare system submitted a planned 22/23 deficit of £19m. The CCG/ICB element of that plan is an £11.7m deficit (full year), but the CCG/ICB is also currently holding the system additional efficiency target of £13.9m, taking the overall CCG/ICB planned deficit with this adjustment held for the system to a total planned surplus of £2.2m. Financial pressures remain.

Following up of actions arising from our work

An important aspect of the internal audit process is follow up to ensure that agreed management actions are delivered. During the period to the 30th June 2022, we have asked management to report upon the completion of agreed actions. We can conclude that the organisation has made good progress with regards to implementation of agreed actions. We will continue to track and report upon outstanding actions. The Audit Committee took a robust stance and has also requested detailed updates. We noted improvements in our follow up of last year's Safeguarding Internal Audit Reviews (Adult and Children's). There is however one recommendation that related to the development of a Primary Care Estates Strategy that has been deferred and outstanding for some time. Challenging areas also remain in the system despite previous actions taken: for example, in relation to system affordability and quality.

Reliance on third party assurances

In arriving at my overall opinion, I have sought to place reliance on third party assurances where appropriate. This is the case with services provided by the Midlands & Lancashire CSU. The third-party Type II service auditor CSU report for the period 1 April 2022 to 31st March 2023 did not identify any issues to highlight.

There are a number of significant and persistent quality challenges within the system. These challenges have included, amongst others, Urgent and Emergency Care performance, RTT, Cancer waiting times and lack of staff in key areas at the main provider. In November 2021 the CQC published their latest report on Shrewsbury and Telford Hospital NHS Trust (SaTH). Their "inadequate rating" was assessed as remaining in place. The Final Ockenden



Report (Independent Review of Maternity Services at SaTH) has been issued which highlighted serious and persistent failings with maternity services with tragic impacts on patient care and outcomes. The report stated that “Although independent and external reports consistently indicated that the maternity service should improve its governance and investigatory procedures this message was lost in a wider healthcare system which was struggling with other significant concerns”. The report includes Immediate and Essential Actions. The CCG has established a quality governance structure together with SaTH for the monitoring of Ockenden actions. The handover of this oversight and in particular staffing – continuity of carer and organisational culture were highlighted in the transition arrangements to the ICB. We also note that operationally the system is also struggling to cope with demand peaks.

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the CCG who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the CCG achieving its principles objectives have been reviewed. I have been advised on the implications of the result of this review by:

- the Governing Body
- the Audit Committee
- the Finance Committee
- the Quality and Performance Committee
- internal audit
- other explicit reviews/assurance mechanisms.

The Head of Internal Audit Opinion contained within this report sets out an overview of the control issues we have faced which are also set against a number of external, ongoing challenges within the environment in which we commission services.

However, during the first quarter of 2022/23, progress has continued to be made in addressing these challenges. This Annual Report highlights many of the CCG’s achievements during this period and the Internal Audit opinion reflects the efforts by CCG staff to make the required improvements. Despite this progress, significant issues still remain, and the CCG has made preparations to handover the leadership on these issues and ensure a robust transition of the CCG’s internal system of control to the new Integrated Care Board (ICB) on 1st July 2022/23.



Conclusion

In conclusion, my review of the effectiveness of governance, risk management and internal control and the Head of Internal Audit Opinion have confirmed that the CCG maintained a generally sound system of internal control designed to meet the organisation's objectives, and controls were generally being applied consistently. Accepting the control issues identified above, and the actions that were taken to address these and the results of the internal audit reviews undertaken during the first quarter of 2022/23, I am confident that the organisation has had appropriate mechanisms in place to deliver good governance.

Simon Whitehouse
Accountable Officer
NHS Shropshire, Telford and Wrekin
29th June 2023



Remuneration Report

Remuneration Committee

The Remuneration Committee was established by NHS Shropshire, Telford and Wrekin CCG to recommend approval of the remuneration and terms of service for the Executive Directors, other staff employed with Very Senior Manager (VSM) pay terms and the conditions and lay appointments to the CCG Board.

The composition and responsibilities of the CCG's Remuneration Committee can be found in the Governance Statement.

Policy on the remuneration of senior managers

The remuneration of the Accountable Officer, executive directors and directors serving on our Governing Body is determined by the Governing Body on the recommendation of the Remuneration Committee, with reference to recognised national NHS pay scales and benchmarking with other CCGs. The Very Senior Manager (VSM) pay framework is used for the Accountable Officer and Executive Directors/Director.

The Remuneration Committee also recommends for determination by the Governing Body the remuneration of the GP practice members of our Governing Body. The rates payable are determined locally. Midlands and Lancashire Commissioning Support Unit (MLCSU) provide independent advice and support to the CCG and the Remuneration Committee in relation to employment and remuneration matters.

These tables are subject to audit by our external auditor.

A shadow ICB board had been in operation for the period 1 April 2022 to 30th June 2022. No remuneration or pension details have been disclosed in respect of these members since they have no voting rights or decision making powers.



Salary and pension benefits

Salary and pension benefits three months to 30th June 2022 – NHS Shropshire, Telford and Wrekin CCG

| Surname | Forename | Title | Appointment Details | Salary (bands of £5,000) | Expenses payments (taxable) (rounded to the nearest £100) £ | Performance pay and bonuses (bands of £5,000) | Long term performance pay and bonuses (bands of £5,000) | All pension related Benefits (bands of £2,500) | Total (bands of £5,000) |
|-------------|----------|--|----------------------|--------------------------|---|---|---|--|-------------------------|
| Ahmed * | Astakhar | Associate Lay Member, Patient & Public Involvement for Equality, Diversity & Inclusion | 01/04/22 to 30/06/22 | 0-5 | - | - | - | - | 0-5 |
| Allen * | Martin | Secondary Care Clinician | 01/04/22 to 30/06/22 | 0-5 | - | - | - | - | 0-5 |
| Braden * | Geoff | Lay member, Audit | 01/04/22 to 30/06/22 | 0-5 | - | - | - | - | 0-5 |
| Brandreth | Mark | Interim Accountable Officer | 01/04/22 to 30/06/22 | 40-45 | - | - | - | 40-42.5 | 85-90 |
| Bryceland * | Rachael | GP/Healthcare Professional | 01/04/22 to 30/06/22 | 5-10 | - | - | - | - | 5-10 |
| Garside | Julie | Director of Performance | 01/04/22 to 30/06/22 | 25-30 | - | - | - | 2.5-5 | 30-35 |
| Ilesanmi * | Mary | GP/Healthcare Professional | 01/04/22 to 30/06/22 | 5-10 | - | - | - | - | 5-10 |
| James * | Stephen | Chief Clinical Information Officer | 01/04/22 to 30/06/22 | 10-15 | - | - | - | - | 10-15 |
| McArthur * | Donna | Lay Member | 01/04/22 to 30/06/22 | 0-5 | - | - | - | - | 0-5 |
| Matthee * | Michael | GP/Healthcare Professional | 01/04/22 to 30/06/22 | 5-10 | - | - | - | - | 5-10 |
| Parker | Claire | Director of Partnerships | 01/04/22 to 30/06/22 | 25-30 | - | - | - | 5-7.5 | 30-35 |
| Pepper * | John | Chair and GP/Healthcare Professional | 01/04/22 to 30/06/22 | 25-30 | - | - | - | - | 25-30 |
| Pringle * | Adam | GP/Healthcare Professional | 01/04/22 to 30/06/22 | 5-10 | - | - | - | - | 5-10 |
| Shepherd | Deborah | Medical Director | 01/04/22 to 30/06/22 | 20-25 | - | - | - | - | 20-25 |
| Skidmore | Claire | Executive Director of Finance | 01/04/22 to 30/06/22 | 35-40 | - | - | - | 32.5-35 | 70-75 |
| Smith | Alison | Director of Corporate Affairs | 01/04/22 to 30/06/22 | 25-30 | - | - | - | 427.5-430 | 450-455 |
| Tilley | Samantha | Director of Planning | 01/04/22 to 30/06/22 | 25-30 | - | - | - | - | 25-30 |
| Vivian * | Meredith | Deputy Chair, Lay Member for Patient & Public Involvement | 01/04/22 to 30/06/22 | 0-5 | - | - | - | - | 0-5 |
| Warren * | Audrey | Independent Nurse | 01/04/22 to 30/06/22 | 0-5 | - | - | - | - | 0-5 |
| Young | Zena | Executive Director of Nursing & Quality | 01/04/22 to 30/06/22 | 30-35 | - | - | - | - | 30-35 |

* Not in the NHS Pension scheme in this employment

* *Not in the NHS Pension Scheme in this employment.*



Salary and pension benefits 2021/22 – NHS Shropshire, Telford and Wrekin CCG

| Surname | Forename | Title | Appointment Details | Salary (bands of £5,000) | Expenses payments (taxable) (rounded to the nearest £100) £ | Performance pay and bonuses (bands of £5,000) | Long term performance pay and bonuses (bands of £5,000) | All pension related Benefits (bands of £2,500) | Total (bands of £5,000) |
|-------------------------------|----------|--|----------------------|--------------------------|---|---|---|--|-------------------------|
| Ahmed * | Astakhar | Associate Lay Member, Patient & Public Involvement for Equality, Diversity & Inclusion | 01/04/21 to 31/03/22 | 5-10 | - | - | - | - | 5-10 |
| Allen * | Martin | Secondary Care Clinician | 01/04/21 to 31/03/22 | 10-15 | - | - | - | - | 10-15 |
| Braden * | Geoff | Lay member, Audit | 01/04/21 to 31/03/22 | 15-20 | - | - | - | - | 15-20 |
| Brandreth | Mark | Interim Accountable Officer | 01/09/21 to 31/03/22 | 100-105 | - | - | - | 80-82.5 | 185-190 |
| Bryceland * | Rachael | GP/Healthcare Professional | 01/04/21 to 31/03/22 | 25-30 | - | - | - | - | 25-30 |
| Clare | Laura | Interim Director of Finance | 01/04/21 to 31/08/21 | 50-55 | - | - | - | 50-52.5 | 100-105 |
| Garside (previously Davies) # | Julie | Director of Performance | 01/04/21 to 31/03/22 | 110-115 | - | - | - | 30-32.5 | 140-145 |
| Ilesanmi * | Mary | GP/Healthcare Professional | 01/04/21 to 31/03/22 | 25-30 | - | - | - | - | 25-30 |
| Mathee * | Michael | GP/Healthcare Professional | 01/04/21 to 31/03/22 | 5-10 | - | - | - | - | 5-10 |
| McArthur * | Donna | Lay member, Primary Care | 01/04/21 to 31/03/22 | 25-30 | - | - | - | - | 25-30 |
| Parker # | Claire | Director of Partnerships | 01/04/21 to 31/03/22 | 110-115 | - | - | - | 30-32.5 | 140-145 |
| Pepper * | John | Chair and GP/Healthcare Professional | 01/04/21 to 31/03/22 | 100-105 | - | - | - | - | 100-105 |
| Pringle * | Adam | GP/Healthcare Professional | 01/04/21 to 31/03/22 | 25-30 | - | - | - | - | 25-30 |
| Shepherd | Deborah | Medical Director | 01/04/21 to 31/03/22 | 85-90 | - | - | - | 22.5-25 | 110-115 |
| Skidmore | Claire | Interim Accountable Officer | 01/04/21 to 31/08/21 | 45-50 | - | - | - | 30-32.5 | 75-80 |
| Skidmore # | Claire | Executive Director of Finance | 01/09/21 to 31/03/22 | 90-95 | - | - | - | 42.5-45 | 135-140 |
| Smith | Alison | Director of Corporate Affairs | 01/04/21 to 31/03/22 | 105-110 | - | - | - | 45-47.5 | 135-140 |
| Smith * | Fiona | GP/Healthcare Professional | 01/04/21 to 31/07/21 | 40-45 | - | - | - | - | 40-45 |
| Tilley # | Samantha | Director of Planning | 01/04/21 to 31/03/22 | 110-115 | - | - | - | 30-32.5 | 140-145 |
| Trenchard | Stephen | Executive Director of Transformation | 01/04/21 to 28/11/21 | 80-85 | - | - | - | 20-22.5 | 100-105 |
| Vivian * | Meredith | Deputy Chair, Lay Member for Patient & Public Involvement | 01/04/21 to 31/03/22 | 15-20 | - | - | - | - | 15-20 |
| Warren * | Audrey | Independent Nurse | 01/04/21 to 31/03/22 | 5-10 | - | - | - | - | 5-10 |
| Young # | Zena | Executive Director of Nursing & Quality | 01/04/21 to 31/03/22 | 120-125 | - | - | - | 20-22.5 | 145-150 |

* Not in the NHS Pension scheme in this employment

salary includes payment of untaken 2020/21 annual leave due to the COVID crisis



Pension benefits

| Surname | Forename | | Real increase in pension at pension age (bands of £2,500) | Real increase in pension lump sum at pension age (bands of £2,500) | Total accrued pension at pension age at 30 June 2022 (bands of £5,000) | Lump sum at pension age related to accrued pension at 30 June 2022 (bands of £5,000) | Cash Equivalent Transfer Value at 1 April 2022 £'000 | Real increase in Cash Equivalent Transfer Value £'000 | Cash Equivalent Transfer Value at 30 June 2022 £'000 | Employer's contribution to stakeholder pension (rounded to nearest £00) £ |
|-----------|----------|---|---|--|--|--|---|--|---|--|
| Brandreth | Mark | Interim Accountable Officer | 0-2.5 | 0-2.5 | 70-75 | 145-150 | 1,201 | 53 | 1,297 | 0 |
| Garside | Julie | Director of Performance | 0-2.5 | 0 | 25-30 | 40-45 | 485 | 11 | 515 | 0 |
| Parker | Claire | Director of Partnerships | 0-2.5 | 0-2.5 | 30-35 | 45-50 | 528 | 17 | 565 | 0 |
| Shepherd | Deborah | Medical Director | 0 | 0-2.5 | 15-20 | 25-30 | 301 | 1 | 314 | 0 |
| Skidmore | Claire | Chief Finance Officer | 0-2.5 | 2.5-5 | 50-55 | 95-100 | 718 | 25 | 754 | 0 |
| Smith | Alison | Director of Corporate Affairs | 20-22.5 | 0 | 60-65 | 0-5 | 572 | 320 | 914 | 0 |
| Tilley | Samantha | Director of Planning | 0-2.5 | 0 | 35-40 | 65-70 | 577 | 9 | 607 | 0 |
| Young | Zena | Executive Director of Nursing & Quality | 0 | 87.5-90 | 35-40 | 250-255 | 1,219 | -1,234 | 27 | 0 |

The benefits and related CETVs do not allow for a potential future adjustment for some eligible employees arising from the McCloud judgement.



Compensation on early retirement or for loss of office - Finance

Shropshire, Telford and Wrekin CCG does not have any to report during the three month period to 30th June 2022 (nil in 2021/22).

Expenditure on consultancy

The CCG spent £86,427 on consultancy services in the three months to 20th June 2022. The majority of this related to payments to a consultancy firm for continuing care and transforming care projects.

Payment to past members

Shropshire, Telford and Wrekin CCG does not have any to report during the three month period to 30th June 2022 (nil in 2021/22).

Pay ratio information

Percentage change in remuneration of highest paid director

| 2021/22 | Salary and allowances | Performance pay and bonuses |
|--|-----------------------|-----------------------------|
| Highest paid director: Percentage change compared to 2021/22 | 5.63% | N/A |
| All staff: Percentage change compared to 2021/22 | 6.29% | N/A |

The increase in the highest paid director salary reflects the annual pay uplift.

The increase in all staff reflects the annual pay award and the recruitment to several higher banded posts which were previously vacant and covered by interim staff.

As at 30 June 2022, remuneration ranged from £12k to £185k (0% to 3% against 2021/22: £12k to £180k) based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.



Off-payroll engagements

Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012, CCGs must publish information on their highly paid and/or senior off-payroll engagements. The tables below show the existing arrangements as of 30 June 2022.

For all off-payroll engagements as of 30 June 2022, paying more than £245* per day, lasting longer than six months and are new

| Number of existing engagements as of 30 June 2022 | Number |
|---|--------|
| Of which, number that have existed: | |
| For less than one year at the time of reporting | 0 |
| For between one and two years at the time of reporting | 0 |
| For between two and three years at the time of reporting | 0 |
| For between three and four years at the time of reporting | 0 |
| For four or more years at the time of reporting | 0 |

*The £245 threshold is set to approximate the minimum point of the pay scale for a senior civil servant.

Shropshire, Telford and Wrekin CCG can confirm that all existing off-payroll engagements have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax.

For all off-payroll engagements as at 30 June 2022 for more than £245* per day

| Number of temporary off-payroll workers engaged between 1 April 2022 and 30 June 2022 | Number |
|---|--------|
| Of which, number that have existed: | |
| Number not subject to off-payroll legislation(2) | 0 |
| Number subject to off-payroll legislation and determined as in-scope of IR35(2) | 0 |
| Number subject to off-payroll legislation and determined as out of scope of IR35(2) | 0 |
| Number of engagements reassessed for compliance or assurance purposes during the year | 0 |
| Of which: Number of engagements that saw a change to IR35 status following review | 0 |

(2) A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.



Off-payroll engagements and senior official engagements

For any off-payroll engagements of Board members and/or senior officials with significant financial responsibility, between 1 April 2022 and 30 June 2022

| Number of off-payroll engagements | Number |
|--|--------|
| Number of off-payroll engagements of Board members, and/or senior officers with significant financial responsibility, during the financial period.(1) | 0 |
| Total no. of individuals on payroll and off-payroll that have been deemed 'Board members, and/or, senior officials with significant financial responsibility', during the financial period. This figure should include both on-payroll and off-payroll engagements.(2) | 20 |



Staff costs

Remuneration of Shropshire, Telford and Wrekin CCG's staff – Audited

| 2021/22 | 25th percentile | Median | 75th percentile |
|--|-----------------|---------|-----------------|
| 'All staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff) | £23,949 | £40,588 | £59,041 |
| Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff) | £23,949 | £40,588 | £59,041 |

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director/member in Shropshire, Telford and Wrekin CCG in the three month period to 30th June 2022 was £185k to £190k (+5.7% to +5.6% against 2021/22: £175k to £180k) and the relationship to the remuneration of the organisation's workforce is disclosed in the below table.

| 25th percentile total remuneration ratio | 25th percentile salary ratio | Median total remuneration ratio | Median total remuneration ratio | 75th percentile total remuneration ratio | 75th percentile salary ratio |
|--|------------------------------|---------------------------------|---------------------------------|--|------------------------------|
| 7.8 | 7.8 | 4.6 | 4.6 | 3.2 | 3.2 |

In the three month period to 30th June 2022, 0 (2021/22, 0) employees received remuneration in excess of the highest-paid director/member.



Staff Report

Exit packages and severance payments

Exit packages agreed in the three months to 30th June 2022 – Audited

| Compulsory redundancies | Number | £ |
|-------------------------|--------|---|
| Less than £10,000 | - | - |
| £10,001 to £25,000 | - | - |
| £25,001 to £50,000 | - | - |
| £50,001 to £100,000 | - | - |
| £100,001 to £150,000 | - | - |
| £150,001 to £200,000 | - | - |
| Over £200,001 | - | - |
| Total | - | - |

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Terms and Conditions of Service Handbook.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.



Staff costs

Employee benefits and staff numbers

Employee benefits 30th June 2022 – Audited

Employee benefits three months to 30th June 2022

| | Permanent Employees £'000 | Other £'000 | Total £'000 |
|--|---------------------------------|----------------|----------------|
| Employee Benefits | | | |
| Salaries and wages | 2,174 | 620 | 2,794 |
| Social security costs | 254 | - | 254 |
| Employer Contributions to NHS Pension scheme | 417 | - | 417 |
| Other pension costs | - | - | - |
| Apprenticeship Levy | 8 | - | 8 |
| Other post-employment benefits | - | - | - |
| Other employment benefits | - | - | - |
| Termination benefits | - | - | - |
| Gross employee benefits expenditure | <u>2,853</u> | <u>620</u> | <u>3,473</u> |
| Less recoveries in respect of employee benefits (note 4.1.2) | - | - | - |
| Total - Net admin employee benefits including capitalised costs | <u>2,853</u> | <u>620</u> | <u>3,473</u> |
| Less: Employee costs capitalised | - | - | - |
| Net employee benefits excluding capitalised costs | <u>2,853</u> | <u>620</u> | <u>3,473</u> |

There are no Covid-19 related costs included in the above (2021-22: £122k)

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. For 2019/20, 2020/21 & 2021/22 NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. The full cost and related funding has been recognised in these accounts and further detail explaining the reason for this increase can be found in Note 4.4

Staff Analysis by Gender

| Staff Grouping | Headcount by Gender | | | Totals | % by Gender | | |
|------------------------------------|---------------------|-----------|----------|------------|---------------|---------------|--------------|
| | Female | Male | Unknown* | | Female | Male | Unknown* |
| Governing Body | 11 | 9 | 4 | 24 | 45.8% | 37.5% | 16.7% |
| Other Senior Management (Band 8C+) | 20 | 10 | 0 | 30 | 66.7% | 33.3% | 0.0% |
| All Other Employees | 177 | 40 | 0 | 217 | 81.6% | 18.4% | 0.0% |
| Grand Total | 208 | 59 | 4 | 271 | 76.75% | 21.77% | 1.48% |

*Unknown Gender pertains to Governing Body Members without an entry in the CCG Electronic Staff Record (ESR) system. This applies for all data sets hereafter.

Named Individuals categorised as Unknown are :-

Barry Parnaby
Lynn Cawley
Liz Noakes
Rachel Robinson



Senior Staff Analysis by Band

| Pay Band | Headcount |
|------------------------|------------|
| Apprentice | 0 |
| Band 1 | 0 |
| Band 2 | 1 |
| Band 3 | 63 |
| Band 4 | 33 |
| Band 5 | 11 |
| Band 6 | 31 |
| Band 7 | 32 |
| Band 8 - Range A | 29 |
| Band 8 - Range B | 17 |
| Band 8 - Range C | 6 |
| Band 8 - Range D | 4 |
| Band 9 | 2 |
| Medical | 20 |
| VSM | 18 |
| Gov Body (off payroll) | 4 |
| Grand Total | 271 |

Staff sickness absence

| Staff sickness absence 2022 | 2022 Number |
|---|-------------|
| Total Days Lost | 2174.10 |
| Total Staff Years | 219.57 |
| Average Working Days Lost | 9.90 |
| <p>The sickness absence data for the CCG in 2022 was whole time equivalent (WTE) days available of 49404.15 and WTE days lost to sickness absence of 2174.1 and average working days lost per employee was 9.9 which was managed through the absence management policy.</p> | |



Staff Turnover

| CCG Staff Turnover 2022-23 | 2022-23 Number |
|--|----------------|
| Average FTE Employed 2022-23 | 218.46 |
| Total FTE Leavers 2022-23 | 19.76 |
| Turnover Rate | 9.04% |
| <p>The CCG Staff Turnover Rate for 2022-23 has been calculated by dividing the total FTE Leavers in-year by the average FTE Staff in Post during the year. The CCG's Total FTE Leavers in year was 19.76. The CCG's Average FTE Staff in Post during the year was 218.46. The CCG Staff Turnover Rate for the year was 9.04%</p> | |

Other employee matters

The CCG recognised that discrimination and victimisation is unacceptable and that it is in the interests of the organisation and its employees to utilise the skills of the total workforce. It was the aim of the organisation to ensure that no employee or job applicant receives less favourable facilities or treatment (either directly or indirectly) in recruitment training/career progression or employment on the grounds of age, disability, gender/gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion or belief, sex or sexual orientation.

To support this commitment and to ensure we comply with both the Equality Act 2010 and the Human Rights Act 1998, the CCG required all its staff to undertake regular mandatory training on equality, diversity and human rights and to comply with our Equal Opportunities Policy.

We were committed to communicating and engaging with staff on a consistent and frequent basis, through one-to-ones, team meetings, staff consultation events, CCG staff briefings and staff newsletters. We were part of our regional Joint Staff Consultative Committee, which provided a forum for trade union staff representatives to meet and contribute to service change and development and for issues to be discussed.

During the COVID-19 pandemic, where the majority of our staff were working from home, we ran weekly 'huddle' meetings via Microsoft Teams which we have continued to do post Covid. These were hosted by the Accountable Officer, directors and all staff to share information and receive updates on key areas of development with the pandemic and other priority areas. We also developed a Staff Health and Wellbeing Forum, where initiatives can be discussed and developed. This was supported by the CCG's Health and Wellbeing Champion, who is one of the CCG's lay members.

The CCG had a recruitment policy which was based on NHS best practice. We used the recruitment service of MLCSU to ensure that recruitment is carried out robustly and transparently in line with our policy and there is a clear audit trail of recruitment decisions



and employee checks. The CCG had a Training and Development Policy which sought to ensure that all staff have equal opportunity and access to training and development required by their role through identification with their managers in appraisals and regular one-to-one meetings.

Employees with a disability

Employing people with a disability is important for any organisation providing services for the public, as they need to reflect the many and varied experiences of the public they serve. In the provision of health services, it is perhaps even more important, as people with disabilities make up a significant proportion of the population, and those with long-term medical conditions use the services of the NHS.

The CCG's commitment to people with disabilities included:

- people with disabilities who meet the minimum criteria for a job vacancy are guaranteed an interview
- the adjustments that people with disabilities might require to take up a job or continue working in a job are proactively considered
- the CCG's mandatory equality and diversity training includes awareness of a range of issues impacting people with disabilities.

Trade union facility time

For the period 1st April to 30th June 2022, we had no Trade Union officials within NHS Shropshire, Telford and Wrekin CCG.

Relevant union officials

| Number of employees who were relevant union officials during the relevant period | Full-time equivalent employee number |
|--|--------------------------------------|
| 0 | 0 |

Percentage of time spent on facility time

| Percentage of time spent on facility time | Number of employees |
|---|---------------------|
| 0% | 0 |
| 1-50% | 0 |
| 51-99% | 0 |
| 100% | 0 |

Percentage of pay bill spent on facility time

| Percentage of pay bill spent on facility time | Figures |
|---|---------|
| Provide the total cost of facility time | 0 |
| Provide the total pay bill | 0 |
| Provide the percentage of the total pay bill spent on facility time, calculated as: | 0 |



(total cost of facility time ÷ total pay bill) x 100

Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100

0

Health and safety

The CCG takes the health and safety of its employees very seriously and we have a policy in place to help ensure staff carry out their functions in a safe way. The policy requires staff to report health and safety incidents via an electronic system. These are then investigated, and action taken to help mitigate incidents reoccurring.

During the period 1st April – 30th June 2022, due to the lasting effects of the COVID-19 pandemic, the majority of CCG staff continued to work from home, but with a small number of staff having to work in the office environment due to the nature of their roles. In order to ensure that staff safety was paramount during the pandemic we assessed the risk to all staff having to work from the office and put mask wearing protocols and social distancing and cleaning processes in place to allow them to do so safely. Some staff were identified as having a greater risk and were either redeployed or provided with equipment to allow them to work from home.

We also developed a home workstation assessment checklist for all staff working from home to ensure they are working in an environment that supports their health and wellbeing.

There was one health and safety incident reported in the year, which was did not result in injury, but which is reportable as a RIDDOR incident which has been actioned by the CCG.

Statement as to disclosure to auditors

Everyone who is a member of the membership body at the time the Members' Report is approved confirms:

- so far as the member is aware, there is no relevant audit information of which the CCG's external auditor is unaware
- the member has taken all steps required as a member in order to make them aware of any relevant audit information and to ensure the CCG's auditor is aware of the information.



Parliamentary Accountability Report

The CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts and fees and charges are included as notes in the Financial Statements of this Annual Report at note 15 and note 23.

An audit certificate and report is also included in this Annual Report at [insert page reference]. (To follow once available from External Auditors)



Annual Accounts

Please find a full version of our annual accounts appended following this page.

Simon Whitehouse
Accountable Officer
29th June 2023



| CONTENTS | Page Number |
|--|--------------------|
| The Primary Statements: | |
| Statement of Comprehensive Net Expenditure for the period ended 30th June 2022 | 2 |
| Statement of Financial Position as at 30th June 2022 | 3 |
| Statement of Changes in Taxpayers' Equity for the period ended 30th June 2022 | 4 |
| Statement of Cash Flows for the period ended 30th June 2022 | 5 |
| Notes to the Accounts | |
| Accounting policies | 6-11 |
| Other operating revenue | 12 |
| Contract Revenue | 12 |
| Employee benefits and staff numbers | 13-15 |
| Operating expenses | 16 |
| Better payment practice code | 17 |
| Finance costs | 18 |
| Net gain/(loss) on transfer by absorption | 18 |
| Property, plant and equipment | 19 |
| Right of Use Assets and Leases | 20-21 |
| Trade and other receivables | 22 |
| Cash and cash equivalents | 23 |
| Trade and other payables | 24 |
| Provisions | 25 |
| Contingencies | 26 |
| Financial instruments | 27 |
| Operating segments | 27 |
| Joint arrangements - interests in joint operations | 28 |
| Related party transactions | 29 |
| Events after the end of the reporting period | 30 |
| Financial performance targets | 30 |
| Analysis of charitable reserves | 30 |
| Losses and special payments | 30 |

Statement of Comprehensive Net Expenditure for the three month period ended 30 Jun 2022

| | Three month period ended 30 June 2022 | 2021-22 |
|---|--|------------------|
| Note | £'000 | £'000 |
| Income from sale of goods and services | 2 (0) | (0) |
| Other operating income | 2 (255) | (1,014) |
| Total operating income | (256) | (1,015) |
| Staff costs | 4 3,473 | 12,810 |
| Purchase of goods and services | 5 241,809 | 973,194 |
| Depreciation and impairment charges | 5 65 | - |
| Provision expense | 5 (36) | 426 |
| Other Operating Expenditure | 5 112 | 381 |
| Total operating expenditure | 245,424 | 986,810 |
| Net Operating Expenditure | 245,168 | 985,796 |
| Finance income | - | - |
| Finance expense | 7 2 | - |
| Net expenditure for the Period | 245,171 | 985,796 |
| Net (Gain)/Loss on Transfer by Absorption | 8 - | 72,994 |
| Total Net Expenditure for the Financial Period | 245,171 | 1,058,790 |
| Total other comprehensive net expenditure | - | - |
| Comprehensive Expenditure for the period | 245,171 | 1,058,790 |

**Statement of Financial Position as at
30 June 2022**

| | | Three month period ended 30 June 2022 | 2021-22 |
|--|-------------|--|-----------------|
| | Note | £'000 | £'000 |
| Non-current assets: | | | |
| Property, plant and equipment | 9 | - | - |
| Right-of-use assets | 10 | 1,044 | - |
| Intangible assets | | - | - |
| Investment property | | - | - |
| Trade and other receivables | | - | - |
| Other financial assets | | - | - |
| Total non-current assets | | <u>1,044</u> | <u>-</u> |
| Current assets: | | | |
| Inventories | | - | - |
| Trade and other receivables | 11 | 2,910 | 3,618 |
| Other financial assets | | - | - |
| Other current assets | | - | - |
| Cash and cash equivalents | 12 | 104 | 375 |
| Total current assets | | <u>3,014</u> | <u>3,993</u> |
| Non-current assets held for sale | | - | - |
| Total current assets | | <u>3,014</u> | <u>3,993</u> |
| Total assets | | <u>4,059</u> | <u>3,993</u> |
| Current liabilities | | | |
| Trade and other payables | 13 | (61,172) | (64,902) |
| Other financial liabilities | | - | - |
| Other liabilities | | - | - |
| Lease liabilities | 10.2 | (1,046) | - |
| Borrowings | | - | - |
| Provisions | 14 | (2,219) | (2,406) |
| Total current liabilities | | <u>(64,437)</u> | <u>(67,309)</u> |
| Non-Current Assets plus/less Net Current Assets/Liabilities | | <u>(60,378)</u> | <u>(63,316)</u> |
| Total non-current liabilities | | - | - |
| Assets less Liabilities | | <u>(60,378)</u> | <u>(63,316)</u> |
| Financed by Taxpayers' Equity | | | |
| General fund | | (60,378) | (63,316) |
| Revaluation reserve | | - | - |
| Other reserves | | - | - |
| Charitable Reserves | | - | - |
| Total taxpayers' equity: | | <u>(60,378)</u> | <u>(63,316)</u> |

The notes on pages 6 to 30 form part of this statement

The financial statements on pages 2 to 30 were approved by the Governing Body on 28th June 2023 and signed on its behalf by:

Simon Whitehouse
Accountable Officer

Statement of Changes In Taxpayers Equity for the three month period ended 30 June 2022

| | General fund £'000 | Revaluation reserve £'000 | Other reserves £'000 | Total reserves £'000 |
|--|-----------------------|---------------------------------|----------------------------|-------------------------|
| Changes in taxpayers' equity for the Three month period ended 30 June 2022 | | | | |
| Balance at 01 April 2022 | (63,316) | 0 | 0 | (63,316) |
| Changes in NHS Clinical Commissioning Group taxpayers' equity for the Three month period ended 30 June 2022 | | | | |
| Net operating expenditure for the financial period | (245,171) | | | (245,171) |
| Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Period | (245,171) | 0 | 0 | (245,171) |
| Net funding | 248,108 | 0 | 0 | 248,108 |
| Balance at 30 June 2022 | (60,378) | 0 | 0 | (60,378) |
| | | | | |
| | General fund £'000 | Revaluation reserve £'000 | Other reserves £'000 | Total reserves £'000 |
| Changes in taxpayers' equity for 2021-22 | | | | |
| Balance at 01 April 2021 | (72,994) | 0 | 0 | (72,994) |
| Changes in NHS Clinical Commissioning Group taxpayers' equity for 2021-22 | | | | |
| Net operating costs for the financial period | (985,796) | | | (985,796) |
| Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Period | (985,796) | 0 | 0 | (985,796) |
| Net funding | 995,474 | 0 | 0 | 995,474 |
| Balance at 31 March 2022 | (63,316) | 0 | 0 | (63,316) |

The notes on pages 6 to 30 form part of this statement

Statement of Cash Flows for the three month period ended 30 June 2022

| | Note | Three month period ended 30 June 2022 £'000 | 2021-22 £'000 |
|---|------|--|------------------|
| Cash Flows from Operating Activities | | | |
| Net operating expenditure for the financial period | | (245,171) | (985,796) |
| Depreciation and amortisation | 5 | 65 | 0 |
| Interest paid | | 2 | 0 |
| (Increase)/decrease in trade & other receivables | 11 | 708 | 2,140 |
| Increase/(decrease) in trade & other payables | 13 | (3,731) | (11,372) |
| Provisions utilised | 14 | (152) | (699) |
| Increase/(decrease) in provisions | 5 | (36) | 426 |
| Net Cash Inflow (Outflow) from Operating Activities | | (248,313) | (995,300) |
| Cash Flows from Financing Activities | | | |
| Grant in Aid Funding Received | | 248,108 | 995,474 |
| Repayment of lease liabilities | | (66) | 0 |
| Net Cash Inflow (Outflow) from Financing Activities | | 248,042 | 995,474 |
| Net Increase (Decrease) in Cash & Cash Equivalents | 12 | (271) | 174 |
| Cash & Cash Equivalents at the Beginning of the Financial Period | | 375 | 201 |
| Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Period | | 104 | 375 |

The notes on pages 6 to 30 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of Clinical Commissioning Groups shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC Group Accounting Manual 2022-23, issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Clinical Commissioning Group for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

The accounts are prepared for a three month period to 30th June 2022 due to the cessation of the CCG. Prior year comparatives for 21/22 are for a 12 month period.

1.1 Going Concern

The CCG's accounts have been prepared on a going concern basis.

The CCG ended the three month period to 30th June 2022 in a breakeven position and a cumulative deficit position of £134m. The Shropshire, Telford and Wrekin System reported a £10.1m deficit in the three month period to 30th June 2022.

Under new government legislation passed through Parliament, the CCG ceased to exist from the 1st July 2022 and a new organisation 'NHS Shropshire, Telford and Wrekin Integrated Commissioning Board (ICB)' was created.

This change required the CCG to review whether this creates material uncertainty regarding its going concern status.

At the time, it was judged that the going concern status of the organisation remains unchanged on the following basis:

- The formation of the new organisation (ICB), has been approved by NHS England (NHSE) and the services provided by the CCG transfer entirely to the new organisation together with its assets and liabilities;
- The CCG has taken steps to maintain business continuity for the finance function during this time in order that payments and collection of debt are not materially impacted. These steps include securing remote access to financial systems for all finance staff and budget holders, and working with our third party providers (Midlands & Lancashire CSU and Shared Business Services), to ensure transactional processing is not adversely affected. This is evidenced in the low value of the CCG's aged debt and its continued high achievement against the Better Payment Practice Code.
- There is a presumption that CCGs are deemed to be a going concern because there is a statutory requirement to perform the commissioning function by a public body – and this determines the requirement to apply the going concern principle – not whether the specific CCG will be doing the function in future.

Although the financial position of the CCG and the issue of a Section 30 report by the Secretary of State for Health indicates some uncertainty over the CCG's ability to continue as a going concern, the Governing Body, having made appropriate enquiries, have reasonable expectations that the CCG will have adequate resources to continue in operational existence for the foreseeable future both as a CCG and as its successor organisation, the ICB.

Further, the CCG submitted its 2022/23 financial plan covering the 3 months that the CCG was still in operation and the 9 month period for the ICB. This plan is based on the allocations notified by NHSE for the full financial year of 2022/23. The ICB has also submitted its draft plan for 2023/24 based on the allocations notified by NHSE for the full financial year 2023/24.

On this basis, the CCG has adopted the going concern basis for preparing the financial statements and has not included any adjustments that would result if it was unable to continue as a going concern.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 Movement of Assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 Pooled Budgets

The clinical commissioning group has entered into a pooled budget arrangement with Telford and Wrekin Local Authority [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, funds are pooled for Better Care Fund (BCF), and the Transforming Care Programme (TCP). The TCP pool is hosted by the Local Authority and the BCF pool is jointly hosted.

The clinical commissioning group has also entered into a pooled budget arrangement with Shropshire Council under a Section 75 partnership agreement. This was for the purpose of commissioning health and social care services under the Better Care Fund (BCF). The host Partner for the agreement is Shropshire Council.

The clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of these pooled budgets, identified in accordance with the pooled budget agreements. Note 18 to the accounts provides details of the income and expenditure for these arrangements.

1.5 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the clinical commissioning group.

1.6 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FR&M has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

The value of the benefit received when the clinical commissioning group accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Notes to the financial statements

1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the period. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the clinical commissioning group commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.8 Other Expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 Property, Plant & Equipment

1.9.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the clinical commissioning group;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.9.2 Measurement

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.9.3 Depreciation, Amortisation & Impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the clinical commissioning group expects to obtain economic benefits or service potential from the asset. This is specific to the clinical commissioning group and may be shorter than the physical life of the asset itself.

Estimated useful lives and residual values are reviewed each period end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

At each reporting period end, the clinical commissioning group checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Notes to the financial statements

1.10. Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 Leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the Standard have been employed. These are as follows;

The CCG has applied the practical expedient offered in the Standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 Leases and IFRIC 4 Determining whether an Arrangement contains a Lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application the CCG has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the Standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10(c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by the CCG in applying IFRS 16. These include;

The measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16.

The measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16.

The CCG will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.14 instead. HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

The CCG is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 the CCG has assessed that in all other respects these arrangements meet the definition of a lease under the Standard.

The CCG is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value.

These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.10.1 The Clinical Commissioning Group as Lessee

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 0.95% is applied for leases commencing, transitioning or being remeasured in the 2022 calendar year under IFRS 16.

Lease payments included in the measurement of the lease liability comprise

- Fixed payments;
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
- The amount expected to be payable under residual value guarantees;
- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Notes to the financial statements

1.10.1 The Clinical Commissioning Group as Lessee cont'd

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.11 Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the clinical commissioning group's cash management.

1.12 Provisions

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial

• A nominal short-term rate of 3.27% (2021-22: 0.47%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

• A nominal medium-term rate of 3.20% (2021-22: 0.70%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

• A nominal long-term rate of 3.51% (2021-22 0.95%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.

• A nominal very long-term rate of 3.0% (2021-22: 0.66%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the clinical commissioning group has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.13 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the clinical commissioning group pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with clinical commissioning group.

1.14 Non-clinical Risk Pooling

The clinical commissioning group participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the clinical commissioning group pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.15 Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.16 Financial Assets

Financial assets are recognised when the clinical commissioning group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred and the CCG has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.16.1 Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.16.2 Financial assets at fair value through other comprehensive income

Financial assets held at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

The CCG did not hold any such assets as at 30th June 2022.

1.16.3 Financial assets at fair value through profit and loss

Financial assets measured at fair value through profit and loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

The CCG did not hold any such assets as at 30th June 2022.

Notes to the financial statements

1.16.4 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the clinical commissioning group recognises a loss allowance representing the expected credit losses on the financial asset.

The clinical commissioning group adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The clinical commissioning group therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies and the clinical commissioning group does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.17 Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the clinical commissioning group becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17.1 Financial Guarantee Contract Liabilities

Financial guarantee contract liabilities are subsequently measured at the higher of:

- The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,
- The amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

The CCG did not take financial guarantee contracts in the period to 30th June 2022.

1.17.2 Financial Liabilities at Fair Value Through Profit and Loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the clinical commissioning group's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

The CCG did not hold any financial liabilities at fair value through profit and loss during the period to 30th June 2022.

1.17.3 Other Financial Liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18 Value Added Tax

Most of the activities of the clinical commissioning group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the clinical commissioning group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.20 Critical accounting judgements and key sources of estimation uncertainty

In the application of the clinical commissioning group's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.20.1 Critical accounting judgements in applying accounting policies

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the clinical commissioning group's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

1.20.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Accruals - Prescribing: The CCG recognises the cost of drug prescribing based on data received from the NHS Business Services Authority (NHSBSA). Reports are received on a monthly basis, but reflect charges up to the end of February only. June costs are estimated using historical levels of expenditure. The NHSBSA uses a methodology for forecasting prescribing expenditure that is based on national averages and does not necessarily reflect local issues. Therefore consideration is given to the use of local knowledge to determine the appropriate level of expenditure to be included in the accounts. This review is undertaken and full disclosure of any proposed adjustments shared with the auditors.

1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Notes to the financial statements

1.22 Adoption of new standards

On 1 April 2022, the clinical commissioning group adopted IFRS 16 'Leases'. The new standard introduces a single, on statement of financial position lease accounting model for lessees and removes the distinction between operating and finance leases.

Under IFRS 16 the CCG will recognise a right-of-use asset representing the CCG's right to use the underlying asset and a lease liability representing its obligation to make lease payments for any operating leases assessed to fall under IFRS 16. There are recognition exemptions for short term leases and leases of low value items.

In addition, the CCG will no longer charge provisions for operating leases that it assesses to be onerous to the statement of comprehensive net expenditure. Instead, the group will include the payments due under the lease with any appropriate assessment for impairments in the right-of-use asset.

Impact assessment

The CCG has applied the modified retrospective approach and will recognise the cumulative effect of adopting the standard at the date of initial application as an adjustment to the opening retained earnings with no restatement of comparative balances.

IFRS 16 does not require entities to reassess whether a contract is, or contains, a lease at the date of initial application. HM Treasury has interpreted this to mandate this practical expedient and therefore the group has applied IFRS 16 to contracts identified as a lease under IAS 17 or IFRIC 4 at 1 April 2022.

The group has utilised three further practical expedients under the transition approach adopted:

- a) The election to not make an adjustment for leases for which the underlying asset is of low value.
- b) The election to not make an adjustment to leases where the lease terms ends within 12 months of the date of application.
- c) The election to use hindsight in determining the lease term if the contract contains options to extend or terminate the lease.

The most significant impact of the adoption of IFRS 16 has been the need to recognise right-of-use assets and lease liabilities for any buildings previously treated as operating leases that meet the recognition criteria in IFRS 16. Expenditure on operating leases has been replaced by interest on lease liabilities and depreciation on right-of-use assets in the statement of comprehensive net expenditure.

As of 1 April 2022, the CCG recognised £1.1m of right-of-use assets and lease liabilities of £1.1m. The weighted average incremental borrowing rate applied at 1 April 2022 is 0.95% and on adoption of IFRS 16 there was a nil impact to tax payers' equity.

The group has assessed that there is no significant impact on its current finance leases due to the immaterial value on the statement of financial position and no significant impact on the limited transactions it undertakes as a lessor because IFRS 16 has not substantially changed the accounting arrangements for lessors.

The following table reconciles the CCG's operating lease obligations at 31 March 2022, disclosed in the group's 21/22 financial statements, to the lease liabilities recognised on initial application of IFRS 16 at 1 April 2022.

| | Total £000 |
|--|-----------------------|
| Operating lease commitments at 31 March 2022 | (789) |
| Impact of discounting at 1 April 2022 using the weighted average incremental borrowing rate of 0.95% | 7 |
| Operating lease commitments discounted used weighted average IBR | (782) |
| Add: Finance lease liabilities at 31 March 2022 | 0 |
| Add: Peppercorn leases revalued to existing value in use | 0 |
| Add: Residual value guarantees | 0 |
| Add: Rentals associated with extension options reasonably certain to be exercised | 0 |
| Less: Short term leases (including those with <12 months at application date) | (328) |
| Less: Low value leases | 0 |
| Less: Variable payments not included in the valuation of the lease liabilities | 0 |
| Lease liability at 1 April 2022 | (1,110) |

1.23 New and revised IFRS Standards in issue but not yet effective

- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2023; early adoption is not therefore permitted. The impact on the CCG has not yet been assessed.

2 Other Operating Revenue

| | Three month period ended 30 June 2022 Admin £'000 | Three month period ended 30 June 2022 Programme £'000 | Three month period ended 30 June 2022 Total £'000 | 2021-22 Total £'000 |
|--|---|--|---|---------------------------|
| Income from sale of goods and services (contracts) | | | | |
| Education, training and research | - | - | - | - |
| Non-patient care services to other bodies | - | - | - | - |
| Patient transport services | - | - | - | - |
| Prescription fees and charges | - | - | - | - |
| Dental fees and charges | - | - | - | - |
| Income generation | - | - | - | - |
| Other Contract income | - | 0 | 0 | 0 |
| Recoveries in respect of employee benefits | - | - | - | - |
| Total Income from sale of goods and services | - | 0 | 0 | 0 |
| Other operating income | | | | |
| Rental revenue from finance leases | - | - | - | - |
| Rental revenue from operating leases | - | - | - | - |
| Charitable and other contributions to revenue expenditure: NHS | - | - | - | - |
| Charitable and other contributions to revenue expenditure: non-NHS | - | - | - | - |
| Receipt of donations (capital/cash) | - | - | - | - |
| Receipt of Government grants for capital acquisitions | - | - | - | - |
| Continuing Health Care risk pool contributions | - | - | - | - |
| Non cash apprenticeship training grants revenue | - | - | - | - |
| Other non contract revenue | - | 255 | 255 | 1,014 |
| Total Other operating income | - | 255 | 255 | 1,014 |
| Total Operating Income | - | 256 | 256 | 1,015 |

3 Contract Revenue

3.1 Disaggregation of Income - Income from sale of good and services (contracts)

The CCG did not receive any income in the period to 30th June 2022 from the sale of goods and services (contracts).

3.2 Transaction price to remaining contract performance obligations

The CCG did not have any contract revenue in the period to 30th June 2022 expected to be recognised in future periods, related to contract performance obligations not yet completed at the reporting date.

4. Employee benefits and staff numbers

| 4.1.1 Employee benefits | Total | | Three month period ended 30 June 2022 |
|--|---------------------|------------|---------------------------------------|
| | Permanent Employees | Other | Total |
| | £'000 | £'000 | £'000 |
| Employee Benefits | | | |
| Salaries and wages | 2,174 | 620 | 2,794 |
| Social security costs | 254 | - | 254 |
| Employer Contributions to NHS Pension scheme | 417 | - | 417 |
| Other pension costs | - | - | - |
| Apprenticeship Levy | 8 | - | 8 |
| Other post-employment benefits | - | - | - |
| Other employment benefits | - | - | - |
| Termination benefits | - | - | - |
| Gross employee benefits expenditure | 2,853 | 620 | 3,473 |
| Less recoveries in respect of employee benefits (note 4.1.2) | - | - | - |
| Total - Net admin employee benefits including capitalised costs | 2,853 | 620 | 3,473 |
| Less: Employee costs capitalised | - | - | - |
| Net employee benefits excluding capitalised costs | 2,853 | 620 | 3,473 |

| Employee Benefits | Total | | 2021-22 |
|--|---------------------|--------------|---------------|
| | Permanent Employees | Other | Total |
| | £'000 | £'000 | £'000 |
| Salaries and wages | 9,099 | 1,174 | 10,273 |
| Social security costs | 920 | - | 920 |
| Employer Contributions to NHS Pension scheme | 1,582 | - | 1,582 |
| Other pension costs | - | - | - |
| Apprenticeship Levy | 34 | - | 34 |
| Other post-employment benefits | - | - | - |
| Other employment benefits | - | - | - |
| Termination benefits | - | - | - |
| Gross employee benefits expenditure | 11,635 | 1,174 | 12,810 |
| Less recoveries in respect of employee benefits (note 4.1.2) | - | - | - |
| Total - Net admin employee benefits including capitalised costs | 11,635 | 1,174 | 12,810 |
| Less: Employee costs capitalised | - | - | - |
| Net employee benefits excluding capitalised costs | 11,635 | 1,174 | 12,810 |

There are no Covid-19 related costs included in the above (2021-22: £122k)

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. For 2019/20, 2020/21 & 2021/22 NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. The full cost and related funding has been recognised in these accounts and further detail explaining the reason for this increase can be found in Note 4.4

4.1.2 Recoveries in respect of employee benefits

The CCG has made no recoveries in respect of employee benefits in the period to 30th June 2022.

4.2 Average number of people employed

| | Three month period ended 30 June 2022 | | | 2021-22 | | |
|--------------|---------------------------------------|--------------|---------------|-----------------------------|--------------|---------------|
| | Permanently employed Number | Other Number | Total Number | Permanently employed Number | Other Number | Total Number |
| Total | 218.46 | 28.63 | 247.09 | 213.73 | 44.47 | 258.20 |

Of the above:

| | | | | | | |
|---|---|---|---|---|---|---|
| Number of whole time equivalent people engaged on capital projects | - | - | - | - | - | - |
|---|---|---|---|---|---|---|

4.3 Exit packages agreed in the financial period

| | Three month period ended 30 June 2022 | | Three month period ended 30 June 2022 | | Three month period ended 30 June 2022 | |
|----------------------|---------------------------------------|----------|---------------------------------------|----------|---------------------------------------|----------|
| | Compulsory redundancies | | Other agreed departures | | Total | |
| | Number | £ | Number | £ | Number | £ |
| Less than £10,000 | - | - | - | - | - | - |
| £10,001 to £25,000 | - | - | - | - | - | - |
| £25,001 to £50,000 | - | - | - | - | - | - |
| £50,001 to £100,000 | - | - | - | - | - | - |
| £100,001 to £150,000 | - | - | - | - | - | - |
| £150,001 to £200,000 | - | - | - | - | - | - |
| Over £200,001 | - | - | - | - | - | - |
| Total | - | - | - | - | - | - |

| | 2021-22 | | 2021-22 | | 2021-22 | |
|----------------------|-------------------------|---------------|-------------------------|----------|----------|---------------|
| | Compulsory redundancies | | Other agreed departures | | Total | |
| | Number | £ | Number | £ | Number | £ |
| Less than £10,000 | 1 | 4,495 | - | - | 1 | 4,495 |
| £10,001 to £25,000 | - | - | - | - | - | - |
| £25,001 to £50,000 | - | - | - | - | - | - |
| £50,001 to £100,000 | 1 | 72,622 | - | - | 1 | 72,622 |
| £100,001 to £150,000 | - | - | - | - | - | - |
| £150,001 to £200,000 | - | - | - | - | - | - |
| Over £200,001 | - | - | - | - | - | - |
| Total | 2 | 77,117 | - | - | 2 | 77,117 |

| | Three month period ended 30 June 2022 | | 2021-22 | |
|----------------------|--|----------|--|----------|
| | Departures where special payments have been made | | Departures where special payments have been made | |
| | Number | £ | Number | £ |
| Less than £10,000 | - | - | - | - |
| £10,001 to £25,000 | - | - | - | - |
| £25,001 to £50,000 | - | - | - | - |
| £50,001 to £100,000 | - | - | - | - |
| £100,001 to £150,000 | - | - | - | - |
| £150,001 to £200,000 | - | - | - | - |
| Over £200,001 | - | - | - | - |
| Total | - | - | - | - |

Analysis of Other Agreed Departures

| | Three month period ended 30 June 2022 | | 2021-22 | |
|--|---------------------------------------|----------|-------------------------|----------|
| | Other agreed departures | | Other agreed departures | |
| | Number | £ | Number | £ |
| Voluntary redundancies including early retirement contractual costs | - | - | - | - |
| Mutually agreed resignations (MARS) contractual costs | - | - | - | - |
| Early retirements in the efficiency of the service contractual costs | - | - | - | - |
| Contractual payments in lieu of notice | - | - | - | - |
| Exit payments following Employment Tribunals or court orders | - | - | - | - |
| Non-contractual payments requiring HMT approval* | - | - | - | - |
| Total | - | - | - | - |

These tables report the number and value of exit packages agreed in the financial period. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Terms & Conditions of Service Handbook.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the period of departure.

Ill-health retirement costs are met by the NHS Pension Scheme and are not included in the tables.

The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

5. Operating expenses

| | Three month period ended 30 June 2022 Admin £'000 | Three month period ended 30 June 2022 Programme £'000 | Three month period ended 30 June 2022 Total £'000 | 2021-22 Total £'000 |
|---|---|---|---|---------------------------|
| Purchase of goods and services | | | | |
| Services from other CCGs and NHS England | 581 | 1,040 | 1,621 | 6,782 |
| Services from foundation trusts | - | 36,853 | 36,853 | 152,028 |
| Services from other NHS trusts | - | 120,108 | 120,108 | 482,301 |
| Provider Sustainability Fund | - | - | - | - |
| Services from Other WGA bodies | - | - | - | - |
| Purchase of healthcare from non-NHS bodies | - | 35,268 | 35,268 | 144,817 |
| Purchase of social care | - | - | - | - |
| General Dental services and personal dental services | - | - | - | - |
| Prescribing costs | - | 21,145 | 21,145 | 83,553 |
| Pharmaceutical services | - | - | - | - |
| General Ophthalmic services | - | 177 | 177 | 496 |
| GPMS/APMS and PCTMS | - | 22,835 | 22,835 | 84,353 |
| Supplies and services – clinical | - | 409 | 409 | 2,462 |
| Supplies and services – general | 16 | 2,439 | 2,455 | 10,338 |
| Consultancy services | 6 | 80 | 86 | 989 |
| Establishment | (218) | 429 | 211 | 1,944 |
| Transport | 1 | 80 | 81 | 182 |
| Premises | 64 | 132 | 196 | 1,043 |
| Audit fees | 100 | - | 100 | 126 |
| Other non statutory audit expenditure | | | | |
| - Internal audit services | - | - | - | - |
| - Other services | - | 6 | 6 | 8 |
| Other professional fees | 12 | 294 | 306 | 1,501 |
| Legal fees | 7 | 1 | 8 | 136 |
| Education, training and conferences | 3 | (58) | (55) | 134 |
| Funding to group bodies | - | - | - | - |
| CHC Risk Pool contributions | - | - | - | - |
| Non cash apprenticeship training grants | - | - | - | - |
| Total Purchase of goods and services | 573 | 241,236 | 241,809 | 973,194 |
| Depreciation and impairment charges | | | | |
| Depreciation | 33 | 32 | 65 | - |
| Amortisation | - | - | - | - |
| Impairments and reversals of property, plant and equipment | - | - | - | - |
| Impairments and reversals of right-of-use assets | - | - | - | - |
| Impairments and reversals of intangible assets | - | - | - | - |
| Impairments and reversals of financial assets | - | - | - | - |
| - Assets carried at amortised cost | - | - | - | - |
| - Assets carried at cost | - | - | - | - |
| - Available for sale financial assets | - | - | - | - |
| Impairments and reversals of non-current assets held for sale | - | - | - | - |
| Impairments and reversals of investment properties | - | - | - | - |
| Total Depreciation and impairment charges | 33 | 32 | 65 | - |
| Provision expense | | | | |
| Change in discount rate | - | - | - | - |
| Provisions | - | - | (36) | 426 |
| Total Provision expense | - | - | (36) | 426 |
| Other Operating Expenditure | | | | |
| Chair and Non Executive Members | 110 | - | 110 | 350 |
| Grants to Other bodies | - | 8 | 8 | 32 |
| Clinical negligence | - | - | - | - |
| Research and development (excluding staff costs) | - | - | - | - |
| Expected credit loss on receivables | - | (6) | (6) | (2) |
| Expected credit loss on other financial assets (stage 1 and 2 only) | - | - | - | - |
| Inventories written down | - | - | - | - |
| Inventories consumed | - | - | - | - |
| Other expenditure | - | - | - | 1 |
| Total Other Operating Expenditure | 110 | 2 | 112 | 381 |
| Total operating expenditure | 716 | 241,270 | 241,950 | 974,001 |

The above includes expenditure dealt with under pooled budget arrangements as set out in Note 18.

COVID-19 costs included in the above figures total £1,126k (2021-22: £12,335k). The majority of these costs fall under Services from other NHS Trusts and Purchase of Healthcare from non-NHS bodies. COVID-19 pay costs are shown in Note 4.1.

External Audit Fees are inclusive of VAT and include the following:

Statutory audit fees for the period to 30th June 2022 is £100k (2021-22: £101k, plus £25k for prior year CCG fees)

The auditor's liability for external audit work carried out for the period to 30th June 2022 is limited to £1million (2021/22: £1 million).

Internal audit and counter fraud services are provided by CW Audit who are part of a Foundation Trust. The cost of these services was £10k in the period to 30th June 2022 (2021/22: £40k), and is included within other professional fees.

6.1 Better Payment Practice Code

| Measure of compliance | Three month period ended 30 June 2022 | Three month period ended 30 June 2022 | 2021-22 | 2021-22 |
|--|---------------------------------------|---------------------------------------|---------------|---------------|
| | Number | £'000 | Number | £'000 |
| Non-NHS Payables | | | | |
| Total Non-NHS Trade invoices paid in the Period | 13,704 | 71,846 | 43,288 | 266,235 |
| Total Non-NHS Trade Invoices paid within target | 13,607 | 70,159 | 42,886 | 262,527 |
| Percentage of Non-NHS Trade invoices paid within target | 99.29% | 97.65% | 99.07% | 98.61% |
| NHS Payables | | | | |
| Total NHS Trade Invoices Paid in the Period | 175 | 155,284 | 549 | 650,339 |
| Total NHS Trade Invoices Paid within target | 170 | 155,193 | 539 | 649,408 |
| Percentage of NHS Trade Invoices paid within target | 97.14% | 99.94% | 98.18% | 99.86% |

The Better Payment Practice Code requires the clinical commissioning group to pay valid invoices by their due date or within 30 days of receipt of the invoices, whichever is the later.

| 6.2 The Late Payment of Commercial Debts (Interest) Act 1998 | Three month period ended 30 June 2022 | 2021-22 |
|---|---------------------------------------|----------|
| | £'000 | £'000 |
| Amounts included in finance costs from claims made under this legislation | - | - |
| Compensation paid to cover debt recovery costs under this legislation | - | - |
| Total | - | - |

7. Finance costs

| | Three month period ended 30 June 2022 £'000 | 2021-22 £'000 |
|---|--|------------------|
| Interest | | |
| Interest on loans and overdrafts | - | - |
| Interest on lease liabilities | 2 | - |
| Interest on late payment of commercial debt | - | - |
| Other interest expense | - | - |
| Total interest | <u>2</u> | <u>-</u> |
| Other finance costs | - | - |
| Provisions: unwinding of discount | - | - |
| Total finance costs | <u>2</u> | <u>-</u> |

8. Net gain/(loss) on transfer by absorption

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

| | Three month period ended 30 June 2022 £'000 | 2021-22 £'000 |
|--|--|------------------|
| Transfer of property plant and equipment | - | - |
| Transfer of intangibles | - | - |
| Transfer of cash and cash equivalents | - | 201 |
| Transfer of receivables | - | 5,758 |
| Transfer of payables | - | (76,274) |
| Transfer of provisions | - | (2,679) |
| Net loss on transfers by absorption | <u>-</u> | <u>(72,994)</u> |

9 Property, plant and equipment

| Three month period ended 30 June 2022 | Land £'000 | Buildings excluding dwellings £'000 | Dwellings £'000 | Assets under construction and payments on account £'000 | Plant & machinery £'000 | Transport equipment £'000 | Information technology £'000 | Furniture & fittings £'000 | Total £'000 |
|---|---------------|--|--------------------|--|-------------------------------|---------------------------------|------------------------------------|----------------------------------|----------------|
| Cost or valuation at 01 April 2022 | - | - | - | - | 0 | - | 361 | 39 | 400 |
| Addition of assets under construction and payments on account | - | - | - | - | - | - | - | - | - |
| Additions purchased | - | - | - | - | - | - | - | - | - |
| Additions donated | - | - | - | - | - | - | - | - | - |
| Additions government granted | - | - | - | - | - | - | - | - | - |
| Additions leased | - | - | - | - | - | - | - | - | - |
| Reclassifications | - | - | - | - | - | - | - | - | - |
| Reclassified as held for sale and reversals | - | - | - | - | - | - | - | - | - |
| Disposals other than by sale | - | - | - | - | - | - | (166) | - | (166) |
| Upward revaluation gains | - | - | - | - | - | - | - | - | - |
| Impairments charged | - | - | - | - | - | - | - | - | - |
| Reversal of impairments | - | - | - | - | - | - | - | - | - |
| Transfer (to)/from other public sector body | - | - | - | - | - | - | - | - | - |
| Cumulative depreciation adjustment following revaluation | - | - | - | - | - | - | - | - | - |
| Cost/Valuation at 30 June 2022 | - | - | - | - | 0 | - | 195 | 39 | 234 |
| Depreciation 01 April 2022 | - | - | - | - | 0 | - | 361 | 39 | 400 |
| Reclassifications | - | - | - | - | - | - | - | - | - |
| Reclassified as held for sale and reversals | - | - | - | - | - | - | - | - | - |
| Disposals other than by sale | - | - | - | - | - | - | (166) | - | (166) |
| Upward revaluation gains | - | - | - | - | - | - | - | - | - |
| Impairments charged | - | - | - | - | - | - | - | - | - |
| Reversal of impairments | - | - | - | - | - | - | - | - | - |
| Charged during the period | - | - | - | - | - | - | - | - | - |
| Transfer (to)/from other public sector body | - | - | - | - | - | - | - | - | - |
| Cumulative depreciation adjustment following revaluation | - | - | - | - | - | - | - | - | - |
| Depreciation at 30 June 2022 | - | - | - | - | 0 | - | 195 | 39 | 234 |
| Net Book Value at 30 June 2022 | - | - | - | - | - | - | - | - | - |
| Purchased | - | - | - | - | - | - | (0) | - | (0) |
| Donated | - | - | - | - | - | - | - | - | - |
| Government Granted | - | - | - | - | - | - | - | - | - |
| Total at 30 June 2022 | - | - | - | - | - | - | (0) | - | (0) |
| Asset financing: | | | | | | | | | |
| Owned | - | - | - | - | - | - | (0) | - | (0) |
| Held on finance lease | - | - | - | - | - | - | - | - | - |
| On-SOFP Lift contracts | - | - | - | - | - | - | - | - | - |
| PFI residual: interests | - | - | - | - | - | - | - | - | - |
| Total at 30 June 2022 | - | - | - | - | - | - | (0) | - | (0) |

Revaluation Reserve Balance for Property, Plant & Equipment

| | Land £'000 | Buildings £'000 | Dwellings £'000 | Assets under construction & payments on account £'000 | Plant & machinery £'000 | Transport equipment £'000 | Information technology £'000 | Furniture & fittings £'000 | Total £'000 |
|---------------------------------|---------------|--------------------|--------------------|--|-------------------------------|---------------------------------|------------------------------------|----------------------------------|----------------|
| Balance at 01 April 2022 | - | - | - | - | - | - | - | - | - |
| Revaluation gains | - | - | - | - | - | - | - | - | - |
| Impairments | - | - | - | - | - | - | - | - | - |
| Release to general fund | - | - | - | - | - | - | - | - | - |
| Other movements | - | - | - | - | - | - | - | - | - |
| Balance at 30 June 2022 | - | - | - | - | - | - | - | - | - |

10.1 Right-of-use assets

| Three month period ended 30 June 2022 | Land £'000 | Buildings excluding dwellings £'000 | Dwellings £'000 | Assets under construction and payments on account £'000 | Plant & machinery £'000 | Transport equipment £'000 | Information technology £'000 | Furniture & fittings £'000 | Total £'000 |
|---|---------------|--|--------------------|--|-------------------------------|---------------------------------|------------------------------------|----------------------------------|----------------|
| Cost or valuation at 01 April 2022 | - | - | - | - | - | - | - | - | - |
| IFRS 16 Transition Adjustment | - | 1,110 | - | - | - | - | - | - | 1,110 |
| Addition of assets under construction and payments on account | - | - | - | - | - | - | - | - | - |
| Additions | - | - | - | - | - | - | - | - | - |
| Reclassifications | - | - | - | - | - | - | - | - | - |
| Upward revaluation gains | - | - | - | - | - | - | - | - | - |
| Lease remeasurement | - | - | - | - | - | - | - | - | - |
| Modifications | - | - | - | - | - | - | - | - | - |
| Disposals on expiry of lease term | - | - | - | - | - | - | - | - | - |
| Derecognition for early terminations | - | - | - | - | - | - | - | - | - |
| Transfer (to) from other public sector body | - | - | - | - | - | - | - | - | - |
| Cost/Valuation at 30 June 2022 | - | 1,110 | - | - | - | - | - | - | 1,110 |
| Depreciation 01 April 2022 | - | - | - | - | - | - | - | - | - |
| Charged during the period | - | 65 | - | - | - | - | - | - | 65 |
| Reclassifications | - | - | - | - | - | - | - | - | - |
| Upward revaluation gains | - | - | - | - | - | - | - | - | - |
| Impairments charged | - | - | - | - | - | - | - | - | - |
| Reversal of impairments | - | - | - | - | - | - | - | - | - |
| Disposals on expiry of lease term | - | - | - | - | - | - | - | - | - |
| Derecognition for early terminations | - | - | - | - | - | - | - | - | - |
| Transfer (to) from other public sector body | - | - | - | - | - | - | - | - | - |
| Depreciation at 30 June 2022 | - | 65 | - | - | - | - | - | - | 65 |
| Net Book Value at 30 June 2022 | - | 1,044 | - | - | - | - | - | - | 1,044 |

Revaluation Reserve Balance for right-of-use assets

| Balance at 01 April 2022 | Land £'000 | Buildings £'000 | Dwellings £'000 | Assets under construction & payments on account £'000 | Plant & machinery £'000 | Transport equipment £'000 | Information technology £'000 | Furniture & fittings £'000 | Total £'000 |
|---------------------------------|---------------|--------------------|--------------------|--|-------------------------------|---------------------------------|------------------------------------|----------------------------------|----------------|
| Balance at 01 April 2022 | - | - | - | - | - | - | - | - | - |
| Revaluation gains | - | - | - | - | - | - | - | - | - |
| Impairments | - | - | - | - | - | - | - | - | - |
| Release to general fund | - | - | - | - | - | - | - | - | - |
| Other movements | - | - | - | - | - | - | - | - | - |
| Balance at 30 June 2022 | - | - | - | - | - | - | - | - | - |

10. Leases cont'd

10.2 Lease liabilities

| | Three month period ended 30 June 2022 | 2021-22 |
|---|--|--------------|
| | £'000 | £'000 |
| Lease liabilities at 01 April 2022 | - | - |
| IFRS 16 Transition Adjustment | 1,110 | - |
| Addition of Assets under Construction & Payments on Account | - | - |
| Additions purchased | - | - |
| Reclassifications | - | - |
| Interest expense relating to lease liabilities | 2 | - |
| Repayment of lease liabilities (including interest) | (66) | - |
| Lease remeasurement | - | - |
| Modifications | - | - |
| Disposals on expiry of lease term | - | - |
| Derecognition for early terminations | - | - |
| Transfer (to) from other public sector body | - | - |
| Other | - | - |
| Lease liabilities at 30 June 2022 | 1,046 | - |

10.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

| | Three month period ended 30 June 2022 | 2021-22 |
|--------------------------------|--|--------------|
| | £'000 | £'000 |
| Within one year | (266) | - |
| Between one and five years | (798) | - |
| After five years | - | - |
| Balance at 30 June 2022 | (1,064) | - |
| Effect of discounting | 18 | - |
| Included in: | | |
| Current lease liabilities | (1,046) | - |
| Non-current lease liabilities | - | - |
| Balance at 30 June 2022 | (1,046) | - |

10.4 Amounts recognised in Statement of Comprehensive Net Expenditure

| | Three month period ended 30 June 2022 | 2021-22 |
|---|--|--------------|
| | £'000 | £'000 |
| Depreciation expense on right-of-use assets | 65 | - |
| Interest expense on lease liabilities | 2 | - |

10.5 Amounts recognised in Statement of Cash Flows

| | Three month period ended 30 June 2022 | 2021-22 |
|--|--|--------------|
| | £'000 | £'000 |
| Total cash outflow on leases under IFRS 16 | (66) | - |
| Total cash outflow for lease payments not included within the measurement of lease liabilities | - | - |
| Total cash inflows from sale and leaseback transactions | - | - |

| 11 Trade and other receivables | Current | Non-current | Current | Non-current |
|--|--|--|------------------|------------------|
| | Three month period ended 30 June 2022 £'000 | Three month period ended 30 June 2022 £'000 | 2021-22 £'000 | 2021-22 £'000 |
| NHS receivables: Revenue | 78 | - | 608 | - |
| NHS receivables: Capital | - | - | - | - |
| NHS prepayments | 4 | - | - | - |
| NHS accrued income | 1,791 | - | 600 | - |
| NHS Contract Receivable not yet invoiced/non-invoice | - | - | - | - |
| NHS Non Contract trade receivable (i.e pass through funding) | - | - | - | - |
| NHS Contract Assets | - | - | - | - |
| Non-NHS and Other WGA receivables: Revenue | 362 | - | 1,496 | - |
| Non-NHS and Other WGA receivables: Capital | - | - | - | - |
| Non-NHS and Other WGA prepayments | 126 | - | 485 | - |
| Non-NHS and Other WGA accrued income | 279 | - | 142 | - |
| Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice | - | - | - | - |
| Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding) | - | - | - | - |
| Non-NHS Contract Assets | - | - | - | - |
| Expected credit loss allowance-receivables | (21) | - | (23) | - |
| VAT | 282 | - | 295 | - |
| Private finance initiative and other public private partnership arrangement prepayments and accrued income | - | - | - | - |
| Interest receivables | - | - | - | - |
| Finance lease receivables | - | - | - | - |
| Operating lease receivables | - | - | - | - |
| Other receivables and accruals | 8 | - | 16 | - |
| Total Trade & other receivables | 2,910 | - | 3,618 | - |
| Total current and non current | 2,910 | - | 3,618 | - |
| Included above: | | | | |
| Prepaid pensions contributions | - | - | - | - |

11.1 Receivables past their due date but not impaired

| | Three month period ended 30 June 2022 | Three month period ended 30 June 2022 | 2021-22 | 2021-22 |
|-------------------------|---------------------------------------|---------------------------------------|----------------------------|--------------------------------|
| | DHSC Group Bodies £'000 | Non DHSC Group Bodies £'000 | DHSC Group Bodies £'000 | Non DHSC Group Bodies £'000 |
| By up to three months | (11) | 212 | 318 | 9 |
| By three to six months | 6 | - | - | - |
| By more than six months | - | 9 | - | 1 |
| Total | (5) | 221 | 318 | 9 |

11.2 Loss allowance on asset classes

| | Trade and other receivables - Non DHSC Group Bodies £'000 | Other financial assets £'000 | Total £'000 |
|--|--|---------------------------------|----------------|
| Balance at 01 April 2022 | (23) | - | (23) |
| Lifetime expected credit loss on credit impaired financial assets | - | - | - |
| Lifetime expected credit losses on trade and other receivables-Stage 2 | 2 | - | 2 |
| Lifetime expected credit losses on trade and other receivables-Stage 3 | - | - | - |
| Credit losses recognised on purchase originated credit impaired financial assets | - | - | - |
| Amounts written off | - | - | - |
| Financial assets that have been derecognised | - | - | - |
| Changes due to modifications that did not result in derecognition | - | - | - |
| Other changes | - | - | - |
| Total | (21) | - | (21) |

12 Cash and cash equivalents

| | Three month period ended 30 June 2022 | 2021-22 |
|--|--|------------|
| | £'000 | £'000 |
| Balance at 01 April 2022 | 375 | 201 |
| Net change in period | (271) | 174 |
| Balance at 30 June 2022 | 104 | 375 |
| Made up of: | | |
| Cash with the Government Banking Service | 104 | 375 |
| Cash with Commercial banks | - | - |
| Cash in hand | - | - |
| Current investments | - | - |
| Cash and cash equivalents as in statement of financial position | 104 | 375 |
| Bank overdraft: Government Banking Service | - | - |
| Bank overdraft: Commercial banks | - | - |
| Total bank overdrafts | - | - |
| Balance at 30 June 2022 | 104 | 375 |
| Patients' money held by the clinical commissioning group, not included above | - | - |

The CCG does not hold any significant cash and cash equivalent balances that are not available for use by the organisation.

| | Current Three month period ended 30 June 2022 £'000 | Non-current Three month period ended 30 June 2022 £'000 | Current 2021-22 £'000 | Non-current 2021-22 £'000 |
|---|--|--|-----------------------------|---------------------------------|
| 13 Trade and other payables | | | | |
| Interest payable | - | - | - | - |
| NHS payables: Revenue | 2,046 | - | 2,084 | - |
| NHS payables: Capital | - | - | - | - |
| NHS accruals | 6,643 | - | 1,881 | - |
| NHS deferred income | - | - | - | - |
| NHS Contract Liabilities | - | - | - | - |
| Non-NHS and Other WGA payables: Revenue | 14,469 | - | 13,644 | - |
| Non-NHS and Other WGA payables: Capital | - | - | - | - |
| Non-NHS and Other WGA accruals | 28,842 | - | 17,228 | - |
| Non-NHS and Other WGA deferred income | - | - | - | - |
| Non-NHS Contract Liabilities | - | - | - | - |
| Social security costs | 159 | - | 146 | - |
| VAT | - | - | - | - |
| Tax | 125 | - | 124 | - |
| Payments received on account | - | - | - | - |
| Other payables and accruals | 8,887 | - | 29,795 | - |
| Total Trade & Other Payables | 61,172 | - | 64,902 | - |
| Total current and non-current | <u>61,172</u> | <u>-</u> | <u>64,902</u> | <u>-</u> |

Other payables include £902k outstanding pension contributions at 30 June 2022

14 Provisions

| | Current Three month period ended 30 June 2022 £'000 | Non-current Three month period ended 30 June 2022 £'000 | Current 2021-22 £'000 | Non-current 2021-22 £'000 |
|---------------------------------------|---|---|-----------------------------|---------------------------------|
| Pensions relating to former directors | - | - | - | - |
| Pensions relating to other staff | - | - | - | - |
| Restructuring | 0 | - | 0 | - |
| Redundancy | 359 | - | 407 | - |
| Agenda for change | - | - | - | - |
| Equal pay | - | - | - | - |
| Legal claims | 349 | - | 352 | - |
| Continuing care | 1,511 | - | 1,648 | - |
| Other | 0 | - | 0 | - |
| Total | 2,219 | - | 2,406 | - |
| Total current and non-current | 2,219 | - | 2,406 | - |

| | Pensions Relating to Former Directors £'000 | Pensions Relating to Other Staff £'000 | Restructuring £'000 | Redundancy £'000 | Agenda for Change £'000 | Equal Pay £'000 | Legal Claims £'000 | Continuing Care £'000 | Other £'000 | Total £'000 |
|--|---|---|------------------------|---------------------|-------------------------------|--------------------|-----------------------|-----------------------------|----------------|----------------|
| Balance at 01 April 2022 | - | - | 0 | 407 | - | - | 352 | 1,648 | 0 | 2,406 |
| Arising during the period | - | - | - | 39 | - | - | 68 | - | - | 107 |
| Utilised during the period | - | - | - | - | - | - | (70) | (82) | - | (152) |
| Reversed unused | - | - | - | (87) | - | - | - | (55) | - | (142) |
| Unwinding of discount | - | - | - | - | - | - | - | - | - | - |
| Change in discount rate | - | - | - | - | - | - | - | - | - | - |
| Transfer (to) from other public sector body | - | - | - | - | - | - | - | - | - | - |
| Transfer (to) from other public sector body under absorption | - | - | - | - | - | - | - | - | - | - |
| Balance at 30 June 2022 | - | - | 0 | 359 | - | - | 349 | 1,511 | 0 | 2,219 |
| Expected timing of cash flows: | | | | | | | | | | |
| Within one year | - | - | 0 | 359 | - | - | 349 | 1,511 | 0 | 2,219 |
| Between one and five years | - | - | - | - | - | - | - | - | - | - |
| After five years | - | - | - | - | - | - | - | - | - | - |
| Balance at 30 June 2022 | - | - | 0 | 359 | - | - | 349 | 1,511 | 0 | 2,219 |

The redundancy provision reflects the potential impact on senior roles within the CCG as the senior team is restructured in preparation for the CCG's planned transition into an Integrated Care Board on the 1st July 2022. This transition is subject to passage through Parliament but it is expected that this restructuring process will be concluded early in the new financial year.

The legal claims provision relates to ongoing legal cases outstanding at 30th June 2022, with the estimated costs to conclusion provided by the CCG's legal advisors. The CCG has no claims currently lodged with NHS Resolution.

A continuing care provision has been created which reflects the estimated cost of continuing care appeals currently awaiting processing. The provision is based on the number of appeals outstanding at the 30th June 2022 and these are expected to be processed within the new financial year.

15 Contingencies

The CCG has no contingent assets or liabilities to disclose.

16 Financial instruments

16.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS clinical commissioning group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS clinical commissioning group standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS clinical commissioning group and internal auditors.

16.1.1 Currency risk

The NHS clinical commissioning group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS clinical commissioning group has no overseas operations. The NHS clinical commissioning group and therefore has low exposure to currency rate fluctuations.

16.1.2 Interest rate risk

The clinical commissioning group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The clinical commissioning group therefore has low exposure to interest rate fluctuations.

16.1.3 Credit risk

Because the majority of the NHS clinical commissioning group and revenue comes parliamentary funding, NHS clinical commissioning group has low exposure to credit risk. The maximum exposures as at the end of the financial period are in receivables from customers, as disclosed in the trade and other receivables note.

16.1.4 Liquidity risk

NHS clinical commissioning group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS clinical commissioning group draws down cash to cover expenditure, as the need arises. The NHS clinical commissioning group is not, therefore, exposed to significant liquidity risks.

16.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

16 Financial instruments cont'd

16.2 Financial assets

| | Financial Assets measured at amortised cost | Equity Instruments designated at FVOCI | Total |
|--|---|---|---|
| | Three month period ended 30 June 2022 £'000 | Three month period ended 30 June 2022 £'000 | Three month period ended 30 June 2022 £'000 |
| Equity investment in group bodies | - | - | - |
| Equity investment in external bodies | - | - | - |
| Loans receivable with group bodies | - | - | - |
| Loans receivable with external bodies | - | - | - |
| Trade and other receivables with NHSE bodies | 1,157 | - | 1,157 |
| Trade and other receivables with other DHSC group bodies | 992 | - | 992 |
| Trade and other receivables with external bodies | 370 | - | 370 |
| Other financial assets | - | - | - |
| Cash and cash equivalents | 104 | - | 104 |
| Total at 30 June 2022 | 2,623 | - | 2,623 |

16.3 Financial liabilities

| | Financial Liabilities measured at amortised cost | Other | Total |
|--|--|---|---|
| | Three month period ended 30 June 2022 £'000 | Three month period ended 30 June 2022 £'000 | Three month period ended 30 June 2022 £'000 |
| Loans with group bodies | - | - | - |
| Loans with external bodies | - | - | - |
| Trade and other payables with NHSE bodies | 1,190 | - | 1,190 |
| Trade and other payables with other DHSC group bodies | 7,831 | - | 7,831 |
| Trade and other payables with external bodies | 52,912 | - | 52,912 |
| Other financial liabilities | - | - | - |
| Private Finance Initiative and finance lease obligations | - | - | - |
| Total at 30 June 2022 | 61,933 | - | 61,933 |

17 Operating segments

As stated in IFRS8, the "Chief Operating Decision Maker" is responsible for allocating resources to and assessing the performance of the operating segments of an entity. At Shropshire, Telford and Wrekin clinical commissioning group this function is performed by the Governing Body. The clinical commissioning group considers it has a single operating segment; commissioning of healthcare services. Hence finance and performance information is reported to the Governing Body as one segment. These Statements are produced in accordance with this position.

The values relating to this operating segment can be found in the SoCNE (page 2), and SoFP (page 3), and are summarised in the table below:

| | Gross expenditure £'000 | Income £'000 | Net expenditure £'000 | Total assets £'000 | Total liabilities £'000 | Net assets £'000 |
|----------------------------------|----------------------------|-----------------|--------------------------|-----------------------|----------------------------|---------------------|
| Shropshire, Telford & Wrekin CCG | 245,359 | (255) | 245,104 | 4,059 | (64,437) | (60,378) |
| Total | 245,359 | (255) | 245,104 | 4,059 | (64,437) | (60,378) |

17.1 Reconciliation between Operating Segments and SoCNE

| | Three month period ended 30 June 2022 £'000 |
|--|---|
| Total net expenditure reported for operating segments | 245,104 |
| Reconciling items: | |
| Depreciation & Amortisation | 65 |
| Finance costs | 2 |
| Total net expenditure per the Statement of Comprehensive Net Expenditure | 245,171 |

18 Joint arrangements - interests in joint operations

| Name of arrangement | Parties to the arrangement | Description of principal activities | Amounts recognised in Entities books ONLY Three month period ended 30 June 2022 | | | | Amounts recognised in Entities books ONLY 2021-22 | | | |
|---|--|---|--|-------------|--------|-------------|--|-------------|--------|-------------|
| | | | Assets | Liabilities | Income | Expenditure | Assets | Liabilities | Income | Expenditure |
| | | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Better care fund S75 pooled budget | Shropshire, Telford & Wrekin CCG and Shropshire LA | Commissioning of health and social care services under better care fund | - | - | - | 2,080 | - | - | - | 24,522 |
| Better care fund S75 pooled budget | Shropshire, Telford & Wrekin CCG and Telford & Wrekin LA | Better care fund promoting integrated working | - | - | - | 2,064 | - | - | - | 14,315 |
| Transforming care programme S75 arrangement | Shropshire, Telford & Wrekin CCG and Telford & Wrekin LA | The transforming care programme for people with learning disabilities | - | - | - | 408 | - | - | - | 1,947 |

18.1 Pooled budgets under the Better Care Fund

The total value of these pooled budgets in 2021/22 was £69m, £39m of this being the CCG's contribution. The partners determine the nature of the programmes of work making up the Fund and in particular whether joint control is in operation for each programme for the purposes of IFRS 11.

A summary of the schemes with each local authority is given below:

| Shropshire Local Authority | Three month period ended 30 June 2022 £'000 | 2021-22 £'000 |
|-----------------------------------|--|------------------|
| Assistive Technologies | 153 | 1,799 |
| Care navigation/Co-ordination | 163 | 1,927 |
| Enablers for Integration | 348 | 4,100 |
| Healthcare Services to Care Homes | 18 | 216 |
| Integrated Care Planning | 302 | 3,566 |
| Intermediate Care Services | 296 | 3,487 |
| Personalised Healthcare at Home | 30 | 348 |
| L A Schemes | 770 | 9,078 |
| Total | 2,080 | 24,522 |

| Telford & Wrekin Local Authority | Three month period ended 30 June 2022 £'000 | 2021-22 £'000 |
|-----------------------------------|--|------------------|
| Rehabilitation and Reablement | 858 | 5,950 |
| Assistive Technologies | 99 | 683 |
| Preventative Services | 19 | 130 |
| Carers | 32 | 223 |
| Management Charges | 9 | 65 |
| Shropshire Community Health Trust | 566 | 3,925 |
| Shrewsbury and Telford Hospital | 274 | 1,899 |
| Maintaining Eligibility | 131 | 910 |
| Care Act Implementation | 76 | 530 |
| Total | 2,064 | 14,315 |

19 Related party transactions

Details of related party transactions with individuals are as follows:

| | Payments to Related Party £'000 | Receipts from Related Party £'000 | Amounts owed to Related Party £'000 | Amounts due from Related Party £'000 |
|---|--|--|--|---|
| Adam Pringle (GP/Healthcare Professional) - Sessional work for Shropshire Doctors Co Operative Ltd (Shropdoc) | 280 | 0 | 0 | 0 |
| Mark Brandreth - Robert Jones & Agnes Hunt Orthopaedic Hospital | 11,319 | 0 | 0 | 0 |

The Department of Health and Social Care is regarded as a related party. During the period the clinical commissioning group has had material transactions with entities for which the Department is regarded as the parent Department. These include:

- NHS Business Services Authority
- NHS England
- NHS Midlands & Lancashire CSU
- NHS Property Services Limited
- Midlands Partnership NHS Foundation Trust
- Shrewsbury & Telford Hospitals NHS Trust
- Shropshire Community Health NHS Trust
- The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- University Hospital of North Midlands NHS Trust
- West Midlands Ambulance Service NHS Trust

In addition, the clinical commissioning group has had a number of transactions with other government departments and other central and local government bodies. The majority of these transactions have been with Shropshire Council, Telford & Wrekin Council and Welsh Government Bodies.

Payments were also made to GP practices in 2022/23 in respect of GMS/PMS/APMS and enhanced services. Some of the general practitioners within these practices are also members of the clinical commissioning group's governing body.

20 Events after the end of the reporting period

The Health and Social Care Act was introduced into the House of Commons on 6 July 2021. The Act allowed for the establishment of Integrated Care Boards (ICBs) across England and abolished Clinical Commissioning Groups (CCG). ICBs took on the commissioning functions of CCGs. The CCG functions, assets and liabilities were transferred to an ICB on 1 July 2022.

21 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended). NHS Clinical Commissioning Group performance against those duties was as follows:

| | Three month period ended 30 June 2022 | Three month period ended 30 June 2022 | 2021-22 | 2021-22 |
|--|--|--|---------|-------------|
| | Target | Performance | Target | Performance |
| Expenditure not to exceed income | 245,427 | 245,427 | 982,397 | 986,724 |
| Capital resource use does not exceed the amount specified in Directions | - | - | - | - |
| Revenue resource use does not exceed the amount specified in Directions | 245,171 | 245,171 | 981,468 | 985,796 |
| Capital resource use on specified matter(s) does not exceed the amount specified in Directions | - | - | - | - |
| Revenue resource use on specified matter(s) does not exceed the amount specified in Directions | - | - | - | - |
| Revenue administration resource use does not exceed the amount specified in Directions | 2,347 | 2,347 | 9,685 | 9,656 |

22 Analysis of charitable reserves

| | Three month period ended 30 June 2022 | 2021-22 |
|--------------------|--|--------------|
| | £'000 | £'000 |
| Unrestricted funds | - | - |
| Restricted funds | - | 1 |
| Endowment funds | - | - |
| Total | - | 1 |

The clinical commissioning group no longer holds any charitable reserves.

23 Losses and special payments

The CCG did not incur any losses or special payments in the three month period to 30th June 2022.

Annual Report and Accounts

Months 4 - 12
2022/23



Contents

| | |
|--|-----------|
| PERFORMANCE REPORT | 4 |
| Statement from Simon Whitehouse, Accountable Officer NHS Shropshire, Telford and Wrekin | 4 |
| Performance Overview | 6 |
| Statement of purpose and activities of the ICB..... | 6 |
| Our mission statement and priorities..... | 6 |
| 2022/23 financial position | 11 |
| Performance analysis..... | 15 |
| Performance dashboard | 15 |
| Primary care..... | 17 |
| Transformation and commissioning..... | 22 |
| Transformation and Commissioning Overview | 22 |
| Mental health, learning disabilities and autism | 25 |
| Transformation | 31 |
| Local Care and Community Transformation | 44 |
| Medicines optimisation | 50 |
| Medicines Governance | 50 |
| Medicines Value Programme | 52 |
| Pharmacy Workforce | 54 |
| Digital..... | 55 |
| Improve quality | 59 |
| Safeguarding..... | 63 |
| Emergency Preparedness Resilience and Response (EPRR) | 65 |
| Working with people and communities | 66 |
| Working with people and communities – Equality and Diversity | 73 |
| Patient Services – Including Patient Advice and Liaison Services (PALS), Complaints, Compliments and MP Enquiries..... | 81 |
| Reducing Health Inequalities..... | 87 |
| Financial review | 92 |
| ACCOUNTABILITY REPORT | 95 |
| Corporate Governance Report..... | 95 |
| Members’ Report..... | 95 |
| Committee(s) including Audit Committee..... | 96 |



| | |
|--|------------|
| Information governance incidents | 97 |
| Primary Care General Medical Services..... | 97 |
| Modern Slavery..... | 99 |
| Statement of Accountable Officer’s Responsibilities | 99 |
| Governance Statement | 101 |
| Introduction and context..... | 101 |
| Scope of responsibility..... | 101 |
| Governance arrangements and effectiveness..... | 101 |
| Governance Structure..... | 113 |
| UK Corporate Governance Code..... | 113 |
| Discharge of statutory functions | 113 |
| Risk management arrangements and effectiveness | 113 |
| Our capacity to handle risk..... | 116 |
| Other sources of assurance | 120 |
| Control issues | 123 |
| Review of economy, efficiency and effectiveness of the use of resources | 125 |
| Delegation of functions | 125 |
| External audit fees, work and independence..... | 126 |
| Head of Internal Audit Opinion | 126 |
| The Assurance Framework | 127 |
| The system of internal control based on internal audit work undertaken | 127 |
| Other - Financial Position | 128 |
| Following up of actions arising from our work..... | 128 |
| Reliance on third party assurances..... | 129 |
| Review of the effectiveness of governance, risk management and internal control..... | 129 |
| Remuneration and Staff Report | 131 |
| Staff Report..... | 137 |
| ANNUAL ACCOUNTS | 144 |



PERFORMANCE REPORT

Statement from Simon Whitehouse, Accountable Officer NHS Shropshire, Telford and Wrekin

Over the last 12 months, the NHS has faced and responded to significant challenges both nationally and across Shropshire, Telford and Wrekin. I would therefore like to start this annual report by recognising the tireless and continued efforts of all colleagues working in health and care across the system, in adapting and responding to these challenges in difficult circumstances. I recognise the efforts and contributions that colleagues have made to improve local services and to respond to the local challenges. I strongly believe that we have finished the year in a stronger place as a system than we started it and that is down to our staff and partners. In recognising that I am also clear that there is much still to do and that our collective drive to improve performance in a number of areas is unrelenting.

Since the last annual report, the structure and focus of the organisation has changed significantly. At the end of June 2022 we closed down Shropshire, Telford and Wrekin CCG and on 1 July 2022 NHS Shropshire, Telford and Wrekin was founded as one of forty-two integrated care boards across the NHS in England. Although our mission to improve outcomes for local people and to deliver the best possible healthcare to our residents hasn't fundamentally changed, we now have a renewed energy towards working in collaboration and partnership with other local public sector organisations. Our collective focus as an integrated care system is aligned to the four main principles –

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Collaborating with partners across Shropshire, Telford and Wrekin we have a collective drive to tackle some of our complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

The difficult circumstances we have faced over this winter and the associated responses have given us a strong platform to build upon with our partner organisations. There are many examples of where collaboration and integrated working is starting to show demonstrable benefit in our performance. However, I reiterate the point that I made at the start, that there is a lot still to do.

Before we draw this year to a close, we kicked off our 'Big Health and Wellbeing Conversation', offering people across Shropshire, Telford and Wrekin the opportunity to input into our future plans. I am strongly encouraged that the voices that we hear through this process, along with the foundations of



collaborative working that we have built will stand us in good stead as an organisation to bring a patient-centred approach to improving the health and wellbeing of local people.

Simon Whitehouse

Accountable Officer

29th June 2023



Performance Overview

Statement of purpose and activities of the ICB

This section of the Annual Report provides summary information on NHS Shropshire, Telford and Wrekin – its purpose, key risks to the achievement of the organisation’s objectives and how the organisation has performed over the period 1st July 2022 to 31st March 2023.

About us

NHS Shropshire, Telford and Wrekin was created on 1st July 2022 and is responsible for planning and buying a wide range of health and care services for the whole of Shropshire, Telford and Wrekin. These include GP and primary care services, hospital care, community healthcare and mental health services. The principal location of the organisation is Halesfield 6, Telford, TF7 4BF.

An integrated care board (or ICB) is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services in a geographical area.

Nationally, the expectation is that an ICB will:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

We also have a duty to monitor these services to ensure they provide a high level of care and are value for money. We are clinically-led and work closely with the 51 GP practices across the county. This means we can have closer links to our patients so we can develop more personalised local health services.

A governance structure chart is included on page 113 of this report.

Our mission statement and priorities

What we want to achieve as an ICS:

Together as one, we want to transform the health and care across Shropshire, Telford & Wrekin by:

- Providing a greater emphasis on prevention and self-care
- Helping people to stay at home with the right support with fewer people needing to go into hospital
- Giving people better health information and making sure everyone gets the same high quality care
- Utilising developing technologies to fuel innovation, supporting people to stay independent and manage their conditions
- Attracting, developing and retaining world class staff



- Involving and engaging our staff, local partners, carers, the voluntary sector and residents in the planning and shaping of future services
- Developing an environmentally friendly health and care system

NHS Shropshire, Telford and Wrekin is currently developing a Joint Forward Plan for the next five years based upon the Integrated Care Strategy, which will include its mission statement and strategic objectives. This Plan is due to be published on or around 30th June 2023.

Population challenges

We work across the 1,347 square miles of Shropshire, Telford and Wrekin, serving around 500,000 people.

The NHS Shropshire, Telford and Wrekin is responsible for buying NHS services for local people. In our area, we have:

- Two acute hospitals, less than 20 miles apart in Telford and Shrewsbury. These are run by one acute trust, the [Shrewsbury and Telford NHS Trust \(SaTH\)](#)
- A specialist orthopaedic hospital, the [Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust \(RJAH\)](#), which provides elective orthopaedic surgery in the northwest of the county
- A community trust, the [Shropshire Community Health Trust](#)
- A mental health trust, [Midlands Partnership NHS Foundation Trust](#) (who covers Shropshire and Staffordshire)
- An ambulance service, the [West Midlands Ambulance Service University NHS Foundation Trust](#)

Within our area, we have two unitary authorities – [Shropshire Council](#) and [Telford & Wrekin Council](#). Shropshire Council covers 1,234 square miles, including 91.7% of the ceremonial county of Shropshire. This incorporates a number of towns, including Shrewsbury, Oswestry and Ludlow, but no major cities. The area covered by Shropshire Council has a population of around 320,000 people.

The rest of the area is covered by Telford & Wrekin Council. Around 185,000 live in this borough with around 165,000 living in Telford itself – making it the largest town that we cover.

Being on the Welsh-English border, we provide some hospital services for people from the Welsh health system who live outside of Shropshire or Telford and Wrekin. Some residents in mid-Wales rely on our services particularly at the two acute hospitals, the Royal Shrewsbury and the Princess Royal Hospitals, and RJAH.

In Shropshire, Telford and Wrekin, there are particular population challenges in meeting the demand for health and social care services.

These include:

- Telford and Wrekin has a large, younger urban population with some rural areas. Telford is ranked among the 30% most deprived populations in England. Telford and Wrekin is home to around 185,000 people with the fastest growing population being aged 65+. This older



group is growing at one of the fastest rates in the country.

- Shropshire covers a large rural population with problems of physical isolation and low population density (0.96 people per hectare compared to 4.09 in England) and has a mix of rural and urban aging populations. Shropshire has a population of approximately 320,000 people and a higher percentage of older people than the national average. (2021 Census). Shropshire, Telford & Wrekin has one of the least ethnically diverse populations in England: the lowest black and minority ethnic groups population levels across Midlands and East with 95.9% of the population identified as 'White British/Irish' (2011 Census).
- In Shropshire the population of people aged over 65 has increased by 25% in just 10 years. Over 44% of residents are over the age of 50 and around 23% of Shropshire's population are aged 65+, this compares with a West Midlands and England figure of 18% (2011 Census).
- The number of people with dementia or mobility issues which mean they are unable to manage at least one activity on their own is expected to rise significantly with the increase in the elderly population. Between 2017 and 2035 the number of people aged 65+ with dementia is expected to increase by 80%. Those people who are aged 65+ and unable to manage at least one activity on their own is projected to increase by 63%. Demand for services is shifting with greater need for services to support frailer people in the community with home-based health and wellbeing self-management and building resilience.
- Long-term conditions are on the rise due to changing lifestyles. This means we need to move the emphasis away from services that support short-term, episodic illness and infections towards earlier intervention to improve health and deliver sustained community based continued support.
- Along with an ageing population Shropshire, Telford & Wrekin has the third lowest fertility rates across Midlands and East (ONS Statistics: Gov.uk data June 2016).

Working with partners

NHS Shropshire, Telford and Wrekin forms part of the Shropshire, Telford and Wrekin Integrated Care System (ICS). An integrated care system (or ICS) is a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. Each ICS includes an integrated care board (as described above) and an integrated care partnership (as described below).

In its first year of operation NHS Shropshire, Telford and Wrekin has been seeking to support the ICS to identify how partnership working will be further embedded across all partners and then to identify how the ICS needs to be structured and the ongoing support role the ICB will need to take to ensure that integration of services by all partners continues to be a key deliverable. It is expected that this focus will continue in 2023/24.

Shropshire, Telford and Wrekin ICS includes the following healthcare providers:

- [The Shrewsbury and Telford Hospital NHS Trust](#)
- [The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust](#)



- [Shropshire Community Health NHS Trust](#)
- [Midlands Partnership NHS Foundation Trust](#)
- [West Midlands Ambulance Service Foundation Trust](#)
- 51 GP practices across eight [Primary Care Networks](#).

There are also two local authorities within our ICS:

- [Shropshire Council](#)
- [Telford & Wrekin Council](#)

There is also involvement from our local voluntary community and social enterprise sector in Shropshire and Telford and Wrekin.

You can find out more about the ICS here: [Home - STWICS](#)

An integrated care partnership (or ICP) is a statutory committee jointly formed between the NHS integrated care board and all upper-tier local authorities that fall within the ICS area. The ICP will bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area.

In our area our ICP is known as the Shropshire, Telford and Wrekin Integrated Care Partnership. You can find out more on the partnership's webpage:

[Integrated Care Partnership \(ICP\) Meetings - STWICS](#)

Shropshire Council and Telford and Wrekin Council's Health and Wellbeing Boards (HWBB)

Our Chief Executive Officer, Simon Whitehouse, sits on the Health and Wellbeing Boards (HWBBs) of both local authorities and is co-chair for both Health and Well Being Boards. The HWBBs also form part of the ICS governance structure to ensure that partnership working is truly at the centre of the delivery of the ICS.

Both HWBBs have a Health and Wellbeing Strategy in place and this underpins the development work on the Joint Forward Plan.

Shropshire Council and Telford and Wrekin Council

The Better Care Fund (BCF) continues to be an important focus for our partnership working with Shropshire Council and Telford & Wrekin Council. Switching care from an acute setting to a community setting relies in part on the success of the BCF, and we have created programme support to ensure that we have the right skills and capacity to oversee this.

In addition, we continue to work collaboratively on our local neighbourhood working model which forms an important element of the ICS. This work allows us to explore, in a more meaningful way, how health and social care services can be delivered in more community settings, closer to people's homes. Ultimately, the aim is for services to be more integrated so we can support the whole person and not just a disease.



Joint Health Overview and Scrutiny Committee of Shropshire Council and Telford and Wrekin Council

Our interaction with the Joint Health Overview and Scrutiny Committee has continued during 2022/23. A number of areas have been discussed at the committee including:

- Maternity services and the Ockenden Review
- Winter Preparedness
- Updates from the Prevention, Primary Care, Urgent and Emergency Care and discharge task and finish group
- Interim Integrated Care Strategy
- Musculoskeletal Transformation Update
- Proposed changes to renal dialysis services
- Primary Care Review proposals

NHS Midlands and Lancashire Commissioning Support Unit

Midlands and Lancashire Commissioning Support Unit (MLCSU) provided a number of services through a contract ranging from financial management to human resources and information governance (IG). We continue to work with MLCSU in this period in terms of consistency of services provided.



2022/23 financial position

Due to the transition from a CCG to an ICB on 1st July 2022 there has been a requirement to produce two sets of financial reports to reflect the three month period of the CCG to its termination date of 30th June 2022, and a nine month period of the ICB from 1st July 2022 to 31st March 2023.

| | CCG | | | ICB | | | Full twelve month period | | |
|--------------------------|--------------------------------|-----------------|-------------------|--------------------------------|-----------------|-------------------|--------------------------|-----------------|-------------------|
| | Three months to 30th June 2022 | | | Nine months to 31st March 2023 | | | | | |
| | Budget £'000 | Actual £'000 | Variance £'000 | Budget £'000 | Actual £'000 | Variance £'000 | Budget £'000 | Actual £'000 | Variance £'000 |
| Allocation | 245,171 | 245,171 | 0 | 773,543 | 773,543 | 0 | 1,018,714 | 1,018,714 | 0 |
| Expenditure | (246,562) | (245,171) | 1,391 | (783,895) | (795,060) | (11,165) | (1,030,457) | (1,040,231) | (9,774) |
| System Affordability Gap | 0 | 0 | 0 | 13,936 | 0 | (13,936) | 13,936 | 0 | (13,936) |
| Surplus/Deficit | (1,391) | 0 | 1,391 | 3,584 | (21,517) | (25,101) | 2,193 | (21,517) | (23,710) |

For 2022/23, the full year (CCG 3 months; ICB 9 months) reported financial outturn position is a deficit of £21.5m which is £23.7m adverse against the plan of a £2.2m surplus. These values include an adverse variance for the system element of the plan for non delivery of the £13.9m efficiency stretch target (held by the ICB on behalf of the whole system).

For the nine month period to 31st March 2023 for the ICB, the reported financial outturn position is a deficit of £21.5m which is £25.1m adverse against the plan of a £3.6m surplus. These values include an adverse variance for the system element of the plan for non delivery of the £13.9m efficiency stretch target (held by the ICB on behalf of the whole system).

There are a small number of key drivers of increased expenditure for the ICB which have continued throughout the year:

- Increases to independent sector ophthalmology activity driven through patient choice and long waiting times at our main provider.
- Continued expenditure with Local Authorities on additional discharge support that is no longer nationally funded through the Hospital Discharge Programme.
- Increased package prices in Individual Commissioning.
- Increased prescribing prices due to Category M (Cat M) and No Cheaper Stock Obtainable (NCSO) national adjustments.

The full year financial position includes £8.6m of total efficiencies delivered in year, predominantly in Individual Commissioning and Medicines Management. For the nine month period to 31st March 2023 total efficiencies delivered were £6.5m of which £5.1m (80%) was recurrent.

Covid-19 expenditure

The ICB spent £0.3 million on COVID-19-related costs in the nine months from 1st July 2022 to 31st March 2023 primarily associated with the Covid Medicine Delivery Unit.

Shropshire, Telford & Wrekin Integrated Care System (ICS)

The Shropshire, Telford and Wrekin Integrated Care System (ICS) is part of the National Recovery Support Programme – Level 4 of the NHS England and NHS Improvement (NHSEI) System Oversight Framework. The System and ICB is therefore subject to significant scrutiny around finances and



financial decisions, with a specific requirement to develop an approach to recovering a deteriorating financial position.

A system financial framework was therefore developed and agreed by all organisations and all system partners have worked closely together to develop a roadmap for financial recovery.

All organisations agreed to:

- approve the approach of ‘one model, one consistent set of assumptions’ and recognise that the position of each organisation will evolve and change transparently
- mobilise and deliver the plan to enable the development and delivery of the financial strategy and Financial Improvement Framework as part of an Integrated System Strategy
- ensure the transparent and agile approach to financial planning and management continues across the system
- recognise the financial control totals in the Financial Improvement Framework with a commitment to agree organisational control totals once operational planning has commenced
- work together to use our resources flexibly and effectively, to deliver the system vision.

To ensure that all decision-making is open and changes are understood and approved by all, the system has been operating under the ‘triple-lock’ process and the ‘**moving** parts’ principles. This means that decisions are made at local, ICS and regional level (triple lock) and that new expenditure can only be committed if it is backed by new income or efficiency (‘moving parts’). The principles are designed to ensure decisions are owned by each organisation and at system level, overseen by NHSEI as required whilst the system remains in the Recovery Support Programme.

System Capital Resource

As part of the Health and Care Act 2022 (the 2006 Act) ICBs and partner NHS trusts and NHS foundation trusts are required to prepare joint capital resource use plans. The plans are intended to ensure there is transparency for local residents, patients, NHS health workers and other NHS stakeholders on how the capital funding provided to ICBs is being prioritised and spent to achieve the ICB’s strategic aims. This aligns with ICBs’ financial duty to ensure that their allocated capital is not overspent and their obligation to report annually on their use of resources.

2022/23 is the first of a three-year ICS capital allocation. This means that we have a shared ICS level capital funding envelope for the full twelve months in 2022/23 and baseline envelopes for 2023/24 and 2024/25. A STW Capital Prioritisation and Oversight Group was established as a sub committee of the Finance Committee to monitor the system capital programme against the capital envelope, gain assurance that the estates and digital plans are built into system financial plans and to ensure effective oversight of future prioritisation and capital funding bids.

The System Capital Resource Plan can be viewed on the ICB website at:

[Joint Resource Capital Plans - NHS Shropshire, Telford and Wrekin \(shropshiretelfordandwrekin.nhs.uk\)](https://shropshiretelfordandwrekin.nhs.uk)



| CDEL | Plan Month 1-12 £'000 | Expenditure Months 1-3 £'000 | Expenditure Month 4-12 £'000 | Total £'000 | Narrative on the main categories of expenditure | |
|----------|--|------------------------------------|------------------------------------|----------------|---|---|
| | | | | | | |
| Provider | Operational Capital | 29,332 | 773 | 27,159 | 27,932 | The 2022/23 operational capital programme for STW is comprised of essential Estates backlog, improvements in Digital Infrastructure and key System developments including the renal dialysis move to Hollinswood House, the new end of life suites at Whitchurch Hospital and the replacement of diagnostic equipment |
| ICB | Operational Capital | 1,251 | - | 1,243 | 1,243 | Investment in Primary Care |
| | Total Op Cap | 30,583 | 773 | 28,402 | 29,175 | |
| Provider | Impact of IFRS 16 | 7,079 | 389 | 3,666 | 4,055 | This is the first year of adoption of the new accounting standard IFRS16 in the NHS. This means that leases are now held on the balance sheet and are included within the CDEL limits. |
| ICB | Impact of IFRS 16 | - | - | - | - | |
| Provider | Upgrades & NHP Programmes | 356 | 133 | 3,260 | 3,393 | This relates to expenditure required to deliver the Hospital Transformation Programme Outline Business Case. |
| Provider | National Programmes (diagnostics, Front line digitisation, Mental Health, TIF) | 26,676 | 546 | 43,130 | 43,676 | This relates to national funding for the Elective Hub at PRH, the Community Diagnostic Centre at Telford and the theatre development programme at RJAH. It also includes national digital funding to help the ICS reach the minimum digital foundations standard. |
| Provider | Other (technical accounting) | - | - | - | - | |
| | Total system CDEL | 64,694 | 1,841 | 78,458 | 80,299 | |

Adoption of going concern basis

The ICB's accounts have been prepared on a going concern basis.

The ICB ended the nine month period to 31st March 2023 reporting a deficit of £21.5m deficit. The Shropshire, Telford and Wrekin System reported a £56.2m deficit in the nine month period to 31st March 2023.

Under new government legislation passed through Parliament, the new organisation 'NHS Shropshire, Telford and Wrekin Integrated Commissioning Board (ICB)' was created on 1st July 2022.

At the end of the financial period, it was judged that the going concern status of the organisation remained unchanged on the following basis:

- The formation of the new organisation (ICB), has been approved by NHS England (NHSE) and the services provided by the previous CCG transferred entirely to the new organisation together with its assets and liabilities;
- The ICB has taken steps to maintain business continuity for the finance function throughout the period in order that payments and collection of debt are not materially impacted. These steps include continuing with secure remote access to financial systems for all finance staff and budget holders, and working with our third party providers (Midlands & Lancashire CSU and Shared Business Services), to ensure transactional processing is not adversely affected. This is evidenced in the low value of the ICB's aged debt and its continued high achievement against the Better Payment Practice Code.
- There is a presumption that ICBs are deemed to be a going concern because there is a statutory requirement to perform the commissioning function by a public body – and this determines the requirement to apply the going concern principle – not whether the specific ICB will be doing the function in future.

Although the financial position of the ICB and the issue of a Section 30 report by the Secretary of State for Health indicates some uncertainty over the ICB's ability to continue as a going concern, the



Governing Body, having made appropriate enquiries, have reasonable expectations that the ICB will have adequate resources to continue in operational existence for the foreseeable future.

Further, the ICB submitted its 2023/24 financial plan covering the 12 month period for the ICB on 30th March 2023. This plan was based on the allocations notified by NHSE for the full financial year of 2023/24.

On this basis, the ICB has adopted the going concern basis for preparing the financial statements and has not included any adjustments that would result if it was unable to continue as a going concern.



Performance analysis

Performance dashboard



Shropshire, Telford
and Wrekin

| KPI | Title | Q2 | | | Q3 | | | Q4 | | |
|--------|--|---------|---------|---------|---------|---------|---------|---------|---------|-------------------|
| | | 2022/23 | 2022/23 | 2022/23 | 2022/23 | 2022/23 | 2022/23 | 2022/23 | 2022/23 | 2022/23 |
| | | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| EB3 | 18ww RTT: incomplete waits | 58.3% | 57.4% | 56.0% | 56.9% | 56.9% | 55.6% | 56.7% | 58.1% | 59.2% |
| | 18ww RTT: incomplete waits beyond 52 weeks | 4422 | 4531 | 4654 | 4611 | 4697 | 4899 | 4345 | 3906 | 3615 |
| | 18ww RTT: incomplete waits beyond 78 weeks | 788 | 727 | 650 | 614 | 652 | 765 | 630 | 407 | 97 |
| | 18ww RTT: incomplete waits beyond 104 weeks | 55 | 52 | 44 | 30 | 20 | 14 | 16 | 10 | 3 |
| EB4 | Diagnostic waits >6 weeks | 39.3% | 44.6% | 41.7% | 39.5% | 38.0% | 42.0% | 40.6% | 33.3% | 33.3% |
| EB6 | CWT - 2-week cancer waits | 79.1% | 77.0% | 69.3% | 73.1% | 74.0% | 68.7% | 80.3% | 87.2% | 72.2% |
| EB7 | 2-week breast waits | 46.6% | 40.9% | 60.6% | 40.6% | 67.2% | 63.5% | 68.4% | 80.3% | 16.4% |
| EB8 | CWT - 31 days to cancer treatment | 93.4% | 89.4% | 84.0% | 92.2% | 79.6% | 82.2% | 77.1% | 83.7% | 83.2% |
| EB9 | CWT - 31 days to treatment (surgery) | 67.2% | 81.8% | 82.5% | 63.0% | 69.6% | 65.9% | 68.1% | 76.6% | 68.5% |
| EB10 | CWT - 31 days to treatment (drugs) | 96.4% | 98.8% | 93.3% | 94.4% | 94.4% | 97.8% | 94.3% | 94.4% | 91.7% |
| EB11 | CWT - 31 days to treatment (radiotherapy) | 88.3% | 89.8% | 87.0% | 95.5% | 92.6% | 76.1% | 75.5% | 76.5% | 57.5% |
| EB12 | CWT - 62 days from referral to treatment | 53.6% | 51.6% | 47.0% | 47.8% | 45.0% | 46.4% | 39.3% | 36.0% | 45.9% |
| EB13 | CWT - 62 days to treatment after referral from screening | 59.1% | 47.4% | 38.1% | 28.6% | 8.8% | 22.7% | 19.4% | 8.7% | 2.9% |
| | CWT - 62 days to treatment after consultant upgrade | 77.3% | 74.6% | 61.3% | 74.7% | 72.6% | 64.7% | 62.7% | 63.1% | 79.2% |
| | CWT - 28 day diagnosis | 64.4% | 61.6% | 55.7% | 60.7% | 58.0% | 58.4% | 60.7% | 63.8% | 57.9% |
| | A&E 4-hr waits for treatment/decision/discharge (SaTH) | 51.9% | 53.2% | 51.1% | 49.5% | 48.8% | 44.7% | 55.2% | 53.3% | 54.1% |
| | A&E 12-hour waits for admission (SaTH) | 649 | 585 | 632 | 972 | 1090 | 962 | 629 | 651 | 817 |
| EAS1 | Dementia diagnosis rates | 58.7% | 58.1% | 58.1% | 57.6% | 57.9% | 57.4% | 57.8% | 57.8% | 58.0% |
| EA3a | Numbers beginning IAPT treatment (cumulative) | 2765 | 3361 | 3986 | 4679 | 5437 | 5929 | 6672 | 7365 | 8115 |
| EAS2 | IAPT recovery rate | 55.2% | 53.8% | 48.3% | 44.8% | 52.1% | 44.5% | 45.7% | 40.6% | 42.5% |
| EH1-A1 | IAPT completion where RTT was within 6 weeks | 96.8% | 97.0% | 95.7% | 97.7% | 95.7% | 97.2% | 90.5% | 96.9% | 96.4% |
| EH1-A2 | IAPT completion where RTT was within 18 weeks | 99.8% | 99.6% | 100% | 99.8% | 99.5% | 100% | 94.6% | 99.8% | 99.4% |
| EH4 | EIP within 2 weeks (rolling year) | 67% | | | 83% | | | 95% | | |
| EH9 | Access to CYPMH - number receiving 1+ contacts | 4018 | 3983 | 3116 | 5035 | 5050 | 5115 | 5160 | 5255 | not yet available |
| EH10 | Routine Eating Disorders - seen within 4 weeks | 48.0% | | | 62.1% | | | 64.7% | | |
| EH11 | Urgent Eating Disorders - seen within 1 week | 56.0% | | | 80.0% | | | 33.3% | | |
| EH12 | Out of Area Placement bed days | 790 | 815 | 785 | 720 | 650 | 590 | 500 | 395 | not yet available |
| EH13 | SM patients have Annual Health Checks (rolling year) | 1519 | | | 1566 | | | 2067 | | |
| EH15 | Women accessing Perinatal Mental Health | 238 | | | 247 | | | 249 | | |
| EK1a+b | IP care in LD/autism | 20 | | | 20 | | | 20 | | |
| EK1c | IP care for CYP with LD/autism | 1 | | | 0 | | | 3 | | |
| EK3 | LD patients having Annual Health Checks (cumulative) | 570 | | | 1105 | | | 1956 | | |
| EN1 | Personal health budgets | 268 | | | 273 | | | 278 | | |
| | GP appointments per 10000 weighted patients | 4103.6 | 4215.7 | 4378.7 | 5232.7 | 4994.3 | 4241.4 | 4707.5 | 4376.6 | 4893.9 |
| ET1 | 2-hour UCR first care contacts | 1,430 | 1,365 | 1,295 | 1,455 | 1,255 | 1,420 | 1,285 | 1,140 | 1585 |
| | UCR first care contacts in 120 minutes or less | 98.8% | 97.6% | 98.8% | 98.8% | 98.8% | 95.8% | 99.0% | 96.4% | 95.2% |
| EO1 | Wheelchair waits (children) within 18 weeks | 95.3% | | | 85.7% | | | 79.4% | | |

Elective Care, Cancer & Diagnostics

22/23 has seen considerable improvement in the number of our patients having long waits for their treatment. STW reduced the numbers of patients waiting over 104wks by 95% and the remaining few will be treated early in the new financial year. Number of our patients waiting >78wks has also reduced by 88% and the system has plans to clear those remaining by the end of Q1 23/24. The system has also reduced its overall number of patients waiting over 52wks by 18% which puts us in a good position for further improvements on the next cohort of patients waiting over 65wks during 23/24.

NHS STW has not made the progress it expected in 22/23 and overall number of patients waiting over 62days ended the year as it began but having increased during the year. Our main hospital Shrewsbury & Telford Hospital NHS Trust struggled with capacity due to workforce for most of the year and also faced significant impact from industrial action in the last quarter. The system now has access



to additional third-party capacity to help reduce our backlogs in 23/24. STW also has a Community Diagnostic Centre (CDC) coming on line in Telford in the autumn which will help reduce diagnostic waits and improve cancer pathways. NHS STW had increased diagnostic capacity in 22/23 which it used to reduce waiting times and also brought in third party capacity to improve reporting times, this reduced the % of patients waiting over 6wks from over 50% down to ~30%. This reduction in backlog and the new CDC is expected to deliver an improvement in the overall referral to test time from current levels of ~30% down to 15% by March 24.

Urgent & Emergency Care

The UEC improvement plan for 22/23 delivered some improvement in flow in the final quarter of the year after the implementation of the Acute Floor project at SaTH in December. The 95% national 4hr target for ED was suspended as systems recovered from the pandemic but the STW system continued to measure and report it and showed some improvement in performance to ~53-55% in Q4 from 47/48% in Q3. Ambulance handover delays also began to improve during Q4 and this improvement is expected to continue during 23/24. The focus continues to be on improving patient flow, reducing long waits in ED and on long waits for admission from ED and there were early signs of this in Q4 which will be built on in our improvement plans 23/24.

Mental Health

IAPT performance for 23/24 was mixed with access and recovery not achieving targets but as expected with the transformation of the service to one core model taking place during the year, it puts the system into a good place for achieving both these targets in 23/24.

Increasing the rate of dementia diagnosis held broadly flat in 22/23 but again the year has been about understanding the impact of the pandemic and planning improvement as a result of that learning for 23/24.

There was significant focus on improving access to eating disorder services for our CYP. This resulted in some improvement in the % CYP accessing routine appointment within 4wks (from 48% up to ~65%) and the access for urgent appointments increased from 56% to 80% in Q3 but then fell back dramatically in Q4. A deep dive has been requested on this drop in performance and will be presented to the ICB Quality & performance Committee in the new financial year 23/24.

Finally, the system also improved its levels of health checks for people with Serious Mental Illness to 2067 particularly in Q4 but still fell slightly short of the target. There is still more planned to do and further improvement is expected in 23/24.



Primary care

Primary Care Networks

The ICB has 51 GP practices which make up the membership of 8 PCNs. These are:

- North Shropshire PCN
- Shrewsbury PCN
- South West Shropshire PCN
- South East Shropshire PCN
- Newport and Central PCN
- Wrekin PCN
- South East Telford PCN
- Teldoc PCN

In addition to playing a key role in the delivery of the Covid-19 vaccination programme, our PCNs have continued to develop and implement plans to meet the service requirements in the national PCN Directed Enhanced Service contract.

These include:

- **Enhanced access** providing additional routine and same day appointments on weekday evenings 6.30pm – 8.00pm and on Saturdays 9.00am – 5.00pm from 1st October 2022
- **Structured medication reviews (SMR)** supported by the Medicines Management team to prioritise patients who benefit from an SMR
- **Enhanced Health in Care Homes:** providing a lead GP for each care home; create a simple plan with local partners as to how the care home multidisciplinary team will operate; introduce a weekly home round, building on the work from 2021/22 to establish a Care Home Enhanced Support team; development work has continued on a system approach to support care homes with integration into the work on Proactive Care
- **Early cancer diagnosis** including review of the referral practice for suspected cancers
- **Social prescribing and care co-ordination** taking a personalised care approach to supporting patients' non-clinical needs
- **Cardiovascular disease (CVD) prevention and diagnosis:** improving the diagnosis of hypertension and the number of blood pressure checks delivered
- **Tackling health inequalities:** identifying a population within the PCN who are experiencing inequality in health provision and/or outcomes and deliver a plan to tackle their unmet needs.
- **Proactive Care:** contributing to the development of ICS delivery plans.
- **Personalised Care:** Contributing to a targeted programme of social prescribing to an identified cohort with unmet needs.

We have continued to support PCNS to develop their workforce plans to progress recruitment into new roles that are part of the Additional Roles Reimbursement Scheme (ARRS). Clinical pharmacists, social prescribing link workers, first contact physiotherapists and mental health practitioners have been the main roles to be recruited to with over 140 ARRS-funded staff now in post within the system.

Access to general practice

Despite delivering more appointments now than before the pandemic, access to general practice remains challenging due to a high demand for services. In particular, this Winter saw an



unprecedented demand due to Strep A, Flu and other viruses; practices had to prioritise same-day access over their routine work.

General Practice is optimising the way in which it uses its available capacity by undertaking clinical telephone triage and offering a range of modes of consultation including telephone, online, and utilising a range of different health and non-health professionals. Patients are therefore streamed to the most appropriate primary care worker to meet their needs, which often does not require a GP.

The Primary Care Team have continued to work with practices to increase the availability of alternative options for accessing services including on-line consultations and referrals to the Community Pharmacy Consultation Service (CPCS).

Integrated health and wellbeing centre - Shrewsbury

The planning for the Shrewsbury Health and Wellbeing Hub development – one of six national programme pilot sites – continued in 2022/23. This development could see the relocation of six South Shrewsbury GP practices into a state-of-the-art sustainable new build property co-located with a range of other health and wellbeing services. Subject to the approval of a Full Business Case, this development will bring significant investment in primary care estate. As securing the necessary capital funding allocation is tied into the Government 2024/25 spending review period, the expected timeline for build start is 2026.

In response to the significant concern expressed by patients and local councillors following the publication of Oteley Road as the preferred site last summer, after listening to feedback provided by patients and local councillors the project has rerun the site options appraisal to ensure that every possible potential site location has been explored. At the end of January 2023 NHS England requested that further work on Cavell pioneer projects be paused until the National Programme Business Case is approved. Given existing commitments, the decision was taken to honour contractual agreements and see the site options appraisal process completed. This allowed the local programme to be paused at a natural point in the project timeline. We are now waiting for clarification from NHS England to understand the implications of the pause so we can consider our next steps. We remain fully committed locally to the pioneer programme and will explore all possible options to ensure patients in Shrewsbury, and the surrounding areas, continue to gain access to high quality primary care provision.

Primary care workforce

Since the formation of the ICB there have been changes to the team supporting primary care workforce. Following a procurement exercise, NHS Shropshire, Telford and Wrekin emerged as preferred bidder to host the ICS Training Hub, a Health Education England (HEE) initiative which supports workforce transformation in primary care.

This has resulted in significant infrastructure investment over the next 5 years funding a core Training Hub team to support STW primary care workforce sustainability. There is now one cohesive ICB Workforce and Training Hub (WTH) team supporting a wide range of initiatives to strengthen the primary care workforce.

Furthermore, the HEE contract has provided the mechanism for further investment to transfer to the system for a variety of workforce transformation initiatives.

Below is an outline of progress across priority areas:



Recruitment and retention of Primary Care Workforce

There has been full utilisation of 2022/23 **Additional Roles Reimbursement Scheme (ARRS)** funding by PCNs which has resulted in the recruitment of over 250 ARRS funded staff working across the eight PCNs. This is contributing to the creation of multi-disciplinary teams creating capacity as well as supporting the right skill mix to serve population health needs of the residents of Shropshire, Telford and Wrekin.

The WTH team and programme of work is supported by several **clinical facilitators** each supporting different professional roles. Their role is to support supply and the transition into primary care so that new roles become embedded into teams and service delivery models. They offer valuable peer support and facilitate access to preceptorship programmes, clinical supervision and training and development opportunities.

A **General Practitioner (GP) Strategy** has been produced in consultation with practices and PCNs. The objectives are to improve recruitment and retention of GPs with delivery enhanced by six GP leads providing support in specific areas.

Initiatives include the STW GP Fellowship scheme, which supports over twenty newly-qualified GPs, the GP mentoring scheme, additional support for newly-appointed GPs in the early part of their careers, the roll-out of a digital staff locum platform and supporting practices to employ staff on Skilled Worker visas.

The STW **General Practice Nurse (GPN) Strategy** focuses on supply and retention through workstreams which encompass clinical supervision training opportunities, a career pathway for HCAs through to registered nurse, the development of registered nurses new to general practice/newly-qualified through a preceptorship programme, a broad 'continuing professional development' offer to upskill with opportunity for career progression to Advanced Practice (AP), active peer networks including supervision, updates, and trainee MSc Advanced Practitioner away days.

Non-clinical staff also have a comprehensive training and development offer. Protected Learning Time (PLT) sessions have been reinstated with face-to-face updates for GPs and APs as well as additional virtual updates and training being offered.

Training, Education and Development

A Primary Care Training Hub website has been developed to support recruitment and retention initiatives. All primary care staff can access information here about different roles and training offered.

There is a comprehensive **Training and Education Programme** providing upskilling and development opportunities for clinical and non-clinical staff groups. An annual Training Needs Analysis ensures the programme remains relevant and meets the requirements of the primary workforce to ensure delivery of quality patient care as well as supporting retention.

Learner Placement

Whilst **learner placement** numbers for non-medical staff groups remain low, activity is ongoing to support the development and expansion of high-quality clinical placements for all learners. This workstream supports workforce supply and the creation of multi-disciplinary teams. Student placement provides exposure to general practice and supports career choices into primary care.

A Multi-Professional Education Quality Lead has been appointed to progress the establishment of a quality learner environment framework across our practices. A more streamlined audit system for



placement providers will support creating capacity for all learner types. The team of clinical facilitators also support this area for their own professional groups.

The areas and activity outlined above are aligned with system 'People' priority areas. WTH team members attend system workforce groups where possible, representing primary care and ensuring system offers and initiatives are promoted to the general practice workforce.

Primary care estate

Work continues on the construction of a new health centre at Pauls Moss, Whitchurch (in collaboration with Shropshire Council and Wrekin Housing Trust) and the project is on target to complete the build phase by September 2024. In July 2022, the long-awaited new premises for Shawbirch Medical Practice was completed. Construction has also now begun on site for the new premises for Shifnal Medical Practice and completion of the build is due around January 2024.

The years' round of funding for improvement projects saw bids being submitted by several practices, with projects funded to provide IPC, DDA and building compliance as well as five larger projects to create additional clinical space in practices.

Digital

A comprehensive programme of IT & Digital projects has been successfully delivered this year. The aims of these projects have been to refresh and upgrade practice IT & digital systems and improve their cyber security. NHS Shropshire, Telford and Wrekin commissioned the following IT & digital projects from the MLCSU: -

- Zeus Domain – Implementation of a new secure Microsoft network domain called “Zeus” across all practices to replace old individual practice servers. This securely managed “Zeus” domain ensures that the latest versions of software and security upgrades can be quickly deployed to all practices by the MLCSU.
- Microsoft Office 365 – Deployment of the latest version of Microsoft Office 365 Applications for Enterprise to 2,200 practice staff, to replace old and no longer supported versions of Microsoft office software.
- IT Hardware – Deployment of new practice IT hardware including computers, laptops, monitors, consulting room printers and scanners to replace older and out-of-warranty IT hardware, as part of an annual practice hardware refresh programme.
- Enhanced Access Software – Deployment of new “EMIS Clinical Services” software to allow PCNs to provide Enhanced Access services effective from 1st October 2022. This software allows practices within each PCN to securely share patient data between themselves and provides clinicians with secure access to neighbouring practices patient records.
- Document Management Software – Implementation of Docman Share software to practices supporting PCN working and the delivery of the Enhanced Access service, by allowing practices secure access to electronic documents of patients not directly registered with the host practice of the Enhanced Access Service within a PCN.
- Digital Dictation Software – Implementation of a new secure cloud-based version of Speechwrite 360 software giving practice staff greater flexibility of where they can securely



dictate from. GPs can also use the Speechwrite 360 secure mobile app to carry out dictations which can then be securely uploaded and transcribed into patient records.

- Notes Digitisation Pilot – Enrolment of 8 practices in a national pilot project to digitise their Lloyd George patient records.
- New Practice Buildings – Implementation of all the IT & digital systems required for the new Shawbirch Medical Centre and Teldoc's new contact centre at Towergate House, including new IT network infrastructure, IT hardware, patient calling/check-in screens, wi-fi and cloud-based telephony. This includes the relocation of staff from existing premises and a smooth transition of services with no disruption to the existing practice.

Cancer care co-ordination

The Macmillan Team have worked with 20 STW practices taking a personalised approach to deliver holistic Cancer Care Reviews alongside the clinical element completed by practices to people living with cancer, within 12 months of their diagnosis. At the end of March 2023, 957 CCRs have been completed since January 2022, with 86 non-clinical CCR's completed by the team in March 2023. A patient feedback survey was launched in June 2022 giving all patients the opportunity to feedback on this experience. This is being collated into a formal independent evaluation report due April 2023. The pilot is due to close on 31st May 2023 with the learning shared across the system. PCNs are now themselves recruiting to cancer specific roles and work is underway to secure funding to support this work in terms of training for staff, peer support and enhancing expertise around inequalities.

Learning disability annual health checks

General Practice has continued to prioritise learning disability annual health checks throughout 2022-23 in line with the national guidance to reduce health inequalities and proactively engage those at greatest risk of poor health. General Practice have worked with MPFT to target efforts to reach patients who were overdue their health check as part of recovery from the pandemic and offer reasonable adjustments to encourage take up including home visits.

The 2022-23 end of year position shows that practices achieved over the 75% target and completed 77% of LDAHCs for people on the practice LD register.

For March 2023, STW practices showed an increase in the number of LDAHCs completed in comparison to previous years, as shown in the chart below. Practices completed a total of 1956 LDAHCs compared to 1577 in 2021-22. Special congratulations go to the 27 STW practices that achieved over 80% and the 7 practices that achieved 98% or 100%.

Veteran-friendly practices

There are now 28 STW practices accredited as Veteran Friendly with the ambition to get all practices accredited. This programme supports practices to deliver the best possible care and treatment for patients who have served in the armed forces. Working alongside partners, a targeted plan will be developed in Q1 2023-24 to accelerate accreditation through this next year.

Refugee relocation and Resettlement

In November 2022, the Home Office relocated asylum seekers to the Shropshire area. The GP practices in proximity registered the new residents and provided initial health checks.



Transformation and commissioning

Transformation and Commissioning Overview

In January 2019, the NHS Long Term Plan was published which set the strategic direction of travel for a number of services, including recommendations and guidelines on a review, redesign and transformation of services and pathways; pledging radical change for people requiring elective care, where too often people are travelling for hours to a hospital appointment that lasts only a few minutes when they could be saved time, cost and stress by the NHS doing things in a different way. It also aims to improve flow, safety, effectiveness, and efficiency across the system by making the best use of available resource.

The contents of the NHS Long Term Plan also helped shape the strategic aims and objectives of the local health and social care system during the integration of the CCGs coming together to work towards the same unified goals and vision. This included large-scale programmes of transformation including Mental Health and Dementia; Learning Disabilities and Autism; Children's Services; Hospital Transformation Programme; Urgent and Emergency Care; Cancer; Community and Local Care; and Elective Care transformation which includes outpatients, eye care, and musculoskeletal services.

In March 2020, as the COVID-19 pandemic began to have an impact on the local health and social care system, it required a rapid review of priorities and programmes of work. Many of them were paused to allow for staff to be redeployed into crisis response roles while the system navigated its way through a year of services being reduced or closed, and subsequent restoration and recovery planning.

As the impact of COVID-19 on the local system began to diminish, enabling a phased restoration of services, the system structured itself to once again revisit and re-start the various programmes of transformation, tapping into some of the accelerated innovation and collaborative working seen during our collective response to the pandemic.

The aims of the major transformation programmes were driven initially by national recommendations made in the NHS Long Term Plan but were localised to ensure challenges and issues relevant to our local population, and services were also reviewed and addressed as part of the work. These include recovery of existing waiting list backlogs and referral to treatment (RTT) performance for certain elective specialties, improved experiences and outcomes of services, a shift towards more locally available services, and improved running of services to ensure the most effective and efficient use of available resource.

In late 2020, the CCG and wider health and social care system agreed to re-start the agreed priorities for certain large-scale transformation programmes. A collaborative approach was established with resource from across the CCG and system provider organisations in forming programme boards and governance structures that would lead and take this work forward.

These areas, described in more detail below, include:

- Urgent and emergency care transformation



- Mental health transformation, including mental health, dementia, learning disabilities and autism
- Children and young people's services transformation
- Outpatient transformation
- Elective care transformation and recovery
- Cancer transformation
- Eye care transformation
- Musculoskeletal and pain transformation
- Community and local care transformation.

These are intrinsically linked with other interdependent and enabling programmes of work being led elsewhere in the system, and they include:

- Digital transformation
- Workforce transformation
- Hospital transformation
- Estate and space transformation.

These pieces of work and priorities continue in 2023 and beyond and are described below in more detail.

Urgent and emergency care transformation

The Shropshire, Telford & Wrekin Integrated Care System (ICS) has experienced a number of challenges over the last year in relation to the delivery of Urgent and Emergency Care (UEC). This has been exacerbated by unprecedented levels of demand, not only in UEC but also across the health and care sector. Within the last year we have seen the highest level of Covid-19 patients in our hospitals, the highest numbers of care homes closed to admissions and the highest numbers of staff sickness absence compared to any other time during the pandemic. This has exacerbated some of our underlying challenges and has informed the development of our UEC Improvement Plan for 2023/24.

The 2023/24 Shropshire, Telford & Wrekin Urgent and Emergency Care Improvement Plan, has been developed and agreed with our system partners. There has been excellent engagement from stakeholders and the areas agreed for inclusion were deemed to offer the best opportunity to positively impact UEC performance. The UEC plan focusses on Stabilising, Standardising and Sustaining a number of key UEC work programmes and improvements agreed by the system. Individual plans are in place to identify and tackle areas of service improvement, transformation and redesign as outlined in the overarching UEC Improvement Plan.

The plan is split into three key areas of improvement. These are Pre-Hospital, In Hospital and Discharge. These key areas are linked to linked to the NHS England 10-point UEC Action Plan and notes the links to wider schemes of local work that, whilst not formally falling under the remit of this programme, play an important role in supporting the delivery of these improvements. Each of the key areas has a number of core work programmes. In addition to this a set of improvement metrics have been agreed to support delivery. This plan is now moving into the implementation and monitoring stage.

Along with our Integrated Care System partners, we will work collaboratively to deliver the key elements outlined in the UEC improvement plan and will demonstrate compliance with the implementation of the NHS Long Term Plan (LTP).



- Providing a 24/7 urgent care service, accessible via NHS 111, which can provide medical advice remotely and if necessary, refer directly to Urgent Treatment Centres (UTCs), Primary Care (in and out of hours), and other community services (pharmacy etc.), as well as ambulance and hospital services.
- Implementing Same Day Emergency Care (SDEC) services across 100% of type 1 emergency departments, allowing for the rapid assessment, diagnosis, and treatment of patients presenting with certain conditions, and discharge home same day if clinically appropriate.
- Focusing efforts to reduce the length of stay for patients in hospital longer than 21 days, reducing the risk of harm and providing care in the most clinically appropriate setting.
- Working closely with primary and community care services to ensure an integrated, responsive healthcare service, helping people stay well longer and receive preventative or primary treatment before their condition becomes an emergency.

The interconnectedness of all elements of the UEC pathway means that pressures and blockages in any part of the pathway will inevitably cause an impact throughout and this often manifests in long ambulance handover delays. It is for this reason that a focused approach to improvement across the whole pathway is likely to give us the best outcomes.

The experience our patients, their families, friends, and carers, have with Urgent and Emergency Care Services is extremely important to us, that's why we are committed to involving and working in partnership with patients. We will make the most of every opportunity we have to listen, learn and improve to ensure that our patients receive the best possible experience of care in the right healthcare setting, first time.



Mental health, learning disabilities and autism

Mental Health Expenditure

| Financial Years | £000 | |
|---|---------|---------|
| | 2021/22 | 2022/23 |
| Mental Health Expenditure | 91,497 | 98,003 |
| ICB Programme Allocation | 867,089 | 854,906 |
| Mental Health Spend as a proportion of ICB Programme Allocation | 10.55% | 11.46% |

Adult mental health

Community

Across Shropshire, Telford and Wrekin we have seen an increase in mental health professionals working closely with primary care to support services for people between GP practices and secondary mental health professionals. There is now an offer of Psychological support with groups available to learn more about depression, anxiety and how to cope with difficulties in life. These are run by psychologists with support from the third sector and those with lived experience. Mental health services are working more closely with GPs and the voluntary sector to ensure we can better support those individuals with severe mental illness. A key part of recovery from mental illness is the support to get into employment and we are widening our approach from those with severe mental illness to also support those with anxiety and depression as part of NHS Talking Therapies.

SMI (Severe Mental Illness) Physical Health Checks

A key focus for NHS Shropshire, Telford and Wrekin during 22/23 has been to ensure those individuals with severe mental illness have the opportunity for a physical health check each year. People with severe mental illness have higher levels of diabetes and heart problems relating to factors connected to their mental illness and if we fully understand the issue then we are better able to support and treat them where required. We are focused on increasing the uptake of SMI Physical Health Checks and improving the health inequalities of these individuals in line with the NHS England five-year plan. New roles are being developed to enhance the offer of support. There are 4 dedicated SMI Physical health care nurses based within Primary care to support health checks who continue to increase activity and are working within all GP practices. SMI clinicians as part of their clinic are completing medication/ mental health reviews and working with Advanced Pharmacists in secondary care.

There has been some improvement in the numbers of physical health checks undertaken during the last 12-18 months following the impact that the pandemic had, although it is likely to take more time to reach the national target for Shropshire Telford & Wrekin. Recent data shows monthly improvements which is expected to continue with the systems in place to support.

Community Mental Health Rehabilitation:

The ICB as part of the Mental Health Transformation Rehabilitation Pathway has commissioned a community mental health rehabilitation (multi-disciplinary) team locally to support individuals with



mental health rehabilitation needs. The team are working jointly across the system to improve patient flow, initially focusing on the high complexity high need service group (those placed out of area in rehabilitation beds) and strengthening the local community services. This work has included understanding the training needs of the mental health workforce and developing a plan to deliver/ensure opportunity to enhance skills and expertise.

The main priority for the team is to prevent admissions to out of area (OOA) mental health hospitals and to repatriate patients placed OOA hospitals back to their local community. Over the last 12 months there has been a significant impact from this work resulting in a reduction in OOA admissions and an increase in patients who were placed OOA being repatriated to community settings.

Crisis pathways

Non clinical alternatives:

Across Shropshire, Telford and Wrekin we now have calm cafes where people who require mental health support can talk to others and find additional support. These occur in Telford every night of the week and in Shropshire on three nights a week, with three clinics per night. Social workers support peer support workers in the cafes and are there for advice to all clients. Feedback from those attending the calm cafes has been very positive with individuals telling us that it has helped enable them to begin to build their life back.

Perinatal:

The Specialist Perinatal team are currently exceeding the national target of 10% access rates. Shropshire are currently at 15.58% and Telford and Wrekin at 17.85%.

The team has developed over the last 12-18 months and the feedback that has been received has been excellent.

We will now continue to increase our offer with our very successful specialist perinatal services to ensure they continue to meet access targets and widen the scope to ensure access to support for two years where required, and interventions for partners. We will review the demand and capacity of this service as access rates far exceed the national targets.

We have also developed our maternal mental health service (Lighthouse) and our plan is to ensure the longest wait for tokophobia (fear of childbirth) and bereavement and loss are 4 weeks from referral to assess and treatment. We will also continue to support when required those impacted by the Ockenden review

IAPT:

Over the last 12-18 months we have been working closely with NHS England Clinical Network and the provider of our IAPT services to undertake a service review so that we can understand the variation of the current services across Shropshire, Telford and Wrekin. The current IAPT models have been commissioned differently, and whilst both adhere to the national requirements of IAPT, they have interpreted the national IAPT manual in response to both the commissioning requirements and needs of the population at the time of establishment.

As part of the service review it has been identified that the key difference in the services is the level of complexity that is managed in the Shropshire service as patients present much later and have greater need for step 3 interventions. This has created an internal bottle neck for Patients waiting at step 3, due to this increased demand and the time it takes for some therapies to complete and for



patients to enter recovery. Through the IAPT forum we have been able to structure our approach in relation to moving to one core IAPT model. We have developed a roadmap to the new service with a clearly defined demand and capacity understanding. The implementation of the new model is now underway.

We will now continue to work as a system to achieve:

- As a minimum 12,948 individuals commencing treatment within the service
- Rebranding our local service into NHS Talking therapies
- Building pathways with respiratory and cancer teams

We will meet access targets with a single team with robust pathways and governance. We also will move to a core IAPT model proving the same provision across the county and relaunch the service with a new agreed name (NHS Talking Therapies).

Dementia

A new 'Dementia Vision' for Shropshire Telford and Wrekin has been co-produced with people living with dementia and their carers. The aim of the revised new model of care is to change service delivery so people and their carers benefit from an increasingly personalised journey which most suits their individual needs.

The Vision is not so much a pathway but linked to our flowers visual (see below). It's a variety of services and support which people affected by dementia can dip into and use as and when they need them.

There is no single route for the dementia journey; people can decline quickly or slowly, in steps or gradually, and people can improve for a time during the journey. As such, support and care services need to be agile and flexible to allow people affected by dementia to receive what they need, as and when they need it.



Pick your own
Dementia Support

We have an established Dementia Steering Group (who oversee the implementation of the vision) which meets monthly and is chaired by George Rook who was diagnosed with dementia some years ago. They have also co-produced the new 'living plan' and a STW Dementia logo.





People living with dementia and their unpaid carers are enabled to live the lives they choose, enhancing and preserving their wellbeing.

As part of the vision, we have implemented the Shropshire Admiral Nurse Service which was launched in December 2022. This was a significant milestone for the organisation, as Telford and Wrekin have had this service in place for several years. We have also introduced the Dementia Link worker role across the County (hosted by Alzheimer’s Society) which provides and creates opportunities for people living with dementia to connect into the community.

We will continue to deliver the dementia vision and strategy over the next 2 years which will include some reconfiguration of workforce and the introduction of some new roles across Shropshire, Telford and Wrekin. We will also be working more closely with Primary Care to support them in becoming more dementia aware.

We are further in the process of developing peer support groups across the county which will be co-ordinated, facilitated by the Dementia Link workers. Meaningful annual reviews will be implemented, where everyone involved in a person’s care has the opportunity to contribute. We will also focus on improving our dementia diagnosis rates.

Children and young people (CYP)

Overall, our approach to Children and Young People’s Mental Health follows the iTHRIVE model of care. It is a model that has at its heart all CYP in the area who need general messages of support in order to thrive. Around this are varying levels of support ranging from getting advice through to accessing help to receive crisis care. We know from a national survey ran by NHS England that between 2017 and 2022 we saw a 57% increase in those aged between 7 and 19 in Shropshire, Telford and Wrekin who had probable or possible mental health disorders (15,000 in 2017 to 24,000 in 2022).



The increase in problems amongst teenage girls is especially worrying. In addition, we have seen a doubling in the number of referrals for help and support during the post-Covid-19 period. As a result, much work is underway to work through solutions to the waiting list problems that have emerged, and how services can be restored to business as usual, responding quickly to those who need our help. Short term extra funding along with longer term increases to permanent funding are all under review.

Over the last five years investment in CYP mental health services has doubled from £5m to £10m per annum. The additional resources have been directed into expanding the eating disorders service, autism diagnosis, crisis care, support teams in schools, and inpatient services.

At the same time, we are redrafting our three-year CYP Mental Health Transformation Plan. This is an important document being produced collaboratively with input from all partners across Shropshire, Telford and Wrekin, including: local authorities, our service providers, patient representative groups



and many others. It will shape the way forward for all in the months and years ahead and give parents and CYP clarity of what support is planned to be available.

There are now three Mental Health Support Teams (MHST) in schools operational within our system, with a fourth one in training and a fifth one at the planning stage. By January 2025 around 50% of the Shropshire, Telford and Wrekin school population will be covered. These support teams are a priority and attract new funding into CYP mental health. The aim is to identify and support those CYP with mild/moderate mental health needs and to deliver broader whole school messages on mental health topics.

Embracing the digital age is an important method of supporting new ways of working. A number of areas around the country have been working together to develop a website called Healthier Together and Shropshire, Telford and Wrekin are part of this group. It is a website for parents, children and young people, and for clinicians. It is image-led, colour-coded and based on a simple user journey with the quick and concise delivery of information required. It will be especially valuable to provide additional support to those on waiting lists for assessment, diagnosis and treatment. The purpose is to provide education and support on CYP mental health and physical health conditions and cover pregnancy and the peri-natal period. In addition it offers consistent advice from health professionals.

The website went live on 27th March 2023 and the next phase of its development is to launch and publicise the website, and work with all partners in the Shropshire, Telford & Wrekin area to develop website content according to local needs. The website is available at the web address below:
www.stw-healthiertogether.nhs.uk

We are also working with a mobile phone app developer on a project to support for those CYP in mental health crisis or at risk of crisis. We are working alongside the development of a crisis care Dynamic Support Register which will help to identify those likely to benefit most from using the app. There are several similar apps in use elsewhere for lower intensity mental health conditions.

Future work for 2023/24

In 2023/24 we will continue to embed the good work commenced to increase access to those with severe mental illness including adult eating disorders, with an improved early intervention offer and an improved offer for those with long standing severe eating disorders.

We are working closely with West Midlands Ambulance Service to increase the training offered regarding mental health to all ambulance personnel, to have mental health clinicians in the control room to offer advice and guidance, and to have a dedicated mental health ambulance in Shropshire. In addition, we will be working with our 111 provider to ensure that when someone rings 111 they can opt for a direct mental health triage and support.

Learning Disabilities and Autism

Over the past year the Learning Disability and Autism Programme has been continuing to deliver the priorities set out in the 3-year roadmap, working with partners and stakeholder across the system. Supported by regional investment and resources, key areas of focus include:

- Reducing our reliance on specialist inpatient beds
- Building community infrastructure and support services
- Improving outcomes for children and young people



- Increasing autism awareness in schools through the autism in schools project
- Continuing to drive reduction in health inequalities and ensuring our workforce are supported and well trained
- Working with Parent Carer Forums and experts by experience
- Developing sensory adjustments in acute wards at [The Redwoods Centre](#) in Shrewsbury

A review of the current delivery model was undertaken in November 2022 in readiness for the final year of the road map delivery (23/24). This was in response to national requirements for further integration of health and social care service to support improved outcomes for patients and families following the establishment of Integrated Care Systems, but also to improve collaborative working across partners to reduce a growing trend in demand both within inpatient and community services in Shropshire, Telford and Wrekin.

Next year will see a focus on admission avoidance and supporting the discharge of patients from hospital through enhancement of care (education) and treatment reviews (CETR /CTR), more people being reviewed through the DSR process, and much closer working with our local authority housing partners to manage and safely discharge patients needing complex packages of ongoing care.

The challenge around growing waiting times for autism diagnosis is a key improvement priority across the system. We want to ensure patients that are waiting for a diagnosis “wait well” and are supported by effective pre diagnosis support in the community. We also need to ensure patients have access to post diagnosis support to ensure services join up and support patients to avoid unnecessary admission in to hospital. We have a strong foundation of support provided through local autism hubs and this will be strengthened through collaborative working with both statutory and voluntary sector providers.

We will continue to work closely with key partners and experts by experience on a number of service improvement projects, for example:

- Autism in Schools is a pilot project working with six pilot schools to develop new ways of supporting autistic children and their parents in the school setting, to ensure support is put in at the earliest opportunity and to prevent escalation of mental health difficulties. This work is being evaluated with a view to embedding the learning across all schools.
- The Keyworking project which is being delivered on our behalf by Barnardo’s was launched in March 2023. Keyworkers work with those children and young people (0-25 years) with a diagnosis of learning disability and/or autism who are at high risk of admission to hospital or residential placement due to mental health issues or distressed behaviour. Keyworkers support children and their families to ensure the right support is in place and to enable the child/young person to stay at home wherever possible.



Transformation

Elective care transformation and recovery

The Covid-19 pandemic had a significant impact on the delivery of elective care and, as a result, on the lives of many patients who are being referred for or already waiting for treatment. At the beginning of 22/23 financial year our providers developed a 3-year plan in alignment with the NHS England Long Term Plan on how to rise to the challenges of addressing the elective backlogs that had grown during the pandemic through a combination of expanding capacity, prioritising treatment, and transforming delivery of services. As the Integrated Care System formed in July 2022, these plans have formed part of the system-wide elective recovery deliverables for this financial year.

Some of the approaches and new ways of providing Outpatients services to help recover some of the post-Covid-19 long waiting lists include:

- Addressing health inequalities as part of waiting list recovery
- Increased used of Advice and Guidance (and conversion to prevented face-to-face appointments)
- Virtual consultations (and conversion to prevented face-to-face appointments)
- Patient-initiated follow-ups (and conversion to prevented face-to-face appointments)
- Improved capturing and reporting of the above in system data
- Validation and review of waiting lists
- One stop clinics
- Nurse-led telephone follow ups
- Remote reviews
- Looking at ways of reducing missed appointments

During 22/23 providers worked hard through very challenging circumstances to deliver increased levels of activity throughout the year, compared to 21/22, and ensured that the highest clinical priority patients – including patients on cancer pathways and those with the longest waits – were and are prioritised. Steps have also been taken to ensure health inequalities within waiting lists are considered where possible and any identified impact addressed and minimalised.

Our ICS providers delivered maximum possible levels of inpatient, day case, outpatient, and diagnostic activities despite the increased numbers of Covid-19 cases. When there have been challenges with throughput, particularly at Shrewsbury and Telford Hospital NHS Trust (SaTH) due to emergency care pressures, we have also worked with several independent sector providers and utilised insourcing of support activity and diagnostics, in particularly for challenged specialities such as Gynaecology, Urology, ENT, and Trauma & Orthopaedics.

For Robert Jones & Agnes Hunt Orthopaedic Hospital (RJAH) the most challenged area has been spinal disorders due to the lack of capacity, case complexity and workforce challenges. To support with this, close working relationships were developed to enable a safe & effective transfer of spinal patients to the Royal Orthopaedic Hospital and Walton Centre NHS Trusts. Similar inter-system provider mutual aid arrangements were also established for trauma and orthopaedic patients between RJAH and SaTH for any Priority 2 patients/long waits where no high dependency unit capacity was required by the patient. In addition, to support with options around regional mutual aid in the West Midlands NHS England region, both SaTH and RJAH providers registered for the Digital Mutual Aid System (DMAS) where providers can support each other with mutual aid and transfer of patients in our most challenged specialities.



To further ensure the most efficient and effective use of available hospital capacity given the emergency care pressures, the ICS system was also asked to implement several recommendations made by the 'Getting it Right First Time' team (GIRFT) as part of the Midlands Elective Delivery Programme (MEDP). Good progress was made during the year in terms of deliverables such as the MSK transformation programme (provider collaboration for orthopaedics across the county, GIRFT best practice). The system is performing well for day case rates within the model hospital/GIRFT data for most specialties however Orthopaedic day case rates, length of stay for primary hip replacements, and primary knee replacements and urology procedures day case rates remain challenged. There are system plans and programmes in place to address these challenges for 23/24.

Theatre utilisation, which is essential to support activity, has been difficult at SaTH due to staffing, capacity, and equipment challenges. To support with productivity this year SaTH has successfully recruited internationally, implemented new theatre software, and are in the early stages of implementing GIRFT recommendations for optimising theatre utilisation and efficiencies, and best practice pathways.

Radiology has also been a key challenge in supporting with elective recovery and both SaTH and RJAH had to increase capacity through external support such as mobile scanners, operating 7 days a week and 12 hours a day to support with the demand and reduce the elective backlog. Through this extra capacity in the last three months of the year there has been a marked improvement in this diagnostics position at both providers.

To further support with the provision of timely diagnostics, the ICS Community Bid was approved during the year. The development of Community Diagnostic Centres (CDC) is a central pillar of the ICS strategy for integrated care and core to restoration and recovery of the NHS across the county. The first CDC in the county will be in Telford. As an ICS, it is important to note that the location for the elective surgery hub at PRH is aligned with the location for the initial CDC; work is proceeding on this facility, which is expected to be operational during 23/24. The type of tests and pathways to be provided within the CDC will be wide ranging focusing on respiratory, early diagnosis of CVD and cancers and MSK, but not limited to these pathways.

The CDC will support patients who require surgery by enabling their diagnostics to be undertaken earlier within their pathway and support their journey through the Elective hub. Additional MRI capacity will be introduced as part of the CDC from October 2023. Additional CT capacity will be introduced as part of the CDC from May 2023. The CDCs also contribute to that left shift of providing certain services in communities rather than general hospital settings, as part of moving towards more locally available services where clinically appropriate.

Funding was also approved during 22/23 for an Elective Hub at SaTH to increase capacity and deliver activity to help reduce the surgery backlog. Within the Hub there will be two theatres and an associated recovery area, which will re-provide the theatres currently located within the SaTH day surgery complex which are often closed due to escalation/non-elective pressures from October to April every year. Approximately 24% of elective day case and inpatient activity is typically lost to winter surges in demand and the lack of protected elective capacity.

This scheme will create a ring-fenced elective day-case facility bed base all year and will address the fact that day surgery effectively stops between October and April year on year as the current bed base is used to support increases in non-elective bed pressures. Below are the timelines for this work:

- Phase one of the scheme by July 2023 will provide eight trolley bases



- Phase two of the scheme by January 2024 will provide twenty-three ring fenced beds and four theatres (one of which is an additional theatre)

In addition, the creation of an additional theatre and associated recovery and facilities at The Robert Jones and Agnes Hunt Orthopaedic Hospital was also approved, with plans including:

- Construction planned to be completed by October 2023.
- The Theatre will be operational by January 2024. This capacity will enable RJAH to deliver an additional approximately 282 elective cases in 2023/24 and 1,200 elective cases recurrently thereafter.
- This will deliver 9% increase in elective activity for the delivery of additional spinal disorders and orthopaedic activity.

In terms of waiting list administration, the targets set by NHS England were also met to deliver validation every 12 weeks for those patients on long waiting lists e.g. 104 weeks, 78 weeks and 52 weeks. Validation cycles of work on our waiting lists continues in order to ensure pathways are reviewed at regular intervals with the support of a new system-wide Access Policy developed and implemented this year.

Robust governance and reporting structures exist within each of the provider organisations for the effective monitoring of this improvement and recovery work, as well as reporting into the NHS Shropshire, Telford and Wrekin and ICS committees and governance framework, along with NHS England assurance meetings. At an ICS level there remains a Planned Care Delivery Board in place which oversees and is accountable for the elective, cancer & diagnostics agenda for the whole Shropshire, Telford and Wrekin ICS and has membership from all system partners. This provides high level assurance and reports into a newly established Integrated Delivery Committee (IDC).

For the year ahead we plan to continue improving our elective recovery position, however this is dependent on a reduction in non-elective demand & pressures, workforce and staffing numbers improving, the availability of independent sector capacity, Elective Hub implementation, CDC implementation, reduction in numbers of those in hospital who are medically fit for discharge but require ongoing community packages of care, provider collaboration, and successful capacity deployment through the capital estates programme.

Linked to the NHS Long Term Plan, the broader programme of Elective Care Transformation is to lead and oversee transformative change on areas of elective care that will ensure individuals needing planned care see the right person, in the right place, at the right time (first and every time), and get the best possible outcomes, delivered in the most efficient way.

In addition, it sets out to address some of the known issues such as:

- suboptimal information flow and service pathways
- patients travelling to hospital, to wait for an appointment that may last only a few minutes, when we could save time, cost and stress by providing these services in a different way
- reducing the time to recovery for post-Covid-19 long waits that will help ensure the capacity we do have is utilised most efficiently, and that patients get to receive the care that they need, where when and how they need it.

Redesigning and transforming services where possible to be more efficient is a vital component in enabling effective recovery of the overall elective waiting list position. The programmes and the work being planned provides the opportunity to properly review and redesign elective care and move away from individual specialty appointments, and towards patient pathways, experience and journeys. This



is always with the patient at the centre, making outpatients and accessing care simple, effective and efficient – Right Care, Right Person, Right Place, Right Time. As broad high-level aims, it is expected that through Elective Care Transformation for the system we would:

- Better manage increasing demand for elective care services
- Improve patient experience and access to care
- Provide more integrated, person-centred care.

These high-level aims set the context for programmes of review, redesign, development and transformation, with additional aims to reduce the need for face-to-face outpatient appointments by a third over the next five years, along with a range of other benefits and intended outcomes including:

- Improved utilisation of secondary care resource – physical space and clinical time
- Optimised use of shared information and improved pathways
- Improved clinical outcomes through patients receiving expert advice more quickly and follow-ups based on clinical need – rather than arbitrary schedules
- Improved co-ordinated care for patients with multiple conditions
- Improved patient experience through improved timely access to the right service, more informed and more empowered
- Better use of patients' time through preventing what may be unnecessary trips to hospital
- Reduced environmental impact, through decreasing journeys to hospital therefore emitting fewer CO2 emissions, resulting in reduced environmental damage and risk of preventable deaths through air pollution
- Financial efficiency to patients through not having to travel, and to the system through improved efficiency and utilisation of existing resource.

Outpatients transformation

This 5-year programme of work continues to progress in terms of its scope and original planning and is within timescales; to transform the provision of Outpatient services in the county to be more effective & efficient, whilst generating efficiencies that help enable recovery of long elective waiting lists and waiting times through reutilisation of freed up capacity.

The ambition of the programme is to:

- Review and redesign services with service users and providers around patients' needs
- Provide high quality citizen-centred services
- Ensure timely, safe, effective, and sustainable care
- Provide a seamless care experience
- Ensure 'right time, right location, right person'
- Ensure integration across primary, community and secondary care
- Reduce duplication and improve resource efficiency, ensuring value for money

The programme is broadly structured into two core components:

- Focus on accelerated improvements around the utilisation of Advice & Guidance, Virtual Consultations and Patient Initiated Follow Up discharges. These alternative approaches enable the identification of effective pathways of care that may not really require a hospital referral, allowing patient access to care when it is needed as opposed to when the hospital will see you, and promoting the use of telephone and video consultations where clinically appropriate and suitable for the patient, where it is beneficial to do so. Much work is already underway to look at how these can be used effectively, and we have been involving patients,



public and clinical colleagues in those conversations. The work will continue at pace into 2023/24.

- Longer term transformation opportunities to optimise the use of digital innovation, develop new and improved pathways and service delivery models, contribute to the 'left-shift' of more locally available services in communities or people's homes and alleviate some of the demand from the acute Trust by reducing unnecessary hospital-based appointments.

Some of the high-level benefits expected from this programme of work are as follows:

- Patients & Carers
 - Safer and quicker care
 - Better experience
 - Seamless communication
 - Care that fits around you
 - Reduced travel/stress
- Primary Care & GPs
 - Manageable demand
 - Ability to target available resources
 - Supported, sustainable teams
 - Seamless communication
- Secondary and Hospital Colleagues
 - Safe care
 - Manageable demand
 - Ability to target resources
 - Supported, sustainable teams
 - Seamless communication
- Integrated Care System
 - Improved health & wellbeing of the local population
 - Better outcomes
 - Increased value
 - Less waste
 - More resources

As can be seen from the above, the work to transform Outpatient services is intrinsically linked with our ability to recover a lot of the significant elective care waiting lists through being more effective & efficient.

The overall Outpatients programme forms an integral part of the broader transformation agenda and 'roadmap to recovery' which also consists of a few other initiatives taking place in the background, with much work underway on:

- Validation of waiting lists through telephone and letter contact with patients resulting in a proportion of discharges or changed pathways such as converting to a virtual appointment
- Focus on reducing the numbers of patients who miss appointments or do not attend
- Where possible, re-offering the choice to patients of alternative providers



- Where possible optimising the use of available independent sector capacity
- Work to drive through the targets of achieving zero 104+ week waits and 78+ week waits by March 2023
- Background targets to the Outpatient programme are to increase productivity and maximise capacity compared to 19/20 baseline, reduce follow up waiting lists by 25%, and prevent 33% of face to face Outpatient activity compared to 19/20.

Within this significant and complex ‘roadmap to recovery,’ set down by NHS England there have also been several short-lived intensive initiatives called ‘sprints,’ where Integrated Care Systems are expected to put in place plans and galvanise the necessary resource to give an intensive burst of focus to a certain area over a two-week period. These ‘sprints’ have included:

- September 22: Super September
 - An intensive focus on validating waiting lists, including letters to patients to confirm and clarify status and provide several options, the use of independent sector providers to assist with waiting lists, and booking in of all spinal pathway 1 patients who would breach 78 weeks by March 2023 into clinic slots. The exercise was completed, and a regional evaluation showed significant impact and outcomes, with learnings to incorporate into other improvement plans.
- December 22: Referral Optimisation
 - A two-week period of training sessions, drop-in Q&A sessions, webinars and toolkits made available around maximising the use and benefit of advice & guidance and referral optimisation (pre and post referral), where advice between the referrer and an appropriate clinical professional at the right point can help put in place alternative suggestions for care and treatment and therefore prevent unnecessary hospital appointments. This also helps patients by not needing to wait for and attend a hospital appointment.
- January 23: Driving Down Unattended/Missed Appointments
 - An intensive focus on various methods and approaches for reducing unattended appointments as these are not only a waste of funded resource but also create unused appointments slots that could have been provided to someone else. These approaches include methods for auditing and determining some of the causes & triggers, to better understand some of the reasons for patients not turning up for their appointment. This additional intelligence will then inform further plans around how we communicate with patients to address some of those challenges.
- Planned for April 23 is another two-week intensive focus, focused this time on methods for identifying and addressing any inequalities in elective waiting list recovery.

The programme is progressing well, and a huge amount of progress has already been made in the areas described above. In parallel, the team has undertaken robust analysis of three years’ worth of patient complaints and compliments relating to Outpatient services, run a public survey, and hosted a number of engagement sessions to harness the feedback and opinions from colleagues, stakeholders and the public on Outpatient services as well as suggestions for change and improvement. These are currently being consolidated, before undergoing thematic analysis, and will be used to produce an evaluation report, and inform further transformation and redesign opportunities.



One output of a shift towards alternative approaches and new ways of providing Outpatient services is a reduction in the number of times that a patient needs to visit hospital, which can lead to environmental benefits including:

- Reduced miles travelled by patients, and their family and carers
- Reduced CO2 emissions
- Reduced hospital car park use
- Reduced time needed for appointments (for virtual/telephone consultations)
- Increase to quality-adjusted life years saved

Cancer

Improving cancer pathways continues to be a priority and is at the heart of the ICS approach to recovery of cancer services. Key actions have been undertaken and are ongoing during 2022/23 which include the following.

- Additional commissioned capacity was secured for the implementation of the Faecal Immunochemical Testing (FIT) for all colorectal urgent suspected Cancer patients from 1st April 2022
- A new provider has been commissioned for the Faecal Immunochemical Testing service following a successful procurement with a commencement date of April 2023
- The rollout of a non-site-specific pathway has been delayed due to a number of recruitment challenges. Ongoing work continues, supported by the West Midlands Cancer Alliance to recruit into this position
- The Community Breast Pain Clinic established in November 2021, securing additional funding for a further 12 months. Work is being planned to determine the exit strategy /sustainability of this service going forward
- The 3-month Teledermatology pilot went live within the Shrewsbury Primary Care Network, across 15 GP practices at the end of January 2023. The aim of the project is to reduce inappropriate two week wait referrals into secondary care and ensure that patients are placed on the correct pathway. The pilot consists of a hybrid model; referrals with dermatoscopic images can be sent directly from primary care via a system called Accurx, or alternatively patients can be referred into a central hub where the images are taken. Referrals are then triaged by a secondary care consultant who may offer advice and guidance, inclusion on the dermatology pathway or progression to the two week wait pathway for cancer treatment.
- On completion of the pilot an options appraisal will be undertaken to assess the preferred model to be rolled out to across Shropshire, Telford and Wrekin, expected to start in June with the aim to include all GP practices by Autumn 2023
- Continued participation with the West Midlands Cancer Alliance as part of the 3-year Galleri blood test trials along with Cancer Research UK, Kings College London and the American company GRAIL. The trial is around undertaking diagnostic blood tests on individuals to identify any markers as early indicators of Cancer, enabling earlier interventions.



- Living Well sessions are being held both virtually and face to face.
- An App launched by The Shrewsbury and Telford Hospital NHS Trust (SaTH), has been developed in collaboration with people living with and beyond cancer, local NHS cancer specialists and other organisations who provide services for people affected by cancer. This can also be downloaded for people who are supporting people following a diagnosis as well as other healthcare professionals across the county.
- Operational performance moved into NHS England Tier 1 monitoring with increased focus on reducing the backlog and also to improve the Faster Diagnosis Standard performance.
- The Macmillan Cancer Care Review is on track to meet the objectives outlined within the pilot project plan before ending on 31 May 2023. A full evaluation will be available in April 2023 and learning shared across the system.
- Primary Care Network Cancer Leads have been identified who meet bi-monthly to share good practice, discuss issues and to link with the wider ICS Cancer Strategy and West Midlands Cancer Alliance work.

Eye care transformation

Running to 2025/26, this programme aims to review, and redesign integrated end-to-end eye care services and pathways across the county, spanning primary, community and secondary eye care provision.

With a scope including the same principles as the Outpatients transformation programme, it aims to improve referral processes and information sharing, shared decision-making, and reduce face-to-face outpatient activity and reduced unnecessary use of hospital for eye care appointments through methods including advice and guidance, remote consultations, one-stop clinics, community-based diagnostics, and nurse-led telephone follow-ups. It also includes several national recommendations around transforming eye care services and so has involved a clinically-led review and redesign of pathways; also considering learnings and recommendations that came out of stakeholder and public involvement and engagement sessions.

Some of the case for change and reasons why we need to improve eye care services include:

- Importance of earlier detection and prevention
- Anticipating predicted increasing need for services
- Providing more services closer to home and in people's own communities, when it is needed
- More joined up services across primary, community and secondary care
- Reducing unnecessary face-to-face Outpatient appointments
- Reducing travel to hospital and transport, which also reduces occupied parking spaces and CO2 emissions
- Making better use of new technologies and developments in eye care
- Making better use of data and tracking people's care.

The phases of the programme cover:



- Rethinking referrals and integrated eye care pathways (primary, community and secondary care)
- Outpatient transformation (eye care appointments)
- Multispecialty pathways (Giant Cell Arteritis and Hydroxychloroquine Monitoring etc)
- Low vision, dry eye, contact lenses and cataract direct to surgery listing (pre-op and consent in optometry)

All these phases will cut across eye care in general in terms of pathways, processes and ways of working, but include a specific focus on the following pathways:

- Cataract
- Glaucoma
- Medical retina
- Urgent eye
- Paediatric eye care

The programme launched November 2021 and undertook a period of comprehensive engagement, and this continues to form a continuous golden thread throughout the journey of the programme to ensure ongoing involvement, contribution and engagement.

Some of the groups actively involved and engaged in the programme of work are described below:

- Staff across whole health & social care system (mainly SaTH)
- Staff in community and primary care settings
- Patients, carers and general public
- Independent sector eye-care providers
- Local Optical Committee
- GPs
- Healthwatch
- Health & Wellbeing Board
- Community groups related to eye-care and vision
- Sight Loss Shropshire
- Telford and Shropshire Patient Groups
- NHS England
- Joint Health and Social Care Scrutiny Committee
- Town, County and Parish Councillors
- Voluntary and Community Sector

This engagement has allowed us to harness comments and feedback on current eye care services, as well as suggestions and recommendations for change and improvement. That, combined with a patient survey, and analysis of three years' worth of eye care complaints and compliments, and the national transformation recommendations, provided a wealth of information to help shape the design and development of a new improved integrated eye care model and pathways.

A piece of work was also completed to identify and analyse any associated inequalities, so that plans could be put in place to ensure these improvements to eye care would address any existing health inequalities and close gaps, and certainly ensure no new ones are created as a result.

Positive Impacts

- Improved access to timely care and support for those with mobility and/or transport issues through new innovative ways of providing appointments, for example virtual appointments



from your own home, removing the need for travel. Also, more locally available services through the provision of more eye care services from optical practices instead of hospital.

- Enhanced experience of eye care services for all in an equitable way through new more effective and innovative ways of working, and more integration between primary, community and secondary care – ensuring the person is seen by the right person, in the right place, at the right time, first time.

Negative Impacts and mitigations

- Potential risk of digital exclusion for those with limited or no access to technology and/or internet. The programme intends to also provide virtual consultations by telephone, and ensure that we still offer in-person traditional appointments.

A draft proposed integrated improved eye care model and pathways are now being developed, ready for a second round of engagement with the same groups to gather further feedback and comment. These will provide a more cohesive and collaborative eye care service across primary, community and secondary care, including the independent sector, that benefits patients, carers, and those working in eye care because of the improved pathways that will be more slick, efficient, effective, clearer and easier to understand and navigate.

The outputs from this second round of engagement will inform any necessary refining of the model before completing a business case for approval later in 2023. If approved it is hoped that a new improved model of eye care and pathways will go live from April 2024.

Meanwhile work continues on Outpatient eye care appointments, and identifying opportunities where possible, and where clinically appropriate, to maximise the use of tools like Advice & Guidance, remote reviews, and Virtual Consultations. This brings a broad range of benefits, not least preventing unnecessary travel for patients to hospital for appointments that can be provided safely & effectively in a different way.

As a key enabler of improving eye care referral pathways and processes, and an enabler of this model in general, the Shropshire, Telford and Wrekin system agreed to be an early adopter and one of the 11 ICSs in the West Midlands for the implementation of electronic eye care referrals. The software and digital provider have been commissioned by NHS England, with a project team and plan in place locally for the imminent implementation of this exciting change in how eye care referrals are made.

The system will provide an improved flow of direct referrals between optometrists, the Referral Assessment Service (RAS) and Telford Referral and Quality Services (TRAQS), GPs and secondary care with the ability to transfer high resolution digital images directly from optometrists to secondary care consultants and enabling effective virtual consultations to take place without the need for the individual having to visit hospital. It also speeds to the process of optometrists gathering advice and guidance from consultants through a remote review, and the ability to make direct timely referrals into ophthalmology without the need for having burden the GP in processing the referral.

The Electronic Eye Care Referrals system is planned for implementation later in 2023.

Musculoskeletal (MSK) transformation

The MSK transformation programme, aims to improve the MSK health of our local population, whilst ensuring when MSK care is required, that patients are cared for at the right time, in the right location by the right person.

The objectives of the programme are:



- Equity of MSK access and treatment
- Patients are cared for by the right clinician, and the right location at the right time with the right data
- Delivering high quality outcomes and patient experience
- Achieving outstanding patient safety
- Timely access to patient care
- Spending money wisely
- Improve citizen's MSK and pain health

It is a clinically-led, locally-owned review and redesign of MSK pathways; also considering the learnings and recommendations that will come out of the stakeholder and public involvement and engagement sessions, along with GIRFT, and best MSK recommendations.

Phase 1

Launched on the 13th February 2023. The initial phase involves establishing a single point of access for elective MSK (Elective Orthopaedics, MSK Therapy, MSK Interface, MSK Chronic Pain and Rheumatology) with standardized MSK triage and MSK pathways. We have consolidated and standardisation of community MSK provision.

We now have in place across Shropshire, Telford and Wrekin:

- Single point of access
- Standardized triage models
- Standardized pre-surgical pathways
- Single EPR for phase 1 (RiO)
- Single referral form for all GP's in STW
- Transparency of waiting lists and workforce from each provider which will support collaboration
- Technological developments (joint working) 'My Recovery App', infrastructure to support self-management being rolled out at RJAH and then across Shropshire (patients enabled to support their own health conditions)
- Shared access policy agreed localities for delivery
- Agreed initial workforce
- Patients' referral into MSST are no longer sent back to the GP's to be referred into another MSK service but be moved internally

Phase 2

Currently being planned and designed and includes the following services:

- Strengthening Orthotics
- Chronic pain services (as part of a large project including non MSK-pain and management of opioids prescription).
- Optimisation of Orthopaedic surgical services
- System MSK workforce planning
- Focus on patient-initiated follow-ups plus implementation of a standard interface model for referral and triage.
- Strengthening of rheumatology
- Outpatients improvement project (aligned to the transformation programme)
- Maturing of system provision to support primary care



- Falls, Fractures and Osteoporosis (dependent on decision on trauma scope)
- A decision to be made about whether trauma will be in scope for the programme

Also to be integrated

- Supporting those with long-term MSK conditions
- MSK population health related activity
- Development of self-management models.

Cardiology Transformation

Launched in December 2022, the Cardiology Transformation Programme is due to run until 2025/26 within the scope of working through the pathways that patients take from primary care through specialised services and back to primary and community care; from cardiovascular disease prevention and early diagnosis through to treatment and rehabilitation.

National context

An estimated 6.4 million people in England are currently living with cardiovascular disease (CVD). Mortality rates from CVD fell by 52% between 1990 and 2013 however CVD remains one of the biggest killers in the UK. Cardiovascular disease (CVD) is the second highest cause of premature death, after cancer, in England. Heart and circulatory diseases cause around a quarter (24 per cent) of all deaths in England; that's around 140,000 deaths each year – an average of 380 people each day or one death every four minutes.

The Cardiology transformation programme draws together the recommendations from the Cardiology GIRFT Programme National Specialty Report (Feb 2021), The Future of Cardiology, a paper produced by the British Cardiovascular Society Working Group on The Future of Cardiology, and significantly the Cardiac Pathways Improvement Programme. The Cardiac Pathways Improvement Programme (CPIP) brings together NHSE collective priorities set out in the Long Term Plan, and by GIRFT, Specialised Commissioning, and the National Outpatient Transformation Programme. The CPIP team works in alignment with existing national programmes, focusing on key goals and priorities, and supports Cardiac Networks and Systems to deliver a comprehensive approach to whole pathway improvement and transformation.

Local Context

In Shropshire Telford and Wrekin there are around 66,000 people living with heart and circulatory diseases. These heart and circulatory diseases cause 110 deaths each month in Shropshire Telford and Wrekin. Around 81,000 people in Shropshire Telford and Wrekin have been diagnosed with high blood pressure and 13,000 with Atrial Fibrillation.

Ambition

The ambition for the Cardiology Transformation Programme is to provide high-quality cardiology services for our patients, carers and their families in the right place, at the right time, in the right location delivering excellent patient experience.

Aims

The aims of the cardiology transformation work guided by NHSE's Cardiac Pathways Improvement Programme (CPIP) include:

- Reduce Cardiovascular disease related mortality
- Ensure high quality outcomes and safety of care across the pathway



- Improve and refine pathways and processes to provide clinically excellent cardiology services with restored services and reduced waits
- Improve integration of cardiology pathways across primary, community and secondary care to function collectively as one service with one common aim.
- Improved focus on preventative and proactive care
- Ensure value for money of commissioned services through provider collaboration.
- Providing increased support, development and accountability for the cardiology workforce
- Improve the flow, quality and use of information in order to optimise decision making; both operationally and strategically.
- Ensure the involvement and engagement of patients and public in the design and development of cardiology services
- Support the CVD prevention agenda

Since the commencement of the Cardiology Transformation Programme in December 2022

- There is an identified Clinical Lead for the programme who is funded through NHSE's Cardiology Pathways Improvement Programme (CPIP). He links into the regional and national CPIP clinical programmes as well as providing clinical input and leadership for the STW Cardiology Transformation Programme.
- The Shropshire Telford and Wrekin Cardiology Transformation Programme Delivery Group has been put into place to work through the cardiology pathways that patients take from primary care through specialised services and back to primary and community care; from cardiovascular disease prevention and early diagnosis through to treatment and rehabilitation. The group collaboratively reviews, redesigns, develops and transforms cardiology services to ensure that high-quality cardiology services are provided for our patients, carers and their families in the right place, at the right time, in the right location delivering excellent patient experience.
- A clinical advisory group with multi-professional representatives from across the ICS has commenced. The purpose of the Shropshire Telford and Wrekin Cardiology Clinical and Professional Advisory Group is to use its broad experience and expertise to provide clinical and professional advice to the Cardiology Transformation programme.
- The priorities for 23-24 for the Cardiology Transformation Programme have been agreed.



Local Care and Community Transformation

Overview

The Shropshire Telford and Wrekin (STW) Local Care Transformation Programme (LCTP) brings together a collection of transformation initiatives that will deliver more joined up, integrated and proactive care closer to home and in peoples' homes, supporting improved health and wellbeing for the STW population. The programme consists of initiatives that will deliver more care into the community achieving improved outcomes and experiences for patients, while also helping to relieve pressure on our acute hospital services so that those services are able to deliver quality services when people need them. Wrapped around these new models of care, will be new ways of supporting people who are vulnerable, frail or have a range of complex health and wellbeing needs.

System changes

At the heart of Local Care, is a person centred proactive approach to care that helps people to live well and stay well, maximising independence and fulfilment in life. In 2022/23, the programme has focused on three key initiatives – rolling out a 2 hour rapid response service; implementing an integrated discharge team to ensure timely discharge from hospital; and setting up a Virtual Ward to enable more patients to return to the place they call home to receive sub-acute medical care that would otherwise need to be delivered in an acute hospital. In 2022/23, the Virtual Ward has focused on developing integrated pathways for people with frailty, and will expand into respiratory and cardiovascular pathways in 23/24

During 2022/23, we have further developed the Integrated Discharge Team (IDT) to support patient flow and improve patient outcomes. The Shropshire Community Trust's (SCHT) Capacity Hub Team worked closely with the acute Hospital colleagues during the pandemic to respond to subsequent pressures, this approach demonstrated the enhanced benefits associated with integrating the discharge functions. Building on this approach in 2022/23 the SCHT Community Team co-located with the Hospital team based on the Shrewsbury and Telford Hospital site. This has strengthened and enabled clinical discussions in 'real time'. Advocating the home first principle ensuring patients are transferred home as soon as they are well enough. Where patients need additional support, the SCHT Capacity Hub Team will ensure that they are appropriately transferred to appropriate care required for rehabilitation and therapeutic care.

During 2022/23 system leads supported the development of a Virtual Ward Roll Out Plan. Virtual wards allow patients to get the care they need at home safely and conveniently, rather than being in hospital. In a virtual ward, support can include remote monitoring using apps, technology platforms, wearables and medical devices such as pulse oximeters. Continuous Quality Improvement methodology and partnership working has supported learning, with monitoring arrangements and measure impact to demonstrate both performance and quality benefits for patients.

This programme has been led by our system Directors of Nursing and operationalised as part of the Local Care transformation programme future place based integrated model of care for community services, hubs and Virtual Wards. Phase 1 has commenced with the governance structure set up to oversee the programme and the development of the roll out plans. Phase 2 will include implementation and is expected to provide up to 250 virtual beds by March 2024.



Telford and Wrekin Integrated Place Partnership (TWIPP)

The Telford & Wrekin Integrated Place Partnership (TWIPP) has been in its current format since March 2019 and comprises of senior officers from Telford & Wrekin Council, NHS Shropshire, Telford & Wrekin, Primary Care Networks, Midlands Partnership NHS Foundation Trust, Shropshire Community Health Trust, Shrewsbury and Telford Hospital Trust, Healthwatch, Shropshire Partners in Care and the Voluntary Community and Social Enterprise sector.

The TWIPP vision is aligned to the Health and Wellbeing Strategy vision of: **“Working together for children, young people and adults in Telford and Wrekin to enable them to enjoy healthier, happier and more fulfilling lives”**

In order to achieve this vision the partnership has agreed a set of priorities that will be delivered in accordance with TWIPP’s principles as illustrated in the diagram on the right.

TWIPP brings together a complex set of community centred approaches and activities under the same strategic vision and principles of working to achieve the following shared outcomes:

- Care closer to home
- Integrated and seamless services
- The right information and advice at the right time
- One conversation and one point of contact



TWIPP’s strategic priorities are:

1. **Population Health** – supporting people to be healthier for longer with a focus on those who have the greatest need, whilst maintaining an effective universal offer for everybody.
2. **Prevention and Early Intervention** – working with people, families and carers to proactively prevent, reduce and delay reaching crisis and needing to access health and care services.
3. **Integrated response to inequalities** – working together to tackle inequalities – ensuring reducing inequalities is embedded in our strategic decision making, investment decisions and service delivery.
4. **Working together stronger** – delivering joined up, high quality, accessible health and care services which connect and empower children, young people and adults to stay healthier and more independent for longer.
5. **Primary Care Integration** – working together to support our Primary Care sector to meet demand and provide high quality accessible services.

See the following pages for a copy of TWIPP Strategic Plan for 2022-23.

TWIPP’s strategic priorities are aligned to the Integrated Care Strategy as well as the Telford and Wrekin’s Health and Wellbeing Strategy. It is worth noting that whilst the priorities, and associated deliverables, are looking to be delivered at place, **currently no delegation of budget or resources from the system is in place to enable this to happen. This is an identified risk to delivery.**





Telford & Wrekin Integrated Place Partnership Strategic Plan 2022-2025

FINAL V5

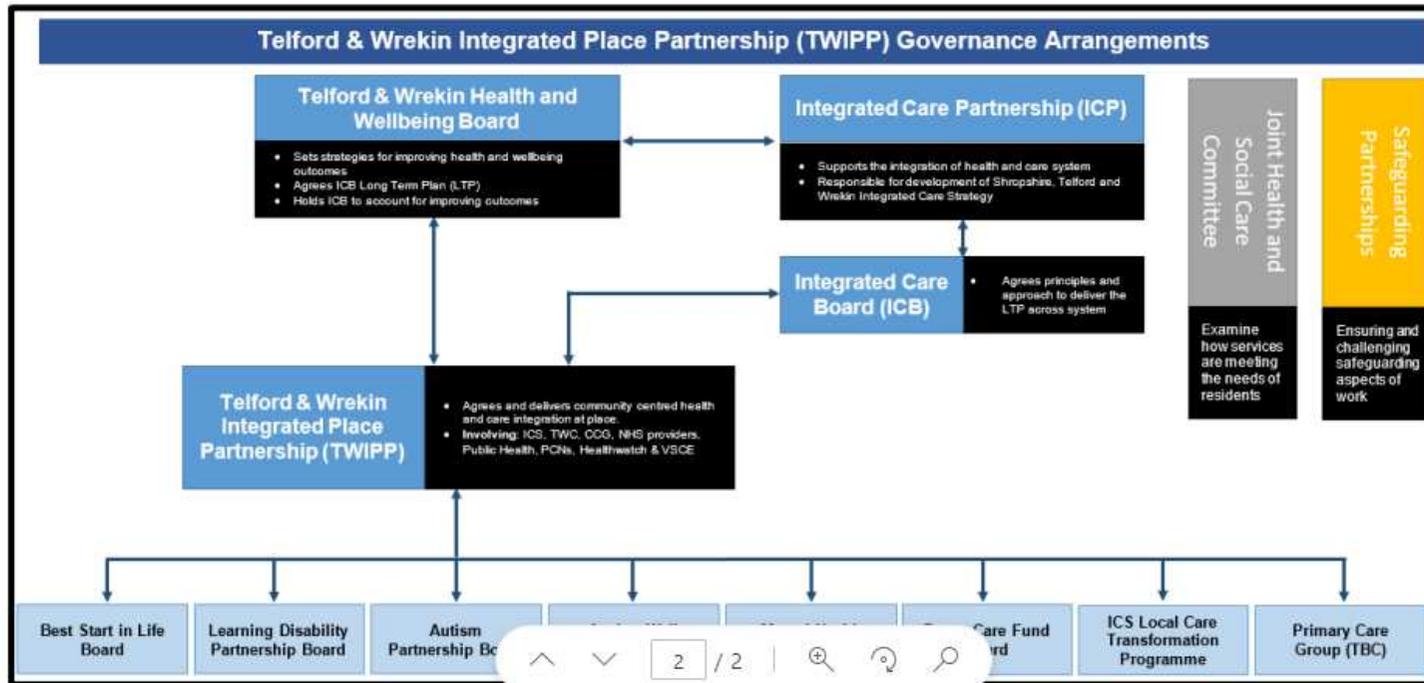


“Working together for children, young people and adults in Telford and Wrekin to enable them to enjoy healthier, happier and more fulfilling lives”



| | Start Well | Live Well | Age Well | Areas of focus |
|--|------------|-----------|----------|---|
| 1. Population Health Supporting people to be healthier for longer with a focus those who have the greatest need, whilst maintaining an effective universal offer for everybody | | | | Reducing preventable diseases (coronary heart disease, diabetes and cancer) through early diagnosis, immunisations, screening and improving the reach of services |
| 2. Prevention and Early Intervention Working with people, families and carers to proactively prevent, reduce and delay reaching crisis and needing to access health and care services. | | | | Accessible information, advice and guidance Proactive Prevention approach Local prevention and early intervention services |
| 3. Integrated response to inequalities Working together to tackle inequalities - ensuring reducing inequalities is embedded in our strategic decision making, investment decisions and service delivery. | | | | Healthcare inequalities – including the Core 20Plus5 programme Reduce barriers to access (e.g. digital poverty and transport) |
| 4. Working together stronger Delivering joined up, high quality, accessible health and care services which connect and empower children, young people and adults to stay healthier and more independent for longer | | | | Best start in life including healthy pregnancy and delivery Transition to adulthood Learning Disability, Autism and Mental Health Older adults and dementia Local Care Transformation Programme |
| 5. Primary Care Integration Working together to support our Primary Care sector to meet demand and provide high quality accessible services. | | | | Supporting the development at place of the four primary care pillars highlighted in the Fuller report Access to primary care |

| | | | |
|--|--|--|---|
| Place based delivery partnerships | <ul style="list-style-type: none"> • Best Start in Life Board • Learning Disability Partnership • Autism Partnership • Ageing Well Partnership | <ul style="list-style-type: none"> • Mental Health Partnership • ICS Local Care Transformation Programme Board • Better Care Fund Board | <ul style="list-style-type: none"> • Primary Care Group (TBC) |
| System Priorities | <ul style="list-style-type: none"> • Prevention • Transforming Clinical Pathways | <ul style="list-style-type: none"> • Hospital Transformation Programme (HTP) • Local Care Transformation Programme | <ul style="list-style-type: none"> • Workforce • Value for money |
| Our Enablers | <ul style="list-style-type: none"> • Workforce • Population and Business Intelligence • Digital and Technology Enabled Care | <ul style="list-style-type: none"> • Housing, Estates and Planning • Finance • Commissioning | <ul style="list-style-type: none"> • Quality Assurance • Communication and Engagement |



Telford and Wrekin Health and Wellbeing Strategy

Telford & Wrekin Health and Wellbeing Board is refreshing its strategy priorities and the updated strategy will be approved in June 2023. The priorities proposed (below) are based on engagement and insight with our residents and intelligence from the Joint Strategic Needs Assessment on local health and wellbeing outcomes and inequalities gaps.

As well as key local health and wellbeing challenges, the priorities recognise the wider determinants of health, including housing and homelessness, economic opportunity – poverty, employment and the cost of living, and the impact of living in our communities. The life course approach provides the opportunity to identify key improvements needed to improve outcomes for residents at all stages in their lives.

Delivery of these health and wellbeing strategy priorities is steered and overseen by the Telford & Wrekin Integrated Place Partnership (TWIPP), the Best Start in Life Board and the Community Safety Partnership.

The current strategy is available on [Telford and Wrekin Council’s website](#).

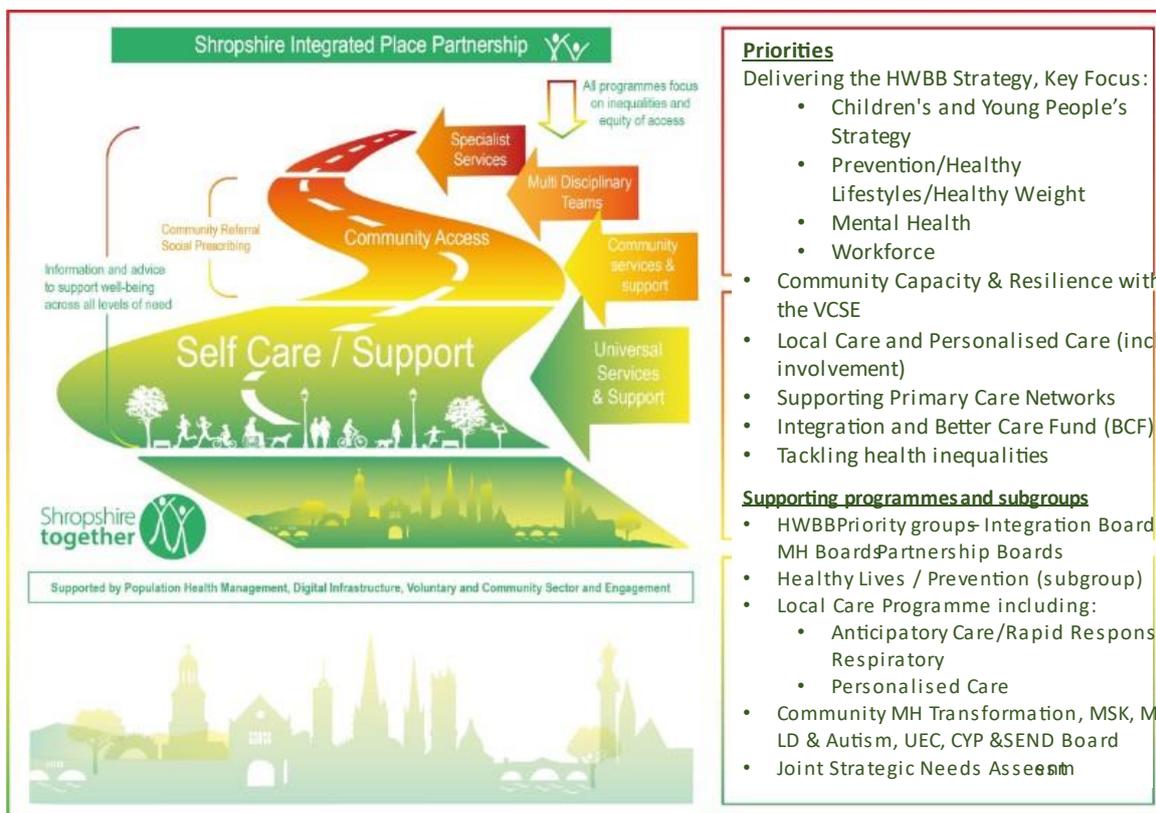


Shropshire Integrated Place Partnership (SHIPP)

As a subgroup of the Health and Wellbeing Board and the Integrated Care Partnership, the Shropshire Integrated Place Partnership (SHIPP) aims to work collaboratively to deliver the system priorities. It does this by working in partnership with shared collaborative leadership and responsibility. Clinical/care leadership is central to the partnership, to ensure that services provide the best quality evidence-based care and support for our people, improving outcomes and reducing health inequalities.

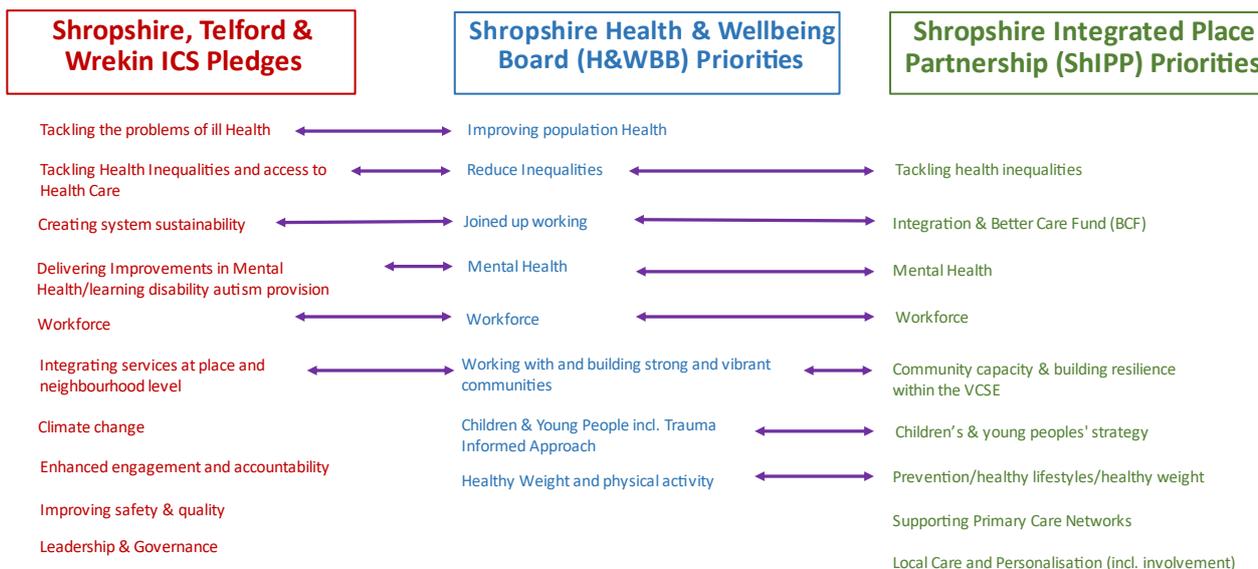
It is expected that through the programmes of SHIPP, and routine involvement and coproduction local people and workforce can feed ideas and information to inform and influence system strategy and priority development.





There is good alignment of our priorities across the system, as evidenced below.

System priorities and linkages across Boards



Medicines optimisation

Medicines optimisation looks at the value that medicines offer, making sure they are clinically effective (that they improve outcomes for the person taking them) and cost-effective (that they represent good use of NHS resources). It is about ensuring that people get the right choice of medicines, at the right time and are engaged in the process by their clinical team (shared decision-making).

The goal of medicines optimisation is to help patients:

- Improve their outcomes
- Take their medicines correctly
- Avoid taking unnecessary medicines
- Reduce waste of medicines
- Improve medicine safety.

The medicines management team works collaboratively with local hospital trusts, specialist services, GPs, community pharmacy and patients in order to achieve these goals. We ensure that medicines prescribed are evidence-based, follow recommended clinical guidelines and provide good value. This helps to ensure that the healthcare services commissioned for our population, are cohesive across all settings, and make best use of medicines.

We have four key work programmes: Medicines Governance, Medicines Value, Workforce Development and Digital.

Medicines Governance

Our system takes an integrated approach to medicines governance and safety and we have a number of committees with membership from all of our providers including primary care and community pharmacy.

Pharmacy Leadership Group

This group consists of the senior pharmacy leaders from each organisation' Here we identify our overarching strategic vision and priorities within our medicines value programmes and our workforce development programmes described below.

Integrated Medicines Optimisation Committee

Medicines and prescribing guidelines are approved for use locally after careful consideration of the supporting evidence at our Integrated Medicines Optimisation Committee. When they are considered to offer clinical benefits over what is already available then they are included on a shared formulary, used by general practice and hospital specialists. Formulary medicines represent the best choice from a value perspective which means that they will achieve the best treatment outcome at the least cost, which is different from simply using the cheapest medicine.

Medicines Safety Programme

System oversight is provided by the Medicines Safety Group (MSG) which is made up of the medicines safety officers from the provider organisations and representatives from primary care, local authority social service departments, and the care home sector. The MSG receives summary reports from all the providers and considers whether medicines safety themes are emerging from routine medicines incident reporting.



This year's three key clinical safety priorities have been identified as anticoagulation, sodium valproate in pregnancy, high dose opioids.

Anticoagulants

As part of the Primary Care Network DES impact and investment fund indicators (IIF) 22/23, there are a number of indicators which relate to Direct Oral Anticoagulant (DOAC) prescribing to support the rollout of this national procurement and the quality and safety monitoring associated with their use. These indicators include a review of patients prescribed medicine combinations that increase the risk of bleeding and ensuring those patients prescribed DOACs are monitored correctly and treated in accordance with clinical guidelines to ensure patients get the benefit from their medicine whilst reducing risks of any adverse effects.

Throughout 2022/23 there has been ongoing practice support, quality and safety work in this area including the collaborative development of supporting guidelines and frequently asked questions as a Midlands region, delivery of education sessions alongside the West Midlands Academic Health Sciences Network (WMAHSN), ongoing weekly safety searches to identify high risk patients for review in addition to supporting data dashboards to highlight priority patients. Ongoing practice support is also being delivered by Medicines Management solutions clinical pharmacy service to conduct clinical and therapy reviews of patients with Atrial Fibrillation, and this work will continue into 23/24.

The Valproate Pregnancy Prevention Programme

This is being implemented to ensure patients of childbearing age have their treatment reviewed annually to consider whether their treatment can be changed to an alternative for epilepsy seizure control or an alternative to mood control in bipolar depression. Sodium valproate has a high risk of causing congenital problems in children born to mothers taking this medicine. This programme has identified all women of childbearing age within Shropshire, Telford and Wrekin and our specialists and GPs are working together to ensure all patients have access to the right support.

High Dose Opioids and Dependence Forming Medicines

Nationally and locally, prescribing of dependence forming medications or medications associated with withdrawal symptoms has seen an exponential increase, albeit there is a place for the prescribing of opioids, gabapentinoids, benzodiazepines and Z-drugs, and as a system we use more high dose oral morphine and dependence forming medications than other areas.

The High Dose Opioids programme began with a launch meeting in November 2022. This focussed on the challenges of reducing the use of high dose opioids by showcasing work that is underway in the South East Shropshire PCN to help patients taper doses and offer acceptance and commitment therapy (ACT) as an alternative to pharmacotherapy, and was the start of a series of continuing focussed education and learning events. Resources such as [‘Live Well with Pain’](#) which stress the importance of mindfulness and self-help techniques to reduce the need for pharmacotherapy are being promoted to support GPs to reduce unsafe use of opioids in pain management.

Changes in prescribing practice at initial consultation and review of treatment can help overcome issues of prescribing outside guidance, over prescribing and risk of dependence and symptoms of withdrawal. Practices have been provided with national data sets and clinical system searches to support with assessing their current prescribing position to determine areas of focused improvement. A system wide collaborative approach has been taken with the implementation of working groups aimed at reviewing, tapering and reducing the prescribing of dependence forming medications and the initiation of opioid containing medications.



Local Commissioned Service – Medicines Safety

In September 2022, the locally commissioned service for the safe prescribing of medicines was launched across all 51 GP Practices. We use a system called ECLIPSE Live Radar to help practices to identify patients at risk of harm from medicines.

This service supports GP practices with their systems for safe prescribing ensuring medicines safety monitoring happens in a timely manner, which reduces the risks and volume of medicine related hospital admissions. Since the advent of this new service there have been improvements with a marked reduction in the volume of Admission Avoidance Alerts seen.

Medicines Safety in Care Homes

Recent advancements in the reporting capability for medication related incidents have been made via an electronic secure web-based form. This enables care settings to have direct access to the Ulysses incident reporting system via a web-based link, allowing medication related incidents to be reported directly onto the system ensuring accurate, first-hand information is reported. With training, guidance and support, access to this incident reporting process and system has been rolled out to Telford and Wrekin care settings, with a further roll out to Shropshire care settings from May 2023.

Use of the Ulysses system will allow for trends and themes to be identified improving patient safety and inform medicines training and learning needs within our care settings.

Antimicrobial Strategy – reducing risks from antimicrobial resistance.

Our System Antimicrobial Strategy Group has successfully been developed with key stakeholders participating from across the system. Partners from across sectors including representation from PCN, acute and community trust are in attendance with regional and national updates provided by the Midlands NHS England team. This group aims to ensure patients have access to the right antibiotics at the right time whilst reducing inappropriate prescribing of antibiotics where they are not necessary.

The system antimicrobial strategy is currently being developed with a focus on diagnostic and stewardship strategies for primary care, behaviour change incentives such as CQUINS in secondary care and the creation of public information and engagement pieces to ensure the widespread communication of antimicrobial stewardship. The group are also in the early stages of developing an infection prevention control and antimicrobial stewardship training matrix to ensure the ongoing professional development of clinicians.

The group have been instrumental in ensuring that appropriate antimicrobial stewardship has been implemented in the newly created pathways for intravenous antibiotic administration under the virtual ward. The group will now ensure that all providers and sectors in our system co-create and regularly update universal antimicrobial guidelines. The group utilises both national guidance and local microbiological intelligence to ensure resistance patterns are accounted for and guide local prescribing to keep antibiotics working for longer.

Medicines Value Programme

The demand for healthcare is increasing due to a growing and ageing population. There are also newly emerging, highly effective treatment options continually being developed and made available to the NHS, advancing patient care and improving clinical outcomes. These new treatment options also present financial challenges, as often newly developed medicines are costly. As a result, the NHS increasingly faces challenges when trying to enable people to access treatment that is clinically



effective, based on the latest scientific discovery, at as low a price as possible. This describes medicines value.

Throughout 2022/23 the Medicines Management team has been working on a number of key Quality Innovation Productivity and Prevention (QIPP) programmes to continually support and deliver the medicines value agenda including:

- Cardiovascular disease (AF, lipid management, heart failure)
- Cost-effective medicines
- Clinical decision support software systems (CDSS)

Cardiovascular Disease

Continued work has been ongoing to support the NHS Long Term Plan in reducing cardiovascular deaths. Further work has been conducted on optimising the existing treatment of patients with Atrial Fibrillation (AF) in addition to commencing new treatment for patients with AF that were previously untreated, reducing their risk of stroke. There has also been an ongoing focus on lipid management across Primary Care, with NHS Shropshire, Telford and Wrekin recently being successful in being awarded a grant bid for funding via The National System Transformation Fund (STF). This will enable work to continue into 2023/24, with a focus towards practices where health inequalities may be present and have outlier data in relation to cardiovascular outcomes.

With recent emerging evidence and guidance around the use of a new class of medicines to improve the outcomes of patients with Heart Failure, Diabetes and Chronic Kidney disease, medicines management have worked with specialist clinicians at the Shrewsbury and Telford Hospital NHS Trust to develop guidance to support the implementation of these new treatments across the system. Across 2022/23 there has been a 44% growth in prescribing of these medicines. Part of medicines management role is to ensure these medicines are available to the right patients at the right time, ensuring best use of medicines and value from these treatments.

Cost Effective Medicines

Throughout 2022/23 the Medicines Management programmes are forecast to deliver £1.89million cost-efficiencies for the system. This continued work is essential for ensuring the system can continue to invest in these new, advanced and innovate medicines and technologies for patients.

Clinical Decision Support

Following a successful procurement process, we have moved to a single prescribing decision support system, with all GP practices now with this in place. This advises GPs on clinical, safety and cost-effective medicines choices at the point of prescribing. Scriptswitch continues to deliver significant prescribing efficiency savings, with this year being no exception, with savings of £500,000 forecast to be delivered for the full financial year.

Environmental Impact of Medicines ('Green' medicines)

Respiratory inhalers are responsible for 3% of the NHS carbon footprint. Most of these emissions come from the propellants used in metered dose inhalers (MDIs) to deliver the medicine, rather than the medicine itself. To further support the ICB green inhaler plans, the respiratory section of the local health economy net formulary was revised with the incorporation of a traffic light carbon footprint key on each inhaler to highlight its carbon emission. The asthma treatment guideline has been developed with the support of clinicians across the system as part of our commitment to the Integrated Care



System Green Plan to build a more sustainable NHS and reduce the negative impact the NHS has on the environment for the emissions it controls directly and those it has influence on.

Data available from OpenPrescribing shows that NHS Shropshire, Telford and Wrekin is currently achieving the lower threshold target as at December 2022 at **21.05 kgCO₂e** compared to same period December 2021, **24.89 kgCO₂e**. This work will continue in 2023/24 for both reliever and preventer inhaler to further reduce the environmental impact of inhalers prescribed in Shropshire, Telford and Wrekin.

The key theme this year, on this sustainability workstream on improving the management of respiratory conditions, is to reduce the overuse of short-acting beta2 agonists (reliever inhalers), using lower carbon alternatives where clinically appropriate and safe disposal and reduction on medicine waste. We have active public engagement and awareness campaigns. The medicines management team participated in the last Shropshire Goes Green exhibition, climate and sustainability festival, held last September. Patient engagement promotion tools are being promoted via social media channels to help communicate and educate our patient population about some of the changes to their medicines.

Choose a greener inhaler and help tackle climate change

NHS Shropshire, Telford and Wrekin are supporting the roll-out of environmentally friendly, greener inhalers.

Patients will be prescribed Salamol® (Salbutamol) metered dose inhaler (MDI) instead of Ventolin® (Salbutamol) MDI. Salamol® works just as well and in the same way, but has smaller amounts of powerful greenhouse gases to deliver medication into your lungs.

By making this change, you will be helping us in building a more sustainable NHS.

Salamol® (Salbutamol)



200 doses = 

CO₂ equivalent to a 33.0 mile petrol car journey

33.0
mile petrol
car journey

Ventolin® (Salbutamol)



200 doses = 

CO₂ equivalent to a 75.0 mile petrol car journey

75.0
mile petrol
car journey

For more information, speak to your local community pharmacy or healthcare professional at your next review.

Don't forget to recycle your used inhalers at your local community pharmacy!

Stay in control of ASTHMA

Are you having more than six Salbutamol inhalers prescribed in a year?

Overreliance on your reliever inhaler is a sign of poor asthma control.

Speak to your GP or healthcare professional at your next review.

Don't forget to recycle your used inhalers at your local community pharmacy

Pharmacy Workforce

Recruitment and retention of pharmacy professionals is challenging in community pharmacies, hospital pharmacies and within GP practices nationally and locally. Demand for pharmacist roles is growing faster than the available workforce can support. Promoting pharmacy as a profession and supporting our existing workforce with education and training is a key focus across our whole system.

The STW Pharmacy Technician Leadership Group have been pro-actively promoting the pharmacy technician profession; producing a campaign for National Pharmacy Technician Day in October 2022 showcasing the interesting and varied careers available across all sectors in our system, and attending careers events across the county such as the ICS Apprenticeship, Employment and Skills Show.



Earlier this year, the Medicines Management Team created a Primary Care Pharmacy Professionals Forum to support pharmacy staff in the new Additional Roles Reimbursement Scheme (ARRS) in Primary Care Networks (PCNs). The forum has provided peer support and training and education sessions for the pharmacy professionals in these roles. The team assisted the Training Hub with recruiting a Pharmacy Facilitator, who will lead the forum and support with training and education of the PCN pharmacy workforce going forwards.

Community pharmacy teams make a significant contribution to the care of Shropshire Telford and Wrekin residents. The Medicines Management Team continues to support these community pharmacy professionals and their unique skills in the delivery of clinical services in the community. In order to achieve more effective working and improved outcomes, a deep level of integration between community pharmacy and the rest of the health service is needed. An ICS wide Community Pharmacy Clinical Lead has been appointed to lead on this integration by creating strong links between community pharmacies, GP practices and hospitals.

This year, the team has worked to increase the utilisation of the Discharge Medicines Service (DMS), Community Pharmacy Consultation Service (CPCS), and Community Pharmacy Blood Pressure Check Service (CP BPCS). The availability of these services in community pharmacy improves patient choice, widens access, reduces admission rates, and improves system capacity. By creating links between community pharmacy, GP practices, hospitals, and NHS 111 a greater uptake of these services has been achieved. Alongside these national services, the locally piloted Oral Contraceptive Management Service (OCMS) allows women to obtain further supplies of oral contraceptives from community pharmacies without a prescription. Further local community pharmacy clinical services are under development such as the Community Pharmacy Independent Prescriber Pathfinder Programme. This programme will allow treatments for minor ailment and preventative medicine to be delivered more effectively from community pharmacies, once again widening access and improving capacity.

A continuation of this work over the coming years, along with an increased focus on integration, upskilling and workforce planning, will prepare the pharmacy workforce to carry on delivering innovative clinical pharmacy services in a sustainable manner.

Digital

Implementation of the Vista risk stratification software system within ECLIPSE has increased data intelligence through the extraction of Hospital SUS data which provides GP practices with significant insight for enhanced clinical pathway management, transforming patient analysis to identify high risk patients at increased risk of harm. These patients can then be reviewed to ensure they have the right medicines, and that they are being used effectively and safely.



Environmental matters

Sustainable Development

As an NHS organisation and spender of public funds, we have an obligation to work in a way that has a positive effect on the communities for which we commission and procure healthcare. Sustainability means spending public money well, the smart and efficient use of natural resources, and building healthy, resilient communities.

By making the most of social, environmental and economic assets, we can improve health both in the immediate and long term, even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

The NHS has now set itself a much more ambitious target to become net carbon zero by 2040. Just one year after setting out these targets, the NHS has reduced its emissions equivalent to powering 1.1 million homes annually. NHS Shropshire, Telford and Wrekin ICB has accepted this challenge and established a Climate Change Group to work across organisations to deliver an ICS Green Plan which was approved by the shadow Shropshire, Telford and Wrekin ICB in April 2022. More information on these measures is available on the [Greener NHS website](#).

NHS Shropshire, Telford and Wrekin has started a process in 2022/23 to identify suitable estate to consolidate its staff onto one site that meets modern building standards, with lower running costs and a better environment to support staff to work in an agile way which will assist in meeting the NHS net carbon zero target. It is expected that this process will be fully realised in 2023/24.

Energy and Utility Costs 2021/22 and 2022/23

The ICB does not own or have control over any estate, other resources, natural capital or landowning that require reporting in this annual report.

Energy

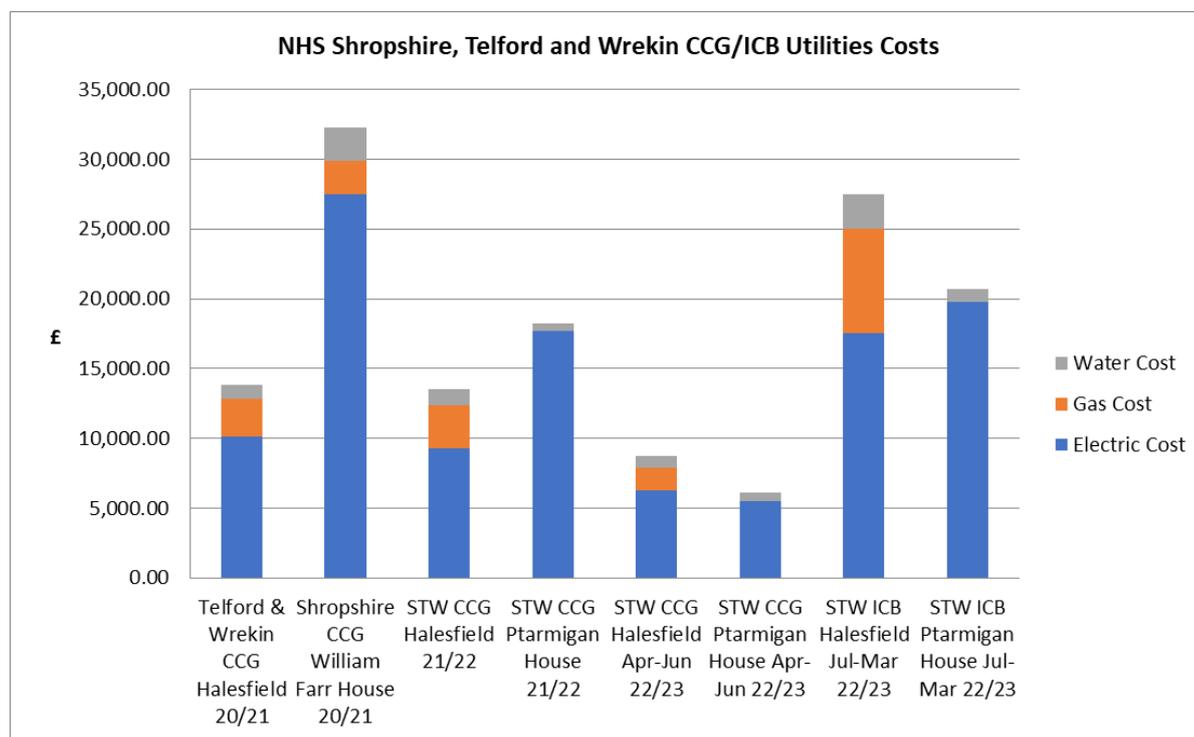
The graph below shows the position for the nine months to 31st March 2023, with comparative information for previous accounting periods of the predecessor organisation; NHS Shropshire, Telford and Wrekin CCG in 2021/22 and the two separate CCGs; NHS Shropshire and NHS Telford and Wrekin in 2020/21.

In 2020/21 two sites were occupied by the then separate CCGs, Shropshire CCG at William Farr House and Telford and Wrekin CCG at Halesfield. In May 2021 following the two CCGs being dissolved, a single CCG was created and staff based at William Farr House were moved to a new site at Ptarmigan House. From 1st July 2022 the CCG transferred all of its operations into the new ICB.

The graph below shows there has been a similar level of usage of energy at the Halesfield site in water costs, gas and electricity costs between 2020/21 and 2021/22. Two accounting periods in 2022/23 for the two different organisations also make it difficult to draw direct comparisons with 2021/22.



The landlord of Ptarmigan has been unable to provide the energy usage data for the building, so we are unable to make any direct comparisons with prior year figures and evaluate the impact of the relocation from William Farr House to Ptarmigan House.

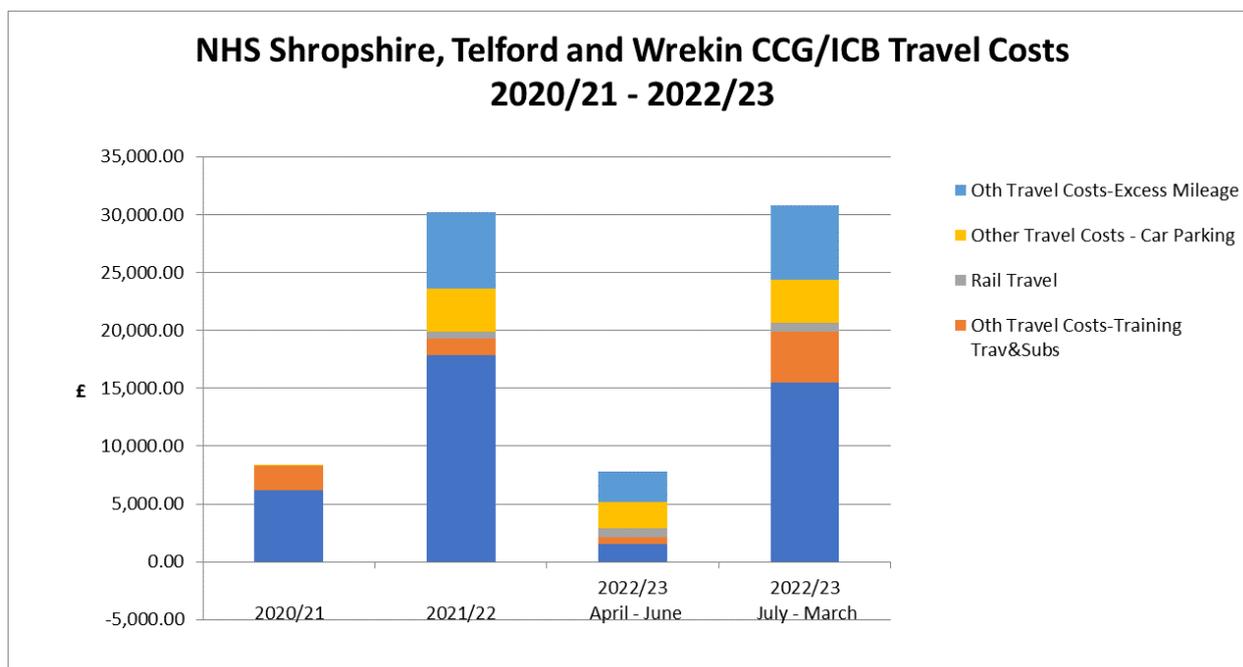


Travel

The graph below shows an increase of travel costs from 2020/21 which reflects the relaxing of COVID 19 restrictions nationally. To support staff, the ICB has developed an agile working policy, which has enabled staff to continue to work from home wherever possible, to reduce staff travelling and enable them to have an improved work life balance.

The ICB does not own, hire or lease car fleets and none of our travel costs include any flights, either international or internal within the UK.





Consumables and waste management

During the period 1st July 2022 to 31st March 2023 the ICB used a total of 340 reams of paper, this is in comparison to a 75% proportion of 162.25 reams of paper from the total of 217 reams of paper used by the ICB's predecessor; NHS Shropshire, Telford and Wrekin Clinical Commissioning Group in 2021/22. This increase reflects the fact that more staff are working from the office following the relaxing of home working requirements which were put in place in response to the Covid pandemic.

Contracts for waste are overseen by landlords of each of the properties where ICB staff are based and so the ICB does not have access to waste management information for reporting purposes.

Procurement

The ICB through its procurement processes, ensures that all tenders issued have a sustainability clause included, and since the beginning of the year all authorities have to include social value (which encompasses sustainability) in their tender evaluations (minimum weighting of 10 per cent). Clause SC18 Green NHS and Sustainability is in the NHS Standard Contract 2022/23 Service Conditions which the ICB uses to contract for its services.

Efficiency programme

In order to fund increases in activity, demography and any additional cost pressures, the ICB will need to deliver recurrent efficiency plans year on year.

As part of the development of the system financial sustainability plan, the aim is that in 2022/23 all system organisations work to deliver a 1.6% internal efficiency target. For the ICB, this equates to a £7.3 million efficiency target. On top of this, the ICB is also working with healthcare system partners on the system transformation programme to meet a further savings target of £1.361m.



Improve quality

NHS Shropshire, Telford and Wrekin works with partners to improve quality of services and organisations. The Quality governance Structure of the ICS and quality function of the ICB works with organisations and senior leaders and the Care Quality Commission (CQC) and other external partners to address areas where quality improvement is required and where CQC have found concerns.

Current CQC ratings and conditions/concerns are listed in the table below.

| Organisation | Rating | Conditions |
|--|------------|---|
| Shrewsbury and Telford Hospitals NHS Trust (SaTH) | Inadequate | 1 condition relating to Regulated Activity : “Assessment or medical treatment 4 conditions relating to Regulated Activity : “Treatment of disease, disorder and injury” |
| Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) | Good | None |
| Midlands Partnership NHS Trust (MPFT) | Good | Section 29A issues November 2022 |
| Shropshire Community NHS Trust (SCHT) | Good | None |
| Severn Hospice | Good | None |

NHS Shropshire, Telford and Wrekin supports workstreams to improve and address areas of concern. In 2022/3 the following areas of collaborative work with partners has been undertaken

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

- Supported in the removal of NHS Undertakings related to inadequate infection prevention and control infrastructure through joint leadership with NHSE. NHS have reduced their monitoring of IPC from intensive to routine.

Shrewsbury and Telford Hospitals NHS Trust

- Through ICS PeoLC steering group driving up quality of out of hospital care and processes to reduce hospital attendances at end of life and supportive of SaTH internal action plan. NHSE Midlands have reduced monitoring from intensive to routine monitoring.
- The ICB is part of immediate escalation process and works with the system and MH collaborative to ensure safe care at SaTH and appropriate Tier 4 bed.
- The ICB co-chairs the SaTH Quality Oversight Committee monthly and contributes to discussion on how to progress.
- UEC plan revised and continuously monitored Quality and Performance Committee and the and Urgent Care Board.



- ICB Quality Team identified differences at ED departments and made recommendations to improve the environment. Business case now reported by the Shrewsbury and Telford Hospital NHS Trust as approved. Progress monitored via action plans.

Midlands Partnership NHS Trust

- Supports current plan to improve restrictive practices, assessment prior to home leave and risk of self-harm though peer review.

Increasing focused support to the Shrewsbury and Telford Hospital NHS Trust to address the concerns of the section 31 relating to the treatment of children and young people with acute mental health conditions as well as sustaining and continuing existing support, where relevant, is a priority going in to 2023/24. In addition, as the cost of running care agencies and homes increases maintaining in a high standard of care though private providers is essential and partnership working with local authorities is underway to have a shared approach risk in this area, for example infection prevention and control post-pandemic, falls management and the deteriorating resident.

Learning from deaths (LeDeR programme)

NHS STW is fully committed to the Learning from the Lives and Deaths of People with a Learning Disability and Autistic People (LeDeR) Programme which aims to improve care, reduce health inequalities, and prevent people with a learning disability and autistic people from early deaths. To improve the timeliness and quality of reviews a new contract was put in place with Southwest and Central CSU (NHS SW&C CSU) to undertake the reviews followed by a further addendum due to the inclusion of autism resulting higher than predicted numbers. The inclusion of autism as well as NHS SW&C CSU staffing challenges had led to a slower recovery with the ICB performance now standing at 93%, short of the nationally expected 98%, but with an improving picture and recovery plan.

LeDeR is regularly reported to the System Quality Group and promoted amongst partners. Learning from LeDeR has also been shared with Local Governance Group and LeDeR Steering Group which include those with lived experience. There has been positive learning and areas of local challenge and improvement, see table below.

| Areas of good practice identified from LeDeR reviews | Key learning points of feedback to health and care partners. | Areas requiring improvement identified from LeDeR reviews |
|---|---|--|
| <ul style="list-style-type: none"> • Well-coordinated care between services providing care, MDT meeting shared decisions. • Evidence of good access to specialist health professionals for people with epilepsy and dysphagia and support from the LD specialist team. • Some examples of very good hospital passport use. | <ul style="list-style-type: none"> • Importance of promotion of healthy lifestyle for those with weight management problems • Reasonable adjustments are needed to support better screening and improve access to health and social care services. • Access to routine Annual Health Checks needs further improvement. • Tools to support the identification and treatment of pneumonia | <ul style="list-style-type: none"> • Accessing information/records on time from GPs, secure services and archived records from providers. • Get the Structured Judgment Reviews (SJRs) completed on time. • Timely access to safeguarding investigations outcomes and reports. • Ensuring that all cases for people with autism are reported and for those people with |



| | | |
|--|---|---|
| <ul style="list-style-type: none"> • End of life care in respite and hospice was very good. | <p>including aspiration pneumonia are required.</p> <ul style="list-style-type: none"> • To involve more families in decisions about care and treatment. | <p>learning disabilities from ethnic minority groups.</p> |
|--|---|---|

The Local Area Contract has included all deaths caused by respiratory problems, sepsis, cancer and epilepsy to be all considered as focussed reviews in relation to themes of local area due to low numbers of ethnically diverse communities in Shropshire Telford and Wrekin.

ICS quality developments

The Shropshire Telford and Wrekin Intergrated Care System's quality function, with leadership from NHS STW, uses the NHSE publication on Quality Function and Responsibilities (NHSE, January 2022) as its framework. Strategic quality requirements during 2022/23 have been undertaken though the implementation of national guidance including that on System Quality Groups and risk escalation. These have been fully embedded and utilised with partner support.

Operational quality systems and assurance are in place through close liaison, and integration into quality functions in NHS trusts and at Place as well as through Safeguarding partnerships. Regular reporting against system risks and quality priorities are scheduled at both System Quality Group and the Quality and Assurance Committee of the ICB Board. These include patient safety and patient safety improvement programmes such as the Patient Incident and Response Framework (PSRIF), Learn from patient safety events (LFPSE) and Liberty Protection Safeguards (LPS). Patient safety programmes lead by the quality function of the ICS in 2022/23 have included,

- Quality Improvement project to improve quality of fast-track discharge (rapid home to die)
- Supporting improvements to Palliative end of life care
- Quality Improvement project to improve falls prevention and response
- Quality Improvement project to improve compliance with deterioration training and action in care homes
- Quality Improvement project to establish a meaningful experience of care function of the System Quality Group.

A Patient Safety Specialist (PSS) employed by NHS STW supports the consistent approach to patient safety approach across partner organisations with the newly appointed Director of Quality and Safety. The PSS leads a group of provider PSS who liaise nationally and are jointly leading the changes required to move from the Patient Safety Framework to PSIRF in 2023.

NHS STW was selected as one of five national pilot sites to test the NHSE self-assessment tool to support national guidance on Improving experience of care: a shared commitment for those working in health and care systems (NQB, 2022). Through this the methodology and approach has been critiqued and co-produced and fed back nationally, and this work continues in the 2023/24. Insight and feedback using locally and nationally sourced data has been maintained including themes and trends from NHS-to-NHS concerns. Complaints feed into this, however there is ambition to review complaints across the ICS to get a consistent overview of themes and trends across health and social care. The early communication events with the Experience of Care Group, with people with lived experience, are telling us this is needed.

Through integration with the system governance processes, the effectiveness of quality functions involving Getting it Right First Time (GIRFT), NICE appraisals and guidance and national clinical audits have been assured. Additionally, there is quality representation at all programme boards based on



national evidence, including for example, diabetes, children young people and families, palliative and end of life care.

Discharging Safeguarding responsibilities are monitored through the System Quality Group including the looked after children agenda. Further information on Safeguarding is provided later in this report. In addition, the Child Death Overview Processes (CDOP) are currently under review in the system to ensure they are robust, and have a supportive governance and escalation structure following the formation of the ICS.

Challenges continue and are monitored through a joint quality and performance risk register which forms the basis of the agenda for the Quality and Performance Committee of the ICB Board. Current risks and therefore areas of priority are,

- Improving access to children and young people's mental health services including supporting Shrewsbury and Telford NHS Trust in meeting the requirements of its undertakings in relation to inpatient mental health paediatric care.
- Ensuring safe and effective maternity care.
- Reducing elective delays including imaging and imaging reporting delays.
- Improving the safety and effectiveness of diabetes care.
- Improving the safety of the acute paediatric pathway.



Safeguarding

Safeguarding Children

The Safeguarding Children Team has continued to work in equal partnership with the Shropshire Safeguarding Community Partnership and the Telford and Wrekin Safeguarding Children Partnership (the Partnerships) through attendance at Board meetings and involvement in the continuing work streams of the two Partnerships. This includes:

- Suicide Prevention
- Neglect
- Child Exploitation
- Domestic Abuse
- Preventing Offending
- Domestic Abuse

The recognition of child neglect and appropriate early intervention has been a priority for Shropshire Safeguarding Community Partnership as this was the category with the greater number of children who are the subject of child protection plans. A neglect assessment tool with a ‘Think Family’ approach has been introduced with associated training for professionals across the Partnership and a significant reduction has been noted.

Independent Inquiry Telford Child Sexual Exploitation (IITCSE)

An independent inquiry into child sexual abuse in Telford was commissioned by the local authority and the report from this Inquiry was published in July 2022. The ICB is working with all partners to implement changes in line with the recommendations from this report. A working group is up and running with the Director of Quality and Safety/Deputy Chief Nursing Officer as chair and membership from the local authority and NHS England. A Primary Care CSE self-assessment audit form has been developed to help meet recommendations of the IITCSE report and gain assurance of the awareness of GP practice staff in relation to CSE, with actions fully supported by the ICB with close liaison with Telford and Wrekin local authority.

Children Safeguarding Assurance

Health Providers are asked to complete a quarterly Dashboard which provides data to the safeguarding team to gain assurance that the providers are meeting their responsibilities in relation to safeguarding children and young people. An important part of this dashboard is the assurance that staff are accessing appropriate training in safeguarding children. The table below shows current uptake of safeguarding children training.

| | Level 1 | Level 2 | Level 3 |
|---|---------|---------|---------|
| Integrated Care Board | 87.69% | 92.5% | 100% |
| Shrewsbury and Telford Hospitals | 95% | 89% | 83% |
| Robert Jones and Agnes Hunt Hospital | 95% | 93% | 93% |
| Shropshire Community Health | 97.2% | 95.7% | 92.35 |
| Midlands Partnership NHS Trust | 96% | 96% | 83% |
| Combined average | 94.18% | 93.24% | 90.27% |

The children’s safeguarding dashboards were updated and refreshed for 2022-2023 to include data on supervision for staff and children who were “not brought” for appointments.



Child Safeguarding Assurance visits have also taken place to gather further assurance of child safeguarding arrangements and practice and further improve the safeguarding service provision within the provider organisations. Monitoring of providers safeguarding service improvement following quality assurance visits is via internal provider quality / safeguarding meetings and supervision.

Safeguarding Adults

NHS Shropshire, Telford and Wrekin, along with the Police and Local Authority, are the three statutory partners for adult and children's safeguarding. The partnership approach is pivotal to achieving effective safeguarding, which is delivered in a fully integrated arrangement which reflects the ICS model as articulated in the recent Hewitt Report. For the ICB our partnership with NHS Trusts in ensuring people are safeguarded in health services is pivotal. The governance arrangements continue to be overseen by the independent chairs for Telford & Wrekin and Shropshire, and NHS England consistently rate the safeguarding arrangements as mature.

In the last year, a focus has been on enhancing the safeguarding assurance dashboards that are populated by our NHS Trusts. These provide detailed evidence around key activity to safeguard children and adults with care and support needs. There have been considerable developments in ensuring that workforce training is robust, that specialist safeguarding supervision is taking place and audits are helping demonstrate improvements, such as how the Mental Capacity Act is used to both empower and protect people.

The ICB has worked as part of both locality statutory safeguarding partnerships on several key priority areas for adults including domestic abuse, safer communities/crime, self-neglect and work with vulnerable people to prevent them getting involved in extremism.

Last year's annual report identified two overarching areas of activity. Firstly, preparation for the introduction of the Liberty Protection Safeguards and the ICS continuing to lead the system wide implementation group and ensuring a coordinated response to the draft Code. All partners are producing action plans to aid preparations whilst we await the delayed Government response to the consultation and confirmation of resources. Secondly, there has been a comprehensive audit of the ICB's safeguarding activity, including a re-audit of safeguarding. All actions are now closed, and evidence of full compliance is in place.

A key feature of the safeguarding work this Year has been a series of quality assurance visits. These have highlighted some good work and how vital priorities in the following areas are being addressed:

- MCA and DOLS compliance
- Person centred engagement when safeguarding adults and children.
- Supporting children at risk of exploitation
- Working with the Police when there are concerns about a person's welfare.
- Ensuring staff are receiving training, support and supervision.

Some of the priorities for next year include:

- Work to prepare for the Liberty Protection Safeguards
- Support for those who may be experiencing domestic abuse.
- The new partnership duty to better understand and reduce serious violence.



Emergency Preparedness Resilience and Response (EPRR)

NHS Shropshire, Telford and Wrekin needs to be able to plan for and respond to a wide range of incidents and emergencies which could affect health or patient care. These could be anything from extreme weather conditions, an infectious disease outbreak, a major transport accident, a cyber security incident or a terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act 2004, the NHS Act 2006 and the Health and Care Act 2022. This work is referred to in the health service as **Emergency Preparedness, Resilience, and Response** or EPRR.

A significant change in legislation has meant that in the last 12 months we have become a Category 1 responder. These are those organisations at the core of an emergency response and are subject to the full set of civil protection duties.

The ICB and our providers must now give due consideration to the potential impacts of any proposed service changes on the ability of the NHS to effectively plan for and/or respond to an incident or emergency. A set of core standards has been developed as a formal modelling exercise to identify any potential impact, and clear evidence of mitigating actions planned or undertaken to ensure effective EPRR is maintained for our organisation. Both us and our partner NHS-funded organisations will ensure robust and well-tested arrangements are in place to respond to and recover from emergency situations. The ICB has regularly participated in EPRR activities on a local and regional footprint, including testing and exercising our plans, training and debriefing to ensure all lessons learned are captured and inform improvements to our processes.



Working with people and communities

Working with people and communities in a meaningful way brings many benefits. It increases the legitimacy of decision making, builds the reputation of public bodies, and makes them more accountable and transparent. It is the right thing to do.

NHS commissioning organisations have a legal duty under the NHS Act 2006 to ‘make arrangements’ to ensure that individuals to whom services are being or may be provided and their carers/representatives are involved when commissioning services for NHS patients. For ICBs, this duty is outlined in section 14Z45 of the NHS Act 2006 (and for NHS England the duty is outlined in section 13Q).

To fulfil the public involvement duty, the arrangements must provide for the public to be involved in:

- the planning of services
- the development and consideration of proposals for changes which, if implemented, would have an impact on the manner or range of services, and
- decisions which, when implemented, would have such an impact.

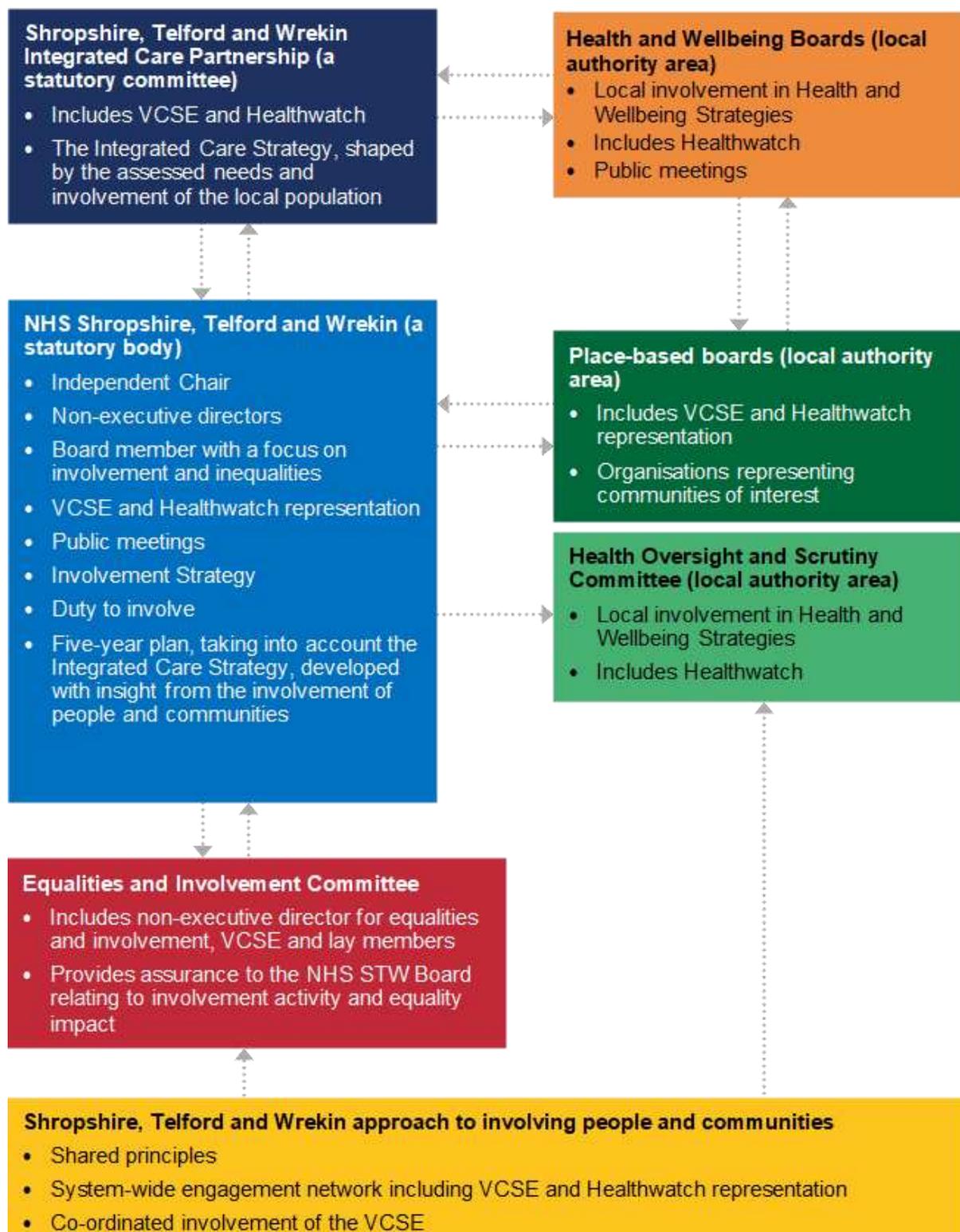
We have made significant steps in developing our approach to involving people and communities but recognise that our approach will be refined over time with further input from our partners and the communities we serve.

To read our Involving People and Communities go to [our website](#).

Governance and assurance information

The infographic below sets out how involving people and communities is embedded in the governance of our system:





Our Integrated Care Strategy and Joint Five Year Forward Plan

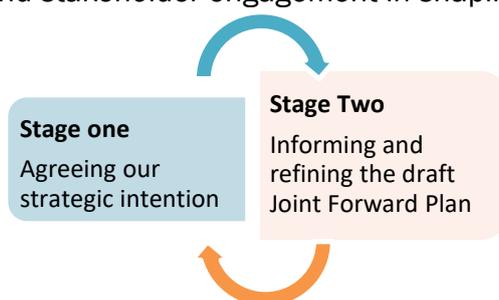
Integrated Care Strategy

A fundamental commitment to this has been development of the STW Integrated Care Strategy. The work, engagement and knowledge of our two Health and Wellbeing Boards have been consolidated as the foundation for further ICS development.

In developing our Integrated Care Strategy and Joint Forward Plan (JFP), we have been taking active steps to strengthen public, patient and clinical voices at place and system level by undertaking robust community and stakeholder engagement.

Stakeholder and public engagement sessions have taken place since mid-2022. Two stages of involvement have been undertaken:

- Stakeholder partner organisational engagement in agreeing strategic intent
- Public and stakeholder engagement in shaping the Joint Five Year Forward Plan.



Joint Forward Plan Engagement

Engagement with patients and our public to inform the Joint Five Year Forward Plan has been facilitated by widespread community-based listening events entitled “The Big Health and Wellbeing Conversations”. We have held public open meetings across the county. We started with identifying key areas experiencing diverse challenges, e.g. having equitable access to local services, areas of deprivation and poor health, rural communities.

Holding public meetings does not reach across with wider communities who use services. Therefore, in addition to the Big Health and Wellbeing Conversation events, targeted engagement with local groups, organisations, and community forums is underway. This approach is particularly important to reach into rural areas that are challenged in terms of transport to access services, engaging with people experiencing health inequalities, and/or living in areas of multiple deprivation and those who are under-represented groups.

We have developed a multi-agency group to plan the community engagement sessions and we have used our collective networks to share awareness of the engagement opportunities.

We have also launched an online survey to seek the views of people across the county and have provided a telephone service to support people who wish to share their views by phone in response to the survey. We have paper copies and a freepost service in place to ensure there are not cost implications to the public in sharing their views.



To support those with literacy barriers, we have easy read formats of the survey and we have linked in with community bilingual outreach services to support the engagement of non-speaking English members of the community.

To find out more about The Big Health and Wellbeing Conversation click [here](#).

Partnership working

A core purpose of the Integrated Care Systems is to work collaboratively to tackle the health inequalities that exist within the system and ensure that access to health care is equitable and open to all.

Integrated Place Based Partnership

The way that health and care is planned and delivered is changing and more joint working is happening locally than ever before. Place-based partnerships are collaborative arrangements that have been formed across the country by the organisations responsible for arranging and delivering health and care services in a community.

In our system, the NHS and council already work well in partnership at a local level and have done for many years. The development of SHIPP and TWIPP is our collective opportunity to build on that and work even closer with communities to improve health and wellbeing.

There are two Integrated Place Partnerships. In Shropshire this is known as SHIPP, and in Telford and Wrekin it is known as TWIPP. Both partnerships involve the NHS, each respective Council, a wide range of voluntary sector organisations and each respective Healthwatch organisation. The SHIPP and TWIPP meetings take place monthly to discuss and focus on key health and care issues.

Focusing on places and neighbourhoods is enabling us to strengthen the way we work with the voluntary and community sector, empowering communities, placing more focus on prevention and supporting people to live well for longer.

We are already seeing great progress, including work around annual health checks for people with learning disabilities, physical care plans for children and young people, approaches to address drug and alcohol dependence, the development of Social Prescribing for adults, children and young people, as well as integrating with Primary Care services.

We are continuing to develop a wide-ranging programme of engagement which enables measurable involvement and ensures that the ICB listens to the views and experiences of our population to influence commissioning decisions.

Involving people and communities in our plans

We oversee a plan for NHS services, informed by the Health and Wellbeing Boards' Joint Strategic Needs Assessments (JSNA) and views and experiences of our residents across the county.

Our plan is influenced by the voice of local people and those experiencing the greatest health inequalities.

We delegate budgets to our two local 'Place-based Partnerships' (Shropshire, and Telford & Wrekin), so that they can determine locally how the money is best spent.



Most of the decisions about spending and services will be made by committees in our local place-based partnerships. Membership includes representation from local people, Healthwatch and the voluntary, community and social enterprise sector (VCSE) as key partners.

We have ten principles for involving people and communities, set out below. These were developed and shaped with partner organisations and residents of Shropshire, Telford and Wrekin.

1. Seek out, listen, and respond to the needs, experiences, and wishes of our communities to improve our health and care services
2. Ensure people are involved in everything we do as an ICS – from an individual’s care, to service design and making decisions about health and care priorities
3. Relationships between our communities and health and care organisations are based on equal partnerships, trust, and mutual respect
4. Use existing and new knowledge about our communities to understand their needs, experiences and wishes for their health and care by developing methods for gaining insights
5. Involve people early and clearly explain the purpose of the involvement opportunities
6. Reach out to and involve groups and individuals who are often seldom heard by working with community partners
7. Make sure the communications and the ways people can get involved are clear and accessible
8. Record what people say and let them know what happened as a result
9. Ensure staff understand the importance of involving people in their work, and have the skills and resources they need to do it
10. Learn from when involvement is done well and when it could be improved.

Whilst we know we have more to do and our approach to involvement continues to evolve, we have made some good progress against these principles.

- **Using existing insight**

Within our Communications and Engagement Team, we have dedicated resource which supports insight and data analysis. This draws together existing insight and intelligence from our communities and partners and Patient Advice and Liaison Service and supports the gathering of further information where needed, to inform decision making, improve quality and patient experience.

We have developed an insight library to host intelligence and insight about communities produced by all our partners. This is accessible to all partners across the system to share insight and help improve and inform involvement activities.

- **Involvement Network**

We have established a system-wide Involvement and Insight Network to map out and identify the existing involvement infrastructure such as which stakeholders, partners, groups and communities we are currently involved with. The network identifies any gaps or groups that are under-represented and seeks to build relationships and connections to encourage their involvement.



This approach reduces duplication across the system, reduces the same groups of people being approached thereby creating consultation fatigue. Importantly, this approach highlights where there are gaps intelligence, or where protected groups have not been engaged. The outcome is ultimately to shape and inform future the communication and engagement plans.

- **Involving people in our programmes of work**

Across our improvement programmes, for example outpatients, eye-care, audiology and the Shrewsbury Health and Wellbeing Hub, we have involved people using multiple approaches, from listening to what people have already told us, surveys (with public input into the design), focus groups, outreach in communities and clinics and patient representation on programme meetings.

Information is offered in alternative formats, and we provide the ability to complete surveys over the phone when people need it.

Through our outpatients programme, people told us that the their needs aren't always understood when it comes to communications and accessing services. We have started working with the parent carer forums and some experts by experience to understand how we can best capture people's needs at the right time to improve their experience of care.

- **Involving People and Communities Workshop**

In February this year, we held a workshop bringing together partner organisations, members of the VCSE and representatives from communities to further develop our approach to involving people.

The purpose of the workshop was:

- to provide an overview of our approach to involvement and the progress we have made
- to identify what works well and what can be improved
- to develop an approach to measuring the impact of involving people and communities.

The outcome of this workshop will be the development of an evaluation framework to measure the impact of our future involvement activities.

- **How we work in Partnership with the Voluntary, Community and Sector Enterprise (VCSE)**

Shropshire, Telford and Wrekin we are fortunate to have two well-established, active and diverse VCSE networks. The sector brings considerable resource as well as influence – there are over 2,000 registered VCSE organisations in the county and over 1,800 small, unregistered community groups and organisations. The sector is a significant part of the local economy, employing approximately 3% of the workforce, with between 21% and 30% of the VCSE already providing health and wellbeing services. It has been described as the 'best first responder' and evidenced its huge influence during the heights of the coronavirus pandemic.

To solidify our commitment to collaborative working, we have co-produced and signed up to a Memorandum of Understanding. The next step was for the sector to develop a VCSE Alliance. The VCCA will include strategic representation from the VCSE sector and will build upon this partnership. This Alliance will be plugged into the governance of the ICB and will provide this crucial representation within major decision-making forums. In those areas of common interest, the two sectors will come together to effectively support each other and maximise all opportunities.



It is recognised that although there have been significant strides taken by the NHS in focusing on early intervention and prevention; it remains by and large a treatment service for people when they become ill. Likewise, since the beginning of the pandemic, health inequalities are widening and the demand on NHS services is relentlessly increasing. By way of combatting these serious issues, it is acknowledged that a new, equal partnership with the VCSE sector holds incredible opportunities. Through this initiative we have the chance to work differently, and more collaboratively, to improve health outcomes and reduce health inequalities for the people of Shropshire, Telford and Wrekin.

The Memorandum of Understanding, the VCSE Alliance, and a new role dedicated to leading this work (the Voluntary Sector Engagement and Partnership Lead) represents a significant opportunity to implement new, innovative ways of working together and to increase the health and wellbeing of the people who live and work in Shropshire, Telford and Wrekin.

How we work with Healthwatch

Healthwatch Shropshire and Healthwatch Telford & Wrekin have been effective partners in contributing to the development of our approach to communicating and involving people and communities. Their role is to provide a voice for local people in the planning and delivery of health and social care services.

To show our commitment to building on the strength of our existing relationship with both Healthwatch organisations, we have co-produced a Memorandum of Understanding (MoU). This MoU sets out how we will work together to achieve our shared ambitions to improve the health and wellbeing of the people of Shropshire, Telford and Wrekin.

Healthwatch Shropshire is currently involved in a pilot to create a self-assessment tool for how we use the experience of patients to improve care. As part of the pilot, we are working with experts by experience from across Shropshire, Telford and Wrekin.

Communicating and promoting opportunities for involvement

We use all our channels to regularly communicate and promote opportunities for people to get involved. This includes using our website, social media, newsletters, local media and partner organisations channels.

Our website is an important tool to inform our various stakeholders about our plans, activities, and opportunities to transform the health and care across Shropshire, Telford and Wrekin.

The new website has been developed through involvement with people from our communities, our staff and partners. The look, feel and content has been informed by what they have told us is important to them.

We created a Get Involved area on the website which includes our approach to involvement, opportunities for getting involved, events, 'you said, we did' and a toolkit we developed to support programme leads to plan and undertake involvement activity. To download the toolkit please click [here](#).

We also promote opportunities such as Healthwatch, Maternity Voices Partnership, Patient Participation Groups and the Patient and Liaison Service.

- **The People's Network**

It is essential that we continue ongoing dialogue with patients, carers and the public. To support this, we are establishing our People's Network. This will primarily be an online engagement and



involvement tool for the community for local residents to have their say about health and care services.

The purpose is to continue to gather feedback on what we do well, what really matters to people, their families and your communities and what improvements could be made to local services.

We are encouraging people of all ages, genders, ethnicities and backgrounds from across Shropshire, Telford and Wrekin to register with the Network. We are raising awareness of the Network at each engagement event we attend, via ICS and partner organisation websites and social media channels.

Working with people and communities – Equality and Diversity

NHS Shropshire, Telford and Wrekin (NHS STW) is committed to promoting equality and diversity and eliminating discrimination as an employer.

What we mean by the term Equality and Diversity

Equality is not about treating everyone the same; Equality means that everyone in the care setting is given equal opportunities, regardless of their background, abilities or lifestyle.

Diversity means that differences between people should be appreciated and people's beliefs, cultures and values should be treated with respect.

The Public Sector Equality Duty (PSED), part of the Equality Act, came into force in April 2011. The PSED has three objectives that public bodies are required to meet and evidence:

1. **Eliminating unlawful discrimination**, harassment, and victimisation. This includes sexual harassment, direct and indirect discrimination on the grounds of a protected characteristic.
2. **Advancing equality of opportunity** between people who share a protected characteristic and people who do not share it. This means:
 - Removing or minimising disadvantage experienced by people due to their personal characteristics
 - Meeting the needs of people with protected characteristics
 - Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.
3. **Fostering good relations** between people who share a protected characteristic and people who do not share it, which means:
 - Tackling prejudice, with relevant information and reducing stigma
 - Promoting understanding between people who share a protected characteristic and others who do not. 'Due regard' is a legal requirement. Having due regard means considering the above in all decision making, including:
 - How the organisation acts as an employer
 - Developing, reviewing and evaluating policies
 - Designing, delivering and reviewing services
 - Procuring and commissioning
 - Providing equitable access to services

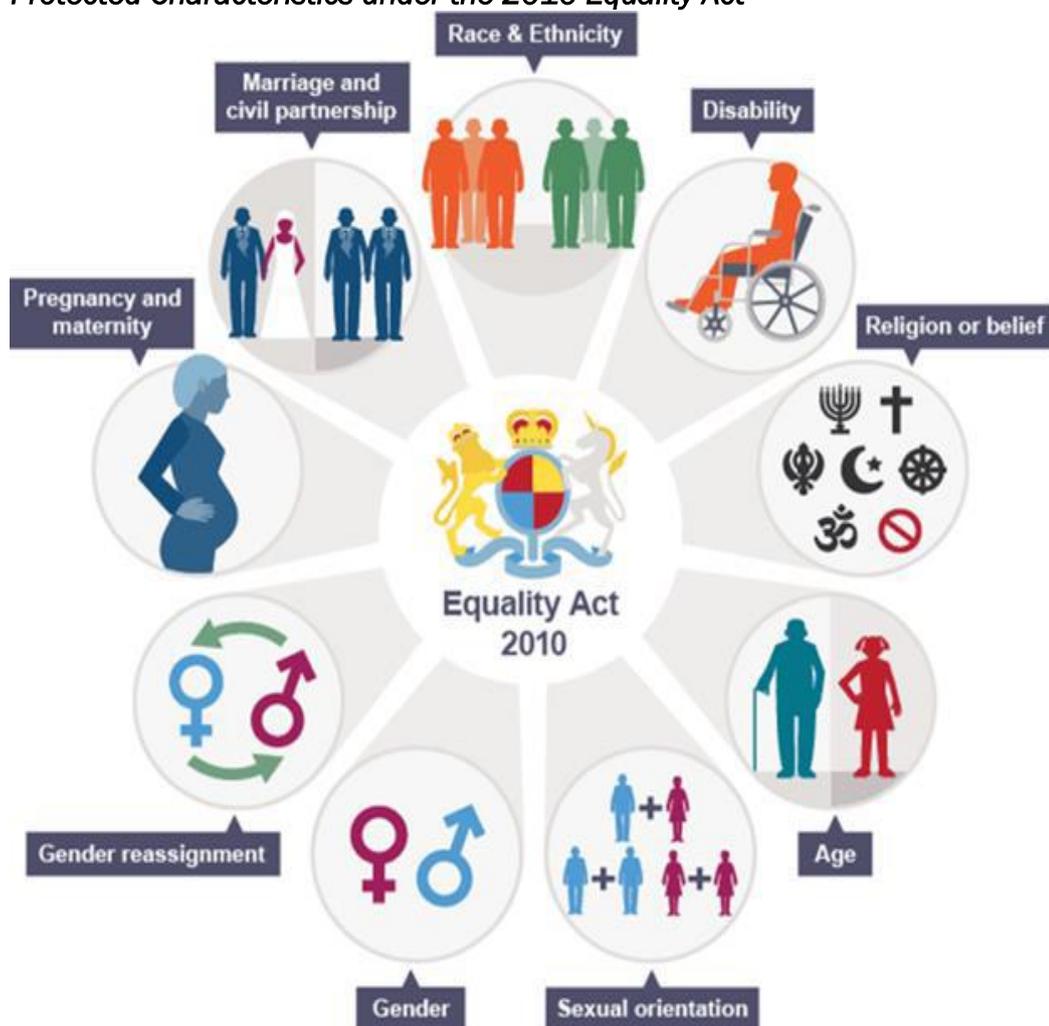


Public bodies should be consciously thinking about the three aims of the duty at all times, which means that equality issues must influence the decision-making process.

However, there is no prescribed process for assessing how and to what extent public bodies are to uphold the PSED.

The duty is designed to ‘protect’ individuals who share certain types of socio-demographic characteristics (protected characteristics) under the 2010 Equality Act. <https://www.legislation.gov.uk/ukpga/2010/15/section/149>

Protected Characteristics under the 2010 Equality Act



The NHS Constitution states that the NHS has a duty to “...pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population”. This is reflected in the Health and Social Care Act 2012, which introduced legal duties to reduce health inequalities, with specific duties on Integrated Commissioning Boards (ICBs) as detailed within the Health and Care Act 2022.

Whilst deprived communities are not defined as a protected characteristic under the Equality Act legislation, NHS Shropshire, Telford and Wrekin follows good practice to include consideration of this



groups when transforming services due to the very well-documented links between socio-economic disadvantage and poorer health outcomes.

Focusing on Equalities and Engaging Communities in Change Programmes

We are committed as an organization to ensuring that the decisions we make fully consider impacts on protected groups and marginalized communities. A strong example of this activity has been the Shrewsbury Health and Wellbeing Hub.

Extensive engagement work has taken place to explore the views of residents and key stakeholder groups on the proposed development Health and Wellbeing Hub. The purpose was to share the opportunity of building a new Health and Wellbeing Hub and the potential services that could be co-located within. This included six GP practices, community services, out-patients, diagnostics and other NHS health services. In addition to third sector and Local Authority services (for example, social care and housing support). This will help to support the wider determinants of health across the region.

Patients and the public have been engaged over the past year and their views sought on the proposals. This has been through listening events, telephone interviews, online surveys, attending practice PPG's meetings, dedicated mailouts to all registered patients, information left at each practice. Clinical engagement with practices and provider partners.

A review of the engagement was undertaken to assess reach and identify areas of under-represented public views.

The gap analysis has enabled the ongoing targeted engagement of:

- Young people (16-24)
- Older people (8-+)
- Carers
- Disabled people
- Ethnic minorities
- Veterans
- Expectant and new parents

Formalising Engagement Channels

A Stakeholder Reference Group has been established acts as a critical friend to the Programme Team, including the communications and engagement activity, and specifically will inform consultation materials. Membership of the group comprises:

- Patients (with a range of protected characteristics)
- Practice managers
- A member of the practices' Patient Participation Group (PPG)
- Local councillors
- Local Healthwatch organisations
- The local LPC (Local Pharmaceutical Committee)
- VCSE
- Organisations who work with young people
- Organisations who work with older people
- Local Council reps working in engagement and feedback teams



What have patients and the public influenced

- The long list of potential options other than the developing a hub
- Criteria for site options appraisal
- Informed on 47 local sites to be included in appraisal process
- The future service model/configuration of services co-locating with the six practices
- Preferred site location will be informed by Stakeholder Reference Group

Robust Planning of Equality and Health Inequalities

Integrated Impact Assessment (IIA)

Shropshire Telford and Wrekin (STW) ICS has developed a system wide, standardised Integrated Impact Assessment (IIA) process to help partners consider these impacts, covering all stages from service development, service redesign, pre-consultation through to post consultation and decision making.

The IIA framework has been developed in conjunction with system partners, testing each stage of the development in terms of pragmatism of what required to be included in the IIA and how this relates to what system partners will need to adapt to. How commissioners and providers can effectively utilise the IIA to assist their plans for change and identify the negative and positive impacts of change.

The IIA requires programme owners to also assess their proposals with regards to socially excluded groups, climate change, health impact, patient/client/staff experience, quality of care, and workforce.

The purpose of the IIA is to:

- Identify the positive and any negative impacts for the local population as a result of the proposed change or new service.
- Identify which (if any) of the protected characteristics groups are more likely to be affected by the proposals due to their propensity to require different types of health services and what these impacts will be
- Identify the impact on staff from equality and protected characteristic groups
- Identify the impact that the proposals may have on a set of societal considerations, including climate change and social inclusion
- Develop an overall set of integrated conclusions on the comparative advantages and disadvantages of the different options
- Provide recommendations on ways in which positive impacts can be maximised for the population and for those with protected characteristics and ways in which to mitigate, or minimise, any adverse effects.

At an overall level, the framework seeks to:

- Deliver accessible and responsive services to customers and residents in their communities including those from protected characteristics
- Employ a workforce that reflects the diversity of the area they are serving
- Provide equality of opportunity for all staff
- Meet the requirements of the Public Sector Equality Duty (Section 2.2)



An IIA also offers mitigating actions and potential solutions to these challenges, founded in data insight and primary research.

The IIA process has three core stages, an initial screener tool, a Baseline Equality Report, and a full Integrated Impact Assessment. Upon completion, the programme/project will have fulfilled its statutory requirements regarding equality.

Previously, a statutory body may have carried out multiple assessments when reviewing options to make changes to a service. An IIA is a holistic framework which ensures that new policies and programmes have been considered through not only an equality lens, but also economic, environmental and health inequalities.

The IIA approach will be required in any project in which services or policies are being developed, redesigned or changed. As the approach is divided into four stages, it will need to be mapped against the timeline of the project and the activities for each stage should be built into the timeline.

Assuring our Engagement and Involvement Plans

The Equality and Involvement Committee (EIC)

The EIC has been established to provide assurance to the NHS STW Board that its strategies, plans, service designs and policy developments have adequately and appropriately:

- Considered and addressed the health and care needs and aspirations of residents in Shropshire, Telford and Wrekin who do, or may, experience inequalities in access to health services and health outcomes.
- Involved people who do, or may, use the services under consideration.

The committee reviews completed Integrated Impact Assessment Screener Tools to decide whether commissioners/providers have sufficiently scoped potential negative impacts on any protected characteristics and considered how they will involve people in the development of their plans.

In assessing how adequately and appropriately health equality and involvement has been considered and addressed, the EIC pays particular attention to the main duties on NHS bodies to make arrangements to involve individuals, their carers, and representatives, as set out in the National Health Services Act 2006 and amended by the Health and Care Act 2022:

- section 14Z45 for ICBs
- section 242(1B) for NHS trusts and NHS foundation trusts.

As well as other relevant legislation including, but not limited to, the Equality Act 2010.

The membership of the committee is comprised of:

- 8 to 10 Appointed Public Members to include representation from the voluntary and community sector
- Telford and Wrekin Council Public Health specialist
- Shropshire Council Public health specialist
- Other officers with specific expertise as required



- NHS STW Adviser on Equalities and Involvement.

Impact and Involvement plans reviewed to date:

- The development of the Integrated Impact Assessment
- Health and Wellbeing Hub
- Hospital Transformation Programme
- Local Care Programme
- Joint Forward Plan/Big Conversation Engagement
- Muscular Skeletal Service Change Programme

Supporting and pushing the boundaries to engage with under-represented groups

Understanding the wide range of people and their circumstances who use health and care services, is essential in ensuring our provision is responsive to the needs of people who may be vulnerable, at risk, and/or marginalised by volume compared to the wider population's health needs.

Those cohorts of residents are often not visible in regard to engagement and involvement activity. They rarely influence how services are shaped and delivered; share what their experience of using services has been or tell us what went wrong and where we need to improve.

Engagement with those groups must be tailored. We need to work in partnership to agree the most appropriate methods to in-reach to those individuals. We need to plan who from our partner network who can support this process having a trusted relationships already in place.

We need to consider the communication materials that are produced and that they are accessible to a wide range of needs. This can be supported with forward planning and the provision of easy read materials, large print, audio, translated languages. We do provide those offers but we need to work harder to ensure those who are very infrequently engaged have access to them.

Our approach is bringing together partner organisations to help our engagement to be customised and responsive in our communication. We need partners to sense check communication materials for suitability to the cohorts of people their organisations support. For example those with a learning disability, literacy barrier, sensory impairment, are non-English speaking etc. We work closely with Healthwatch organisations to sense check communication collateral.

To tailor our approach, we will include those detailed below and continue to have robust links with organisations who support those individuals.

- Homeless
- Gypsy and traveller families
- Asylum seekers/refugees
- Unpaid carers
- Mental health and physical disability
- LGBTQ+
- Services personnel & families and veterans
- Looked after children
- Ethnic minority groups



- Faith groups
- Prisoners and their families
- Service users of drug and alcohol support
- Youth offending teams
- Children and young people not in education, employment, or training
- Expectant parents

Good Communication and the foundations for engagements

The ICB continues to focus throughout the year celebrating the diversity of communities and sharing this across a wide range of networks and organisations. This year the ICB has covered:

- Ramadan piece for website and newsletters
- Black History Month piece for website and newsletters
- Communication and poster for Developing Aspirant Leaders Programme (for colleagues from an ethnic minority)
- Comms and poster for ICS Disability Network Meetings
- Cascade of EDI training offers to colleagues across the ICS
- Comms and poster for Ethnic Diversity Staff Network
- Pride Month comms: Collaborate piece, social media and newsletter items
- Comms for NHS Muslim Network e.g. support for colleagues affected by Pakistan floods
- Survey, repeated newflashes to GPs, poster and comms for ethnic diversity research piece amongst GP practices
- Race Equality Week Comms, social media posts and website news story
- Comms for Identity, Privilege and Power training
- Inter Faith Week comms, website piece and social media
- LGBTQIA+ awareness videos: comms for newsletters, website and social media posts
- Neurodiversity awareness videos: comms for newsletters, website and social media posts
- Comms for International Recruits Focus Group
- Award submission comms for MIDAS Awards
- Personal pronouns comms

Social Media on Neurodiversity – Neurodiversity Awareness Video Series

These videos have been produced to help us all understand the basics of neurodiversity issues and build genuine and empathetic relationships with neurodivergent people.

Neurodiversity describes the differences in how all our brains process information. 1 in 7 people in the UK have neurodevelopmental differences, so it's likely we all know or work with someone who is neurodivergent. Examples include autism, ADHD, dyspraxia and dyslexia. Neurodivergent people, especially those who are autistic, sometimes face barriers to accessing healthcare services. Sometimes health professionals fail to understand their health needs, making their healthcare experience disproportionately worse.

Each short, animated video explores a different topic or issue, and includes interesting stories from people with lived experience to give you a new perspective. We look at the challenges neurodivergent people may face such as sensitivity to light and noise. Others may struggle to express their ideas and feelings or interpret those of other people. But the strengths of neurodiversity come from seeing the world differently.



Video series launched to increase awareness of LGBTQIA+

To provide an informative and empathetic insight into the lived experiences of LGBTQIA+ people working within our system, the Integrated Care System (ICS) launched a series of awareness-raising videos to celebrate LGBT+ History Month.

Thoughtfully developed to educate and inspire, these short, animated videos explore different topics affecting the community and feature real life stories from LGBTQIA+ people themselves.



Patient Services – Including Patient Advice and Liaison Services (PALS), Complaints, Compliments and MP Enquiries

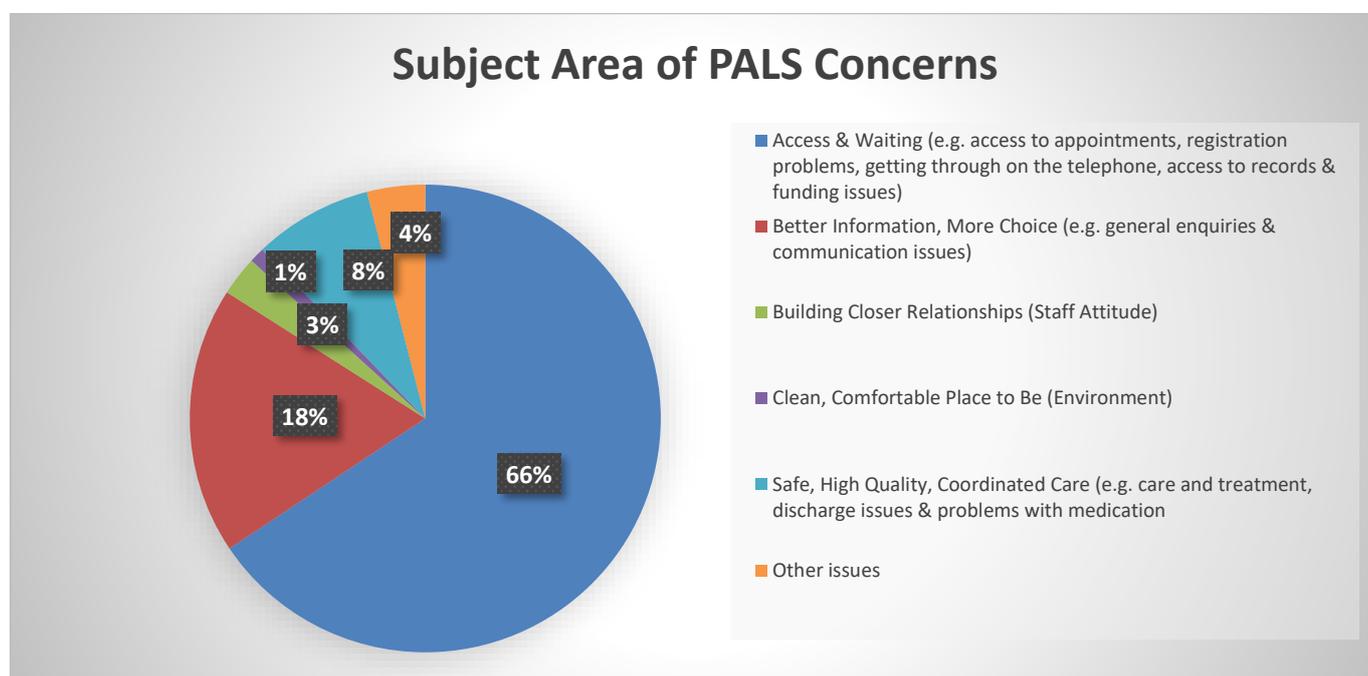
Patient Advice and Liaison Services (PALS)

PALS is integral to NHS Shropshire, Telford and Wrekin’s commitment to working closely with patients and staff to improve services. It is an informal and impartial way to resolve the concerns of patients, relatives, carers and members of the public.

The service is intermediary and a useful source of information, often signposting people to the healthcare they need. All enquiries received through PALS are recorded on a database and used to improve services.

During the period from 1st July 2022 to 31st March 2023, NHS Shropshire, Telford and Wrekin Patient Services Team received 477 PALS enquiries. This is a decrease on the 669 PALS enquiries received across NHS Shropshire, Telford and Wrekin CCG for the same period of 2021/22.

The chart below illustrates the ‘domains of patient experience’ that the PALS enquiries received during the period from 1st July 2022 to 31st March 2023.



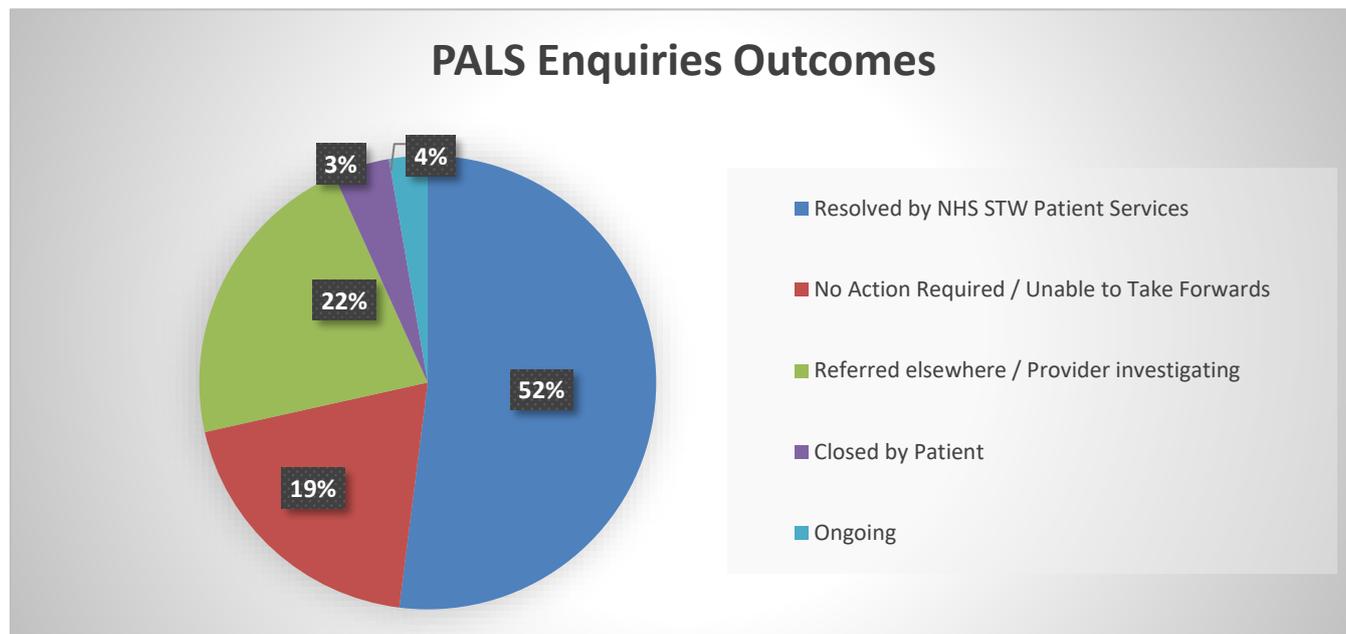
Similar to the previous year, more than half (313) of the PALS enquiries NHS Shropshire, Telford and Wrekin received were raising concerns around gaining access to services.

168 enquiries related to ICB services, with 31 of these being around Covid-19 and patients requesting general information around the vaccination process. 31 related to the Prescription Ordering Department and were mostly around access via the telephone. 23 related to Medicines Management and access to various medications. 15 enquiries related to the Continuing Health Care process, delays with assessments and poor communication around the delays. 14 enquiries related to GP commissioning. The rest of the enquiries were around commissioning decisions, relating to various services.



Of the total number of PALS enquiries received 140 related to GP Practices, 92 of which were around accessing appointments. There were 70 enquiries relating to hospital services, 44 of these were around access to appointments across several specialties.

The chart below shows what happened with the queries and concerns received by the NHS Shropshire, Telford and Wrekin Patient Services Team.



248 of the enquiries received were resolved by NHS Shropshire, Telford and Wrekin Patient Services Team.

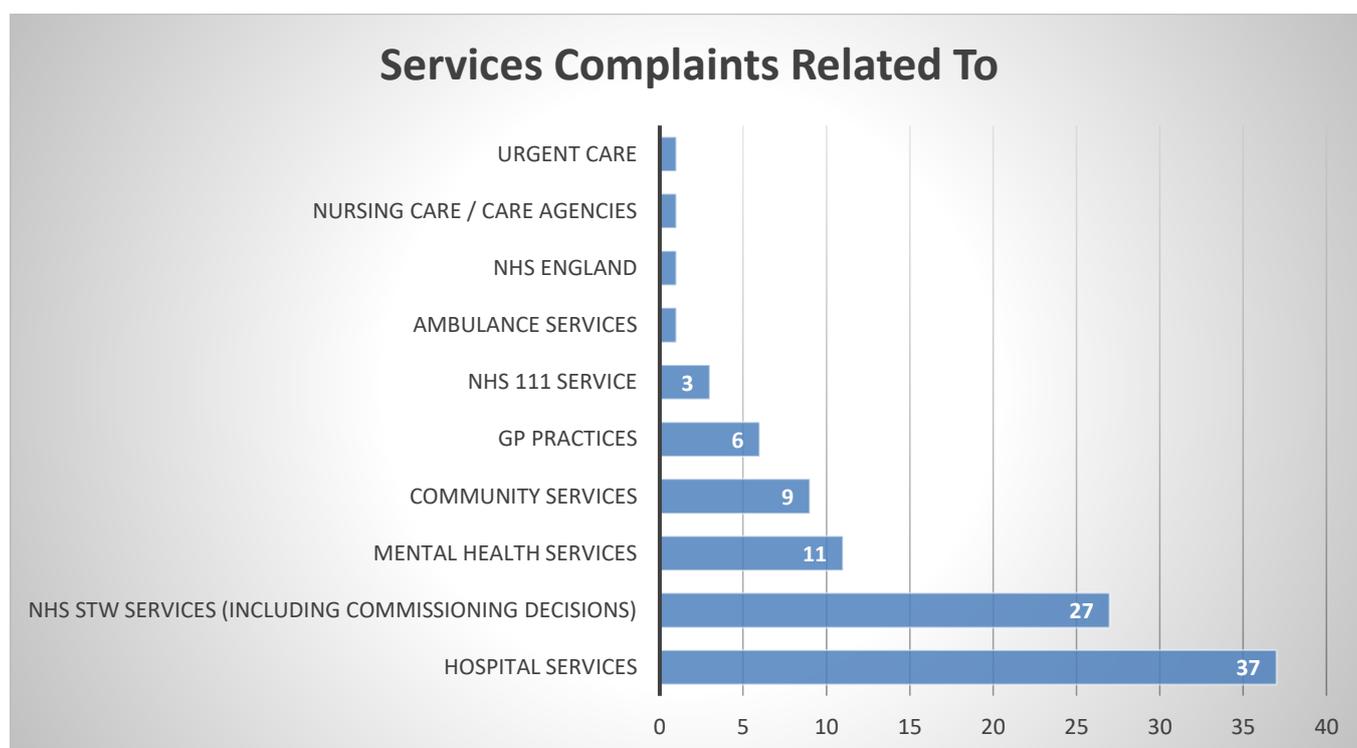
Complaints

Complaints are a valuable source of feedback and were used by the NHS Shropshire, Telford and Wrekin to help improve services both within the organization, and in the organisations that we commission. NHS Shropshire, Telford and Wrekin has a clear complaint policy in place, which is in line with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

During the time period from 1st July 2022 to 31st March 2023, NHS Shropshire, Telford and Wrekin received 97 complaints, which is a slight decrease on the number of complaints received across NHS Shropshire, Telford and Wrekin CCG during the same times period in 2021/22.

As shown in the graph below, in addition to complaints about NHS Shropshire, Telford and Wrekin itself, many of the complaints relate to providers of services commissioned by the NHS Shropshire, Telford and Wrekin.



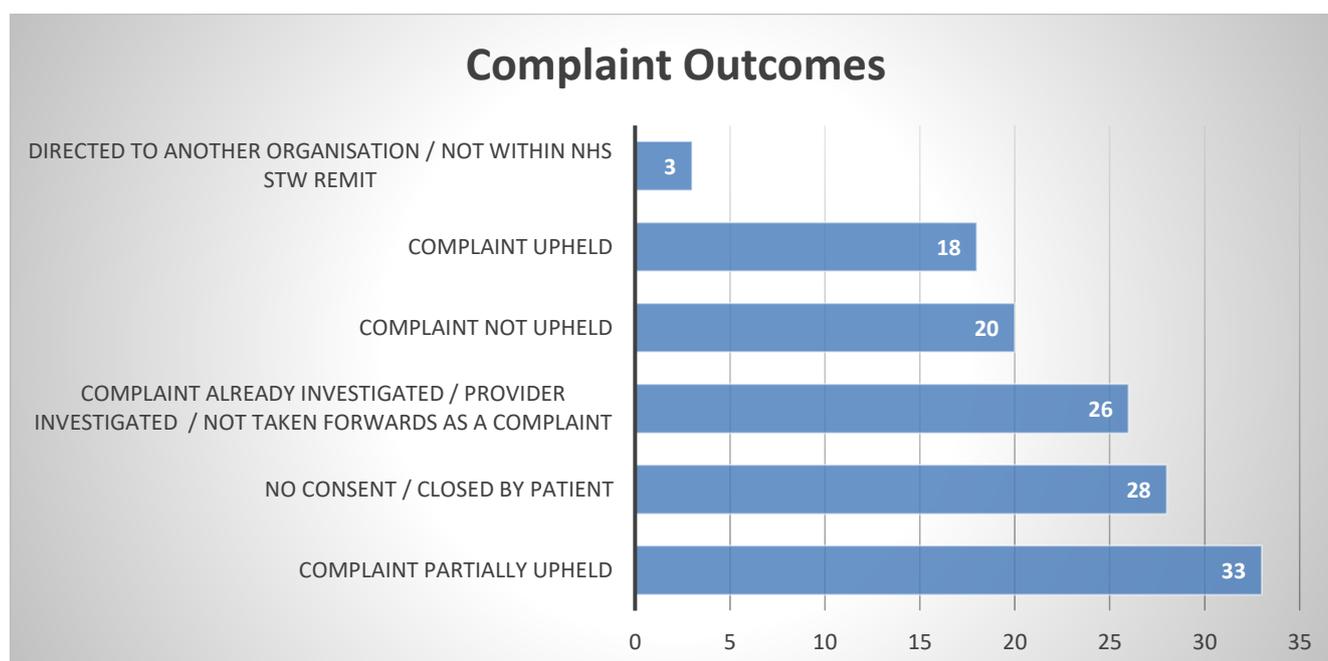


Of the complaints received by NHS Shropshire, Telford and Wrekin NHS Shropshire, 37 related to hospital services; 19 of these were around accessing services.

There were 27 complaints relating to services provided by NHS Shropshire, Telford and Wrekin of these 9 related to the Continuing Health Care process. 10 were around the Prescription Ordering Service and were mainly around getting through to this service.

Of the 97 complaints received during the time period from 1st July 2022 to 31st March 2023, 23 are ongoing. The graph below shows the outcomes for complaints where the process has been completed during the period from 1st July 2022 to 31st March 2023.





Ombudsman

The public have the right to take their complaint to the Parliamentary and Health Service Ombudsman (PHSO) for review if they are not satisfied with NHS Shropshire, Telford and Wrekin's response. NHS Shropshire, Telford and Wrekin has been contacted by the PHSO in relation to 2 cases during the period from 1st July 2022 to 31st March 2023. Of these cases one is still ongoing, with the initial request from the PHSO being that NHS Shropshire, Telford and Wrekin provide a further response prior to them giving the case further consideration. With the case that has been completed, this related to a provider organisation who was also requested to provide a further response and this process has now been completed by the provider directly.

Data around the number of complaints received and accepted by the PHSO for all NHS organisations can be viewed on the PHSO website as follows:

<https://www.ombudsman.org.uk/publications/complaints-parliamentary-and-health-service-ombudsman-2019-20-and-2020-21>

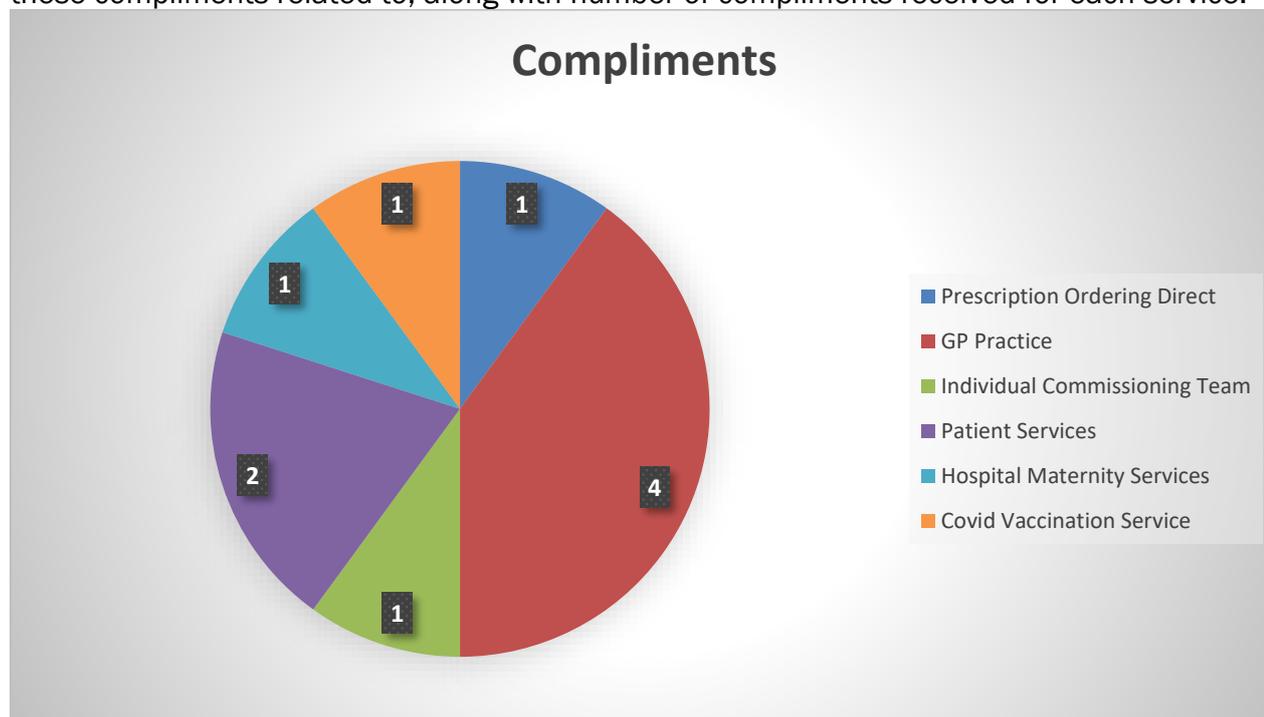
MP letters

During the time period from 1st July 2022 to 31st March 2023, NHS Shropshire, Telford and Wrekin received 118 letters/emails from local Members of Parliament (MPs) relating to the healthcare of their constituents. 33 of these enquiries related to access to services provided by NHS Shropshire, Telford and Wrekin and included issues with the Continuing Health Care process, access to medications, access to the Prescription Ordering Department. 27 enquiries related to GP Services and were mostly related to access to services, including getting through on the telephone and access to appointments. 26 Enquiries related to hospital services, 18 of which were around access to appointments. There were 9 enquiries around Ambulance services and 9 enquiries around Mental Health Services. Access to services was a theme throughout the MP enquiries received.



Compliments

In addition to managing complaints, concerns and enquiries, the NHS Shropshire, Telford and Wrekin also receives positive feedback in the form of compliments. 10 compliments were received during the period from 1st July 2022 to 31st March 2023 and the chart below highlights the services that these compliments related to, along with number of compliments received for each service.



Learning from Feedback received

An important part of the complaint and PALS process is that lessons are learned, and improvements made to services based on feedback received from individuals. Below is an example of where changes have been made to services following patients providing feedback to the ICB:

| What we Heard | What has Happened |
|---|---|
| Delays with discharge from hospital, which meant that patient was not able to go home to die, as per their wishes | <p>Hospital worked hard with the family to try to facilitate discharge so that the patient could die at home, as per their wish, however care could not be secured. As learning from the complaint, staff at the hospital attended a discharge workshop and Fast Track improvement workshop. Details of this case was also shared to raise awareness.</p> <p>In addition to the above NHS Shropshire, Telford and Wrekin is working closely with all care providers and the Hospice to try to increase capacity within the community.</p> |
| Concerns were raised by | The caller queue number has now been reinstated. |



| | |
|--|--|
| <p>several patients that the caller queue number had been removed from the Prescription Ordering Service line.</p> | |
| <p>Access to pain medication – Concerns were raised by a patient who had called 111 around back pain and that poor advice around attending a pharmacy then led to delays in her getting medication for this.</p> | <p>On investigation it appeared that the 111 service were acting on the information that is on their system, but that there had been a misunderstanding around what the pharmacy could provide. The ICB facilitated a conversation between the pharmacy and the 111 service to ensure that this issue did not arise again.</p> |
| <p>Missed Fracture in Emergency Department (ED)</p> | <p>Hospital have now implemented a monthly teaching session for junior doctors, around management of common fractures, with posters in the department to serve as a visual guide for staff.</p> |



Reducing Health Inequalities

NHS General Duties

As a public sector organisation, NHS Shropshire, Telford and Wrekin must comply with specific equality duties that require it to evidence how it pays due regard to the needs of diverse and vulnerable groups in the exercising of its responsibilities.

For the purposes of this annual report, this includes compliance with the Equality Act 2010, Human Rights Act 1998 and relevant sections of the Health and Social Care Act 2012.

NHS STW is committed to ensuring that it demonstrates due regard to the general duty when making decisions about policies and services. We have embedded the requirement to undertake an equality analysis into our decision-making processes. This ensures that we continually work to understand and respond to the diversity of patient experience in health access, care and outcomes, and to recognise and value the importance of using equality analysis to address health inequalities.

In 2022/23 to further assure that we are addressing our inequalities duties an Equality and Involvement Committee was established chaired by one of our Non-Executive Directors.

Addressing Health Inequalities

Tackling inequalities in outcomes, experience and access is one of the four key objectives for all ICBs. Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the ability to access care that is available to them. People living in areas of high deprivation, those from Black, Asian and minority ethnic communities and those from inclusion health group, for example the homeless, are most at risk of experiencing these inequalities.

| 1 Strengthen Leadership and Accountability | 2 Mitigate Against Digital Exclusion | 3 Restore NHS Services Inclusively | 4 Ensure Datasets are Complete and Timely | 5 Accelerate Preventative Programmes |
|--|---|---|--|--|
| <ul style="list-style-type: none"> Executive-level Leadership Standardised system Integrated Impact Assessments. Strong governance and outcome-based reporting. HI embedded into all decision-making, strategies and delivery plans. | <ul style="list-style-type: none"> Contractual requirements for Providers to monitor the impact of digital access and provide alternative methods of access. Development of the Digital Exclusion Programme within the Digital Operating Model. | <ul style="list-style-type: none"> Development of a data management strategy led by Elective Care. | <ul style="list-style-type: none"> Mandatory ethnicity data reporting. Improved access to linked datasets. | <ul style="list-style-type: none"> Healthier Lifestyles Tobacco Dependence Weight Management Alcohol Dependence Integrated Cancer Strategy Core Connectors Flu/C19 Vaccinations Asthma Programme Physical Health Checks for LD and SMI ABC Management CVD Prevention Plan Hypertension case-finding and management Diabetes Transformation Rurality Air Pollution |

Covid-19 shone a harsh light on some of the health and wider inequalities that persist in our society. In response to this NHSE identified five key priority areas relating to reducing health inequalities in the 2022/23 Operational Planning Guidance.

These included addressing the 5 clinical areas in the Core20PLUS5.





REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1



MATERNITY
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2



SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

5



HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas

As a system we have collectively reviewed the achievement against 18 NHS led programmes to address these key priorities. The findings in brief were:

- 50% of the projects had achieved all the actions detailed in the high-level implementation plan, with a further 33% partially achieving the actions detailed.
- 17% of projects had yet to partially meet the actions detailed in the plan, although the process of this review has seen increased leadership and action in relation to the key area of a system wide inclusive elective care recovery approach.
- Key enablers were related to clear governance and knowledgeable leadership, additional dedicated roles to progress initiatives, collaboration with Telford and Wrekin and Shropshire Public Health teams, and direct engagement with stakeholders.

Conversely barriers to achievement including no dedicated leads, no resources to develop programmes, limits in the capacity of stakeholders to engage, access to data and historical issues relating to fragmentation of pathways.

Going forward into 2023/24 we aim to look at how we direct resources to support more co-ordinated leadership for this important area of intervention and improve our governance processes. This means that our Integrated Care Board will receive regular updates so we are more aware earlier where projects are not delivering what we planned for them to deliver

The review also indicated that we need to do more to identify how we can accurately collect data to enable us to demonstrate the changes we have made to those in CORE20Plus groups who we know are more likely to experience health inequalities.

Race Equality

There is clear evidence that racism and discrimination cause health inequalities, impacting our communities, patients and colleagues. The Covid-19 pandemic has brought this into sharp focus, along with social injustice and systemic discrimination.

There are countless examples that show inequality, racism and discrimination is still experienced by ethnic minorities across the world and that for many it is part of everyday life. The incidents at and after the Euro 2020 final form just one appalling example.

As an ICB/ICS, we are looking inwards and recognise that we all have a role in addressing these inequalities and structural racism. Now is the time to act and do things differently. We need to harness the collective will of our system and work together to make a significant and sustained change.

We are at a juncture where we can improve things or allow them to get worse. It is no longer enough for us to simply stand up and condemn racism, we must be actively anti-racist. We must work together with our communities across all sectors to create a better future in which everyone enjoys the same freedoms, rights and opportunities in Shropshire, Telford and Wrekin.

This means creating workplaces and services in which people of all backgrounds and cultures feel included, welcomed and valued. It also means ensuring that we collectively strive to meet the needs of ethnic minority staff and communities and to create conditions where all staff can reach their full potential.

We aspire to be recognised for positively promoting and delivering equality and inclusion for all groups in our leadership, our workforce and in the way that we carry out our work.



We recognise that equality, diversity and inclusion are multifaceted issues, and we need to tackle these subjects holistically. The power of our ICS comes from our ability to influence beyond health and social care. It is within our gift to also influence the socio-economic factors that are so important in tackling inequalities such as access to employment, education and housing.

As a system, we have committed to 10 overarching pledges which are the golden thread through all the work we deliver. This includes tackling the problems of ill health, health inequalities and access to health care, improving our leadership and governance and making our system a great place to work. We are now collectively committing consistent attention and actions which are visible and practical to tackle the deep-rooted issues that lie behind systemic racial inequalities.

We acknowledge that these commitments are not the complete answer, but we believe they are important, concrete steps towards reducing inequalities, creating an atmosphere of inclusiveness in our workplaces, and cultivating meaningful change for our communities.

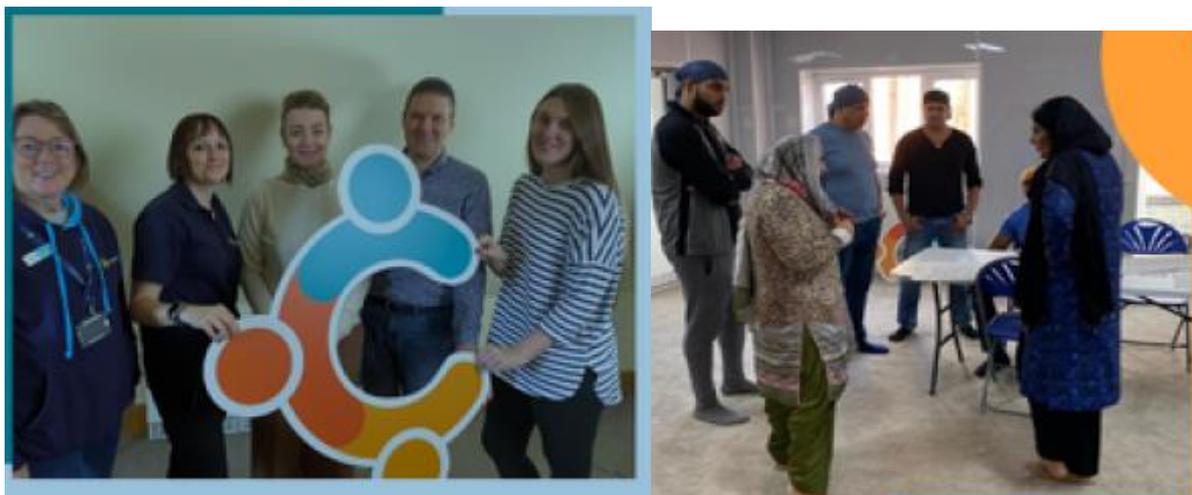
Core 20Plus Cancer Champions

In March 2022 STW ICS were successful as a wave 1 implementer site for the Core20PLUS Connectors Programme. The project is delivered in partnership between the ICB, Local Authorities and our Community and Voluntary Sector, with Lingen Davies Cancer Fund and Qube Oswestry Community Action as our lead community delivery partners.

Over 2022/23 the following progress has been made

- Launched Cancer Champions website www.cancerchampions.co.uk, including training bookings, on-line resources and multilingual Cancer Champion videos
- Videos created by Cancer Champion in Punjabi, Mandarin, Bulgarian, Ukrainian, and Polish (bowel, breast, cervical signs, and symptoms) [Resource Videos – Cancer Champions](#)
- Videos available on request videos by health and community partners organisation to use on though their own social media website/ patient TV screens etc.
- Recruited cancer champions through collaborative working with community organisations and partners.
- Delivered 7 half-day cancer champions training sessions held, training a total of 35 cancer champions
- Feedback from training is that it is informative and inspiring. Using a confidence scale of 1-10 to indicate how participants feel about having conversations and using what they have learned our scores are between 7 and 10 – (most confident is 10)
- Creation of 3 Levels of Cancer Champion to accommodate differing levels of commitment.
 - **Level 1:** Taking part in videos, social media posts.
 - **Level 2:** Trained and having conversations in their community.
 - **Level 3:** Community events, talks, radio (supported by coordinators & LiveLife LD staff.
- Cancer Champion newsletter produced and distributed for champions.





Equality, Diversity and Human Rights Report

The NHS Equality Delivery System (EDS2) was launched in November 2013 to help monitor how the NHS is working towards these functions. It is a toolkit designed to help NHS organisations and members of staff review performance for people with characteristics protected by the Equality Act as well as identify how improvements can be made.

The nine protected characteristics are as follows:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership (ICB)
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation.

EDS2 can also be applied to people from other disadvantaged groups who may experience difficulties in accessing NHS services, including people who are homeless or live in poverty, those who are long-term unemployed, people in stigmatised occupations, drug users, and people with limited family or social networks or who are geographically isolated.

Organisations score themselves against the main functions within the assessment, more information of which can be found on the [NHS England website](#).

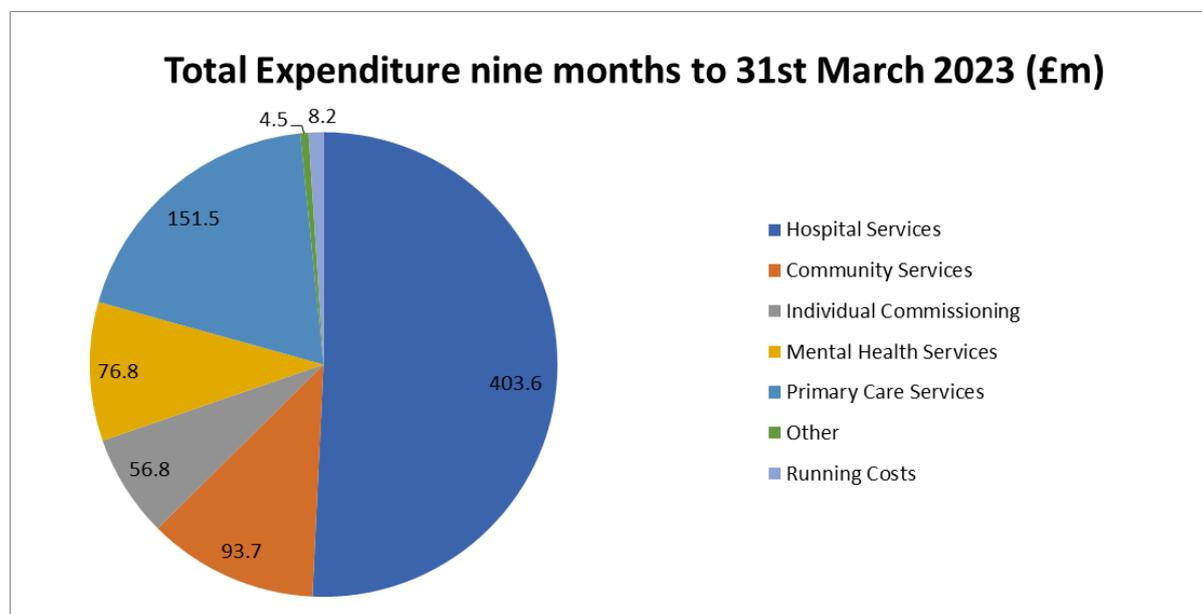
NHS Shropshire, Telford and Wrekin have not finalised the external scoring of the EDS2 self assessment at the time of writing this report. However the draft self assessment which outlines the evidence collated can be viewed on the ICB's website here: [Equality, Diversity and Inclusion – NHS Shropshire, Telford and Wrekin \(shropshiretelfordandwrekin.nhs.uk\)](https://www.shropshiretelfordandwrekin.nhs.uk)



Financial review

In the nine months to 31st March 2023 the ICB received a total allocation of £774 million to spend on the healthcare of its residents. The chart below shows a breakdown of the ICB's expenditure for the period by spend type totalling £795m:

Expenditure nine months to 31st June 2023 (£795 million)



Further analysis of expenditure, by type for the nine months ended 31st March 2023:

| | Period ended 31st March 2023 |
|--|---|
| | Total £'000 |
| Pay | 14,012 |
| Purchase of goods and services | |
| Services from other ICBs and NHS England | 5,239 |
| Services from foundation trusts | 124,713 |
| Services from other NHS trusts | 371,038 |
| Purchase of healthcare from non-NHS bodies | 116,570 |
| Prescribing costs | 72,349 |
| General Ophthalmic services | 655 |
| GPMS/APMS and PCTMS | 69,358 |
| Supplies and services – clinical | 1,349 |
| Supplies and services – general | 12,894 |
| Consultancy services | 296 |
| Establishment | 2,584 |
| Transport | 240 |
| Premises | 417 |
| Audit fees | 128 |
| <u>Other non statutory audit expenditure</u> | |
| · Other services | 18 |
| Other professional fees | 1,358 |
| Legal fees | 93 |
| Education, training and conferences | 712 |
| Total Purchase of goods and services | 780,011 |
| Depreciation and impairment charges | |
| Depreciation | 214 |
| Total Depreciation and impairment charges | 214 |
| Provision expense | |
| Provisions | 975 |
| Total Provision expense | 975 |
| Other Operating Expenditure | |
| Chair and Non Executive Members | 96 |
| Grants to Other bodies | 119 |
| Expected credit loss on receivables | - |
| Other expenditure | - |
| Total Other Operating Expenditure | 215 |
| Total Expenditure | 795,427 |



An analysis of the Statement of Financial Position, detailing assets and liability balances:

| | 31-Mar-23 | 30-Jun-22 |
|--|------------------|------------------|
| | £'000 | £'000 |
| Total Non Current Assets | 1,159 | 1,044 |
| Current assets: | | |
| Trade and other receivables | 8,156 | 2,910 |
| Cash and cash equivalents | 286 | 104 |
| Total current assets | 8,442 | 3,014 |
| Total assets | 9,601 | 4,059 |
| Current liabilities | | |
| Trade and other payables | (61,002) | (61,172) |
| Lease liabilities | (913) | (1,046) |
| Provisions | (3,444) | (2,219) |
| Total current liabilities | (65,359) | (64,437) |
| Non-Current Assets plus/less Net Current Assets/Liabilities | (55,758) | (60,378) |
| Non Current Liabilities | - | - |
| Assets less Liabilities | (55,758) | (60,378) |
| Financed by Taxpayers' Equity | | |
| General fund | (55,758) | (60,378) |
| Total taxpayers' equity: | (55,758) | (60,378) |



ACCOUNTABILITY REPORT

Corporate Governance Report

Members' Report

NHS Shropshire, Telford and Wrekin is an Integrated Care Board with a unitary Board and is part of the Shropshire, Telford and Wrekin Integrated Care System.

NHS Shropshire, Telford and Wrekin Board composition during the period 1st July 2022 to 31st March 2023 was as follows:

| Board members from 1 July 2022 to 31 March 2023 | Board Role |
|---|---|
| Sir Neil McKay (voting) | Chair |
| Simon Whitehouse (voting) | Chief Executive |
| Professor Trevor McMillan (voting) | Non Executive Member and Deputy Chair |
| Roger Dunshea (voting) | Non Executive Member |
| Dr Niti Pall (voting) | Non Executive Member |
| Meredith Vivian (voting) | Non Executive Member |
| Alison Bussey (voting) | ICB Chief Nursing Officer |
| Gareth Robinson (voting) | ICB Executive Director for Delivery and Transformation |
| Claire Skidmore (voting) | ICB Chief Finance Officer |
| Mr Nicholas White (voting) | ICB Chief Medical Officer |
| Dr Ian Chan (voting) | Primary Care Member and GP in Telford and Wrekin |
| Dr Julian Povey (voting) | Primary Care Member and GP in Shropshire |
| Andy Begley (voting) | Local Authority Member and Chief Executive Shropshire Council |
| David Sidaway (voting) | Local Authority Member and Chief Executive Telford and Wrekin Council |
| Louise Barnett (voting) | Trust Member and Chief Executive, Shrewsbury and Telford Hospital NHS Trust |
| Neil Carr (voting) | Trust Member and Chief Executive, Midlands Partnership NHS Foundation Trust |
| Patricia Davies (voting) | Trust Member and Chief Executive, Shropshire Community Health NHS Trust |
| Stacey Keegan (voting) | Trust Member and Chief Executive, Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust |
| Nicola Dymond (non voting) | Participant and Director of Strategy and Integration |
| Mark Docherty (non voting) | Participant and Executive Director of Nursing and Clinical Commissioning, West Midlands Ambulance Service University NHS Foundation Trust |
| Pauline Gibson (non voting) | Participant and Non Executive Director, Midlands Partnership NHS Foundation Trust |
| Nuala O'Kane (non Voting) – to 31 st December 2022 | Participant and Chair, Shropshire Community Health NHS Trust |



| | |
|---|--|
| Tina Long (non voting) – from 1 st January 2023 | Participant and Interim Chair, Shropshire Community Health NHS Trust |
| Dr Catriona McMahon (non voting) | Participant and Chair, Shrewsbury and Telford Hospital NHS Trust |
| Harry Turner (non voting) | Participant and Chair, Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust |
| Cathy Purt (non voting) – from 1 st December 2022 | Participant, Chair of the ICB Strategy Committee and Non Executive Director, Shropshire Community Health NHS Trust |
| Lyn Cawley (non voting) | Healthwatch Observer and Chief Officer Healthwatch Shropshire |
| Barry Parnaby (non voting) | Healthwatch Observer and Chair Healthwatch Telford and Wrekin |
| Heather Osbourne – to 31 st December 2022 (non voting) | VCS Observer and Chair Shropshire VCSA |
| Jackie Jeffrey – from 1 st January 2023 (non voting) | VCS Observer and Vice Chair Shropshire, VCSA |
| Terry Gee (non voting) | VCS Observer and Chief Executive Officer Stay Telford |

Committee(s) including Audit Committee

So that the Board of NHS Shropshire, Telford and Wrekin can provide strategic direction to the organisation and to assure itself of the ICB's internal control infrastructure, it has established a number of committees to undertake specific roles within the governance structure. A diagram showing the governance structure and explaining the role of each committee can be found in the Annual Governance Statement later in this report.

The first year of operation of NHS Shropshire, Telford and Wrekin has been used to develop the committee's individual ways of working and starting to develop how the inter-relationships and inter-dependencies between the Board committees will function. As part of this work we have commissioned the Good Governance Institute to review our progress to date and to help identify improvements for the future.

The composition of the Audit Committee was as follows:

| | |
|---------------------------|--------------------------------|
| Mr Roger Dunshea | Chair and Non Executive Member |
| Professor Trevor McMillan | Non Executive Member |
| Dr Niti Pall | Non Executive Member |
| Mr Meredith Vivian | Non Executive Member |

The role of each Board committee, composition and attendance is detailed in the Annual Governance Statement which forms part of this Annual Report.

Conflicts of interest declared by our Board members and other committees where membership is different can be found on our [website](#).



Information governance incidents

NHS Shropshire, Telford and Wrekin has reported a total of 11 incidents during the period of 1st July 2022 to 31st March 2023. Of these incidents 10 were graded as non-reportable – very low risk with 1 being reportable to the Information Commissioner’s Office (ICO).

Primary Care General Medical Services

The organisation has delegated commissioning responsibilities for primary care general medical services on behalf of NHS England. This includes commissioning 51 GP practices located within the geographical area coterminous with the boundaries of Shropshire Council and Telford and Wrekin Council.

The practices are outlined below:

| Practice name | Address |
|--|--|
| Albrighton Medical Practice | Shaw Lane, Albrighton, Wolverhampton, WV7 3DT |
| Alveley Medical Practice | Village Road, Alveley, Bridgnorth, WV15 6NG |
| The Beeches Medical Practice | 1 Beeches Road, Bayston Hill, Shrewsbury, SY3 0PF |
| Belvidere Medical Practice | 23 Belvidere Road, Shrewsbury, SY2 5LS |
| Bishop’s Castle Medical Practice | Schoolhouse Lane, Bishop’s Castle, SY9 5BP |
| Bridgnorth Medical Practice | Northgate Health Centre, Northgate, Bridgnorth, WV16 4ENt |
| Broseley Medical Centre | Bridgnorth Road, Broseley, TF12 5EL |
| Brown Clee Medical Practice | Ditton Priors, Bridgnorth, WV16 6SS |
| Cambrian Surgery | Oswestry Health Centre, Thomas Savin Road, Oswestry, SY11 1GA |
| The Caxton Surgery | Oswald Road, Oswestry, SY11 1RD |
| Charlton Medical Centre | Lion Street, Oakengates, Telford, TF2 6AQ |
| Churchmere Medical Group | Trimpley Street, Ellesmere, SY12 0DB |
| Church Stretton Medical Practice | Easthope Road, Church Stretton, SY6 6BL |
| Claremont Bank Surgery | Claremont Bank, Shrewsbury, SY1 1RL |
| Cleobury Mortimer Medical Centre | Vaughan Road, Cleobury Mortimer, Kidderminster, Worcestershire, DY14 8DB |
| Clive Surgery | 20 High Street, Clive, Shrewsbury, SY4 5PS |
| Court Street Medical Practice | Court Street Medical Centre, Court Street, Madeley, Telford, TF7 5DZ |
| Craven Arms Medical Practice | 20 Shrewsbury Rd, Craven Arms, SY7 9PY |
| Dawley Medical Practice | Webb House, King Street, Dawley, Telford, TF4 2AA |
| Donnington Medical Practice | Wrekin Drive, Donnington, Telford, TF2 8EA |
| Highley Medical Centre | Bridgnorth Road, Highley, Bridgnorth, WV16 6HG |
| Hodnet Medical Centre | 18 Drayton Road, Hodnet, Market Drayton, TF9 3NF |
| Hollinswood and Priorslee Medical Practice | Downmeade, Hollinswood, Telford, TF3 2EW |
| Ironbridge Medical Practice | Trinity Hall, Dale Road, Coalbrookdale, Telford, TF8 7DT |
| Knockin Medical Centre | Knockin, Oswestry, SY10 8HL |
| Linden Hall | Station Road, Newport, near Telford, Shropshire, TF10 7EN |



| | |
|--|--|
| Marden Medical Practice | 25 Sutton Road, Shrewsbury, SY2 6DL |
| Market Drayton Medical Practice | Market Drayton Primary Care Centre, Maer Lane, Market Drayton, TF9 3AL |
| Marysville Medical Practice | Brook Street, Belle Vue, Shrewsbury, SY3 7QR |
| The Meadows Medical Practice (Clun and Knighton) | Penybont Road, Knighton, Powys, LD7 1HB |
| Much Wenlock and Cressage Medical Practice | Kingsway Lodge, Much Wenlock, TF13 6BL |
| Mytton Oak Surgery | Racecourse Lane, Shrewsbury, SY3 5LZ |
| Plas Ffynnon Medical Centre | Middleton Road, Oswestry, SY11 2RB |
| Pontesbury and Worthen Medical Practice | Hall Bank, Pontesbury, Shrewsbury, SY5 0RF |
| Portcullis Surgery | Portcullis Road, Ludlow, SY8 1GT |
| Prescott Surgery | Baschurch, Shrewsbury, SY4 2DR |
| Radbrook Green Surgery | Bank Farm Road, Shrewsbury, SY3 6DU |
| Riverside Medical Practice | Barker Street, Shrewsbury SY1 1QJ |
| Severn Fields Medical Practice | Severn Fields Health Village, Sundorne Road, Shrewsbury SY1 4RQ |
| Shawbirch Medical Practice | 5 Acorn Way, Shawbirch, Telford, TF5 0LW |
| Shawbury Medical Practice | Poynton Road, Shawbury, SY4 4JS |
| Shifnal and Priorslee Medical Practice | Shrewsbury Road, Shifnal, TF11 8AJ |
| South Hermitage Surgery | South Hermitage, Belle Vue, Shrewsbury, SY3 7JS |
| Station Drive Surgery | Station Drive, Ludlow, SY8 2AB |
| Stirchley Medical Practice | Sandino Road, Stirchley, Telford, TF3 1FB |
| Teldoc | Malinslee Surgery, Church Road, Malinslee, Telford, TF3 2JZ |
| The Surgery | Wellington Road, Newport, near Telford, Shropshire, TF10 7HG |
| Wem and Prees Medical Practice (Wem Site) | New Street, Wem, Shrewsbury, SY4 5AF |
| Wellington Medical Practice | The Health Centre, Victoria Avenue, Wellington, Telford, TF1 1PZ |
| Westbury Medical Centre | Westbury, Shrewsbury, SY5 9QX |
| Woodside Medical Practice | Woodside Health Centre, Wensley Green, Woodside, Telford, TF7 5NR |



Modern Slavery

NHS Shropshire, Telford and Wrekin fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

Statement of Accountable Officer's Responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the NHS Shropshire, Telford and Wrekin Integrated Care Board and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed the Chief Executive Officer to be the Accountable Officer of NHS Shropshire, Telford and Wrekin Integrated Care Board. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding the assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

To the best of my knowledge and belief, and subject to the disclosures set out below, I have properly discharged the responsibilities set out under the National Health Service Act 2006 (as amended), Managing Public Money and in my ICB Accountable Officer Appointment Letter.

Disclosures:

- Section 30 letter issued by internal auditors



As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that [name of ICB's] auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Simon Whitehouse

Accountable Officer

29th June 2023



Governance Statement

Introduction and context

NHS Shropshire, Telford and Wrekin is a body corporate established by NHS England on 1 July 2022 under the Health and Care Act 2022, which sets out the ICB's statutory functions.

The general function of NHS Shropshire, Telford and Wrekin is to arrange the provision of services for people for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 July 2022 and 31 March 2023, the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Shropshire, Telford and Wrekin's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the NHS Shropshire, Telford and Wrekin's Accountable Officer Appointment Letter.

I am responsible for ensuring that NHS Shropshire, Telford and Wrekin is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the ICB as set out in this governance statement.

Governance arrangements and effectiveness

The main function of the Board is to ensure that NHS Shropshire, Telford and Wrekin has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of relevant good governance as are relevant to it.

NHS Shropshire, Telford and Wrekin is led by a unitary Board comprising a Chair and Chief Executive, Executive Directors, Non Executive Members and Partner Members composed of local GPs, local Trusts/Foundation Trusts and Local Authorities all located within the geographical area of Shropshire. The members of the Board are responsible for determining the governing arrangements of the organisation, which they are required to set out in NHS Shropshire, Telford and Wrekin's Constitution and Governance Handbook, which can be found on our website: [Our Constitution - NHS Shropshire, Telford and Wrekin \(shropshiretelfordandwrekin.nhs.uk\)](https://www.shropshiretelfordandwrekin.nhs.uk)



Board

The composition of NHS Shropshire, Telford and Wrekin's Board is outlined in full within the Constitution.

The Board has met 6 times during the period 1st July 2022 to 31st March 2023 in total. The names of members and their attendance are listed below:

| Board members from 1 July 2022 to 31 March 2023 | Board Role | Attendance |
|---|---|------------|
| Sir Neil McKay (voting) | Chair | 5 of 6 |
| Simon Whitehouse (voting) | Chief Executive | 5 of 6 |
| Professor Trevor McMillan (voting) | Non-Executive Member and Deputy Chair | 6 of 6 |
| Roger Dunshea (voting) | Non-Executive Member | 5 of 6 |
| Dr Niti Pall (voting) | Non-Executive Member | 5 of 6 |
| Meredith Vivian (voting) | Non-Executive Member | 6 of 6 |
| Alison Bussey (voting) | ICB Chief Nursing Officer | 4 of 6 |
| Gareth Robinson (voting) | ICB Executive Director for Delivery and Transformation | 5 of 6 |
| Claire Skidmore (voting) | ICB Chief Finance Officer | 6 of 6 |
| Mr Nicholas White (voting) | ICB Chief Medical Officer | 5 of 6 |
| Dr Ian Chan (voting) | Primary Care Member and GP in Telford and Wrekin | 6 of 6 |
| Dr Julian Povey (voting) | Primary Care Member and GP in Shropshire | 6 of 6 |
| Andy Begley (voting) | Local Authority Member and Chief Executive Shropshire Council | 6 of 6 |
| David Sidaway (voting) | Local Authority Member and Chief Executive Telford and Wrekin Council | 5 of 6 |
| Louise Barnett (voting) | Trust Member and Chief Executive, Shrewsbury and Telford Hospital NHS Trust | 4 of 6 |
| Neil Carr (voting) | Trust Member and Chief Executive, Midlands Partnership NHS Foundation Trust | 4 of 6 |
| Patricia Davies (voting) | Trust Member and Chief Executive, Shropshire Community Health NHS Trust | 5 of 6 |
| Stacey Keegan (voting) | Trust Member and Chief Executive, Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust | 5 of 6 |



| | | |
|---|---|--------|
| Nicola Dymond (non voting) | Participant and Director of Strategy and Integration | 4 of 6 |
| Mark Docherty (non voting) | Participant and Executive Director of Nursing and Clinical Commissioning, West Midlands Ambulance Service University NHS Foundation Trust | 2 of 6 |
| Pauline Gibson (non voting) | Participant and Non Executive Director, Midlands Partnership NHS Foundation Trust | 2 of 6 |
| Nuala O’Kane (non Voting) – to 31 st December 2022 | Participant and Chair, Shropshire Community Health NHS Trust | 5 of 6 |
| Tina Long (non voting) – from 1 st January 2023 | Participant and Interim Chair, Shropshire Community Health NHS Trust | 2 of 6 |
| Dr Catriona McMahon (non voting) | Participant and Chair, Shrewsbury and Telford Hospital NHS Trust | 6 of 6 |
| Harry Turner (non voting) | Participant and Chair, Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust | 4 of 6 |
| Cllr Lezley Picton (non voting) | Participant and Leader of Shropshire Council | 3 of 6 |
| Cllr Shaun Davies (non voting) | Participant and Leader of Telford and Wrekin Council | 1 of 6 |
| Cathy Purt (non voting) – from 1 st December 2022 | Participant, Chair of the ICB Strategy Committee and Non Executive Director, Shropshire Community Health NHS Trust | 0 of 6 |
| Lyn Cawley (non voting) | Healthwatch Observer and Chief Officer Healthwatch Shropshire | 5 of 6 |
| Barry Parnaby (non voting) | Healthwatch Observer and Chair Healthwatch Telford and Wrekin | 2 of 6 |
| Heather Osbourne – to 31 st December 2022 (non voting) | VCS Observer and Chair Shropshire VCSA | 2 of 6 |
| Jackie Jeffrey – from 1 st January 2023 (non voting) | VCS Observer and Vice Chair Shropshire, VCSA | 1 of 6 |
| Terry Gee (non voting) | VCS Observer and Chief Executive Officer Stay Telford | 4 of 6 |

Audit Committee

The Audit Committee provides assurance to the Board that the organisation’s overall internal control/governance system operates in an adequate and effective way. The Committee’s work focuses not only on financial controls, but also risk management and quality governance controls.

The Committee has met a total of 2 times during 2022/23, which is included in the attendance table below.



| Audit Committee members | Meetings attended during 2022/23 |
|---|----------------------------------|
| Mr Roger Dunshea – Chair and Non Executive Member | 2 of 2 |
| Professor Trevor McMillan – Non Executive Member | 1 of 2 |
| Dr Niti Pall – Non Executive Member | 1 of 2 |
| Mr Meredith Vivian – Non Executive Member | 2 of 2 |

Throughout the period 1st July 2022 to 31st March 2023, the Committee has received reports on the following:

- financial sustainability;
- assurance gained from and further development of the Board Assurance Framework (BAF) and Executive Risk Register;
- assurance gained from overseeing the continued development and self-certification of the ICB against the Data Security and Protection Toolkit (DSPT);
- assurance on the ICB's emergency planning and business continuity processes;
- assurance on the counter fraud measures in place and on continuing work around preventing and addressing fraud;
- assurance gained from Internal / External Audit reports; and
- assurance on the content of the annual accounts and annual report audit by external auditors.

Extraordinary Remuneration Committee

Due to Conflicts of Interest with the agenda items to be considered, the Extraordinary Remuneration Committee has met 2 times during the year in total with a different configuration of membership as allowed under the ICB's Constitution and the Terms of Reference of the Remuneration Committee. The names and their attendance are listed below during the period 1st July 2022 to 31st March 2023.

| Extraordinary Remuneration Committee members from 1 st July 2022 to 31 st March 2023 | Meetings attended during 2022/23 |
|---|----------------------------------|
| Sir Neil McKay – ICB Chair | 2 of 2 |
| Claire Skidmore – ICB Chief Finance Officer | 1 of 2 |
| Dr Julian Povey – Partner Board Member and GP in Shropshire | 1 of 2 |
| Simon Whitehouse – ICB Chief Executive Officer | 1 of 2 |
| Andrew Begley – Partner Board Member and Chief Executive of Shropshire Council | 1 of 2 |
| Patricia Davies – Partner Board Member and Chief Executive of Shropshire Community Health NHS Trust | 1 of 2 |
| Stacey Keegan – Partner Board Member and Chief Executive of Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust | 1 of 2 |
| Neil Carr – Partner Board Member and Chief Executive of Midlands Partnership NHS Foundation Trust | 1 of 2 |



Throughout the period 1st July 2022 to 31st March 2023, the Committee has received reports on the following:

- ICB Board Non-Executive Member Remuneration
- Expert Lay Advisor: Finance

Quality and Performance Committee

The QPC Committee oversees and provides assurance on performance and quality of commissioned services. The committee met 10 times as required during the period 1st July 2022 to 31st March 2023.

| Quality and Performance Committee members | Meetings attended during 2022/23 |
|---|----------------------------------|
| Meredith Vivian – Chair and Non-Executive Director Member | 10 of 10 |
| Alison Bussey – ICB Chief Nursing Officer | 6 of 10 |
| Nick White – ICB Chief Medical Officer | 6 of 10 |
| Claire Parker – ICB Director of Partnerships and Place | 4 of 10 |
| Julie Garside – ICB Director of Planning and Performance | 9 of 10 |
| Liz Noakes – Director of Public Health representing Telford Local Authority | 7 of 10 |
| Rachel Robinson – Director of Public Health representing Shropshire Council | 0 of 10 |
| Hayley Flavell – Director of Nursing and Midwifery at Shrewsbury and Telford Hospital NHS Trust | 4 of 10 |
| Rose Edwards – Associate Non-Executive Director at Shrewsbury and Telford Hospital NHS Trust (from January 2023) | 4 of 10 |
| Liz Lockett – Member, Chief Nurse at MPFT | 4 of 10 |
| Jacqueline Small – Member, Non-Executive Director MPFT (to 31 st December 2022) | 4 of 10 |
| Simmy Akhtar – Non-Executive Director MPFT (from 1 st January 2023) | 1 of 10 |
| Clare Hobbs – Director of Nursing at Shropshire Community Health NHS Trust | 3 of 10 |
| Tina Long – Non-Executive Director at Shropshire Community Health NHS Trust (to 28 th February 2022) | 5 of 10 |
| Jill Barker – Member, Associate Non-Executive Director at Shropshire Community Health NHS Trust (from 1 st March 2023) | 2 of 10 |
| Sara Ellis Anderson – Chief Nurse representing Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust | 7 of 10 |
| Ruth Longfellow – Medical Director at Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust – deputising for Sara Ellis | 4 of 10 |
| Chris Beacock - Non Executive Director at Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust | 2 of 10 |
| Sonya Miller Assistant Director for Children’s Social Care and Safeguarding – Shropshire Council – Senior Leadership representative | 0 of 10 |
| Jo Britton, Executive Director of Children’s Services, Telford and Wrekin Council – Senior Leadership Representative | 0 of 10 |



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| Lynn Cawley – Shropshire Healthwatch | 10 of 10 |
| Barry Parnaby – Telford and Wrekin Healthwatch or deputies | 6 of 10 |

Throughout the period 1st July 2022 to 31st March 2023, the Committee has received reports on the following:

- Performance Exception Reports
- Strategic Oversight and Assurance Group
- Local Maternity and Neonatal Services
- NICHE
- Learning Disability & Autism
- Infection, Prevention & Control
- Patient Safety
- Cancer Strategy
- System Quality Metrics
- System Risk Register
- Ockenden Review
- Independent Inquiry into Child Sexual Exploitation
- Dementia Services
- Palliative Care and End of Life Services
- Diabetes Services
- Quality Insight
- Safeguarding Adults and Children

Finance Committee

The Finance Committee Section One and Section Two oversees and provides assurance on the financial delivery of commissioned services. The committee met 7 times during 2022/23 as required during the period 1st July 2022 to 31st March 2023.

| Finance Committee members | Meetings attended during 2022/23 |
|--|----------------------------------|
| Section One – Financial assurance for ICB as a statutory body | |
| Professor Trevor McMillan – ICB Non-Executive Member and Chair | 7 of 7 |
| Claire Skidmore – ICB Chief Finance Officer | 7 of 7 |
| Nicola Dymond – ICB Director of Strategy and Integration | 4 of 7 |
| Section Two – Financial assurance for ICS | |
| Professor Trevor McMillan – ICB Non-Executive Member and Chair | 7 of 7 |
| Claire Skidmore – ICB Chief Finance Officer | 7 of 7 |
| Nicola Dymond – ICB Director of Strategy and Integration | 4 of 7 |
| Helen Troalen – ICB Director of Finance for Shrewsbury and Telford Hospitals | 5 of 7 |
| Sarah Lloyd – ICB Director of Finance for Shropshire Community Health Trust | 6 of 7 |



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|---|--------|
| Craig McBeth – Chief Finance Officer for Robert Jones, and Agnes Hunt Hospitals Trust | 6 of 7 |
| Chris Sands – Chief Finance Officer for Midlands Partnership NHS Foundation Trust | 5 of 7 |
| Sarfraz Nawaz – Non-Executive Director for Robert Jones, and Agnes Hunt Hospitals Trust | 1 of 7 |
| Peter Featherstone – Non-Executive Director for Shropshire Community Health Trust | 2 of 7 |
| James Walton – Partner Organisation of Shropshire Local Authority | 2 of 7 |
| Ken Clarke – Partner Organisation of Telford & Wrekin Local Authority | 3 of 7 |

Throughout the period 1st July 2022 to 31st March 2023, the Committee has received reports on the following:

- Terms of Reference
- Monthly Position Update
- Finance Risk Register (BAF)
- 2023/24 Plan Update
- NOF4 Exit Criteria Action Plan – finance element
- Intelligent Fixed Payment Group Update - including Terms of Reference sign off
- Capital Prioritisation and Oversight Group – Terms of Reference sign off
- Capital Plan Update
- ICB 2023/24 Efficiency Plans Update
- 2023/24 System Contracts

The Strategy Committee

The Strategy Committee oversees the development of ICS 5 Year Forward Plan taking into account the Integrated Care Strategy. The Committee has met 4 times during the period 1st July 2022 to 31st March 2023 as required.

| Strategy Committee members | Meetings attended during 2022/23 |
|---|---|
| Cathy Purt – Chair of Strategy Committee | 4 of 4 |
| Nicola Dymond – Vice Chair of Strategy Committee | 2 of 4 |
| David Brown – Non-Executive Director of Shrewsbury and Telford Hospitals | 4 of 4 |
| Liz Noakes – Director of Public Health, Telford and Wrekin Council | 3 of 4 |
| Mark Large – Non-Executive Director of MPFT | 3 of 4 |
| Nye Harries – NHSE National Improvement Team | 3 of 4 |
| Professor Paul Kingston – Non-Executive Director for Robert Jones, and Agnes Hunt Hospitals Trust | 3 of 4 |
| Peter Featherstone – Non-Executive Director for Shropshire Community Health Trust | 2 of 4 |
| Rachel Robinson – Director of Public Health, Shropshire Council | 3 of 4 |
| ICB Chief Finance Officer or Deputy – not yet nominated (from 1 st February 2023) | 0 of 2 |



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|--|--------|
| ICB Chief Medical Officer or Deputy – not yet nominated (from 1 st February 2023) | 0 of 2 |
| One representative of general Practice Primary care Providers vacancy – not yet nominated - (from 1 st February 2023) | 0 of 2 |
| One representative from the VCS - vacancy – not yet nominated (from 1 st February 2023) | 0 of 2 |
| Sara Lloyd, Senior Executive strategy lead from Shropshire Community Healthcare NHS Trust (from 1 st February 2023) | 1 of 2 |
| Nigel Lee, Senior Executive strategy lead from Shrewsbury and Telford NHS Trust (from 1 st February 2023) | 2 of 2 |
| Senior Executive strategy lead from The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (from 1 st February 2023) | 2 of 2 |
| Steve Grange Senior Executive strategy lead from Midlands Partnership Foundation Trust (from 1 st February 2023) | 0 of 2 |

Throughout the period 1st July 2022 to 31st March 2023, the Committee has received reports on the following:

- Declarations of Interest
- Development of the Integrated Care Strategy
- Joint Forward Plan
- System Utilisation Review
- SOF 4 Exit Criteria
- Committee Workplan
- Health Inequalities

Primary Care Commissioning Committee

The Primary Care Commissioning Committee oversees the commissioning of primary care standard general medical services (GMS) under delegated decision-making authority from NHS England.

The Primary Care Commissioning Committee has met 5 times during the period 1st July 2022 to 31st March 2023 as required.

| Primary Care Commissioning Committee members | Meetings attended during 2022/23 |
|---|----------------------------------|
| Dr Niti Pall – Non-Executive Director, Chair | 3 of 4 |
| Nick White – Chief Medical Officer (Deputy Chair) | 4 of 4 |
| Simon Whitehouse – ICB Chief Executive Officer | 0 of 4 |
| Claire Skidmore – ICB Chief Finance Officer | 3 of 4 |
| Gareth Robinson – ICB Director of Delivery & Transformation | 3 of 4 |
| Nicola Dymond – ICB Director of Strategy & Integration | 1 of 4 |
| Alison Bussey – ICB Chief Nursing Officer | 0 of 4 |
| Roger Dunshea – Non-Executive Director | 3 of 3 |



Throughout the period 1st July 2022 to 31st March 2023, the Committee has received reports on the following:

- NHS STW ICB PCCC Terms of Reference
- Finance Report
- Primary Care Update Report
- GP Contract Arrangements
- GPN Strategy
- Ukraine Health Assessment LES
- Risk Register
- Practice Boundary Changes
- Shrewsbury Health & Wellbeing Hub
- 10 PCN Enhanced Access
- October Winter Plan
- GP Patient Survey
- Ethnic Diversity Survey
- Albrighton Medical Practice Boundary Change
- Workforce & Training Hub Report
- Delegation of POD and Changes to Terms of Reference
- Draft Comms Handling Plan
- eDec Report
- Highley Medical Practice Contract Award
- Primary Care Digital Programme & Budget 2023 – 24
- Performance & GP Access Improvement Plan

Integrated Delivery Committee

The Integrated Delivery Committee provides assurance oversight and support to the development and delivery of system transformation programmes and efficiency programme.

The Integrated Delivery Committee has met 7 times during the period 1st July 2022 to 31st March 2023 as required.

| Integrated Delivery Committee | Meetings attended during 2022/23 |
|--|---|
| Harry Turner – Chair of the Committee and Chair of Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust | 6 of 7 |
| Claire Skidmore – ICB Chief Finance Officer | 5 of 7 |
| Alison Bussey – ICB Chief Nursing Officer | 0 of 7 |
| Gareth Robinson – ICB Director of Delivery & Transformation | 5 of 7 |
| Tanya Mills – Director of Adult Social Care, Shropshire | 4 of 7 |
| Dave Sidaway – Chief Executive, Telford and Wrekin Council | 1 of 7 |
| Jonathan Rowe – Director of Adult Social Care, Telford and Wrekin | 5 of 7 |



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|--|--------|
| Angie Wallace – Chief Operating Officer of Shropshire Community Health NHS Trust | 4 of 7 |
| Mike Carr – Chief Operating Officer of Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust | 6 of 7 |
| Sara Biffen – Chief Operating Officer of Shrewsbury and Telford Hospitals | 3 of 7 |

Throughout the period 1st July 2022 to 31st March 2023, the Committee has received reports on the following:

- IDC Terms of Reference
- Local Care Deep Dive presentation
- Workforce Deep Dive
- Children and Young People Mental Health Commissioning Plan
- Financial Improvement Plan, and Efficiency Programme Update
- Local Care: Update on benefits realisation
- MSK Transformation Deep Dive
- Outpatients Transformation Deep Dive
- Proactive Prevention – a system wide case for change
- Equality and Involvement Committee
- IIA screener tool
- Investment Panel Update
- Hospital Transformation Programme Update
- NHS 111
- Direct Awards Contracts
- Local Care Benefits Realisation Paper
- 78 week waits
- ARMS Business Case
- Vaccination Update
- MSK Update
- Outpatients Transformation Update
- Provider Collaborative Business Case
- Digital Delivery Update and Digital Costed Plan
- Virtual Ward – Pharmacy and Primary Care related issues
- Local Care Benefits
- Financial Improvement Programme Update and Finance Plan 23/23 Update
- Policy for Joint Working with the Pharmaceutical Industry

System People Committee

The System People Committee provides assurance and oversight of the development and delivery of the system's People Plan.

The System People Committee has met 3 times during the period 1st July 2022 to 31st March 2023 as required.



| System People Committee members | Meetings attended during 2022/23 |
|--|----------------------------------|
| Catriona McMahon – Chair and Chair of Shrewsbury and Telford Hospital NHS Trust | 3 of 3 |
| Alex Brett – Workforce Director | 2 of 3 |
| Alison Bussey – ICB Chief Nursing Officer | 1 of 3 |
| Clair Hobbs – Director of Nursing, People and Professional Standards, Nursing Council | 1 of 3 |
| Cathy Purt – Non-Executive Director | 2 of 3 |
| Denise Hurmin – Chief People Officer | 0 of 3 |
| Professor Paul Kingston - Non-Executive Director | 2 of 3 |
| Rhia Boyode – Director of People and OD | 2 of 3 |
| Stacey Keegan – Chief Executive, Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust | 2 of 3 |
| Tracy Hill – ICB Interim Chief People Officer | 3 of 3 |
| Professor Trevor McMillan - Non-Executive Director | 1 of 3 |
| Teresa Boughey - Non-Executive Director | 2 of 3 |

Throughout the period 1st July 2022 to 31st March 2023, the Committee has received reports on the following:

- Terms of Reference
- Preparation for a People Workshop
- 2022 STW People Plans
- ICB People Pledges
- ICB People Plan
- Annual report of the People Transformation Team 2022/23
- System Workforce Plan 1st Submission
- Staff Survey Results
- Draft System People Strategy 2023 - 2027

Integrated Care Partnership (ICP)

The Integrated Care Partnership is a joint committee created by NHS Shropshire, Telford and Wrekin, Shropshire Council and Telford and Wrekin Council. The role of the ICP is to bring together multiple system partners to develop an integrated care strategy for the whole population using best available information.

The Integrated Care Partnership has met three times during the period 1st July 2022 to 31st March 2023 as required.

| Integrated Care Partnership members | Meetings attended during 2022/23 |
|--|----------------------------------|
| Cllr Shaun Davies, Leader of Telford & Wrekin Council (co-Chair) | 0 of 3 |
| Cllr Andy Burford, Portfolio holder Adult Social Care and Health, Integration and Transformation Telford and Wrekin Council – substitute for Cllr Shaun Davies | 2 of 3 |



| | |
|---|--------|
| Cllr Lezley Picton, Leader of Shropshire Council (Co-Chair) | 3 of 3 |
| Simon Jones, Chair of Health and Wellbeing Board | 1 of 3 |
| Sir Neil McKay, Chair of the Integrated Care Board | 2 of 3 |
| Cllr Angela McClements, Chair of Telford & Wrekin's Health and Wellbeing Board | 2 of 3 |
| Cllr Cecilia Motley, Chair of Shropshire Health and Wellbeing Board | 2 of 3 |
| Simon Whitehouse, Chief Executive of the Integrated Care Board | 2 of 3 |
| David Sidaway, Chief Executive of Telford & Wrekin Council | 2 of 3 |
| Andy Begley, Chief Executive of Shropshire Council | 3 of 3 |
| Vacancy - Primary Care representative from Shropshire Place Based Partnership | - |
| Vacancy - Primary Care representative from Telford and Wrekin Place Based Partnership | - |
| Liz Noakes, Director of Public Health of Telford & Wrekin | 3 of 3 |
| Rachel Robinson, Director of Public Health of Shropshire | 3 of 3 |
| Tanya Miles, Executive Director People, Shropshire Council | 1 of 3 |
| Jo Britton, Director of Children's services for Telford and Wrekin Council | 2 of 3 |
| Sarah Dillon, Director of Adult services for Telford and Wrekin Council | 1 of 3 |
| Alan Olver, Telford and Wrekin VCS | 1 of 3 |
| Terry Gee, Telford and Wrekin VCS | 2 of 3 |
| Jackie Jeffery, Shropshire VCS | 0 of 3 |
| Heather Osborne, Shropshire VCS | 1 of 3 |
| Lynn Cawley, Healthwatch Shropshire representative | 3 of 3 |
| Barry Parnaby, Healthwatch Telford and Wrekin representative | 1 of 3 |

Throughout the period 1st July 2022 to 31st March 2023, the partnership has received reports on the following:

- Briefing on the content of the current Joint Strategic Needs Analysis and Health and Wellbeing Strategies for the respective local authority areas.
- Development and approval of the Integrated Care Strategy
- Update on development of the Joint Forward Plan and the engagement plan and delivery with the public and stakeholders.

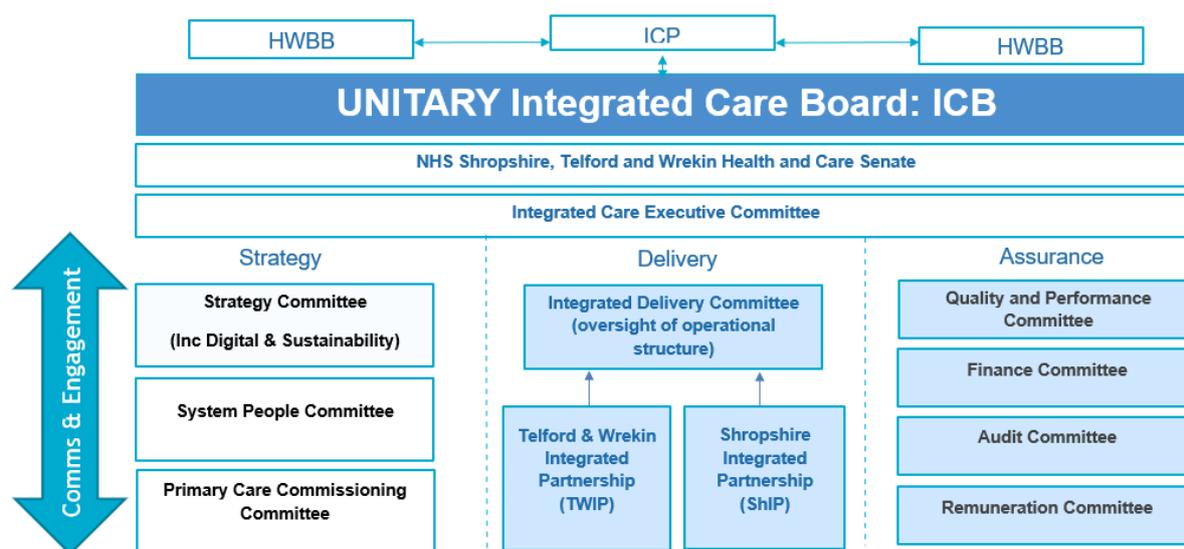
Membership of the committees and sub-committees of the Board is outlined in respective terms of reference which are included in the Constitution and Governance Handbook. Attendance at these meetings is recorded in the minutes of each meeting.

The governance structure for NHS Shropshire, Telford and Wrekin (as described in the Constitution) is shown on the next page.

The organisation has reflected on its own effectiveness and performance as part the monthly assurance checkpoints undertaken by NHS England during 2022/23 and as part of the transition arrangements to the ICB. The outcomes of these reflections have been reported to the Board.



Governance Structure



UK Corporate Governance Code

NHS bodies are not required to comply with the UK Corporate Governance Code.

Discharge of statutory functions

NHS Shropshire, Telford and Wrekin has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the organisation is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all the organisation's statutory duties.

Risk management arrangements and effectiveness

Corporate governance is the system by which the Board directs and controls the organisation at the most senior level, to achieve its objectives and meet the necessary standards of accountability and probity. Using a risk management mechanism, the Board brings together the various aspects of governance: corporate, clinical, financial, and information to provide assurance on its direction and control across the whole organisation in a coordinated way.



At the creation of ICBs in July 2022, NHS Shropshire, Telford and Wrekin adopted the risk management strategy of its predecessor CCG with a view to a revised risk management approach that would seek to identify and mitigate risk at a system level being developed during the first year of operation. This work has been taking place during this reporting period with a view to the Board adopting a revised approach for the next financial year 2023/24. The following information outlines the normal risk management practice NHS Shropshire, Telford and Wrekin has followed during 2022/23 and is based upon the inherited risk management strategy from the predecessor CCG.

NHS Shropshire, Telford and Wrekin received a level B assessment from its Internal Auditors which reflects that an Assurance Framework has been established but is not sufficiently complete to meet the requirements of the Annual Governance Statement and provide reasonable assurance that there is an effective system of internal control to manage the principal risks across all the main business activities. There were also two areas recommended by internal auditors for action which are being actioned in quarter 1 and 2 of 2023/24 financial year.

The coordinating body for receiving assurance on these strands of governance is the Audit Committee, which oversees integrated governance on behalf of the Board. In addition, the other committees also oversee the risks within their specific remits, providing assurance to the Audit Committee where appropriate.

NHS Shropshire, Telford and Wrekin prevents risk arising wherever possible by:

- applying policies and procedures for staff and contractors to follow;
- the Constitution and Governance Handbook;
- standing orders and standing financial instructions;
- the use of technical support external to the organisation (for example, legal, Information Governance and human resources advice); and
- internal audit.

The organisation also employs deterrents to risk arising (for example fraud and IT deterrents).

The system of risk control forms part of the organisation's system of internal control and is defined in the Integrated Risk Management Strategy, which is reviewed annually. The strategy defines the risk management responsibilities and common methodologies for the identification and assessment of risks for the whole organisation. It requires that risks are managed to a reasonable level, within the parameters of a defined risk appetite, rather than requiring the elimination of all risk of failure to achieve the organisation's objectives.

The risk control system facilitates the assessment of risk by:

- identifying and prioritising the risks to the achievement of the organisation's objectives
- evaluating the likelihood of those risks being realised and the impact should they be realised, and managing them efficiently, effectively and economically.

The Risk Management Strategy applies to all risks, whether these are financial, quality, performance, governance, etc.



The risk appetite was determined and approved by the Board and the strategy outlines the processes for maintaining and monitoring the Board Assurance Framework and the Directorate Risk Registers with due regard to this appetite.

Our risk appetite can be summarised as follows:

- we expect to fulfil our statutory and regulatory duties to maintain and improve quality and safety in our activities and those of the organisations we commission healthcare from
- to achieve this, we will maintain a lean and flexible governance and staffing structure, populated by people who think in a holistic, patient-focused way and with a keen sense of inventiveness
- we will accept risks graded as 'very low', avoid expenditure and use of resources on those graded 'low', manage in a cost-effective manner those graded moderate and enthusiastically seek to reduce those graded 'high'
- conversely, we will actively seek to implement actions to take opportunities graded 'high' and proportionately respond to those graded below this
- whilst we will ensure cost-effectiveness and a balanced budget, we seek quality and innovation towards best practice in patient-centred care.

Risk management is embedded in the activity of the organisation and can be demonstrated through:

- completion of equality impact assessments for reviewed or new policies
- incident and serious incident reporting is encouraged by the organisation and evident through the Ulysses reporting system
- Information Governance (IG), raising concerns and ensuring fraud awareness and training has been provided to senior managers and staff
- training for staff and Board members is mandated for particular areas: health and safety, IG, safeguarding, safer recruitment, fire safety, business continuity/emergency planning, Integrated Single Finance System (ISFE) and conflicts of interest
- intelligence gathering through quality and performance contracting processes with providers
- complaints and Patient Advice and Liaison Service (PALS) enquiries
- NHS-to-NHS concerns reporting via Ulysses
- national reviews, inspections and guidance.

Risks are identified, assessed and recorded in accordance with the Risk Management Strategy and Risk Assessment Code of Practice. The principal processes and the matrix described in these documents are applied to all risk registers, incident management and risk assessment activity across the organisations.

The following processes are used to identify risks:

- retrospectively following the occurrence of an adverse incident
- proactively to identify potential risks to service delivery
- during the development of new activities.



It is acknowledged that risks may be shared with other organisations that NHS Shropshire, Telford and Wrekin works with to jointly deliver services. Consequently, the BAF is discussed with risk management leads and reflects the identified strategic risks of these organisations where appropriate.

The following details are recorded for each recorded risk on a risk register:

- risk category/reference
- risk description
- existing controls/assurance
- risk grading with existing controls
- gaps in controls/assurance
- target risk grading
- actions to reduce the risk to an acceptable level
- amendments record.

Where necessary, actions include the identification of budgets and resources to facilitate their implementation. The organisation has given due regard to all national findings from quality reviews undertaken.

Our capacity to handle risk

Leadership is given to the risk management process by the Accountable Officer whose role is to own the System Board Assurance Framework (BAF). The BAF, which documents the principle risks to the system's objectives not being delivered, is underpinned by the Directorate Risk Register for the system and for the ICB as a corporate entity. This outlines the lower-level risks to each executive lead not meeting their specific remit objectives and, specifically, risks to the organisation not fully discharging primary care commissioning under its delegation from NHS England effectively. Each executive lead, or members of their respective teams, will inform the Directorate Risk Register. Both the Accountable Officer and directors are supported by the Director for Corporate Affairs. NHS Shropshire, Telford and Wrekin staff are provided with a risk assessment code of practice and receive support and training on risk management from the Director of Corporate Affairs where required.

A summary of the major risks identified in this interim BAF during 2022/23 is set out below, and the actions being taken to mitigate the risks. The major risks to the ICS and the organisation have been reviewed and revised bi-monthly where necessary.



| Description of major risks added to the Board Assurance Framework during 2022/23 | Existing controls | Further actions |
|---|---|---|
| <p>1. System failure to deliver overall long-term financial sustainability.</p> | <p>Risk management framework in place across the system as part of development of system sustainability plan.</p> <p>System governance arrangements in place through Integrated Delivery Committee (IDC) and investment panel to ensure that new investments are not made unless recurrent resource is available.</p> | <ol style="list-style-type: none"> 1) A number of operational pressures are impacting on our system and the financial impact of these is manifesting in our expenditure run rate. We are working through a thorough review of anticipated spend and actions to mitigate costs for the rest of the year. (CS Oct 22) 2) Significant work underway across system to model long term plan. Modelling task and finish group assembled and reviewing system wide financial model. First cut of 23/24 plan to be completed by Dec 22, followed by full long term plan refresh. (JP Dec 22) 3) A full review of Diagnostic and Benchmarking activity has highlighted the potential for further programmes of work which will support the Financial Improvement Programme. IDC has requested immediate recovery of the position and COOs have been asked to set out the opportunities and approach to delivery by the end of Sept 22. (KO/ GR Sept 22) 4) IFP management group in place which reviews IFP arrangements including the risk management framework. This is a subcommittee of the Finance Committee. Timetable in place for review to conclude by end of December 2022 to inform the 23/24 contracting round (CS/LC Jan 23) |
| <p>2. Quality and Safety</p> <p>Without a robust quality governance framework in place, the system will not be able to monitor quality and safety and mitigate risks in a timely manner. Patients may experience poorer outcomes and experience</p> | <ol style="list-style-type: none"> 1. Development of an ICS Quality and Safety Strategy, co-produced with system health and social care partners and patient representative groups. Approved by ICS Board June 2021. 2. Establishment of our ICS governance structure including Quality & Safety Committee (a sub-committee of the ICS Board) and System Quality Group (SQG) which provides quality surveillance and improvement. 3. STW LMNS function is developing to encompass the new responsibilities for PNQSG and ToR. The risk register has been revised in light of this requirement. 4. SaTH Safety Oversight and Assurance Group (SOAG) in place, co-chaired by NHSE/ICS lead and with system membership. 5. SI reporting in accordance with NHS SI Framework, monthly SI review meetings between commissioner/provider in place. | <ol style="list-style-type: none"> 1. Further develop and embed the system-wide revised approach to quality governance during 2022/23, including quality governance at 'place'. Identify senior resource (DDoN) to lead this work. Q3 2. Continue to monitor quality risks and workforce plans at provider level through existing mechanisms including a presence at SaTH internal quality governance fora. (nb Workforce reported to ICS People Board which has agreed key priority areas for action). Ongoing 3. SaTH undertaking a programme of Quality Improvement Getting to Good Programme - reported |



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| | <p>6. Patient Safety Group in place with remit to ensure the NHS Patient Safety strategy is delivered across system.</p> <p>7. System-wide IPC forum in place providing oversight and peer support.</p> <p>8. Vaccination quality governance forum in place to oversee C-19 delivery programme.</p> <p>9. ICB/ICS quality and safety monitoring and reporting arrangements will run in parallel during 2022/23.</p> <p>10. The model for system governance is confirmed.</p> <p>11. There as a programme for monthly quality assurance visits including for maternity MVP and LMNS representatives are included in the Maternity and Neonatal Safety Champion quality visits monthly.</p> <p>12. SaTH real-time (unvalidated) data submissions to MBRRACE-UK accessible through specialist midwife and perinatal mortality tool.</p> <p>13. All women now on badgernet platform. Medway system now read only (May 22).</p> <p>14. Regional escalation tool in place for maternity closures (May 22)</p> <p>15. Quality metrics agreed and included in System Quality metrics from June 22 for oversight.</p> | <p>monthly to SOAG for oversight & scrutiny. SOAG is co-chaired by ICS and NHSE/I directors.</p> <p>4. Further develop the maternity metrics dashboard at LMNS level - developments made with LMNS dashboard working with SaTH and CSU to establish validated metrics. Data Quality position report received to LMNS board March 22, improvement expected by July 22.</p> <p>5. Support to SaTH to further develop the content and accuracy of their internal maternity dashboard and improve exception reporting.</p> <p>6. Continue to monitor Maternity service closure and impact, ensuring appropriate escalation process are followed in each occurrence.</p> <p>7. Targeted quality improvement work relating to CYP MH in progress</p> <p>8. Oversight of Safeguarding and LAC risks via system safeguarding assurance mechanisms.</p> <p>9. Continue to monitor LAC standards (which are improving), supporting with revised referral processes.</p> <p>10. Implement recommendations of CCG internal audit of Safeguarding Adult and Child processes. Oct 21 (June 22 completion)</p> <p>11. Implement new statutory requirements for Liberty Protection Safeguards when national timelines and details are published.</p> <p>12. System CYP MH Challenge event hosted jointly by SG partnership boards 13.06.22</p> |
| <p>3. Restoration of Services Post Covid-19</p> <p>There is a risk that the restoration of health services following the Covid-19 pandemic will not keep pace with patient need resulting in patients suffering harm.</p> | <p>Demand and Capacity Modelling</p> <p>System Clinical prioritisation and approach to harm policy in place</p> <p>Development of digital and virtual capabilities</p> <p>Developing system infrastructure</p> <p>2022/23 operational plan</p> <p>People Plan and workforce planning</p> | <p>1a) Elective Recovery trajectories set out in 2022/23 plan. Big 6 items outpatient transformation and MSK addressing elements of sustainability and transformation.</p> <p>1b) Demand and capacity and performance monitoring ongoing to track progress and allow for early mitigation if deviation from plan is evident.</p> <p>1c) Work ongoing on implementation of People Plan</p> <p>2 &3) Ongoing dialogue with NHSE regarding equipment and estate</p> |
| <p>4. Population Health Needs</p> <p>There is a risk that the ICB fails to understand its population health needs and how this contributes to health inequalities across the footprint resulting in</p> | <p>Inequalities sits within the portfolio for Director of Planning and Partnerships and Population Health Management sits within the portfolio of the Director of Planning.</p> <p>JSNA work lead by Councils.</p> | <p>1) First phase review of capacity and capability completed. Analyst network in place to support sharing skills and expertise and supporting a system approach. 2 x PHM posts (joint with LAs) recruited to. Refresh of PH Strategy completed to ensure system BI capacity is wrapping around the correct priorities.</p> |



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| <p>widening health inequalities.</p> | | <p>Further mapping of progress of work programmes needed by end of May 22</p> <p>2/3) PHM SRO within ICS structure but reporting lines and working group arrangements to be developed. Need for appropriate data sharing arrangements to be finalised to support this work by end of May 22. Further momentum needed in relation to digital developments.</p> <p>4) Engagement strategies being developed with the SCcH and TWIPP boards. Joint posts with Local Authority to develop partnership and place-based working to deliver the needs of the population PHM SRO within ICS structure but reporting lines and working group arrangements to be developed</p> <p>5) Funding requirement linked to output of the CSU Strategy Unit review</p> |
| <p>5. Risk of sustained UEC pressure There is a risk that demand for urgent and emergency care consistently outstrips capacity and that this will result in patients suffering harm.</p> | <p>Daily Silver Call Weekly Gold Call UEC Improvement Plan in place</p> <p>Significant cost pressure for WMAS already factored into 22/23 financial plan</p> <p>WMAS handover - quality issues - Alternative pathways in place using primary care and community services for assessment. The acute provider is undertaking harm assessments, ICB are included in terms of reference The Quality and Performance Committee received quality and performance data on which to gain knowledge and inform discussion. ICB Quality Team act on WMAS incidents to ensure lessons are learned and UEC leaders are aware to address performance to prevent repeat.</p> | <p>1a. Several improvement workstreams in place but capacity to deliver change has been limited due to the level of system pressure. There are signs that this is now beginning to ease. Learning from our current UEC improvement Plan and the approach to recent pressures has been consolidated and mapped into a refreshed UEC Improvement Plan which has been approved by the UEC Board.</p> <p>1b. Work to finalise sub-work programmes to be completed by the end of May 22 Significant collaboration between partner agencies, including our LAs in addressing current pressures has show benefits</p> <p>1c. Winter Comms plan in place, Winter Plan and specific winter schemes in place. Winter scheme evaluation to be completed by end of May 22 to inform planning for winter 22/23 which will commence in June 22</p> <p>1d. CG UEC staffing resource structure developed and aged. Recruitment to commence in May 22 Specific development in place regarding discharge and attendance avoidance</p> <p>2. WMAS handover costs will be monitored closely through regular communication with WMAS and lead commissioner contracting and finance teams</p> <p>3.a. Monitor WMAS Serious incidents for themes monthly at system quality group - July 22</p> <p>3b. ICB Quality Team monitor the timeliness of incident investigation to ensure immediate and longer-term actions are addressed in a timely way and learning is maximised. The SOP is updated and to be published – June 22</p> <p>3c. Systems to monitor patient and family feedback in relation to ambulance delays are to be established - July 22</p> |



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| <p>6. Net Zero</p> <p>Risk that the system does not comply with the NHS Net Zero commitment by 2030</p> | <p>NHS STW Greener Plan approved April 2022 Plan Workstream leads identified</p> | <ol style="list-style-type: none"> 1. Executive Director to agree and direct reporting lines 2. Lack of capacity and dedicated leadership raised with Executive Director for consideration |
| <p>7. Governance</p> <p>Risk that the ICB and system fail to develop and sustain governance processes to support robust and transparent decision making</p> | <p>ICB Board ICB committees ICB sub committees Audit Committee ICB Constitution and Governance Handbook</p> | <ol style="list-style-type: none"> 1) Mapping work is continuing. Lack of capacity in ICB Corporate Affairs team resulting in slow progress. ICB looking at other sources of capacity to supplement this work. Linked to NOF 4 exit criteria 2) System discussions are taking place. NHSE launching Partnership Governance self-assessment Late April/early May 2023 with a view to the Chair and NHSE Regional Director agreeing areas of assessment and timelines. Linked to NOF 4 exit criteria |
| <p>8. ICS Workforce</p> <p>There is a risk that the ICS will be unable to provide the workforce to deliver clinical and non-clinical services due to inability to recruit, retain, keep well and effectively deploy a workforce with the necessary skills & expertise that meet service requirements - resulting in a failure to deliver services.</p> | <p>Monthly workforce information dashboards to consider workforce information (sickness, turnover, vacancies, staff in post, Agency and bank usage etc)</p> <p>Annual operational workforce planning process to set direction of travel for next 12 months</p> | <ol style="list-style-type: none"> 1) Work to develop One People Strategy for all system employers is underway - to enable identification of key and agreed areas of priority for action 2) Work on the NHS E Operational Workforce Plan is in progress, enabling a more detailed and shared understanding of our system NHS workforce issues and building the case for collaborative cross-employer working to maximise our workforce availability. 3) The System people Team is bringing more robust project and programme management approaches to key portfolios and workstreams, enabling greater transparency and driving delivery. 4) System People Team actively exploring additional ways to resource prioritised programmes and facilitate delivery. 5) System People Team creating closer links with AHP Council, Pharmacy Faculty, Nursing Council and Primary Care teams to build consistency of approach and greater impact of interventions. 6) System People Team driving new ways of working, collaboration, system first approaches to do things differently for our workforce and patients. |

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place to ensure the organisation delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact



should they be realised, and to manage them efficiently, effectively, and economically. There is appropriate monitoring of risks and the courses of action being employed to mitigate them.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

Our Risk Management Strategy defines our commitment to ensuring that the organisation has in place structures that will effectively manage risks of all kinds, in line with aims set out in our Constitution. We will take all reasonable steps to manage risks in commissioned services, staff, visitors, reputation, organisational assets and any other issue as an integral part of our management processes.

The following control mechanisms are in place:

- risk management
- Constitution
- security management
- Counter Fraud Annual Plan
- Internal Audit Annual Plan
- performance monitoring of ICS providers and the organisation itself
- Data Security and Protection Toolkit submission
- incident and serious incident reporting
- quality and financial reporting
- contract/quality performance monitoring arrangements with providers
- policies and procedures
- risk assessments
- governance reporting between the Board and its committees/sub-committees
- adult and children's safeguarding annual reports
- emergency and business continuity planning/core standards
- external regulator reports on providers.

Annual audit of conflicts of interest management

The organisation has a Conflicts of Interest Policy which governs the process for employees, Board members, Committee members, contractors and others undertaking functions on behalf of the organisation to declare their interests where these may conflict with those of NHS Shropshire, Telford and Wrekin. The Policy outlines a process for individuals both employed by the organisation or those not employed but acting on behalf of the organisation, to declare these interests to ensure that decisions made on behalf of NHS Shropshire, Telford and Wrekin are not compromised. The policy and registers can be found on the website: [Conflicts of Interest - NHS Shropshire, Telford and Wrekin \(shropshiretelfordandwrekin.nhs.uk\)](https://www.shropshiretelfordandwrekin.nhs.uk)

The revised statutory guidance on managing conflicts of interest (published June 2016) requires commissioners to undertake an annual internal audit of conflicts of interest



management. To support ICBs to undertake this task, NHS England has published a template audit framework.

The organisation has carried out its annual internal audit of conflicts of interest at the end of 2022/23 and the audit provided moderate assurance, with some recommendations for further action. All recommendations have been fully accepted by the organisation and recommendations are being actioned in quarter one of 2023/24. Register of interests have been updated for Committees and Place based partnership meetings and training is being rolled out to key decision makers in the organisation.

There have been no breaches of the Conflicts of Interest Policy which require reporting to the Audit Committee during this period.

Data quality

The Board relies on the data quality elements in its contracts with providers that requires them to quality assure their data prior to submission. The organisation also uses NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) for provider information performance, quality and finance and therefore the organisation's contract with MLCSU outlines information reporting expectations. The data sources used by MLCSU is the national UNIFY system and Secondary Uses Service (SUS) data which is verified via the contracting process with providers.

Information governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, particularly personal identifiable information. The framework is supported by a Data Security and Protection Toolkit (DSPT) and the annual submission process provides assurances to the organisation, other organisations and individuals that personal information is dealt with legally, securely, efficiently and effectively. The Data Security and Protection Toolkit submission is not due until 30th June 2023 and therefore final compliance cannot be reported in this annual report.

The organisation places high importance on ensuring there are robust information governance (IG) systems and processes in place to help protect patient and corporate information. We have established an IG management framework and have developed processes and procedures in line with the DSPT. We have ensured all staff undertake annual IG training and provide a staff IG handbook to ensure everyone is aware of their roles and responsibilities.

There are processes in place for incident reporting and the investigation of serious incidents. We have reported a total of 11 incidents during the period 1st July 2022 to 31st March 2023 and 10 of these incidents were graded as non-reportable – very low risk, with 1 reportable to the Information Commissioner's Office (ICO). We have developed an information asset register which enables the organisation to identify high-risk assets



through data flow mapping, and this ensures that an information risk culture is embedded throughout the organisation.

NHS Shropshire, Telford and Wrekin receives an Information Governance service from MLCSU. This enables us to receive a full, specialised service, which as a small organisation we could not reproduce in-house.

A work programme has been undertaken by MLCSU to ensure that the organisation is compliant against General Data Protection Regulations. As part of this, our information has been audited and staff training has been delivered.

Business-critical models

The organisation relies on centrally provided NHS business planning models to help it plan future strategy. NHS Shropshire, Telford and Wrekin has no business-critical models that it would be required to share with the Analytical Oversight Committee.

Third-party assurances

Third-party assurances are received annually from MLCSU for particular financial functions that are part of a service level agreement. Processes are in place to ensure that the CSU Internal Audit function shares its own audit findings of these functions with the ICB's internal auditor, who includes a precis of the findings in the Head of Internal Audit Opinion, which is part of this statement.

Raising concerns – freedom to speak up

NHS Shropshire, Telford and Wrekin has a policy in place to support staff to raise concerns (sometimes referred to as 'whistleblowing'). There have been no concerns raised by staff to designated officers for investigation during the period 1st July 2022 – 31st March 2023. However five members of staff have raised concerns directly with the Freedom to Speak Up Guardian during the period, 4 of these members of staff chose to subsequently raise the concern with their line manager and the fifth chose not to take any further action. The organisation has appointed a Speak Up Guardian at Board level to support staff to raise concerns under the policy moving forward.

The Audit Committee gets an annual report on any concerns raised and action taken, protecting anonymity where required.

Control issues

The significant control issues that the organisation has been managing during the period 1st July 2022 to 31st March 2023 that would require reporting in this Annual Governance Statement are as follows:



1. Financial deficit

The 22/23 financial outturn reported position is a significant deficit for both the ICB itself and the Shropshire, Telford and Wrekin wider healthcare system. The system is part of the National Recovery Support Programme – Level 4 of the NHS England and NHS Improvement (NHSEI) System Oversight Framework. The system and ICB is therefore subject to significant scrutiny around finances and financial decisions, with a specific requirement to develop an approach to recovering a deteriorating financial position. A long term system transformation programme is under development which will underpin a system wide financial recovery plan and strategy.

2. Quality issues at local providers

The system continues to be below performance targets on most national criteria. The actions being taken to improve performance by providers and system partners are tracked through both their internal governance and through the respective system programme operational delivery or partnership boards as appropriate. Incidents arising from harm reviews and the assurance of the related processes are taken through the System Quality Group. This comes together with detailed assurance reports to be presented at the ICB's Quality and Performance Committee. This reports directly to the ICB Board.

Shrewsbury and Telford Hospitals NHS Trust (SATH) remains the most challenged provider and remain a cause for concern within the STW healthcare system. The ICB continues to work with the SaTH to manage significant performance and quality issues in year based on activity, patient feedback and quality themes & trends. The most significant issues are captured in the ICB Quality & Performance Risk Register, which forms the basis of monthly committee meetings. Our providers and the ICB maintain positive engagement with the CQC including the intelligence and information sharing.

3. Urgent and emergency care

The performance over winter has been very challenging across the system. STW, as the rest of the NHS, experienced extreme pressure across the system over the festive period. This led to large numbers of ambulance handover delays and high levels of patients waiting for beds (DTAs, Decision to Admit). This resulted in patients being cared for in sub-optimal settings.

However, a series of actions have taken place since November 2022 which when combined with lower levels of demand have allowed the system to be in significantly improved position in the care of our patients. These are:

- System Winter Flow Summit convened to provide oversight and focus for all organisations to daily responses, this has led to several key actions being agreed with associated impact which is being tracked via weekly winter flow dashboard
- Deployment of a system control centre to drive and oversee the system response
- Opened 26 additional beds through the acute floor reconfiguration
- Dedicated Ambulance Receiving Areas have been opened at RSH and PRH



- A Multi-Agency Discharge Event (MADE), involving Shropshire Community Trust and both LAs took place in December. Another MADE is being held in February.
- Use of additional social care discharge fund to increase complex discharges from approx. 15 per day to >25 per
- Increase in virtual ward capacity from 30–50 patients per day
- Single Point of Access increasing attendance avoidance from 6 to 25 per day.

Review of economy, efficiency and effectiveness of the use of resources

The Finance Committee, Integrated Delivery Committee and Quality and Performance Committee give detailed consideration to the organisation's financial and performance issues to provide the Board with assurance that all issues are being appropriately managed and escalated where necessary. This includes the determination of key financial assumptions to underpin the organisation's medium-term financial strategy and scrutiny of monthly financial reporting, including delivery of transformation schemes through the system Investment Panel, performance against central management costs and efficiency controls.

These committees report to the Board via a chair's exception report at each meeting. In addition, the Board receives summary financial, quality and performance reporting at each meeting.

The Internal Audit Plan also provides reports to the Audit Committee throughout the year on financial systems and financial management provided by the organisation and supported by MLCSU. Outcomes from these internal audit reviews are detailed in the Head of Internal Audit Opinion.

Delegation of functions

NHS Shropshire, Telford and Wrekin has a Scheme of Reservation and Delegation that sets out delegated areas of responsibility and authority and clearly defined limits that properly reflect roles and responsibilities.

It is underpinned by a comprehensive system of internal control, including budgetary control measures, and ensures that there are sufficient safeguards and management mechanisms in place to maintain high standards in terms of effective, efficient and economic operation of the group. The scheme captures the decision-making roles of the Accountable Officer, directors, Board and committees, and is linked to the terms of reference of each committee.

The Audit Committee maintains an oversight of delegated functions and responsibilities to ensure that resources are used efficiently and economically and that there are effective processes in place to guard against fraudulent usage.



The organisation, in accordance with its Constitution, reviews its Scheme of Reservation and Delegation annually. Amendments to the overarching Scheme of Reservation and Delegation are taken to the Board for approval. The organisation remains accountable for all its functions – including those that it has delegated.

External audit fees, work and independence

The ICB's external auditors are Grant Thornton UK LLP, Colmore Plaza, 20, Colmore Circus, Birmingham, B4 6AT. The contract value was £100.8k excluding VAT. The contract included the core audit work of the financial statements and work on the economy, efficiency and effectiveness in the ICB's use of resources (Value for Money).

Counter fraud arrangements

Counter fraud arrangements are contracted by the ICB from CW Audit Services who provide the services of an Accredited Local Counter Fraud Specialist (LCFS), contracted to undertake counter fraud work proportionate to the ICB's identified risks.

The Government's Functional Standard (Govs13: Counter Fraud) was launched in October 2018 and is being implemented across all government departments and arms-length bodies, including the NHS who moved to adopt the new standards in 2021. The ICB Audit Committee receives a regular report from the LCFS which details activities undertaken against each of the Standards, and the LCFS produces an annual report detailing the year's activities. There is executive support and direction for a proportionate proactive work plan to raise awareness of the zero tolerance to fraud and to address identified risks.

The Chief Finance Officer, who is a member of the ICB Governing Body, is proactively and demonstrably responsible for tackling fraud, bribery and corruption and oversees that appropriate action is taken regarding any NHS Counter Fraud Authority quality assurance recommendations. In addition, the LCFS role is further supported by a nominated Counter Fraud Champion who provides a senior voice within the organisation to champion the counter fraud agenda, and to enable and support the counter fraud programme of work.

Head of Internal Audit Opinion

The purpose of my annual HOIA Opinion is to contribute to the assurances available to the Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control. This Opinion will in turn assist the Board in the completion of its Annual Governance Statement.

My overall opinion is that **moderate** 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

The **basis for forming my opinion** is as follows:



1. This is an opinion on a developing organisation.
2. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes
3. An assessment of the range of individual opinions arising from risk-based audit assignments, contained within internal audit risk based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses.
4. Any reliance that is being placed upon third party assurances.

The Assurance Framework

I have reviewed the overall arrangements the Board has in place to conduct its review of the system of internal control. This has entailed reviewing the way in which the Board has identified the principal risks to achieving its objectives; the identification of controls in operation to mitigate against these risks and the degree to which the organisation has received assurances that these risks are being effectively managed. I have approached this by examining the Assurance Framework documents that you have in place and also by giving consideration to the wider reporting to the Board, which informs the Board's assessment of the effectiveness of the organisation's system of internal control. I have taken a holistic approach to my assessment, reflecting on the development work done and the evolving nature of the organisation. I provided a 'Level B' year-end assessment for ICB Assurance Framework arrangements in the wider sense. I noted that positive steps have been taken to develop a system wide risk management framework. An approved and complete Board Assurance Framework (BAF) was not fully in place before the 31st March 2023. A draft ICB/ System BAF has been developed supported by a risk appetite methodology and Risk Management Policy. The ICB's intention is for updated its BAF to be taken to the next Board following agreement of risks within Directorate Risk Register by the relevant committees. We were advised that relevant risks were reported to Quality and Safety Committee and the Finance and Performance Committee during the year. There is plan for all corporate risks to be taken through the next committee rounds.

It is my view that an Assurance Framework has been established but is not yet sufficiently complete to meet the requirements of the Annual Governance Statement and provide reasonable assurance that there is an effective system of internal control to manage the principal risks across all the main business activities. This has been reflected in my overall moderate assurance Opinion.

The system of internal control based on internal audit work undertaken

My Opinion also takes into account the range of individual opinions arising from the risk-based audit assignments that have been reported throughout the year. An internal audit



plan was developed to provide you with independent assurance on the adequacy and effectiveness of systems of control across a range of financial and organisational areas. To achieve this our internal audit plan was divided into two broad categories; work on the financial systems that underpin your financial processing and reporting, and then broader risk focused work driven essentially by principal risk areas that you had identified in your Assurance Framework.

The assurance levels provided for all assurance reviews undertaken is summarised below:

Significant assurance

- Payroll, Debtors, Accounts Payable
- Better Care Fund
- Financial Ledger

Moderate assurance

- Conflicts of Interest Management

Other

- Adult and Children Safeguarding Follow Up report (DRAFT) improvements noted
- Financial Sustainability
- DSPT actions to complete the assessment before 30th June were noted
- Board Assurance Framework Level “B”

Other - Financial Position

The full year reported forecast outturn (FOT) as at month 10 is a deficit of £21.8m which is £24.0m adverse against the plan. The FOT was adjusted at M10 in line with the NHSE forecast change protocol. As at month 10 the ICB are reporting that of the £19m planned system deficit, the ICB planned deficit is £11.7m, or a £2.2m surplus once the £13.9m of system target savings is included. They have highlighted that due to the phasing of the plan, the ICB has a year to date (YTD) deficit plan at M10 of £1.4m. At M10 the ICB has a £17.2m adverse variance to that plan and is therefore showing a £18.6m deficit. The adverse variance YTD is broken down into £7.9m for the ICB position and £9.3m for the undelivered system stretch efficiency target.

Following up of actions arising from our work

All recommendations and agreed actions are uploaded to a central web-based database as and when reports are finalised. Management are then required to update the status against agreed actions. This is a self-assessment and is supplemented by our independent follow-up reviews where this is deemed necessary, for example, following the issue of a limited assurance report.



Work in relation to the Single Primary Care Estates & Workforce Strategy is in progress and this action was carried forward from the CCG.

The Audit Committee is proactive in monitoring actions and during the year there has been good progress in relation to implementing recommendations that the Audit Committee are responsible for overseeing. Challenging areas remain in the system despite previous actions taken for example in relation to system affordability and quality.

Reliance on third party assurances

In arriving at my overall opinion, I have sought to place reliance on third party assurances where appropriate. This is the case with services provided by the Midlands & Lancashire CSU. The third-party Type II service auditor CSU report for the period 1 April 2022 to 31st March 2023 did not identify any issues to highlight.

There are a number of significant and persistent quality challenges. These challenges have included amongst others Urgent and Emergency Care performance, RTT, Cancer waiting times and lack of staff in key areas at the main provider. In November 2021 CQC published their latest report on Shrewsbury and Telford Hospital NHS Trust (SaTH). The "inadequate rating" was assessed as remaining in place. The Final Ockenden Report (Independent Review of Maternity Services at SaTH) has been issued, which highlighted serious and persistent failings with maternity services with tragic impacts on patient care and outcomes. The report stated that "Although independent and external reports consistently indicated that the maternity service should improve its governance and investigatory procedures this message was lost in a wider healthcare system which was struggling with other significant concerns". The report included Immediate and Essential Actions. The CCG had established a quality governance structure together with SaTH for the monitoring of Ockenden actions. The handover of this oversight and in particular staffing – continuity of carer and organisational culture were highlighted in the transition arrangements to the ICB. We also note that operationally the system is also struggling to cope with demand peaks.

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the ICB who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the ICB achieving its principle objectives have been reviewed.

I have been advised on the implications of the result of this review by:

- the Governing Body



- the Audit Committee
- the Finance Committee
- the Quality and Performance Committee
- internal audit
- other explicit reviews/assurance mechanisms.

The Head of Internal Audit Opinion contained within this report sets out an overview of the control issues we have faced which are also set against a number of external, ongoing challenges within the environment in which we commission services. These challenges continue to be evident in the period to 31st March 2023 coupled with those posed by the continued need to respond to the COVID-19 pandemic.

However, during the year, progress has been made to address these challenges. This Annual Report highlights many of our achievements during this period and our Internal Audit opinion reflects the efforts by ICB staff to make the required improvements. Despite this progress, significant issues still remain and Shropshire, Telford and Wrekin ICB will continue to build on the work we have commenced to address these ongoing challenges. In doing so we will continue to utilise the assurance methods available to us which are outlined above, but will continue to enhance and build on these foundations in order to ensure a robust internal system of control within the new Integrated Care Board (ICB) in 2023/24.

Conclusion

In conclusion, my review of the effectiveness of governance, risk management and internal control and the Head of Internal Audit Opinion have confirmed that the ICB maintains a generally sound system of internal control designed to meet the organisation's objectives, and controls are generally being applied consistently. Accepting the control issues identified above, and the actions that are being taken to address these and the results of the internal audit reviews undertaken during the year, I am confident that the organisation has appropriate mechanisms in place to deliver good governance.

Simon Whitehouse

Accountable Officer
29th June 2023



Remuneration and Staff Report

Remuneration Committee

The Remuneration Committee was established by NHS Shropshire, Telford and Wrekin to recommend approval of the remuneration and terms of service for the Executive Directors, other staff employed with Very Senior Manager (VSM) pay terms and the conditions and lay appointments to the ICB Board.

The composition and responsibilities of the ICB's Remuneration Committee can be found in the Governance Statement.

Percentage change in remuneration of highest paid director

| Nine months to 31st March 2023 2022-23 | Salary & Allowances | Performance Pay & Bonuses |
|---|---------------------|---------------------------|
| Highest Paid Director: % change from three months to 30th June 22 | -2.67% | N/A |
| All Staff: % change from three months to 30th June 22 | -1.56% | N/A |

The decrease in the highest paid director salary reflects the appointment of a new Interim Chief Executive Officer for the ICB.

The decrease in all staff reflects the recruitment to several lower banded posts which were previously vacant and covered by interim staff.

As at 31st March 2023, remuneration ranged from £17k to £180k based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Pay ratio information

The relationship to the remuneration of the organisation's workforce is disclosed in the below table.



| | 25th percentile | Median | 75th percentile |
|---|-----------------|---------|-----------------|
| 'All staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff) | £23,949 | £37,506 | £54,619 |
| Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff) | £23,949 | £37,506 | £54,619 |

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director/member in Shropshire, Telford and Wrekin ICB in the nine month period to 31st March 2023 was £180k to £185k and the relationship to the remuneration of the organisation's workforce is disclosed in the below table.

| Year | 25th percentile total remuneration ratio | 25th percentile Salary ratio | Median total remuneration ratio | Median total remuneration ratio | 75th percentile total remuneration ratio | 75th percentile salary ratio |
|--------------------------------|--|------------------------------|---------------------------------|---------------------------------|--|------------------------------|
| Nine months to 31st March 2023 | 7.6 | 7.6 | 4.9 | 4.9 | 3.3 | 3.3 |

In the nine month period to 31st March 2023 no employees received remuneration in excess of the highest-paid director/member.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Policy on the remuneration of senior managers

The remuneration of the Accountable Officer, executive directors and directors serving on our Governing Body is determined by the Governing Body on the recommendation of the Remuneration Committee, with reference to recognised national NHS pay scales and benchmarking with other ICBs. The Very Senior Manager (VSM) pay framework is used for the Accountable Officer and Executive Directors/Director.



The Remuneration Committee also recommends for determination by the Governing Body the remuneration of the GP practice members of our Governing Body. The rates payable are determined locally. Midlands and Lancashire Commissioning Support Unit (MLCSU) provide independent advice and support to the ICB and the Remuneration Committee in relation to employment and remuneration matters.

These tables are subject to audit by our external auditor.



Senior manager remuneration (including salary and pension entitlements)

| Surname | Forename | Title | Appointment Details | Salary (bands of £5,000) | Expenses payments (taxable) (rounded to the nearest £100) £ | Performance pay and bonuses (bands of £5,000) | Long term performance pay and bonuses (bands of £5,000) | All pension related Benefits (bands of £2,500) | Total (bands of £5,000) | Full Year Equivalent Salary £ |
|------------|----------|---|----------------------|--------------------------|---|---|---|--|-------------------------|-------------------------------|
| Bussey * | Alison | Chief Nursing Officer | 01/07/22 to 31/03/23 | 110-115 | - | - | - | 0-2.5 | 110-115 | 149,450 |
| Chan | Ian | Partner Member for Primary Care/Clinical Lead | 01/07/22 to 31/03/23 | 50-55 | - | - | - | 257.5-260 | 305-310 | 69,208 |
| Dunshea * | Roger | Non Executive Director | 01/07/22 to 31/03/23 | 5-10 | - | - | - | - | 5-10 | 13,000 |
| Dymond | Nicola | Executive Director of Strategy & Integration | 01/07/22 to 31/03/23 | 105-110 | - | - | - | 557.5-560 | 665-670 | 145,000 |
| McKay * | Neil | Chair and GP/Healthcare Professional | 01/07/22 to 31/03/23 | 45-50 | - | - | - | - | 45-50 | 65,000 |
| McMillan * | Trevor | Non Executive Director | 01/07/22 to 31/03/23 | 5-10 | - | - | - | - | 5-10 | 13,000 |
| Pall * | Navnit | Non Executive Director | 01/07/22 to 31/03/23 | 5-10 | - | - | - | - | 5-10 | 13,000 |
| Povey * | Julian | Partner Member for Primary Care | 01/07/22 to 31/03/23 | 45-50 | - | - | - | - | 45-50 | 65,480 |
| Robinson | Gareth | Executive Director of Delivery & Transformation | 01/07/22 to 31/03/23 | 110-115 | - | - | - | 35-37.5 | 145-150 | 147,000 |
| Skidmore | Claire | Chief Finance Officer & Deputy Chief Executive Officer | 01/07/22 to 31/03/23 | 115-120 | - | - | - | 100-102.5 | 220-225 | 157,583 |
| Vivian * | Meredith | Deputy Chair, Lay Member for Patient & Public Involvement | 01/07/22 to 31/03/23 | 5-10 | - | - | - | - | 5-10 | 13,000 |
| White | Nicholas | Medical Director | 01/07/22 to 31/03/23 | 95-100 | - | - | - | 157.5-160 | 255-260 | 132,222 |
| Whitehouse | Simon | Chief Executive Officer | 01/07/22 to 31/03/23 | 135-140 | - | - | - | 230-232.5 | 365-370 | 180,249 |

* Not in the NHS Pension scheme in this employment

Pension benefits

Please note that the cash equivalent transfer value was calculated by the NHS Pensions Agency.

Pension entitlements of senior managers in the nine months to 31st March 2023 – Shropshire, Telford and Wrekin ICB

| Surname | Forename | Title | Real increase in pension at pension age (bands of £2,500) | Real increase in pension lump sum at pension age (bands of £2,500) | Total accrued pension at pension age at 31st March 2023 (bands of £5,000) | Lump sum at pension age related to accrued pension at 31st March 2023 (bands of £5,000) | Cash Equivalent Transfer Value at 1 July 2022 (£'000) | Real increase in Cash Equivalent Transfer Value (£'000) | Cash Equivalent Transfer Value at 31st March 2023 (£'000) | Employer's contribution to stakeholder pension (rounded to nearest £00) £ |
|------------|----------|--|---|--|---|---|---|---|---|---|
| Bussey | Alison | Chief Nursing Officer | 0-2.5 | 0-2.5 | 0-5 | 0-5 | 0 | 1 | 0 | 0 |
| Chan | Ian | Partner Member for Primary Care/Clinical Lead | 12.5-15 | 0-2.5 | 10-15 | 0-5 | 39 | 155 | 155 | 0 |
| Dymond | Nicola | Executive Director of Strategy & Integration | 25-27.5 | 67.5-70 | 25-30 | 65-70 | 137 | 534 | 549 | 0 |
| Robinson | Gareth | Executive Director of Delivery & Transformation | 0-2.5 | 0-2.5 | 10-15 | 10-15 | 132 | 12 | 160 | 0 |
| Skidmore | Claire | Chief Finance Officer & Deputy Chief Executive Officer | 5-7.5 | 7.5-10 | 55-60 | 110-115 | 754 | 75 | 863 | 0 |
| White | Nicholas | Medical Director | 5-7.5 | 10-12.5 | 50-55 | 95-100 | 747 | 111 | 877 | 0 |
| Whitehouse | Simon | Chief Executive Officer | 10-12.5 | 22.5-25 | 65-70 | 130-135 | 983 | 203 | 1,170 | 0 |

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.



Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement or for loss of office

Shropshire, Telford and Wrekin ICB does not have any to report during the nine month period to 31st March 2023.

Payments to past directors

In the nine months to 31st March 2023 Shropshire, Telford and Wrekin ICB made one payment to a Director following approval by the Remuneration Committee. The payment reflected the ICB's contractual obligation to payment in lieu of notice and outstanding annual leave. The total payment was £83k. This does not fall within the definition of a Special Payment and does not require Treasury approval. NHSE were made aware of the approved payment.



Staff Report

Staff numbers and costs

Employee benefits - nine months to 31st March 2023

| | Permanent Employees £'000 | Other £'000 | Total £'000 |
|--|---------------------------------|----------------|----------------|
| Employee Benefits | | | |
| Salaries and wages | 9,581 | 2,058 | 11,639 |
| Social security costs | 928 | - | 928 |
| Employer Contributions to NHS Pension scheme | 1,417 | - | 1,417 |
| Other pension costs | - | - | - |
| Apprenticeship Levy | 28 | - | 28 |
| Other post-employment benefits | - | - | - |
| Other employment benefits | - | - | - |
| Termination benefits | - | - | - |
| Gross employee benefits expenditure | 11,954 | 2,058 | 14,012 |
| Less recoveries in respect of employee benefits (note 4.1.2) | - | - | - |
| Total - Net admin employee benefits including capitalised costs | 11,954 | 2,058 | 14,012 |
| Less: Employee costs capitalised | - | - | - |
| Net employee benefits excluding capitalised costs | 11,954 | 2,058 | 14,012 |

There are no Covid-19 related costs included in the above.

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. For 2019/20, 2020/21 & 2021/22 NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. This has continued for the ICB in 2022/23. The full cost and related funding has been recognised in these accounts and further detail explaining the reason for this increase can be found in Note 4.4

Staff Analysis by Gender

| Staff Grouping | Headcount by Gender | | | Totals | % by Gender | | |
|------------------------------------|---------------------|-----------|----------|------------|---------------|---------------|--------------|
| | Female | Male | Unknown* | | Female | Male | Unknown* |
| Governing Body | 3 | 9 | 6 | 18 | 16.7% | 50.0% | 33.3% |
| Other Senior Management (Band 8C+) | 26 | 5 | 0 | 31 | 83.9% | 16.1% | 0.0% |
| All Other Employees | 194 | 43 | 0 | 237 | 81.9% | 18.1% | 0.0% |
| Grand Total | 223 | 57 | 6 | 286 | 77.97% | 19.93% | 2.10% |

*Gov Body (off payroll) pertains to Governing Body Members without a pay record in the ICB Electronic Staff Record (ESR) system. This applies to all tables hereafter.

Named Individuals categorised as Unknown are :-



Andy Begley
David Sidaway
Louise Barnett
Neil Carr
Patricia Davies
Stacey Keegan

Senior Staff Analysis by Band

| Pay Band | Headcount |
|------------------------|------------|
| Apprentice | 0 |
| Band 1 | 0 |
| Band 2 | 1 |
| Band 3 | 63 |
| Band 4 | 27 |
| Band 5 | 21 |
| Band 6 | 41 |
| Band 7 | 33 |
| Band 8 - Range A | 34 |
| Band 8 - Range B | 17 |
| Band 8 - Range C | 7 |
| Band 8 - Range D | 6 |
| Band 9 | 3 |
| Medical | 12 |
| VSM | 15 |
| Gov Body (off payroll) | 6 |
| Grand Total | 286 |

Staff Sickness Absence

| Staff sickness absence 2022 | 2022 Number |
|---|-------------|
| Total Days Lost | 2960.90 |
| Total Staff Years | 230.81 |
| Average Working Days Lost | 12.83 |
| <p>The sickness absence data for the ICB in 2022 was whole time equivalent (WTE) days available of 51932.97 and WTE days lost to sickness absence of 2960.9 and average working days lost per employee was 12.83 which was managed through the absence management policy.</p> | |



Staff Turnover

| ICB Staff Turnover 2022-23 | 2022-23 Number |
|--|----------------|
| Average FTE Employed 2022-23 | 235.13 |
| Total FTE Leavers 2022-23 | 37.10 |
| Turnover Rate | 15.78% |
| <p>The ICB Staff Turnover Rate for 2022-23 has been calculated by dividing the total FTE Leavers in-year by the average FTE Staff in Post during the year. The ICB's Total FTE Leavers in year was 37.1. The ICB's Average FTE Staff in Post during the year was 235.13. The ICB Staff Turnover Rate for the year was 15.78%</p> | |

Expenditure on consultancy

The ICB spent £296,171 on consultancy services in the nine months to 31st March 2023. The majority of this spend related to payments to a consultancy firm for transforming care projects and performance improvement.

Off-payroll engagements

Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012, ICBs must publish information on their highly paid and/or senior off-payroll engagements. The tables below show the existing arrangements as of 31 March 2023.

For all off-payroll engagements as of 31st March 2023, paying more than £245* per day, lasting longer than six months and are new

For all off-payroll engagements agreed in the nine months to 31st March, for more than £245 per day:

| | Number |
|---|--------|
| Number of existing engagements as of 31st March 2023 | 0 |
| Of which, number that have existed: | |
| for less than one year at the time of reporting | 0 |
| for between one and two years at the time of reporting | 0 |
| for between two and three years at the time of reporting | 0 |
| for between three and four years at the time of reporting | 0 |
| for four or more years at the time of reporting | 0 |

*The £245 threshold is set to approximate the minimum point of the pay scale for a senior civil servant.



Shropshire, Telford and Wrekin ICB can confirm that all existing off-payroll engagements have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax.

For all off-payroll engagements as at 31st March 2023 for more than £245* per day

For all off-payroll engagements between 1st July 2022 and 31st March 2023, for more than £245 per

| | Number |
|---|--------|
| Number of temporary off-payroll workers engaged between 1st July 2022 and 31st March 2023 | 0 |
| <i>Of which:</i> | |
| Number not subject to off-payroll legislation | 0 |
| Number subject to off-payroll legislation and determined as in-scope of IR35 | 0 |
| Number subject to off-payroll legislation and determined as out of scope of IR35 | 0 |
| Number of engagements reassessed for compliance or assurance purposes during the year | |
| Of which: no. of engagements that saw a change to IR35 status following review | 0 |

(2) A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Off-payroll engagements and senior official engagements

For any off-payroll engagements of Board members and/or senior officials with significant financial responsibility, between 1st July 2022 and 31st March 2023

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1st July 2022 and 31st March 2023

| | |
|---|----|
| Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year | 0 |
| Total number of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements | 13 |

Exit packages, including special (non-contractual) payments

Table 1: Exit Packages agreed in the Financial Period

Exit packages agreed in the nine months to 31st March 2023



| Exit packages agreed in the financial year | Compulsory redundancies | | Other agreed departures | | Total | |
|--|-------------------------|----------|-------------------------|---------------|----------|---------------|
| | Number | £ | Number | £ | Number | £ |
| Less than £10,000 | - | - | - | - | - | - |
| £10,001 to £25,000 | - | - | - | - | - | - |
| £25,001 to £50,000 | - | - | - | - | - | - |
| £50,001 to £100,000 | - | - | 1 | 82,367 | 1 | 82,367 |
| £100,001 to £150,000 | - | - | - | - | - | - |
| £150,001 to £200,000 | - | - | - | - | - | - |
| Over £200,001 | - | - | - | - | - | - |
| Total | - | - | 1 | 82,367 | 1 | 82,367 |

These tables report the number and value of exit packages agreed in the financial period. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Terms and Conditions of Service Handbook.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

Redundancy and other departure costs have been paid in accordance with the provisions of NHSE guidance. Exit costs in this note are accounted for in full in the year of departure. Where the Shropshire, Telford & Wrekin ICB has agreed early retirements, the additional costs are met by the Shropshire, Telford & Wrekin ICB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Table 2: Analysis of Other Departures

| | Agreements | Total Value of agreements |
|--|------------|---------------------------|
| | Number | £000s |
| Voluntary redundancies including early retirement contractual costs | 0 | 0 |
| Mutually agreed resignations (MARS) contractual costs | 0 | 0 |
| Early retirements in the efficiency of the service contractual costs | 0 | 0 |
| Contractual payments in lieu of notice* | 1 | 82 |
| Exit payments following Employment Tribunals or court orders | 0 | 0 |
| Non-contractual payments requiring HMT approval** | 0 | 0 |



| | | |
|--------------|----------|-----------|
| TOTAL | 1 | 82 |
|--------------|----------|-----------|

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 4 which will be the number of individuals.

*any non-contractual payments in lieu of notice are disclosed under “non-contracted payments requiring HMT approval” below.

**includes any non-contractual severance payment made following judicial mediation, and relating to non-contractual payments in lieu of notice.

There have been no non-contractual payments made to individuals where the payment value was more than 12 months’ of their annual salary.

The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.



Parliamentary Accountability and Audit Report

The ICB is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts and fees and charges are included as notes in the Financial Statements of this Annual Report at note 15 and note 24.

An audit certificate and report is also included in this Annual Report at [\[insert page reference\]](#). (To follow once available from External Auditors)



ANNUAL ACCOUNTS

Please find a full copy of our annual accounts appended following this page.

Simon Whitehouse
Accountable Officer
29th June 2023



| CONTENTS | Page Number |
|---|--------------------|
| The Primary Statements: | |
| Statement of Comprehensive Net Expenditure for the period ended 31st March 2023 | 2 |
| Statement of Financial Position as at 31st March 2023 | 3 |
| Statement of Changes in Taxpayers' Equity for the period ended 31st March 2023 | 4 |
| Statement of Cash Flows for the period ended 31st March 2023 | 5 |
| Notes to the Accounts | |
| Accounting policies | 6-11 |
| Other operating revenue | 12 |
| Revenue | 12 |
| Employee benefits and staff numbers | 13-15 |
| Operating expenses | 16 |
| Better payment practice code | 17 |
| Finance costs | 18 |
| Net gain/(loss) on transfer by absorption | 18 |
| Property, plant and equipment | 19 |
| Right of Use Assets and Leases | 20-21 |
| Trade and other receivables | 22 |
| Cash and cash equivalents | 23 |
| Trade and other payables | 24 |
| Provisions | 25 |
| Contingencies | 26 |
| Financial instruments | 27 |
| Operating segments | 27 |
| Joint arrangements - interests in joint operations | 28 |
| Related party transactions | 29 |
| Events after the end of the reporting period | 30 |
| Third party assets | 30 |
| Financial performance targets | 30 |
| Analysis of charitable reserves | 30 |
| Losses and special payments | 30 |

Statement of Comprehensive Net Expenditure for the Nine month period ended 31 March 2023

| | Note | Nine month Period ended 31st March 2023 £'000 |
|--|------|--|
| Income from sale of goods and services | 2 | (14) |
| Other operating income | 2 | (360) |
| Total operating income | | (374) |
| Staff costs | 4 | 14,012 |
| Purchase of goods and services | 5 | 780,011 |
| Depreciation and impairment charges | 5 | 214 |
| Provision expense | 5 | 975 |
| Other Operating Expenditure | 5 | 215 |
| Total operating expenditure | | 795,426 |
| Net Operating Expenditure | | 795,053 |
| Finance income | | - |
| Finance expense | 7 | 7 |
| Net expenditure for the Year | | 795,060 |
| Net (Gain)/Loss on Transfer by Absorption | | - |
| Total Net Expenditure for the Financial Year | | 795,060 |
| Other Comprehensive Expenditure | | |
| <u>Items which will not be reclassified to net operating costs</u> | | |
| Net (gain)/loss on revaluation of PPE | | - |
| Net (gain)/loss on revaluation of right-of-use assets | | - |
| Net (gain)/loss on revaluation of Intangibles | | - |
| Net (gain)/loss on revaluation of Financial Assets | | - |
| Net (gain)/loss on assets held for sale | | - |
| Actuarial (gain)/loss in pension schemes | | - |
| Impairments and reversals taken to Revaluation Reserve | | - |
| <u>Items that may be reclassified to Net Operating Costs</u> | | |
| Net (gain)/loss on revaluation of other Financial Assets | | - |
| Net gain/loss on revaluation of available for sale financial assets | | - |
| Reclassification adjustment on disposal of available for sale financial assets | | - |
| Total other comprehensive net expenditure | | - |
| Comprehensive Expenditure for the year | | 795,060 |

**Statement of Financial Position as at
31 March 2023**

| | | Nine month Period ended 31st March 2023 | 1st July 2022 |
|--|-------------|--|-----------------|
| | Note | £'000 | £'000 |
| Non-current assets: | | | |
| Property, plant and equipment | 9 | - | - |
| Right-of-use assets | 10 | 1,159 | 1,044 |
| Intangible assets | | - | - |
| Investment property | | - | - |
| Trade and other receivables | 11 | - | - |
| Other financial assets | | - | - |
| Total non-current assets | | 1,159 | 1,044 |
| Current assets: | | | |
| Inventories | | - | - |
| Trade and other receivables | 11 | 8,156 | 2,910 |
| Other financial assets | | - | - |
| Other current assets | | - | - |
| Cash and cash equivalents | 12 | 286 | 104 |
| Total current assets | | 8,443 | 3,014 |
| Non-current assets held for sale | | - | - |
| Total current assets | | 8,443 | 3,014 |
| Total assets | | 9,601 | 4,059 |
| Current liabilities | | | |
| Trade and other payables | 13 | (61,002) | (61,172) |
| Other financial liabilities | | - | - |
| Other liabilities | | - | - |
| Lease liabilities | 10.2 | (913) | (1,046) |
| Borrowings | | - | - |
| Provisions | 14 | (3,444) | (2,219) |
| Total current liabilities | | (65,359) | (64,437) |
| Non-Current Assets plus/less Net Current Assets/Liabilities | | (55,758) | (60,378) |
| Total non-current liabilities | | - | - |
| Assets less Liabilities | | (55,758) | (60,378) |
| Financed by Taxpayers' Equity | | | |
| General fund | | (55,758) | (60,378) |
| Revaluation reserve | | - | - |
| Other reserves | | - | - |
| Charitable Reserves | | - | - |
| Total taxpayers' equity: | | (55,758) | (60,378) |

The notes on pages 6 to 30 form part of this statement

The financial statements on pages 2 to 30 were approved by the Board on 28th June 2023 and signed on its behalf by:

Simon Whitehouse
Accountable Officer

Statement of Changes in Taxpayers Equity for the Nine month period ended 31 March 2023

| | General fund £'000 | Revaluation reserve £'000 | Other reserves £'000 | Total reserves £'000 |
|---|-----------------------|---------------------------------|----------------------------|-------------------------|
| Changes in taxpayers' equity for Nine month Period ended 31st March 2023 | | | | |
| Balance at 01 July 2022 | - | - | - | - |
| Transfers by modified absorption to (from) other NHS bodies | (60,378) | - | - | (60,378) |
| Adjusted balance at 01 July 2022 | (60,378) | - | - | (60,378) |
| Changes in ICB taxpayers' equity for Nine month Period ended 31st March 2023 | | | | |
| Net operating expenditure for the financial year | (795,060) | - | - | (795,060) |
| Net Recognised ICB Expenditure for the Financial year | (795,060) | - | - | (795,060) |
| Net funding | 799,680 | - | - | 799,680 |
| Balance at 31 March 2023 | (55,758) | - | - | (55,758) |

The notes on pages 6 to 30 form part of this statement

**Statement of Cash Flows for the Nine month period ended
31 March 2023**

| | Note | Nine month Period ended 31st March 2023 £'000 |
|--|------|--|
| Cash Flows from Operating Activities | | |
| Net operating expenditure for the financial year | | (795,060) |
| Depreciation and amortisation | 5 | 214 |
| Non-cash movements arising on application of new accounting standards | | (250) |
| Interest paid | | 7 |
| (Increase)/decrease in trade & other receivables | 11 | (8,156) |
| Increase/(decrease) in trade & other payables | 13 | 61,002 |
| Increase/(decrease) in provisions | 14 | 1,225 |
| Net Cash Inflow (Outflow) from Operating Activities | | (741,018) |
| Cash Flows from Investing Activities | | |
| Interest received | | - |
| (Payments) for property, plant and equipment | | - |
| (Payments) for intangible assets | | - |
| (Payments) for investments with the Department of Health | | - |
| (Payments) for other financial assets | | - |
| (Payments) for financial assets (LIFT) | | - |
| Proceeds from disposal of assets held for sale: property, plant and equipment | | - |
| Proceeds from disposal of assets held for sale: intangible assets | | - |
| Proceeds from disposal of investments with the Department of Health | | - |
| Proceeds from disposal of other financial assets | | - |
| Proceeds from disposal of financial assets (LIFT) | | - |
| Non-cash movements arising on application of new accounting standards | | - |
| Loans made in respect of LIFT | | - |
| Loans repaid in respect of LIFT | | - |
| Rental revenue | | - |
| Net Cash Inflow (Outflow) from Investing Activities | | - |
| Net Cash Inflow (Outflow) before Financing | | (741,018) |
| Cash Flows from Financing Activities | | |
| Grant in Aid Funding Received | | 799,680 |
| Other loans received | | - |
| Other loans repaid | | - |
| Repayment of lease liabilities | | (218) |
| Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT | | - |
| Capital grants and other capital receipts | | - |
| Capital receipts surrendered | | - |
| Non-cash movements arising on application of new accounting standards | | (1) |
| Net Cash Inflow (Outflow) from Financing Activities | | 799,460 |
| Net Increase (Decrease) in Cash & Cash Equivalents | | 58,442 |
| Cash & Cash Equivalents at the Beginning of the Financial Period | | - |
| Movement due to transfer by Modified Absorption | | (58,156) |
| Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Period | 12 | 286 |

The notes on pages 6 to 30 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2022-23 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to ICBs, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

The accounts are prepared for a nine month period to 31st March 2023 following the transfer of assets into the ICB on 1st July 2022. There are no prior year comparatives due to the ICB being a new organisation.

1.1 Going Concern

These accounts have been prepared on a going concern basis despite the issue of a report to the Secretary of State for Health and Social Care under Section 30 of the Local Audit and Accountability Act 2014.

The Health and Social Care Act was introduced into the House of Commons on 6 July 2021. The Act allowed for the establishment of Integrated Care Boards (ICBs) across England and abolished Clinical Commissioning Groups (CCG). ICBs took on the commissioning functions of CCGs. The CCG functions, assets and liabilities were transferred to an ICB on 1 July 2022.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

When the clinical commissioning groups ceased to exist on 1 July 2022, the services continued to be provided by ICBs (using the same assets, by another public sector entity). The financial statements for ICBs are prepared on a Going Concern basis as they will continue to provide the services in the future.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 Movement of Assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of modified absorption accounting. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions have not been restated. Where assets and liabilities transfer under modified absorption accounting, the gain or loss resulting is recognised in Reserves.

1.4 Pooled Budgets

The ICB has entered into a pooled budget arrangement with Telford and Wrekin Local Authority [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, funds are pooled for Better Care Fund (BCF), and the Transforming Care Programme (TCP). The TCP pool is hosted by the Local Authority and the BCF pool is jointly hosted.

The ICB has also entered into a pooled budget arrangement with Shropshire Council under a Section 75 partnership agreement. This was for the purpose of commissioning health and social care services under the Better Care Fund (BCF). The host Partner for the agreement is Shropshire Council.

The ICB accounts for its share of the assets, liabilities, income and expenditure arising from the activities of these pooled budgets, identified in accordance with the pooled budget agreements. Note 18 to the accounts provides details of the income and expenditure for these arrangements.

1.5 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the ICB.

1.6 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard, the ICB will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

The value of the benefit received when the ICB accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Notes to the financial statements continued

1.7 Employee Benefits continued

1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.8 Other Expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 Property, Plant & Equipment

1.9.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the ICB;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.9.2 Measurement

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.9.3 Depreciation, Amortisation & Impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the ICB expects to obtain economic benefits or service potential from the asset. This is specific to the ICB and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

At each reporting period end, the ICB checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Notes to the financial statements continued

1.10 Leases

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration. The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.10.1 The ICB as Lessee

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year under IFRS 16.

Lease payments included in the measurement of the lease liability comprise

- Fixed payments;
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
- The amount expected to be payable under residual value guarantees;
- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement of the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

Notes to the financial statements continued

1.11 Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

1.12 Provisions

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A nominal short-term rate of 3.27% for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 3.20% for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
- A nominal long-term rate of 3.51% for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 3.00% for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the ICB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.13 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with ICB.

1.14 Non-clinical Risk Pooling

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.15 Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

Notes to the financial statements continued

1.16 Financial Assets

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.16.1 Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.16.2 Financial assets at fair value through other comprehensive income

Financial assets held at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

1.16.3 Financial assets at fair value through profit and loss

Financial assets measured at fair value through profit and loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

1.16.4 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.

The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.17 Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17.1 Financial Guarantee Contract Liabilities

Financial guarantee contract liabilities are subsequently measured at the higher of:

- The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,
- The amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

1.17.2 Financial Liabilities at Fair Value Through Profit and Loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the ICB's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

1.17.3 Other Financial Liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

Notes to the financial statements continued

1.18 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the ICB has no beneficial interest in them.

1.19 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.20 Critical accounting judgements in applying accounting policies and key sources of estimation uncertainty

In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed and the only items worthy of note are disclosed below.

1.20.1 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Accruals - Continuing Health Care (CHC): The value of expected claims for CHC is estimated based on the number of days a patient has spent in a care home, multiplied by the daily charge of that provider. An estimate of future patients (accounting for expected growth), that are not yet in the ICB's CHC database is also made based on the number of days in a given month multiplied by the average monthly cost of existing patients included in the database.

Accruals - Prescribing: The ICB recognises the cost of drug prescribing based on data received from the NHS Business Services Authority (NHSBSA). Reports are received on a monthly basis, but are two months in arrears. March costs are estimated using historical levels of expenditure. The NHSBSA uses a methodology for forecasting prescribing expenditure that is based on national averages and does not necessarily reflect local issues. Therefore consideration is given to the use of local knowledge to determine the appropriate level of expenditure to be included in the accounts. This review is undertaken and full disclosure of any proposed adjustments shared with the auditors.

1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.22 New and revised IFRS Standards in issue but not yet effective

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.

2 Other Operating Revenue

| | Nine month Period ended 31st March 2023 Total £'000 |
|--|---|
| Income from sale of goods and services (contracts) | |
| Education, training and research | - |
| Non-patient care services to other bodies | - |
| Patient transport services | - |
| Prescription fees and charges | - |
| Dental fees and charges | - |
| Income generation | - |
| Other Contract income | 14 |
| Recoveries in respect of employee benefits | - |
| Total Income from sale of goods and services | <u>14</u> |
| Other operating income | |
| Rental revenue from finance leases | - |
| Rental revenue from operating leases | - |
| Charitable and other contributions to revenue expenditure: NHS | - |
| Charitable and other contributions to revenue expenditure: non-NHS | - |
| Receipt of donations (capital/cash) | - |
| Receipt of Government grants for capital acquisitions | - |
| Continuing Health Care risk pool contributions | - |
| Non cash apprenticeship training grants revenue | - |
| Other non contract revenue | 360 |
| Total Other operating income | <u>360</u> |
| Total Operating Income | <u>374</u> |

3 Contract Revenue

3.1 Disaggregation of Income - Income from sale of good and services (contracts)

| | Patient transport services | Prescription fees and charges | Dental fees and charges | Income generation | Other Contract income | Recoveries in respect of employee benefits |
|--------------------------|-------------------------------|-------------------------------------|-------------------------------|----------------------|-----------------------------|---|
| Source of Revenue | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| NHS | - | - | - | - | - | - |
| Non NHS | - | - | - | - | 14 | - |
| Total | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>14</u> | <u>-</u> |
| Timing of Revenue | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Point in time | - | - | - | - | 14 | - |
| Over time | - | - | - | - | - | - |
| Total | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>14</u> | <u>-</u> |

3.2 Transaction price to remaining contract performance obligations

The ICB did not have any contract revenue in the nine month period to 31st March 2023 expected to be recognised in future periods, related to contract performance obligations not yet completed at the reporting date.

4. Employee benefits and staff numbers

| 4.1 Employee benefits | Total | | Nine month Period ended 31st March 2023 |
|--|---------------------------------|----------------|--|
| | Permanent Employees £'000 | Other £'000 | Total £'000 |
| Employee Benefits | | | |
| Salaries and wages | 9,580 | 2,058 | 11,638 |
| Social security costs | 928 | - | 928 |
| Employer Contributions to NHS Pension scheme | 1,417 | - | 1,417 |
| Other pension costs | - | - | - |
| Apprenticeship Levy | 28 | - | 28 |
| Other post-employment benefits | - | - | - |
| Other employment benefits | - | - | - |
| Termination benefits | (0) | - | (0) |
| Gross employee benefits expenditure | 11,954 | 2,058 | 14,012 |
| Less recoveries in respect of employee benefits (note 4.1.1) | - | - | - |
| Total - Net admin employee benefits including capitalised costs | 11,954 | 2,058 | 14,012 |
| Less: Employee costs capitalised | - | - | - |
| Net employee benefits excluding capitalised costs | 11,954 | 2,058 | 14,012 |

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. For 2019/20, 2020/21 & 2021/22 NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. This has continued for the ICB in 2022/23. The full cost and related funding has been recognised in these accounts and further detail explaining the reason for this increase can be found in Note 4.4

4.1.1 Recoveries in respect of employee benefits

The ICB has made no recoveries in respect of employee benefits in the nine month period to 31st March 2023.

4.2 Average number of people employed

| | Nine month Period ended 31st March 2023 | | |
|--------------|---|--------------|--------------|
| | Permanently employed Number | Other Number | Total Number |
| Total | 235.13 | 35.00 | 270.13 |

Of the above:

| | | | |
|---|---|---|---|
| Number of whole time equivalent people engaged on capital projects | - | - | - |
|---|---|---|---|

4.3 Exit packages agreed in the financial year

| | Nine month Period ended 31st March 2023 Compulsory redundancies | | Nine month Period ended 31st March 2023 Other agreed departures | | Nine month Period ended 31st March 2023 Total | |
|----------------------|--|---|--|---------------|--|---------------|
| | Number | £ | Number | £ | Number | £ |
| Less than £10,000 | - | - | - | - | - | - |
| £10,001 to £25,000 | - | - | - | - | - | - |
| £25,001 to £50,000 | - | - | - | - | - | - |
| £50,001 to £100,000 | - | - | 1 | 82,367 | 1 | 82,367 |
| £100,001 to £150,000 | - | - | - | - | - | - |
| £150,001 to £200,000 | - | - | - | - | - | - |
| Over £200,001 | - | - | - | - | - | - |
| Total | - | - | 1 | 82,367 | 1 | 82,367 |

| | Nine month Period ended 31st March 2023 Departures where special payments have been made | |
|----------------------|---|---|
| | Number | £ |
| Less than £10,000 | - | - |
| £10,001 to £25,000 | - | - |
| £25,001 to £50,000 | - | - |
| £50,001 to £100,000 | - | - |
| £100,001 to £150,000 | - | - |
| £150,001 to £200,000 | - | - |
| Over £200,001 | - | - |
| Total | - | - |

Analysis of Other Agreed Departures

| | Nine month Period ended 31st March 2023 Other agreed departures | |
|--|--|---------------|
| | Number | £ |
| Voluntary redundancies including early retirement contractual costs | - | - |
| Mutually agreed resignations (MARS) contractual costs | - | - |
| Early retirements in the efficiency of the service contractual costs | - | - |
| Contractual payments in lieu of notice | 1 | 82,367 |
| Exit payments following Employment Tribunals or court orders | - | - |
| Non-contractual payments requiring HMT approval* | - | - |
| Total | 1 | 82,367 |

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Terms & Conditions of Service Handbook. Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure. The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

5. Operating expenses

| | Nine month Period ended 31st March 2023 Admin £'000 | Nine month Period ended 31st March 2023 Programme £'000 | Nine month Period ended 31st March 2023 Total £'000 |
|---|---|---|---|
| Purchase of goods and services | | | |
| Services from other ICBs, CCGs and NHS England | 1,724 | 3,514 | 5,239 |
| Services from foundation trusts | - | 124,713 | 124,713 |
| Services from other NHS trusts | - | 371,037 | 371,037 |
| Provider Sustainability Fund | - | - | - |
| Services from Other WGA bodies | - | - | - |
| Purchase of healthcare from non-NHS bodies | - | 116,569 | 116,569 |
| Purchase of social care | - | - | - |
| General Dental services and personal dental services | - | - | - |
| Prescribing costs | - | 72,349 | 72,349 |
| Pharmaceutical services | - | - | - |
| General Ophthalmic services | - | 655 | 655 |
| GPMS/APMS and PCTMS | - | 69,358 | 69,358 |
| Supplies and services – clinical | - | 1,349 | 1,349 |
| Supplies and services – general | (814) | 13,708 | 12,894 |
| Consultancy services | 192 | 104 | 296 |
| Establishment | 493 | 2,091 | 2,584 |
| Transport | 1 | 240 | 240 |
| Premises | (51) | 468 | 417 |
| Audit fees | 128 | - | 128 |
| Other non statutory audit expenditure | - | - | - |
| · Internal audit services | - | - | - |
| · Other services | - | 18 | 18 |
| Other professional fees | 88 | 1,270 | 1,358 |
| Legal fees | 93 | - | 93 |
| Education, training and conferences | (73) | 785 | 712 |
| Funding to group bodies | - | - | - |
| CHC Risk Pool contributions | - | - | - |
| Non cash apprenticeship training grants | - | - | - |
| Total Purchase of goods and services | 1,781 | 778,230 | 780,011 |
| Depreciation and impairment charges | | | |
| Depreciation | 112 | 103 | 214 |
| Amortisation | - | - | - |
| Impairments and reversals of property, plant and equipment | - | - | - |
| Impairments and reversals of right-of-use assets | - | - | - |
| Impairments and reversals of intangible assets | - | - | - |
| Impairments and reversals of financial assets | - | - | - |
| · Assets carried at amortised cost | - | - | - |
| · Assets carried at cost | - | - | - |
| · Available for sale financial assets | - | - | - |
| Impairments and reversals of non-current assets held for sale | - | - | - |
| Impairments and reversals of investment properties | - | - | - |
| Total Depreciation and impairment charges | 112 | 103 | 214 |
| Provision expense | | | |
| Change in discount rate | - | - | - |
| Provisions | (555) | 1,529 | 975 |
| Total Provision expense | (555) | 1,529 | 975 |
| Other Operating Expenditure | | | |
| Chair and Non Executive Members | 96 | - | 96 |
| Grants to Other bodies | - | 119 | 119 |
| Clinical negligence | - | - | - |
| Research and development (excluding staff costs) | - | - | - |
| Expected credit loss on receivables | - | - | - |
| Expected credit loss on other financial assets (stage 1 and 2 only) | - | - | - |
| Inventories written down | - | - | - |
| Inventories consumed | - | - | - |
| Other expenditure | - | - | - |
| Total Other Operating Expenditure | 96 | 119 | 215 |
| Total operating expenditure | 1,433 | 779,982 | 781,415 |

The above includes expenditure dealt with under pooled budget arrangements as set out in Note 18.

COVID-19 costs included in the above figures total £320k. The majority of these costs fall under Services from other NHS Trusts and Purchase of Healthcare from non-NHS bodies.

External Audit Fees are inclusive of VAT and include the following:

Statutory audit fees for the period to 31st March 2023 is £132k

Release of overaccrual of audit fees for the period to 30th June 2022 is £4k

The auditor's liability for external audit work carried out for the period to 31st March 2023 is limited to £1million.

Internal audit and counter fraud services are provided by CW Audit who are part of a Foundation Trust. The cost of these services was £32k in the period to 31st March 2023, and is included within other professional fees.

6.1 Better Payment Practice Code

| Measure of compliance | Nine month Period ended 31st March 2023 Number | Nine month Period ended 31st March 2023 £'000 |
|--|---|--|
| Non-NHS Payables | | |
| Total Non-NHS Trade invoices paid in the Year | 28,907 | 225,759 |
| Total Non-NHS Trade Invoices paid within target | 28,755 | 217,907 |
| Percentage of Non-NHS Trade invoices paid within target | 99.47% | 96.52% |
| NHS Payables | | |
| Total NHS Trade Invoices Paid in the Year | 649 | 506,926 |
| Total NHS Trade Invoices Paid within target | 635 | 506,015 |
| Percentage of NHS Trade Invoices paid within target | 97.84% | 99.82% |

The Better Payment Practice Code requires the ICB to pay valid invoices by their due date or within 30 days of receipt of the invoices, whichever is the later.

| 6.2 The Late Payment of Commercial Debts (Interest) Act 1998 | Nine month Period ended 31st March 2023 £'000 |
|---|--|
| Amounts included in finance costs from claims made under this legislation | - |
| Compensation paid to cover debt recovery costs under this legislation | - |
| Total | - |

7. Finance costs

| | Nine month Period ended 31st March 2023 £'000 |
|---|---|
| Interest | |
| Interest on loans and overdrafts | - |
| Interest on lease liabilities | 7 |
| Interest on late payment of commercial debt | - |
| Other interest expense | - |
| Total interest | 7 |
| Other finance costs | - |
| Provisions: unwinding of discount | - |
| Total finance costs | 7 |

8. Net gain/(loss) on transfer by absorption

Transfers as part of a reorganisation fall to be accounted for by use of modified absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions have not been restated. Modified absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer under modified absorption accounting, the gain or loss resulting is recognised in Reserves.

NHS Shropshire, Telford & Wrekin ICB received the following balances on 1st July 2022 from the predecessor clinical commissioning group of NHS Shropshire, Telford & Wrekin CCG.

| | Nine month Period ended 31st March 2023 | | | |
|--|---|--------------------------------|---|-------------------|
| | Total | NHS England Parent Entities | NHS England Group Entities (non parent) | Non NHSE Group |
| | £'000 | £'000 | £'000 | £'000 |
| Transfer of property plant and equipment | - | - | - | - |
| Transfer of Right of Use assets | 1,044 | - | 1,044 | - |
| Transfer of intangibles | - | - | - | - |
| Transfer of inventories | - | - | - | - |
| Transfer of cash and cash equivalents | 104 | - | 104 | - |
| Transfer of receivables | 2,910 | - | 2,910 | - |
| Transfer of payables | (62,216) | - | (62,216) | - |
| Transfer of provisions | (2,220) | - | (2,220) | - |
| Net loss on transfers by absorption | (60,378) | - | (60,378) | - |

As NHS Shropshire, Telford & Wrekin ICB is the recipient in the transfer of a function, it has recognised the assets and liabilities as at the transfer date. These balances are disclosed within the Statement of Financial Position as at 1st July 2022.

9. Property, plant and equipment

| Nine month Period ended 31st March 2023 | Land £'000 | Buildings excluding dwellings £'000 | Dwellings £'000 | Assets under construction and payments on account | Plant & machinery £'000 | Transport equipment £'000 | Information technology £'000 | Furniture & fittings £'000 | Total £'000 |
|---|---------------|--|--------------------|--|-------------------------------|---------------------------------|------------------------------------|----------------------------------|----------------|
| | | | | £'000 | | | | | |
| Cost or valuation at 01 July 2022 | - | - | - | - | - | - | - | - | - |
| Transfer (to)/from other public sector body | - | - | - | - | 0 | - | 195 | 39 | 234 |
| Adjusted Cost or valuation at 01 July 2022 | - | - | - | - | 0 | - | 195 | 39 | 234 |
| Addition of assets under construction and payments on account | - | - | - | - | - | - | - | - | - |
| Additions purchased | - | - | - | - | - | - | - | - | - |
| Additions donated | - | - | - | - | - | - | - | - | - |
| Additions government granted | - | - | - | - | - | - | - | - | - |
| Additions leased | - | - | - | - | - | - | - | - | - |
| Reclassifications | - | - | - | - | - | - | - | - | - |
| Reclassified as held for sale and reversals | - | - | - | - | - | - | - | - | - |
| Disposals other than by sale | - | - | - | - | - | - | - | - | - |
| Upward revaluation gains | - | - | - | - | - | - | - | - | - |
| Impairments charged | - | - | - | - | - | - | - | - | - |
| Reversal of impairments | - | - | - | - | - | - | - | - | - |
| Cumulative depreciation adjustment following revaluation | - | - | - | - | - | - | - | - | - |
| Cost/Valuation at 31 March 2023 | - | - | - | - | 0 | - | 195 | 39 | 234 |
| Depreciation at 01 July 2022 | - | - | - | - | - | - | - | - | - |
| Transfer (to)/from other public sector body | - | - | - | - | 0 | - | 195 | 39 | 234 |
| Adjusted Depreciation at 01 July 2022 | - | - | - | - | 0 | - | 195 | 39 | 234 |
| Reclassifications | - | - | - | - | - | - | - | - | - |
| Reclassified as held for sale and reversals | - | - | - | - | - | - | - | - | - |
| Disposals other than by sale | - | - | - | - | - | - | - | - | - |
| Upward revaluation gains | - | - | - | - | - | - | - | - | - |
| Impairments charged | - | - | - | - | - | - | - | - | - |
| Reversal of impairments | - | - | - | - | - | - | - | - | - |
| Charged during the year | - | - | - | - | - | - | - | - | - |
| Cumulative depreciation adjustment following revaluation | - | - | - | - | - | - | - | - | - |
| Depreciation at 31 March 2023 | - | - | - | - | 0 | - | 195 | 39 | 234 |
| Net Book Value at 31 March 2023 | - | - | - | - | - | - | - | - | - |
| Purchased | - | - | - | - | - | - | - | - | - |
| Donated | - | - | - | - | - | - | - | - | - |
| Government Granted | - | - | - | - | - | - | - | - | - |
| Total at 31 March 2023 | - | - | - | - | - | - | - | - | - |
| Asset financing: | | | | | | | | | |
| Owned | - | - | - | - | - | - | - | - | - |
| Held on finance lease | - | - | - | - | - | - | - | - | - |
| On-SOFP Lift contracts | - | - | - | - | - | - | - | - | - |
| PFI residual: interests | - | - | - | - | - | - | - | - | - |
| Total at 31 March 2023 | - | - | - | - | - | - | - | - | - |

Revaluation Reserve Balance for Property, Plant & Equipment

| Balance at 01 July 2022 | Land £'000 | Buildings £'000 | Dwellings £'000 | Assets under construction & payments on account | Plant & machinery £'000 | Transport equipment £'000 | Information technology £'000 | Furniture & fittings £'000 | Total £'000 |
|---------------------------------|---------------|--------------------|--------------------|--|-------------------------------|---------------------------------|------------------------------------|----------------------------------|----------------|
| | | | | £'000 | | | | | |
| Balance at 01 July 2022 | - | - | - | - | - | - | - | - | - |
| Revaluation gains | - | - | - | - | - | - | - | - | - |
| Impairments | - | - | - | - | - | - | - | - | - |
| Release to general fund | - | - | - | - | - | - | - | - | - |
| Other movements | - | - | - | - | - | - | - | - | - |
| Balance at 31 March 2023 | - | - | - | - | - | - | - | - | - |

10. Leases

10.1 Right-of-use assets

| Nine month Period ended 31st March 2023 | Land £'000 | Buildings excluding dwellings £'000 | Dwellings £'000 | Assets under construction and payments on account £'000 | | | | | Total £'000 | Of which: leased from DHSC group bodies £000 |
|---|---------------|--|--------------------|---|---------------------------------|------------------------------------|----------------------------------|---|----------------|---|
| | | | | Plant & machinery £'000 | Transport equipment £'000 | Information technology £'000 | Furniture & fittings £'000 | | | |
| Cost or valuation at 01 July 2022 | - | - | - | - | - | - | - | - | - | - |
| Transfer (to) from other public sector body | - | 1,110 | - | - | - | - | - | - | 1,110 | 654 |
| Adjusted Cost or valuation at 01 July 2022 | - | 1,110 | - | - | - | - | - | - | 1,110 | 654 |
| IFRS 16 Transition Adjustment | - | 79 | - | - | - | - | - | - | 79 | 79 |
| Addition of assets under construction and payments on account | - | - | - | - | - | - | - | - | - | 0 |
| Additions | - | - | - | - | - | - | - | - | - | 0 |
| Reclassifications | - | - | - | - | - | - | - | - | - | 0 |
| Upward revaluation gains | - | - | - | - | - | - | - | - | - | 0 |
| Lease remeasurement | - | - | - | - | - | - | - | - | - | 0 |
| Modifications | - | 250 | - | - | - | - | - | - | 250 | 250 |
| Disposals on expiry of lease term | - | - | - | - | - | - | - | - | - | 0 |
| Derecognition for early terminations | - | - | - | - | - | - | - | - | - | 0 |
| Cost/Valuation at 31 March 2023 | - | 1,438 | - | - | - | - | - | - | 1,438 | 983 |
| Depreciation at 01 July 2022 | - | - | - | - | - | - | - | - | - | - |
| Transfer (to) from other public sector body | - | 65 | - | - | - | - | - | - | 65 | 43 |
| Adjusted Depreciation at 01 July 2022 | - | 65 | - | - | - | - | - | - | 65 | 43 |
| Charged during the year | - | 214 | - | - | - | - | - | - | 214 | 148 |
| Reclassifications | - | - | - | - | - | - | - | - | - | 0 |
| Upward revaluation gains | - | - | - | - | - | - | - | - | - | 0 |
| Impairments charged | - | - | - | - | - | - | - | - | - | 0 |
| Reversal of impairments | - | - | - | - | - | - | - | - | - | 0 |
| Disposals on expiry of lease term | - | - | - | - | - | - | - | - | - | 0 |
| Derecognition for early terminations | - | - | - | - | - | - | - | - | - | 0 |
| Depreciation at 31 March 2023 | - | 280 | - | - | - | - | - | - | 280 | 191 |
| Net Book Value at 31 March 2023 | - | 1,159 | - | - | - | - | - | - | 1,159 | 792 |
| NBV by counterparty | | | | | | | | | | |
| Leased from DHSC | | | | | | | | | | 0 |
| Leased from the NHS England Group | | | | | | | | | | 0 |
| Leased from NHS Providers | | | | | | | | | | 0 |
| Leased from Executive Agencies | | | | | | | | | | 0 |
| Leased from Non-Departmental Public Bodies | | | | | | | | | | 0 |
| Leased from other group bodies | | | | | | | | | | 792 |
| Net Book Value at 31 March 2023 | | | | | | | | | | 792 |

10. Leases cont'd

10.2 Lease liabilities

| | Nine month Period ended 31st March | |
|---|---|----------------|
| Nine month Period ended 31st March 2023 | 2023 | 1st July 2022 |
| | £'000 | £'000 |
| Lease liabilities at 01 July 2022 | - | - |
| IFRS 16 Transition Adjustment | - | (1,110) |
| Addition of Assets under Construction & Payments on Account | - | - |
| Additions purchased | - | - |
| Reclassifications | - | - |
| Interest expense relating to lease liabilities | (7) | (2) |
| Repayment of lease liabilities (including interest) | 218 | 66 |
| Lease remeasurement | - | - |
| Modifications | - | - |
| Disposals on expiry of lease term | - | - |
| Derecognition for early terminations | - | - |
| Transfer (to) from other public sector body | (1,125) | - |
| Other | 1 | - |
| Lease liabilities at 31 March 2023 | (913) | (1,046) |

10.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

| | Nine month Period ended 31st March | | Of which: leased from DHSC group bodies | |
|---------------------------------|---|--------------|--|--|
| | 2023 | £000 | 1st July 2022 | Of which: leased from DHSC group bodies |
| | £'000 | £000 | £'000 | £000 |
| Within one year | (285) | (194) | (266) | (90) |
| Between one and five years | (641) | (438) | (798) | (271) |
| After five years | - | - | - | - |
| Balance at 31 March 2023 | (926) | (632) | (1,064) | (361) |

Balance by counterparty

| | | |
|--|--------------|----------------|
| Leased from DHSC | 0 | 0 |
| Leased from the NHS England Group | 0 | 0 |
| Leased from NHS Providers | 0 | 0 |
| Leased from Executive Agencies | 0 | 0 |
| Leased from Non-Departmental Public Bodies | (294) | (703) |
| Leased from other group bodies | (632) | (361) |
| Balance as at 31 March 2023 | (926) | (1,064) |

10.4 Amounts recognised in Statement of Comprehensive Net Expenditure

| | Nine month Period ended 31st March | |
|--|---|---------------|
| Nine month Period ended 31st March 2023 | 2023 | 1st July 2022 |
| | £'000 | £'000 |
| Depreciation expense on right-of-use assets | 214 | 65 |
| Interest expense on lease liabilities | 7 | 2 |

10.5 Amounts recognised in Statement of Cash Flows

| | Nine month Period ended 31st March | |
|--|---|---------------|
| Nine month Period ended 31st March 2023 | 2023 | 1st July 2022 |
| | £'000 | £'000 |
| Total cash outflow on leases under IFRS 16 | 218 | 66 |

11. Trade and other receivables

| | Current | Non-current | Current | Non-current |
|--|---|---|---------------|---------------|
| | Nine month Period ended 31st March 2023 | Nine month Period ended 31st March 2023 | 1st July 2022 | 1st July 2022 |
| | £'000 | £'000 | £'000 | £'000 |
| NHS receivables: Revenue | 863 | - | 78 | - |
| NHS receivables: Capital | - | - | - | - |
| NHS prepayments | - | - | 4 | - |
| NHS accrued income | 885 | - | 1,791 | - |
| NHS Contract Receivable not yet invoiced/non-invoice | - | - | - | - |
| NHS Non Contract trade receivable (i.e pass through funding) | - | - | - | - |
| NHS Contract Assets | - | - | - | - |
| Non-NHS and Other WGA receivables: Revenue | 4,923 | - | 362 | - |
| Non-NHS and Other WGA receivables: Capital | - | - | - | - |
| Non-NHS and Other WGA prepayments | 799 | - | 126 | - |
| Non-NHS and Other WGA accrued income | 117 | - | 279 | - |
| Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice | - | - | - | - |
| Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding) | - | - | - | - |
| Non-NHS Contract Assets | - | - | - | - |
| Expected credit loss allowance-receivables | (62) | - | (21) | - |
| VAT | 629 | - | 282 | - |
| Private finance initiative and other public private partnership arrangement prepayments and accrued income | - | - | - | - |
| Interest receivables | - | - | - | - |
| Finance lease receivables | - | - | - | - |
| Operating lease receivables | - | - | - | - |
| Other receivables and accruals | - | - | - | - |
| Total Trade & other receivables | 8,156 | - | 2,910 | - |
| Total current and non current | 8,156 | | 2,910 | |
| Included above: | | | | |
| Prepaid pensions contributions | - | - | - | - |

11.1 Receivables past their due date but not impaired

| | Nine month Period ended 31st March 2023 | Nine month Period ended 31st March 2023 | 1st July 2022 | 1st July 2022 |
|-------------------------|---|---|-------------------------------|-----------------------------------|
| | DHSC Group Bodies £'000 | Non DHSC Group Bodies £'000 | DHSC Group Bodies £'000 | Non DHSC Group Bodies £'000 |
| | By up to three months | (323) | 4,338 | (11) |
| By three to six months | 10 | 5 | 6 | - |
| By more than six months | (13) | - | - | 9 |
| Total | (326) | 4,343 | (5) | 221 |

| | Trade and other receivables - Non DHSC Group Bodies £'000 | Other financial assets £'000 | Total £'000 |
|--|---|------------------------------------|----------------|
| 11.2 Loss allowance on asset classes | | | |
| Balance at 01 July 2022 | - | - | - |
| Transfer from other public sector body under absorption accounting | (21) | - | (21) |
| Adjusted allowance for credit losses at 01 July 2022 | (21) | - | (21) |
| Lifetime expected credit loss on credit impaired financial assets | - | - | - |
| Lifetime expected credit losses on trade and other receivables-Stage 2 | (41) | - | (41) |
| Lifetime expected credit losses on trade and other receivables-Stage 3 | - | - | - |
| Credit losses recognised on purchase originated credit impaired financial assets | - | - | - |
| Amounts written off | - | - | - |
| Financial assets that have been derecognised | - | - | - |
| Changes due to modifications that did not result in derecognition | - | - | - |
| Transfer by Absorption from other entity | - | - | - |
| Other changes | - | - | - |
| Total | (62) | - | (62) |

12. Cash and cash equivalents

| | Nine month Period ended 31st March 2023 | 1st July 2022 |
|--|--|---------------|
| | £'000 | £'000 |
| Balance at 01 July 2022 | - | 375 |
| Transfer from other public sector body under absorption accounting | 104 | - |
| Adjusted balance at 01 July 2022 | 104 | 375 |
| Net change in year | 182 | (271) |
| Balance at 31 March 2023 | 286 | 104 |
| Made up of: | | |
| Cash with the Government Banking Service | 286 | 104 |
| Cash with Commercial banks | - | - |
| Cash in hand | - | - |
| Current investments | - | - |
| Cash and cash equivalents as in statement of financial position | 286 | 104 |
| Bank overdraft: Government Banking Service | - | - |
| Bank overdraft: Commercial banks | - | - |
| Total bank overdrafts | - | - |
| Balance at 31 March 2023 | 286 | 104 |
| Patients' money held by the ICB, not included above | - | - |

The ICB does not hold any significant cash and cash equivalent balances that are not available for use by the organisation.

| | Current | Non-current | Current | Non-current |
|---|---------------------|---------------------|---------------|---------------|
| | Nine month | Nine month | | |
| | Period ended | Period ended | | |
| 13. Trade and other payables | 31st March | 31st March | 1st July 2022 | 1st July 2022 |
| | 2023 | 2023 | £'000 | £'000 |
| | £'000 | £'000 | | |
| Interest payable | - | - | - | - |
| NHS payables: Revenue | 1,341 | - | 2,046 | - |
| NHS payables: Capital | - | - | - | - |
| NHS accruals | 3,324 | - | 6,643 | - |
| NHS deferred income | - | - | - | - |
| NHS Contract Liabilities | - | - | - | - |
| Non-NHS and Other WGA payables: Revenue | 18,540 | - | 14,469 | - |
| Non-NHS and Other WGA payables: Capital | - | - | - | - |
| Non-NHS and Other WGA accruals | 15,140 | - | 28,842 | - |
| Non-NHS and Other WGA deferred income | 70 | - | - | - |
| Non-NHS Contract Liabilities | - | - | - | - |
| Social security costs | 152 | - | 159 | - |
| VAT | - | - | - | - |
| Tax | 138 | - | 125 | - |
| Payments received on account | - | - | - | - |
| Other payables and accruals | 22,296 | - | 8,887 | - |
| Total Trade & Other Payables | 61,002 | - | 61,172 | - |
| Total current and non-current | 61,002 | - | 61,172 | - |

Other payables include £1,059k outstanding pension contributions at 31 March 2023 (£902k at 30th June 2022)

14. Provisions

| | Current Nine month Period ended 31st March 2023 £'000 | Non-current Nine month Period ended 31st March 2023 £'000 | Current 1st July 2022 £'000 | Non-current 1st July 2022 £'000 |
|---------------------------------------|--|--|-----------------------------------|---------------------------------------|
| Pensions relating to former directors | - | - | - | - |
| Pensions relating to other staff | - | - | - | - |
| Restructuring | 0 | - | 0 | - |
| Redundancy | - | - | 359 | - |
| Agenda for change | - | - | - | - |
| Equal pay | - | - | - | - |
| Legal claims | 154 | - | 349 | - |
| Continuing care | 3,040 | - | 1,511 | - |
| Other | 250 | - | - | - |
| Total | 3,444 | - | 2,219 | - |
| Total current and non-current | 3,444 | - | 2,219 | - |

| | Pensions Relating to Former Directors £'000 | Pensions Relating to Other Staff £'000 | Restructuring £'000 | Redundancy £'000 | Agenda for Change £'000 | Equal Pay £'000 | Legal Claims £'000 | Continuing Care £'000 | Other £'000 | Total £'000 |
|--|---|---|------------------------|---------------------|-------------------------------|--------------------|-----------------------|-----------------------------|----------------|----------------|
| Balance at 01 July 2022 | - | - | - | - | - | - | - | - | - | - |
| Arising during the year | - | - | - | - | - | - | 103 | 1,529 | 250 | 1,883 |
| Utilised during the year | - | - | - | - | - | - | - | - | - | - |
| Reversed unused | - | - | 0 | (359) | - | - | (299) | - | 0 | (658) |
| Unwinding of discount | - | - | - | - | - | - | - | - | - | - |
| Change in discount rate | - | - | - | - | - | - | - | - | - | - |
| Transfer (to) from other public sector body | - | - | - | - | - | - | - | - | - | - |
| Transfer (to) from other public sector body under absorption | - | - | - | 359 | - | - | 349 | 1,511 | - | 2,219 |
| Balance at 31 March 2023 | - | - | 0 | - | - | - | 154 | 3,040 | 250 | 3,444 |
| Expected timing of cash flows: | | | | | | | | | | |
| Within one year | - | - | 0 | - | - | - | 154 | 3,040 | 250 | 3,444 |
| Between one and five years | - | - | - | - | - | - | - | - | - | - |
| After five years | - | - | - | - | - | - | - | - | - | - |
| Balance at 31 March 2023 | - | - | 0 | - | - | - | 154 | 3,040 | 250 | 3,444 |

The legal claims provision relates to ongoing legal cases outstanding at 31st March 2023, with the estimated costs to conclusion provided by the ICB's legal advisors. The ICB has no claims currently lodged with NHS Resolution.

A continuing care provision has been created which reflects the estimated cost of continuing care appeals currently awaiting processing. The provision is based on the number of appeals outstanding at the 31st March 2023 and these are expected to be processed within the new financial year.

The Other provision relates to Dilapidations arising following notice being served on one of the ICB's corporate offices. The provision is based on an external assessment of the costs and contractual commitment for dilapidations.

15. Contingencies

The ICB has no contingent assets or liabilities to disclose.

16. Financial instruments

16.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the ICB is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the ICB standing financial instructions and policies agreed by the Board. Treasury activity is subject to review by the ICB and internal auditors.

16.1.1 Currency risk

The ICB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The ICB has no overseas operations. Therefore the ICB has low exposure to currency rate fluctuations.

16.1.2 Interest rate risk

The ICB borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The ICB therefore has low exposure to interest rate fluctuations.

16.1.3 Credit risk

Because the majority of the ICB's and revenue comes from parliamentary funding, the organisation has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

16.1.4 Liquidity risk

ICB is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The ICB draws down cash to cover expenditure, as the need arises. The ICB is not, therefore, exposed to significant liquidity risks.

16.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

16. Financial instruments cont'd

16.2 Financial assets

| | Financial Assets measured at amortised cost | | | Equity Instruments designated at FVOCI | | |
|--|---|---|---|--|---------------|---------------|
| | Total | | | Total | | |
| | Nine month Period ended 31st March 2023 | Nine month Period ended 31st March 2023 | Nine month Period ended 31st March 2023 | 1st July 2022 | 1st July 2022 | 1st July 2022 |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Equity investment in group bodies | - | - | - | - | - | - |
| Equity investment in external bodies | - | - | - | - | - | - |
| Loans receivable with group bodies | - | - | - | - | - | - |
| Loans receivable with external bodies | - | - | - | - | - | - |
| Trade and other receivables with NHSE bodies | 1,634 | - | 1,634 | 1,157 | - | 1,157 |
| Trade and other receivables with other DHSC group bodies | 631 | - | 631 | 992 | - | 992 |
| Trade and other receivables with external bodies | 4,526 | - | 4,526 | 370 | - | 370 |
| Other financial assets | - | - | - | - | - | - |
| Cash and cash equivalents | 286 | - | 286 | 104 | - | 104 |
| Total at 31 March 2023 | 7,077 | - | 7,077 | 2,623 | - | 2,623 |

16.3 Financial liabilities

| | Financial Liabilities measured at amortised cost | | | Financial Liabilities measured at amortised cost | | |
|--|--|---|---|--|---------------------|---------------|
| | Total | | | Total | | |
| | Nine month Period ended 31st March 2023 | Other Nine month Period ended 31st March 2023 | Nine month Period ended 31st March 2023 | 1st July 2022 | Other 1st July 2022 | 1st July 2022 |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Loans with group bodies | - | - | - | - | - | - |
| Loans with external bodies | - | - | - | - | - | - |
| Trade and other payables with NHSE bodies | 914 | - | 914 | 1,190 | - | 1,190 |
| Trade and other payables with other DHSC group bodies | 3,752 | - | 3,752 | 7,831 | - | 7,831 |
| Trade and other payables with external bodies | 56,889 | - | 56,889 | 52,912 | - | 52,912 |
| Other financial liabilities | - | - | - | - | - | - |
| Private Finance Initiative and finance lease obligations | - | - | - | - | - | - |
| Total at 31 March 2023 | 61,554 | - | 61,554 | 61,933 | - | 61,933 |

17. Operating segments

As stated in IFRS8, the "Chief Operating Decision Maker" is responsible for allocating resources to and assessing the performance of the operating segments of an entity. At Shropshire, Telford and Wrekin ICB this function is performed by the Board. The ICB considers it has a single operating segment; commissioning of healthcare services. Hence finance and performance information is reported to the Board as one segment. These Statements are produced in accordance with this position.

The values relating to this operating segment can be found in the SoCNE (page 2), and SoFP (page 3), and are summarised in the table below:

| | Gross expenditure £'000 | Income £'000 | Net expenditure £'000 | Total assets £'000 | Total liabilities £'000 | Net assets £'000 |
|----------------------------------|----------------------------|-----------------|--------------------------|-----------------------|----------------------------|---------------------|
| Shropshire, Telford & Wrekin ICB | 795,212 | (374) | 794,839 | 9,601 | (65,359) | (55,758) |
| Total | 795,212 | (374) | 794,839 | 9,601 | (65,359) | (55,758) |

17.1 Reconciliation between Operating Segments and SoCNE

| | Nine month Period ended 31st March 2023 £'000 |
|--|--|
| Total net expenditure reported for operating segments | 794,839 |
| Reconciling items: | |
| Depreciation & Amortisation | 214 |
| Finance cost - IFRS16 | 7 |
| Total net expenditure per the Statement of Comprehensive Net Expenditure | 795,060 |

18. Joint arrangements - interests in joint operations

ICBs should disclose information in relation to joint arrangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

18.1 Interests in joint operations

| Name of arrangement | Parties to the arrangement | Description of principal activities | Amounts recognised in Entities books ONLY Nine month Period ended 31st March 2023 | | | |
|---|--|---|--|-------------|--------|-------------|
| | | | Assets | Liabilities | Income | Expenditure |
| | | | £'000 | £'000 | £'000 | £'000 |
| Better care fund S75 pooled budget | Shropshire, Telford & Wrekin CCG and Shropshire LA | Commissioning of health and social care services under better care fund | 0 | 0 | 0 | 26277 |
| Better care fund S75 pooled budget | Shropshire, Telford & Wrekin CCG and Telford & Wrekin LA | Better care fund promoting integrated working | 0 | 0 | 0 | 17304 |
| Transforming care programme S75 arrangement | Shropshire, Telford & Wrekin CCG and Telford & Wrekin LA | The transforming care programme for people with learning disabilities | 0 | 0 | 0 | 1742 |

18.2 Pooled budgets under the Better Care Fund

The total value of these pooled budgets in the period ended 31st March 2023 was £63m, £44m of this being the ICB's contribution. The partners determine the nature of the programmes of work making up the Fund and in particular whether joint control is in operation for each programme for the purposes of IFRS 11.

A summary of the schemes with each local authority is given below:

| Shropshire Local Authority | |
|---------------------------------|--|
| | Nine month Period ended 31st March 2023 £'000 |
| Assistive Technologies | 1,507 |
| Care navigation/Co-ordination | 1,489 |
| Enablers for Integration | 3,464 |
| Integrated Care Planning | 2,894 |
| Intermediate Care Services | 2,668 |
| Personalised Healthcare at Home | 217 |
| L A Schemes | 14,038 |
| Total | 26,277 |

| Telford & Wrekin Local Authority | |
|-----------------------------------|--|
| | Nine month Period ended 31st March 2023 £'000 |
| Management Charges | 155 |
| Shropshire Community Health Trust | 3,100 |
| Shrewsbury and Telford Hospital | 1,499 |
| LA Schemes | 12,526 |
| GP Practice Support | 25 |
| Total | 17,304 |

19. Related party transactions

Details of related party transactions with individuals are as follows:

| | Payments to Related Party £'000 | Receipts from Related Party £'000 | Amounts owed to Related Party £'000 | Amounts due from Related Party £'000 |
|---|--|--|--|---|
| Ian Chan GP - Partner: Teldoc | 64,429 | - | - | - |
| Ian Chan - Clinical Director: Teldoc PCN | 2,083 | - | - | - |
| Roger Dunshea - Black Country Healthcare NHS FT: Non-Executive Director | 143 | - | - | - |
| Sir Neil Mckay - Strategic Adviser and Health Strategy Board Chair: Browne Jacobson LLP | 4 | - | - | - |
| Julian Povey - Partner: Pontesbury & Worthen Medical Practice | 11,899 | - | - | - |
| Julian Povey - Pontesbury & Worthen Medical Practice: Shrewbury PCN | 5,313 | - | - | - |
| Nicholas White - Consultant Plastic Surgeon: University Hospitals Birmingham NHS FT | 2,597 | - | - | - |
| Simon Whitehouse Spouse - Senior Staff Nurse: University Hospital of North Midlands | 6,459 | - | - | - |
| DHSC Related Party - Leeds Teaching Hospital NHS Trust | 29 | - | - | - |

The Department of Health and Social Care is regarded as a related party. During the period the ICB has had material transactions with entities for which the Department is regarded as the parent Department. These include:

- NHS Business Services Authority
- NHS England
- NHS Midlands & Lancashire CSU
- NHS Property Services Limited
- Midlands Partnership NHS Foundation Trust
- Shrewsbury & Telford Hospitals NHS Trust
- Shropshire Community Health NHS Trust
- The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- University Hospital of North Midlands NHS Trust
- West Midlands Ambulance Service NHS Trust

In addition, the ICB has had a number of transactions with other government departments and other central and local government bodies. The majority of these transactions have been with Shropshire Council, Telford & Wrekin Council and Welsh Government Bodies.

Payments were also made to GP practices in the period to 31st March 2023 in respect of GMS/PMS/APMS and enhanced services. Two general practitioners within these practices are also members of the ICB's Board.

20. Events after the end of the reporting period

There are no events after the end of the reporting period to report which would impact the financial statements. Commissioning for pharmacy, ophthalmology and dentistry (POD) services from NHSE has been transferred to the ICB with effect from 1st April 2023.

21. Third party assets

The ICB does not hold any third party assets

22. Financial performance targets

The ICB has a number of financial duties under the NHS Act 2006 (as amended).
The ICB performance against those duties was as follows:

| | Nine month Period ended 31st March 2023 Target | Nine month Period ended 31st March 2023 Performance |
|--|---|--|
| Expenditure not to exceed income | 773,917 | 795,433 |
| Capital resource use does not exceed the amount specified in Directions | - | - |
| Revenue resource use does not exceed the amount specified in Directions | 773,543 | 795,060 |
| Capital resource use on specified matter(s) does not exceed the amount specified in Directions | - | - |
| Revenue resource use on specified matter(s) does not exceed the amount specified in Directions | - | - |
| Revenue administration resource use does not exceed the amount specified in Directions | 8,195 | 8,194 |

23. Analysis of charitable reserves

The ICB does not hold any charitable reserves.

24. Losses and special payments

The ICB did not incur any losses or special payments in the nine month period to 31st March 2023.

Our ref:

28th June 2023

Grant Thornton UK LLP
17th Floor
103 Colmore Row
Birmingham
B3 3AG

Dear Grant Thornton UK LLP,

**Re: NHS Shropshire, Telford and Wrekin CCG
Financial Statements for the period ended 30 June 2022**

This representation letter is provided in connection with the audit of the financial statements of NHS Shropshire, Telford and Wrekin CCG ('the CCG') for the period ended 30 June 2022 for the purpose of expressing an opinion as to whether the CCG financial statements give a true and fair view in accordance with International Financial Reporting Standards and the Department of Health and Social Care Group Accounting Manual 2022/23 and applicable law.

We confirm that to the best of our knowledge and belief having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

Financial Statements

- i. We have fulfilled our responsibilities for the preparation of the CCG's financial statements in accordance with International Financial Reporting Standards and the Department of Health and Social Care Group Accounting Manual 2022/23 ('the GAM'); in particular the financial statements are fairly presented in accordance therewith.
- ii. We have fulfilled our responsibilities for ensuring that expenditure and income are applied for the purposes intended by Parliament and that the financial transactions in the financial statements conform to the authorities which govern them.
- iii. We have complied with the requirements of all statutory directions affecting the CCG and these matters have been appropriately reflected and disclosed in the financial statements.

- iv. The CCG has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There has been no non-compliance with requirements of any regulatory authorities that could have a material effect on the financial statements in the event of non-compliance.
- v. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.
- vi. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. Such accounting estimates include expenditure accruals and the prescribing accrual. We are satisfied that the material judgements used in the preparation of the financial statements are soundly based, in accordance with the GAM and adequately disclosed in the financial statements. We understand our responsibilities includes identifying and considering alternative, methods, assumptions or source data that would be equally valid under the financial reporting framework, and why these alternatives were rejected in favour of the estimate used. We are satisfied that the methods, the data and the significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in accordance with the GAM and adequately disclosed in the financial statements.
- vii. We acknowledge our responsibility to participate in the Department of Health and Social Care's agreement of balances exercise and have followed the requisite guidance and directions to do so. We are satisfied that the balances calculated for the CCG ensure the financial statements and consolidation schedules are free from material misstatement, including the impact of any disagreements.
- viii. Except as disclosed in the financial statements:
 - a. there are no unrecorded liabilities, actual or contingent
 - b. none of the assets of the CCG has been assigned, pledged or mortgaged
 - c. there are no material prior period charges or credits, nor exceptional or non-recurring items requiring separate disclosure.
- ix. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards and the GAM.
- x. All events subsequent to the date of the financial statements and for which International Financial Reporting Standards and the GAM require adjustment or disclosure have been adjusted or disclosed.
- xi. We have only accrued for items received before the period-end.
- xii. We have considered the adjusted misstatements, and misclassification and disclosures changes schedules included in your Audit Findings Report. The CCG

financial statements have been amended for these misstatements, misclassifications and disclosure changes and are free of material misstatements, including omissions.

- xiii. We have considered the unadjusted misstatements schedule included in your Audit Findings Report and attached. We have not adjusted the financial statements for these misstatements brought to our attention as they are immaterial to the results of the CCG and its financial position at the period-end. The financial statements are free of material misstatements, including omissions.
- xiv. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards.
- xv. We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.
- xvi. We have updated our going concern assessment. We continue to believe that the CCG's financial statements should be prepared on a going concern basis and have not identified any material uncertainties related to going concern on the grounds that:
 - i. the nature of the CCG means that, notwithstanding any intention to liquidate the CCG or cease its operations in their current form, it will continue to be appropriate to adopt the going concern basis of accounting because, in such an event, services it performs can be expected to continue to be delivered by related public authorities and preparing the financial statements on a going concern basis will still provide a faithful representation of the items in the financial statements
 - ii. the financial reporting framework permits the entry to prepare its financial statements on the basis of the presumption set out under a) above; and
 - iii. the CCG's system of internal control has not identified any events or conditions relevant to going concern.

We believe that no further disclosures relating to the CCG's ability to continue as a going concern need to be made in the financial statements.

Information Provided

- xviii. We have provided you with:
 - a. access to all information of which we are aware that is relevant to the preparation of the CCG's financial statements such as records, documentation and other matters;
 - b. additional information that you have requested from us for the purpose of your audit; and

- c. access to persons within the CCG via remote arrangements, where/if necessary, from whom you determined it necessary to obtain audit evidence .
- xix. We have communicated to you all deficiencies in internal control of which management is aware.
- xx. All transactions have been recorded in the accounting records and are reflected in the financial statements.
- xxi. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- xxii. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the CCG and involves:
 - a. management;
 - b. employees who have significant roles in internal control; or
 - c. others where the fraud could have a material effect on the financial statements.
- xxiii. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, analysts, regulators or others.
- xxiv. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.
- xxv. We have disclosed to you the identity of the CCG's related parties and all the related party relationships and transactions of which we are aware.
- xxvi. We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

Governance Statement

- xxvii. We are satisfied that the Governance Statement fairly reflects the CCG's risk assurance and governance framework, and we confirm that we are not aware of any significant risks that are not disclosed within the Governance Statement.

Annual Report

- xxviii. The disclosures within the Annual Report fairly reflect our understanding of the CCG's financial and operating performance over the period covered by the CCG's financial statements.

Approval

The approval of this letter of representation was minuted by the NHS Shropshire, Telford and Wrekin ICB Board at its meeting on 28th June 2023.

Yours faithfully

Name.....

Position.....

Date.....

Name.....

Position.....

Date.....

Signed on behalf of the CCG

Our ref:

28th June 2023

Grant Thornton UK LLP
17th Floor
103 Colmore Row
Birmingham

Dear Grant Thornton UK LLP,

**Re: NHS Shropshire Telford and Wrekin Integrated Care Board,
Financial Statements for the year ended 31 March 2023**

This representation letter is provided in connection with the audit of the financial statements of **NHS Shropshire Telford and Wrekin Integrated Care Board** ('the ICB') for the year ended 31 March 2023 for the purpose of expressing an opinion as to whether the ICB's financial statements give a true and fair view in accordance with International Financial Reporting Standards and the Department of Health and Social Care Group Accounting Manual 2022/23 and applicable law.

We confirm that to the best of our knowledge and belief having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

Financial Statements

- i. We have fulfilled our responsibilities for the preparation of the ICB's financial statements in accordance with International Financial Reporting Standards and the Department of Health and Social Care Group Accounting Manual 2022/23 ('the GAM'); in particular the financial statements are fairly presented in accordance therewith.
- ii. We have fulfilled our responsibilities for ensuring that expenditure and income are applied for the purposes intended by Parliament and that the financial transactions in the financial statements conform to the authorities which govern them.
- iii. We have complied with the requirements of all statutory directions affecting the ICB and these matters have been appropriately reflected and disclosed in the financial statements.
- iv. The ICB has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance.

There has been no non-compliance with requirements of any regulatory authorities that could have a material effect on the financial statements in the event of non-compliance.

- v. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.
- vi. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. Such accounting estimates include GP prescribing. We are satisfied that the material judgements used in the preparation of the financial statements are soundly based, in accordance with the GAM and adequately disclosed in the financial statements. We understand our responsibilities includes identifying and considering alternative, methods, assumptions or source data that would be equally valid under the financial reporting framework, and why these alternatives were rejected in favour of the estimate used. We are satisfied that the methods, the data and the significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in accordance with the GAM and adequately disclosed in the financial statements.
- vii. We acknowledge our responsibility to participate in the Department of Health and Social Care's agreement of balances exercise and have followed the requisite guidance and directions to do so. We are satisfied that the balances calculated for the ICB ensure the financial statements and consolidation schedules are free from material misstatement, including the impact of any disagreements.
- viii. Except as disclosed in the financial statements:
 - a. there are no unrecorded liabilities, actual or contingent
 - b. none of the assets of the ICB has been assigned, pledged or mortgaged
 - c. there are no material prior year charges or credits, nor exceptional or non-recurring items requiring separate disclosure.
- ix. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards and the GAM.
- x. All events subsequent to the date of the financial statements and for which International Financial Reporting Standards and the GAM require adjustment or disclosure have been adjusted or disclosed.
- xi. We have only accrued for items received before the year-end.
- xii. We have considered the adjusted misstatements, and misclassification and disclosures changes schedules included in your Audit Findings Report. The ICB's financial statements have been amended for these misstatements,

misclassifications and disclosure changes and are free of material misstatements, including omissions.

- xiii. We have considered the unadjusted misstatements schedule included in your Audit Findings Report. We have not adjusted the financial statements for these misstatements brought to our attention as they are immaterial to the results of the ICB and its financial position at the year-end. The financial statements are free of material misstatements, including omissions.
- xiv. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards.
- xv. We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.
- xvi. We have updated our going concern assessment. We continue to believe that the ICB's financial statements should be prepared on a going concern basis and have not identified any material uncertainties related to going concern on the grounds that:
 - a. the nature of the ICB means that, notwithstanding any intention to liquidate the ICB or cease its operations in their current form, it will continue to be appropriate to adopt the going concern basis of accounting because, in such an event, services it performs can be expected to continue to be delivered by related public authorities and preparing the financial statements on a going concern basis will still provide a faithful representation of the items in the financial statements
 - b. the financial reporting framework permits the entry to prepare its financial statements on the basis of the presumption set out under a) above; and
 - c. the ICB's system of internal control has not identified any events or conditions relevant to going concern.

We believe that no further disclosures relating to the ICB's ability to continue as a going concern need to be made in the financial statements.

Information Provided

- xvii. We have provided you with:
 - a. access to all information of which we are aware that is relevant to the preparation of the ICB's financial statements such as records, documentation and other matters;
 - b. additional information that you have requested from us for the purpose of your audit; and
 - c. access to persons within the ICB via remote arrangements, where/if necessary, from whom you determined it necessary to obtain audit evidence.

- xviii. We have communicated to you all deficiencies in internal control of which management is aware.
- xix. All transactions have been recorded in the accounting records and are reflected in the financial statements.
- xx. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- xxi. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the ICB and involves:
 - a. management;
 - b. employees who have significant roles in internal control; or
 - c. others where the fraud could have a material effect on the financial statements.
- xxii. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, analysts, regulators or others.
- xxiii. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.
- xxiv. We have disclosed to you the identity of the ICB's related parties and all the related party relationships and transactions of which we are aware.
- xxv. We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

Governance Statement

- xxvi. We are satisfied that the Governance Statement fairly reflects the ICB's risk assurance and governance framework, and we confirm that we are not aware of any significant risks that are not disclosed within the Governance Statement.

Annual Report

- xxvii. The disclosures within the Annual Report fairly reflect our understanding of the ICB's financial and operating performance over the period covered by the ICB's financial statements.

Approval

The approval of this letter of representation was minuted by the ICB's Board at its meeting on 28th June 2023.

Yours faithfully,

Name.....

Position.....

Date.....

Name.....

Position.....

Date.....

Signed on behalf of the ICB

The Audit Findings for NHS Shropshire, Telford and Wrekin CCG

For the period ended 30 June 2022

Issue date: 21 June 2023

Andrew Smith

Key Audit Partner

E: andrew.j.smith@uk.gt.com

William Guest

Audit Manager

E: william.guest@uk.gt.com



NHS Shropshire, Telford and Wrekin ICB on behalf of NHS
Shropshire, Telford and Wrekin CCG
Halesfield 6
Halesfield
Telford
TF7 4BF

21 June 2023

Audit findings for NHS Shropshire, Telford and Wrekin CCG for the period ended 30 June 2022

This Audit Findings presents the observations arising from the audit that are significant to the responsibility of those charged with governance to oversee the financial reporting process and confirmation of auditor independence, as required by International Standard on Auditing (UK) 260. Its contents have been discussed with management.

As auditor we are responsible for performing the audit, in accordance with International Standards on Auditing (UK), which is directed towards forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of those charged with governance. The audit of the financial statements does not relieve management or those charged with governance of their responsibilities for the preparation of the financial statements.

The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed for the purpose of expressing our opinion on the financial statements. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify control weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all defalcations or other irregularities, or to include all possible improvements in internal control that a more extensive special examination might identify. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

We encourage you to read our transparency report which sets out how the firm complies with the requirements of the Audit Firm Governance Code and the steps we have taken to drive audit quality by reference to the Audit Quality Framework. The report includes information on the firm's processes and practices for quality control, for ensuring independence and objectivity, for partner remuneration, our governance, our international network arrangements and our core values, amongst other things. This report is available at www.grantthornton.co.uk/en/about-us/leadership-and-governance/transparency-report/

We would like to take this opportunity to record our appreciation for the kind assistance provided by the finance team and other staff during our audit.

Andrew Smith

Director

For Grant Thornton UK LLP

Private and confidential

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Contents

| Section | Page |
|---|------|
| Headlines | 04 |
| Audit Findings | 06 |
| Value for money | 19 |
| Independence and ethics – breaches | 20 |
| Appendices | 22 |
| Communication of audit matters to those charged with governance | 23 |
| Action Plan | 24 |
| Fees and non-audit services | 25 |
| Auditing developments | 26 |

1. Headlines

This table summarises the key findings and other matters arising from the statutory audit of NHS Shropshire, Telford and Wrekin Clinical Commissioning Group ('the CCG') and the preparation of the CCG's financial statements for the period ended 30 June 2022 for those charged with governance.

Financial statements

Under International Standards of Audit (UK) (ISAs) and the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to report whether, in our opinion:

- the CCG's financial statements give a true and fair view of the financial position of the CCG's income and expenditure for the period; and
- the CCG's financial statements, and the parts of the Remuneration and Staff Report to be audited, have been properly prepared in accordance with the Department of Health and Social Care (DHSC) group accounting manual 2021/22 (GAM).

We are also required to report whether other information published together with the audited financial statements in the Annual Report, is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated and whether the income and expenditure included in the financial statements has been applied for the purposes intended by Parliament (the regularity opinion).

Our audit work was completed remotely during January to June 2023. Our findings are summarised on pages 6 to 18. We have not identified any adjustments to the financial statements which impact your reported Comprehensive Expenditure figure. We have reported one unadjusted misstatement relating to a £1.1 million difference between actual spend and the estimated prescribing accrual on page 18. We have identified disclosure amendments which are detailed on page 16. We have also raised a recommendation for management as a result of our audit work in Appendix B.

Our work is substantially complete. There are no matters outstanding which we are aware of that would require qualification of our audit opinion or result in material changes to the financial statements, subject to the following matters;

- review of the CCG's joint arrangements disclosures;
- review of the remuneration report and staff report disclosures;
- final manager and engagement leader quality reviews;
- receipt of management representation letter; and
- review of the final set of financial statements.

We have concluded that the other information to be published with the financial statements, is consistent with our knowledge of your organisation and the financial statements we have audited.

We are satisfied that income and expenditure included in the financial statements have been applied for the purposes intended by Parliament. Subject to completion of the outstanding testing detailed above.

Our anticipated audit report opinion will be unqualified including an Emphasis of Matter paragraph highlighting the demise of the CCG on 30 June 2022.

1. Headlines

Value for Money (VFM) arrangements

Under the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to consider whether the CCG has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Auditors are required to report in detail on the CCG's overall arrangements, as well as key recommendations on any significant weaknesses in arrangements identified during the audit.

Auditors are required to report their commentary on the CCG's arrangements under the following specified criteria:

- Improving economy, efficiency and effectiveness;
- Financial sustainability; and
- Governance

As the CCG demised during the year, we are not required to produce a full commentary on your arrangements for securing value for money. Instead, our work and our annual audit report has focussed on whether we have identified any significant weakness in the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have identified a significant weakness in relation to the plans to address the forecast deficit in 2022/23.

Statutory duties

The Local Audit and Accountability Act 2014 ('the Act') also requires us to:

- report to you if we have applied any of the additional powers and duties ascribed to us under the Act; and
- to certify the closure of the audit.

We have not exercised any of our additional statutory powers or duties.

We expect to certify the completion of the audit by the end of June 2023.

Significant matters

We did not encounter any significant difficulties or identify any significant matters arising during our audit.

2. Audit Findings

Our approach to materiality

As communicated in our Audit Plan dated 19 April 2023, we determined materiality at the planning stage as £4.9m based on 2% of gross operating costs for the three-month period. At period-end, we have reconsidered planning materiality based on the final financial statements. Our headline materiality has not changed during the course of the audit. However, in our plan we stated that we would assess the materiality levels for the remuneration and staff report when the report was received. The specific materiality levels are set out below.

A recap of our approach to determining materiality is set out below.

Basis for our determination of materiality

- We have determined materiality at £4.9m based on our professional judgment in the context of our knowledge of the CCG.
- We have used 2% of gross operating costs as the basis for determining materiality.

Reporting threshold

- We will report to you all misstatements identified in excess of £0.245m, in addition to any matters considered to be qualitatively material.

| Materiality area | Amount (£) | Qualitative factors considered |
|--|------------|---|
| Materiality for the financial statements | 4.9m | This is equivalent to a 2% of the gross operating costs for the period ended 30 June 2022. |
| Performance Materiality for the financial statements | 3.6m | The performance materiality has been set at 75% of financial statements materiality. This reflects a standard benchmark based on risk assessed knowledge of potential for errors occurring. |
| Trivial matters | 0.245m | This is the reporting threshold for any errors identified as part of our work on the National Audit Office's Whole of Government Accounts (WGA) exercise. |

Overview of significant audit risks identified

The below table summarises the significant risks discussed in more detail on the subsequent pages.

Significant risks are defined by ISAs (UK) as an identified risk of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum due to the degree to which risk factors affect the combination of the likelihood of a misstatement occurring and the magnitude of the potential misstatement if that misstatement occurs.

Other risks are, in the auditor's judgment, those where the risk of material misstatement is lower than that for a significant risk, but they are nonetheless an area of focus for our audit.

| Risk title | Risk level | Change in risk since Audit Plan | Fraud risk | Level of judgement or estimation uncertainty | Status of work |
|----------------------------------|-------------|---------------------------------|------------|--|----------------|
| Management over-ride of controls | Significant | ↔ | ✓ | Low | ● |

Key

- ↑ Assessed risk has increased since audit plan
- ↔ Assessed risk is consistent with audit plan
- ↓ Assessed risk has decreased since audit plan
- No adjustment or change in disclosure required
- Non-material adjustment or change to disclosures within the financial statements
- Material adjustment or change to disclosures within the financial statements

Financial statements – significant risks

| Risks identified in our Audit Plan | Commentary |
|---|--|
| <p>Management over-ride of controls</p> <p>Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities. The CCG faces external pressures to meet agreed targets, and this could potentially place management under undue pressure in terms of how they report performance.</p> <p>We therefore identified management override of control, in particular journals, management estimates and transactions outside the course of business as a significant risk, which was one of the most significant assessed risks of material misstatement.</p> | <p>We have:</p> <ul style="list-style-type: none"> evaluated the design effectiveness of management controls over journals; analysed the journals listing and determined the criteria for selecting high risk unusual journals; identified and tested unusual journals made during the year and the draft financial statements production stage for appropriateness and corroboration; gained an understanding of the key accounting estimates and critical judgements applied by management and considered their reasonableness; and challenged management's key accounting estimates and critical judgements and considered whether these estimates and judgements are individually or cumulatively indicative of management bias. <p>Our audit work has not identified any issues in respect of management override of controls. We have however identified two control deficiencies which have been reported in appendix B.</p> |
| <p>Presumed risk of fraud in revenue recognition</p> <p>ISA (UK) 240 (rebutted)</p> | <p>It was reported in our audit plan that we had determined there was no significant risk of material misstatement arising from improper revenue recognition. Subject to finalisation, as set out on page 4, our work on income has not identified any issues that would change our assessment.</p> |
| <p>Risk of fraud in expenditure recognition</p> <p>PAF Practice Note 10</p> | <p>It was reported in our audit plan that we had determined there was no significant risk of material misstatement arising from improper expenditure recognition. Subject to finalisation, as set out on page 4, our work on expenditure has not identified any issues that would change our assessment.</p> |

Other findings – significant matters

| Significant matter | Commentary |
|---|---|
| Significant events or transactions that occurred during the period | <p>The CCG demised on the 30 June 2022, the CCG have included a disclosure to this effect in Note 1.1 of their financial statements. This disclosure is deemed to be sufficient.</p> <p>This has been included as an emphasis of matter paragraph within our audit opinion.</p> |
| Concerns about management's consultations with other accountants on accounting or auditing matters | <p>From our work during the audit of the financial statements and from discussions with management and those charged with governance, we are not aware that the CCG has consulted with any other accountants.</p> |
| Significant matters on which there was disagreement with management, except for initial differences of opinion because of incomplete facts or preliminary information that are later resolved by the auditor obtaining additional relevant facts or information | <p>We have not identified any such disagreements.</p> |
| Other matters that are significant to the oversight of the financial reporting process | <p>We have not identified any other such matters.</p> |
| Prior year adjustments identified | <p>We have not identified any prior year adjustments.</p> |

Financial statements – key judgements and estimates

This section provides commentary on key estimates and judgements in line with the enhanced requirements for auditors.

| Significant judgement or estimate | Summary of management's approach | Audit Comments | Assessment |
|-----------------------------------|---|---|--|
| Expenditure accruals | Management accrue for expenditure on goods or services when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable. | <p>We undertook sample testing of year-end expenditure accruals and while our sample testing is still underway, at this time, we anticipate being able to conclude that the methodology, assumptions and values used were appropriate.</p> <p>For expenditure accruals there is limited judgement and estimates involved to calculate the amounts as the amounts are often known from the available data or previous patterns. The approach taken this year is consistent with the prior year.</p> <p>We did not identify any issues with management's estimation process.</p> | We consider management's process is appropriate and key assumptions are neither optimistic or cautious |
| Prescribing accrual | <p>Due to the delay in the timing of the receipt of the supporting IPP reports, the CCG has to accrue a proportion of the prescribing costs in its financial statements. This has covered May and June 2022.</p> <p>The CCG uses historic data and the actual costs of prescribing for the previous months.</p> | <p>The CCG had to accrue costs for May and June 2022. The amount accrued was £8.7m.</p> <p>For the prescribing there is limited judgement and estimate involved to calculate the amounts as the amounts are often known from the available data or previous patterns. The approach taken this year is consistent with the prior year.</p> <p>We have agreed the accrual to the subsequent cash and IPP reports which have now been received and noted an overstatement of £1,117k between the expenditure in the financial statements and these reports. This is detailed on page 18.</p> | We consider management's process is appropriate and key assumptions are neither optimistic or cautious |

Financial Statements – other communication requirements

| Issue | Commentary | Auditor view |
|---|---|--|
| <p>ISAE 3402 Service Auditor Reports</p> <p>The ISAE 3402 Service Audit Type II reports have been received which assess the state of the control environment for the period 1 April 2021 to 31 March 2022 for the following services used by the CCG:</p> <ul style="list-style-type: none"> NHS Shared Business Service Limited: Finance and Accounting Services The Electronic Staff Record Programme NHS Business Services Authority: Prescription Payments NHS Digital GP Payments Capita Primary Care Support Services <p>We have had a bridging letter to cover the period from the 1 April 2022 to 30 June 2022, however the qualifications mentioned here still remain.</p> | <p>The qualifications identified below were reported in 2021/22, the bridging letters confirm they remain in place for the period ending June 2022.</p> <p>NHS Shared Business Services Limited: Finance and Accounting Services</p> <p>A qualified opinion was given due to the following:</p> <ul style="list-style-type: none"> the control related to performing the annual inspection of fire alert and water detection systems, and for 1 instance the test of the generator did not operate effectively during the period 1 April 2021 to 31 March 2022. <p>The Electronic Staff Record Programme</p> <p>A qualified opinion was given due to the following:</p> <ul style="list-style-type: none"> the controls necessary to ensure that access to the development and production areas of the NHS hub was controlled and appropriately restricted, were not in place from 1 April 2021 to 6 June 2021 but were implemented on 7 June 2021. As a result, there were insufficient logical access controls in place to appropriately restrict access to the development and production area of the NHS hub for part of the reporting period. <p>NHS Business Services Authority: Prescription Payments</p> <p>A qualified opinion was given due to the following:</p> <ul style="list-style-type: none"> controls were not in place to provide appropriate periodic review of user access, and in a number of instances the controls related to timely removal of leavers' access to applications and the network did not operate effectively during the period 1 April 2021 to 31 March 2022 <p>NHS Digital GP Payments</p> <p>A qualified opinion was given due to the following:</p> <ul style="list-style-type: none"> in a number of instances, controls related to approval of new user access to DPS and removal of leavers from GPDC, DPS and PDS did not operate effectively. As a result, controls did not operate effectively during the period 1 April 2022 to 31 March 2023 to achieve the control objective "Control objective 2: Controls are in place to provide reasonable assurance that access to systems is controlled."; and controls were not in place to provide appropriate segregation of duties between the production and the development environments of the GPDC application. As a result, controls were not suitably designed during the period 1 April 2022 to 31 March 2023 to achieve Control Objective 4: "Controls are in place to provide reasonable assurance that system change cannot be undertaken unless valid, authorised and tested". | <p>The audit team have considered the issues identified and do not consider them significant enough to have an impact on our audit opinion.</p> <p>These qualifications are relevant to controls operating at the third party and not the CCG.</p> <p>We are satisfied that the CCG has appropriate compensating controls in these areas to mitigate against any increased area of risk.</p> |

(continued on next page)

Financial Statements – other communication requirements

| Issue | Commentary | Auditor view |
|---|---|--------------|
| ISAE 3402 Service Auditor Reports (continued) | <p data-bbox="499 467 936 496">Capita Primary Care Support Services</p> <p data-bbox="499 512 1032 541">A qualified opinion was given due to the following:</p> <ul data-bbox="499 557 1688 919" style="list-style-type: none"> <li data-bbox="499 557 1688 730">• controls should be in place to provide reasonable assurance that updates to GPs and registrars records are made completely, accurately and timely. The primary control was noted to be effective, however, for a secondary control that performs sample QA checks, it was noted that 2 (out of a sample of 25) had identified errors that had not been appropriately resolved and tracked through to completion. Whilst the primary control was noted to be effective, the failure of the secondary control increases the risk of updates not being made completely and accurately based on authorised requests. <li data-bbox="499 746 1688 919">• controls should be in place to provide reasonable assurance that payments are only made after changes to bank details are validated. It was noted that for 8 (out of a sample of 25) months and areas there had been errors within the file that required further validation, however, the service auditors were unable to determine whether they had been reviewed, investigated and resolved through to completion by the Payments team, due to incomplete or absent ISFE upload control checklists. This increases the risk that payments have been made without changes to bank details being validated. | |

Other findings – Information Technology

This section provides an overview of results from our assessment of Information Technology (IT) environment and controls which included identifying risks from the use of IT related to business process controls relevant to the financial audit. This includes an overall IT General Control (ITGC) rating per IT system and details of the ratings assigned to individual control areas.

| IT application | Level of assessment performed | Overall ITGC rating | ITGC control area rating | | | Related significant risks/other risks |
|-------------------------|--|--|--|--|--|---------------------------------------|
| | | | Security management | Technology acquisition, development and maintenance | Technology infrastructure | |
| Oracle | ITGC assessment (design, implementation and operating effectiveness) |  |  |  |  | Management override of controls |
| Electronic staff record | ITGC assessment (design and implementation effectiveness only) |  |  |  |  | None |

Assessment

-  Significant deficiencies identified in IT controls relevant to the audit of financial statements
-  Non-significant deficiencies identified in IT controls relevant to the audit of financial statements/significant deficiencies identified but with sufficient mitigation of relevant risk
-  IT controls relevant to the audit of financial statements judged to be effective at the level of testing in scope
-  Not in scope for testing

Other communication requirements

| Area | Commentary |
|--|--|
| Matters in relation to fraud | We have previously discussed the risk of fraud with the Audit Committee. We have not been made aware of any incidents in the period and no issues have been identified during the course of our audit procedures. |
| Matters in relation to related parties | We are not aware of any related parties or related party transactions which have not been disclosed. |
| Matters in relation to laws and regulations | You have not made us aware of any significant incidences of non-compliance with relevant laws and regulations and we have not identified any incidences from our audit work. |
| Written representations | A letter of representation has been requested from the CCG. |
| Accounting practices | We have evaluated the appropriateness of the CCG's accounting policies, accounting estimates and financial statement disclosures. |
| Confirmation requests from third parties | We requested from management permission to send a confirmation request to the CCG's bank. This permission was granted and the request was sent. This request was returned with positive confirmation. |
| Disclosures | Our review found no material omissions in the financial statements. |
| Audit evidence and explanations | All information and explanations requested from management were provided. |
| Significant difficulties | No significant difficulties were encountered. |
| Regularity Opinion | We are required to give a regularity opinion on whether the expenditure and income reported in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them (the regularity opinion). We have not identified any issues and propose to issue an unqualified regularity opinion. |
| Other information | We are required to give an opinion on whether the other information published together with the audited financial statements (including the Annual Report), is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. No inconsistencies have been identified. We plan to issue an unmodified opinion in this respect. |
| Auditable elements of Remuneration Report and Staff Report | We are required to give an opinion on whether the parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the requirements of the Act, directed by the Secretary of State with the consent of the Treasury. Our work on the remuneration and staff report is outstanding at this time as detailed on page 4 . |

Other responsibilities under the code

| Issue | Commentary |
|---|---|
| Matters on which we report by exception | <p>We are required to report on a number of matters by exception in a number of areas:</p> <ul style="list-style-type: none"> • the Annual Governance Statement does not comply with guidance issued by NHS England or is misleading or inconsistent with the information of which we are aware from our audit, • the information in the annual report is materially inconsistent with the information in the audited financial statements or apparently materially incorrect based on, or materially inconsistent with, our knowledge of the CCG acquired in the course of performing our audit, or otherwise misleading. • if we have applied any of our statutory powers or duties. • where we are not satisfied in respect of arrangements to secure value for money and have reported significant weaknesses. <p>We have nothing to report on these matters.</p> |
| Review of accounts consolidation schedules and specified procedures on behalf of the group auditor | <p>We are required to give a separate audit opinion on the CCG accounts consolidation schedules and to carry out specified procedures (on behalf of the NAO) on these schedules under group audit instructions. In the group audit instructions, the CCG was selected as a non-sampled component.</p> <p>We have nothing to report on these matters.</p> |
| Certification of the closure of the audit | <p>We intend to certify the closure of the period end 30 June 2022 audit of NHS Shropshire, Telford and Wrekin CCG by 30 June 2023</p> |

Audit adjustments

We are required to report all non-trivial misstatements to those charged with governance, whether or not the accounts have been adjusted by management.

Impact of adjusted misstatements

No adjusted misstatements have been identified at the date of issuing our Report. We will provide an update to Management and the Audit Committee should any issues be identified from the remaining testing.

Misclassification and disclosure changes

The draft financial statements included a number of non-material disclosure notes. Amendments have been made to improve the clarity of the financial statements and the elements of the Annual Report that are subject to audit and improve the reader's understanding.

| Disclosure | Misclassification or change identified | Adjusted? |
|-----------------------------------|---|-----------|
| Throughout | There were several notes with nil balances which should be removed. | Yes |
| Throughout | There were several instances where the financial statements referred to the year-end, this should be updated to period end or equivalent | Yes |
| Throughout | It should be made clear within the column headers for note that the period is for the 3 months to 30 June 2022 | Yes |
| Estimation uncertainty | We are in discussion with management as to whether the CHC accruals uncertainty is material. If this is not material, the disclosure should be removed. | Yes |
| Events after the reporting period | The disclosure was incomplete and requires updating to ensure it records the demise of the CCG and is in line with the GAM. | Yes |

Audit adjustments

Impact of unadjusted misstatements

The table below provides details of adjustments identified during the three-month audit to 30 June 2022 which have not been made within the final set of financial statements. The Audit Committee is required to approve management's proposed treatment of all items recorded within the table below.

| Detail | Statement of Comprehensive Net Expenditure £'000 | Statement of Financial Position £'000 | Impact on adjusted net expenditure £'000 | Reason for not adjusting |
|--|--|---------------------------------------|--|--------------------------|
| Prescribing expenditure included within the financial statements is lower than the actual expenditure per the cash report and IPP report | (1,117) | 1,117 | (1,117) | Impact is not material |
| Total | (1,117) | 1,117 | (1,117) | |

Impact of unadjusted misstatements in the prior year

Impact of prior year unadjusted misstatements

The table below provides details of adjustments identified in the prior year audit which had not been made within the final set of 2021/22 financial statements. These unadjusted misstatements will have an impact on the opening reserves of the CCG for the 2022/23 financial year.

| Detail | Statement of Comprehensive Income | Statement of Financial Position | Impact on adjusted net deficit | |
|--|-----------------------------------|---------------------------------|--------------------------------|----------------------------------|
| | £'000 | £'000 | £'000 | Reason for not adjusting |
| Prescribing Accrual | (1,659) | 1,659 | (1,659) | Immaterial estimation difference |
| We found a difference of £1,659k between the estimate prepared by the CCG and the actual prescribing figure. | | | | |
| Overall impact | (1,659) | 1,659 | (1,659) | |

3. Value for money

Approach to Value for Money work for the period ended 30 June 2022

The National Audit Office issued its latest Value for Money guidance to auditors in December 2021. The Code requires auditors to consider whether a body has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

For bodies that demise part way through a financial year, such as with the CCGs, auditors are not required to issue a commentary on arrangements in respect of the demised body. However, auditors are still required to report any significant weaknesses in the body's arrangements, should they come to their attention. In undertaking our work, we are required to have regard to three specified reporting criteria. These are as set out below.



Improving economy, efficiency and effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services.



Financial Sustainability

How the body plans and manages its resources to ensure it can continue to deliver its services.



Governance

How the body ensures that it makes informed decisions and properly manages its risks.

In undertaking this work we have not identified any significant weaknesses in arrangements. Our abridged (three month) AAR accompanies this audit findings report.

4. Independence and ethics

As part of our assessment of our independence we note the following matters:

| Matter | Conclusion |
|---|--|
| Relationships with Grant Thornton | We are not aware of any relationships between Grant Thornton UK LLP and the CCG that may reasonably be thought to bear on our integrity, independence and objectivity. |
| Employment of Grant Thornton staff | We are not aware of any former Grant Thornton partners or staff being employed, or holding discussions in respect of employment, by the CCG or the successor ICB as a director or in a senior management role covering financial, accounting or control related areas. |
| Business relationships | We have not identified any business relationships between Grant Thornton and the CCG. |
| Contingent fees in relation to non-audit services | No contingent fee arrangements are in place for non-audit services provided. |
| Gifts and hospitality | We have not identified any gifts or hospitality provided to, or received from, a member of the Group's board, senior management or staff. |

4. Independence and ethics

We confirm that there are no significant facts or matters that impact on our independence as auditors that we are required or wish to draw to your attention and consider that an objective reasonable and informed third party would take the same view. The firm and each covered person (and network firms) have complied with the Financial Reporting Council's Ethical Standard and confirm that we are independent and are able to express an objective opinion on the financial statements

Following this consideration, we can confirm that we are independent and are able to express an objective opinion on the financial statements. In making the above judgement, we have made enquiries of all Grant Thornton UK LLP teams providing services to the Trust. No non-audit services were identified which were charged from the beginning of the financial period to the current date. Details of fees charged are set out in Appendix C.

We confirm that we have implemented policies and procedures to meet the requirement of the Financial Reporting Council's Ethical Standard

Further, we have complied with the requirements of the National Audit Office's Auditor Guidance Note 01 issued in December 2019 which sets out supplementary guidance on ethical requirements for auditors of local public bodies.

6. Appendices

A. Communication of audit matters to those charged with governance

| Our communication plan | Audit Plan | Audit Findings |
|---|------------|----------------|
| Respective responsibilities of auditor and management/those charged with governance | ● | |
| Overview of the planned scope and timing of the audit, form, timing and expected general content of communications including significant risks | ● | |
| Confirmation of independence and objectivity | ● | ● |
| A statement that we have complied with relevant ethical requirements regarding independence. Relationships and other matters which might be thought to bear on independence. Details of non-audit work performed by Grant Thornton UK LLP and network firms, together with fees charged. Details of safeguards applied to threats to independence | ● | ● |
| Significant findings from the audit | | ● |
| Significant matters and issue arising during the audit and written representations that have been sought | | ● |
| Significant difficulties encountered during the audit | | ● |
| Significant deficiencies in internal control identified during the audit | | ● |
| Significant matters arising in connection with related parties | | ● |
| Identification or suspicion of fraud involving management and/or which results in material misstatement of the financial statements | | ● |
| Non-compliance with laws and regulations | | ● |
| Unadjusted misstatements and material disclosure omissions | | ● |
| Expected modifications to the auditor's report, or emphasis of matter | | ● |

ISA (UK) 260, as well as other ISAs (UK), prescribe matters which we are required to communicate with those charged with governance, and which we set out in the table here.

This document, the Audit Findings, outlines those key issues, findings and other matters arising from the audit, which we consider should be communicated in writing rather than orally, together with an explanation as to how these have been resolved.

Respective responsibilities

As auditor we are responsible for performing the audit in accordance with ISAs (UK), which is directed towards forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of those charged with governance.

The audit of the financial statements does not relieve management or those charged with governance of their responsibilities.

Distribution of this Audit Findings report

Whilst we seek to ensure our audit findings are distributed to those individuals charged with governance, we are also required to distribute our findings to those members of senior management with significant operational and strategic responsibilities. We are grateful for your specific consideration and onward distribution of our report to all those charged with governance.

B. Action Plan

Set out here any recommendations made as a result of issues identified during our audit. The matters reported here are limited to those deficiencies that we have identified during the course of our audit and that we have concluded are of sufficient importance to merit being reported to you in accordance with auditing standards.

| Assessment | Issue and risk | Recommendations |
|------------------------|--|---|
| <p>●</p> <p>Medium</p> | <p>Users can self-authorise their own journals</p> <p>From discussions with management, we understand that this is not a typical occurrence and generally staff do not approve their own journals. However, since self-authorisation is still possible in the system is still raised as a deficiency. There is a risk that self-authorisation could be used to manipulate the financial position.</p> | <p>Management response</p> <p>This is a System weakness over which the ICB has no control. An additional task has been added to the month end timetable for a review to be made of all posted journals. If any instances are identified where journals have been entered and approved by the same team member, they will be signed off by a separate different approver.</p> |
| <p>●</p> <p>Medium</p> | <p>Senior management have access rights to post journals</p> <p>From our testing we did not identify any unusual journals posted by senior management. Despite this, there is a risk that senior management could use their access to manipulate the financial position.</p> | <p>Management response</p> <p>An additional task has been added to the month end timetable for a review to be made of all posted journals. If any instances are identified where journals have been entered by a senior member of the team (band 8D and above) they will be signed off by a separate different approver.</p> |

Key

- High – Significant effect on control system
- Medium – Effect on control system
- Low – Best practice

C. Fees and non-audit services

The following tables below sets out the total fees for non-audit services charged from the beginning of the financial period to June 2023, as well as the threats to our independence and safeguards have been applied to mitigate these threats.

The below non-audit services are consistent with the CCG's policy on the allotment of non-audit work to your auditor.

- None of the above services were provided on a contingent fee basis
- For the purposes of our audit we have made enquiries of all Grant Thornton teams within the Grant Thornton International Limited network member firms providing services to NHS Shropshire, Telford and Wrekin CCG. The table summarises all non-audit services which were identified. In addition, we have identified that there is a self-interest, self-review and management threats due to services performed in respect of the review of the CCG's compliance with the Mental Health Investment Standard. We have adequate safeguards in place to mitigate the perceived self-interest threat from these fees, this is set out in the table below.

Audit fees

| | |
|---|----------------|
| Audit of NHS Shropshire, Telford and Wrekin CCG | £80,000 |
| Total | £80,000 |

The current fees in the financial statements are £100,000 (including VAT). This is because we were not appointed as auditors by the time the financial statements were drafted and so the fee within the financial statements was estimated. The difference between the actual audit fee of £96,000 (including VAT) and that reported in note 5 is trivial.

Assurance Service Fees

| Service | £ Threats identified | Safeguards applied |
|---|--|---|
| Audit Related Assurance | | |
| Review of the CCG's compliance with the Mental Health Investment Standard | £20,000 Self Interest (because this is a recurring fee) Self-review (because the financial information in the compliance statement is included within the CCG's financial statements). Management (because we may make recommendation to improve the operation of the systems doe producing the MHIS compliance statement). | The level of this recurring fee taken on its own is not considered a significant threat to independence as the fee for this work is £20,000 in comparison to the total fee for the audit of £80,000 and in relative to Grant Thornton UK LLP's turnover overall. Further, it is a fixed fee and there is no contingent element to it. These factors all mitigate the perceived self-interest threat to an acceptable level. Self-review is not considered a significant threat as we are not reviewing any information that we have prepared. Additionally, the work required to review the MHIS compliance statement is different in nature to our audit of the financial statements. The scope of work does not include making decisions on behalf of management. Any recommendations made would be for management to decide whether the implement. These factors all mitigate the perceived self-interest, self-review and management threats to an acceptable level. |

D. Auditing developments

Revised ISAs

There are changes to the following ISA (UK):

- ISA (UK) 315 (Revised July 2020) 'Identifying and Assessing the Risks of Material Misstatement'

This will impact audits of financial statement for periods commencing on or after 15 December 2021.

- ISA (UK) 220 (Revised July 2021) 'Quality Management for an Audit of Financial Statements'
- ISA (UK) 240 (Revised May 2021) 'The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements'

A summary of the impact of the key changes on various aspects of the audit is included below:

These changes will impact audit for audits of financial statement for periods commencing on or after 15 December 2022.

| Area of change | Impact of changes |
|---|---|
| Risk assessment | <p>The nature, timing and extent of audit procedures performed in support of the audit opinion may change due to clarification of:</p> <ul style="list-style-type: none"> • the risk assessment process, which provides the basis for the assessment of the risks of material misstatement and the design of audit procedures • the identification and extent of work effort needed for indirect and direct controls in the system of internal control • the controls for which design and implementation needs to be assess and how that impacts sampling • the considerations for using automated tools and techniques. |
| Direction, supervision and review of the engagement | <p>Greater responsibilities, audit procedures and actions are assigned directly to the engagement partner, resulting in increased involvement in the performance and review of audit procedures.</p> |
| Professional scepticism | <p>The design, nature, timing and extent of audit procedures performed in support of the audit opinion may change due to:</p> <ul style="list-style-type: none"> • increased emphasis on the exercise of professional judgement and professional scepticism • an equal focus on both corroborative and contradictory information obtained and used in generating audit evidence • increased guidance on management and auditor bias • additional focus on the authenticity of information used as audit evidence • a focus on response to inquiries that appear implausible |
| Definition of engagement team | <p>The definition of engagement team when applied in a group audit, will include both the group auditors and the component auditors. The implications of this will become clearer when the auditing standard governing special considerations for group audits is finalised. In the interim, the expectation is that this will extend a number of requirements in the standard directed at the 'engagement team' to component auditors in addition to the group auditor.</p> <ul style="list-style-type: none"> • Consideration is also being given to the potential impacts on confidentiality and independence. |
| Fraud | <p>The design, nature timing and extent of audit procedures performed in support of the audit opinion may change due to:</p> <ul style="list-style-type: none"> • clarification of the requirements relating to understanding fraud risk factors • additional communications with management or those charged with governance |
| Documentation | <p>The amendments to these auditing standards will also result in additional documentation requirements to demonstrate how these requirements have been addressed.</p> |



The Audit Findings for NHS Shropshire Telford and Wrekin ICB

For the nine-month period ended 31 March 2023

June 2023

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NHS Shropshire and Telford and Wrekin ICB
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[x] June 2023

Dear Claire

Audit findings for NHS Shropshire and Telford and Wrekin ICB for the nine month period ended 31 March 2023

This Audit Findings presents the observations arising from the audit that are significant to the responsibility of those charged with governance to oversee the financial reporting process and confirmation of auditor independence, as required by International Standard on Auditing (UK) 260. Its contents will be discussed with management and the Audit Committee.

As auditor we are responsible for performing the audit, in accordance with International Standards on Auditing (UK), which is directed towards forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of those charged with governance. The audit of the financial statements does not relieve management or those charged with governance of their responsibilities for the preparation of the financial statements.

The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed for the purpose of expressing our opinion on the financial statements. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify control weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all defalcations or other irregularities, or to include all possible improvements in internal control that a more extensive special examination might identify. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

We encourage you to read our transparency report which sets out how the firm complies with the requirements of the Audit Firm Governance Code and the steps we have taken to drive audit quality by reference to the Audit Quality Framework. The report includes information on the firm's processes and practices for quality control, for ensuring independence and objectivity, for partner remuneration, our governance, our international network arrangements and our core values, amongst other things. This report is available at www.grantthornton.co.uk/en/about-us/leadership-and-governance/transparency-report/

We would like to take this opportunity to record our appreciation for the kind assistance provided by the finance team and other staff during our audit.

Yours sincerely

Andrew Smith
Director
For Grant Thornton UK LLP

Private and confidential

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Contents

| Section | Page |
|---|------|
| Headlines | 4 |
| Audit Findings | 6 |
| Value for money | 21 |
| Other statutory powers and duties | 22 |
| Independence and ethics – breaches | 23 |
| Appendices | 26 |
| Communication of audit matters to those charged with governance | 27 |
| Action Plan | 28 |
| Fees and non-audit services | 29 |
| Auditing developments | 30 |
| Audit opinion | 31 |

1. Headlines

This table summarises the key findings and other matters arising from the statutory audit of the Integrated Care Board ('the ICB') and the preparation of the ICB's financial statements for the nine month period ended 31 March 2023 for consideration by those charged with governance.

Financial statements

Under International Standards of Audit (UK) (ISAs) and the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to report whether, in our opinion:

- the ICB's financial statements give a true and fair view of the financial position of the ICB's income and expenditure for the period; and
- the ICB's financial statements, and the parts of the Remuneration and Staff Report to be audited, have been properly prepared in accordance with the Department of Health and Social Care (DHSC) group accounting manual 2022/23 (GAM).

We are also required to report whether other information published together with the audited financial statements in the Annual Report, is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated and whether the income and expenditure included in the financial statements has been applied for the purposes intended by Parliament (the regularity opinion).

Our audit work was completed during May and June 2023. Our findings are summarised from page 9. The only audit adjustment to the financial statements identified which impacts your reported Comprehensive Expenditure figure was GP prescribing. The actual spend for GP prescribing was £642,864 lower than that accrued in your accounts. Though this is above our trivial threshold, this demonstrates that the estimate was materially accurate. Management has decided not to adjust as this is not material. Were you to adjust for this, your deficit would decrease by £642,864. We have identified several audit adjustments and disclosure issues, which are detailed on page 18. The ICB overstated both its receivables (prepayments) and payables by £41m million as a result of incorrectly accounting for payments for 2023/24 activity to local providers. This had no impact on the ICB's net expenditure position.

We have also raised some recommendations for management as a result of our audit work in Appendix II.

Our work is nearly complete and there are no matters of which we are aware that would require modification of our audit opinion subject to the following matter(s);

- completion of audit work in a few areas such as some IT control questions, related parties, and prescribing;
- receipt of signed management representation letter and review of the final version of financial statements and Annual Report; and
- final quality review by Senior Manager and Director.

We have concluded that the other information to be published with the financial statements, is consistent with our knowledge of your organisation and the financial statements we have audited.

Our anticipated audit report opinion will be unmodified.

We are also required to report on whether the income and expenditure included in the financial statements has been applied for the purposes intended by Parliament (the regularity opinion). Failure to meet statutory financial targets automatically results in a qualified regularity opinion. Comprehensive net expenditure in the financial statements was £21.51 million more than the amount specified in Directions. We are therefore proposing to issue a qualified regularity opinion.

1. Headlines

Value for Money (VFM) arrangements

Under the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to consider whether the ICB has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Auditors are required to report in detail on the ICB's overall arrangements, as well as key recommendations on any significant weaknesses in arrangements identified during the audit.

Auditors are required to report their commentary on the ICB's arrangements under the following specified criteria:

- Improving economy, efficiency and effectiveness;
- Financial sustainability; and
- Governance

As part of our work, we considered whether there were any risks of significant weakness in the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources. In undertaking this work, we have also considered the role of the ICB within the wider health sector, as well as considering its own arrangements. We identified three risks of significant weakness which are set out on page 23.

We have not yet completed all of our VFM work and so are not in a position to issue our Auditor's Annual Report. An audit letter explaining the reasons for the delay is attached to this report. We expect to issue our Auditor's Annual Report by 31 July 2023. This is in line with the National Audit Office's revised deadline of 22 September.

Statutory duties

The Local Audit and Accountability Act 2014 ('the Act') also requires us to:

- report to you if we have applied any of the additional powers and duties ascribed to us under the Act; and
- to certify the closure of the audit.

Due to the ICB's expenditure exceeding its annual allocation in 2022/23, we were required by statute to report this matter to the Secretary of State.

We expect to certify the completion of the audit upon the completion of our work on the ICB's VFM arrangements, which will be reported in our Annual Auditor's report by 31 July 2023.

Significant matters

We did not encounter any significant difficulties or identify any significant matters arising during our audit. However, on page 17 we set out some areas to help further improve the process from what we saw in the first year of audit.

Audit findings

Our approach to materiality

As communicated in our Audit Plan dated May 2023, we determined materiality at the planning stage as £11.8m based on 1.5% of gross operating costs. At period-end, we have left this unchanged.

A recap of our approach to determining materiality is set out below.

Basis for our determination of materiality

This was equivalent to approximately 1.5% of the ICB's actual 9 month operating expenses in 2022/23. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue

Reporting threshold

We will report to you all misstatements identified in excess of £300,000, in addition to any matters considered to be qualitatively material.

| Materiality area | Amount (£) | Qualitative factors considered |
|--|------------|--|
| Materiality for the financial statements | 11,800,000 | This was equivalent to approximately 1.5% of the ICB's estimated 9-month operating expenses in 2022/23. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue. On receipt of accounts, we decided to leave that unchanged. |
| Performance Materiality for the financial statements | 8,260,000 | The performance materiality has been set at 70% of financial statements materiality. This reflects our risk assessed knowledge of potential for errors occurring including the stability of finance staff. Performance materiality is used for the purpose of assessing the risks of material misstatement and in determining the nature, timing, and extent of further audit procedures. It is the amount we set at less than materiality for the financial statements as a whole to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality for the financial statements as a whole. |
| Trivial matters | 300,000 | We will report to you all misstatements identified in excess of £300k as this is the reporting threshold for any errors identified as part of our work on the National Audit Office's Whole of Government Accounts (WGA) exercise. |
| Senior officer remuneration disclosures. | | Due to the public interest in senior officer remuneration disclosures, we apply specific audit procedures and have not set a materiality level. We design our procedures to detect errors in specific accounts at a lower level of precision which we have determined to be applicable for senior officer remuneration disclosures. We will apply heightened auditor focus in the completeness and clarity of disclosures in this area and will request amendments to be made if any errors would alter the bandings reported for any individual. |

Overview of significant audit risks identified

The below table summarises the significant risks discussed in more detail on the subsequent pages.

Significant risks are defined by ISAs (UK) as an identified risk of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum due to the degree to which risk factors affect the combination of the likelihood of a misstatement occurring and the magnitude of the potential misstatement if that misstatement occurs.

Other risks are, in the auditor's judgment, those where the risk of material misstatement is lower than that for a significant risk, but they are nonetheless an area of focus for our audit.

| Risk title | Risk level | Change in risk since Audit Plan | Fraud risk | Level of judgement or estimation uncertainty | Status of work |
|---------------------------------|-------------|---------------------------------|------------|--|----------------|
| Management override of controls | Significant | ↔ | ✓ | Low | ● |

- ↑ Assessed risk increase since Audit Plan
- ↔ Assessed risk consistent with Audit Plan
- ↓ Assessed risk decrease since Audit Plan

- No adjustment or change in disclosure required
- Non-material adjustment or change to disclosures within the financial statements
- Material adjustment or change to disclosures within the financial statements

Financial Statements - Significant risks

Risks identified in our Audit Plan

Commentary

ISA 240 improper revenue recognition

Under ISA (UK) 240 there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue

Auditor commentary

In our planning we have rebutted this presumed risk for the ICB because:

- revenue does not primarily involve cash transactions; and
- funding is principally an allocation from NHS England which is not accounted for in the Statement of Comprehensive Net Expenditure.

We therefore did not consider this to be a significant risk for the ICB. We still consider this is appropriate. Our audit work has not identified any issues in respect of revenue recognition.

ISA 240 expenditure

Practice Note 10 states that as most public bodies are net spending bodies, then the risk of material misstatements due to fraud related to expenditure may be greater than the risk of material misstatements due to fraud related to revenue recognition.

Auditor commentary

We have rebutted this risk for the ICB because:

- expenditure is primarily driven by agreed block payments to providers; and
- opportunity to manipulate contract variations is low in the current NHS financial regime.

We therefore do not consider this to be a significant risk for the ICB. However, we continued to review material expenditure transactions as part of our audit, ensuring that it remains appropriate to rebut the risk of expenditure recognition. Our audit work has not identified any issues in respect of expenditure recognition.

Financial Statements - Significant risks

Risks identified in our Audit Plan

Commentary

Management override of controls

In accordance with ISA (UK) 240, we have identified a risk of fraud in respect of management override of controls.

Auditor commentary

- evaluated the design effectiveness of management controls over journals
- analysed the journals listing and determined the criteria for selecting high risk unusual journals
- challenged management's key judgements and estimates and considered whether these judgements and estimates are individually or cumulatively indicative of management bias;
- tested unusual journals made during the year and the accounts production stage for appropriateness and corroboration
- gained an understanding of the accounting estimates and critical judgements applied by management and considered their reasonableness
- evaluated the rationale for any changes in accounting policies, estimates or significant unusual transactions

Our audit work has not identified any issues in respect of management override of controls. Our audit work has not identified any issues in respect of management override of controls. However, there is a system weakness whereby users can self-authorise their own journals and senior staff can post journals (although in practice this does not happen). We consider that this increases the risk of fraud or error and Those Charged With Governance should confirm that they are satisfied with this approach.

2. Financial Statements - matters discussed with management

This section provides commentary on the significant matters we discussed with management during the course of the audit.

| Significant matter | Commentary |
|---|---|
| <p>Significant events or transactions that occurred during the year</p> <p>The ICB was established on 1 July 2022.</p> | <p>The former CCG ceased to exist and an Integrated Care Board (ICB) was established on 1 July 2022. Closing balances from the predecessor CCG were transferred to the ICB at 1 July 2022.</p> <p>We have been working with the ICB to determine the approach required to opening balances and nationally we have raised the matter with NHSE.</p> <p>The ICB's accounting policies describe how this has been accounted for.</p> <p>The transfer of balances is detailed in note 8 of the ICB's accounts. As a result of the creation of the ICB, other than for the Statement of Financial Position and related notes, comparative figures for the previous financial year have not been provided.</p> <p>On the creation of the ICB, the balances from the previous CCG have been posted to The ICB. For the purposes of the statutory accounts the ICB has had to manually amend its balances from ISFE to reflect the correct entries for absorption accounting. As a result, the statutory accounts differ to the ISFE returns and as this difference is over the NAO reporting threshold of £300,000, we are required to draw attention to this difference in our conclusion on the consistency between consolidation schedules derived from ISFE and statutory accounts. This is a national issue and not one that the ICB could influence.</p> <p>We are satisfied that the ICB has now correctly accounted for opening balances</p> |

2. Financial Statements - key judgements and estimates

This section provides commentary on key estimates and judgements inline with the enhanced requirements for auditors.

| Significant judgement or estimate | Summary of management's approach | Audit Comments | Assessment |
|--|--|--|-------------------|
| <p>Key estimates and judgements include:</p> <ul style="list-style-type: none"> GP Prescribing Pension entitlements of senior officers in the remuneration report Accruals Continuing Health Care Accruals | <p>The ICB made estimates for known 2021/22 liabilities.</p> | <p>We have reviewed the ICB's estimates and judgements and concluded that they have been compiled in accordance with the GAM. We have completed substantive testing of the estimates and judgements used in relation to accruals and have concluded that they are reasonable. Therefore, the policy as shown in the financial statements is correctly stated.</p> <p>The ICB made an accrual for prescriptions dispensed in February and March where the actual figures were not yet available. The difference in actual spend compared to estimate was slightly over trivial.</p> <p>The ICB has said in note 1.20.1 that there is material estimation uncertainty in relation to prescribing and CHC accruals. We think it is unlikely that these estimates could be out by a material amount due to assumptions underlying the estimates.</p> <p>We note on page 20 an issue identified in our cut-off testing in relation to continuing care accruals.</p> | <p>● Grey</p> |
| Provisions | <p>The ICB made provisions in the Balance Sheet at 31 March 2023 .</p> | <p>The ICB has provisions totalling £3.4 million, the majority of which are in respect of CHC in its financial statements. To challenge the reasonableness and completeness of its provisions we reviewed the disclosure against 9 other ICBs. All of the other ICBs had some form of provision, all 9 provided for CHC (100%) with a smaller number providing for legal (44%), redundancy (22%), restructuring (22%) and other provisions (44%). Importantly the total average provision represented approximately 0.16% of total spend which compares to this ICB's percentage of 0.4%. In the case of CHC the ICB's provision represents 0.3% of total spend versus an average of 0.09% for CHC. We have undertaken further work to gain assurance that these are in accordance with IAS37</p> | <p>● Grey</p> |

Assessment

- **Dark Purple** We disagree with the estimation process or judgements that underpin the estimate and consider the estimate to be potentially materially misstated
- **Blue** We consider the estimate is unlikely to be materially misstated however management's estimation process contains assumptions we consider optimistic
- **Grey** We consider the estimate is unlikely to be materially misstated however management's estimation process contains assumptions we consider cautious
- **Light Purple** We consider management's process is appropriate and key assumptions are neither optimistic or cautious

Financial Statements – other communication requirements

| Issue | Commentary | Auditor view |
|--|--|---|
| <p>ISAE 3402 Service Auditor Reports</p> <p>The ISAE 3402 Service Audit Type II reports have been received which assess the state of the control environment for the period 1 April 2021 to 31 March 2022 for the following services used by the ICB:</p> <ul style="list-style-type: none"> NHS Shared Business Service Limited: Finance and Accounting Services The Electronic Staff Record Programme NHS Business Services Authority: Prescription Payments NHS Business Services Authority: Dental Payments NHS Digital GP Payments Capita Primary Care Support Services Midlands and Lancashire CSU:: Finance and Payroll | <p>Unqualified opinions were issued for the following:</p> <ul style="list-style-type: none"> NHS Shared Business Service Limited: Finance and Accounting Services Midlands and Lancashire CSU <p>For the Service Auditor Reports the following qualifications were identified for the period ending March 2023.</p> <p>The Electronic Staff Record Programme</p> <p>A qualified opinion was given due to the following:</p> <ul style="list-style-type: none"> The controls related to the authorisation and revocation of logical access did not operate effectively during the period 1 April 2022 to 31 March 2023 to achieve control objective 2 "Controls provide reasonable assurance that security configurations are created, implemented and maintained to prevent inappropriate access." Controls related to the tracking and resolution of NHS Hub availability issues were not suitably designed during the period 1 April 2022 to 31 March 2023 to achieve control objective 3 "Controls provide reasonable assurance that system and network processing issues are identified, reported and resolved in a timely manner, and that performance against the SLA/contractual requirements for the ESR service is monitored"; and For the Newcastle data centre, there was no available evidence of controls relating to physical security and maintenance of environmental conditions, and controls related to periodic testing of the back-up power generators did not operate effectively from 1 April 2022 to 7 September 2022. In addition, controls were not in place to monitor the data centre physical security and environmental controls designed and operated by the carved out Subservice Organisation, Crown Hosting Data Centres Limited. As a result, controls were not suitably designed and did not operate effectively during the period 1 April 2022 to 31 March 2023 to achieve control objective 4 "Controls provide reasonable assurance that physical access to controlled areas is restricted to authorised individuals, and that facilities are protected against environmental threats." | <p>The audit team have considered the issues identified and do not consider them significant enough to have an impact on our audit opinion.</p> <p>These qualifications are relevant to controls operating at the third party and not the ICB.</p> <p>We are satisfied that the ICB has appropriate compensating controls in these areas to mitigate against any increased area of risk.</p> <p>The ICB has updated the Annual Governance Statement to reflect these reports.</p> |

Financial Statements – other communication requirements (continued)

| Issue | Commentary | Auditor view |
|--|--|--------------|
| <p>ISAE 3402 Service Auditor Reports</p> <p>The ISAE 3402 Service Audit Type II reports have been received which assess the state of the control environment for the period 1 April 2021 to 31 March 2022 for the following services used by the ICB:</p> <ul style="list-style-type: none"> • NHS Shared Business Service Limited: Finance and Accounting Services • The Electronic Staff Record Programme • NHS Business Services Authority: Prescription Payments • NHS Business Services Authority: Dental Payments • NHS Digital GP Payments • Capita Primary Care Support Services • Midlands and Lancashire CSU:: Finance and Payroll | <p>NHS Business Services Authority: Prescription Payments</p> <p>A qualified opinion was given due to the following:</p> <ul style="list-style-type: none"> • controls relating to periodic review of user access to applications did not operate effectively, and in a number of instances the controls related to timely removal of leavers' access to applications and the network did not operate effectively. As a result, controls did not operate effectively during the period 1 April 2022 to 31 March 2023 to achieve the control objective 3 "Controls are in place to provide reasonable assurance that access to systems is appropriately restricted". <p>NHS Business Services Authority: Dental Payments</p> <p>A qualified opinion was given due to the following:</p> <ul style="list-style-type: none"> • controls relating to periodic review of user access to applications did not operate effectively, and in a number of instances the controls related to timely removal of leavers' access to applications and the network did not operate effectively. As a result, controls did not operate effectively during the period 1 April 2022 to 31 March 2023 to achieve the control objective 2 "Controls are in place to provide reasonable assurance that access to systems is appropriately restricted" | |

Financial Statements – other communication requirements (continued)

| Issue | Commentary | Auditor view |
|---|--|--------------|
| <p>ISAE 3402 Service Auditor Reports</p> <p>The ISAE 3402 Service Audit Type II reports have been received which assess the state of the control environment for the period 1 April 2022 to 31 March 2023 for the following services used by the ICB:</p> <ul style="list-style-type: none"> NHS Shared Business Service Limited: Finance and Accounting Services The Electronic Staff Record Programme NHS Business Services Authority: Prescription Payments NHS Business Services Authority: Dental Payments NHS Digital GP Payments Capita Primary Care Support Services Midlands and Lancashire CSU: Finance and Payroll | <p>NHS Digital GP Payments</p> <p>A qualified opinion was given due to the following:</p> <ul style="list-style-type: none"> in a number of instances, controls related to approval of new user access to DPS and removal of leavers from GPDC, DPS and PDS did not operate effectively. As a result, controls did not operate effectively during the period 1 April 2022 to 31 March 2023 to achieve the control objective "Control objective 2: Controls are in place to provide reasonable assurance that access to systems is controlled."; and controls were not in place to provide appropriate segregation of duties between the production and the development environments of the GPDC application. As a result, controls were not suitably designed during the period 1 April 2022 to 31 March 2023 to achieve Control Objective 4: "Controls are in place to provide reasonable assurance that system change cannot be undertaken unless valid, authorised and tested" <p>Capita Primary Care Support Services</p> <p>A qualified opinion was given due to the following:</p> <ul style="list-style-type: none"> controls should be in place to ensure that instances when an account should be revoked on the Pensions Online (POL) and Active Directory (AD) systems are actioned in a timely manner in accordance with the access control policy. During the period 1 April 2022 to 31 March 2023 the above-mentioned revocations could not be evidenced in four out of the 40 selected instances for the AD and POL systems respectively controls should be in place to ensure that instances when an access to finance role in PCSE online for external user is granted to a user with the appropriate approval form. During the period 1 April 2022 to 31 March 2023 the above mentioned access to finance roles could not be evidenced in one out of three selected Controls should be in place to review user access periodically for Integrated Single Financial Environment system (ISFE), POL and PCSE Online and perform actions arising from those reviews in a timely manner. During the period 1 April 2022 to 31 March 2023 the user access review had not been performed for PCSE Online for one out of four quarters | |

Other findings – Information Technology

This section provides an overview of results from our assessment of Information Technology (IT) environment and controls which included identifying risks from the use of IT related to business process controls relevant to the financial audit. This includes an overall IT General Control (ITGC) rating per IT system and details of the ratings assigned to individual control areas.

| IT application | Level of assessment performed | Overall ITGC rating | ITGC control area rating | | | Related significant risks/other risks |
|-------------------------|--|---------------------|--------------------------|---|---------------------------|---------------------------------------|
| | | | Security management | Technology acquisition, development and maintenance | Technology infrastructure | |
| Common Controls | ITGC assessment (design, implementation and operating effectiveness) | ● | ● | ● | ● | None |
| Oracle | ITGC assessment (design and implementation effectiveness only) | ● | ● | ● | ● | None |
| Electronic staff record | ITGC assessment (design and implementation effectiveness only) | ● | ● | ● | ● | None |

Assessment

- Significant deficiencies identified in IT controls relevant to the audit of financial statements
- Non-significant deficiencies identified in IT controls relevant to the audit of financial statements/significant deficiencies identified but with sufficient mitigation of relevant risk
- IT controls relevant to the audit of financial statements judged to be effective at the level of testing in scope
- Not in scope for testing

Other findings

| Issue | Commentary |
|--|--|
| Matters in relation to fraud | We have previously discussed the risk of fraud with management and the Audit Committee. We have not been made aware of any other incidents in the period and no other issues have been identified during the course of our audit procedure |
| Matters in relation to related parties | We are not aware of any related parties or related party transactions which have not been disclosed but we do recommend that the ICB review the related parties included in the accounts as they do not fully meet the definition in the GAM because many of the related parties do not have control or joint control over the other party |
| Matters in relation to laws and regulations | You have not made us aware of any significant incidences of non-compliance with relevant laws and regulations and we have not identified any incidences from our audit work. |
| Written representations | A letter of representation has been requested from the ICB which is included as the papers |
| Accounting practices | We have evaluated the appropriateness of the ICB's accounting policies, accounting estimates and financial statement disclosures. A number of minor amendments were made to the accounting policies to enhance the transparency of the disclosures within the Accounts. |
| Confirmation requests from third parties | We requested from management permission to send confirmation requests to your bank. This permission was granted and the requests were sent and have been received as part of our final accounts work. |

Other responsibilities under the Code

| Issue | Commentary |
|---|---|
| Disclosures | Our review found no material omissions in the financial statements but our review identified several smaller amendments, which have been correctly processed by the ICB in the updated Report. There are a few disclosures which could be enhanced for next year especially in relation to pooled budget arrangements. |
| Audit evidence and explanations | All information and explanations requested from management was provided. However, see below where improvements can be made for next year. |
| Significant difficulties | There were no significant difficulties in carrying out your audit, but inevitably in your first-year of audit, there were areas we noted for further improvement which we thought would be helpful to share. We noted that some initial evidence provided at audit was insufficient to support transactions and further requests had to be made. The ICB set up some onsite days to expedite obtaining further evidence which were very helpful. In future initial evidence provided should be improved (to match the quality of the final evidence provided this year). Greater quality control of working papers and other evidence to support the audit of the accounts would be beneficial. In addition, the detailed transaction listings we were given for several accounts balances from which we initially select samples to test contained many unexplained contra entries (e.g. debit balances in a creditor balances listings). This created additional work for both officers and auditors. |
| Regularity Opinion | We are required to give a regularity opinion on whether the expenditure and income reported in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them (the regularity opinion). Failure to meet statutory financial targets automatically results in a qualified regularity opinion. Comprehensive net expenditure was £21.51 million more than the amount specified in Directions. We are therefore proposing to issue a qualified regularity opinion. |
| Other information | We are required to give an opinion on whether the other information published together with the audited financial statements (including the Annual Report), is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. No inconsistencies have been identified. We plan to issue an unmodified opinion in this respect. |
| Auditable elements of Remuneration Report and Staff Report | We are required to give an opinion on whether the parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the requirements of the Act, directed by the Secretary of State with the consent of the Treasury. We have audited the elements of the Remuneration Report and Staff Report and have identified several minor amendments, which have been correctly processed by the ICB in the updated Report. At this stage, we propose to issue an unqualified opinion on the Remuneration Report and Staff Report subject to audit. |

Other responsibilities under the code

| Issue | Commentary |
|---|--|
| Matters on which we report by exception | <p>We are required to report on several matters by exception in a few areas:</p> <ul style="list-style-type: none"> the Annual Governance Statement does not comply with guidance issued by NHS England or is misleading or inconsistent with the information of which we are aware from our audit, the information in the annual report is materially inconsistent with the information in the audited financial statements or apparently materially incorrect based on, or materially inconsistent with, our knowledge of the ICB acquired in the course of performing our audit, or otherwise misleading. if we have applied any of our statutory powers or duties. where we are not satisfied in respect of arrangements to secure value for money and have reported significant weaknesses. <p>Comprehensive net expenditure was £21.51 million more than the amount specified in Directions. We therefore reported this matter to the Secretary of State (a Section 30 report)</p> |
| Review of accounts consolidation schedules and specified procedures on behalf of the group auditor | <p>We are required to give a separate audit opinion on the ICB accounts consolidation schedules and to carry out specified procedures (on behalf of the NAO) on these schedules under group audit instructions. In the group audit instructions, the ICB was selected as a non-sampled component. We have completed the specified procedures required under the group instructions</p> <p>We noted some inconsistencies between the financial statements and the accounts consolidation schedules which we are required to report in our opinion on the consolidation schedules. These arose due to the ICB having to manually amend its balances in ISFE to reflect the correct entries for absorption accounting on merger. We explain this further in significant findings - matters discussed with management.</p> |
| Certification of the closure of the audit | <p>We intend to certify the closure of the period end 31 March 2023 audit of your ICB by 31 July 2023 after the final Auditors Annual Report is issued.</p> |

Audit adjustments

We are required to report all non-trivial misstatements to those charged with governance, whether or not the accounts have been adjusted by management.

Impact of adjusted misstatements

Two adjusted misstatements have been identified at the date of issuing our Report. We will provide an update to Management and the Audit Committee should any issues be identified from the remaining testing.

| Detail | Statement of Comprehensive Net Expenditure £'000 | Statement of Financial Position £'000 | Impact on adjusted net expenditure £'000 |
|---|--|---|--|
| Prepayments and accounts payables | | | |
| The ICB overstated both its receivables (prepayments) and payables by £41m million as a result of incorrectly accounting for some early payments for the 2023/24 year to local providers. This had no impact on the ICB's net expenditure position. | Nil impact | Decreasing both creditors and debtors by £41m | Nil impact |

Misclassification and disclosure changes

The table below provides details of misclassification and disclosure changes identified during the audit which have been made in the final set of financial statements.

| Disclosure omission | Auditor recommendations | Adjusted? |
|--------------------------------|--|-----------|
| Statement of taxpayer's equity | Statement of changes in taxpayer's equity was amended to have the entry for transfers by absorption immediately following the opening balance of nil as at 1 July and then with a sub total for the adjusted balance as at 1 July 2022. This was important as the transfer does not form part of the ICBs expenditure for the year and should not be reported in that total. | Yes |
| Cash flow | The presentation of the cashflow statement was amended to properly reflect the cash/borrowings transferred under modified absorption accounting. Increase/decrease in Receivables & Payables now measured from the position after transfer at 1 July 2022 (so readily comparable with SOFP). | Yes |
| Accounting policies | Note 1.1 was adjusted to correctly describe the accounting treatment under modified absorption accounting – whereby the corresponding debit / credit to reflect the gain / loss on transfer is recognised directly in reserves and is NOT recognised in the SCNE. Note 8 was also amended to state that the gain/ loss is recognised in the SOCNE | Yes |

Audit adjustments (continued)

| Disclosure omission | Auditor recommendations | Adjusted? |
|---|---|-----------|
| Note 1.1 | Note 1.1 refers to Health and Social Care Bill and should have refer to the Health and Care Act 2022. Note 1.1 stated the ICB did not exist in 20/21 and should have said 21/22. | Yes |
| Note 9 , 10, 11, 12, 13 and 14. | These notes required comparatives as at 1 July 2022. | Yes |
| Financial instruments | Note 16.2 and 16.3 requires comparatives as at 1 July 2022 for both financial assets and financial liabilities. | Yes |
| Note 1.21 | Reference to IFRS 14 has been removed and a statement added with regards to likely impact of the future Standards | Yes |
| Note 8 | Note 8 has been amended to correctly show the Net Gain (Loss) on Transfer by Absorption. The ICB has also amended Note on receivables & cash to similarly report the opening balance of nil followed by the transfer of opening balances before any in year transactions. | Yes |
| Note 21 – Events after the reporting period | Note 21 - Events after the reporting period was updated. The ICB is taking on delegated responsibility for POD (pharmaceutical, ophthalmic and dental) services from 1 April 2023 and the PBSE note was amended to disclose as an event after the period end. | Yes |
| Note 18 – Joint arrangements | Note 18 - Joint arrangements note was amended to reconcile with payments shown to each council. | Yes |
| Remuneration report-pension tables | The pension CETV figures for senior managers were revised to show the position as at 1 July 2022 as opposed to 1 April 2022. | Yes |
| Throughout | Page titles and column headings were changed to make it clearer that the accounts related to a 9-month period ending 31 March 2023. | Yes |

Audit adjustments

Impact of unadjusted misstatements

The table below provides details of adjustments identified during the nine-month audit to 31 March 2023 which have not been made within the final set of financial statements. The Audit Committee is required to approve management's proposed treatment of all items recorded within the table below.

| Detail | Statement of Comprehensive Net Expenditure | Statement of Financial Position | Impact on adjusted net expenditure | Reason for not adjusting |
|---|---|--------------------------------------|---|--|
| Prescribing expenditure & accrual | | | | |
| GP Prescribing estimate-we have seen that the actual spend was £642,864 lower than that accrued. Though this is above our trivial threshold, this demonstrates that the estimate was materially accurate. Management has decided not to adjust as this is not material. Were you to adjust for this, your deficit would decrease by £642,864. We request that your letter of representation sets out that those charged with governance have formally considered this and why they decided not to alter the accounts. | Reduction of comprehensive net expenditure by £642,900 | Reduction of accruals by £642,900 | Reduction of net expenditure by £642,900 | Not material estimation difference |
| Expenditure cut-off | | | | |
| Our cut-off testing of payments made in April identified one payment made in April 2023 for CHC which had not been accrued for (£1.2m). There is a known issue in relation to CHC invoicing from a local Council being delayed and the ICB do set aside an accrual to cover future CHC payments each quarter ("Future Patient Accrual"). We carried out extended further testing in this area and found no further cases. | Increase of comprehensive net expenditure by £1.2 million | Increase of accruals by £1.2 million | Increase of net expenditure by £1.2 million | Not material and ICB says it sets aside an accrual to cover such payments already. |

3. Value for money

Approach to Value for Money work for the period ended 31 March 2023

The National Audit Office issued its latest Value for Money guidance to auditors in December 2021. The Code requires auditors to consider whether a body has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.



Improving economy, efficiency and effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services.



Financial Sustainability

How the body plans and manages its resources to ensure it can continue to deliver its services.



Governance

How the body ensures that it makes informed decisions and properly manages its risks.

In undertaking this work we have identified two risks of significant weaknesses in arrangements relating to financial sustainability of the Integrated Care System, waiting time periods and the ICB's developing governance arrangements. Our Annual Audit Report will be reported to you by 31 July 2023.

4. Other statutory powers and duties

We set out below details of other matters which we, as auditors, are required by the Act and the Code to communicate to those charged with governance.

| Issue | Commentary |
|------------------------------------|---|
| E.g. Public Interest report | There was no report in the public interest. |
| Written recommendations | There were no written recommendations. |
| Referral to the Secretary of State | Due to the ICB's expenditure exceeding its annual allocation in 2022/23, we were required by statute to report this matter to the Secretary of State (a Section 30 Report). |

Independence and non-audit services

Auditor independence

Ethical Standards and ISA (UK) 260 require us to give you timely disclosure of all significant facts and matters that may bear upon the integrity, objectivity and independence of the firm or covered persons relating to our independence. We encourage you to contact us to discuss these or any other independence issues with us. We will also discuss with you if we make additional significant judgements surrounding independence matters.

We confirm that there are no significant facts or matters that impact on our independence as auditors that we are required or wish to draw to your attention. We have complied with the Financial Reporting Council's Ethical Standard (Revised 2019) and we as a firm, and each covered person, confirm that we are independent and are able to express an objective opinion on the financial statements. Further, we have complied with the requirements of the National Audit Office's Auditor Guidance Note 01 issued in May 2020 which sets out supplementary guidance on ethical requirements for auditors of local public bodies.

We confirm that we have implemented policies and procedures to meet the requirements of the Ethical Standard. For the purposes of our audit we have made enquiries of all Grant Thornton UK LLP teams providing services to the ICB.

Other services

Other services provided by Grant Thornton relate to MHIS compliance – further details are provided in the table on the following page.

The amounts detailed are fees agreed to-date for audit related and non-audit services to be undertaken by Grant Thornton UK LLP in the current financial year. These services are consistent with the ICB's policy on the allotment of non-audit work to your auditors. Any changes and full details of all fees charged for audit related and non-audit related services by Grant Thornton UK LLP and by Grant Thornton International Limited network member Firms will be included in our Audit Findings report at the conclusion of the audit.

None of the services provided are subject to contingent fees.

Transparency

Grant Thornton publishes an annual Transparency Report, which sets out details of the action we have taken over the past year to improve audit quality as well as the results of internal and external quality inspections. For more details see [Transparency report 2020 \(grantthornton.co.uk\)](https://www.grantthornton.co.uk/transparency-report-2020)

Independence and non-audit services

| Service | Fees £ | Threats | Safeguards |
|---|---------------|--|--|
| Audit related | | | |
| Review of the CCG's compliance with the Mental Health Investment Standard | £20k plus VAT | Self-Interest (because this is a recurring fee) Self-Review Management | <p>We have carried out this review for 2021/22 recently. The level of this recurring fee taken on its own is not considered a significant threat to independence as fees for 2022/23 work were expected to be £20,000 (plus VAT) in total in comparison to the total 2022/23 fee for the audit of £140,000 and in particular relative to Grant Thornton UK LLP's turnover overall. Further, it is a fixed fee and there is no contingent element to it. These factors all mitigate the perceived self-interest threat to an acceptable level.</p> <p>The work was performed after conclusion of the 2021/22 audit and will entailed testing expenditure in the former CCG's statement to supporting evidence that it has been correctly categorised as mental health spend, which is entirely separate to the testing required for purposes of the audit.</p> <p>The scope of the work does not include making decisions on behalf of management or recommending or suggesting a particular course of action for management to follow. We may make recommendations to improve the operation of systems for producing the MHIS compliance statement, but it would be for management to decide whether to implement our recommendations. If errors are found in the MHIS completion statement, then we will discuss them with informed management and they will decide whether or not to amend the statement. If they choose not to, then our report will be modified accordingly, and the issues will be reported to NHS England and NHS Improvement. We will agree the factual accuracy of our report before issuing it.</p> |

5. Independence and ethics (continued)

As part of our assessment of our independence we note the following matters:

| Matter | Conclusion |
|---|--|
| Relationships with Grant Thornton | We are not aware of any relationships between Grant Thornton and the ICB that may reasonably be thought to bear on our integrity, independence and objectivity. |
| Employment of Grant Thornton staff | We are not aware of any former Grant Thornton partners or staff being employed, or holding discussions in respect of employment, by the ICB or the successor ICB as a director or in a senior management role covering financial, accounting or control related areas. |
| Business relationships | We have not identified any business relationships between Grant Thornton and the ICB. |
| Contingent fees in relation to non-audit services | No contingent fee arrangements are in place for non-audit services provided. |
| Gifts and hospitality | We have not identified any gifts or hospitality provided to, or received from, a member of the Group's board, senior management or staff [that would exceed the threshold set in the Ethical Standard]. |

We confirm that there are no significant facts or matters that impact on our independence as auditors that we are required or wish to draw to your attention and consider that an objective reasonable and informed third party would take the same view. The firm and each covered person [and network firms] have complied with the Financial Reporting Council's Ethical Standard and confirm that we are independent and are able to express an objective opinion on the financial statements

6. Appendices

I. Communication of audit matters to those charged with governance

| Our communication plan | Audit Plan | Audit Findings |
|---|------------|----------------|
| Respective responsibilities of auditor and management/those charged with governance | • | |
| Overview of the planned scope and timing of the audit, form, timing and expected general content of communications including significant risks | • | |
| Confirmation of independence and objectivity | • | • |
| A statement that we have complied with relevant ethical requirements regarding independence. Relationships and other matters which might be thought to bear on independence. Details of non-audit work performed by Grant Thornton UK LLP and network firms, together with fees charged. Details of safeguards applied to threats to independence | • | • |
| Significant findings from the audit | | • |
| Significant matters and issue arising during the audit and written representations that have been sought | | • |
| Significant difficulties encountered during the audit | | • |
| Significant deficiencies in internal control identified during the audit | | • |
| Significant matters arising in connection with related parties | | • |
| Identification or suspicion of fraud involving management and/or which results in material misstatement of the financial statements | | • |
| Non-compliance with laws and regulations | | • |
| Unadjusted misstatements and material disclosure omissions | | • |
| Expected modifications to the auditor's report, or emphasis of matter | | • |

ISA (UK) 260, as well as other ISAs (UK), prescribe matters which we are required to communicate with those charged with governance, and which we set out in the table here.

This document, the Audit Findings, outlines those key issues, findings and other matters arising from the audit, which we consider should be communicated in writing rather than orally, together with an explanation as to how these have been resolved.

Respective responsibilities

As auditor we are responsible for performing the audit in accordance with ISAs (UK), which is directed towards forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of those charged with governance.

The audit of the financial statements does not relieve management or those charged with governance of their responsibilities.

Distribution of this Audit Findings report

Whilst we seek to ensure our audit findings are distributed to those individuals charged with governance, we are also required to distribute our findings to those members of senior management with significant operational and strategic responsibilities. We are grateful for your specific consideration and onward distribution of our report to all those charged with governance.

II. Action Plan

Set out here any recommendations made as a result of issues identified during our audit. The matters reported here are limited to those deficiencies that we have identified during the course of our audit and that we have concluded are of sufficient importance to merit being reported to you in accordance with auditing standards.

| Assessment | Issue and risk | Recommendations |
|----------------------|--|--|
| <p>●</p> <p>High</p> | <p>Journals authorisation</p> <p>Our audit work has not identified any issues in respect of management override of controls. However, there is a system weakness whereby users can self-authorise their own journals and senior staff can post journals (although in practice this does not happen). We consider that this increases the risk of fraud or error and Those Charged With Governance should confirm that they are satisfied with this approach</p> | <p>Audit Committee to confirm it is satisfied with this approach and accepts increased risk of fraud and/or error due to lack of independent authorisation.</p> <p>Management Response-an additional task has been added to the month end timetable for a review to be made of all posted journals. If any instances are identified where journals have been entered and approved by the same team member or entered by a senior member of the team (band 8D and above) they will be signed off by a different approver.</p> |

Key

- High – Significant effect on control system
- Medium – Effect on control system
- Low – Best practice

C. Fees

We confirm below our final fees charged for the audit and provision of non-audit services.

| Audit fees | Proposed fee | Final fee |
|---|-----------------|-----------------|
| CCG Audit | £110,000 | £110,000 |
| Total audit fees (excluding VAT) | £110,000 | £110,000 |

The fees do not agree to the figure included in Note 5 of the financial statements. This is because the financial statements includes £4,000 relating to the former CCG's audit fees. The ICB have included a footnote to Note 5 to explain this and state the actual ICB audit fees for 2022/23 were £110,000. The non-audit fee for the MHIS work shown in the ICB accounts will be 20% greater than the figure shown on this page as the accounts figure includes VAT. The figure on this page is exclusive of VAT.

| Non-audit fees for other services | Proposed fee | Final fee |
|---|----------------|----------------|
| 2021/22 Mental Health Investment Standard | £20,000 | £20,000 |
| Total non-audit fees (excluding VAT) | £20,000 | £20,000 |

VI. Auditing developments

Revised ISAs

There are changes to the following ISA (UK):

- ISA (UK) 315 (Revised July 2020) 'Identifying and Assessing the Risks of Material Misstatement'

This will impact audits of financial statement for periods commencing on or after 15 December 2021.

- ISA (UK) 220 (Revised July 2021) 'Quality Management for an Audit of Financial Statements'
- ISA (UK) 240 (Revised May 2021) 'The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements'

A summary of the impact of the key changes on various aspects of the audit is included below:

These changes will impact audit for audits of financial statement for periods commencing on or after 15 December 2022.

| Area of change | Impact of changes |
|---|---|
| Risk assessment | <p>The nature, timing and extent of audit procedures performed in support of the audit opinion may change due to clarification of:</p> <ul style="list-style-type: none"> • the risk assessment process, which provides the basis for the assessment of the risks of material misstatement and the design of audit procedures • the identification and extent of work effort needed for indirect and direct controls in the system of internal control • the controls for which design and implementation needs to be assess and how that impacts sampling • the considerations for using automated tools and techniques. |
| Direction, supervision and review of the engagement | <p>Greater responsibilities, audit procedures and actions are assigned directly to the engagement partner, resulting in increased involvement in the performance and review of audit procedures.</p> |
| Professional scepticism | <p>The design, nature, timing and extent of audit procedures performed in support of the audit opinion may change due to:</p> <ul style="list-style-type: none"> • increased emphasis on the exercise of professional judgement and professional scepticism • an equal focus on both corroborative and contradictory information obtained and used in generating audit evidence • increased guidance on management and auditor bias • additional focus on the authenticity of information used as audit evidence • a focus on response to inquiries that appear implausible |
| Definition of engagement team | <p>The definition of engagement team when applied in a group audit, will include both the group auditors and the component auditors. The implications of this will become clearer when the auditing standard governing special considerations for group audits is finalised. In the interim, the expectation is that this will extend a number of requirements in the standard directed at the 'engagement team' to component auditors in addition to the group auditor.</p> <ul style="list-style-type: none"> • Consideration is also being given to the potential impacts on confidentiality and independence. |
| Fraud | <p>The design, nature timing and extent of audit procedures performed in support of the audit opinion may change due to:</p> <ul style="list-style-type: none"> • clarification of the requirements relating to understanding fraud risk factors • additional communications with management or those charged with governance |
| Documentation | <p>The amendments to these auditing standards will also result in additional documentation requirements to demonstrate how these requirements have been addressed.</p> |

VII. Audit opinion

We anticipate our audit opinion will be unqualified

Independent auditor's report to the members of the Board of NHS Shropshire and Telford and Wrekin Integrated Care Board

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of NHS Shropshire Telford and Wrekin ICB (the 'ICB') for the period ended 31 March 2023, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of Schedule 1B of the National Health Service Act 2006, as amended by the Health and Care Act 2022 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the ICB as at 31 March 2023 and of its expenditure and income for the period then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Care Act 2022.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the ICB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

VII. Audit opinion

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accountable Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ICB's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the ICB to cease to continue as a going concern.

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2022-23 that the ICB's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services currently provided by the ICB. In doing so we have had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the ICB and the ICB's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

VII. Audit opinion

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the guidance issued by NHS England or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2022-23; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the financial period for which the financial statements are prepared is consistent with the financial statements.

Qualified opinion on regularity required by the Code of Audit Practice

In our opinion, except for the effects of the matter described in the basis for qualified opinion on regularity section of our report, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them.

Basis for qualified opinion on regularity

The ICB reported a deficit in its financial statements of £21.51 million for the nine months ending 31 March 2023. The ICB thereby breached two of its duties under the National Health Service Act 2006, as amended by paragraphs 223H and 223I of Section 27 of the Health and Social Care Act 2012, to ensure that annual expenditure does not exceed income and revenue resource use does not exceed the amount specified by direction of NHS England.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the ICB under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters except on May 2023 we referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 in relation to NHS Shropshire, Telford & Wrekin ICB's breach of its revenue resource limit for the nine months ending 31 March 2023

VII. Audit opinion

Responsibilities of the Accountable Officer

As explained more fully in the Statement of Accountable Officer's responsibilities set out on page(s) x to x, the Accountable Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the ICB without the transfer of its services to another public sector entity.

The Accountable Officer is responsible for ensuring the regularity of expenditure and income in the financial statements.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

We are also responsible for giving an opinion on the regularity of expenditure and income in the financial statements in accordance with the Code of Audit Practice.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the ICB and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23).
- We enquired of management and the Audit Committee, concerning the ICB's policies and procedures relating to:
 - the identification, evaluation and compliance with laws and regulations;
 - the detection and response to the risks of fraud; and
 - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

VII. Audit opinion

- We assessed the susceptibility of the ICB's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of fraud in expenditure recognition and the risk of management override of controls. We determined that the principal risks were in relation to:
 - Journals with a specific focus on those which altered the financial performance of the ICB for the year and those posted by senior officers
- Our audit procedures involved:
 - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
 - journal entry testing, with a focus on unusual journals which included;
 - journals posted by senior finance officers
 - large value journals
 - journals posted in March and post period-end
 - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
 - agreeing expenditure transactions, on a sample basis, to supporting evidence; and
 - evaluating and challenging the estimates and the judgments made by management at year end
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to the prescribing accrual.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
 - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
 - knowledge of the health sector and economy in which the ICB operates

VII. Audit opinion

- understanding of the legal and regulatory requirements specific to the ICB including:
 - the provisions of the applicable legislation
 - NHS England's rules and related guidance
 - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
 - The ICB's operations, including the nature of its other operating revenue and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
 - The ICB's control environment, including the policies and procedures implemented by the ICB to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the period ended 31 March 2023.

Our work on the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the ICB's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, they will be reported by exception in a further auditor's report. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the period ended 31 March 2023.

Responsibilities of the Accountable Officer

As explained in the Governance Statement, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the ICB's resources.

VII. Audit opinion

Auditor's responsibilities for the review of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the ICB plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the ICB ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the ICB uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the ICB has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for NHS Shropshire and Telford and Wrekin Integrated Care Board for the period ended 31 March 2023 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed our work on the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Use of our report

This report is made solely to the members of the Board of the ICB, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the members of the Board of the ICB those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the ICB and the members of the Board of the ICB as a body, for our audit work, for this report, or for the opinions we have formed.

VIII. VFM Extension Letter

Chair of Audit Committee
NHS Shropshire and Telford and Wrekin Integrated Care Board

June 2023

Dear Chair

Under the 2020 Code of Audit Practice, at local NHS bodies we are required to issue our Auditor's Annual Report at the same time as our opinion on the financial statements or, where this is not possible, issue an audit letter setting out the reasons for delay.

Ongoing delays in local audit continue to significantly impact audited bodies and the financial reporting and auditing process, including the timing of when work on value for money arrangements is performed and reported. The National Audit Office has updated its guidance to auditors to allow us to postpone completion of our work on value for money arrangements and focus our resources firstly on the delivery of our opinions on the financial statements. This is intended to help ensure as many as possible can be issued in line with national timetables and legislation.

As a result, we have therefore not yet issued our Auditor's Annual Report, including our commentary on arrangements to secure value for money. We now expect to publish our report no later than 31 July 2023.

For the purposes of compliance with the 2020 Code, this letter constitutes the required audit letter explaining the reasons for delay.

Yours faithfully

Andrew Smith

Director



Agenda item

ICB 28-06-100.1

Quality and Performance Committee Minutes

**NHS Shropshire, Telford and Wrekin
ICS Quality & Performance Committee Meeting**

Wednesday 22nd February 2023 at 9.00am to 11.00am

Via Microsoft Teams

Present:

| | |
|-----------------|--|
| Meredith Vivian | Chair & Non-Executive Director, STW ICS |
| Alison Bussey | Chief Nursing Officer – STW ICS |
| Lynn Cawley | Chief Officer, Healthwatch Shropshire |
| Liz Noakes | Director of Public Health, Telford & Wrekin Council |
| Liz Lockett | Chief Nurse & Director of Quality & Professional Leadership, MPFT |
| Rosi Edwards | Associate NED – SaTH |
| Jill Barker | Associate Non Executive representing Tina Long – SCHAT |
| Kara Blackwell | Deputy Director of Nursing, SaTH representing Hayley Flavell |
| Nikki Bellinger | Assistant Chief Nurse representing Sara Ellis - RJAH |
| Sam Cook | Interim Deputy Director of Performance, STW ICS representing Julie Garside |
| Sharon Fletcher | Senior Quality Lead and Patient Safety Specialist STW ICS |

Attendees:

| | |
|--------------------|---|
| Janet Gittins | Partnership Manager, STW ICS |
| Frances Sutherland | Head of Transformation & Commissioning MH/LD&A, STW ICS |
| Jane Williams | Performance & Assurance Manager, STW ICS |
| Lisa Rowley | Corporate PA, Note Taker, STW ICS |
| Tracey Cassidy | PA STW ICS - Observing |

1.0 Minute No. QPC-23-02.18 – Welcome/Apologies by: Meredith Vivian

- 1.1 Chair of the Committee welcomed members and attendees to the meeting.
 - 1.2 Meredith Vivian advised the Committee that this meeting is to seek assurance of work underway and what mitigations are in place to address issues and if Committee members wish to follow up any issues they may have or wish to share additional information to that provided in the reports presented to so outside of this meeting.
- 2.0 Apologies:
- Ruth Longfellow – RJAH
 - Sara Ellis Anderson – RJAH
 - Julie Garside – STW ICS
 - Fiona Doran – T&W Healthwatch

Hayley Flavell – SaTH
Tracey Slater – STW ICS
Vanessa Whatley – STW ICS
Claire Hobbs – SCHAT
Nicola Dymond – STW ICS

2.0 QPC-23-02.19 - Members' Declarations of Interests

2.1 There were no declarations or conflicts of interest noted.

3.0 Minute No. QPC-23-02.20 - Minutes of Meeting held on 25th January 2023

3.1 The minutes of the meeting held on 25th January 2023 were reviewed and accepted as an accurate record subject to the following:

3.1.1 The Chair commented that the attendance list for the meeting had recorded that Dr David Lee was in attendance. It was confirmed that Dr David Lee was not in attendance, and it was requested that he is removed from the attendance list.

4.0 QPC-23-02.21 Matters Arising and Action Log

4.1 Actions have been updated and are outlined on the action log.

4.2 The Chair highlighted that it had been an action which had not been recorded within the minutes that all reference to CCG should be replaced with ICS in the Court of Protection Policy. This is to be actioned by Paul Cooper/Vanessa Whatley and has been added to the action log.

5.0 Minute No. QPC-23-02.22 - System Quality Risk Register – Sharon Fletcher

The report was received as read, a discussion ensued and the following key points were highlighted:

5.1 Meredith Vivian highlighted the risks relating to Children and Young People Services and Palliative End of Life Care that are due to be completed by the end of March 2023 and asked for clarification on this point.

5.2 Alison Bussey responded these time frames were taken directly from plans that have been put in place and may refer not only to target dates but also review dates. Alison Bussey added that it is important to remember that the system risk register continues to be a “work in progress” document.

5.3 Rosi Edwards added that the risk register was an extremely useful document and referred to risk 8, Diabetes and said that she was pleased to see that the action plan to represent the business case process to implement continuous glucose monitoring is being progressed.

5.4 Meredith Vivian referred to the risk regarding safe and effective maternity care and queried the changing rag rating regarding workforce and asked for further clarity.

5.5 Alison Bussey responded that the LMNS team are carrying out a huge amount of work around maternity and the positive position SaTH are in with the newly qualified

midwives. SaTH have agreed that they will over recruit to these positions equalling 10 whole time equivalents in order that they have sufficient workforce in place.

- 5.6 Meredith Vivian referred to the diabetes transformation risk and said that there is a statement about a Program Board being established and asked if this Board is yet up and running and who would be the Chair of this meeting.
- 5.7 Meredith Vivian commented that the owners of the risks on the register are Directors however the owner for the diabetes program is Fiona Smith who is not a Director and queried why there is no responsible Director for this.
- 5.8 Alison Bussey responded that Fiona Smith is driving this forward however, there should be a responsible Director listed on the register. This would be Gareth Robinson

The Committee:

- Considered other risks for ongoing progress/action

6.0 Minute No. QPC-23-02.23– Performance Exception Report by: Sam Cook

The report was received as read, a discussion ensued and the following key points were highlighted:

- 6.1 Samantha Cook referred to Urgent Care and stated that the early data science for January 2023 was that the pressure on UEC had reduced therefore there is more detail in the February report.
- 6.2 Ambulance arrivals reduced in December 2022 which may have been due to the strike action.
- 6.3 During the first week of January 2023 A&E attendances reduced and together with improvements in acute that came on stream prior to the Christmas period meant that there were more admissions directed to the AMU and those combined actions meant that the ambulance response times improved, particularly category two response times. This has brought ambulance targets down close to the national target and this also influenced ambulance handover delays which also improved.
- 6.4 Lynn Cawley referred to the discussion regarding the improvement in ambulances and highlighted that Shropshire Healthwatch have recently published a report about people's experiences of calling for an ambulance and following a conversation with Mark Docherty at WMAS he informed her that on the day of the first strike, no patients were waiting for ambulance and he had asked if the Trust had seen an increase in the number of people who have made their own way to hospitals on that those days or was it just a day where there was just less demand or were people making other decisions?
- 6.5 Sam Cook responded that people were making other decisions and it had been reported that there was a drop in A&E Attendance during the strike at this time too.

- 6.6 Alison Bussey added that during the strike days, MIU and Primary Care services were still operating and did not see significant rise in use of ambulances. The UEC programme board have responsibility for ensuring that the impact of any industrial action is recognised and understood.
- 6.7 Sam Cook referred to Young People's Eating Disorders and advised that since the performance report was written figures for quarter 3 have been received which show an improvement in performance for patients to be seen within one week has risen to 80% and patients to be seen within four weeks has improved slightly to 62%.
- 6.8 Lynn Cawley referred to the previously mentioned Ambulance report carried out by Healthwatch Shropshire and said that a system response had been received and one of the actions that HWS were told about was that there was going to be an increase in the primary care provision and asked if this had happened, what the timescale is as they were not given any details.
- 6.9 Sam Cook responded that there was additional funding put in for primary care for December 2022 up to the end of January 2023 and that was to support additional urgency appointments in primary care. Sam Cooke added that she is not aware what the proposals are in terms of extending beyond January.

Action: Sam Cook to email Lynn Cawley information regarding primary care provision.

- 6.10 Meredith Vivian asked whether the Committee can be given 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 as this was a question raised at the last Board meeting,
- 6.11 Sam Cook responded that there are plans in place and the Committee can take assurance that this is being scrutinised by NHSE on a weekly basis. It is anticipated that the 104-week waits will reduce to zero as planned however the 78 week target will decrease but will not reach Zero by the end of March 2023.
- 6.12 Alison Bussey advised that Gareth Robinson and Gloria Onwubiki are leading on the improvement plan to address long waits. There is potential for there to be an impact on some waiting times as a result of Industrial action operational plans but these will not impact on the 78 and 104 week waits
- 6.13 Meredith Vivian highlighted that there was mention in the report that South Staffs are visiting the Trust to support smoking cessation and asked if there are smoking cessation services within Shropshire Telford & Wrekin and who is funding and providing these services.
- 6.14 Liz Noakes responded that SaTH have a healthy pregnancy service which is a Shropshire, Telford and Wrekin wide service and is paid for by NHSE.
- 6.15 Liz Noakes commented that the paper refers to no Nicotine Replacement Therapy (NRT) for pregnant women and said that this is part of the long term plan's requirement in terms of NHS's responsibility around smoking. In Shropshire, Telford and Wrekin there is a community smoking cessation service for residents who are smokers and behavioural support is provided however, NRT is not provided.
- 6.16 Liz Lockett said that the issue around NRT is challenging as seen at MPFT where a mental health patient is admitted into an inpatient environment which is smoke free they are offered alternatives to nicotine however when patients go home it is more

likely that they will commence using nicotine products . NRT for people in communities is a wider issue to be addressed. There is a need for the commissioning team to look at the services that are being offered.

Action: Meredith Vivian asked that the commissioning of NRT support service is raised with the pharmacy and community service commissioner.

6.17 Rosi Edwards commented that whilst SaTH offer support for pregnant women who smoke, this support is not extended to partners and it is essential that the support offered should include partners as this extended support is not currently commissioned or funded.

6.18 Alison Bussey responded that the LMNS Programme Manager is reviewing smoking cessation contract currently in place around that this particular area with SaTH and there are opportunities to clarify that interface with the Community offer for partners.

Action: Alison Bussey to pick up with Sue Ball the issue regarding partners not being offered support re smoking during pregnancy.

The Committee:

- Noted the content of the report and provided any feedback for incorporation into future reports.
- Noted the mitigations to address current risks/trends supporting continual improvement journey across the ICS.
- Noted there will be improvement in the detail of the recovery actions and associated timescales for recovery included in this report as performance recording is developed by the team

7.0 Minute No. QPC-23-02.24 – System Quality Metrics – Sharon Fletcher

The report was received as read.

7.1 Meredith Vivian commented that the System Quality Metric Report was a good report which helps the Committee to focus on specific issues.

7.2 There were no further comments or points made on the System Quality Metric Report from the Committee.

The Committee:

- Considered the metrics for knowledge of quality in the system.
- Considered quality improvement that is needed.

8.0 Minute No. QPC-23-02.25 – Exception Report – System Quality Group Chairs Report:

8.1 The report was received as read. No comments were raised by the Committee.

The Committee:

- Considered the alerts in this report and further assurance required.

9.0 Minute No. QPC-23-02.26 – SOAG Exception Report: Sharon Fletcher

9.1 The report was received as read. No comments were raised by the Committee.

The Committee:

- Noted the content of the report.

10.0 Minute No. QPC-23-02.27 – Healthwatch Shropshire Verbal Update – Lynn Cawley

A verbal update was given and the following points were brought to the Committee's attention:

- 10.1 Healthwatch Shropshire have published their Ambulance Report which is due to be presented to a couple of meetings across the system including the Health and Wellbeing Board.
- 10.2 A members briefing was delivered to Shropshire Council who raised a number of concerns particularly around steps taken to address ambulance delays. A positive response has been received from one of the Members who is a secretary at a Bridgnorth GP practice who said that the rapid response team had been working well with that practice.
- 10.3 Lynn Cawley highlighted that Healthwatch Shropshire have developed a survey to gather people's experiences of raising a complaint or a concern in the system. All providers have been asked to comment on the survey questions and asked whether anyone within the ICB would like sight of those questions before the survey is launched. Lynn Cawley added that she has asked a colleague to share these questions with Hayley Cavanagh at the ICS as she felt this fed into the experience of care work.
- 10.4 Healthwatch Shropshire are about to launch a report regarding the accessible information standard. Patients spoken to at focus groups who have some form of impairment whether that be visual or hearing still did not know anything about the standard and said that no one was asking them what their communication needs were. This report will ensure that actions are taken as Healthwatch England has asked for a review of this standard to try and make sure that it includes speakers of other languages and people with disabilities such as autism. Healthwatch Shropshire continue to ask people to share their experiences and feedback is shared with SaTH at regular meetings. Healthwatch Shropshire have recently reengaged with Shropshire Community Trust, RJAH and MPFT who are looking at ways to make sharing this information an easier process.
- 10.5 Lynn Cawley highlighted that Healthwatch Shropshire are looking at their priorities for 2023/24 which are based on the priorities of the ICS and said it would be helpful to know what the focused projects are and timescales for these projects for 2023/24.
- 10.6 Alison Bussey commented that at the upcoming ICS Board Development Session, the five year forward plan for the system will be discussed that will shape the priorities and the key areas of focus.

Action: Alison Bussey suggested that Lynn Cawley has a discussion with Gareth Robinson regarding the focused areas of work for 2023/24.

The Committee:

- Noted the comments made in the verbal update.

11.0 Minute No. QPC-23-02.28 – Healthwatch Telford & Wrekin Verbal Update – Barry Parnaby

No representative from Healthwatch Telford & Wrekin were present at the meeting. However, a brief update was provided via email as follows:-

- 11.1 Healthwatch Telford & Wrekin continue with their engagement Programme which includes visiting : Warm Hubs, Community Centres, Community Events, Hospices, PRH, Mosques, Libraries, Colleges/Schools, Summer Fairs, Dementia, Town and Parish Councils, Diversity and Inclusion Groups, Tuesday Drop in Sessions, Linking with Armed Forces and Veterans Groups
- 11.2 Current projects are :-
Inequalities healthcare homeless - joint project with Maninplace, 111 Survey, recruitment of Volunteers, Primary Care Access - Joint Project with TWC and Telford Patients First, Healthwatch Shropshire want to do a joint project, waiting for further details.
- 11.3 Planned Projects are :-
GP Roadshow , Have your say and learn this way - Working with Young People

The Committee:

- Noted the updated provided via email from Fiona Doran

12.0 Minute No. QPC-23-02.29 – Deep Dive into SMI Physical Health Checks – Frances Sutherland

The report was received as read, a discussion ensued and the following key points were highlighted:

- 12.1 Frances Sutherland advised that SMI Physical Health Checks is a key target around health inequalities for people with severe mental illness. These health checks consist of six key elements that have to be checked i.e. BMI, blood pressure, cholesterol and blood sugar. All of the six elements have to be completed to be recorded as a successful check. This is measured by the GP register, GP practices hold a register of people with severe mental illness which is where measurements are taken from. Some individuals are seen by the GP practice because they have been discharged from secondary care, however, some are seen by secondary care and part of the issue is making sure that information is received from secondary care to the GP practices, which has been a key piece of work that is being carried out around Docman. 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.

- 12.2 Liz Noakes commented that life expectancy for this group is far lower than the general population and is far lower than other SMI populations and said that this inequality is the issue that needs to be addressed.
- 12.3 Meredith Vivian referred to the governance section which states there is regular reporting to ICS committees and boards and asked whether inequality around this cohort of the population is being addressed more widely elsewhere?
- 12.4 Frances Sutherland responded that mental health is discussed at the Healthy DNA Operational Delivery Group however, there is not enough focus on inequality. If work is carried out around community mental health transformation, rehab and focus on physical work, this would help reduce the inequality gap. Frances Sutherland added that she felt this should be discussed at SHIPP and TWIPP meetings rather than the structure that the ICB and the system currently have as these meetings focus more on the long term plan.
- 12.5 Meredith Vivian suggested that it would be a good opportunity for matters around prioritization, inequality and prevention to be discussed at the ICS Board meeting as these are the strategic questions that QPC rarely discuss. The development of the 5year Forward plan and current engagement sessions is the vehicle to ensure that these are clearly defined.
- 12.6 Jane Williams advised that STW have carried out benchmarking, not just for this particular cohort patients, but across the transformation of adults community mental health services to see how STW fare. All systems are challenged in terms of this particular target and STW are keen to carry out further benchmarking with other systems to see what their outcomes are.
- 12.7 Meredith Vivian referred to the new roles being developed to help with the transformation pathway and asked if there are full significant funded roles.
- 12.8 Frances Sutherland replied that there are funded roles in secondary care who will be looking at physical health and new roles within primary care. The next step is to start working a lot more with the third sector such as MIND and Shropshire Mental Health Support to encourage people to attend and making them aware that they share with people that they should be having mental health checks. STW have invested in patient testing equipment which will provide a one stop shop where all checks can be carried out negating the need to attend several appointments.
- 12.9 Meredith Vivian referred to a range of communication materials being produced and said it was not clear who they were for.
- 12.10 Frances Sutherland responded that communication materials are for both professionals and the third sector and have been designed by "Designs in Mind", an organisation who deal with people with mental health issues and are based in Oswestry. The communication materials have been designed to highlight who should have the check, what that check is for and the value of the check.

The Committee:

- Noted the current position around SMI position and actions being taken to address to both increase uptake of physical health checks to achieve the national target and to ensure equity of provision

13 .0 Minute No. QPC-23-02.30 – Deep Dive into LD&A Annual Physical Health Checks – Janet Gittens

The report was received as read and the following key points were highlighted:

- 13.1 Janet Gittens stated that as part of the LD&A annual physical health checks, priorities are in place to address inequalities and improve the quality of life for those people who are on the learning disability register. People with an LD&A aged 14 plus are eligible for learning disability annual health checks and should be on the register.
- 13.2 As at the end of January 2023 a further 184 learning disability annual health checks have been completed which increases the performance rate 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.
- 13.3 There are 500 annual health checks to complete in February and March 2023 which is achievable unless primary care does not have the capacity in general practice due to unforeseen incidents that could affect delivery of these health checks.
- 13.4 Janet Gittens referred to quality audits and advised the Committee that the ICS quality team has worked with MPFT to pull together a quality tool to carry out quality audits around learning disability annual health checks, this is now being used and will be going out to practices. This tool will look at the whole quality process and will ensure that easy read materials are available and to ensure health action plans are in place.
- 13.5 Alison Bussey referred to the 500 outstanding cases as at the end of January 2023 and noted that whilst assurance has been given that these annual health checks will be completed by the end of March 2023 asked how this backlog could be prevented in future years.
- 13.6 COVID had an impact on the number of people awaiting health checks particularly for this cohort of people as a lot of people with a learning disability were shielding for longer periods and were reluctant to have these checks carried out thus creating a backlog. Additional resource has been put in place at that time which did capture and prioritize those that were overdue for a health check.
- 13.7 Jane Williams commented that within the system there is a long waiting list of children waiting for a diagnosis of ASD and although not connected, suggested that it would be an opportunity to have an insight into children waiting on the ASD pathway included in the report prepared by Miller Bownass regarding eating disorders for children and young people at a future QPC meeting.

Action : Jennifer Griffin the lead LD&A to ask Miller Bownass to include an insight into Children waiting on the ASD Pathway is included in his report for Children & Young people with eating disorders to be presented at a future QPC meeting.

The Committee:

- Noted the current position around Annual health checks and actions being taken to increase the number of health checks and to ensure equity of provision

14.0 Minute No. QPC-23-02.31 – Health Protection Report - Liz Noakes

The report was received as read, a discussion ensued and the following key points were highlighted:

- 14.1 Liz Noakes informed the Committee that Telford LA have launched a Health Protection Strategy which is the first one for Shropshire Telford & Wrekin.
- 14.2 There has been a number of issues in relation to migrant health. There needs to be a more focused approach to migrant health going forward with the help of health partners. This is a growing issue which needs to be addressed.
- 14.3 Liz Noakes wished to thank Alison Bussey who had raised awareness of childhood immunizations on a recent radio broadcast.
- 14.4 Meredith Vivian congratulated Liz Noakes on the implement of the Health Protection Strategy and suggested that the Committee could get a reflection on how well the strategy has been delivered in February 2024 to have a retrospective view.

The Committee:

- Noted the contents of the report.

15.0 Minute No. QPC-23-02.32 – Evaluation of Meeting

- 15.1 Meredith Vivian encouraged members to feedback comments and/or observations they may about the meeting or any improvements they wish to see.

Please send comments to Lisa.rowley2@nhs.net

16.0 Minute No. QPC-23-02.33 – Items for Escalation/Referral to other Board Committees

- 16.1 ICS Board – Health inequalities particularly around serious mental health illness and learning disability.
- 16.2 Smoking Cessation & Nicotine Replacement Therapy (NRT)

17.0 Minute No. QPC-23-02.34 – Any Other Business

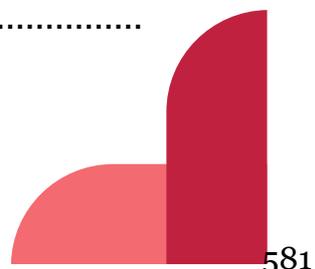
- 17.1 New QPC meeting dates from April 2023 to be confirmed.

Date and Time of Next Meeting

Wednesday 22nd March 2023, 9.00am, via Microsoft Teams.

11:08:54 – Meeting Closed

SIGNED **DATE**



**NHS Shropshire, Telford and Wrekin
ICS Quality & Performance Committee Meeting**

Wednesday 22nd March 2023 at 9.00am to 11.00am

Via Microsoft Teams

Present:

| | |
|-----------------|---|
| Meredith Vivian | Chair & Non-Executive Director, STW ICB |
| Vanessa Whatley | Director of Quality & Safety, Deputy Chief Nursing Officer – STW ICB |
| Lynn Cawley | Chief Officer, Healthwatch Shropshire |
| Liz Lockett | Chief Nurse & Director of Quality & Professional Leadership, MPFT |
| Rosi Edwards | Associate NED – SaTH |
| Jill Barker | Associate Non Executive, SCHAT |
| Kara Blackwell | Deputy Director of Nursing, SaTH representing Hayley Flavell |
| Sharon Fletcher | Senior Quality Lead and Patient Safety Specialist STW ICB |
| Nicholas White | Chief Medical Director STW ICB |
| Ruth Longfellow | Medical Director, RJAH |
| Claire Parker | Director of Partnerships & Place STW ICB – Representing for Julie Garside |
| Sharon Simpkin | Clinical Lead for Quality, Shropshire Community Trust Representing Clare Hobbs |

Attendees:

| | |
|---------------|--|
| Jane Williams | Performance & Assurance Manager, STW ICB |
| Helen White | Commissioning and Transformation Project Manager STW ICB |
| Fiona Smith | Transformation & Commissioning Partner STW ICB |
| Sue Bull | Programme Manager LMNS STW ICB |
| Lisa Rowley | Corporate PA, Note Taker, STW ICB |

1.0 Minute No. QPC-23-03.35 – Welcome/Apologies by: Meredith Vivian

- 1.1 Chair of the Committee welcomed members and attendees to the meeting.
- 1.2 Meredith Vivian advised the Committee that this meeting is to seek assurance of work underway and what mitigations are in place to address issues and if Committee members wish to follow up any issues they may have or wish to share additional information to that provided in the reports presented to so outside of this meeting.
- 1.3 Apologies:

Alison Bussey
Liz Noakes

Claire Hobbs,
Sarah Ellis Anderson
Laura Tyler
Julie Garside.

2.0 QPC-23-03.36 - Members' Declarations of Interests

2.1 There were no declarations or conflicts of interest noted.

3.0 Minute No. QPC-23-03.37 - Minutes of Meeting held on 22nd March 2023

- 3.1 The minutes of the meeting held on 22nd March 2023 were reviewed and accepted as an accurate record subject to the following:
- 3.3 Vanessa Whatley referred to Page 8 of the minutes and referenced the phrase "healthy DNA Operational Group and asked that this is checked and the minutes amended accordingly.
- 3.4 Meredith Vivian asked that attendees are identified as being from ICB rather than ICS where appropriate,

4.0 QPC-23-03.38 Matters Arising and Action Log

- 4.1 Actions have been updated and are outlined on the action log.
- 4.2 Vanessa Whatley requested that the action log is sent to members a week in advance of the meeting so that a written update is provided with papers rather than having a verbal update.

5.0 Minute No. QPC-23-03.39 - System Quality Risk

The report was taken as read, a discussion ensued and the following key points were highlighted:

- 5.1 Children & Young People (CYP) – There has been progression around the new website and new support for people, particularly those that are of low-level mental health support.
- 5.2 The I Thrive model has started to come into being and there is more support to schools.
- 5.2 Palliative and End of Life Care - There is a recommendation going to the System Quality Group to de-escalate this risk. Further assurance will be provided following the next CQC inspection, the date of this inspection is not yet known. A full report on this risk will be presented at the System Quality Group meeting where this risk will be managed by SQG rather than QPC.
- 5.3 Urgent Emergency Care – The improvement plan is in place and this is being monitored by the UEC Improvement Board.
- 5.4 Paediatric Ophthalmology – The Paragon contract has now been signed and the service will re-open on 1st April, 2023. A recommendation will be made to the System Quality Group on 5th April that this risk is de-escalated and managed through the Planned Care Board.
- 5.5 Acute Paediatric Pathway – This is a new risk following the investigation of 6 paediatric deaths due to the deterioration and sepsis. SaTH and the System have action plans in place to address this supported by the acute pathway with NHSE oversight. A report will be presented to the System Quality Group in April 2023. A full report will be presented to QPC at the meeting on 27th April, 2023.

- 5.6 Rosi Edwards referred to the diabetes and wished it to be recorded how disappointed she is that one of the elements of dealing with the poor handling of diabetes in this system and that the business case has been turned down.
- 5.7 Nick White commented that it has not been turned down and added that the business case had been presented to the investment panel for a second time where prioritisation scored higher than it did the first the business case was presented.
- 5.8 Lynn Cawley wished to make the Committee aware that Shropshire Healthwatch has been asked to consider some risks in terms of carrying out an engagement and feedback exercise; In particular, the Safeguarding Board has asked Healthwatch to revisit the work around children and young people's mental health. Previously, Healthwatch have done a lot of work around end of life and this is an issue that they are happy to pick up again as it is, in a way, closing the circle.
- 5.9 Healthwatch have previously carried out work around maternal mental health which remains a priority for Healthwatch England and there is likely to be a national piece of work carried out with all Healthwatches.
- 5.10 Lynn Cawley added that she has had conversations regarding carrying out engagement exercises such as focus groups in relation to diabetes and also to speak with people about their experiences of diabetes care.
- 5.11 Meredith Vivian referred to Lynn Cawley's comment regarding a conversation she has requested with Gareth Robinson regarding Healthwatch Shropshire's scheduled activity and how that fits in with the ICB's annual programme of activity and suggested that Healthwatch Shropshire's intervention with resurveying children and young people who require mental health care is also discussed.
- 5.12 Lynn Cawley said that she would be happy to take the lead from the ICB in terms of when they would like Healthwatch Shropshire to revisit this. The challenge previously was that Healthwatch Shropshire were not supported to reach out to the young people themselves and said that she would like to work with MPFT and the Local Authority so that the views of parents, carers, schools and medical professionals are heard.
- 5.13 Claire Parker suggested that Healthwatch Shropshire revisit this in this six months time.
- 5.13 Liz Lockett responded that MPFT would be happy to support Healthwatch in reaching out to young people. MPFT have an Involvement and Engagement Team who can help to identify young people who are accessing MPFT or have access to their services. The mental health and well-being of young people in crisis spans more than the MPFT Pathway. One of the critical elements of this is around those children and young people that end up in an A&E environment and consideration needs to be given of the restrictions placed on SaTH around children and young people who present with a mental health.
- 5.14 Liz Lockett commented that the new 136 is still being built which will specifically accommodate young people to make it more child friendly. In terms of the transformation programme, this is being progressed. It is not at a stage where the very best service is being offered to children and young people however, if this was a staged approach and revisited when investments are released and the services have all had the time to work to the new pathways, then this service would be really good.

5.15 Vanessa Whatley referred to Palliative and End of Life Care and extended an invitation to Lynn Cawley to attend the Palliative End of Life Care Steering Group to discuss this further and for Lynn Cawley to give input from Healthwatch Shropshire's perspective,

Action : Vanessa to ask Alison Massey to forward an invite to Lynn Cawley for the PEoLC meeting.

5.16 Meredith Vivian commented on the PEoLC and noted that GPs do not have an accurate register of patients at end of life and highlighted that the report said there was a quantifiable gap.

Action: Vanessa Whatley to provide information in the System Quality Risk Register report for the next QPC meeting advising what has been done to fill the gap.

The Committee:

- Considered other risks for ongoing progress/action

6.0 Minute No. QPC-23-03.40– Performance Exception Report

The report was received as read, a discussion ensued and the following key points were highlighted:

- 6.1 Lynn Cawley highlighted that at the recent Shropshire Patient Group a discussion was held around the imminent retirement of a number of GP's across the system and the potential risk to Primary Care. The Group sought reassurance that work is being carried out to address this issue.
- 6.2 Claire Parker responded that there is work going on around this and the Chancellors recent announcement may certainly help around pensions as GP's were a group particularly affected by the pension restrictions; there is a workforce plan for GPs about recruitment and retention in the same way that links into the wider people's plan.
- 6.3 Claire Parker added that there has been concern for a number of years about the reduction in GPs and GP Partners however, there is a GP recruitment and retention process. Additional funding is received from NHSE to help retain people in the system post-retirement so that GPs can retire and can then stay working in the system, this is approved through the Primary Care Commissioning Committee.
- 6.4 Vanessa Whatley referred to The WMAS 'Hear and Treat' category continues to exceed the national target which has the corresponding effect of a reduction against target for 'See and Treat' and 'See and Convey' categories. An ambulance receiving area has been opened on both acute sites with staffing supported by WMAS. A partnership approach is being taken to managing the WMAS category 3 and 4 calls with clinicians from primary care and community linking with the ambulance service to ensure patients reach the right place for their care, and commented that after looking at the ED ad performance around Hear and Treat and the convey targets wondered whether these are working against the plan to prevent admission, prevent people from getting into hospital from rapid response and other services, virtual wards, etc.

- 6.5 Vanessa Whatley referred to the number of patients presenting at ED with mental health related issues and commented that the reported target of zero did not appear correct and asked whether this referred to the pathway for people with mental health crisis and said that she will pick this up at the NED meeting.
- 6.6 Vanessa Whatley then referred to LDNA and highlighted that the report stated that there were 21 adult inpatients and asked whether this figure related to adult inpatients across the system or at MPFT.
- 6.7 Claire Parker responded that this figure relates to the previous transforming care cohort and all inpatients within that cohort which is patients that are gradually having their care moved into the community.
- 6.8 Meredith Vivian congratulated Shropcom on their virtual ward numbers which are increasing .
- 6.9 Jill Barker commented that Shropcom are pleased with how virtual wards is developing. The Trust continue to struggle with staff recruitment however, the virtual wards and the new model of care appears to be an area that they are able to recruit to.
- 6.10 Lynn Cawley referred to virtual wards and said that Healthwatch Shropshire have been asked if they would consider working with the Shropcom to gather feedback from what that feels like for people using this service and would be open to a conversation with the Trust regarding this.
- 6.11 Jill Barker responded that she would welcome conversations with Healthwatch Shropshire as she felt it was important to measure patient satisfaction being provided with an alternative to an admission.es virtual wards A program does that fall under the local care program.
- 6.12 Meredith Vivian referred to the adult ADHD waiting list increasing and referenced the comment in the report that the paper was supported by IDC but no funding was available and queried what support by IDC means.
- 6.13 Claire parker responded that although initially there the paper said there was no funding for a business case, things have moved on since then; this is a cost pressure against the waiting list which has been built into finance. Referrals through patient choice are being accepted but there will be a financial cost pressure to that. It is not about redesigning the service or re-procurement, it is just about the management of this service.
- 6.14 VIVIAN, Meredith commented that clarity around prioritisation processes would be helpful.

The Committee:

- The Committee noted the content of the report and provided feedback for incorporation into future reports.
- The Committee noted the mitigations to address current risks/trends supporting continual improvement journey across the ICS. There will be improvement in the detail of the recovery actions and associated timescales for recovery included in this report as performance recording is developed by the team.

7.0 Minute No. QPC-23-03.41 – System Quality Metrics – Vanessa Whatley

The report was taken as read, a discussion ensued and the following key points were highlighted:

- 7.1 Re-admission to the 30 days has reduced. An action plan is in place.
- 7.2 Mixed Sex Accommodation breaches remain an issue particularly at SaTH.
- 7.3 An increase in the delays in getting root cause analysis back. This is an issue particularly when assurance is sought that immediate actions are being addressed in a timely way. Quality Leads within the ICB are working with Trusts to rectify this issue.
- 7.4 Rosi Edwards commented that SaTH do monitor mixed sex accommodation breaches however, this remains a concern for the Trust and relates to the difficulty of getting flow through the system and where people are being cared for.
- 7.5 Kara Blackwell stated that the Trust's flow and capacity has a real impact on mixed sex breaches, a lot of patients are stepped down from critical care because the Trust do not have the beds to step down to due to pressures in ED. The Trust are focused on improving this issue.
- 7.6 Meredith Vivian added that the pressure is not being caused by mixed sex accommodation, it's a symptom of it rather than the cause and asked what is being done to address this.
- 7.7 Kara Blackwell responded work is being undertaken to make sure that any new investigations run to a time scale; weekly updates in relation to targets have been requested by Hayley Flavell and when the investigation is complete this will go to SaTH's internal Executive Sign Off Group.
- 7.8 Liz Lockett commented that one of the challenges faced by MPFT is that a number RCA's relate to unexpected deaths, mostly for Shropshire, Telford and Wrekin, generally people who have ended their own life and the complexity of wanting to involve the family in the review, finding a time that feels right to the family to want to ask those questions and then also the challenge of the coroner. The Trust is trying to undertake a process with multiple audiences which can bring about delays. She felt that a robust report that takes in account the concerns and questions of families was needed.
- 7.9 Liz Lockett referred to slide 14, Patient Safety Incidents and said that the report identifies that there has been significant issues for MPFT in January and commented that data for 3 months have been in on the same month as there is zero number of incidents for November and December 2022 and that all incidents relate to Shropshire, Telford and Wrekin which is not the case, The NRLS submission is across the whole of the Trust who also provide services in Staffordshire, but also more widely around the country, particularly prison in- reach inclusion, those numbers are based on the Trust's total incidents. Likewise with friends and family response and said that the Trust will provide context for the narrative in the report for Shropshire, Telford & Wrekin.
- 7.10 Vanessa Whatley highlighted that this report is being reviewed and she has been liaising with Sara Reeve to try and get that data better, however, this is difficult to get on a regular basis as the data needs to be input every time rather than it being pulled from the national data. A draft report has been revised and this will be presented at the next System Quality Group Meeting in May 2023 which will then fed through to QPC on a quarterly basis.

7.11 Vanessa Whatley added that the RCA process is currently being reviewed and the ICB have issued the CSU six months' notice of handling RCAS and these will be dealt with in-house.

Action: Vanessa Whatley and Meredith Vivian to have a discussion outside of QPC to discuss the content of the report prior to it being submitted to SQG.

7.12 Sharon Fletcher commented that in her role as Patient Safety Specialist, she understood the pressure that system partners are working under in the responsiveness and reactivity of incidents. The whole purpose of the work being carried out is to reduce the level of harm in the first place rather than respond and react when harm happens. The responsiveness of the ICB and the quality team is around how the real purpose of an investigation process is supported and managing expectations, inclusivity of family and staff and the legacy of an investigation and the quality of that investigation.

7.13 A report has recently been shared at a Quality Team meeting around system incidents and it was discussed that if a more peaceful approach is taken around some of the key incidents in a thematic response way of investigating rather than individual investigating. There is approximately a 27% reduction in workload that could provide the same level of assurance and learning opportunities and reduce pressure on repetitiveness that lacks depth and quality.

7.14 Meredith Vivian said that it would be helpful to build on the comments made by Sharon Fletcher and a report to be submitted to the Quality and Performance Committee in October 2023

Action: Sharon Fletcher to provide a report to QPC in October 2023 setting out what happened? Who was involved? What was being done differently? What the expected outcomes are.

7.15 Lynn Cawley commented that Healthwatch Shropshire is interested in the work around peace, if not least because of their independent health complaints advocacy service and said it would be helpful if partners worked as a system to produce some patient facing information.

7.16 Liz Lockett said that she was supportive of Sharon Fletcher's comment about the thematic response way of investigating significant incidents and highlighted the importance of engaging with the people who these incidents impact upon and their expectations.

7.17 Liz Lockett added that how coroners are engaged in terms of their expectations needs to be looked at in this process and that one of the challenges with the coroner is that the different expectations of what he/she would want from different audiences that present at an inquest, e.g. the police will read a statement of events and GPs will have a statement that is often read out on their behalf but from a mental health perspective, the expectation is that a full RCA witness statement is produced for every individual involved and the majority of people are called to the inquest to give evidence and there is a risk of having to increase the work significantly but without key benefit, which is the learning and reducing the likelihood of incidents happening.

7.18 Vanessa Whatley stated that there is a national action plan in place to engage coroners and there has been national discussions with the chief coroner.

The Committee:

- Considered the metrics with performance metrics and system risks.

8.0 Minute No. QPC-23-03.42 – Exception Report – System Quality Group Chairs Report: Vanessa Whatley

The report was taken as read, a discussion ensued and the following key points were highlighted:

- 8.1 The rapid quality review around the Paediatrics and the Section 28 and 9A was discussed and MPFT presented an action plan which is being progressed.
- 8.2 Treatment delay from West Midlands Ambulance is a concern and that is being picked up through their CQRM's.
- 8.3 The Designated Doctor for Children's Safeguarding post remain vacant. This post will be advertised again shortly. Mitigations are in place and is not escalated as a risk at this moment in time.
- 8.4 The SEND inspection report for Shropshire has reported three areas of progress, with three areas that still requiring action. These actions are cited through the Performance Risk Register.

The Committee:

- Considered the alerts in this report and further assurance required.
- Noted the completion of the first raid quality review in relation to paediatric deaths

9.0 Minute No. QPC-23-03.43 – SOAG Exception Report: Vanessa Whatley

The report was taken as read, a discussion ensued and the following key points were highlighted:

- 9.1 Meredith Vivian queried whether the deadline for the Section 31 conditions have been pushed back by one year.
- 9.2 Kara Blackwell responded that SaTH still have a number of conditions, there are five in total, two are the same condition in different domains that relate to young people with mental health issues and not admitting; two relate to paediatric triage and time to first assessment and one around care planning and risk assessments for nursing care. Initially the plan was to apply to have these removed by March 2023 however, there are significant issues with the Trusts paediatric triage and time to first assessment therefore given the Trusts current performance and pressures, they cannot apply for those conditions to be removed, hence why the timescales have been moved.

The Committee:

- Noted the content of this report.
- Discussed the alerts

10.0 Minute No. QPC-23-03.43 – Healthwatch Shropshire – Lynn Cawley

A verbal update was provided and the following key points were highlighted:

- 10.1 Healthwatch Shropshire have published their ambulance report which has been picked up several times by the media.
- 10.2 Healthwatch Shropshire will be publishing the Accessible Information Standard report imminently. Unfortunately it is a negative report in terms of people's experiences of either not knowing what their rights are under that standard or not being informed by providers of what is available to them regarding their communication needs. The report will be published highlighting that as and when providers share their responses, these will be added to the report on the website and asking for people to revisit the report.
- 10.3 Healthwatch Shropshire will be carrying out a Complaint Survey which will run until the end of March 2023 at which time the survey will be revisited and decision will be made as to whether the end date needs to be extended. A report will be produced as soon as possible after the closing of the survey.
- 10.4 Healthwatch Shropshire's new contract begins on 1st April 2023 where they will need to revisit their Information Sharing Agreements with the ICB and providers in order to get these signed and asked providers if they could furnish her with the right person within their organisation to approach.
- 10.5 Meredith Vivian suggested that Lynn Cawley liaises with the Director's of Nursing at each organisation and if not them, they can signpost her to the correct person.
- 10.5 Lynn Cawley added Healthwatch Shropshire are struggling financially due to the lack of increase in their budget, and they are having to make significant decisions about how they operate as a Healthwatch. This will potentially have an impact on the amount of work that they can do in Shropshire because at the end of March the Healthwatch team will be reduced from seven to four people, this is mainly due to people leaving which includes two engagement officers therefore a lot of their engagement will be online as they will not have staff who are able to go out into the community until they are in a position to recruit into post.

Action: Providers to furnish Lynn Cawley with contact for Director's of Nursing within their organisations so that she can liaise with them regarding the signing off of Information Sharing Agreements.

The Committee:

- Noted the verbal update provided.

11.0 Minute No. QPC-23-03.44 – Healthwatch Telford & Wrekin – Barry Parnaby

No representative from Healthwatch Telford & Wrekin were present at the meeting to provide an update.

12.0 Minute No. QPC-23-03.45 – LMNS Programme Board Update – Sue Bull

The report was received as read, a discussion ensued and the following key points were highlighted:

- 12.1 The ICB LMNS team are currently reviewing their internal governance looking at how they work with partners in the system in a more inclusive way and how the Programme Board can be used to have constructive conversations around system working. Feedback from these conversations will be used as part of qualitative information and data.
- 12.2 The use of data will make the conversation better and not just data on performance, also data from a public health perspective and from other partners within the system. The data is used to inform improvements and the transformation of care.
- 12.3 Rosi Edwards commented that responding to the Ockenden report is how you operate within a system where there is only one provider and asked whether thought had been given about who the ICB will be working with to provide the comparative data, benchmarking and exchanges of information.
- 12.4 Sue Bull responded that one of the recommendations is around buddying. There has been a Memorandum of Understanding that has been shared with neighbouring partners, Black Country ICB, Staffordshire, Stoke and Derbyshire. Conversations have commenced with these organisations looking how we can work together. A recommendation from these conversations is to have formal meetings where each of the LMNS hosts it and speakers will be brought in who can contribute.
- 12.5 Jill Barker referred to post-natal support which is an area that Shropcom have challenges in terms of new birth visits and asked for reassurance about how the health visiting services are being linked to concerns.
- 12.6 Sue Bull responded that better conversation need to had with all partners, it has not been linked and the data that includes that qualitative data has not been used.
- 12.7 Meredith Vivian referred to report and the maternity voices feedback where 79% of people said they had been listened to and felt respected and supported and asked whether that meant that one in five would not have said that or do the other 21% mean they had a different experience or was feedback not received from the 21% of people?
- 12.8 Sue Bull agreed that this was not clear in the report and pointed out that the Maternity Voice Partnerships (MVP) is coming in-house from 1st April 2023, this was held originally by Telford and Wrekin Healthwatch; where improvements of coproduction and quality data will be looked into.
- 12.9 Lynn Cawley commented that Healthwatch Shropshire are keen to reengage with the work around maternity services and said she would welcome a conversation with the LMNS team to look at opportunities for working in partnership with MVP.

The Committee:

- Noted the contents of the report.

13 .0 Minute No. QPC-23-03.46 – Insight Report – Hayley Cavanagh /Vanessa Whatley

The report was taken as read, a discussion ensued and the following key points were highlighted:

- 13.1 Meredith Vivian opened the discussion by requesting a more focussed report outlining concerns and what is happening, and the challenges faced. Meredith Vivian also commented that if there is a programme lead for this area of work, it would be helpful to invite them to the future QPC meeting.
- 13.2 Vanessa Whatley responded that there is a quality improvement project that is in Co production with SaTH and the ICB team and said that she will endeavour to progress the report for April QPC, if not then for May QPC.
- 13.3 Meredith Vivian referred to the report and highlighted that there are reference numbers for RSH, numbers for PRH and number for SaTH and questioned whether these numbers have been double counted or whether there is a “glitch” in the counting arrangements.
- 13.4 Vanessa Whatley responded that she would take Meredith’s comments back to the team to seek clarity.
- 13.5 Lynn Cawley commented that Healthwatch Shropshire have been contacted by a number of people who have said that they have made a complaint but are not satisfied with the process.
- 13.6 Vanessa Whatley suggested she and Lynn Cawley have a conversation to look into Lynn’s comments about complaints in more detail.

Action: Vanessa Whatley and Lynn Cawley to meet to discuss complaints in more detail.

- 13.7 Lynn Cawley added that it would be advantageous for Healthwatch Shropshire to be involved in future discussions as Healthwatch speak with people at the start of their complaint journey about their experiences and they could act as the first line of contact and balance expectations.
- 13.8 Meredith Vivian referred to the Experience of Care Group which is chaired by Lynn Cawley and said he would be interested in attending and being part of the discussion.

Action : Hayley Cavanagh/Lynn Cawley to extend and invitation to Meredith Vivian for attending the Experience of Care Group Meeting.

The Committee:

- Noted the contents of the report.

14.0 Minute No. QPC-23-47 – Diabetes Programme Board Assurance Report – Fiona Smith

The report was received as read, a discussion ensued and the following key points were highlighted:

- 14.1 Rosi Edwards opened the discussion and asked for further information around the business case for continuous glucose monitoring.
- 14.2 Fiona Smith responded that the business case for Diabetes was not approved twice by the Investment Panel however, this will be funded from the prescribing budget growth monies moving forward. This service will commence at the beginning of April

2023. Policies for intermittent scanning as well as real time CGM, pregnant ladies and children and young people are currently being written.
- 14.3 Rosie Edwards asked what plans were in place for rolling out this service.
- 14.4 Fiona Smith replied that from a Diabetes Specialist Services point of view, it is going to be rolled out from the beginning of April 2023. Training will need to be put in place for general practice.
- 14.5 Rosie Edwards asked if there will be any rationalising to do with costs and limits of the budget.
- 14.6 Fiona Smith responded that Type 1 patients will be seen in the first instance and then Type 2 patients.
- 14.7 Fiona Smith commented that as the funding for diabetes is not recurrent this will allow the ICB to monitor cost savings from people being admitted to hospital with DKA and severe hypos as well as a reduction in the cost of test strips etc and this will enable a robust business case to be built for next year.
- 14.8 Rosi Edwards said that in terms of the business case, there is also a health case to look at such as quality of life, but also long term health conditions which is crucial to people with Type 1 diabetes in particular, but any diabetes not controlled well and that this service needs to be rolled out as soon as possible so that people's lives can be transformed.
- 14.9 Vivian Meredith asked what support the ICB is receiving from NHSE.
- 14.10 Fiona Smith responded that NHSE are monitoring the ICB;s transformation programme around diabetes and are linking in with other systems to see how they are managing the transformation of their services. A meeting has been scheduled with NHSE to discuss a preliminary gift review, which will support our system to see what we are doing well and to discuss areas where improvement is needed.
- 14.11 Fiona Smith highlighted part of the diabetes strategy work is to look at prevention and the level of support for patients to mitigate amputations and hear attacks etc.
- 14.12 Jill Barker commented that one of the alerts relates to capacity issues within diabetes medicine within SaTH and the failure to recruit to consultants which is significant and asked what mitigations are in place and what the risks are to patients in terms of those gaps.
- 14.13 Fiona Smith agreed that this is a significant risk and commented that the waiting times for people to be seen in secondary care for a first-time outpatients appointment currently sits at 52 weeks. This risk is being managed via Clinical Review Meetings and Contract Review Meetings.
- 14.14 Meredith Vivian referred to the diabetes strategy and asked where the strategy goes to be signed off.
- 14.15 Fiona Smith advised that the Clinical Advisory Group will contribute to the strategy and it will then go through the Diabetes Transformation Board and then the Plan Care Board to be signed off.

The Committee:

- Reviewed the alerts.
- Was assured that the actions are progressing despite funding challenges to the system.

15.0 Minute No. QPC-23-03.48 – IAPT Update – Helen White/Jane Williams

The report was taken as read, a discussion ensued and the following key points were highlighted:

- 15.1 The merging of the two services is underway
- 15.2 Improvements to workforce is being undertaken. A Clinical Lead has been appointed. NHS Guidance has said that the target for 2023/24 is 12948 and it has been confirmed that a Clinical Workforce in place. However, there are vacancies within admin and managers which is being reviewed. There are some trainees that do not have permanent positions.
- 15.3 IAPT is being rebranded to NHS Talking Therapies. This is to create a brand which is consistent across the country.
- 2.1 15.4 The waiting list initiative is coming to an end, this has had a significant impact in the waiting times over 18 weeks. There has been significant progress made within MPFT to move to the new model and to address the waiting times within the service over 18 weeks.
- 15.5 A new digital aid is being introduced called LIMBIC which is an aid to assist people in getting onto the system themselves.
- 15.6 Meredith Vivian asked that an update on workforce is reported in the performance report each month as this would be the first indicator of transformation.

Action: Jane Williams to add an update to the monthly performance report on workforce.

Action: Helen White/Jane Williams to provide an update to QPC in September 2023

The Committee:

- Noted the significant amount of progress made within MPFT
- Noted the new activity target confirmed by NHSE/I
- Noted a reduction in those waits over 18 weeks
- Noted the Challenges and Risks identified in this paper
- Noted the National rebranding of the service

16.0 Minute No. QPC-23-03.49 – Evaluation of Meeting

- 16.1 Meredith Vivian encouraged members to feedback comments and/or observations they may about the meeting or any improvements they wish to see. Please send comments to Lisa.rowley2@nhs.net

17.0 Minute No. QPC-23-03.50 – Items for Escalation/Referral to other Board Committees

- 17.1 There were no items for escalation.

18.0 Minute No. QPC-23-03.51 – Any Other Business

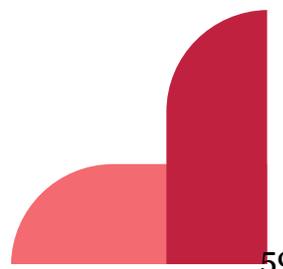
- 17.1 New dates and times for the QPC meeting have been circulates to members.

Date and Time of Next Meeting

Thursday 27th April, 2023 2.00pm to 4.00pm via Microsoft Teams.

11.05am – Meeting Closed

SIGNED **DATE**



**NHS Shropshire, Telford and Wrekin
ICS Quality & Performance Committee Meeting**

Wednesday 27th April 2023 at 2.00pm to 4.00 pm

Via Microsoft Teams

Present:

| | |
|----------------------|---|
| Meredith Vivian | Chair & Non-Executive Director, NHS STW |
| Alison Bussey | Chief Nursing Officer, NHS STW |
| Vanessa Whatley | Director of Quality & Safety, Deputy Chief Nursing Officer – NHS STW |
| Brian Rapson | Information Officer Healthwatch Shropshire – Representing Lynn Cawley |
| Simmy Akhtar | Non-Executive Director, MPFT |
| Rosi Edwards | Non-Executive Director, SaTH |
| Jill Barker | Associate Non-Executive Director, SCHAT |
| Kara Blackwell | Deputy Director of Nursing, SaTH representing Hayley Flavell |
| Sharon Fletcher | Senior Quality Lead and Patient Safety Specialist NHS STW |
| Julie Garside | Director of Performance NHS STW |
| Liz Noakes | Director of Public Health, Telford LA |
| Mahadeva Ganesh | Medical Director SCHAT |
| Claire Horsfield | Deputy Director of Nursing SCHAT |
| Jan Suckling | Healthwatch Telford & Wrekin – Representing Simon Fogel |
| Paul Kavanagh-Fields | Chief Nurse and Patient Safety Officer, RJAH |

Attendees:

| | |
|-----------------|---|
| Gloria Onwubiko | Director of Elective Recovery, Cancer & Diagnostics NHS STW |
| Emma Pyrah | Associate Director of Primary Care, STW ICB |
| Lisa Rowley | Corporate PA, Note Taker, NHS STW |

1.0 Minute No. QPC-23-04.52 – Welcome/Apologies by: Meredith Vivian

1.1 Chair of the Committee welcomed members and attendees to the meeting.

1.2 Apologies :

Simon Fogle, Chief Executive, Healthwatch Telford and Wrekin
Ruth Longfellow, Medical director RJAH
Claire Parker , Director of Partnerships & Place STW ICB
Nick White, Chief Medical Director STW ICB
Clair Hobbs, Director of Nursing, SCHAT
Hayley Flavell, Director of Nursing, SaTH

Jo Britton, Executive Director, Children and Family Services, Telford LA
Liz Lockett, Chief Nurse MPFT.
Lynn Cawley, Chief Officer, Shropshire Healthwatch
Helen Doherty, Telford Local Authority

2.0 QPC-23-04.53 - Members' Declarations of Interests

2.1 There were no declarations or conflicts of interest noted.

3.0 Minute No. QPC-23-04.54 - Minutes of Meeting held on 22nd March 2023

- 3.1 The minutes of the meeting held on 22nd March 2023 were reviewed and accepted as an accurate record subject to the following:
- 3.2 Rosi Edwards referred to Page 3, point 6 and asked that this sentence should read "Rosi Edwards was disappointed that the business case for continuous glucose monitoring had been turned down for the second time, as this was a crucial part of the improvement in managing diabetes in STW." The minutes have been updated.
- 3.3 Section 3.0 and 3.1 refers to the March meeting and should be amended to say February. The Minutes have been updated
- 3.4 Section 13.1 – Insight report, the minutes to reflect that an update to be provided with particular focus on discharge. The minutes have been updated

4.0 QPC-23-04.55 Matters Arising and Action Log

4.1 Actions have been updated and are outlined on the action log.

5.0 Minute No. QPC-23-04.56 - System Quality Risk

The report was taken as read, a discussion ensued and the following key points were highlighted:

- 5.1 No further risks have been added to the register during March 2023.
- 5.2 The System Quality Group is recommending /seeking support from QPC that some risks are de-escalated.
- 5.3 Children and Young People's Mental Health Services - There continues to be re-evaluation of this risk.
- 5.4 Palliative End of Life Care – The System Quality Group have recommended that this risk is de-escalated into the PEOLC Group. There is good engagement between SaTH and the PEOLC Group and an action plan is in place. There has been a series of quality visits for out of hospital care across the Hospice Community, Care Homes and GP Practices. GP's are challenged with identifying patients in the last year of life, however, a quality improvement project has shown an upswing in the number of practices targeted for improvement. When patients are reviewed in specialist areas, a recommendation is added at the bottom of letters that the patient is placed on that Palliative End of Life Care Register at their GP practice so it can clearly be seen by the GP and administrative staff which will ensure those patients are offered the conversation around advanced care planning. Letters are initially being sent from the Hospice, approximately 200 letters have been sent and it can be seen from data that these letters have been acted upon. Julie Garside commented that this is a good example of system working and said that work needs to be done on the overall Integrated System Improvement Plan to move out of NOF 4 and Palliative and End of Life Care will be framed within that plan and the joint Forward Plan as a key part of work priorities for the foreseeable future.

- 5.7 The risk relating to Maternity Care remains the same however, there is a mock inspection scheduled and an update on the outcome of this inspection will be provided in May 2023.
- 5.8 Urgent and Emergency Care remains about the same. Further work has been carried out on the UEC Improvement Plan which will be available in the next month.
- 5.9 Paediatric Ophthalmology – It has been recommended that this is de-escalated to SaTH Contract Review Meetings and the Planned Care Board. The Paediatric Ophthalmology service was closed in April 2022 due to the retirement of a consultant leaving post which has been challenging to fill. This left Telford residents without a service for a period of time; the service was reinstated on 1st April, 2023 and it has been assured that no residents came to any harm during this period. This reflects the difficulty across the region and nationally in this niche specialty which has not been well recruited to over the last few years.
- 5.10 Diabetes – Improvements have been made around governance during April 2023. A quarterly dashboard is now in place which has identified areas of good practice and system priorities. The business case for continuous glucose monitoring which is key to preventing admissions, was not approved for funding by the Investment Panel however funding via the prescribing budget for 2023/24 is being looked at. Meredith Vivian queried the risk score for diabetes which at the end of the financial year is rated red and asked what year this was referring to because if the risk remains red at the end of the financial year for 2023/24 this is of concern and said that the arrangements put in place to address this are questionable.

Action Vanessa Whatley said she would seek clarity to which financial year this refers to from the risk owner and provide an update at QPC in May 2023.

- 5.13 Acute Paediatric Pathway remains a concern; action plans are in place and are being addressed by SaTH and the System with NHSE oversight, Rosie Edwards referred to the Paediatric Pathway and commented that the pathway is progressing in SaTH which is involving the wider system. The Paediatric Transformation Plan is in place. SaTH have carried out a thematic review and themes have been identified and a comprehensive action plan has been developed.

The Committee:

- Approved the risk SQG2 Palliative and End of Life Care Risk for de-escalation to the PEoLC Group risk register.
- Approved the Risk SQG6 Paediatric Ophthalmology for de-escalation to the SaTH Contract Review Meeting and the Planned Care Board's work in relation to oversight of fragile services.
- Discussed the risks for ongoing progress/action.
- Considered other risks for ongoing progress/action

6.0 Minute No. QPC-23-04.56 – Performance Exception Report to include

The reports were received as read, a discussion ensued and the following key points were highlighted:

- 6.1 Progress is being made with Community Services.

6.2 Urgent Care has seen signs of improvement however, sustainability of these improvements is a challenge, the industrial action has had a significant effect on Urgent Care.

Action: A deep dive on UEC to be carried out in May 2023 where the 2023/24 Improvement Plan can be presented.

6.3 The action section of the Performance Report reflecting the new plan will be updated in May.

6.4 Further information has been added to the report around Children and Young People's mental health waiting times. Further work is required around demand and capacity for certain elements of this service particularly diagnosis of autistic spectrum disorders, this is work in progress with MPFT.

6.5 Julie Garside drew the Committee's attention to the excellent work that has been carried out in the year with the LD health checks and SMI health checks where significant improvements have been demonstrated.

6.6 There has been enormous pressure on elective cancer and diagnostics due to the national recovery programme. The position since the end of last year has seen progress at system level in the reduction of long waits which is considered to be one of the greatest rates of improvement within the region. STW ICB did not achieve the zero 78 week wait by the end of April 2023 nor did several other systems and providers however STW's rate of improvement was exceptional and there is now a plan in place. It is believed that the 78 week wait will reduce to zero by the end of May 2023 within the local system however, this may change if there is continued industrial action, this has resulted in a number of 104 week waits that should have been cleared by the end of March 2023. Plans are in place to enable the 0-65 week waits to be achieved by the end of February 2024.

6.7 The 52 week wait position is decreasing which gives some confidence that these will not go into the over 65 week wait.

6.8 Month on month improvements continue to be realised in relation to diagnostics. Assurance can be given that all plans in 2023/24 will achieve 85% overall of diagnostics being completed within six weeks.

6.9 Endoscopy requires further work to be done with colleagues in SaTH and various outsourcing and options are being considered to improve this position but there is a risk associated with modality.

6.10 The two main areas of focus for cancer are (1) the faster diagnostic standards – a local target is set to achieve 65% within 28 days and the March 2023 position (unvalidated) looks likely to achieve 66%. (2) The 62-day backlog has been challenging which has been affected by staffing and industrial action. Additional support is planned to assist in the reduction of this backlog during the current year.

6.11 Improvements have been seen in relation to fit testing which will help lower GI pathways.

6.12 Urology remains a challenge due to capacity and clinical workforce. NHSE are supporting the implementation of optimum pathways which will help minimize risks and support delivery.

6.13 A suggestion is made in the Deep Dive Schedule that a consolidated update on Elective Care is presented at QPC in July, 2023 at which time the position of the over 78 week waits will have improved and there will be a quarter to demonstrate the improvements within the Operational Plan.

Action: an updated on Elective Care to be presented to QPC in July, 2023

6.14 Liz Noakes referred to waiting times for colonoscopy and asked for further information in terms of screening programs and potential delays to the age extension of bowel cancer screening locally.

6.15 Julie Garside responded that the use of colonoscopies needs to be optimised to be able to maximise other types of endoscopy for other pathways but also meet screening requirements. Details of the impact to be modelled is awaited from SaTH for the endoscopy demand and capacity and it is anticipated that 80% of pathways with the fit test will be achieved by July 2023 which will have a positive impact on the demand and capacity to help recover screening. Once received this will be linked to the screening programme.

Action: Julie Garside commented that she would provide Liz Noakes with an updated Directly when she has further details on screening programmes

Deep Dive Schedule

6.16 The schedule below outlines deep dives for the year to be presented to QPC for the forthcoming year. The rationale was discussed regarding the dates of the deep dives and the Committee were asked to support and approve the schedule.

| Deep Dive Schedule | Deep Dive Topic | Presenter |
|--------------------|--|---------------------------|
| April 23 | Primary Care | Emma Pyrah |
| May 23 | Urgent and Emergency Care | Betty Lodge |
| June 23 | Children & Young Peoples Mental Health inc. Eating Disorders | Millar Bownass |
| July 23 | Planned Care | Gloria Onwubiko |
| August 23 | | |
| September 23 | Mental Health & Learning Disabilities and Autism | Tracey Jones |
| October 23 | Community & Children & Young Peoples Physical Health | Tracey Jones /Gemma Smith |
| November 23 | Primary Care | Emma Pyrah |
| December 23 | | |
| January 24 | Urgent and Emergency Care | Betty Lodge |
| February 24 | Planned Care | Gloria Onwubiko |
| March 24 | TBC | |

6.17 Liz Noakes asked that screening programmes be included within the Planned Care Deep Dive.

6.18 Julie Garside confirmed that an update on Screening Programmes would be incorporated in the scheduled Planned Care Deep Dive in July, 2023.

6.19 Liz Noakes said that she would like to see any issues of inequity highlighted in the Deep Dives as this would give the opportunity to explore access against need.

Action: Committee members were asked if they had any observations/questions Regarding the Operation Plan included within the papers at Enclosure 4b to email Julie Garside direct.

The Committee:

- Noted the content of the report and provide any feedback for incorporation into future reports.
- Noted the mitigations to address current risks/trends supporting continual improvement journey across the ICS.
- Noted there will be improvement in the detail of the recovery actions and associated timescales for recovery included in this report as performance recording is developed by the team.
- Approved the Deep Dive schedule for 2023-24.
- Noted the changes in metrics/performance targets for 2023-24. These may be subject to further slight changes, due to further assurance work underway with NHSE on the risk of delivery of our current plan before the final plan is submitted on 4th May. Any such changes will be brought to the attention on the Committee at the May meeting and a verbal update on the progress of this work was provided at the meeting on the 27th April 2023.

7.0 Minute No. QPC-23-04.57 – System Quality Metrics – Vanessa Whatley

The report was taken as read, a discussion ensued and the following key points were highlighted:

- 7.1 Julie Garside referred to the reporting of adverse events from colleagues at the ambulance service, and asked whether it would be appropriate if the Regional Commissioner for this service (Black country ICB) is invited to attend a future QPC meeting to give additional assurance on turnaround times and reporting as she felt it is part of the ICB's responsibilities to hold the Regional Commissioner to account for providing information in a timely way.
- 7.2 Meredith Vivian questioned if this could be done as a regional exercise rather than providing an update to individualised ICB's.
- 7.3 Julie Garside responded that the ambulance service provides an update overall however, they do have a responsibility in providing updates to each ICB.

Action: Alison Bussey and Vanessa Whatley to discuss the Regional Commissioner attending a future QPC meeting with the Chief Nursing Officer at the Black Country ICB.

- 7.4 Vanessa Whatley reported that NHSE have developed a new quality dashboard which is supported by the System Quality Group. An updated dashboard will be presented on a quarterly basis however, in the intermittent months a brief update will be provided related to risks. The new format of the dashboard is more descriptive than the previous version which makes it easier to read but it will mean that assistance will be required for the narrative of the dashboard from some partners, in particular subject matter experts.
- 7.5 Meredith Vivian referred the reported 40 General Practices delivering screening however there are 10/11 practices that do not and asked if there was a reason why and queried whether these practices were not commissioned to do so.
- 7.6 Julie Garside responded that these practices have chosen not to deliver screening and this is an issue with any kind of enhanced service and Primary Care; if not provided by practices, the system still have a responsibility to patients to source an alternative to provide that service for those populations.

The Committee:

- Considered the metrics with performance metrics and system risks.
- Agreed to receive the Quality Metrics Dashboard in the new format on a quarterly basis

8.0 Minute No. QPC-23-04.58 - Exception Report - System Quality Group Chairs Update – Vanessa Whatley

8.1 The report was taken as read and there were no questions or comments raised by Committee Members.

The Committee:

- Considered the alerts in this report and further assurance required.
- Accepted the report.

9.0 Minute No. QPC-23-04.59 – SOAG Exception Report: Vanessa Whatley

The report was taken as read, a discussion ensued and the following key points were highlighted:

- 9.1 Meredith Vivian referenced the virtual ward pathways and asked whether this pathway is from SaTH into SCHAT virtual ward areas.
- 9.2 Vanessa Whatley responded that these pathways are due to be signed off. It was discussed at the recent SOAG meeting the need for clinical pathways so that consultants can feel confident in stepping down their patients slightly earlier than usual into a Community Service so that the Community Service is able to safely receive those patients. This has been a big area of negotiation between the two trusts.
- 9.3 Claire Horsfield commented that there has been a review of SCHAT governance within virtual wards to ensure that there is full engagement and involvement of primary care and acute colleagues. Ganesh Mahadeva is the Chair of the Clinical Reference Group with Dr Katie Lewis acting as Vice Chair. Saskia Jones from the Acute Trust has agreed to be their consultant champion/lead from a virtual ward perspective enabling a joined-up approach. Consultant paediatricians are currently involved in virtual wards enabling the ability to have specialist doctor to specialist doctor conversations. The team are concentrating on that step down as part of the pathway.
- 9.4 An internal review of child deaths carried out at SaTH was completed at the end of March 2023 and outcomes of this review will be presented to the System Quality Group in May 2023.
- 9.5 Concerns around the lack of a clinical director for paediatrics at the Trust was raised at the meeting. It was agreed that the use of the National Oversight Process to support and monitor quality improvements required was appropriate and this will be monitored through SOAG and system governance.

The Committee:

- Noted the content of this report.
- Discussed the alerts.

10.0 Minute No. QPC-23-04.60 – Healthwatch Shropshire – Brian Rapson

A verbal update was provided and the following key points were highlighted:

- 10.1 Healthwatch Shropshire are in the process of rolling out a survey around diabetes care and support. Healthwatch Shropshire collaborated with Emily Milestone at the ICB and have spoken with Public Health colleagues to help design and pull together this survey.
- 10.2 The timeframe in relation to the complaints process survey has been extended to enable further feedback to be gathered around social care complaints.
- 10.3 Healthwatch Shropshire have published on their website two reports following visits at RSH, Ward 28 Frailty and Ward 29 ITU. The reports provide positive feedback from patients around quality of care and staff.
- 10.4 Healthwatch Shropshire are in the process of finalizing two reports, (1) a report providing feedback outlining indicative engagement with people who are using market towns within Shropshire and (2) a report around GP referrals and the referral pathway.

The Committee:

- Noted the verbal update provided by Brian Rapson.

11.0 Minute No. QPC-23-04.61 – Healthwatch Telford & Wrekin – Jan Suckling

A verbal update was provided and the following key points were highlighted:

- 11.1 Healthwatch Telford & Wrekin have a new provider who have been place for three weeks. Priorities are being looked at for next year.
- 11.2 Healthwatch Telford & Wrekin had two engagement boards placed at PRH, one in the discharge lounge and one in AMU. Feedback in AMU was positive.
- 11.3 The 111 survey continues and HWT&W are working with Telford Council in bringing together the Aging Well Focus Groups.
- 11.4 Simon Fogel the new Chief Executive will be attending QPC meetings going forward however, if he is not available a member of the Advisory Board or Jan Suckling will attend to ensure continuity of representation.

The Committee:

- Noted the verbal update provided by Jan Suckling

12.0 Minute No. QPC-23-04.62 – Deep Dive, Primary Care – Access and Patient Experience – Emma Pyrah

The report was received as read, a discussion ensued, and the following key points were highlighted:

- 12.1 Julie Garside opened the discussion by advising that as part of the planning guidance 2023/24, the National Primary Care Access Improvement Plan is yet to be published and NHSE have given no indication when it will be published even though negotiations with the GMC had been concluded in early March 2023.
- 12.2 More appointments are being offered than before the pandemic, the vast majority of appointments are face to face. Concerns were raised by the public that appointments had moved significantly to telephone and online triage and treatment.
- 12.3 Circa 50% of those face-to-face appointments related to where backlogs occur however, there is wider workforce availability to meet people's needs.
- 12.4 Patients continue to have significant issues in terms of getting through on the telephone and also accessing an appointment in a timely way, this continues to be addressed.

- 12.5 The National Policy has changed this year where GP access recovery has been placed on the same status of priority as Urgent and Emergency Care and Elective Recovery.
- 12.6 The first phase of the National Policy where the change to the GP contract and the PCN which puts the PCN's at the heart of working with their practices collectively to develop a capacity and improvement plan is in place.
- 12.7 There will be a drive on telephony systems and functionality, online consultations and ensuring accuracy of appointment data recording.
- 12.8 The GP Access Recovery Plan will be published following purdah.
- 12.9 Meredith Vivian referred to the demand and capacity issue and asked whether there is "legitimate" demand coming from people who do not necessarily need to have contact with their Practice Manager and asked whether contact could be achieved through alternative routes e.g., social prescribing.
- 12.10 Emma Pyrah responded that this kind of data is not collected however, there are a proportion of patients who contact their doctor as their first gateway into health services. There are social issues for patients who turn to a medical person which is why the introduction of the PCN's additional roles has been such a significant benefit; they can employ care coordinators/social prescribers which help to divert that type of activity away from general practice enabling doctors to see patients that need their clinical input.
- 12.11 Rosi Edwards referred to FIT testing and those GP Practices who do not want to take part in this service and asked whether this might provide ideas how to design a system that does not require GP input thus reducing demand on GPs.
- 12.12 Julie Garside responded that GP practices who are not signed up to FIT testing advised that all practices are now using this pathway bar one whose patient flow is to Worcester rather than SaTH.
- 12.13 Meredith Vivian commented that during the recent Involvement Committee meeting he had made a recommendation to Mike Carr, Programme Lead for MSK to join up with other transformation programmes to see if a commonality of messages and approaches could be found.
- 12.14 Emma Pyrah responded that joining these services will be looked at and prioritised within the next three to six months.
- 12.15 Meredith Vivian referred to measuring patient experience, specifically around capacity and access improvement and asked how this is going to be measured.
- 12.16 Emma Pyrah stated that patient experience will be measured via the National GP Survey which is held every year although the results of this survey cannot be relied upon as they are published too late. Primary Cares are currently working on a plan of how they will capture patient experience during the next 10 months so that by the end of the year they can demonstrate an improvement in terms of patient experience.
- 12.17 Meredith Vivian asked whether focussed steps could be taken to ensure that all patients have an opportunity to provide feedback of their experience as GP Surveys are a little exclusive, particularly for patients who may experience health inequalities.
- 12.19 Emma Pyrah responded that a range of options need to be considered so that the usual routes of feedback from patients is not relied upon.
- 12.20 Brian Rapson said that Healthwatch Shropshire would be keen to support work around patient experience and the mechanisms of receiving feedback and would relay this message to Lynn Cawley to enable conversations with Emma Pyrah.

Action: Emma Pyrah and Sharon Fletcher to discuss outside of the meeting bringing GP's in line with PSIRF.

12.21 Jill Barker queried whether patient experience feedback is gathered from the community pharmacy consultation service. Vanessa Whatley responded that the NHS team have always had the comments and complaints and the team that supports POD services are being hosted by Birmingham and Solihull ICB; a group of six chief nurses/representatives has been formed together with an operational group so that themes and trends can be looked at. From a serious incident point of view and a patient feedback point of view, there are low levels of complaints due to the fact that patients do not know where to go to complain however, going forward how patient feedback is gathered from these services will be looked at.

The Committee:

- Noted the content of the report.

13.0 Minute No. QPC-23-04.63 = Health Protection Report – Liz Noakes

13.1 The Health Protection Report was provided for information only. There were no questions of comments raised by members of the Committee.

The Committee:

- Noted the contents of the report.

14.0 Minute No. QPC-23-04.64 – Evaluation of Meeting

14.1 Meredith Vivian encouraged members to feedback comments and/or observations they may about the meeting or any improvements they wish to see. Please send comments to Lisa.rowley2@nhs.net

15.0 Minute No. QPC-23-04.65 – Items for Escalation/Referral to other Board Committees

15.1 There were no items for escalation.

16.0 Minute No. QPC-23-04.66 – Any Other Business

16.1 No other business was noted.

Date and Time of Next Meeting

Thursday 25th May 2023 @ 2.00pm to 4.00pm via Microsoft Teams.

SIGNED **DATE**



Agenda item

ICB 28-06-100.2

Audit & Risk Committee Minutes

**NHS Shropshire, Telford and Wrekin
Audit Committee Meeting**

**Wednesday 19 April 2023 at 8.30 a.m.
Via Microsoft Teams**

Present:

| | |
|---------------------------------|-------------------------------------|
| Mr Roger Dunshea (Chair) | Non-Executive Director, NHS STW ICB |
| Mr Meredith Vivian | Non-Executive Director, NHS STW ICB |
| Mrs Niti Pall | Non-Executive Director, NHS STW ICB |

In Attendance

| | |
|-----------------------------|---|
| Mrs Claire Skidmore | Chief Finance Officer, NHS STW ICB |
| Miss Alison Smith | Director of Corporate Affairs, NHS STW ICB |
| Mr Trevor Purt | Non Executive Director, SaTH – ICS Observer |
| Mr Angus Hughes | Associate Director of Finance, NHS STW ICB |
| Ms Sarah Swan | Assistant Director, CW Audit Services |
| Ms Lisa O'Brien | Audit Manager, CW Audit Services |
| Mr Paul Westwood | Head of Counter Fraud Services, CW Audit Services |
| Mr Andrew Smith | Director, Grant Thornton – External Audit |
| Mr Terry Tobin | Senior Manager, Grant Thornton – External Audit |
| Mrs Chris Billingham | Corporate PA (Minute Taker) |

Apologies:

| | |
|---------------------------|---|
| Mr Trevor McMillan | Non-Executive Director, NHS STW ICB |
| Mrs Laura Clare | Deputy Director of Finance, NHS STW ICB |

Minute No. AC-23.04.17 – Introductions & Apologies

- 1.1 Mr Dunshea welcomed Committee members to the meeting.
- 1.2 Apologies received were as noted above.

Minute No. AC-23.04.18 – Members' Declarations of Interests

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

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

- 2.2 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.

No further conflicts of interest were declared.

Minute No. AC-23.04.19– Minutes of Previous Meetings

- 3.1 The minutes of the previous meeting held on 18 January 2023 were approved as a true and accurate record.

Minute No. AC-23.04.20– Matters Arising & Action List from Previous Meetings

- 4.1 The action list was reviewed and updated as appropriate.
- 4.2 The Chair requested an update on the Estates Strategy – Item AC-23.01.09.
- 4.3 Miss Smith had discussed with Nicola Dymond where the Estates Strategy is positioned in the ICB and through which assurance stream of the governance structure.
- 4.4 A System Estates Group sits under, and reports into, the Integrated Delivery Committee. That group is carrying out the strategy development in terms of understanding what public estate we have and where, and then undertaking work in terms of implementation of services and how that estate is utilised in a more comprehensive, cohesive way.
- 4.5 The Strategy Committee also has a line of reporting from that group although the full role of that Committee is still being established. Discussions have taken place between Cathy Purt, Chair of the Strategy Committee, and Harry Turner, Chair of Integrated Delivery Committee, around the boundaries between the two Committees, the overlaps, and how that is managed going forward.
- 4.6 The ICB commissioned the Good Governance Institute to undertake a review of its governance structure. That review commenced last week to look at how we are structured so far and to establish opportunities for greater clarity between the different parts of the governance structure to provide a more cohesive assurance process and oversight of the delivery of the ICS strategy.
- 4.7 Mr Vivian believed that it was important that strategic work is across the board and not just ICS-related.
- 4.8 Miss Smith was in agreement, advising that non-clinical estate work is being led by Telford & Wrekin Council's Estates function which is looking at the ICS as a whole, not just the NHS aspect.

Minute No. AC-23.04.21– Annual Accounts & Annual Reports 2022/23 Months 1-3 and Months 4-12

- 5.1 Miss Smith referred to the Annual Reports, which related to a split year, hence the reason there were two.
- 5.2 The CCG Month 1-3 report was drafted last year when Mark Brandreth, Accountable Officer for the CCG was still in post. After approval by Mr Brandreth, it was submitted to NHS England. No comments have been received from NHSE about the content therefore our understanding is that it can be submitted to the external auditors through this process.

The report asks the Committee to note that it is not actually for a statutory body over which this Committee has governance but is to acknowledge its existence and it being passed to the External Auditors for auditing purposes.

- 5.3 The other Annual Report relates to the ICB for Months 4-12. Audit Committee was asked to take a view on whether the content is accurate in terms of our understanding of processes and procedures of the ICB to date.

If approved by the Committee the draft document will be submitted to both the External Auditors for auditing purposes, and NHS England by the end of April.

- 5.4 The Committee noted the CCG Month 1-3 report which could now go forward to External Audit.
- 5.5 The Chair invited comment from Mr Andrew Smith, External Auditor, who advised that the draft reports will now be reviewed, and feedback provided to the June Audit Committee meeting.
- 5.6 Mr Vivian referred to the Months 1-3 CCG report and queried the Foreword from Simon Whitehouse, Chief Executive of the ICB who, at the time of the first three-month period, was not the Chief Executive of the ICB. Mr Vivian queried whether that job title should be amended.

Miss Smith clarified that according to guidance issued by NHS England, Mr Whitehouse was required to sign off both the drafts of months 1-3 and months 4-12 in his capacity as the Accountable Officer for the ICB as he is now. He is retrospectively signing the month 1-3 draft off but is doing so on the basis that the previous Accountable Officer of the CCG saw the draft currently being reviewed and in his handover had to undertake as per guidance from NHS England regarding the handover from CCGs to ICBs, that Mr Brandreth assured him that he had reviewed the draft and it reflected at that point in time the challenges of the CCG, etc.

- 5.7 The Committee then discussed the month 4-12 ICB Annual Report.
- 5.8 Mrs Skidmore wished to provide Committee with assurance on both the three month and nine-month accounts, confirming Mr Smith's comments that the audit of the CCG accounts is already under way. The months 4-12 accounts are being finalised and no issues have been highlighted.
- 5.9 The content of the nine-month Annual Report for the ICB was extremely lengthy and the Chair suggested that it should be edited to reduce its size.
- 5.10 The Chair also referred to governance arrangements and suggested that there should be commentary in the document describing the inter-relationships of the Committees.

Although the ICB is at an early stage in producing the Board Assurance Framework and the Risk Register, it would be helpful if the document provided more narrative around the key risks we face as an ICB.

- 5.11 The Chair invited comment.

ACTION: Miss Smith to edit the nine-month document to include narrative describing the inter-relationship of the various Committees of the ICB and if possible, reduce the size of the document.

5.12 Mr Purt believed that information as to how the organisation is going to structure itself and its relationship with partners is key, linking that to the BAF and identifying shared risks with our partners.

5.13 Mr Dunshea summarised next steps as follows:-

- Editorial changes
- New information around governance and risk
- Information regarding partnership working
- The GGI review and how we are making sure that ICB Committees are reflecting how they are working together
- References to be amended in the table of contents of the 9-month report which referred to the CCG rather than the ICB
- References to closing the CCG on 1 July 2022, all of which should be 30 June 2022.

5.14 Mr Dunshea referred to the importance of the GGI review and in particular membership and attendance levels of some of the Committees. There is a question mark about how well they are being supported by the organisations and the individuals concerned.

Minute No. AC-23.04.22– Governance Issues / Concerns from other Committees

6.1 Mr Dunshea explained to those present that this was an opportunity for Chairs of other ICB Committees to attend the Audit Committee to mention any key areas of risk or concern that they wished to draw to our attention. He then invited comment.

6.2 Mr Vivian referred to regularity of attendance as there can be irregular attendance by our key partners or a lack of consistency from ICB colleagues. He acknowledged that one of the issues is the proliferation of meetings and clashes across the system.

6.3 Mr Purt advised that he had recently allocated SaTH's BAF risks to each of the Committees within SaTH. He therefore expected at his Audit Committee a report from each of the Committee Chairs as to their progress on the BAF risks owned by them.

6.4 Miss Smith confirmed that alignment had already taken place within the ICB with each of the Committees for each of the BAF risks. She now needed to speak with each of the individual Chairs and each of the Executive Directors who support them to obtain clear parameters about the information we are requesting.

6.5 Dr Pall confirmed that in relation to PCCC there were currently no emerging risks on the contracts. However, access remains an issue in terms of service delivery.

6.6 The meeting discussed the delay on the Shrewsbury Hub and withdrawal of the central funding.

6.7 Mrs Skidmore confirmed that the ICB is continuing conversations with the Practices.

Minute No. AC-23.04.23– Management of Conflicts of Interest Annual Report

- 7.1 Work is currently being done to update Register of Interests for the Committees.
- 7.2 Mr Dunshea observed that in some organisations, declarations were only made by the key players. Included in key players were clinical leaders who are responsible for placing contracts and any speciality but not everybody within the organisation.
- 7.3 Miss Smith confirmed that she was happy to scale back the information reported to Audit Committee.

ACTION: Miss Smith to scale back the information regarding Conflicts of Interest to include only key players within the organisation.

Minute No. AC-23.04.24 – Annual Health & Safety and Security Management Report and Delivery Plan for Following Year

- 8.1 Miss Smith highlighted key points of her annual report on Health and Safety and Security management and provided a position statement for the period 2022-23.
- 8.2 One issue of focus in this financial year is a review of the Health & Safety and Fire Policy and procedures that sit below it to make sure that we are adhering to legislation and good practice.
- 8.3 The Chair queried whether the report was also submitted to the People Committee.

Miss Smith replied that the CCG had never had a People Committee and she was still trying to navigate where these issues should be directed. Health & Safety currently sits under Audit Committee for assurance. However, she had been in discussion with Sara Hayes, newly appointed Deputy Chief People Officer, about visibility of Health & Safety issues and will advise her of this conversation.

ACTION: Miss Smith to discuss visibility of Health & Safety issues with Sara Hayes to establish whether the report should be submitted to the People Committee.

Minute No. AC-23.04.25 – Information Governance Quarterly Report and Executive Summary

- 9.1 Miss Smith advised that the report submitted to Committee was an amalgamation report based on information received from CSU who provide information governance support to the ICB.
- 9.2 The DSPT report – the toolkit that we now must adhere to in terms of assuring ourselves on information governance - was circulated separately from the other papers and the IG report should be read alongside that.
- 9.3 Internal Audit colleagues have conducted an audit of the DSPT and have found some red critical issues specifically around IT which are being actioned.

An IG Working Group had taken place several weeks previously where actions being taken were discussed. We are confident that all those actions will be completed by 30 June.

- 9.4 The Chair invited comments.
- 9.5 Mr Vivian asked whether the report included information regarding the physical nature of Ptarmigan House and Halesfield. There were several recommendations made - particularly about Ptarmigan and the physical nature of the building - but there was no reference to any of these actions being completed.
- 9.6 Miss Smith confirmed that the information referred to by Mr Vivian was included in the Highlight report.

ACTION: Miss Smith to circulate an update report to Audit Committee before the next meeting regarding the physical state of Ptarmigan House and Halesfield, providing information as to what work has been completed and what work is still outstanding.

- 9.7 Mr Vivian referred to paragraph 2.6 of the report which indicated that “the majority of CCG assets have now been transferred to the new ICB”. He queried what assets were left and where they are.
- 9.8 Mrs Skidmore replied that the CCG had a repository called UAssure where all our data assets were recorded. Where data assets transferred to the ICB, they transferred to the ICB Uassure site. Most of them would transfer because there is an ongoing use for them but there may be some that were very CCG specific and have been retained on the legacy site until the record can be destroyed.

Minute No. AC-23.04.26 – Internal Audit Update

Audit Recommendations Report

- 10.1 The report summarised progress with any recommendations with an initial completion date up to and including 31 March 2023.
- 10.2 There was only one recommendation within the report, and that related to development of a Primary Care Estates Strategy. The update provided had not changed following the previous Audit Committee where the status update was provided by the recommendation owner and the action was deferred further to 30 June 2023.
- 10.3 Development work is currently ongoing across the Primary Care networks and outputs from this will be used to draft PCN estates and workforce plans by the end of May. These plans will then be used to develop a single, combined Primary Care Estates and Workforce Plan by the end of June.
- 10.4 Ms O’Brien invited questions or comments.
- 10.5 Mr Dunshea requested confirmation that this would be harmonised with the ICB/ICS Estates Strategy.

- 10.6 Mrs Skidmore advised that she was not close to the Estates Group but confirmed her understanding that there is Primary Care representation on that group. We will have one NHS estate but also one public estate with the Local Authorities.

ACTION: Mr Robinson to provide assurance to the Committee that the ICS has a comprehensive Estates Strategy which includes Community Trust, PCNs, Local Authorities and the NHS.

Board Assurance Frameworks – CCG/ICB

- 11.1 Ms O'Brien advised that two separate reviews were undertaken – one to assess arrangements for the CCG period covering April–June 2022, and the other to assess ICB BAF arrangements from July onwards. An individual report has been produced for each.
- 11.2 The review of the CCG BAF was undertaken alongside the ICB review towards the end of the last financial year and into the ICB, therefore anything identified as part of this review was re-assessed as part of our ICB BAF work and raised as an action within the ICB report.
- 11.3 Some areas for improvement were noted such as the enhancement of some sources of assurance to give clearer detail in terms of how often and where the assurances are received and clearer mapping of components within the BAF.
- 11.4 Overall, Level A was provided for the CCG period.
- 11.5 For the nine-month ICB period Level B assurance has been provided over BAF arrangements, mainly due to there being no formal approved BAF in place at the time of the review.
- 11.6 Whilst work was ongoing to compile a draft BAF, corporate and directorate risks were reported through to some sub-Committees of the Board such as Quality & Safety Committee and Finance Committee. However, it was not possible to obtain evidence of this at the time of the review.
- 11.7 Some areas for improvement were identified within the draft ICB system BAF. These reflect findings identified as part of the CCG work referenced earlier, therefore they have been carried over into the ICB action plan.
- 11.8 Ms O'Brien invited comments and questions.
- 11.9 Miss Smith believed the report to be a very accurate reflection of the maturity journey being undertaken by the ICB in a system as opposed to a single organisation.

She believed that all the actions recommended for the CCG are just as pertinent to the ICB. We must ensure that colleagues - when they are identifying risks, mitigating risks, seeking actions for risks etc. - have a level of detailed understanding of what the risk is and what they are trying to achieve and that it is sufficiently detailed in the BAF - or what was the Corporate Risk Register - which will be the operational Risk Register going forward.

- 11.10 On behalf of the Committee Mr Dunshea asked when a further review could be received from Internal Audit as to progress in the last few months.
- 11.11 Ms Swan advised that next year it was proposed to review arrangements in place on a quarterly basis. However, reviews could take place more frequently if the Committee wished.
- 11.12 The Committee discussed the read-across of the ICB BAF to our partner organisations, and whether Miss Smith had discussed with them how that would work.
- 11.13 Miss Smith advised that direct conversations had not taken place with partner organisations.

It would be for the Executive Director to formulate the risk to the ICB because there is no straight read across from provider BAFs to the ICS system BAF. A decision is required as to what risk is placed on the system BAF to reflect risks at a provider Trust level so there may be similar risks in each of the provider Trusts which escalate the risk to the system which would need to be articulated on our BAF.

- 11.14 A level of intelligence needs to be applied which she anticipated would be done by Executive Directors and their teams within the ICB based on the information that they are collating from our system partners through the different mediums of collaboration and partnership working.
- 11.15 Mr Purt agreed with Miss Smith's comments, stating that there needs to be some shared BAF risks which sit across all organisations, and it is important to understand what they are.

ACTION: Miss Smith and Ms Swan to report back to the September Committee regarding progress on the ICB BAF, alignment with the objectives of the ICS, and when an interim audit can take place.

Safeguarding Adults

- 12.1 Lisa O'Brien provided a brief overview of adult safeguarding, advising that Moderate assurance levels were reported in terms of our review of adults in 2021/22. A total of 14 recommendations were reported.
- 12.2 Overall, good progress has been made in taking forward an action for most of these recommendations.

Job descriptions and policies had been reviewed and updated to align with national guidance, quality visits had been undertaken during the financial year at provider Trusts although it was noted that visits had been paused from November 2022 to March 2023 to release pressure on providers during the winter period.

Reporting of outcomes of quality visits within the quarterly safeguarding reports had also improved, audit trail and reporting of supervision arrangements for staff with a safeguarding role at the ICB had also improved, as had monitoring and reporting of safeguarding training compliance.

- 12.3 Four recommendations had been reported for closure as part of the adults follow-up, one recommended by us relating to supervision arrangements at providers which required some specific information from providers which is not deemed practical to collate at present.

The remaining three recommendations had been requested for closure by the Chief Nurse for the ICB. Details of these can be seen in the main body of the report.

Child Safeguarding

- 13.1 Limited assurance was reported in this area for 2021/22 with 17 recommendations made.
- 13.2 There has been good progress with completing these actions with the improved areas broadly reflecting those referenced as part of the adult safeguarding update.
- 13.3 One recommendation was assessed as not complete.

There was a need for a Safeguarding Children Policy and the Failed Contact Policy to be updated to include details around how compliance with Policy requirements will be monitored going forward. This has yet to be done.

- 13.4 There are also several closures, some we consider to be superseded or not practical at present, and two recommendations requested for closure by the Chief Nurse mainly on the basis that these have been superseded by the change from the CCG to the ICB and development of a new BAF.
- 13.5 Overall, good progress reported.

Draft Internal Audit Plan 2023/24

- 14.1 Ms Swan presented the draft Internal Audit Plan 2023/24 for consideration by the Committee and noted movement on the day which previously was 90 days for the CCG and is now 140 days to reflect the changing environment.
- 14.2 Details are provided in the report of all reviews and timelines.
- 14.3 Requests were received for audits from both the Executive team and the Non-Executive Directors. These audits have been included in the three-year period and are all covered within the three-year planning cycle.

As part of the planning process undertaken, a meeting took place with the auditors. The Council auditors were also contacted but there has been no engagement from them as yet.
- 14.4 Several risks are not included within the plan - for example sustainability. As the ICB evolves as an organisation we may wish to make changes to this as we progress throughout the year.
- 14.5 Ms Swan invited comments.
- 14.6 Mr Vivian referred to the list of planned areas and requested further detail to help him understand more clearly commissioning and Primary Care.
- 14.7 Ms Swan replied that the detailed scope of that key area had not been agreed yet. However, there are requests around looking at performance and how to get best value

within the networks and areas to ensure that quality is maintained. It is also a key audit area.

- 14.8 The Committee approved the draft Audit Plan for next year and looked forward to good progress being made with the various audit reviews.

Interim Head of Internal Audit Opinion – CCG and ICB

- 15.1 Ms Swan confirmed that this was a draft opinion for the CCG which would be finalised nearer the time of finalisation of the accounts.
- 15.2 Ms Swan confirmed that the auditors were providing Moderate assurance for the period in question.

Compared to previous versions seen by the Committee, the opinion had been updated with the BAF work. The coverage also included the CCG and set out separate opinions.

- 15.3 Ms Swan then referred to the ICB draft opinion, advising that Moderate assurance had been provided for this year, taking into account the implementation of actions and how effective those are, the Board Assurance Framework or the ICB's wider assurance framework arrangements in place, and any external party assurances.

The organisation had received a good range of opinions during the year and its implementation of recommendations had been very effective.

The Board Assurance Framework review which received Moderate assurance reflects that the ICB is a maturing organisation, but it is also a reflection of the fact that plans are in place.

The document is a draft, and a final report will be submitted to a future Committee nearer to the time of closure of the accounts.

- 15.4 Ms Swan highlighted that the draft plan contained key performance information for the year. The ICB was found to be very responsive and there are no concerns.
- 15.5 Mr Dunshea reminded the meeting that this work must be completed by September.

Conflicts of Interest Management

- 16.1 Moderate assurance was provided regarding this area.
- 16.2 Place was highlighted as an area requiring review, including the conflicts and how those are being declared.
- 16.3 There are also some very good arrangements in place in certain areas of the framework where no exceptions were noted.
- 16.4 Miss Smith supported the Moderate rating and believed it to be a true reflection of the current situation.

DSP Compliance

- 17.1 Ms Swan advised that submission of the toolkit takes place at the end of June. Areas upon which the auditors are required to report is very much set out by NHS Digital.
- 17.2 There are certain areas within the toolkit which were not evidenced or complete, including penetration testing which is deemed a critical issue.

The auditors disagreed with the ICB's assessment which had rated certain areas as met but the assessment by Internal Audit was that they were not met.

- 17.3 Moving forward and to gain assurance, the plan must be adhered to, and issues resolved ahead of submission.

Minute No. AC-23.04.27 – External Audit Update

- 18.1 Mr Smith advised that today's updates related to the three-month period of the CCG audit, and one for the nine-month ICB audit.
- 18.2 The CCG audit is already under way and this plan is only presented to Audit Committee for completeness and information.
- 18.3 In terms of the ICB plan, the significant risks are the presumed risks around management overall control. How the estimates have been made and the assumptions used will be challenged. Testing will take place across all significant and material balances in the ICB's accounts.
- 18.4 The materiality for the nine-month period is a little lower than it would ordinarily be and is lower than the predecessor CCG's materiality. It is set at £11.8m which is purely a measure of the fact that a nine-month period is being audited.
- 18.5 In terms of the VFM work this is a unique year in the sense that it is the first year of the ICB and consequently certain risks have been identified such as a governance risk which is recognised in the fact that those arrangements are still developing and maturing in terms of not only how the ICB is governed but also in terms of how the system is governed. ICB providers are not included in the audit although there will be joined up working where possible.
- 18.6 Two other VFM risks exist. One is around the organisation's financial position, not only in relation to the in-year performance but looking forward in the medium term and how the system is attempting to get back into balance. Arrangements currently in place will be reviewed.

Key recommendations were raised last year regarding financial sustainability, which was identified as being a significant weakness in the arrangements. Any necessary work around that will be undertaken.

The third risk is performance-related in terms of how the ICB is managing performance across the ICS. Work is being undertaken with key providers around waiting times given the issues there, therefore there will be additional VFM work taking place this year, partly due to historic problems which are still current, but partly due to the fact of the ICB being new, the evolving ICS and how that is being managed.

- 18.7 It was confirmed that the plan is for the Committee to review the audit findings at the next meeting on 21 June.

Minute No. AC-23.04.28 – Counter Fraud Update

- 19.1 Mr Westwood's report detailed activities undertaken since his previous report to Audit Committee in January.
- 19.2 He asked Committee to note that Counter Fraud must undertake an annual review against the counter fraud standards.

ACTION: Mr Westwood to email his Counter Fraud annual report to Mrs Skidmore, Mrs Clare and Mr Dunshea for consideration prior to the submission date of 31 May.

- 19.3 One incident had been reported to his department by the GP Practice Patient Experience Lead regarding a patient who had dual registration – one in Shropshire and one in Birmingham. The prescribing history was reviewed and there had been no doubling up and no concerns.

The Shropshire Practice has been informed that they should never issue drugs for this patient.

- 19.4 Mr Westwood then referred to a Fake Invoice Supplier fraud which had been identified by two Practices in Shropshire.

It is planned to issue a Counter Fraud Newsletter to all Practice Managers to highlight this scam and avoid fake invoices being paid.

- 19.5 Mr Westwood then referred to the National Fraud Institute's match exercise regarding data comparison and focus on payroll to payroll, and payroll to Companies House data matches. An initial review showed nothing of concern.
- 19.6 Several national alerts were issued by the Counter Fraud Authority. Both alerts had been shared with ICB staff and there have been no matches. Appropriate alerts have been set up for future reference.
- 19.7 Discussion had taken place with Sarah Swan from Internal Audit regarding the five Medium risks detailed within the 2023/24 Counter Fraud Plan which will either be reviewed or incorporated into Internal Audit work during the year.
- 19.8 There has been no real change and no new emerging risks.
- 19.9 The Committee approved the Counter Fraud Plan.

Minute No. AC-23.04.29 – Risk Management Policy

- 20.1 Miss Smith advised that an almost complete version of this document was submitted to the previous meeting.
- 20.2 The risk appetite was agreed at the March Board meeting and was now included in the document.
- 20.3 Miss Smith invited questions.

- 20.4 Mr Purt referred to the absence of cyber risk within the document and asked where this particular risk would be picked up either in this Committee or in other Committees.
- 20.5 Mr Dunshea replied that normally cyber sits with the Audit Committee Chair.
- 20.6 Miss Smith advised that in the quasi-hybrid Corporate Risk Register pulled across from the CCG there is a risk identified around cyber risk.

In terms of system cyber, she did not believe that we have a collective view on cyber across all system organisations.

- 20.7 Miss Smith believed there was a larger issue about how this discussion could take place at a system level as there is currently no mechanism to do so.

The Audit Committee considers risks to the ICB as a statutory organisation – it is not reviewing system risk.

- 20.8 Mr Dunshea requested that the TOR for the Committee should be checked to establish whether cyber risk and system risk was included. If it is not, it should be inserted.

He suggested that it would be helpful to have a cyber review at a future meeting, or a “deep dive” looking at cyber not only within the ICB but across the system.

ACTION: Alison Smith and Claire Skidmore to consider the points made by the Chair regarding cyber security, its inclusion in the Terms of Reference, and submit a paper to the June Committee regarding cyber security across the system.

Minute No. AC-23.04.30 – Losses, Special Payments and Waivers

- 21.1 Mrs Skidmore summarised key points of her report.
- 21.2 In the period of the report there had been 10 waivers which she had reviewed and signed off, and one special payment which was initiated and signed off by the Remuneration Committee.
- 21.3 They were presented to Audit Committee for ratification.
- 21.4 Mrs Skidmore invited questions.
- 21.5 At Mr Vivian's, the meeting discussed the signing off process.
- 21.6 Mrs Skidmore advised that the Committee's role is to ratify the judgement she had made and is a secondary process for assurance to the Committee that core judgements are not being made in terms of stepping away from process.
- 21.7 She explained the process, advising that before an order is placed and signed off, if there has been a decision made to step outside of procurement process, then the procurement team will request a signed waiver before that order is placed, therefore

there is a control in place that we are not stepping away from process without oversight.

The Finance team carry out a review, the Finance Manager will sign off the budget holder's decision, and generally ensure that the ICB is not being exposed to challenge or risk for procurement.

21.8 The Chair suggested that it would be useful to establish whether there is a trend in the number of waivers processed.

ACTION: Mrs Skidmore to circulate the waivers process to Committee members.

ACTION: Mrs Skidmore to review the trend in waivers.

Minute No. AC-23.04.31 – Audit Committee Forward Plan to Discharge Duties

22.1 The Chair intimated that the Committee was now beginning to formulate topics for deep dives, one of which is cyber security.

22.2 In the next few weeks, he would be consulting with Committee members to discuss what topics should be reviewed in more detail, possibly involving ICB Executives to discuss particular areas.

Minute No. AC-23.04.32 – Any Other Business

23.1 There was no other business.

The Chair confirmed that the next meeting would take place on Wednesday 21 June 2023 commencing at 9.30 a.m. via Microsoft Teams.

Agenda item

ICB 28-06-100.3

Finance Committee Minutes

**NHS Shropshire, Telford and Wrekin
ICB Finance Committee (Section 1) Meeting
Wednesday 8th March 2023 at 2.00pm
Via Microsoft Teams**

Present:

Name

Trevor J McMillan (Chair)
Claire Skidmore

Title

Non-Executive Director NHS STW
Chief Finance Officer NHS STW

Attendees:

Laura Clare
Cynthia Fearon

Deputy Director of Finance NHS STW
Corporate PA NHS STW (**Note taker**).

Apologies:

Nicola Dymond - Director of Strategy and
Transformation NHS STW
Gareth Robinson – Directory of Delivery and
Transformation NHS STW

Minute No. SFC-23-03.001 – Introduction and Apologies

1.1 The Chair, **TMcM**, welcomed everyone to the meeting. **CS** confirmed that apologies were received from Gareth Robinson and Nicola Dymond.

Minute No. SFC-23-03.002 – Declarations of Interests

2.1 No declarations of interest were noted.

Minute No. SFC-23-04.003 – Minutes from the Previous Meeting held on: 31st January 2023

3.1 **TMcM** asked if there were any points raised within the minutes of the previous meeting. There being no amendments, the minutes were taken as a true and accurate record.

Minute No. SFC-23-03.004 Matters Arising and Action List from Previous Meetings

4.1 **TMcM** referred to the action list from the previous meeting:

Actions outlined on the action log, were reviewed, and updated accordingly.

Minute No. SFC-23-03.005 – Month 10 Position Update – Revenue and Capital

Report received as read.

- 5.1 **LC** stated that at Month 10 the ICB planned deficit is £1.4m (this includes a system planned saving of £9.3m) and the YTD position is a deficit of £18.6m i.e., a £17.2m adverse variance. **LC** added that the system has been carefully monitoring its run rate and since September has indicated that it would like to amend its forecast position to show a significant deterioration from plan. As previously discussed, in November, NHSE issued a FOT change protocol to be followed. The system has therefore been in regular dialogue with NHSE colleagues regarding the projected forecast based on run rate and known mitigations. The system has also been in discussions with Julian Kelly – national NHS Director of Finance. Meetings took place in October 2022, December 2022 and February 2023.

LC stated that following discussions with NHSE after completing the forecast protocol actions, the ICB and system sought Board approval for the amendment to be formally reported in the Month 10 position. Due to the timing of the discussions with NHSE and the month end submissions, this was enacted through emergency decision making with approval from both the ICB/System Chair and CEO and engagement with both the system finance committee and system audit committee chairs. This change will be reported to the public board meeting taking place in March 2023.

LC mentioned that at Month 10 the ICB planned surplus for the year is £2.2m and the reported FOT position is a deficit of £21.8m i.e., a £24.0m adverse variance. These values include an adverse variance for the system element of the plan for non-delivery of the £13.9m efficiency stretch target and therefore a £10.1m adverse variance for the ICB plan. This is in line with the previously reported run rate and risk adjusted forecast reported to finance committee at Month 9 but represents a £23.0m movement from the formally reported forecast position at Month 9. (£13.9m movement for the system element and £9.1m movement for the ICB position).

LC emphasized that the small number of key drivers of increased expenditure for the ICB as noted in the report remain unchanged.

The System Finance Committee were asked to note the following recommendations:

- The year-to-date deficit for the ICB of £18.6m, £17.2m adverse to the ICB plan (£7.9m ICB and £9.3m system).
- The forecast deficit for the year of £21.8m (being £24m adverse to the plan - £13.9m system stretch target, £10.1m ICB variance).
- That following discussions since September with NHSE and working through all of the FOT change protocol actions, the system and ICB agreed to formally change its forecast position at Month 10 through emergency decision making and that this change will be reported formally to the public Board meeting in March.
- That there is a remaining gross financial risk of £1m for the ICB but this is now felt to be broadly mitigated so that the unmitigated risk position for the system is now nil.

Minute No. SFC-23-03.006 – Finance Plan 23/24 (Revenue and Capital) Updates Preparation

Report received as read.

LC highlighted that at the last finance committee meeting an update paper on the plan process was presented. **LC** stated, at that point all organisations had approved the overarching planning principles for the system and provided a first cut of planning numbers recognising the guidance released at the end of December 2022.

LC stated that this update report provides the first draft of the ICB element of the financial plan that the system submitted to NHSE on 23rd February 2023. **LC** added that the next and final submission is due with NHSE by the end of March 2023 and will require approval through all organisations governance processes during March 2023.

LC emphasised that a number of actions have been taken since the last finance committee to test assumptions, review cost pressure and investment requests. To ensure efficiency and transformation plans are worked up and included and to triangulate with activity and workforce plans across the system. **LC** stated that further work is still required prior to the final submission.

LC mentioned that ICB confirm, and challenge meetings were held in early February with all directorate teams and the CFO and CEO. **LC** added in March 2023 a number of system internal check and challenge meetings will take place as well as challenge meetings with the NHSE regional team ahead of anticipated regional and national escalation meetings.

LC stated the current plan submission excludes the £48.3m budget for Pharmacy, Optometry and Dentistry (POD) which will be delegated to the system from NHSE on the 1st April 2023. NHSE are currently submitting plans for this expenditure. **LC** also stated, as soon as we have sight of the plan, we will share it with both finance committee and primary care commissioning committee. **TMcM** queried whether that would be a financial liability or financial advantage to the system. **CS** stated that they are trying to mitigate the risk with the coming together of the different ICBs and intend to have a risk share agreement in place. **CS** added regarding the dental budget, there is a significant surplus, due to limited access and availability of dentists in some areas. There is a national mandate that outlines if we don't spend monies it will be clawed back. This may pose a risk as it removes flexibility to offset overspends in other POD areas if they arise.

LC highlighted the overall position; the ask is to submit a break-even plan. **LC** noted that so far we have submitted a £106 million pound deficit of which the ICB deficit is £40.9 million.

LC stated that overall the underlying position has improved slightly for the ICB, however the NCA independent sector expenditure remains a recurrent pressure and unfortunately activity suggests we should not be reducing the figures. Increased individual commissioning pricing will also not be reducing materially in the immediate future. As previously mentioned, prescribing also remains a recurrent pressure.

LC made reference to the allocations that were published in January 2023, which haven't changed. Apart from the service development funding, which was noted in the paper.

LC highlighted that that the tariff uplift remains the same, since the last update in the January 2023. **LC** added that all the assumptions around inflation and growth have been reviewed and refined where necessary.

Regarding efficiency, **LC** reminded the committee that 'business as usual' efficiency was raised from 1.6% to a target of 2.2% for all organisations. At the moment, there is still £4.7 million of the £12.5 million for the ICB that is unidentified. **LC** stated Gareth's team and the PMO team are working extremely hard to come up with additional areas regarding that. Currently, this is flagged as a risk in the plan. **LC** added for context, to deliver a break-even position for the ICB at this point would require a 10% efficiency target. **CS** suggested that GR provides an update on the efficiency position at the next meeting to cover work to reduce the £4.7m unidentified balance and what mitigations for risk are being put into place.

Action: GR to provide an update on the efficiency position at the next meeting to cover work to reduce the £4.7m unidentified balance and what mitigations are being put into place.

LC highlighted that 'cost pressures' in the plan has not significantly changed since the last update in January 2023. **LC** added that the team are currently looking at making sure we can evidence those things that are unavoidable, such as increased demand and pricing increase.

LC mentioned that OPAT (Outpatient Parenteral Antimicrobial Therapy) and CGM (Continuous Glucose Monitoring) business cases have previously been to investment panel and been scored on the prioritisation framework. **LC** added an updated version of the CGM case is due to be presented to investment panel in March. The Singel Point of Access (SPA) case is currently being finalised to be presented to a future investment panel meeting.

LC stated that there is now further guidance on ERF funding and how funds are proposed to be allocated by NHSE. **LC** emphasised that the plan allocated funds to Providers on the basis that they are planning to deliver their share of the target. If they do not deliver 103%, funds are clawed back by the ICB so that they can be spent elsewhere and the overall 103% target can be delivered as a system.

CS stated that discussions on the agreed contractual arrangements with the in-system Providers are ongoing. These continue at the IFP Management Group.

LC highlighted that the team are currently in the process of trying to reduce all risks and increase mitigations.

Regarding budgets, **LC** mentioned, the finance team are currently working with budget holders with the view to sign off overall 2023/24 budgets once the ICS Board signs off the plan at the end of March 2023.

The System Finance Committee were asked to note the following recommendations:

- The first draft of the ICB financial plan submitted to NHSE on 23rd February 2023.
- The outstanding actions to refine the plan before the March final submission.
- The decision to be made at the IFP management group regarding the contract mechanism and values for 2023/24

Minute No. SFC-23-03.007 – Any Other Business

There was no other business for discussion.

Meeting closed at 3.04pm

Date And Time of Next Meeting

Tuesday 28th March 2023 at 09.00 – 10.00 via Teams.

**NHS Shropshire, Telford and Wrekin
ICS System Finance Committee (Section 2) Meeting
Wednesday 8th March at 3.15 pm
Via Microsoft Teams**

Present:

Name:

Trevor J McMillan OBE (Chair)
Claire Skidmore (Part)
Helen Troalen
Sarah Lloyd (Part)
Gareth Robinson
Peter Featherstone
Mark Salisbury
Glenn Head
Anthony Simms

Title:

Non-Executive Director NHS STW
Chief Finance Officer NHS STW
Director of Finance Shrewsbury and Telford Hospitals NHS Trust
Director of Finance Shropshire Community Health NHS Trust
Director of Delivery and Transformation NHS STW
Shropshire Community Health Finance Committee Chair (NED)
Operational Director of Finance RJAH
Head of Financial Management MPFT
Deputy Director of Finance Shropshire Community Health NHS Trust

Attendees:

Laura Clare
Cynthia Fearon

Deputy Director of Finance NHS STW
Corporate PA NHS STW (**Note Taker**)

Apologies:

Sarfraz Nawaz
Chris Sands
Craig McBeth
Richard Peach
Nicola Dymond
Ben Jay

Non-Executive – RJAH
Chief Finance Officer MPFT
Chief Finance Officer RJAH
Group Accountant, Telford, and Wrekin Council
Director of Strategy and Integration NHS STW
Assistant Director of Finance & ICT (deputy s151 officer)

Minute No. SFC-23-03.001 Introductions and Apologies

1.1 The Chair, **TMcM**, welcomed everyone to the meeting and apologies were received as noted.

Minute No. SFC-23-03.002 Members' Declarations of Interests

2.1 No Declarations of Interest in addition to those already declared were noted.

Minute No. SFC-23.03.003 Minutes of the Previous Meeting held on: 31st January 2023

3.1 **TMcM** asked if there were any points raised within the minutes of the previous meeting. There being no amendments, the minutes were taken as a true and accurate record.

Minute No. SFC-23.03.004 Matters Arising and Action List from Previous Meeting

4.1 The action list from the previous meeting was reviewed and updated accordingly.

Minute No. SFC-23.03.005 Month 10 Position Update – Financial position Revenue and Capital

5.1 Report received as read.

LC stated that the System holds a £19m deficit plan for 2022/23 and carries a significant underlying deficit. A number of operational pressures are impacting on the system and the financial impact of these is affecting the expenditure run rate. **LC** added since September 2022 the system has indicated that it would like to amend its forecast position (FOT) to show a significant deterioration from plan. The System has been in regular dialogue with NHSE colleagues regarding the projected forecast based on run rate and known mitigations. The system has also been in discussions with Julian Kelly – the national NHS Director of Finance. **LC** added that meetings took place in October 2022, December 2022 and February 2023.

LC highlighted that and the forecast outturn protocol had been discussed with NHSE and following these discussions, the system sought Board approval for the amendment to be formally reported in the Month 10 position. **LC** added that due to the timing of the discussions with NHSE and the month end submissions, this was enacted through emergency decision making with approval from both the ICB/System Chair and CEO and engagement with both the system finance committee and system audit committee chairs. Provider organisations have also all taken the FOT change through their internal governance processes. The FOT change will be reported to the public board meeting taking place in March 2023.

LC highlighted that the main drivers for the deficit position, as described in the paper, remain consistent.

LC highlighted that the M10 system financial position shows an overall £33.7m adverse variance to the year-to-date plan submitted. £5.2m of the year to date (YTD) pressure relates directly to COVID expenditure and £17.3m relates to expenditure on agency staff that exceeds the agency cap target set for the system this year (£26.9m YTD, £32.2m full year).

LC also highlighted that the reported forecast outturn (FOT) position shows a forecast system deficit of £65.8m, this is £46.7m adverse variance to plan and is in line with the run rate and risk adjusted forecast reported to finance committee at M9. **LC** added that this is a month-on-month movement of £42.6m in the formally reported forecast due to the enactment in M10 of the FOT change protocol.

TMcM asked whether when there is slippage on capital expenditure is the money lost or is the money rolled forward. **LC** replied if monies slip in earlier months, these can be spent by the end of this financial year, if not then the in year monies are lost unless there is a specific agreement with NHSE. **HT** stated that SaTH hold the majority of the system capital slippage. **HT** explained what they do at SaTH is have a detail financial plan for two years, which will identify any areas of slippage, with a plan to use that money in other ways if delays occur.

The System Finance Committee noted the following:

- The year-to-date deficit for the system of £54.7m (being £33.7m adverse to the plan).
- The current forecast deficit for the system of £65.8m (being £46.7m adverse to the plan).
- The enactment of the Forecast Change Protocol at month 10 and the emergency decision making power exercised. This change will be reported through the public Board meeting in March.
- That there is a remaining gross financial risk of £2.2m but this is now felt to be broadly mitigated so that the unmitigated risk position for the system is now nil.

Minute No. SFC-23-03.006 Plan Paper – Finance Plan 23/24 Revenue and Capital Update

Report received as read.

Claire Skidmore joined meeting at 3.33pm

- 6.1 **LC** explained that the report outlines the first draft of the financial plan of the system. that was sent to NHSE on 23rd February 2023. **LC** stated that the next and final submission is due with NHSE by the end of March 2023 and will require approval through all organisation's governance processes during March 2023.

LC emphasised that a number of actions have been taken since the last finance committee to test assumptions, review cost pressure and investment requests, to ensure efficiency and transformation plans are worked up and included and to triangulate with activity and workforce plans across the system. **LC** added that further work is still required prior to the final submission.

LC mentioned that in March 2023 a number of system internal check and challenge meetings will take place as well as challenge meetings with the NHSE regional team ahead of anticipated regional and national escalation meetings.

LC stated that we have submitted a first cut deficit plan for £106 million for 2023/24 for the entire system. That figure is against the national ask of the break-even number, which is a significant distance from that target figure. **LC** added it is also significantly above the position that we are reporting for 2022/23. We are currently showing a £66 million deficit in 2023/24, which is underpinned with a significant amount of non-recurrent prior year benefit particularly in the ICB. **LC** highlighted that a number of the ICB issues that have been seen in 2022/23 are recurrent. Such as CHC inflation, increase in demand for independent sector and prescribing. Since January 2023 the underlying position has improved slightly to around £1 million.

LC stated that there have not been any changes to the core allocations since the update in January 2023. The only change is an increase to the Service Development Funding (SDF).. The tariff uplift has not changed since January 2023 update. The main assumptions reported in January 2023 remains the same.

LC stated that as a system we are working to 2.2% efficiency target. **PF** queried how as the decision was taken to work to 2.2%.. **CS** responded that it is what the DoFs felt was a reasonable target and is in line with national guidance. **CS** emphasised, what this committee needs to be looking at is how organisations are working to reduce high risk schemes and make sure that we have plans for the full amount of savings, Currently the total of high risk and unidentified is a high percentage. **GR** added that the Transformation team are currently doing extensive work around the Big Ticket Items which further add to the savings total. .

LC mentioned unavoidable cost pressures, being seen in areas of of demand or inflationary pressures. **LC** mentioned that a number of business cases went to the recent Investment Panel meeting. **CS** also noted exceptional growth. Our planning assumption is that we will not automatically fund growth into contracts. **CS** added, where flat growth is not possible, that organisations have been requested to make a case to explain why before any funding is agreed to be awarded.

LC highlighted, that we will be getting allocations of £3.1 million for discharge next year.

GR mentioned that unfortunately the planned meeting with partner organisations to look at the system discharge did not go ahead earlier today, due to low attendance. The meeting is to be rescheduled to the 22nd March 2023.

Action GR to provide an update at the next scheduled System Finance Committee meeting on the outcomes from the meeting with Local Authority and other partners about discharge.

CS expressed concerns of the meeting not being able to go ahead today. At the moment **CS** stated we are working to an assumption that we spend no more than the £3.1 million notified for next year. Any spend anticipated above that will be classed as a financial risk and will need to be managed by partners which is why the meeting with partner organisations is important.

HT stated that she is trying to understand the totality of monies that has been discussed as she has not heard an overall figure. **HT** added that we could consider other creative ways of spending the money from examples seen in other areas of the country. **GR** responded that the BCF funding for 2022/23 is for £63 million across three organisations. There will also be an increase for 2023/24. **GR** stated that he would be happy to send that information out in a briefing note and share with **HT** as per her queries.

Action: GR to circulate briefing note to Committee members on the BCF.

PF asked what benchmarking is being currently undertaking and where are we with the operational response to the necessary transformation that we are challenged with. **CS** responded the benchmarking **LC** was referring to in this update was to model pricing and growth. **GR** added that extensive work is currently being undertaken by ICB PMO Kate Owen of the wider work on benchmarking. It was acknowledged that this committee needs to see more benchmarking evidence to support the identification of areas of opportunity.

LC stated, at the January 2023 meeting, they were still awaiting guidance on Elective Recovery Funding (ERF). The guidance has now been received. Funding needs to be apportioned out to providers on the basis of their activity baselines in 2019/20. The sums are awarded based on the provider's signing up to deliver their element of the national elective recovery target.

Regarding the contractual arrangements, **LC** mentioned that conversations were ongoing about the options for contractual arrangements.

Action LC to bring an update on IPF contractual arrangements to the next meeting

CS mentioned that she had met with chief executives this morning and it was agreed that we should aim to reach the same system bottom line that was achieved in this financial year. That ambition would be relayed to the national team this Friday.

CS also mentioned that Julian Kelly had called a meeting earlier today with all ICB CFOs, and relayed how unhappy he was with the current financial position. Noting that the NHS is heading towards a material deficit with a reduction in activity in comparison to previous years. Hence productivity is falling.

The System Finance Committee noted the following:

- The first draft of the financial plan submitted to NHSE on 23rd February 2023.
- The outstanding actions to refine the plan before the March final submission.

Sarah Lloyd left meeting at 3.45pm

Minute No. SFC-23.03.007 ICS Capital Plan Update

Report received as read.

- 7.1 **CS** explained that the two-year system capital plan was discussed at the system Capital Prioritisation and Oversight Group (CPOG) meeting in February 2023. **CS** added at that point the system capital plan was above the notified system capital allocation for 2023/24. Following presentation of the update at CPOG, it was agreed that SaTH and RJAH would remove their figures for capital contingency to help to address the over allocation.

CS highlighted that each organisation was also tasked with reviewing their IT investment levels in view of the external digital funding allocation and to ensure consistency across providers. It was agreed that RJAH and SATH would submit draft capital plans with the 105% planning assumption; SCHAT and the ICB already had compliant plans, with expenditure not planned to exceed allocation. It was also recognised that further work will be required in-year to ensure that actual delivery in 2023/24 does not exceed 100%.

CS stated that there is also further prioritisation work to be done on the future years of the draft capital plan as there remains a gap to get down to the 105% planning assumption beyond 2023/24. **CS** emphasised that there is commitment across all providers to achieve this.

The System Finance Committee noted the following:

- The two-year system capital plan
- The further prioritisation work required for future years of the capital plan

Minute No. SFC-23.03.008 ICS Financial Risk Update

Report received as read.

- 8.1 **LC** highlighted that at the last finance committee the draft system Board Assurance Framework (BAF) information was presented that had been developed following two facilitated system workshops with the Good Governance Institute. Finance committee members were asked to send any comments through to the Deputy Director of Finance so that this could be fed through to the development of the overall BAF which is going to Board in March 2023.

No specific comments from members were received but the ICB Finance Team have fed back that the risk score seemed too low for the financial risk for the system, and this has been subsequently amended.

LC made reference to Appendix A of the report, which shows the draft high level finance risk for the system BAF with the amended risk score. **LC** stated the finance committee members have further opportunity to review and comment before this is submitted to the March 2023 Board meeting. No further comments were received.

The System Finance Committee noted the following:

- The draft financial risks for the Board Assurance Framework

Minute No. SFC-23.03.009 Any Other Business

- 9.1 There was nothing noted under this agenda item.

Date and Time of Next Meeting

To be confirmed.

**NHS Shropshire, Telford and Wrekin
ICB Finance Committee (Section 1) Meeting
Tuesday 28th March 2023 at 9.00am
Via Microsoft Teams**

Present:

Name

Trevor J McMillan (Chair)
Claire Skidmore

Title

Non-Executive Director NHS STW
Chief Finance Officer NHS STW

Attendees:

Gareth Robinson
Jill Price
Angus Hughes
Kate Owen
Cynthia Fearon

Directory of Delivery and Transformation NHS STW
Associate Director of Finance
Associate Director of Finance – Decision Support
PMO NHS STW
Corporate PA NHS STW (**Note taker**).

Apologies:

Nicola Dymond - Director of Strategy and
Transformation NHS STW
Laura Clare - Deputy Director of Finance NHS STW

Minute No. SFC-23-03.001 – Introduction and Apologies

- 1.1 The Chair, **TMcM**, welcomed everyone to the meeting. **CF** confirmed that apologies were received from Laura Clare and Nicola Dymond.

Minute No. SFC-23-03.002 – Declarations of Interests

- 2.1 No declarations of interest were noted.

Minute No. SFC-23-04.003 – Minutes from the Previous Meeting held on: 8th March 2023

- 3.1 **TMcM** asked if there were any points raised within the minutes of the previous meeting. There being no amendments, the minutes were taken as a true and accurate record.

Minute No. SFC-23-03.004 Matters Arising and Action List from Previous Meetings

- 4.1 **TMcM** referred to the action list from the previous meeting:

Actions outlined on the action log, were reviewed, and updated accordingly.

Minute No. SFC-23-03.005 – Month 11 Position Update – Revenue and Capital

Report received as read.

- 5.1 **AH** highlighted that due to the phasing of the plan, at Month 11 the ICB planned deficit is £0.1m (this includes a system planned saving of £11.6m) and the YTD position is a deficit of £20.2m i.e., a £20.1m adverse variance.

AH stated that the adverse variance YTD is broken down into £8.5m for the ICB position and £11.6m for the undelivered system stretch efficiency target. **AH** added that the full year reported forecast outturn (FOT) is a deficit of £21.8m which is £24.0m adverse against the plan of a £2.2m surplus. These values include an adverse variance for the system element of the plan for non-delivery of the £13.9m efficiency stretch target and therefore a £10.1m adverse variance for the ICB plan. The FOT was adjusted at M10 in line with the NHSE forecast change protocol and in line with the run rate/risk adjusted FOT reported to finance committee in Month 9.

AH emphasised that now that the reported forecast has been amended in line with the FOT change protocol, the majority of risk to the financial position has been removed. **AH** stated that there remains a risk around the prescribing budget given that data is always two months in arrears and in recent months we have seen an escalating pressure due to Cat M and NCSO pricing. It is felt that this can be mitigated in year if this arises.

AH stated that within the M11 position is £8.0m of YTD ICB efficiency delivery including the ICB impact of the BTI efficiency schemes, predominantly in Individual Commissioning and Medicines Management. The efficiency target is now slightly exceeding the plan set.

AH highlighted that the 22/23 financial position has also been supported in year by a significant amount of non-recurrent prior year benefits including balance sheet flexibility. **AH** stated as part of the work to develop the 23/24 plan the underlying position is being tested and confirmed but the current working draft underlying position for the ICB has a £42.5m underlying deficit.

The System Finance Committee were asked to note the following:

- The year-to-date deficit for the ICB of £20.2m, £20.1m adverse to the ICB plan (£8.5m ICB and £11.6m system).
- The forecast deficit for the year of £21.8m (being £24m adverse to the plan - £13.9m system stretch target, £10.1m ICB variance).
- That there is a remaining gross financial risk of £0.5m for the ICB but this is now felt to be broadly mitigated so that the unmitigated risk position for the system is now nil.

Minute No. SFC-23-03.006 – 23/24 Contracts

Report received as read.

- 6.1 **JP** highlighted that at the Intelligent Fixed Payment Management Group (IFPMG) in February 2023, a paper was discussed to consider the different contractual options available in 23/24 in order to comply with the 23/24 planning guidance and implement API contracts without losing the good work that has been established across the system through IFP arrangements.

JP stated that The IFPMG discussed a number of options and has proposed that Option 5 is implemented for 23/24 contracts and financial plans with the caveat that the overall system contract approach is reviewed, and a work programme is agreed for 23/24 to enable the fixed element of contracts to be rebased for 24/25. **CS** added that they are intending to get the baseline work started on this by July 2023. A working group will be put in place, to replace the current IFMPG which will

manage and oversee this area of work. Update reports from that sub-committee will report into future System Finance Committee meetings.

The System Finance Committee:

- Noted the options that have been considered by IFPMG
- Approved that option 5 is supported for 2023/24
- Noted the work to be done during 23/24 to rebase fixed elements of contracts ready for 24/25.

Minute No. SFC-23-03.007 - Finance Plan 23/24 update

Report received as read.

7.1 **JP** highlighted that since the draft submission in February, all organisations across the system have continued to refine their financial plans. A number of systems to organisation challenge meetings and internal budget holder reviews have taken place and costs have been benchmarked with other ICBs and systems.

JP stated the overall system planned deficit has moved from £106.5m in the February 2023 submission to £76.9m in the March 2023 submission. For the ICB the plan has moved from a £41m deficit in February to a £21m deficit in March 2023.

TMc stated that the deficit that is been carried within the ICB and within the ICS is still a real worry and concern.

GR stated that he thought we were in a better position in some ways than we were last year. As now approaching 23/24 – there is now a forward financial plan in place for urgent emergency care cost pressures around escalation of beds and complex discharges.

CS mentioned that to date, budgets had not been issued to ICB managers. A working draft document has been sent to them to validate the information that is held for them so far. **CS** added the budgets that have been presented in the financial plan paper 23/24 will be the ones that will be sent to the managers.

The System Finance Committee:

- Noted the second draft of the ICB financial plan to be submitted to NHSE on 30th March 2023.
- Also, noted the changes from the February submission.
- Approved the ICB budget to be issued to budget holders based on the March plan submission, subject to any subsequent final amendments to the plan that will be notified to finance committee members.

Minute No. SFC-23-03.008 – ICB 2023/24 Efficiency Plans Update

8.1 **KO** stated that the ICB are looking to address 3% of efficiency, which is £16.5 million in 23/24, which has been difficult to identify so far in full. **KO** added that there are currently twenty-one programmes, which will be up and running from April 2023. The programmes will be monitored carefully with programme leads through the monthly ICB Sustainability Working Group meetings.

KO stated that there is a £3.7 million ‘unidentified’ gap which is currently flagged as a high risk.

KO highlighted the opportunities to meet the shortfall in plans have not yet materialised and rapid pace in the development of new plans is now required.

KO mentioned that there are now weekly meetings held within the delivery and transformation team to regularly assess all opportunities and the sustainability working group continue to monitor progress. Updates on the ICB efficiency plans are reported through to the systems Financial Improvement Programme Group and risks are then being escalated through to the IDC.

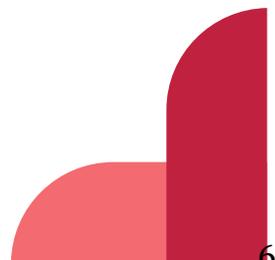
Minute No. SFC-23-03.009 – Any Other Business

There was no other business for discussion.

Meeting closed at 9.57am

Date And Time of Next Meeting

Wednesday 3rdth May 2023 at 10.30 – 11.30 via Teams.



**NHS Shropshire, Telford and Wrekin
Integrated Care System Finance Committee (Section 2) Meeting
Thursday 30th March at 10.30am
Via Microsoft Teams**

Present:

Name:

Trevor J McMillan OBE (Chair)
Claire Skidmore
Helen Troalen
Sarah Lloyd
Mark Salisbury (deputising for CM)
Chris Sands

Title:

Non-Executive Director NHS STW
Chief Finance Officer NHS STW
Director of Finance Shrewsbury and Telford Hospitals NHS Trust
Director of Finance Shropshire Community Health NHS Trust
Operational Director of Finance RJAH
Chief Finance Officer - MPFT

Attendees:

Laura Clare
Cynthia Fearon

Deputy Director of Finance NHS STW
Corporate PA NHS STW (**Note Taker**)

Apologies:

Sarfraz Nawaz
Craig McBeth
Richard Peach
Nicola Dymond
Ben Jay
Peter Featherstone
Gareth Robinson

Non-Executive - RJAH
Chief Finance Officer RJAH
Group Accountant, Telford, and Wrekin Council
Director of Strategy and Integration NHS STW
Assistant Director of Finance & ICT (deputy s151 officer)
Shropshire Community Health Finance Committee Chair (NED)
Director of Delivery and Transformation NHS STW

Minute No. SFC-23-03.001 Introductions and Apologies

1.1 The Chair, **TMcM**, welcomed everyone to the meeting and apologies were received as noted.

Minute No. SFC-23-03.002 Members' Declarations of Interests

2.1 No Declarations of Interest in addition to those already declared were noted.

Minute No. SFC-23.03.003 Minutes of the Previous Meeting held on: 8th March 2023

3.1 **TMcM** asked if there were any points raised within the minutes of the previous meeting. There being no amendments, the minutes were taken as a true and accurate record.

Minute No. SFC-23.03.004 Matters Arising and Action List from Previous Meeting

4.1 The action list from the previous meeting was reviewed and updated accordingly.

Minute No. SFC-23.03.005 Month 11 Position Update – Financial position Revenue and Capital

5.1 Report received as read.

LC shared the headlines from the month 11 finance position and noted that there were no 'surprises' in the numbers. Following the enactment of the Forecast Outturn (FOT) change protocol in Month 10, the overall FOT at M11 has improved by £0.3 million. This is due to a change in the SATH forecast position during Month 11 as a result of the continued review of open escalation capacity. **LC** added that the key drivers to the financial position remain consistent and we are taking action wherever possible to mitigate the impact of these. It is crucial that we are able to see how and when the benefits from these actions will manifest in the financial position as this level of granularity of information is being used to inform the 23/24 financial plan. The pressures which place further stress on the STW deficit plan are well recognised both within the system and by the Regional NHSE team. The forecast scale of the impact of these is a matter of serious concern for which STW ICS remains committed to giving close scrutiny and challenge.

LC highlighted that the forecast position includes £27.3m of delivered efficiency across the system. Unfortunately, despite all efforts to address the £13.9m system transformation gap in the plan (including the identification of additional opportunities) further efficiencies have not materialised in year. The PMO continue to reinforce the need to increase forecasts where possible through local 1.6% 'business as usual' plans and existing BTI programmes and all benefits continue to be captured.

LC stated, alongside local CIP plans, The Financial Improvement Programme Group is overseeing the development of opportunities that have been identified through the latest benchmarking data with support from the NHS System improvement partner.

LC mentioned that SROs are committed to developing the opportunities which are expected to deliver further growth avoidance or cash releasing savings in 2023/24 and in the longer term. These programmes of work require further development and data modelling before benefits can be finalised. The M11 system financial position shows an overall £39.7m adverse variance to the year-to-date plan submitted.

LC stated the adverse variance remains due to open escalation capacity at SATH, failure to deliver the system transformation stretch target and overspends in the ICB in relation to community discharge expenditure, independent sector NCA activity and Individual commissioning price increases. **LC** added £5.3m of the year to date (YTD) pressure relates directly to COVID expenditure and £19.4m relates to expenditure on agency staff that exceeds the agency cap target set for the system this year (£29.5m YTD, £32.2m full year). The reported forecast outturn (FOT) position shows a forecast system deficit of £65.5m, this is £46.4m adverse variance to plan and includes a small £0.3m improvement since the M10 enactment of the FOT change protocol.

The System Finance Committee noted the following:

- The year-to-date deficit for the system of £60.9m (being £39.7m adverse to the plan).
- The current forecast deficit for the system of £65.5m (being £46.4m adverse to the plan).
- That there is a remaining gross financial risk of £0.5m but this is now felt to be broadly mitigated so that the unmitigated risk position for the system is now nil.

Minute No. SFC-23-03.006 Plan Paper – Finance Plan 23/24 Revenue and Capital Update

Report received as read.

- 6.1 **CS** highlighted that since the draft submission in February, all organisations across the system have continued to refine their financial plans. A number of system to organisation challenge meetings and internal budget holder reviews have taken place and costs have been benchmarked with other systems.

CS highlighted the overall system planned deficit has moved from £106.5m in the February submission to £76.9m in the March submission. **CS** stated the current position is disappointing as we did not meet our ambition to reach a position no worse than in 2022/23. Chief Executives had challenged themselves to do this in order to stabilise the position. Since the last SFC **CS** added that the teams have been able to tighten up on some of the activity and workforce information so that has had a positive impact on some of the statutory targets, but still acknowledged that we still have a long way to go for where we need to be.

CS emphasised that the system is still being encouraged by the regional and national NHSE teams to continue to work on our numbers to reduce the current deficit. **CS** stated that in parallel to this, we are also looking at reducing the risk and or mitigating risks where possible.

CS mentioned that for the efficiency programme, she has planned an ICB internal review, . Also, meetings with BTI leads have also been scheduled.

TMc mentioned that at the Board meeting members confirmed that they are keen to see from an internal and external point of view, confidence that there is real grip on the programme of work required and that we can get over this period of challenge.

HT stated that she thinks it would be good to have a two-to-three-year plan in place model into this next financial year, 24/25 and 25/26 and to include bed and capacity information. Also to reflect the financial issues faced by the Local Authorities. **CS** responded that this is the plan for the next phase of work and noted that she thought this would form next steps for the planning group already in place.

HT raised that there was no representation at this meeting of the Local Authority which is of a concern as they need to be a part of the discussion so that we can understand the overall financial challenges for the system.

CS mentioned that Laura would be picking up the work that Simon Gilmore was doing on the medium-term model and suggested that Laura could give an update at the next meeting.

Action: LC to provide update on the work Simon Gilmore undertook to bring forward in the first instance a “do nothing” scenario”.

The System Finance Committee noted the following:

- The second draft of the system financial plan to be submitted to NHSE on 30th March 2023.
- The changes from the February submission
- The next steps to refine the plan.

Minute No. SFC-23.03.007 23/24 System Contracts

7.1 **LC** stated that at the Intelligent Fixed Payment Management Group (IFPMG) in February 2023, a paper was discussed to consider the different contractual options available in 23/24 to comply with the 23/24 planning guidance and implement API contracts without losing the good work that has been established across the system through IFP arrangements.

LC mentioned that the IFPMG discussed a number of options and has proposed that Option 5 is implemented for 23/24 contracts and financial plans with the caveat that the overall system contract approach is reviewed, and a work programme is agreed for 23/24 to enable the fixed element of contracts to be rebased for 24/25.

HT stated that SaTH has not agreed to option 5. **CS** replied that SaTH have included the values of option 5 in their plan. **HT** stated that SaTH have included the allocations in their plan as notified, but fundamentally SaTH did not sign off the methodology of option 5.

SL stated that the IFP is generating a whole host of questions and behaviours that are not helpful in terms of the system improving the bottom line. **SL** added from a SCHAT perspective the reason they accepted an IFP was because NHSE encouraged that all partners should take a share of the deficit. There seems to be a lack of recognition of how income is being allocated across the system. **SL** added that things has moved so far away from where they were twelve months ago, and it is now causing a huge distraction.

CS stated that we recognise that the IFP served a purpose at a point in time but we do need to relook at it now. The plan is to reframe the IPF management group to focus on developing contract arrangements in preparation for next year.

CHS stated that they use the IFP in Staffordshire and it works well for them. **CHS** added that we just need to be careful that we don't fall back into too much detail of the old style of contracts because it doesn't impact on the bottom line, but it takes resource away from supporting delivery as it's a very transactional approach. This was agreed and **CS** noted keenness to retain the principles of IFP that have been established but also a need to better understand our collective cost base.

Minute No. SFC-23.03.008 Any Other Business

8.1 There was nothing noted under this agenda item.

Date and Time of Next Meeting

Wednesday 3rd May 2023 at 11.45am via Teams.

**NHS Shropshire, Telford and Wrekin
ICB Finance Committee (Section 1) Meeting
Wednesday 3rd May 2023 at 10.30am
Via Microsoft Teams**

Present:

Name

Trevor J McMillan (Chair)
Claire Skidmore

Title

Non-Executive Director NHS STW
Chief Finance Officer NHS STW

Attendees:

Gareth Robinson
Laura Clare
Cynthia Fearon

Directory of Delivery and Transformation NHS STW
Deputy Director of Finance NHS STW
Corporate PA NHS STW (**Note taker**).

Apologies:

None

Minute No. SFC-23-05.001 – Introduction and Apologies

- 1.1 The Chair, **TMcM**, welcomed everyone to the meeting. **CF** confirmed that there were no apologies received.

Minute No. SFC-23-05.002 – Declarations of Interests

- 2.1 No declarations of interest were noted.

Minute No. SFC-23-05.003 – Minutes from the Previous Meeting held on: 28th March 2023

- 3.1 **TMcM** asked if there were any points raised within the minutes of the previous meeting. There being no amendments, the minutes were taken as a true and accurate record.

Minute No. SFC-23-05.004 Matters Arising and Action List from Previous Meetings

- 4.1 **TMcM** referred to the action list from the previous meeting:

Actions outlined on the action log, were reviewed, and updated accordingly.

Minute No. SFC-23-05.005 – Month 12 Position Update – Revenue and Capital

Report received as read.

- 5.1 **LC** stated that the final audited accounts will be submitted in June 2023.

LC highlighted that of the £19m 2022/23 planned system deficit, the ICB planned deficit for 22/23 is an £11.7m deficit, or a £2.2m surplus once the £13.9m of system target savings is included.

LC added at M12 the ICB has a £24.0m adverse variance to that plan and is therefore showing a £21.8m deficit. The adverse variance is broken down into £10.1m for the ICB position and £13.9m for the undelivered system stretch efficiency target.

LC stated throughout 22/23 there have been key themes of concern reflected in the ICB financial position such as:

- Discharge /Flow - £8.5m overspend on Local Authority expenditure on discharge schemes and all Social Care Funding received has been committed.
- Independent Sector Ophthalmology - **LC** stated that this has continued all year at a cost pressure of £0.5m a month and £6m for the full year. Due to patient choice rules, restricting choice is not an option and therefore they continue to pursue if anything can be done to reduce this pressure through the contracting route. The ERF guidance stated that independent sector income could be earned if the system overall delivered its target recovery position. STW was a long way off delivering its position but at M12 non recurrent ERF allocations for the independent sector of £4.8m were received from NHSE which have helped to partly offset this overspend in year.
- **LC** stated that prescribing pricing costs due to higher Cat M and NCSO costs.
- CHC pricing, we continue to see an underlying overspend in Individual Commissioning, mainly due to increases in pricing of packages of care. **LC** added that the team have managed to mitigate this in year using prior year balance sheet flexibility, but the full year position would be a significant overspend otherwise.

LC highlighted that within the M12 position is £8.6m of ICB efficiency delivery including the ICB impact of the BTI efficiency schemes, predominantly in Individual Commissioning and Medicines Management. Efficiency delivery has slightly exceeded the plan set. The underlying position for the ICB is a £42.5m underlying deficit. This forms the start point of the 23/24 financial plan.

The System Finance Committee were asked to note the following:

- The M12 financial position for the ICB (subject to external audit) which is a £21.8m deficit, a £24m adverse variance to the overall plan of a £2.2m surplus. (£10.1m ICB, £13.9m system).

Minute No. SFC-23-05.006 - Finance Plan 23/24 update

Report received as read.

- 6.1 **LC** stated that on 30th March 2023 STW as a system we submitted a £76.9m deficit plan for 2023/24 with an underlying deficit of £83.7m. The ICB share of the system deficit plan was £20.9m.

LC highlighted that in April, CEOs across the system discussed the plan of the 4th May 2023 final submission and agreed to identify an £11.4m 'bridge' to achieve a figure in line with the 2022/23 FOT (**£65.5m**). i.e. to hold still on outturn and as a minimum stop further financial deterioration. **LC** added that CEOs supported £1.8m of non-recurrent allocations to be held back in year with the agreed residual of £9.6m to be shared between partners. With the view to scope the following area:

- CHC- push on phase 2 of BTI – framework and market management with LAs, seek learning from other areas, retain connections into wider programme of out of hospital work.
- Medicines Management- system wide medicines management programme
- SATH Bed Model to be reviewed.

LC also mentioned CEOs also agreed to rapidly agree leadership, scope of objectives and targets, to move at pace into delivery, achieving planned impact and mitigation of risk.

LC stated that we are aiming to achieve improvements in areas such as UEC and elective recovery and are particularly focused on enabling efficient patient flow to facilitate these. **LC** added that we are bringing health and care together in this space with discharges from hospital being an example of where multiple health and care partners come together to tackle the issues.

LC highlighted the proposed May Plan Submission will therefore show a total efficiency plan across the system of £65.473m with the ICB element of this being £24.7m. **LC** added with these adjustments in place, the ICB planned deficit would move from £20.9m to £14.8m. Some of the efficiencies are currently unidentified however, **GR** and his team are currently working through that.

LC stated that the current financial risks associated with the ICB plan submission are around:

- WMAS – contract value not yet agreed.
- ERF additional income – risk that this will not be earned.
- Powys contract – contract value not yet agreed.
- Renal transport – new policy on funding still to be determined/enacted.
- CHC efficiency – risk of non-delivery.
- Unidentified efficiency – risk that opportunities will not be delivered

Risks will be reviewed in quarter 1 with a view to either reduce or mitigate wherever possible.

LC highlighted that the next steps would be in quarter one to reduce/present mitigations for net risk, and also work to develop a full STW financial recovery plan. An updated 'do nothing' scenario will be presented to the next meeting as part of that work.

TMc stated that he still had concerns around the efficiency target, particularly given that we did not meet the 2022/23 target and the 2023/24 target is much higher.

CS stated that SCHAT are currently under a lot of scrutiny as they are currently showing a delivery deficit position in the plan, this is due to the mechanics of the intelligent fixed payment mechanism. **CS** added that, it was agreed to redistribute income around the system in the plan so that SCHAT will start with a break-even plan.

CS mentioned that the ICB executive directors along with Simon are currently doing a lot of work on how they can reduce costs this year.

GR stated as previously mentioned, his team are currently working extremely hard on efficiencies to improve numbers around that.

Action: GR to provide an update on efficiency plan at the next scheduled meeting.

The Finance Committee:

- Approved the proposed draft of the ICB financial plan to be submitted to NHSE on 4th May 2023.
- Noted the changes from the March submission.
- Approved ICB budgets (amended to reflect the final plan submission).

Minute No. SFC-23-05.007 – Allocations policy

Report received as read.

8.1 **LC** stated that within a financial year, allocations are received by the ICB for specific work. Sometimes these allocations are based on fair shares of national funding, other times they are based on bids that the system has put forward to NHSE. They are usually of a non- recurrent nature.

LC added, in order 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 is proposed that an allocation approval template will need to be completed by the budget holder and submitted for review and approval by the senior executive team within the ICB. In some circumstances the executive team may also seek further information or guidance from other senior system leads.

LC mentioned that, there may also 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. This decision will not be taken lightly and will also require the rigour of the governance set out in the proposed process note.

The Finance Committee:

- Approved the proposed allocations approval policy and template and supported its immediate implementation in 2023/24

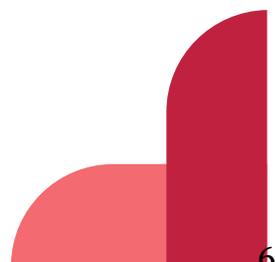
Minute No. SFC-23-05.008 – Any Other Business

There was no other business for discussion.

Meeting closed at 11.14am

Date And Time of Next Meeting

Tuesday 30th May 2023 at 14.00 – 15.00 via Teams.



**NHS Shropshire, Telford and Wrekin
Integrated Care System Finance Committee (Section 2) Meeting
Wednesday 3rd May 2023 at 11.45am
Via Microsoft Teams**

Present:

Name:

Trevor J McMillan OBE (Chair)
Claire Skidmore
Helen Troalen
Sarah Lloyd
Mark Salisbury (deputising for CM)
Chris Sands
Richard Peach (deputising for KC)

Title:

Non-Executive Director NHS STW
Chief Finance Officer NHS STW
Director of Finance Shrewsbury and Telford Hospitals NHS Trust
Director of Finance Shropshire Community Health NHS Trust
Operational Director of Finance RJAH
Chief Finance Officer - MPFT
Group Accountant, Telford, and Wrekin Council

Attendees:

Gareth Robinson
Laura Clare
Cynthia Fearon

Director of Delivery and Transformation NHS STW
Deputy Director of Finance NHS STW
Corporate PA NHS STW (**Note Taker**)

Apologies:

Sarfraz Nawaz
Craig MacBeth
Ben Jay
Peter Featherstone

Non-Executive - RJAH
Chief Finance Officer RJAH
Assistant Director of Finance & ICT (deputy s151 officer)
Shropshire Community Health Finance Committee Chair (NED)

Minute No. SFC-23-04.001 Introductions and Apologies

1.1 The Chair, **TMcM**, welcomed everyone to the meeting and apologies were received as noted.

Minute No. SFC-23-04.002 Members' Declarations of Interests

2.1 No Declarations of Interest in addition to those already declared were noted.

Minute No. SFC-23.04.003 Minutes of the Previous Meeting held on: 30th March 2023

3.1 **TMcM** asked if there were any points raised within the minutes of the previous meeting. There being no amendments, the minutes were taken as a true and accurate record.

Minute No. SFC-23.04.004 Matters Arising and Action List from Previous Meeting

4.1 The action list from the previous meeting was reviewed and updated accordingly.

Minute No. SFC-23.04.005 Month 12 Position Update – Financial position Revenue and Capital

5.1 **Report received as read.**

LC highlighted that throughout 22/23 a number of operational pressures have impacted on the system and the financial impact of these manifested in the expenditure run rate.

LC added that as previously reported the system enacted the Forecast Outturn (FOT) change protocol in Month 10 and has been reporting a significant adverse variance from the 22/23 financial plan.

LC reported that the M12 financial position for 2022/23 (subject to external audit) is therefore a £65.4m system wide deficit. This now represents an adverse variance of £46.4m to the £19m system deficit plan submitted for 2022/23.

LC highlighted that the M12 position includes £25m of delivered efficiency across the system. This includes both cash releasing and growth suppression initiatives of which £18.6m relates to individual organisation cost improvement programmes (CIP) and £6.8m through the system wide big ticket item transformation programmes. **LC** stated that unfortunately, the identified BTI programme fell short of savings by £5.1m. Despite all efforts to address the further £11m system transformation gap in the original plan (including the identification of additional opportunities) further efficiencies have not materialised in year.

LC reported that the £5.9m of the overspend against plan relates directly to COVID expenditure and £23.3m relates to expenditure on agency staff that exceeds the agency cap target set for the system this year (£32.2m full year).

LC stated that in 22/23 there was also a large amount of non-recurrent benefit utilised. All organisations have built significant non-recurrent balance sheet flexibility within their 22/23 positions as well as non-recurrent underspends due to recruitment slippage. **LC** added that the system is therefore exiting 22/23 with an underlying deficit position of £87.9m which forms the start point of the 23/24 financial plan.

CS stated that she was pleased that we have been able to land the reforecast position agreed with NHSE though notwithstanding this is still a significant deficit position and not the breakeven position required of Systems.

HT stated that more focus should be given in future reporting to the underlying position.

The System Finance Committee:

- Noted the M12 22/23 financial position for the system (subject to external audit).

Minute No. SFC-23-04.006 Plan Paper – Finance Plan 23/24 Revenue and Capital Update

Report received as read.

- 6.1 **LC** highlighted In April, CEOs across the system discussed the plan ahead of the 4th May final submission and agreed to identify an £11.4m 'bridge' to achieve a figure in line with the 2022/23 FOT (**£65.5m**). i.e., to hold still on outturn and as a minimum stop further financial deterioration.

LC reported that CEOs supported £1.8m of non-recurrent allocations to be held back in year with the agreed residual of £9.6m to be shared between partners with three immediate areas to be scoped:

- CHC- push on phase 2 of BTI – framework and market management with LAs, seek learning from other areas, retain connections into wider programme of out of hospital work.
- Medicines Management - system wide medicines management programme lead.
- SATH Bed Model to be reviewed.

LC stated that the CEOs also agreed, as part of next steps, to rapidly agree leadership, scope of objectives and targets, move at pace into delivery, achieving planned impact and mitigation of risk.

LC highlighted that a cause of much concern is the efficiency programme across the system, which is proving to be very challenging to work through. **LC** also reminded the committee that there were a number of areas of spend that were not included in the plan (for example funding for waiting lists initiatives specifically around community and mental health as they both don't have the funding as for elective recovery) and this will need to be considered when looking at activity and performance in-year and for future years spend plans.

LC emphasised that the plan is ambitious in terms of delivery, however it does aim to achieve improvements in areas such as UEC and elective recovery. Focus is particularly on enabling efficient patient flow to facilitate improvements in these areas. **LC** added that the system remains focused on improving the workforce position both in terms of recruitment and retention to underpin delivery.

LC emphasised that the plan for 23/24 is not without risk (operational, quality, and financial) but partners are committed to its delivery and to manage risks in year.

CS stated that she had met with regional and national colleagues since this report had been circulated to this committee and that they were some further updates that needed to be noted for this meeting. **CS** also stated that she had spoken with Julian Kelly from the national team, and he had agreed if as a system the overall number of £65.5 million could be reduced to £60 million, the national team would be supportive of the plan. **CS** stated that two ways to address this shift in position are currently being looked at, the first of these being possible funding for ERF income not earned from Wales as funding rules across the border are different and therefore leave English providers at a disadvantage. (approximately £2.7 million) Second, **CS** added that the balance of £2.8 million could then be shared across partner organisations. Finally, **CS** informed the committee that a final bottom line adjustment was proposed between ICB and SCHAT in order to bring SCHAT's position to break even. This is an income movement within the system and does not change the overall position.

HT stated perhaps we need to review the radical options plan, a paper that was previously circulated after work with an external consultant. This could perhaps help with some of the discussions and future decision making around areas to target.

HT stated that she is unhappy about the £4.1 million (SATH's share of the £11.5 million 'stretch'), being shown in the unidentified column within the efficiency table and added to SATH's CIP total. **HT** requested that in future, a separate column could be created to distinguish between internal CIP and the stretch target.

Action: LC to revise unidentified column on the efficiency table to show internal CIP and stretch separately

SL stated that it is more positive that SCHAT, are now showing a break-even position in the plan. She added that moving forward SCHAT are focused on delivery against the plan.

SL highlighted from the report that there is no investment in community waiting lists. **SL** stated that this needs to be reviewed in terms of equity. **SL** added that she knows this is driven by national policy about waiting list reduction and not by the system but wanted it noted at this meeting that we are not being equitable to those who are waiting for community and mental health services across Shropshire Telford and Wrekin.

SL stated regarding the efficiency table in the report in the unidentified column for SCHAT, the system stretch target has now increased. **SL** anticipates it now maybe a £1.1 million system stretch for SCHAT within their plan when they submit it tomorrow. **SL** added her concern that the

three areas of programme as previously described would not impact to that extent on SCHAT and they would therefore need to take action to reach the target which could impact on other partners.

MS mentioned that RJAHS have not currently included the ERF Welsh funding in their plan. Craig is currently discussing the further efficiencies stretch with the RJAHS Board. Providing that is approved it will be included in RJAHS's plan submission tomorrow.

HT suggested that the provider partners should regroup outside of this meeting to discuss further the ERF Welsh funding.

The System Finance Committee:

- Supported the proposed draft of the system financial plan to be submitted to NHSE on 4th May 2023.
- Noted the changes from the March submission.

Minute No. SFC-23.04.007 23/24 Capital Plan

7.1 Report received as read.

CS highlighted that the 23/24 ICS capital plan is now published on the ICB website and was submitted to NHSE as part of the financial plan submission on the 30th March 2023. A final plan submission is due on the 4th May 2023 though no changes from the March submission were expected.

CS stated that in line with the amended National Health Services 2006 Act, ICBs are required to publish these plans before or soon after the start of the financial year and report against them within their annual report.

The System Finance Committee:

- Noted the final 23/24 capital plan
- and that this has been published on the ICB website in line with national guidance

Minute No. SFC-23.04.008 Terms of Reference Finance Training and Development Council

8.1 LC explained that the STW Finance Training and Development Council (FT&D Council) is established as a subgroup of the Finance Committee in accordance with its Terms of Reference.

LC highlighted that the Finance Training and Development Council's key responsibilities are to:

- Establish and maintain a system training needs analysis database and, on that basis, agree priorities for finance training and development.
- Agree programmes and initiatives through partner organisations to ensure finance training and development needs are met across the system.

LC added that the STW FT&D Council met for the first time on Wednesday 19th April 2023 and reviewed the draft Terms of Reference (ToR). A number of amendments were suggested, and changes have now been made in order to inform the version for committee approval.

All Directors of Finance across the system are committed to leading this agenda to support staff and the development of the system finance community.

The Council also agreed to review a forward plan at the next meeting and to set up a system wide finance development session for all teams.

A question was raised as to whether the Finance Committee was the best place for this group to report into. It was noted 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. It was agreed that we would continue with the sub-committee as-is and through our cycle of review could always revisit that in the future if arrangements were not felt to be effective in their current form.

TOR appendix A had not been included in the pack, so **LC** circulated papers to committee members immediately after the meeting with a request for feedback. If none is received, the TOR will be taken as accepted.

The System Finance Committee:

- Approved the STW FT&D Council proposed Terms of Reference (subject to any amendments being required post meeting).

Minute No. SFC-23.04.009 Any Other Business

9.1 There was nothing noted under this agenda item.

Date and Time of Next Meeting

Tuesday 30th May 2023 at 11.45am via Teams.

Agenda item

ICB 28-06-100.5

Strategy Committee Minutes

**NHS Shropshire Telford and Wrekin
Strategy Committee**

**Thursday 20 April 2023 at 12.30 p.m.
Via Microsoft Teams**

Present:

| | |
|--------------------|--|
| Cathy Purt | Chair and Non-Executive Director, Shropshire Community Health NHS Trust |
| David Brown | Non-Executive Director, Shrewsbury, and Telford Hospital NHS Trust |
| Peter Featherstone | Non-Executive Director, Shropshire Community Health Trust |
| Liz Noakes | Director Health & Wellbeing Telford & Wrekin Council |
| Nia Jones | (Deputising for Craig MacBeth, Finance Director Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust) |
| Nigel Lee | Interim Director of Strategy and Partnerships Shrewsbury and Telford Hospital NHS Trust |
| Claire Skidmore | ICB Director of Finance |
| Patricia Davies | (Deputising for Sarah Lloyd Director of Finance, Shropshire Community Health Trust) |

In Attendance:

| | |
|----------------|---|
| Steve Grange | Executive Director of Strategy and Strategic Transformation / Deputy CEO Midlands Partnership University NHS Foundation Trust |
| Julie Garside | ICB Director for Planning and Performance |
| Claire Parker | ICB Director of Partnerships and Place |
| Edna Boamong | ICB Director of Communications and Engagement |
| Alison Smith | ICB Director of Corporate Affairs |
| Simon Collings | Interim Head of Clinical Strategy NHSE |
| Carla Bickley | Associate Director of Strategy & Partnerships Shrewsbury and Telford Hospital NHS Trust |
| Jayne Knott | Minute taker |

Minute No. SC-20-04.028 Introduction and Apologies:

28.1 The Chair opened the meeting of the STW Strategy Committee and welcomed everyone. The following apologies were noted:

| | |
|---------------------|--|
| Mark Large | Non-Executive Director, Midlands Partnership NHS Foundation Trust Partnership Foundation Trust |
| Prof. Paul Kingston | Non-Executive Director, Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust |
| Rachel Robinson | Executive Director of Health, Wellbeing and Prevention Health, Wellbeing and Prevention Directorate Shropshire Council |
| Rebecca Gallimore | Director of Digital Transformation Shrewsbury and Telford hospital NHS Trust |

Sarah Lloyd Director of Finance Shropshire Community Health NHS Trust
Craig MacBeth, Finance Director Robert Jones Agnes Hunt Orthopaedic Hospital NHS
Foundation Trust.

28.2 The Chair mentioned that Mr Nye Harries had now gone on a sabbatical and would like to seek approval from members of the Committee to send a thank you note to Mr Harries for all the work he has done over the past few months.

28.3 The Chair also wanted it noted that Mrs Nicola Dymond has now left the Organisation, and Mrs Julie Garside and Miss Alison Smith would take on that portfolio in the interim.

28.4 The Chair went on to welcome Mr Matthew Neal as the new Director for the Hospital Transformation Programme.

Minute No. SC 20-04.029 Declarations of Interest:

29.1 Mr Steve Grange wanted to register that he is the SRO for long term condition management, system strategy work and end of life and frailty for Staffordshire ICS.

29.2 Mr Grange offered to provide any strategic support that may be needed as Mrs Dymond had now left the organisation.

The Register of Board Members Interests can be found at: Register of Interests - NHS Shropshire Telford and Wrekin (shropshiretelfordandwrekin.nhs.net)

Minute No. 20-04.030 Minutes and action list from the meeting held on 16th March 2023

30.1 The minutes were approved as an accurate record and the Chair signed them off in readiness for the ICB Board.

All actions were noted as either complete or updates due at future meetings.
Action SC-23-01.004 updates to be put on hold until Committee reviews have taken place.

Minute No. SC-20-04.031 Assuring Implementation of ICS strategies

31.1 The Chair assured the Committee members that a meeting had taken place with Miss Alison Smith and Mr Harry Turner the Chair of the Implementation committee where the discussion was around how we can be assured that the strategies are getting implemented and how they are fed back. There was also a discussion around the committees and the membership of the current ICS committees. It was agreed that Miss Smith would take a paper to the ICB Board making a suggestion that there should be a review of the committees and what they were doing to make sure that there were clear lines around committee structures and who should attend and what is the remit of each committee.

31.2 Miss Smith added that there are a number of areas for clarity around how the committees are functioning. Miss Smith mentioned that the Good Governance Institute have been commissioned to provide more capacity to undertake a two-stage review and help with mapping the committees and sub-committees, working groups and delivery partnerships and delivery boards below them for each of the committees, then recommendations will be put in place. The second phase of the review will be to help implement what is agreed.

Action: The Chair, Mr Harry Turner and Miss Alison Smith to have regular meetings to make sure that the implementation of strategies is on-going

Minute No. SC-20-04.032 Clinical Strategy

32.1 Mr Simon Collings presented the paper and highlighted the following:

- 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.
- 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.

32.2 A qualitative and quantitative approach to prioritisation has been taken to identifying the clinical priorities to be included in this strategy. The first phase of this process was to undertake a review of each segment of care assessing key metrics and evidence for each step of the pathway within a segment. This included but were not limited to:

- Population Health Needs and Risk Factors
- Demand, Capacity and Utilisation by Care Setting and Point of Delivery
- Operational Performance including waiting times.
- Care and Quality Metrics including GIRFT
- Outcomes including PROMS
- Productivity in terms of expenditure and weighted activity units
- Compliance with guidance and best practice

32.3 Six priorities were selected by Clinicians on the Health and Care Senate and the Clinical priorities group.

- Urgent and Emergency Care (UEC)
- Cancer
- Cardiac
- Diabetes
- MSK
- Mental Health

32.3 In addition to these six priorities maternity and neonatal services were identified as a priority but there is already an established programme of work delivering improvement across this segment of care. The ICB will continue to be informed and have oversight of the progress being made in this area, but it will not form part of this strategy.

32.4 The delivery framework and governance framework should be ready by end of April 2023. If agreed a work plan and performance metrics will be available.

32.5 The Chair commented that this seemed to be a prioritisation list rather than a strategy, and asked why Children had not been mentioned in the Strategy and why was Mental Health a separate prioritisation as this should be included in all of the priorities.

32.6 The Chair also asked how the Clinicians are chosen to lead these groups and raised concerns around the breadth of the clinical engagement.

32.7 Mrs Liz Noakes said that she welcomed the strategy in terms of having some clear priorities based upon evidence and poor outcomes. There needs to be a stronger connection with the prevention pathways.

32.8 Mrs Davies asked how does expanding services link in with HTP. Core issues drive a number of pressures and challenges for us and agreed that this was a prioritisation framework not a strategy.

32.9 It was suggested to map the existing provider clinical strategies to make sure that we are aligning views from those and not disagreeing with each other.

32.10 Mr Nigel Lee commented that there needs to be an understanding with the relationship with the Clinical Advisory Group (CAG) in terms of the key programs.

Action: Claire Skidmore and Simon Collings to link in and bring updated paper back to next meeting on 18 May and invite Mr Nick White to attend.

Minute No. SC-20-04.033 NOF 4

33.1 Mrs Julie Garside presented the item and highlighted the following.

- At the IRM meeting at the end of March it was agreed to do the assessment quarterly.
- Mr Ian Bett would lead on this now as Nye Harries has stood down. This will be until a new lead is in post.
- Draft plan has been reviewed.
- Exit NOF 4 in March 2024
- The final draft of the Integrated System Improvement Plan will come to this meeting in May.
- There is a requirement to share it with NHSE colleagues on the 10th of May.
- NHSE noted the good progress of criteria 4.
- Undertakings have been removed from Robert Jones & Agnes Hunt for criteria 5.
- ICB recommended that have moved from red to amber on criteria 5, we are in the process of providing the necessary evidence through to NHSE which then has to go through their due process before they can formally change our rag rating from red to amber.
- The financial position is becoming the biggest challenge with longstanding performance issues.
- Plan for revised financial recovery strategy by September this is in line with the regional expectations about being in a position to exit NOF 4 by the end of the year.

The Committee is asked to:

- **Note the ICBs continued progress against the NOF4 exit criteria and the development of the final draft Integrated System Improvement Plan by the end of April.**
- **Note the outcome of the most recent Improvement Review Meeting (IRM) with NHSE held on 31st March.**

Minute No. SC-20-04.034 MCAP update

34.1 Mrs Julie Garside introduced the paper and highlighted the following.

- Work is on-going, formal update to be produced for next meeting on 18 May.

Action: Mrs Julie Garside to give update on MCAP on 18 May.

Minute No. SC-20-04.035 Operational Plan and Provider Collaborative

35.1 Mrs Julie Garside introduced the paper and highlighted the following.

- The 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 with a level of anxiety around the credibility of us to deliver it.
- The work that will be done between now and the final submission is further understanding of the risks to delivery and looking to how we can mitigate those and reduce that risk.
- Needs further improvement in the financial position which now system Chief Executives have agreed a way forward.

35.2 Mrs Patricia Davies commented that whilst Chief Executive have got a view on taking the money forward it needs some further discussion and approval at individual Boards.

35.3 The Chair suggested bringing the Provider Collaborative item back to the next meeting on 18 May for further discussion.

Minute No. SC-20-04.036 Joint Forward Plan

36.1 Mrs Claire Parker introduced the paper and highlighted the following.

- 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.
- NHSE are generally happy with the plan.
- Eight bullet points received as feedback.
- Mrs Parker presented on the process to the region today.
- Further draft produced now down to 54 pages.
- Summary document has been produced, Comms team adding final touches.
- It was noted that we are ahead of most systems on this and received positive feedback.

36.2 Mrs Parker thanked all partners stating it could not have been done without the collaboration that we have had across all partners.

36.2 All comments received from Committee members will be logged and added.

36.3 Mrs Davies commented that more engagement was needed to ensure the wider public are involved.

36.4 Mr David Brown asked what the funding arrangements were for place-based delivery?

36.5 Mrs Parker responded by saying that there was no additional funding, however, this was forming part of the Board development session on the 26 April to talk about the future because place should have delegated budgets by 2026.

36.6 Mrs Edna Boampong presented the Big Health & Wellbeing Conversation update. The Chair commented that there is very little for people in the north of Shropshire in there for the villages of Whitchurch and the villages. There is very little transport. There is a need to engage people in the north of Shropshire and look to use Whitchurch Community Hospital as a meeting venue.

36.7 Mrs Boampong responded with we agree that we need to reach out to some of those other areas and that we are fully intending to do that. We need to go out and talk to those people in in areas that in ways that they feel are appropriate and are comfortable for them. The next phase is very much about outreach rather than people coming to us.

Action: Mrs Claire Parker to present next iteration of the draft plan at next meeting on 18 May.

Minute No. SC-20-04.037 HTP update

37.1 Mr Matthew Neal introduced the paper and highlighted the following:

1. *This investment will improve care for everyone.*
 - Planned care services will be available throughout the year leading to fewer cancellations and delays for operations.
 - Improved emergency care services will be delivered from a new, purpose-built Emergency Department, meaning that patients will be seen more quickly, with shorter stays and faster ambulance handover times.
 - Enhanced 24/7 urgent care services will be available on both sites and be delivered through a new A&E Local Model in Telford staffed by a team of health, care and community specialists.
2. *Our plans will deliver two thriving hospital sites.*
 - We will continue to invest heavily in both of our sites e.g. new £24m planned care hub in Telford will upgrade facilities for local population, fully aligned with the HTP
3. *We cannot continue as we are.*
 - Our patients regularly experience delays in accessing the right specialist teams (as a result of configuration)
 - It is vital that our facilities support modern healthcare practices (e.g. inadequate size and configuration of our EDs)
 - Currently face significant ambulance handover delays and patient delays (emergency, urgent and planned care)
 - These changes are a critical part of our integrated health and care system response.
4. *We must put the available funding to good use.*
 - We are facing a challenging national fiscal situation.
 - A significant amount of funding has been allocated to improve our services – we must put it to good use.

HTP will enable us to make a step change in improving the quality of services we provide for patients and our day-to-day experience as a team.

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, we 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.

Mrs Patricia Davies commented that HTP should be about delivering a robust sustainable clinical strategy going forward and didn't think it was written in the document in a way which inspires Clinicians to say these are the kind of key areas that we should be focused on going forward.

Mr Steve Grange supported Mrs Davies's comments.

Action: The Chair suggested that Mrs Davies and Shropcom come back to this Committee with the strategy for Long-term care and how it would fit into this committee to get an idea of the overall strategy that needs to take place to transform the services of the people of Shropshire.

Minute No.SC-20-04.038 Any Other Business

38.1 Mr Peter Featherstone commented about the planning and finances for next year and said that there is a huge workforce assumption that we will increase our workforce by 572 staff when we look at mitigations, there is the risk that we won't recruit so we need to do some service modeling in terms of if we only recruited half of that number, what would that mean in terms of what we deliver and what the cost of that would be?

38.2 Mrs Julie Garside assured Mr Feather stone that this was being picked up within the Workforce triangulation.

38.3 Mrs Claire Parker mentioned that around the management cost reduction, NHSE as part of our draft process have said that from an ICB management cost reduction. We have got to include that in the financials.

The Chair closed the meeting at 2:30pm.

Date and time of next meeting: Thursday 18th May 2023 at 12:30pm

**NHS Shropshire Telford and Wrekin
Strategy Committee**

**Thursday 18 May 2023 at 12.30 p.m.
Via Microsoft Teams**

Present:

| | |
|--------------------|--|
| Cathy Purt | Chair and Non-Executive Director, Shropshire Community Health NHS Trust |
| David Brown | Non-Executive Director, Shrewsbury, and Telford Hospital NHS Trust |
| Peter Featherstone | Non-Executive Director, Shropshire Community Health Trust |
| Mark Large | Non-Executive Director, Midlands Partnership NHS Foundation Trust Partnership Foundation Trust |
| Liz Noakes | Director Health & Wellbeing Telford & Wrekin Council |
| Nia Jones | Deputising for Craig MacBeth, Finance Director Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust |
| Carla Bickley | Deputising for Nigel Lee Interim Director of Strategy and Partnerships Shrewsbury and Telford Hospital NHS Trust |
| Claire Skidmore | ICB Director of Finance |
| Sara Hayes | Deputising for Alex Brett ICB Chief People Officer |
| Susan Lloyd | Deputising for Rachel Robinson Executive Director of Health, Wellbeing and Prevention Health, Shropshire Council |
| Tricia Finch | Associate Director of Transformation, Planning and Performance Shropshire Community Health NHS Trust |

In Attendance:

| | |
|------------------|---|
| Simon Whitehouse | ICB Chief Executive |
| Julie Garside | ICB Director for Planning and Performance |
| Claire Parker | ICB Director of Partnerships and Place |
| Edna Boamong | ICB Director of Communications and Engagement |
| Alison Smith | ICB Director of Corporate Affairs |
| Lisa Keskake | Local Care Programme Director Shropshire Community Health NHS Trust |
| Gemma Smith | ICB Director of Strategic Commissioning |
| Jayne Knott | Minute taker |

Minute No. SC-18-05.039 Introduction and Apologies:

39.1 The Chair opened the meeting of the STW Strategy Committee and welcomed everyone. The Chair also welcomed Gemma Smith who has taken up post as the Director of Strategic Commissioning.

The following apologies were noted:

| | |
|-----------------|--|
| Rachel Robinson | Executive Director of Health, Wellbeing and Prevention Health, Wellbeing and Prevention Directorate Shropshire Council |
|-----------------|--|

Alex Brett ICB Chief People Officer
Craig MacBeth Finance Director Robert Jones Agnes Hunt Orthopaedic Hospital NHS
Foundation Trust.

Minute No. SC-18-05.040 Declarations of Interest:

There were no new declarations of interest noted.

The Register of Board Members Interests can be found at: Register of Interests - NHS Shropshire Telford and Wrekin (shropshiretelfordandwrekin.nhs.net)

Minute No. SC-18-05.041 Minutes and action list from the meeting held on 20 April 2023

41.1 The minutes were approved as an accurate record and the Chair signed them off in readiness for the ICB Board, except for Minute No. SC-20-04.037 HTP update:

*The Chair suggested that Mrs Davies and Shropcom come back to this Committee with the strategy for the *Long-term care* and how it would fit into this committee to get an idea of the overall strategy that needs to take place to transform. the services of the people of Shropshire.*

**Amend Long-term care to Local care programme*.*

Actions:

Minute No. SC-20-04.032 Clinical Strategy - Cathy Purt has arranged to meet Nick White next week to discuss the Clinical Strategy. Invite Nick White to this Committee but changing the day from a Thursday as this is his clinical day.
Jayne Knott to canvas dates.

Minute No. SC-20-04.034 MCAP update - Work still on-going, Julie Garside to update the Committee at a later date.

All other actions were noted as complete or on-going.

Minute No. SC-18-05.042 One People Plan

Mrs Sara Hayes introduced the presentation and highlighted the following:

- 42.1 The paper provides the Committee with an overview of the ICS People Strategy 2023 – 2027.
- 42.2 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”.
- 42.3 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.
- 42.4 We have retained most of our current Local People Plan portfolios so we can continue to see that golden thread of strategic connection with national NHS People priorities. We have set out our aspirations from 2023 – 2027 and clarified the focus of our portfolios.

- 42.5 During May 2023 we will continue to explore the impacts and benefits of the programmes our system workforce senior decision makers and stakeholders have identified, with a view to identifying and implementing only those which bring maximum positive impact and benefit for our system workforce.
- 42.6 We are now working through some of the some of the other strategic priorities and the national thing about people functions for ICS to try and tighten our focus.
- 42.7 This is still a work in progress, we need to keep focus on the prioritisations and ensure we can deliver.
- 42.8 We need the resource to enable us to deliver in terms of the people functions and the HR skills and expertise that is there. How do we make sure line managers have the correct HR skills to be able to recruit well?
- 42.9 Workforce is our biggest challenge, our biggest risk, but also our biggest opportunity. We 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.

Minute No. SC-18-05.043 Provider Collaborative Development

Mr Simon Whitehouse gave a verbal update and highlighted the following:

- 43.1 It had been agreed with the Chair that a paper would be brought to a future meeting.
- 43.2 We have significant challenges within our system, although good work is being done. We need to break down some of the organisational boundaries.
- 43.3 What can be done to think about how we tackle and reduce unwarranted variation and inequality in patient outcomes.
- 43.4 What can be done on how we are working to improve resilience across our organisations in terms of the delivery strand of that.
- 43.5 What are we doing and how are we working differently to enhance productivity and drive that value for money for the taxpayers at funding that sits there.
- 43.6 How do 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.
- 43.7 There is a clear national direction of travel of sharing roles and sharing responsibilities.
- 43.8 Our focus has to be how does this drive improvement in terms of a patient outcomes and how our teams are able to function and work.
- 43.9 We need to tackle some of the structural challenges that we have got to get to a sustainable health and care system, and we need to think differently, and we need to think radically, and we have to start to unblock some of the challenges we are faced

with. Having discussions with NHSE and Providers through CEOs and Board about how do we make the governance work in the correct way to start to challenge and unblock some of those.

43.10 We are now at a point where we are starting to explore the options around what some form of shared governance would look like. This will need full engagement and Trusts Boards to be committed to work on getting this to the right place. We need to think about how we can facilitate a governance model that will enable us to maximise the potential we have within our system.

- Exploring what a single shared chair would look like
- Sharing Non-Executives
- Look at Committee structures and the way of working within that space.

43.11 There is a clear steer from NHSE and four strands of work have been set out

1. Focus unremittingly on the delivery of the in-year position 22/23 or 23/24
2. System improvement director and use the RSP support to get into that space of added value and how do we move on the transformation programmes that are in place and the discipline that is needed to get in place.
3. How do we look at more drivers of the deficit piece of work that has been put on pause because we want to make sure that it adds value
4. The need for a more formalised provider collaboration in our system, given our size and given our challenges.

Action: Mr Simon Whitehouse to bring an updated paper to a future meeting and discuss what else can we do; how much further can we go and get Non-Executive/Executive Director view into that space.

43.12 Mr Peter Featherstone asked for further understanding on what are we collaborating on and over what footprint?

43.13 Mr Whitehouse responded and said the focus of the formalisation of the governance is in our system, so it is the providers within our system within Shropshire Telford and Wrekin, however, we recognise that MPFT have a significant role to play in terms of the mental health provision of services and other services in this area, but their biggest elements of their contract is with Staffordshire and Stoke on Trent, but conversations have taken place with their Chair and Chief Executive around what that means in a federated model.

43.14 The Chair asked if the providers were including both local authorities. Mr Whitehouse confirmed that the providers were just NHS but both local authorities were involved in conversations. 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.

43.15 Mr Whitehouse asked for any comms around this to be focused on this being about driving integration to improve outcomes.

43.16 Mr David Brown asked how this dovetailed into the concept of place?

43.17 Mr Whitehouse responded by saying that there would be real value in the strategy committee looking at the place boards and the place work and starting to think about our approach towards place as a more detailed conversation. In a system, our size,

we have to be careful, we do not duplicate work by doing the same work in different places.

- 43.18 The Chair commented that we will have on the agenda an item on place and the place development as this will be very integral to strategies not only for workforce strategies, but how we can engage with our local populations and the Comms work around the community engagement and look forward to working together as we move forward on provider collaboration.

Action: Jayne Knott to add Place and place development to future agenda.

Minute No. SC-18-05.044 Local Care Programme

Lisa Keslake and Gemma Smith presented the item and highlighted the following.

- 44.1 The paper is intended to provide an update to the STW Strategy Committee on the current focus of the system Local Care Transformation Programme (LCTP) following a review workshop that took place with the existing LCTP Programme Board on 18th April.
- 44.2 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.
- 44.3 It is also widely recognised that LCTP has a significant strategic imperative in its' own right – delivering more joined up and 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.
- 44.4 We need to get to a point where the transformation initiatives within Local Care can benefit from a programme management approach that focuses on tackling barriers, utilising levers for change, maximising combined impact, driving critical success factors, managing interdependencies, and managing cross cutting risks and issues.
- 44.5 To operate this, we need each work area to be sufficiently defined with activities and milestones that can be tracked, resources allocated, and responsibilities clear. This needs to include setting out the contributions of partners and the role of Place. This will help to maximise the level of integration that the system is striving to achieve.
- 44.6 At the session on 18th April, attended by existing members of the Local Care Programme Board, the need for a 're-set' of the Local Care Programme was discussed. Board members noted the recent feedback on the programme (collated in Feb – March 2023) and raised the following as observations and considerations for a 're-set':
- There is a risk that the banner of 'Local Care' becomes too broad and therefore the programme becomes unmanageable in scale and scope.
 - There is a need for a refreshed articulation of overarching strategy and how the components parts of Local Care are connected.
 - There is a need for clarity on what is in and out of scope.
 - Reinforcement of the importance of the programme being a system programme
 - The impact on the patient/resident needs to remain at the heart of what we do.

- 44.7 Agreement with the program board that 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 and that we would bring those proposals here in the first instance. And that at this committee, we would discuss the direction of travel and what needed to happen next in terms of prioritisation, any funding decisions and any resourcing decisions.
- 44.8 Start conversations with this Committee about is what we think that process might look like going forwards in terms of making prioritised decisions such that we have a program of work that is narrowly defined, and it is clearly defined. We have the responsibilities in place, the resourcing in place, and then those things within the program can benefit from program management approach.
- 44.9 The program board will change by about 70% of its membership, so the membership will much better reflect place and it will reflect prevention.
- 44.10 Revised membership being finalised to include representation from:
- All health partner organisations across STW including a range of strategy and operations executives.
 - Council Directors of Public Health
 - Council Directors of Adult Services / equivalent
 - Two GP representatives – one Shropshire; one Telford
 - Broader clinical representation – likely to include an ACP representative, a medical consultant, a chief AHP.
 - Healthwatch organisations
 - VSCE sector link role
 - ICB system wide representation
 - Comms & Engagement
 - People
 - Place & partnerships SHIPP/TWIPP
 - Local Care Finance Lead (executive level)
- 44.11 Gemma Smith commented on how as a strategy committee do we collate the other strategies that are integral to the delivery, estates, digital, clinical strategy and how do we get an overall view on that. Also flagging the bed elements and picking up on the community hospitals, which is one area from a commissioning and ICB perspective, that needs to be flagged in terms of timescales as any material service change would need a consultation.
- 44.12 The Chair asked 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.

**Action: Jayne Knott to add LCP to agenda in June.
Discussion needed around how LCP is resourced**

Minute No. SC-18-05.045 Joint Forward Plan update

Claire Parker introduced the item and highlighted the following.

- 45.1 All placeholders have now been filled (in the next version)
- 45.2 Meeting has taken place with the GP Board to start and socialise the element around primary care and get their feedback and comments.

- 45.3 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.
- 45.4 Deloittes have helped with some of the re-write of the plan ensuring there is no duplication. 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 Chair closed the meeting at 2:25pm.

Date and time of next meeting: Thursday 15th June 2023 at 12:30pm

