Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

STW Integrated Care Board

MEETING

31 January 2024 14:00 GMT

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AGENDA (PART 1)

Meeting Title	Integrated Care Board	**Date**	Wednesday 31 January 2024
Chair	Sir Neil McKay	**Time**	2.00pm
Minute Taker	Board Secretary	**Venue/ Location**	The Sovereign Suite, Shrewsbury Town Football Club, Croud Meadow, Oteley Road, Shrewsbury SY2 6ST

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

Reference	Agenda Item	Presenter	Purpose	Paper	Time
OPENING MATTERS (approximately 30 minutes: 2.00pm – 2.30pm)					
ICB 31-01-001	Apologies and Introductory comments by the Chair	Sir Neil McKay	I	Verbal	2.00
ICB 31-01-002	Declarations of Interest: To declare any new interests or existing interests that conflict with an agenda item Register of Board member's interests can be found at: Register of Interests - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)	Sir Neil McKay	S	Verbal	
ICB 31-01-003	Minutes from the previous meeting held on Wednesday 29 November 2023	Sir Neil McKay	A	Enc	
ICB 31-01-004	Matters arising and action list from previous meetings	Sir Neil McKay	A	Enc	
ICB 31-01-005	Questions from Members of the Public: Guidelines on submitting questions can be found at: https://stwics.org.uk/get-involved/board-meetings	Sir Neil McKay	I	-	
ICB 31-01-006	Patient's Story: *Equitable Access – Meeting Family needs.* Sian Brookes to attend.	Vanessa Whatley	S	Presentation	2.10

STRATEGIC SYSTEM OVERSIGHT (approximately 1 hour 35 minutes - 2.30pm – 4.05pm)					
ICB 31-01-007	Emergency Preparedness, Resilience and Response (EPRR) Assurance	Simon Whitehouse	S	Enc	2.30
ICB 31-01-008	ICB Chief Executive (CEO) Report: • Update on Planning for 2024/25 • Update on UEC performance over Christmas and the New Year • Integrated Neighbourhood Teams • Update on Shaping STW ICB • Core 20 Plus Ambassadors • Shropshire Telford & Wrekin GIRFT Visit 13/11/23. • Hospital Transformation Programme	Simon Whitehouse	S	Enc	2.40
ICB 31-01-009	Specialised Commissioning Briefing Report	Nick White	S	Enc	3.00
10 MINUTE BREAK AT 3.20PM					
ICB 31-01-010	Provider Collaborative, including MSK update	Nigel Lee Louise Barnett	S	Enc	3.30
ICB 31-01-011	Tackling Inequalities in Access, Experience and Outcomes (Liz Noakes & Tracey Jones to attend)	Nigel Lee	S	Enc	3.50
SYSTEM GOVERNANCE AND PERFORMANCE (approximately 35 minutes – 4.05pm– 4.40pm)					
ICB 31-01-012	Integrated Care System Performance Report: • Finance • Performance • Quality • People	Claire Skidmore	S	Enc	4.05
ICB 31-01-013	Chief Medical Officer & Chief Nursing Officer – update	Nick White Vanessa Whatley	S	Enc	4.20
ICB 31-01-014	Good Governance Institute (GGI) governance review, and amendments to the Constitution and Governance Handbook	Simon Whitehouse	S	Enc	4.30
BOARD COMMITTEE REPORTS (approximately 15 minutes - 4.40pm-4.55pm)					
ICB 31-01-015	**Assurance**				4.40
ICB 31-01-015.1	Quality and Performance Committee Chair's Report for meeting held on 26 October	Meredith Vivian	S	Enc	
ICB 31-01-015.2	Audit & Risk Committee Chair's Report for meeting held on 9 October 2023	Roger Dunshea	S	Enc	
ICB 31-01-015.3	Finance Committee Chair's Reports for meetings held on 26 October and 30 November 2023	Professor Trevor McMillan	S	Enc	
ICB 31-01-015.4	Remuneration Committee Chair's Report – 20 November 2023	Professor Trevor McMillan	S	Enc	

	Strategy				
ICB 31-01-015.5	Strategy Committee Chair's Report for meetings held on 8 November 2023	Cathy Purt	S	Enc	
ICB 31-01-015.6	People Culture and Inclusion Committee Chair's Report - for meeting held on 13 December 2023	Dr Catriona McMahon	S	Enc	
ICB 31-01-015.7	Primary Care Commissioning Committee Chair's Report for meeting held on – 6 October 2023	Dr Niti Pall	S	Enc	
	Delivery				
ICB 31-01-015.8	Integrated Delivery Committee Chair's Report for meetings held on 11 December 2023 and 8 January 2024	Harry Turner	S	Enc	
ANY OTHER BUSINESS (approximately 5 minutes - 4.55pm-5.00pm)					
ICB 31-01-016	Any Other Business: *(To be notified to the Chair in advance)*	Sir Neil McKay	D	Verbal	4.55
	Date and time of next meeting: • Wednesday 27 March 2024 - Shrewsbury				

Sir Neil McKay
Chair
NHS Shropshire, Telford and Wrekin

Mr Simon Whitehouse
Chief Executive
NHS Shropshire, Telford and Wrekin

NHS Shropshire Telford and Wrekin Integrated Care Board

Minutes of Meeting held in public on
Wednesday 29 November 2023 at 2.00pm
The Reynolds Suite, Holiday Inn Telford International Centre,
St. Quentin Gate, Telford, TF3 4EH

Present:

Sir Neil McKay	Chair, NHS STW
Professor Trevor McMillan	Deputy Chair and Non-Executive Director, NHS STW (via MS Teams)
Meredith Vivian	Non-Executive Director, NHS STW
Roger Dunshea	Non-Executive Director, NHS STW
Simon Whitehouse	Chief Executive, NHS STW
Claire Skidmore	Chief Finance Officer, NHS STW
Mr Nicholas White	Chief Medical Officer, NHS STW
Alison Bussey	Chief Nursing Officer, NHS STW
Gareth Robinson	Executive Director of Delivery and Transformation, NHS STW
Louise Barnett	Trust Partner Member and Chief Executive, Shrewsbury and Telford Hospital NHS Trust
Patricia Davies	Trust Partner Member and Chief Executive Shropshire Community Health NHS Trust
Andy Begley	Local Authority Partner Member and Chief Executive, Shropshire County Council
David Sidaway	Local Authority Partner Member and Chief Executive, Telford and Wrekin Council.
Dr Julian Povey	Primary Care Partner Member for Shropshire
Dr Ian Chan	Primary Care Partner Member for Telford and Wrekin

In Attendance:

Alison Smith	Director of Corporate Affairs, NHS STW
Dave Bennett	Associate Non-Executive Director, NHS STW
Nigel Lee	Interim Director of Strategy & Partnerships, NHS STW
Dr Catriona McMahon	Chair, Shrewsbury and Telford Hospital NHS Trust
Harry Turner	Chair Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Mike Carr	Chief Operating Officer Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust – representing Stacey Keegan
Tina Long	Interim Chair, Shropshire Community Health NHS Trust
Pauline Gibson	Non-Executive Director, Midlands Partnership University NHS Foundation Trust
Edna Boampong	Director of Communications and Engagement NHS STW

Alli Sangster-Wall	Enter & View Officer & IHCAS Coordinator, Healthwatch Shropshire - representing Lynn Cawley
Cllr Lezley Picton	Leader of Shropshire Council
Jackie Jeffrey	Vice Chair Shropshire, VCSA
Simon Fogell	Chief Executive, Healthwatch Telford & Wrekin (via MS Teams)
Richard Nuttall	Joint Chair, Telford & Wrekin Chief Officers Group (COG)
Jan Suckling	Lead Officer, Healthwatch Telford & Wrekin
Dr Ed Rysdale	Consultant in Emergency Medicine and Clinical Director for Hospitals Transformation Programme Shrewsbury and Telford Hospital NHS Trust
Matthew Neal	Director of Hospital Transformation programme Shrewsbury and Telford Hospital NHS Trust
Tracy Eggby-Jones	Corporate Affairs Manager (Minute Taker) NHS STW
Jayne Knott	Corporate PA (Minute Taker) NHS STW

Minute No. ICB 29-11-118 Introduction and Apologies

118.1 The Chair opened the meeting of the STW Integrated Care Board (ICB) and welcomed everyone.

118.2 Apologies were noted as follows:

Niti Pall	Non-Executive Director, NHS STW
Stacey Keegan	Foundation Trust Partner Member and Chief Executive Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Cllr. Paul Watling	Cabinet Member for Adult Social Care and Health Systems Telford and Wrekin Council (representing Shaun Davies)
Neil Carr	Foundation Trust Partner Member and Chief Executive, Midlands Partnership University NHS Foundation Trust
Jackie Small	Chair Midlands Partnership University NHS Foundation Trust
Cathy Purt	Non-Executive Director, Shropshire Community Health NHS Trust
Cllr Cecilia Motley	Portfolio Holder for Adult Social Care, Public Health and Communities, Shropshire Council
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Julie Garside	Director of Performance & Planning, NHS STW
Cllr Shaun Davies	Leader of Telford and Wrekin Council

118.3 The Chair wanted to acknowledge the tragic circumstances relating to the deaths of four teenagers in North Wales who were residents in Shrewsbury. The Chair went on to name the four boys and expressed the shared sympathy of colleagues attending this meeting with the families and that they were in our thoughts at this sad time.

118.4 The Chair congratulated Simon Whitehouse for being appointed Chief Executive of the NHS STW and also acknowledge that Jacqueline Small has been appointed as the new Chair of Midlands Partnership University NHS Foundation Trust.

118.5 The Chair also wanted to recognise the work of Alison Bussey who is retiring from her role as Chief Nursing Officer and wished her the very best for the future. Vanessa Whatley will take over as Interim Chief Nursing Officer.

118.6 The Chair also acknowledged how all organisations are working incredibly hard to develop and agree the winter plan, as well as the work to look to improve the very challenged financial position. He noted the huge amount of work that is happening behind the scenes on all of these areas.

Minute No. ICB 29-11-119 Declarations of Interest

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

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

Minute No. ICB 29-11-120 Minutes from the previous meeting held on Wednesday 27 September 2023

120.1 The minutes were approved as an accurate record, with the exception of minute No 106.3 relating to the CQC patient survey and RJAH listed as number one specialist Trust. This should be corrected to state that this is out of all organisations and not just specialist organisations.

Minute No. ICB 29-11-121 Matters arising and action list from previous meetings.

121.1 Minute No. ICB 28-06-097 – Integrated Care System Performance Report –

- Mr Harry Turner commented around the data of the number of GPs increased, but over the same period the number of appointments seem to have gone down, which the figures didn't tally.

- Mrs Skidmore updated the Board that some data has now been received. The team are in the process of testing this with the Primary Care team to ensure we have a correct response prior to sharing. Mrs Claire Skidmore to circulate briefing note.

121.2 Minute No. ICB 29-03-069 – Follow up to Patient's Story: MSK Integration across STW.

- Mr Mike Carr to present objectives and clinical outcomes of the MSK Transformation Programme to ICB once agreed by the MSK Transformation Board.

- The Board were provided with an update that confirmed significant work was being undertaken that was underpinned by a large amount of clinical engagement with clinical colleagues from partner organisations. The high level workstreams have been presented and there is a plan to do a detailed program update at the Decembers Integrated Delivery Committee, then a fuller update to be presented at this Board in January 2024.

121.3 Minute No. ICB 27-09-108 ICB CEO Report - Recovery plans need to be socialised locally before next Board in November.

- Mr Gareth Robinson, Dr Ian Chan and Mr Nick White to work with both Councils and partners on the development of the plan and what we can do to improve Primary Care access.

- Mr Robinson confirmed that recovery plans have been to the Joint Health and oversight Scrutiny Committee. Mr Gareth Robinson to draft an information note for Board that can be appended to the minutes.

121.4 The Chair asked for Digital Strategy to be added to the action log – work to be taken forward and next steps and actions. Mr Nick White to give update to this Board in January. An overview will be presented at Strategy Committee first.

121.5 All other actions noted as complete.

Minute No. ICB 29-11-122 Questions from Members of the Public:

122.1 There were no new questions received for this month.

122.2 All responses to previous questions were recorded and noted in the papers.

Minute No. ICB 29-11-123 Patient's Story - Armed Forces Covenant

123.1 The Chair firstly mentioned that all NHS organisations and both local authorities had been involved in a signing event for the Armed Forces Covenant for the ICB, prior to this Board meeting. The signing of the covenant by the ICB supersedes the former CCG commitment.

123.2 Gareth Robinson presented a veteran focused resident story. Sarah Kerr, Shropshire Armed Forces Outreach Support Co-ordinator talked on the video about our STW veteran community, the barriers for people identifying themselves as a veteran and the benefits of more GP practices becoming veteran friendly. In STW there is a population of nearly 22,000 veterans, with three military bases which includes a large number of service personnel and their families. Later in the video Bob Adams, a 90-year-old Korean War veteran, and his wife Sue from Shifnal spoke about their experiences of accessing healthcare in STW.

123.3 Dr Julian Povey commented that the Armed Forces veteran accreditation is very important in Primary Care and most GP practices in Shropshire already have the accreditation.

123.4 Dr Ian Chan mentioned that there are pathways specifically for this for referrals and is working well.

123.5 Mrs Pauline Gibson stated that MPUFT were very committed to supporting Veterans and that it is actively thought about at their Board.

123.6 Mr Harry Turner mentioned that Robert Jones and Agnes Hunt had a new facility which had recently opened. The centre has been built as a result of a charitable donation from the Headley Court charity. Fundraising will begin to raise funds for stage two three and four of the build.

123.7 Mr Merdith Vivian asked whether it would be possible to look through patient feedback across the system that we might have had with a focus on veteran's experiences to assure ourselves that we are picking up thematic information for veterans.

Action: The Chair suggested enlisting the help of Healthwatch in a piece of work around assuring the Board through analysis of patient feedback that the system is picking up on thematic issues around veteran experience of services in STW. To be discussed outside of this meeting.

Minute No. ICB 29-11-124 ICB CEO Report

124.1 Mr Simon Whitehouse, CEO, presented his report highlighting the following:

- Operation Lazurite (lead by Shropshire Council) which has meant the repatriation of c250 Afghanistan's who worked with British forces to Britian from Pakistan. A temporary site has been identified at Nesscliffe Training camp for these citizens whilst we work to house and integrate them into the UK. Mr Whitehouse thanked everyone involved for the speed of mobilisation, the support and collaborative teamwork.

- The current pause in the industrial action is welcomed. This has enabled the focus to be on elective recovery and on the ongoing pressures across the UEC system.

- The latest position of right-sizing NHS STW (a national mandate to reduce the running costs of the organisation by 30%). The programme is well underway, and his intention is to present a more detail paper about the operating model at the January Board before the ICB enters a formal management of change consultation.

- Mr Whitehouse expressed his delight at reaffirming our commitment and signing the Armed Forces Covenant earlier in the day.

- Recognised and celebrated the work for Allied Health Professional Day and Black History Month across the system. However, commented that he thought as a system we could work more collaboratively in this area to maximise our voice and reach.

- Mr Whitehouse updated on the important Provider Selection Regime guidance that moves NHS providers and commissioners away from significant competition in terms of procuring and tendering and moves us into a collaboration and integration space. There is a need for further work to fully understand the full implications of this guidance and to ensure that we use it to realise the ambitions of integrated care across Shropshire, Telford and Wrekin.

- Noted the recent recognition that the NHS STW Communications and Engagement team were awarded at the Public Relations and Communications Association (PRCA) Awards for the Public Sector Best Value for Money Award for the 'Think which service' campaign and being highly commended for the Public Sector in-house team of the year.

- Mr Whitehouse concluded by highlighting the governance review of the ICB and ICS governance meeting structure which is taking place by the Good Governance Institute (GGI). He intends to bring a report back on the GGI review to the January Board.

124.2 Mr Harry Turner asked if the GGI review would take in to account where we are today rather than where we were three months ago?

124.3 Mr Whitehouse responded by saying that it is likely to indicate a position that we should move to almost immediately, but it will also indicate a direction of travel to what the future may look like.

124.4 The Chair asked for assurance that Committee Chairs are consulted about the contents and recommendations of the review before the January Board meeting.

124.5 Mr Turner suggested that the Governance leads from each organisation are also engaged so the Trust governance and the system governance are synchronised.

Action: Mr Simon Whitehouse to meet with the Chairs of our sub-committees and go through the governance review.

Action: Mr Whitehouse and Miss Alison Smith to have a conversation around the governance leads suggestion.

124.6 Mr Vivian mentioned that we had not had a Board discussion around the difficult reading of the rural racism report as there were some important information and evidence in the report that needed to be picked up.

Action: Rural Racism report to be added to the Board forward plan – and add a plan about what has been done and what we intend to do going forward.

Action: Add Rural Racism/funding to a Board Development session. Mr Simon Whitehouse to work with both Directors of Public Health.

Action: VCSE to be involved in Board development session around Rural Racism

124.7 The Chair commented that as a Board we had not turned our attention in any detail to the issues of rurality, access, inequalities, health in general and the funding for us as an ICS in terms of the resource allocation formula and rurality. The Chair suggested having this topic as part of a Board development session.

124.8 Dr Julian Povey asked three questions about:

- Shaping the ICB program and the work that is being carried out by Clarity Consulting associates, and asked if the ICB Board/staff would be involved in setting up the values?
- The impact around the reduction in running costs and on the operating model on our workforce and what are we doing to support our workforce?
- Agile working policy – is this to get more people back into the office to get more efficiency.

124.9 Mr Whitehouse responded by saying:

- That the Agile Working policy has completed its process of consultation with the staff and talks about an expectation of pro-rata of 40% of time being back into the office or working on the patch, i.e. a full-time member of staff will be in the office/on the patch 2 – 3 days per week, this aligns with an office move to a Telford and Wrekin owned building in Wellington.
- The support offer for staff in the ICB is being developed and worked through as there will be an impact on people. A clear timeline has been presented to staff on the staff huddle. Mr Whitehouse went on the say that we are not starting from a position of structures but starting from a position of the operating model. The timeline means we will be launching the operating model pre-Christmas, but the management of change will not start until the final quarter of the financial year.
- Staff have been inputting into the values and principles and work has taken place.

124.10 Mr Roger Dunshea asked Mr Whitehouse what his views were around the provider selection regime and the impact of that going forward on the ICB, the Local Authorities, and the providers within the ICS.

124.11 Mr Whitehouse responded saying the impact aligns with the approach that we have been wanting to adopt and take. The intent that we have set out towards integration is that we want provider led integration. Improving outcomes for the population through the delivery of integrated care to be the key driver in this. Our framework and policies will sit alongside. However, we have a collective responsibility to ensure that we deliver on this agenda.

124.12 The Chair asked Mr Whitehouse if, as a national policy, we should make sure we comply with as and when the need arises, or is it a national policy that we can use to create new opportunities to improve the services that we currently offer?

124.13 Mr Whitehouse stated that this is a national policy catching up with a Health and Social Care Act that drives integration, and that the policy framework was not aligned to that.

123.14 Mrs Claire Skidmore mentioned that the PSR policy applies to all Health Care contracts. Once this becomes law our goods and services contracts will still be under the existing goods and services arrangements and all of the health care contract will have the new rules applied.

123.15 Dr Povey commented that PSR allows from the 1 January practices to convert their contracts to limited liability partnerships.

123.16 The Board noted the update provided.

Action:	**Application of PSR Policy and potential opportunities to be discussed at a future Board meeting**

Minute No. ICB 29-11-125 Hospital Transformation Programme (HTP): Update on Full Outline Business Case

125.1 Mrs Louise Barnett introduced the item and stated that HTP was a key program to improve the health care and outcomes of the population we serve. Mrs Barnett introduced Mr Matthew Neal Director of Hospital Transformation programme and Dr Ed Rysdale Consultant in Emergency Medicine to present to the Board where we are in the process, latest developments and next steps.

- Winter 2023 completion of the full business case and submission and government approvals should take place.
- This will take it through the process of implementation.
- Announcement in Parliament recently around funding to support the production of the full business case and the commencement of the enabling works.
- Plans to start work this winter in relation to the enabling works around the Emergency Department.
- Model has stayed the same throughout and aligns back to the DMBC.
- Telford specialising in Planned Care
- Shrewsbury specialising in Emergency Care
- Both sites will provide:
  - 24hr Urgent Care Centres
  - Diagnostics
  - Outpatient-Adult and Children
  - Midwife-Led Maternity Services
  - Frail and Elderly Care Services
  - Diagnostic Endoscopy
  - Day Case Chemotherapy

125.2 Mr Matthew Neal explained where we in the process:

- We have worked with our lead clinicians to add further detail into the clinical model to start to design the “flow” of clinical services (how our clinical teams will work and connect to each other).
- Seeking planning permission for building works at the Royal Shrewsbury Hospital
- Preparations underway to be ready for the implementation phase.
- Public feedback is continuing to inform the development of our proposals. This involvement will continue and over the next few weeks, months and years there will be many opportunities for people to help us influence the physical environments and people’s experience of our services.

125.3 Main areas of focus and next steps:

- Securing planning approval
- Finalising the design with clinicians, staff and patient focus groups
- Engagement from travel and transport focus groups to inform our plans.
- Continuing to work with our system partners to deliver Local Care
- Planning for implementation, including logistics and transition
- Continued public engagement.
- Commencing the enabling works
- Developing the Full Business Case

125.4 Mr Nick White asked about the design of the estate and whether a hospital was being built which will suffice for 2024 or being ambitious and building a hospital which would be exceptional in 2028?

125.5 Mr Neal responded by saying this was the latter and would hope it would be functioning beyond 2028. The hospital will be built with flexibility at the heart of it. He added that there will be changes in Health care making sure that the building can adapt to those changes going forward but still be able to deliver what is needed now.

125.6 Dr Povey asked about planning for the increased numbers of patient transfers between sites and also around staff movement between sites. Dr Povey also mentioned the parking at the hospital and asked what the plans for improving parking and transport.

125.6 Mr Neal responded saying that there had been significant engagement with the highways and also with our communities, a detailed travel plan has been submitted. Work is also being done with West Midlands Ambulance Service around patient transfers. Dr Ed Rysdale stated that there will be more increased planned transfers from the Royal Shrewsbury Hospital to the planned care site as part of the clinical model.

125.7 Mr Roger Dunshea asked about the flow issues in terms of the involvement of the consultant body and if there were any challenges there. Mr Dunshea also asked about communication to the people of Telford and Wrekin about where do they go in particular circumstances, for example if they are experiencing chest pain?

125.8 Dr Rysdale commented that we need to get the flow right to get patients through ED into the hospital and more importantly out of hospital in a timely manner. We are working hard with the ICB and the Local Care Transformation program to make sure we have the correct number of patients in the correct place. He also commented that there had been no push back from the consultant body.

125.9 Mr Neal stated that there has been significant amount of communication, talking to the public through focus groups and health events. There will be more publicity over the coming months and years. There is a meeting due with Telford and Wrekin councillors to run through the model next week. Dr Rysdale assured the Board that patients that attend Princess Royal with chest pain would be assessed and then transferred to the appropriate place. For many pathways this movement across sites and to other specialist sites already takes place.

125.10 Dr Ian Chan commented that it would be useful for the detailed pathways specifically to Telford to be shared and the Board to have visibility as there will be a change between the pathways in PRH and RSH. The Board agreed.

125.11 Mr Meredith Vivian wanted to give credit to Mr Nigel Lee for his contribution. He also mentioned that it would be useful for this to go to the Equality and Involvement Committee before ICB Board so they can see the evidence base for the work that has been done and can assure the Board that we are comfortable with what has been done.

125.12 The Chair commented that we should bear in mind that the Secretary of State has asked for advice from the Independent Reconfiguration panel to review the planning assumptions that were made at the point at which HTP pre-consultation business case was approved by the CCG, this process is now underway. We have been asked to continue with the work that is in train.

125.13 Mr David Sidaway mentioned that T&W Council referred to the IRP in March this year and only received a response 6 weeks ago. Mr Sidaway went on the thank colleagues because they have offered and delivered updates to the leader of Telford and Wrekin Council, and offered to meet with all elected members at Telford and Wrekin next week. Mr Sidway stated that on behalf of Telford and Wrekin Council he wished to confirm that the Council were opposed to the plans and will continue to be oppose them in their current format. He also added that it was important to explain to residents of Telford and Wrekin about an A&E Local, as there is a risk associated with it which causes concern.

125.14 Mrs Louise Barnett thanked everyone for their engagement and involvement in this key program and welcomed the feedback and will continue to build on this as we go through the next steps.

125.15 The Board noted the update provided.

Minute No. ICB 29-11-126 Winter Planning

126.1 Mr Gareth Robinson introduced the paper and noted the following:

- Although this was a 'Winter Plan' many of the actions had been implemented throughout the year.
- The current bed deficit due to an increase in demand and the virtual ward delivering a lower impact on acute beds than anticipated.

- A delay to the sub-acute ward from December 23 to January 24 and an in-year deterioration of no criteria to reside patients.
- This has led to a short fall of 91 beds in November, which will reduce to 30 beds in March.
- The paper sets out a series of interventions that are planned by system partners which can improve the bed situation by +110 beds, however, some of these interventions have already been working on through the summer with variable success.
- It is important to highlight the interventions may only partially deliver some of the beds which will result in difficult choices about how to care for patients.
- Section 4.4 in the Winter Plan sets out the implications of these options such as caring for patients in unconventional care areas, for example, fit-to-sit areas, where the evidence shows the clinical risk increasing if patients remain in these settings.
- The other additional option is to deploy the full hospital protocol which results in the cessation of elective activity.

125.2 Mr Simon Whitehouse recognised the pressures the system has been under and continues to be under and acknowledged the relentless hard work of all system partners to improve. He noted the lengthy discussions at system Chief Executive level and several actions that had arisen to help mitigate the risk and ensure we have considered every opportunity. It was agreed during the Board that the Urgent and Emergency Care (UEC) Board would have delegated responsibility to work at pace to reduce the bed gap and Mr Whitehouse asked the system to respond collectively to help find solutions. For speed, the UEC Board was asked to present their recommendations to the next Chief Exec Group for sign-off on behalf of the Integrated Care Board ensuring the Board is sighted on any risks.

125.3 The Chair mentioned that clearly, we have had disappointments in terms of the availability of capacity that we would hope would come online very soon. We have continued to strive hard to make greater use of the virtual ward and there are signs of improvement but still signs of capacity there.

125.4 Mrs Louise Barnett emphasised that whilst there are areas that have been identified with spaces, that is not the same as the provision of an acute bed which a patient would need and therefore would not be suitable for many people, and they are not an alternative. All aspects are identified in the paper but are focused on the residual bed gap and that was the discussions held in the CEO meeting earlier today, with the commitment of all partners working together to identify further actions that we can take individually and collectively to mitigate the gap.

125.5 Mr Merdith Vivian stated that this felt uncomfortable and thought we should be looking to accept that everything had been done to make the situation as good as it could be. Are we assured that those responsible for delivering the plan have done everything possible?

125.6 The Chair commented that we have to start planning now for winter next year to avoid having to develop a plan at such late notice. The Chair asked CEOs and other colleagues to produce a program of work in the New Year that shows us how we are going to manage winter next year.

125.7 Mr Harry Turner suggested creating a risk register and ask for a risk of a certain level to be brought back to this Board for visibility.

Action: **Urgent and Emergency Board is asked to present their recommendations to the next Chief Exec Group for sign-off on behalf of the Integrated Care Board ensuring the Board is sighted on any risks.**

Action: **CEOs/Execs to produce a program of work for planning winter 2024 in a better way.**

Recommendation(s)
The Board approved the 2023/24 Winter Plan including:

- **Noting the extensive set of interventions from all system partners in preparing for Winter**
- **Requesting Shropcomm, T&W Council, Shropshire Council, Powys Council and NHS STW to deploy the operational requirements to deliver a Ready to Go position of fewer than 61 patients.**
- **Requesting Shrewsbury & Telford Hospitals to implement the required capacity and processes to reduce those patients on the No Criteria to Reside list that are not yet ready to be discharged to below 21**
- **Requesting Shropcomm and SaTH to continue the improving work on Virtual Ward in relation to the pathway expansion and clinical engagement across the service**
- **Requesting NHS STW and SaTH to deliver the improvement work identified from the criteria to admit review**
- **Noting the impact on patient care (should these actions not be delivered) through the use of unconventional care areas**
- **Requesting RJAH and SaTH finalise the plan for securing elective orthopaedic activity**
- **Requesting UEC Delivery Board receive detailed updates from each system partner against these actions through winter**

Minute No. ICB 29-11-127 Local Care Programme and next steps in Place Development

127.1 Mrs Patricia Davies, SRO for Local Care Transformation Programme gave an update on the programme and asked for:

- The Board's approval on the six recommendations outlined in the paper to support the strengthening of place with the system architecture which would help to create a local and sustainable delivery framework to deliver the local care programmes, providing clarity over appropriate responsibilities and accountabilities that sit with 'place' or system.
- It was also noted that the Provider Collaborative is a vehicle to support this work and that the local care programme needs to be adequately resourced for its successful delivery.

- It was acknowledged by the Board that there needs to be debate over what needs to be delivered and what does not, the consequences and the benefits, what the financial implications of these potential operating models may be and then what work is prioritised moving forward.

127.2 Mr Nick White, commented on the need to focus on prevention and proactive care in STW.

127.3 Sir Neil concluded that by the end of Q4 actions needed to be scoped out, prioritising the delivery with a clear timeline, looking at the support and resources required for the programme delivery, with a review of the strategic financial investment focusing away from remedial and acute services and more toward community-centred prevention models of care.

The NHS Shropshire, Telford and Wrekin (STW) Integrated Care Board (ICB) noted and approved the following recommendations:

Recommendation 1: Place base partnerships to review current and future governance arrangements to strengthen the role of the places in the system, moving the governance relationship between place and system/ICB to a more formal footing.

Recommendation 2: Expand the Local Care Transformation Programme (LCTP) to include a broader set of interrelated programmes under the umbrella term of 'Local Care' to include expansion of community-based services, primary care development, health and care integration and prevention and health in equalities - in line with the Joint Forward Plan (JFP).

Recommendation 3: Define which Local Care programmes/projects would be predominantly designed and delivered at Place and which at System/ICB. (Noting there would need to be collaboration and co-production between the two levels to ensure the interdependencies are addressed).

Recommendation 4: Engage with staff and stakeholders to work through the detailed roles and responsibilities for each individual programme including the Project Management requirements, aligning with the ICB operating model.

Recommendation 5: Continue at pace with the following work programmes: modular wards and community beds, integrated neighbourhood teams and Multidisciplinary Teams (MDT's) for proactive care.

Recommendation 6: Develop detailed plans for the governance of the 'Local Care' programmes to ensure delivery against population health outcomes, performance, quality, and finance.

Minute No. ICB 29-11-128 System Board Assurance Framework

128.1 Miss Alison Smith presented the System Board and Assurance Framework and stated that it had been aligned with the new objectives outlined in the Joint Forward Plan. She gave assurance to the Board that the System Board and Assurance Framework and the Strategic Operational Risk Register have now been shared with the ICB committees so that assurance can be taken through the committees on behalf of the Board.

The Board is recommended to:

- **REVIEW the current System Board Assurance Framework (SBAF) and Strategic Operational Risk Register (SORR) for system and ICB and consider if, for those risks falling within its remit:**
- **any additional assurances are necessary that the risks to the strategic objectives, are being properly managed.**
- **any additional risks or amendment to risks are required following discussions in the Committee meeting.**
- **APPROVE the System Board Assurance Framework (SBAF).**

The Board approved the paper and recommendations.

Minute No. ICB 29-11-129 Integrated Care System Performance Report

129.1 Mrs Claire Skidmore presented the Integrated Performance Report highlighting two significant performance challenges as a system – urgent emergency care (UEC) and finance.

- Finance, at Month 7 the ICS has a deficit of £89m, which is £44.5m adverse to plan, a variation from in-month plan of £10.5m in Month 7. NHS England has given the ICS a target to reduce their deficit to £57million. The total unmitigated risk reported at M7 is £91.7m.
- A recent letter from NHSE asking all systems to review financial outturn (FOT) positions is currently being worked through at a system level, with a number of options being considered but no firm agreement yet.

- Mrs Skidmore wanted to highlight some good news, in particular the Community Diagnostic Centre which has now gone live; for cancer, there has been significant improvement in the Faster Diagnostic Standard and for the first time, the system is now ahead of our trajectory; FIT testing – STW is now one of the best in the region for performance standards; and there are slow and steady in improvements in Mental Health services.

- Mrs Skidmore noted the challenges in UEC and highlighted the good work in relation to elective waiting times and stressed the importance of protecting this activity not just for our patients but also because STW has a large amount of additional income tied to that activity which will help achieve the financial plan.

- Patients are waiting a long time on ambulances and in ED departments; there was some improvements in Q1 but there has been a deterioration in Q2 and Q3. The UEC improvement programmes are looking to focus on this, so there needs to be a focus on efficiency, productivity and building a sustainable workforce in order to help achieve targets.

129.2 Mr Simon Whitehouse commented that:

- We are in the process of responding to the national letter that was received in November. There were a number of asks that came out in additional operating guidance.
- ICB have significantly improved their position but not without risk.
- Providers have also been tasked with reviewing their positions to say what it will take to get back to plan.
- It was noted that Midlands Partnership University NHS Foundation Trust are not part of this reporting on this occasion, as they are in Staffordshire and Stoke on Trent system.
- The system was allocated a small amount (£4.7m) of additional funding to be allocated as agreed across the system.
- We are currently not compliant with the national ask of where they would want us to get to, and there are a number of escalation meetings to work through this. We are showing signs of some small improvements in several areas.
- There is on-going focus and on-going work to deliver that.

129.3 Mr Roger Dunshea, commented that overspends were usually driven by one of three things – being underfunded, if unit costs are high, or if the system is overperforming. He noted as a Non-Executive Director perspective it is difficult to know why there is overspending. He asked at future Board meetings if this could be drilled down into unit costs so the board can look to see why there is overspending.

129.4 Mrs Tina Long raised concerns about the pressure in the system around the number of patients who have acquired C-difficile, and the numbers are rising, this is symptomatic of the pressures that we are seeing in the system. This makes it even more urgent to come up with some answers for the winter plan.

129.5 Mrs Skidmore commented that we could categorise the drivers of our spend in terms of the presentation of what we have.

129.6 Dr Povey suggested holding a workshop to do the work on how we work creatively to reduce our deficit and increase our spend in other areas.

129.7 Mr Dave Bennett stated that we need to look at some of the key issues that need to be addressed on a systemwide basis and push back on some of the assumptions.

129.8 Dr Ian Chan commented that we can no longer invest to save, and the focus should be on innovation as well as integration.

129.9 Mr Vivian thanked all partners that have worked with Mr Whitehouse and Mrs Skidmore to deal with a very stressful situation to get us where we are.

129.10 The Chair stated that we should not underestimate the time, commitment and hard work that people are putting in to try and improve this position. The Chair added that he agreed with Mrs Long that C-difficile is an indicator of pressure in the system and asked that Mr Nick White and Mrs Alison Bussey to look into this and give some advice through the appropriate Committee. Mrs Bussey explained that this was already being investigated.

129.11 The Chair commented that:

- There had been some good news stories, good signs of progress and good developments.
- We are at a crucial time with urgent and emergency care as we move into winter,
- We look forward to further advice about how we might improve the capacity to improve patient experience and performance.
- In terms of finance, everyone to continue to press on with the areas of responsibilities and direct control.

The Board is recommended to:

- **To note the Month 7 system financial position deficit of £89m deficit and total unmitigated risk of £91.7m and the ongoing work to identify mitigations to reduce the forecast to the lowest variance to plan.**
- **To note the significant improvements in cancer Faster Diagnosis Standard and the continued improvement in reducing long waits for diagnostic and elective activity.**
- **To note that the concerning performance in UEC across several metrics and the action taken to reprioritise action plans that will have the most impact on ambulance handover delays and A&E 4-hour waits.**
- **To note significant improvements in several Mental Health metrics and the ongoing work to recover performance against access to Talking Therapies.**
- **To note that IPC metrics are likely to exceed the national target and the quality assurance actions to manage the risk.**
- **To note that Month 7 shows a combined positive variance of substantive staff in post against plan by 311 WTE but the Pharmacy workforce remains an area of concern.**

The Board approved the recommendations.

Minute No. ICB 29-11-130 Amendments to Governance Handbook

130.1 Mr Simon Whitehouse presented the paper and noted that:

- The first two recommendations are to make sure that we get the schemes of reservation delegation in the correct place.
- The third recommendation around the addition of a sub-committee is to be withdraw, further work to be done on this and brought back to the next meeting.

NHS Shropshire Telford and Wrekin Board is asked to:

- **APPROVE the proposed amendments to the Terms of Reference for the Audit Committee and the related addition to the ICB's Scheme of Reservation and Delegation.**
- **APPROVE the proposed amendments to the Terms of Reference of the ICS People, Culture and Inclusion Committee and the related addition to the ICB's Scheme of Reservation and Delegation.**

- **WITHDRAWN - APPROVE the proposed new Terms of Reference of the ICB People, Culture and Inclusion Sub-Committee and the related addition to the ICB's Scheme of Reservation and Delegation.**

The Board approved the proposed amendments to the Terms of Reference and the scheme of Reservation and Delegation for the Audit Committee and the ICS People, Culture and Inclusion Committee.

Minute No. ICB 29-11-131 System Level Primary Care Access Improvement Plan

131.1 Gareth Robinson presented this paper and highlighted the following.

- System Level Primary Care Access Improvement Plan has been through all the system Boards including SHIP and TWIPP, and it is also scheduled for Shropshire's HOSC and JHOSC.
- The plan sets out the requirements for the recovery program within the national context but also the local ambition to improve access to General Practice, maintain and improve patient satisfaction, and work to streamline care and advice.
- The plan builds on 4 key pillars of work:
    - Empowering our patients – roll out of the NHS App, increase self-referral and increase usage of community pharmacy.
    - Implementing Modern General Practice – improving digital and online access
    - Building capacity – workforce and estates
    - Cutting bureaucracy – improve primary/secondary care interface.

132.2 Mr Robinson pointed out that the plan sets out the detail of the current position, Mr Robinson added that this is not a transformation programme that is going to address the capacity shortfall that is in primary care and other services. We need to ensure that current resources are deployed as effectively as they can. The paper was written before the Primary Care Commissioning Committee met where there was a slight change of governance. There is an intention to set up a Primary Care Access Recovery Board.

Action: Mr Gareth Robinson to update at a future Board meeting.

131.3 Dr Povey noted the paper highlights the rising demand on primary care and the rising number of required appointments.

131.4 Nigel Lee also noted the paper presented at the ICS strategy committee, 'the GP Strategy' which looks at doctors at all stages of their careers and how it needs to work alongside this plan.

Recommendation(s)

The NHS Shropshire Telford & Wrekin (STW) Integrated Care Board (ICB) is asked to:

- **Review and consider the NHS Shropshire Telford & Wrekin (STW) system-level Primary Care Access Improvement Plan.**
- **Approve the plan in the context of the need for the Programme to develop clear benefit outcomes.**

The Board accepted the Primary Care Access Improvement plan, but noted there is more to be done in terms of Primary Care staffing supply and demand and should ensure the GP strategy sits with it.

Minute No. ICB 29-11-132.1 Quality and Performance Committee Chair's Report for meetings held on 27 July and 28 September 2023

132.1 The Board noted the papers as read.

Minute No. ICB 29-11-132.2 Audit & Risk Committee Chair's Report for meeting held on 9 October 2023

132.2 Mr Dunshea noted that there is now a Board Assurance Framework and would like to see evidence of it working across all Audit Committees in the system. The Board noted the paper as read.

Minute No. ICB 29-11-132.3 Finance Committee Chair's Reports for meetings held on 11 August and 3 October 2023

132.3 The Board noted the papers as read.

Minute No. ICB 29-11-132.4 Remuneration Committee Chair's Report

132.4 No report to note.

Minute No. ICB 29-11-132.5 Strategy Committee Chair's Report for meeting held on 11 October 2023

132.5 The Board noted the papers as read.

Minute No. ICB 29-11-132.6 System People Committee Chair's Report

132.6 No report to note. People Committee due to meet next week.

Minute No. ICB 29-11-132.7 Primary Care Commissioning Committee Chair's Report for meeting held on – 4 August.

132.7 The Board noted the papers as read.

Minute No. ICB 29-11-132.8 Integrated Delivery Committee Chair's Report for meetings held on 9 October 2023

132.8 Mr Harry Turner noted that there had been some long discussions around the issue of beds for the winter plan, however the right people were not at the IDC to enable progress to be made. Mr Turner suggested taking IDC off the agenda. The Board noted the papers as read.

Minute No. ICB 29-11-133 Any Other Business:

133.1 No further matters to report

The Chair closed the meeting at 17:08

NHS Shropshire Telford and Wrekin
Integrated Care Board
Actions Arising from the Board Meetings

Agenda Item	Action Required	Owner	By When	Update/Date Complete
Minute No. ICB 29-11-121 Matters arising and action list from previous meetings	Digital Strategy – work to be taken forward and next steps and actions. Mr Nick White to give update to this Board in January. An overview will be presented at Strategy Committee first.	Nick White	January 2024	
Minute No. ICB 29-11-123 Patient's Story - Armed Forces Covenant	The Chair suggested enlisting the help of Healthwatch in a piece of work around assuring the Board through analysis of patient feedback that the system is picking up on thematic issues around veteran experience of services in STW. To be discussed outside of this meeting	ICB/Healthwatch	January 2024	
Minute No. ICB 29-11-124 ICB CEO Report	• Mr Simon Whitehouse to meet with the Chairs of our sub-committees and go through the governance review. • Mr Whitehouse and Miss Alison Smith to have a conversation around the governance lead. • Rural Racism report to be added to the Board forward plan – and add a plan about what has been done and what we intend to do going forward. • VCSE to be involved in Board development session around Rural Racism • Add Rural Racism/funding to a Board Development session. Mr Simon Whitehouse to work with both Directors of Public Health.	Simon Whitehouse Alison Smith Board Secretary Simon Whitehouse Rachel Robinson Liz Noakes	January 2024	

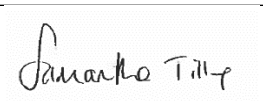
	• Application of PSR Policy and potential opportunities to be discussed at a future Board meeting.	Claire Skidmore	March 2024	
Minute No. ICB 29-11-126 Winter Planning	Urgent and Emergency Board is asked to present their recommendations to the next Chief Exec Group for sign-off on behalf of the Integrated Care Board ensuring the Board is sighted on any risks. CEOs/Execs to produce a program of work for planning winter 2024 in a better way.	ICB CEOs/Execs	January 2024	
Minute No. ICB 29-11-131 System Level Primary Care Access Improvement Plan	Mr Gareth Robinson to update on the Primary Care Access Recovery Board at a future Board meeting.	Gareth Robinson	January 2024	
Minute No. ICB 27-09-107 Patient's Story: Learning Disabilities and Autism Services: Luke's Story	Gareth Robinson and Vanessa Whatley to lead on review and ensure this goes through correct Governance route then bring back to future Board. Look at numbers and identification before agreeing whether this will come back to a public or private Board	Gareth Robinson Vanessa Whately	January 2024	
Minute No. ICB 27-09-108 ICB CEO Report Minute No. 108.34	Recovery plans need to be socialised locally before next Board in November. Mr Gareth Robinson, Dr Ian Chan and Mr Nick White to work with both Councils and partners on the development of the plan and what we can do to improve Primary Care access. It was agreed that a briefing note on HTP update would be circulated at a later date. • Dr Catriona McMahon and Mr Matthew Neal to draft updated briefing note and circulate to Board members.	Gareth Robinson Dr Ian Chan Mr Nick White Dr Catriona McMahon Matthew Neal	29 November 2023	29/11/23 Recovery plans have been to the Joint Health and oversight Scrutiny Committee. Mr Robinson to draft an information paper to be appended to minutes.
Minute No. ICB 28-06-097 - Integrated Care System Performance Report	Mr Harry Turner commented around the data of the number of GPs increased, but over the same period the number of appointments seem to have gone down, which the figures didn't tally. • Mrs Skidmore to ask the team to provide a statement specifically to map what has driven the changes and why they don't correlate.	Claire Skidmore Simon Whitehouse	27 September	29/11/23 Some data now received but the team are in the process of testing this with the primary Care team to ensure we have correct response. Mrs Skidmore to circulate briefing note to Board members.

	• Mr Whitehouse to have discussions with Chief Executives around escalation capacity and then update Board.			
Minute No. ICB 29-03-069 – Follow up to Patient's Story: MSK Integration across Shropshire, Telford and Wrekin	Mr Mike Carr to present objectives and clinical outcomes of the MSK Transformation Programme to ICB once agreed by the MSK Transformation Board.	Mike Carr	January 2024	29/11/23 To bring report back to Board in January 2024

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

INTEGRATED CARE BOARD

Agenda item no.	ICB 31-01-007
Meeting date:	31 January 2024
Paper title	**Emergency Planning Resilience and Response Update Report**
Paper presented by:	Sam Tilley, ICB Director of Collaborative Programmes/ Director of EPRR
Paper approved by:	Simon Whitehouse, STW ICB Chief Executive Officer/ Emergency Accountable Officer
Paper prepared by:	Sam Tilley, ICB Director of Collaborative Programmes/ Director of EPRR
Signature:	
Committee/Advisory Group paper previously presented:	Audit Committee

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

Previous considerations:	

1. Executive summary and points for discussion

Which of the ICB Pledges does this report align with?

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

2. Recommendation(s)

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

The Integrated Care Board is asked to note the content of the report including the outcome of the NHSE Annual Assessment, is asked to support the ongoing EPRR work programme and improvement planning to include:

- An EQIA on the development of collaborative EPRR working arrangements across the ICS,
- A review by EPRR leads to establish a set of policy areas where system policies can be developed to replace single organisational ones
- Work to align the requirements of an emerging System Control Centre model with EPRR practice and Core Standards requirements that interfaces with system on call arrangements

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

The report provides an annual report on EPRR work undertaken in 2022/23, in particular the outcome of the NHS England annual EPRR assessment and key areas of work going forwards which will contribute to the mitigation of organisational risks.

4. Appendices

None

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Ensuring the appropriate frameworks and procedural response arrangements are in place to keep residents and communities safe in the event of an incident
Quality and Safety	To ensure quality and safety of services can be maintained as far as possible in the event of an incident
Equality, Diversity, and Inclusion	To ensure that arrangements for incident management and response are inclusive
Finances and Use of Resources	To ensure appropriate resource allocation to effectively discharge duties
Regulation and Legal Requirements	To ensure the ICB can meet its statutory Emergency Planning duties
Conflicts of Interest	
Data Protection	To ensure the ICB operates within the relevant guidance when responding to an incident
Transformation and Innovation	

Environmental and Climate Change	To ensure any impacts of incidents related to climate change are planned for and can be responded to
Future Decisions and Policy Making	

Action Request of Paper:	The Integrated Care Board is asked to note the content of the report including the outcome of the NHSE Annual Assessment, is asked to support the ongoing EPRR work programme and improvement planning to include: • An EQIA on the development of collaborative EPRR working arrangements across the ICS, • A review by EPRR leads to establish a set of policy areas where system policies can be developed to replace single organisational ones, • Work to align the requirements of an emerging System Control Centre model with EPRR practice and Core Standards requirements that interfaces with system on call arrangements		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Meeting:	Integrated Care Board
Meeting date:	31 January 2024
Agenda item no.	ICB 31-01-007
Paper title	Emergency Planning Resilience and Response Annual Report

1. Background

1.1 The NHS defines Emergency Planning as the NHS requirement to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. This programme of work is referred to in the health and social care community as Emergency Preparedness Resilience and Response (EPRR).

1.2 In the NHS the EPRR programme of work is designed to meet the statutory requirements placed upon responding organisations under the Civil Contingencies Act 2004 (CCA 2004). The CCA 2004 defines specific statutory duties for responding organisations depending on them being a Category 1 or Category 2 responder. ICBs, became Category 1 responders on 1 July 2022 and therefore have the maximum number of statutory duties placed upon them. These being:

- Assess risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place Business Continuity Management arrangements to meet organisational needs
- Share information with other local responders to enhance co-ordination
- Cooperate with other local responders to enhance coordination
- Warn and inform the public.

1.3 All NHS organisations are required to undertake the necessary planning and assurance activities across an annual cycle and to participate in an Emergency Planning Resilience and Response (EPRR) assessment each year which is overseen by NHS England (NHSE). The purpose of this assessment is to provide assurance of the health organisation's compliance against a set of EPRR "Core Standards" and therefore assurance they can deliver against their statutory EPRR duties.

1.4 For ICBs, not only are they assessed in relation to their own compliance, but they are also responsible, in partnership with NHSE, for assessing the compliance of other health funded organisations in their Integrated Care System (ICS). Currently this extends to Shrewsbury and Telford NHS Hospitals Trust (SaTH), Shropshire Community Health NHSE Trust (SCHT), Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH, and Shropshire Doctors Co-operative (Shropdoc). This will expand to include other healthcare funded organisations and Primary Care in the near future.

1.5 Behind this assessment sits an annual programme of planning, preparedness and assurance work. The purpose of this is to ensure there is a continued focus on the ability to respond to incidents, to test plans and to maintain levels of competency amongst staff to support this. Stemming from this is the mobilisation of incident response when an event occurs and the cycle of learning from that which, feeds back into the planning and assurance work.

1.6 This report provides an annual summary of the EPRR work undertaken during the 2022/23 period as well as the outcome of the annual assessment for that period and work planned into 2024.

2. Report

EPRR Core Standards Annual Assessment.

2.1 The deadline for Core Standard submissions was 31 August 2023 for the period 1 September 2022 to 31 August 2023. The assessment involves a submission of evidence to substantiate compliance against 54 standards (47 for ICBs) across the following domains:

- Governance
- Duty to Risk Assess
- Duty to Maintain Plans
- Command and Control
- Training and Exercising
- Response
- Warning and Informing
- Co-operation
- Business Continuity

2.2 There are a further 19 standards relating to Chemical/ Biological/ Radiological/ Nuclear and Hazardous Materials for specific organisations and a Deep Dive relating to a different topic each year (for 2022/23 this was training) although the latter does not form part of the assessment outcome.

2.3 The submission includes the completion of an NHSE self assessment template and the provision of evidence against each standard to substantiate the submission. Each submission is then assessed by NHSE against a set of assessment criteria and a compliance rating provided. The benchmark for compliance is high with a compliance level below 77% considered non-compliant. Levels of compliance are set out below:

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are required to achieve.
Substantial	The organisation is 89-99% compliant with the core standards they are required to achieve.
Partial	The organisation is 77-88% compliant with the core standards they are required to achieve.
Non-compliant	The organisation compliant with 76% or less of the core standards they are required to achieve

2.4 Following submission, a review of evidence is undertaken, and organisations are given the opportunity to rectify any gaps (as long as the work was undertaken prior to 31 August) and to clarify any queries. Following this a formal Confirm and Challenge meeting takes place (for the ICB this is with NHSE, for other ICS organisations this is with NHSE and the ICB) Further to the Confirm and Challenge meetings organisations are issued with an assurance rating, the rationale for the rating and a report highlighting areas where improvements can be made which is then subsumed into the annual work plan. This assurance rating is reported to the Local Health Resilience Partnership (LHRP), the Audit Committee and then to Board.

3. 2021/22 Core Standards Assessment Outcome

3.1 As a result of significant changes in the assessment process, in the previous year most organisations saw their compliance rating drop, in particular, in the Midlands region over 80% of ICB's were rated as non-complaint with the remainder only partially compliant. The table below sets out the compliance position for the STW system following last year's assessment:

Organisation	Assurance outcome	% fully compliant
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	NC	68%
Shrewsbury & Telford Hospitals NHS Trust	PC	86%
Shropshire Community Health NHS Trust	NC	71%
Shropshire Doc	NC*	64%
Shropshire, Telford and Wrekin ICB	NC	70%

* As this was the first assessment this rating was given as a benchmark rather than a formal rating

4. 2022/23 Core Standards Assessment Outcome

4.1 STW organisations have found the 2022/23 process no less challenging. The process has continued to be onerous and time intensive with almost 300 pieces of evidence submitted and requiring scrutiny by the ICB across the STW organisations. Whilst all of the STW organisations put forward a self assessment position of either partially or substantially compliant, following assessment by NHSE, the overall ICS position reported to the STW Local Health Resilience Partnership in November 2023 was Non Compliant. This was made up of the constituent outcomes set out below.

	Position	2023	Change +/-
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	NC	67%	-1%
Shrewsbury & Telford Hospitals NHS Trust	NC	47%	-39%
Shropshire Community Health NHS Trust	PC	78%	7%
Shropshire Doc	NC	59%	-5%
Shropshire, Telford and Wrekin ICB	NC	53%	-17%

4.2 A number of themes have been evident from the process that will require specific focus during the coming year to improve the position and these will inform work plans for this cycle, including:

- Mass Evacuation and Shelter Plans,
- Mass Counter Measures,
- Emerging Pandemics
- Mass Casualty.
- Training and personal development plans
- Risk Management
- Loggists

4.3 Organisations have reported struggling to service the volume of work needed in relation to the resource available to complete the annual assessment and the position has been exacerbated where there has been periods of staff absence. It is evident that there is a correlation between the increase in the volume of work associated with the annual assessment and the lean resourcing in STW. It is also evident that a continuous, dedicated, programme of work is required throughout the year in order to complete all the tasks associated with this field of work.

4.4 In addition, feedback has been given to NHSE regarding some refinements to the assessment process that would better support organisations in improving their outcomes. These include:

- NHSE feedback at the Confirm and Challenge stage included feedback on policies and plans that had not been included at the consultation stage and therefore could not be acted upon as any changes to processes, policies or procures post 31 August cannot be considered towards the assessment outcome for the preceding period.
- Detail of some measures used in the final assessment were not included in the assurance guidance. If measures which are not included in guidance will result in non-compliance they should be clearly stated in the guidance pack
- Earlier release of Core Standards Assessment tools (currently July) to ensure adequate time for any adjustments to policies and ratification to be completed before 31 August as draft policies will not be accepted as evidence.

4.5 Whilst there is no suggestion that organisations in the STW ICS are not, and have not been able to respond to incidents as they have occurred, the ICB and provider Trusts have all recognised that there are areas of preparedness that can be improved and the work has begun to develop the relevant improvement planning to address this.

5. Improvement Planning

5.1 The outcome of this year's assessment has been disappointing for all organisations, particularly given the variance from organisations self assessment position and there is a commitment to work more closely together to achieve a more favourable individual organisational and overall ICS position for the coming year.

5.2 There is already an agreement between Herefordshire and Worcestershire and Shropshire, Telford and Wrekin LHRPs to merge, along with their respective Health Emergency Planning Operational (sub) Groups (HEPOG).

5.3 The preparatory work for this has been completed and this arrangement will commence from early 2024. This will allow closer working across the two ICB areas, the ability to share EPRR related work as well good practice and to interface with our Local Resilience Forum as one unit. It is anticipated that this will provide a resourcing benefit in enabling us to use our limited resources more efficiently.

5.4 In addition, the system has been working on the option to adopt a collaborative EPRR model for STW which could effectively bring our existing EPRR resource and expertise together as a virtual system team provider greater resilience, develop EPRR specific competencies and enable common tasks and workstreams to be shared where they would otherwise be duplicated, for example running a single programme of system exercises, one single training programme and developing an aligned set of policies and procedures and single reporting. It is hoped that future arrangements can be progressed in early 2024.

5.5 The STW HEPOG has scheduled a series of themed workshops for Q4 2023/4 to address the areas highlighted from the Annual Assessment as requiring improvement (listed above) and is bringing together the annual work programmes from each organisation into one overarching system EPRR work programme.

5.6 The internal resourcing and reporting arrangements in relation to EPRR for the ICB will be considered as part of the forthcoming Management of Change process and will be an opportunity to ensure the resourcing requirements adequately align to the emerging workload.

5.7 An improvement plan will be presented to the next ICB Audit Committee and will be monitored via both the Audit Committee and LHRP and will include completion of an EQIA on the development of collaborative EPRR working arrangements across the ICS, a review by EPRR leads to establish a set of policy areas where system policies can be developed to replace single organisational ones and work to align the requirements of an emerging System Control Centre model with EPRR practice and Core Standards requirements that interfaces with system on call arrangements.

6. Local Health Resilience Forum (LHRP)

6.1 The LHRP has continued to meet quarterly throughout the year and is co-chaired by the Shropshire Director of Public Health and the ICB's Medical Director. There is good attendance and engagement from partner agencies, including our Local Authorities, the Care Sector and the LRF, with regular updates from the HEPOG group and the LRF Secretariat. The LHRP continues to hold the system EPRR Risk Register and risks are regularly reviewed via this group and the HEPOG. The work plan is also overseen via the HEPOG Group.

6.2 STW continues to have good working partnerships in place across health and the LRF with full engagement of all organisations in the resilience structures. All health organisations are an integral part of the Local Resilience Forum (LRF) and work in collaboration to ensure the progression of health and LRF workstreams, plans and policies. We have worked closely on exercising opportunities with the default position being to run inclusive exercises wherever possible. There is significant scope for further joint working and this will be facilitated in part by the merger of the LHRPs as set out above

6.3 STW ICB also continues to participate in NHSE's Midlands Health Resilience Partnership Board.

7. ICB Training and Exercising

7.1 During the 2022/23 period a range of training and exercising activities have taken place:

- All on call staff have refreshed their on call training and all these staff remain compliant with the Minimum Occupational Standards required to perform this role.
- The ICB has undertaken a Communications Cascade exercise (Exercise Conifer) to test its ability to contact staff in the event of an incident. This exercise was successfully implemented, the learning has been collated and presented to the Senior Leadership Team and has be incorporated into the ICB's annual workplan
- The ICB facilitated table top exercise for the STW system in December 2022 (Exercise Arctic Willow) prescribed by NHSE, to test the combined scenarios of Industrial Action, rolling power outages and severe weather

- The ICB has also participated in the following exercises:
  - Exercise Toucan II – NHSE led communications test (October 2022)
  - Exercise Lemur – a Local Resilience Forum (LRF) table top National Power Outage exercise (November 2022)
  - STW Shelter and Evacuation exercise led by SaTH (November 2022)
  - Exercise Waste Side – a table top chemical spill exercise led by SaTH (June 2023)

7.2 Since September 2023 the ICB has facilitated or participated in the following exercises:

- SaTH facilitated Business Continuity Workshop
- SCHT facilitated Community Hospital Evacuation Exercise
- Joint ICB and NHSE Cyber Crisis Simulation Exercise
- SaTH facilitated RAAC Shelter and Evacuation exercise
- Incident Debrief refresher training

8. Incidents in the period

8.1 The ICB itself has experienced no specific incidents, however, it has been involved in a number of incidents in the STW system:

- Urgent and Emergency Care (UEC) - Throughout the period there have been a number of critical incidents declared in relation to Urgent and Emergency Care (UEC) operational pressures which have been managed with partner organisations via the System Control Centre.
- Industrial Action – there has been a range of industrial action during the period. Whilst this has not formally been classed as an incident and has been managed via operational routes there has been a watching brief from EPRR.
- OneAdvanced Adastra outage – A national cyber incident with some local impact. As a national issue this was managed by the NHSE EPRR team with input from the ICB
- SaTH Women's and Children's power outage. As a significant incident NHSE lead the response with support from the ICB

8.2 No Major Incidents have been reported during the period

8.3 For each incident the standard debriefing process has been undertaken, lessons learned identified and action planning completed which feeds into the annual work programme and is reflected in policy and procedural updates where needed. Lessons learned are reported both to NHSE and to the LHRP

9. Lessons and Learning

9.1 STW ICB continues to engage with both the LRF and NHSE lessons learned process and embedding actions from lessons learned from incident and exercises continues to form part of the work planning cycle

9.2 During the period a number of lessons learned have been identified. This is an iterative process. However below is a flavour of some the key themes from this learning:

- Refreshing of Training Needs Analysis to ensure training matches competency levels for all relevant staff
- Alignment of key policies across organisations to ensure appropriate join up of response to incidents
- Inclusion of on call staff in exercises to develop skills
- Improvements to in-incident communications between organisations
- Review of Incident Co-ordination Centre set up guidance

- Improvement in definitions of roles and responsibilities and the interface between the System Control Centre, partner organisations and On Call arrangements

9.3 The CEO of NHS STW has commissioned a review of the ICB position from NHSE on the current challenges. This will report directly to the CEO and will make a serios of recommendations for next steps and how the ICB and the system can make improvement in their ratings. This work is due to take place in February and report at the end of February 2024.

10. Conclusions

10.1 The ICB and partner organisations have continued the annual programme of work in relation to EPRR duties. However, the outcome of the NHSE Annual Assessment has been disappointing, As a result of this the STW system and the ICB is reviewing its approach to EPRR in light of its lean resource and is developing approaches that it anticipates will improve the way this limited resource can be deployed as well as focusing on a key programme of improvement work to address gaps highlighted during the assessment process. An improvement plan will be presented to the ICB Audit Committee and monitored by the Audit Committee and LHRP.

10.2 The ICB and system partners continue to engage with the LHRP, LRF and Midlands Health Resilience Partnership Board and continue to work through the annual work cycle incorporating an ongoing lessons learned approach.

11. Recommendations

11.1 The Integrated Care Board is asked to note the content of the report including the outcome of the NHSE Annual Assessment, is asked to support the ongoing EPRR work programme and improvement planning to include:

- An EQIA on the development of collaborative EPRR working arrangements across the ICS,
- A review by EPRR leads to establish a set of policy areas where system policies can be developed to replace single organisational ones
- Work to align the requirements of an emerging System Control Centre model with EPRR practice and Core Standards requirements that interfaces with system on call arrangements

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 31-01-008
Meeting date:	31 January 2024
Paper title	ICB CEO Update Report
Paper presented by:	Simon Whitehouse, ICB Chief Executive
Paper approved by:	Simon Whitehouse, ICB Chief Executive
Paper prepared by:	Tracy Eggby-Jones, Corporate Affairs Manager
Signature:	
Committee/Advisory Group paper previously presented:	Not applicable

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

Previous considerations:	

1. Executive summary and points for discussion

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

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

A. Update on Planning for 2024/25
B. Update on UEC performance over Christmas and the New Year
C. Integrated Neighbourhood Teams
D. Update on Shaping STW ICB
E. Core 20 Plus Ambassadors
F. Shropshire, Telford & Wrekin GIRFT Visit – 13 November 2023
G. Hospital Transformation Programme (HTP)

A. Update on Planning for 2024/25

This section provides an update on the latest position in relation to planning for 2024/25.

B. Update on UEC performance over Christmas and the New Year

This section provides an update on the NHS STW completed planning and preparation for the Christmas and New Year period as part of the overall System Operating Plan and Winter Plan.

C. Integrated Neighbourhood Teams

This section provides an update on the development of Integrated Neighbourhood Teams as part of the Local Care programme.

D. Shaping the STW ICB Programme

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

E. Core 20 Plus Ambassadors

This section provides details of NHS STW's participation in NHS England's Core20PLUS Ambassador Programme.

F. Shropshire, Telford & Wrekin GIRFT Visit – 13 November 2023

This section provides the outcome of the GIRFT (Getting it Right First Time) visit to STW on 13 November 2023.

G. Hospital Transformation Programme (HTP)

The section provides an update on the HTP, including the recent IRP and OBC outcome.

Which of the ICB Pledges does this report align with?

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

2. Recommendation(s)

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

A. Update on Planning for 2024/25
B. Update on UEC performance over Christmas and the New Year
C. Integrated Neighbourhood Teams

D. Update on Shaping STW ICB
E. Core 20 Plus Ambassadors
F. Shropshire, Telford & Wrekin GIRFT Visit – 13 November 2023
G. Hospital Transformation Programme (HTP)

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

None

4. Appendices

Appendix 1 – Letter Shropshire, Telford & Wrekin GIRFT Visit – 13 November 2023

5. What are the implications for:

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

Action Request of Paper:	**To NOTE the:** • **Update on Planning for 2024/25** • **Update on UEC performance over Christmas and the New Year** • **Integrated Neighbourhood Teams** • **Update on Shaping STW ICB** • **Core 20 Plus Ambassadors** • **Shropshire, Telford & Wrekin GIRFT Visit – 13 November 2023** • **Hospital Transformation Programme (HTP)**		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Meeting:	ICB BOARD MEETING
Meeting date:	31 January 2024
Agenda item no.	ICB 31-01-008
Paper title	ICB CEO Update Report

A. Update on Planning for 2024/25

1.1 Still no formal indication of when the operational planning guidance will land so we have worked to deliver a draft system plan in the first instance that can be adjusted to reflect national guidance when it is published. The expectation is that 24/25 will be a year of evolution and development from 23/24, although until the Planning Guidance is published this cannot be confirmed.

1.2 Guidance for the refresh of the JFP was published before Christmas. The ICB is completing a stock take of what has been achieved in 23/24 vs plan to inform the refresh alongside the inclusion of our strategic commissioning intentions + the developments in the system operating model e.g. ICB V3 and the provider collaborative.

1.3 The system's draft timeline for the JFP refresh is being agreed with partners and due to NHSE on 24th January 2024. The ICB is working with NHSE on this timeline and how to best utilise the support on offer from the region for the refresh.

- Providers submitting first cut of activity, workforce and finance plans to the ICB on 19th January.
- ICB will have first cut consolidated view of system level plans by Friday 26th January.
- Confirm and challenge meetings planned for early Feb and early March between ICB and individual providers.
- National triangulation tool to be used by ICBs for activity, finance and workforce – due end Jan/early Feb – major focus on improving provider productivity.
- Regional update yesterday was that NHSE are looking for a first cut plan by the 3rd week February and a full plan by mid-March – this is slightly ahead of our local timetable which we will now look to adjust.
- Final NHSE sign off of system plans expected end of April/early May.

1.4 **Risks** are the condensed timescales because of the delay in publication of national guidance and ability to complete planning detailed work + gain appropriate organisations/ system sign off by the expected national timescales. We will need extraordinary boards to accommodate this but cannot yet plan exactly when without the national timetable. Additional risk is BI capacity in the system, current mitigation is mutual support but an additional risk within providers if planning activity runs into the new financial year when both providers are implementing new EPRs.

1.5 What is essential is that, as a system, we use the planning process for 24/25 to build on the positive work that has taken place in 23/24. Good progress has been made on elective and cancer care and this needs to continue. There remains fragility in the UEC pathways and further work is required to further improve this area, mental health has made reasonable progress but the demand for services is increasing at a fast pace and the CYP agenda remains a priority one for this system. However, 24/25 requires much greater control around staffing, expenditure and financial control. Provider organisations

will be asked to drive increased productivity against a tighter financial envelope for all services.

B. Update on UEC performance over Christmas and the New Year

2.1 NHS STW completed detailed planning and preparation for the Christmas and New Year period as part of the overall 23/23 System Operating Plan and Winter Plan. As previously reported to the Board, the key bank holiday risk related to the changed bed position which resulted from the delay in the scheduled opening of the sub acute beds, the reduction of impact of virtual wards and growth in NCTR. This meant that we had moved from an anticipated bed surplus going through the Christmas period to a predicted bed deficit in the acute setting. The Winter Plan previously submitted to the Board set out the mitigating plans for the system to manage this deficit.

2.2 Through the bank holiday period these plans were enacted. This included:

- The rapid response of RJAH to open 16 subacute escalation beds on 26th December to provide additional capacity through the busy bank holiday period
- The opening of 46 sub acute beds slightly ahead of the revised trajectory. This provided a step up in bed capacity in week 1 and 2 of January when key demand peaks were present
- Increased strategic grip with a regular cadence of CEO sponsored Strategic (formerly Gold) System Calls to allow rapid decision making and immediate implementation of actions
- The deployment of a 7 day per week System Control Centre and higher than planned complex discharges

2.3 As a result, while significant operational challenges were still faced, the system responded well to the demand placed into the provision of health and social care services. The system entered a critical incident period between 1st and 5th January which allowed additional actions to be deployed by partners to help address risk in the system. We would like to thank our staff across all parts of the system for the hard work, commitment and dedication in providing the safest possible care to our patients in challenging circumstances.

C. Integrated Neighbourhood Teams

3.1 In 2023/24 the Shropshire Integrated Place Partnership (SHIPP) agreed the following delivery plan:

- Delivering an all-age Local Care Programme across communities in Shropshire; improving access to health, care and wellbeing services and community support. This includes:
  - Expanding the Local Care programme and aligning services across health, care and the voluntary and community sector.
  - Unleashing the power of communities and the voluntary and community sector and maximising their power to support people to maintain their independence and wellbeing at home.
  - Using public sector estate in our communities to best effect

3.2 Actions 23/24:

Shropshire

- Expansion of 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, inclusive of:
    - Trauma informed approaches, Social Prescribing and Carers (underpinned by Personalised Care)
    - Multi-disciplinary teams to include Social Care, Public Health Nursing, MPFT (Mental Health in Schools), primary care, voluntary sector and other partners
    - Grant funding for additional community activity for children, young people and their families (working with Town and Parish Councils)
    - Develop commenced with Health and Wellbeing Centres in Oswestry, Highley, Ludlow, Bishops Castle and Shrewsbury
- Primary Care Networks are supported by joint working and integrated approaches on Proactive Care, Neighbourhood, Integrated Discharge and Social Care Hubs (including reablement), and Rapid Response , further development through a jointly developed Neighbourhood Model during 2024.
- Social Prescribing expansion into A&E, midwifery, children, young people and families and local health and wellbeing centres

Telford and Wrekin:

- Focused on MDT's in Primary care
- Developed Integrated pathways
- All aspects of neighbourhood working focusing on health inequalities
- Dashboard of impacts developed in draft for TWIPP

3.3 Completed to date:

- Launched Family hubs in TW
- Launched community hubs in TW
- Telford and Wrekin Neighbourhood development workshop undertaken with feedback informing next steps
- Expanded on the CYP & Families Integration delivering in **Oswestry, North Shrewsbury, Ludlow, Bridgnorth, and planned for Whitchurch and Bishop's Castle** will be operational in Q4 23/24
- Further Expansion of integrated working to develop a Community and Family Hub in **Ludlow**
    - PID developed for broader workstream; PCN moving into the Ludlow Youth Centre building
    - January 2024, with other services including Early Help and ASC in Q4
- Test and learn hub/ MDT development in **Bishops Castle**, Nov/ Dec 2023
- Development of Proactive Prevention in **Bishop's Castle and the SW** to connect with hub approach – discussions regarding including the Memory Teams, Voluntary and Community Sector offer, Social Prescribing & other personalised care/ARRS roles, Social Care etc.
- **North Shrewsbury** – transformation of Early Help – including baby weigh and family drop in at Sunflower House (learning to feed into hub approaches)

- **Women's Health Hubs (WHH)** – integration of WHH into community and family hub planning; programme support for the development of WHH for **Shropshire, Telford and Wrekin**
- **Delivery of Grant fund –** Thriving Community and Family into 10 communities
- **Highley Health and Wellbeing Centre –** Retrofit to start first week January 2024. Recommissioned General Practice offer for the community. Additional activity for children and young people. Further hub development in discussion
- Connected integration/ hub approaches into **commissioning intentions** (Wellbeing and Independence re-commissioning).
- Considering **winter planning** and **Shropshire Council demand management** wanting to support the system, focus initially on frailty, including falls. This would support Admission Avoidance and Discharge and delivered by the voluntary and community sector across Shropshire.
    - Additional winter pressure funding has been received for the expansion of wellbeing and independence contract with the VCSE – to provide additional support in communities.
    - Additional winter pressure funding received for falls response and is being delivered by EMED from November 2023 to March 2024.
    - Social prescribing focus on falls and CVD – significant improvement in referral rates into Elevate falls service and improved joint working with the Falls Service.
- Local Care programme, Rapid Response and Virtual Ward – moved into business as usual.
- Regular workshops to enhance joint working; adoption of the **Prevention Framework.**

3.4 Shropshire and Telford and Wrekin Proactive Care

- Proactive Care is an NHS Long Term Plan commitment that aims to provide proactive and personalised health and care to a targeted subset of individuals living with multiple long-term conditions who could benefit most and is delivered through multidisciplinary teams (MDTs) in local communities.
- It is a model of care that is data driven, using risk stratification to identify a target cohort who are experiencing moderate to severe frailty, who experience health inequalities or who use unplanned care for routine care needs. The model utilises a population health management approach to deliver support and interventions in a coordinated way.
- The key elements of the model are detailed below:

    - The Proactive Care project team are working with South West Shropshire PCN and Teldoc PCN to implement the key elements of the model in a pilot approach on a small scale to understand the impact and benefits of working in this new way.
    - The MDT will work from Bishops Castle Community Hospital, has commenced in January 2024 with involvement from system partners and providers including SCHT, Shropshire Council, MPFT, Primary Care and the voluntary and community sector. A full evaluation of the pilot will take place in March to take forward the learnings and determine the system benefits.

3.5 CMH Transformation

3.5.1 The transformation of Community Mental Health Services was set out in the NHS Mental Health Implementation Plan 2019/20 - 2023/24. A central 'fair share' transformation funding is being provided to deliver new models of integrated

primary and community mental health care for adults and older adults with severe mental health problems. The NHS Long Term Plan has a vision to provide place based community mental health offering a person centred, whole population health approach aligned to Primary Care Networks (PCNs). This is to be achieved through recruitment of additional staff, contracting VCSE organisations and whole system change across local health and care partnerships enabling people with SMI to live well in their communities.

3.5.2 In Shropshire, Telford and Wrekin we have aligned our Community Mental Health Transformation project to the NHSE Roadmap workstreams and key milestones. We have joint governance in place with ICB oversight, existing staff have been realigned to five teams, across four community service areas to wrap around PCN populations. Decision making has been grounded by population health data though the development of data packs produced with system partners. Additional workforce have been recruited with: Mental Health Practitioners (MHPs) in seven of eight PCNs; development of a peer recovery workforce; additional psychology staff including Clinical Associate Psychologist (CAPs) undertaking a bespoke course designed in partnership with Keele University. Care planning forums are now embedded within our two pilot sites and we continue to evaluate and feed learning into the remaining PCNs.

D. Update on Shaping STW ICB

4.1 As shared at the September 2023 Board Meeting we are conducting major organisational change of the Integrated Care Board (ICB) to ensure that the organisation becomes fit for purpose and that it complies with the nationally mandated running cost reduction. On 3 March 2023 NHS England wrote to ICBs informing that running cost allowances for all ICBs would be subject to a 30% real terms reduction by 2025/26, with at least 20% being delivered in 2024/25. For Shropshire, Telford & Wrekin (STW) the real terms cumulative reduction by 2025/26 is 26%. Although the 2023/24 running cost allocation from NHS England is £9,485,000, NHS STW have a recurrent running cost spend of £10,515,000. To support narrowing of the allocation gap, NHS STW have agreed a running cost efficiency target of £1,575,000 to be delivered in 2023/24. This is on track to be delivered as part of the delivery of the 23/24 operational and finance plan. To achieve the required savings for 2024/25, we are undertaking an organisation wide single process of restructuring the ICB. Our ambition is to have an agreed final plan by March 2024 to achieve the whole of the 26% reduction.

4.2 To support delivery of the reorganisation project the ICB have commissioned Clarity Consulting Associates Ltd for a period of 6 months as the strategic partner for this work. Following several development sessions to shape our operating model, chapters 1 -3 of our draft operating model were shared with all ICB staff on 20th December 2023 for a 4-week engagement exercise. Chapters 1-3 included our case for change, statutory duties and organisational strategy including our values and behaviours. The feedback from this exercise is now being collated along with wider stakeholder engagement sessions throughout January and February. The full operating model is to be presented at our March 2024 Board. We are aiming to launch a management of change consultation on our structures in February for 45 days. We recognise these are very challenging times for our staff who are continuing to do the day job and deliver on key pieces of work, whilst we review and revise our operating model and structures.

E. Core 20 Plus Ambassadors

5.1 As part of the National Core20PLUS5 Approach; a national approach to reducing healthcare inequalities, NHS England developed the Core20PLUS Ambassador Programme. The programme aims to support those working in healthcare to narrow health inequalities by providing them with the knowledge, tools and confidence to discuss and apply what they have learnt within their own role.

5.2 The programme recently launched Cohort 2, seeking expressions of interest from all healthcare systems to become a Core20PLUS Ambassador. A brand-new role was also announced for finance specialists to become part of the Healthcare Financial Management Association (HFMA) Health Inequality Finance Fellowship (HIFF).

5.3 15 individuals from NHS Shropshire, Telford & Wrekin were successfully accepted into the programme, ranging from various departments across the ICB, Provider Trusts and Primary Care. This is an incredible achievement given the overwhelming interest the programme received and testament to the dedication of our staff in their applications.

5.4 On Monday 20th November Ambassadors and HIFFs were invited to a national launch event where they heard directly from senior executive keynote speakers including Bola Owolabi, Director for Healthcare Inequalities, NHS England; Julian Kelly, Deputy Chief Executive and Chief Financial Officer NHS England; Amanda Doyle, National Director for Primary Care and Community Services, NHS England; and representatives of the HFMA.

5.5 Over the coming months Ambassadors will be supported to form local, regional and national networks with others who seek to improve healthcare inequalities and a range of development opportunities will be available to support them in their role. A local peer development group has also been arranged to offer more tailored support from the Shropshire, Telford & Wrekin ICB Prevention and Health Inequalities Team, enabling our Ambassadors to develop their understanding of local inequalities and implement targeted actions which will improve the access and experience of healthcare services for our most under-served communities.

F. Shropshire, Telford & Wrekin GIRFT Visit – 13 November 2023

6.1 Elective Care, Cancer and Diagnostics

6.1.1 Significant progress is being made on elective care, cancer and diagnostic. The change in approach in this area of work has been recognised by GIRFT, who have recently written and advised that a recent presentation to them ' was excellent, demonstrating a clear understanding of the challenges, actions, impact to date and next steps. They described, ' it was evident that progress has been made in a number of areas and we were to be congratulated'. The full letter can be found in Appendix 1. Some achievements are listed below :

Cancer

- Clear plans to improve Faster Diagnosis standard (FDS) to 78% by March 24 – having demonstrated a month on month improvement since April 23 the actual position at November 75.3% against a trajectory of 69.6%)
- Team now in place to initially focus on appropriate demand reduction, improved pathways and quality of referrals for Gynaecology, Colorectal and Head and Neck

Elective

- Good grip on 78 week cohort – small number of patients +78 weeks across the system that have a plan to achieve the national 0 tolerance by end of February.
- Positive system working with MSK TEMS patients, with a transfer from SCHT to RJAH & SATH to ensure no patients are disadvantaged in STW
- SATH demonstrating 90.4% validation of all WLMDS RTT PAS Validation to support 'keeping our patients safe'

Diagnostics

- Improved waiting times due to :
    - Use of MRI mobile van located at Princess Royal Hospital (PRH) and 1 x CT mobile van located at Royal Shrewsbury Hospital (RSH).
    - Operationalised new outpatient scanning suite at Royal Shrewsbury Hospital, which includes a CT scanner and MRI scanner.
    - CDC located on Stafford Park now open providing appointments for CT, Ultrasound and X-ray.
    - Recruitment on going for all areas within Radiology to help fill current vacancies and to extend our current workforce due to the increase in demand, new recruits are due to start over the next few months.

G. Hospital Transformation Programme (HTP)

7.1 There has been significant progress made since the last Board meeting on HTP. Key messages are:

- **The Outline Business Case (OBC) for the transformation of hospital services across The Shrewsbury and Telford Hospital NHS Trust (SaTH) has been formally approved** in the latest and penultimate stage of national approval.

- The Trust welcomes the **Independent Reconfiguration Panel (IRP)** report and the overall conclusion that "subject to the recommendations in the report the Hospitals Transformation Programme (as described in the NHS Trust's OBC) **is the best way forward to improve acute hospital services for the whole population served in Shropshire, Telford and Wrekin, and mid Wales".**

- The Trust has **appointed Integrated Health Projects (IHP)** as its design and construction partner to progress the Hospitals Transformation Programme (HTP).

- **Full planning permission granted** by Shropshire Council for the Royal Shrewsbury Hospital development.

- We have **welcomed our contractors on site at RSH** to support enabling works.

- **Public feedback is continuing** to inform the development of our proposals. This involvement will continue and increase and over the next few weeks, months, and years there will be many opportunities for people to help us influence the physical environments and people's experience of our services.

7.2 Next steps

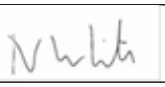
We are focusing now on **progressing the enabling works and preparing the Full Business Case** for approval which is the final step in the process. We are continuing to engage and work closely with our local communities, patients and colleagues every step of this journey to improve the experience for all our communities.

CONCLUSION

The Board is asked to NOTE the updates relating to:

- **Planning for 2024/25**
- **UEC performance over Christmas and the New Year**
- **Integrated Neighbourhood Teams**
- **Shaping STW ICB**
- **Core 20 Plus Ambassadors**
- **Shropshire, Telford & Wrekin GIRFT Visit – 13 November 2023**
- **Hospital Transformation Programme (HTP)**

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

Agenda item no.	ICB 31-01-009
Meeting date:	31 January 2024
Paper title	Delegation of Specified Specialised Acute Service Lines
Paper presented by:	**Nick White**
Paper approved by:	**Nick White**
Paper prepared by:	**Simon Collings**
Signature:	
Committee/Advisory Group paper previously presented:	

Action Required (please select):										
A=Approval	X	R=Ratification		S=Assurance		D=Discussion		I=Information	
Previous considerations:	**Not applicable**									

1. Background and Context

Background

There are currently 178 Prescribed Specialised Services that are commissioned by NHS England at a Regional and National level. Until the recent change to legislation NHS England could not delegate the commissioning of these services. The changes to legislation in 2022 mean that NHS England can now delegate the commissioning of Specialised Services to reduce pathway fragmentation at a system level and to improve outcomes for patients. These new commission arrangements are also expected to reduce health inequalities and enhance the quality of health and care for patients, by ensuring that ICBs can strategically plan and commission services for their whole population. Delegation of Specialised Services commissioning will begin with the delegation of 59 Acute Specialised Commissioning Service lines to ICBs in April 2024.

The first step in this delegation process was the development of a pre-delegation assessment framework (PDAF). This has been developed to support Integrated Care Boards (ICBs) prepare for delegation arrangements; and underpins the assessment of system readiness. It is aligned to the framework developed for the delegation of primary care Pharmaceutical Services, General Ophthalmic Services, and Dental (Primary, Secondary and Community) Services commissioning functions, but has been tailored specifically for specialised services commissioning. The ICB Board approved the PDAF in September 2023.

Delegation and Collaboration Agreements are now in development and will need to be approved by ICB boards before the end of March 2024. This agreement is currently being co-produced by ICBs and NHS England working groups. Attached is the December 2023 update paper on the delegation process and the regional overview of the delegation process. All workstreams continue to be green in January 2024. In addition to the delegation update the draft financial risk share is all included in this document. In addition to the terms set out in this paper STW will have an additional clause added in due to being a NOF 4 system. The intention of this is to provide additional assurance for the delegated resources associated with specialised services. We have been engaged with the national team to define what this condition may look like, and the current proposed wording is as follows:

Ringfencing *– Delegated specialised commissioning allocations 2024/25 will be ringfenced to be spent only on specialised commissioning services. This includes reserves and discretionary growth funding as well as existing contractual spend, both block and variable elements. This does not determine which specialised services those allocations are spent on. Any variation of this condition would need to be to approved by the regional Director of Commissioning or Director of Finance.*

Context
Specialised Commissioning Expenditure of the population Shropshire, Telford and Wrekin ICB in 2022/23 was £148m. This represents 3.7% of the total expenditure on specialised services in the Midlands of £4bn.

Providers within STW ICB delivered £64m of activity (STW £54m and RJAH £10m) to the population of STW. Out of system providers delivered the other £84m with the main outflows going to BSOL ICB (£38m) and SSOT ICB (£27m).

SATH and RJAH currently provide £90m of specialised services to patients across the country. The breakdown by provider is as follows:

- SATH – Expenditure (£66m) – Activity Units all types (149k) – Main service lines Cancer and Renal
- RJAH - Expenditure (£24m) – Activity Units all types (23k) – Main service lines Specialist Orthopaedics, Cancer and Complex Spinal

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

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

3. Recommendation(s)

The Board is asked to review the papers and note progress

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

No

5. Appendices

- Appendix 1 - Regional Briefing Paper – Specialised Services Delegation Progress
- Appendix 2 - Financial Risk Share agreement
- Appendix 3 – Delegation Agreement
- Appendix 4 – Collaboration Agreement
- Appendix 5 – Hosting Agreement

6. What are the implications for:

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

Shropshire, Telford and Wrekin's Residents and Communities	Detailed analysis of flows was undertaken as part of preparations for 2023/24 joint working using 2022/23 data, and more recently using 2023/24 population-based budgets. This informs the action required to manage patient flows between different geographies.
Quality and Safety	ICB will continue to access the clinical, pharmaceutical, and quality governance functions provided by the NHS England regional multi-disciplinary team responsible for commissioning specialised services. These functions will continue to support delegated commissioning on a regional footprint post April 2024.
Equality, Diversity, and Inclusion	NHS England – Midlands and ICB colleagues have jointly worked on a health inequalities strategy for specialised acute and pharmacy services in the Midlands. The approach is based on the National Healthcare Inequalities Improvement Programme, and, like the ICB strategies, our strategy shares the

	overarching vision and 5 principles for delivery, under which actions are set out for delivery at service level.
Finances and Use of Resources	Finances and liability follow the function that is delegated, contracts will transfer and ICBs have decision making authority, details of which will be laid out in the terms of the delegation agreement.
Regulation and Legal Requirements	None
Conflicts of Interest	None
Data Protection	None
Transformation and Innovation	The 2022/23 planning cycle reflected improvements in process by systematically worked across all sectors and engaging with all 11 ICB in the co production of the 1-year strategic business plan. Going forward delegated commissioners need to develop key priorities smartly to enable us to monitor the performance matrix
Environmental and Climate Change	None
Future Decisions and Policy Making	ICB will continue to be partners in the West Midlands Joint Committee, where each ICB has equal authority and standing. A Multi-ICB Agreement (MIA) will set out the terms under which the Joint Committee will operate.
Citizen and Stakeholder Engagement	Public participation for services commissioned by NHS England and delivered by providers has often been undertaken by statutory providers, who have used their local contacts through PALs, local patient groups and local authorities to engage directly with patients and carers while NHS England has offered stakeholder support through HOSCs and with national and regional charities and patient groups. This has helped support ongoing feedback for existing services as well as decisions on new services and changes.

Request of Paper:	To update the Board on the delegation of specialised services	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

Briefing Paper

Date: December 2023

Paper Title: Delegation of Specified Specialised Acute Services

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Executive summary: This paper provides a summary of the process for the delegation of the 59 Acute Specialised Commissioning Service lines that are due for delegation to ICBs in April 2024

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1 Introduction and purpose of the paper

1.1 The 2022 legislation enabled NHS England to delegate some of its statutory commissioning functions to another NHS body.

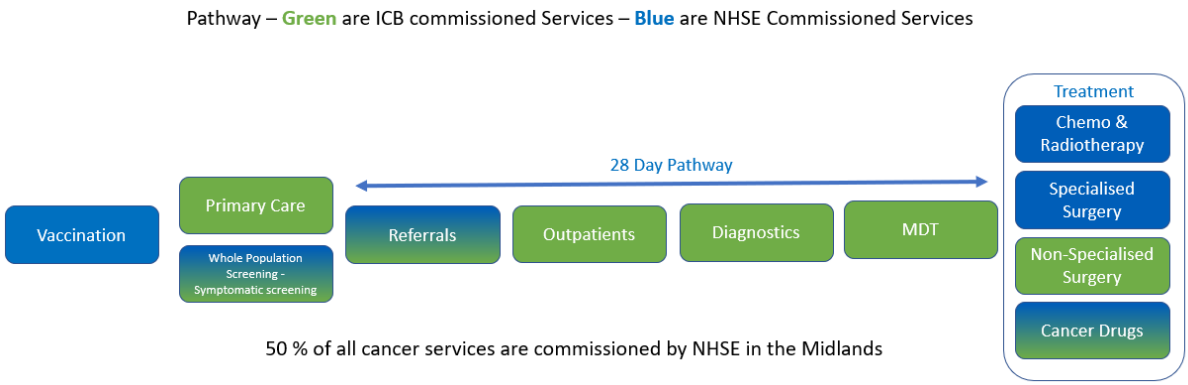
1.2 Delegation means that NHS England will delegate its statutory functions with finances and liability to follow the function that is delegated. ICBs will have decision making authority, details of which will be laid out in the terms of the delegation agreement.

1.3 On the 6th December NHS England Board approved plans to delegate 59 specialised acute services to the Midlands region, the North West region and the East Region. The remaining regions will continue with Joint Working until delegation in April 2025.

2. What is delegation trying to achieve

2.1 The overarching aim is to bring the population resource closer to the populations served, breaking down organisational barriers across pathways of care. This is expected to reduce health inequalities, whilst improving the quality of health and care for patients, by ensuring that ICBs can strategically plan and commission services for their whole population.

2.2 The key objective of delegation is to join up fragmented pathways to improve outcomes for patients. The current cancer pathway illustrates fragmentation and opportunities for joint planning.



3. What services are being delegated from 2024?

3.1 There are 3 categories of specialised services illustrated below.

3.2 In April 2024 the 59 specialised acute services in category 1 are being delegated to ICBs.

3.3 There is currently a rapid review of the category 2 services which will either remain with NHS England or be delegated to ICBs in April 2025. These include Mental Health Learning Disability and Autism and specialised Pharmacy services (as well as some additional Acute Services).

3.4 The delegation of specialised services will build upon experience and lessons learnt from the delegation of Pharmacy, Optometry and Dentistry. Each of the 11 ICBs has senior representatives on the oversight group for the transition – the Operating Model Group (OMG), who lead the design and development of the approach to delegation. Several working groups focussing on Quality, Finance, & Governance, all with ICB involvement feed into OMG (oversight group).

3.5 Retention of the skills, knowledge and experience of existing teams and ensuring continuity of support and organisational memory of those operational teams remains a key priority.

3.7 There is a national policy intention to work towards the delegation of vaccination services in April 2025.

3.8 Screening services may be considered for future delegation and are currently undergoing national review to determine if and when this could take place.

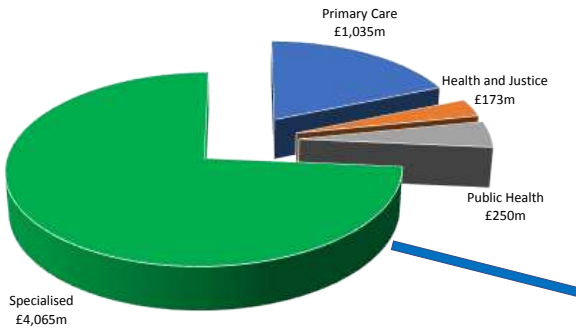
3.9 Health and Justice services will not be delegated.

3.10 NHS England's updated policy position is that there needs to be a clean break between NHS England retained functions and ICB delegated functions. Therefore, previous assumptions of a shared NHS England/ICB workforce requires further work. As such NHS England will continue to host the workforce for the 59 specialised services that will be delegated on the 1st April 2024 for a further year. 2024/25 will be a transitional year for the workforce which will be supported by a hosting agreement between NHS England and the ICBs.

4. Finance

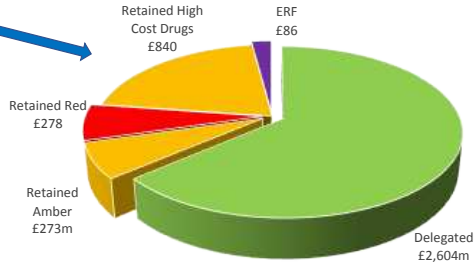
4.1 The budget for these services will be transferred to ICBs upon delegation. ICB directors of finance and NHS England, through the finance working group are developing mechanisms for financial governance. The diagram below is an illustration of the financial operating context based on 2023/24

Operating Context



Integrated Care Board West Midlands	Population
NHS Birmingham and Solihull ICB	1,575,773
NHS Black Country ICB	1,295,518
NHS Coventry and Warwickshire ICB	1,062,935
NHS Herefordshire and Worcestershire ICB	821,214
NHS Shropshire, Telford and Wrekin ICB	524,267
NHS Staffordshire and Stoke-on-Trent ICB	1,175,828
East Midlands	
NHS Derby and Derbyshire ICB	1,115,047
NHS Leicester, Leicestershire and Rutland ICB	1,196,729
NHS Lincolnshire ICB	810,765
NHS Northamptonshire ICB	819,533
NHS Nottingham and Nottinghamshire ICB	1,249,094
Total	**11,646,703**

England



Service Area	Status
Primary Care	Delegated April 2023
Health and Justice	No plan to delegate
Public Health	Future delegation 2025 onwards
Specialised	Partially delegated April 2024

3 |

4.2 Specialised Commissioned Services have the potential for significant variation in spend levels due to the high cost of procedures. These procedures could vary greatly between areas. As with the delegation of Pharmacy, Optometry and Dental (POD) services, consideration is being given to establishing a financial risk framework (a set of rules and behaviours which govern the way we manage the risk that may arise within the specialised delegated budgets between delegated ICBs of the Midlands Region). The focus of the risk share being a pooling of resources enabling risks to be understood and managed.

5. The Delegation Process

5.1 Delegation agreements will be between individual ICBs and NHS England, who will be required (through clause 8 in the delegation agreement) to form joint working arrangements with other ICBs within a Multi-ICB footprint. This will be supported by formal ICB Collaboration Agreements which will be between the East ICBs and the West ICBs.

5.2 The Multi-ICB commissioning footprints for the Midlands are:

- East Midlands (Notts and Nottinghamshire ICB, Derby and Derbyshire ICB, Lincolnshire ICB, Leicester, Leicestershire and Rutland ICB, and Northamptonshire ICB)
- West Midlands (Birmingham & Solihull ICB, the Black Country ICB, Shropshire, Telford and Wrekin ICB, Staffordshire & Stoke-on-Trent ICB, Herefordshire and Worcestershire ICB, Coventry and Warwickshire ICB).

5.3 The Delegation Agreement and Collaboration Agreement will need to be approved by ICB boards before the end of March 2024. This agreement is currently being co-produced by ICBs and NHS England working groups.

5.4 The Collaboration Agreement (with appropriate updated ToRs) will replace the current Joint working agreement that supports the East and West Boards. This Collaboration agreement (1 East and 1 West) will be between the ICBs and will outline how ICBs work together, how decisions will be made including the following components:

- Governance arrangements
- Financial arrangements
- Joint committees
- Information governance and sharing
- Commissioning hub arrangements

5.5 The Collaboration Agreement will be developed through the various joint ICB and NHS England working groups (finance, quality, governance) which all include nominated ICB representatives. This will be overseen by the Operating Model Group chaired by Karen Helliwell and Ali Kemp.

5.6 The Delegation Agreement and Collaboration Agreement require final approval by ICB CEO's by mid-March 2024, to allow for 1st April delegation. Final drafts of these documents will be available by 31st January 2024.

5.7 Templates for the three key governance documents have been shared with your teams and are included in the appendices for reference and information.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	**ICB 31-01-010**
Meeting date:	**31 January 2024**
Paper title	**Advancing Provider Collaboratives Across Shropshire, Telford & Wrekin**
Paper presented by:	**Harry Turner, Provider Collaborative Lead Chair, Patricia Davies, Lead CEO supported by Nigel Lee, Director of Strategy & Partnerships SaTH & ICB**
Paper approved by:	**Provider Collaborative Chairs & CEOs SaTH, RJAH, MPUFT & SCHT**
Paper prepared by:	**Nigel Lee, Director of Strategy & Partnerships SaTH & ICB**
Signature:	
Committee/Advisory Group paper previously presented:	

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

Previous considerations:	**Not applicable**

1. Background and Context

1.0 Introduction

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. Formalising provider collaboratives is a culmination of a national policy focus on addressing the complex challenges facing health and social care through system working and exploring the potential of working at scale.

As of July 2022, all NHS trusts providing acute and mental health services are required to join a provider collaborative. NHS community and ambulance Trusts and non-NHS providers, such as Voluntary, Community and Social Enterprise (VCSE) sector organisations or independent providers, will be offered the opportunity to take part where this will benefit patients and makes sense for the providers.

This paper sets out the NHS Provider Trust collaboration activity that has taken place in Shropshire Telford & Wrekin (STW) in the latter part of 2023, ongoing actions, and next steps.

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

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

3. Recommendation(s)

The NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to note the progress and plans for the Provider Collaboration between the four NHS Provider Trusts.

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

Provider collaborative is a national priority objective, focusing on combining leadership and resources to support Integrated Care Systems in addressing performance, workforce, quality and financial sustainability.

5. Appendices

Appendix 1 – Development of MSK Pathway

6. What are the implications for:

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

Shropshire, Telford and Wrekin's Residents and Communities	Aim is to provide more sustainability and effective services together.
Quality and Safety	
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	Supports development of ICS operating model

Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

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

ADVANCING PROVIDER COLLABORATIVES ACROSS SHROPSHIRE TELFORD AND WREKIN

1.0 Collaboration between the 4 NHS Provider Trusts

1.1 The three STW-based NHS Trusts, Shropshire Community Health NHS Trust (SCHT), The Robert Jones and Agnes Hunt NHS Foundation Trust (RJAH), and The Shrewsbury and Telford Hospital NHS Trust (SATH), together with Midlands Partnership University NHS Foundation Trust (MPUFT), are committed to delivering high quality healthcare to our communities and beyond. Over the last 12-24 months, the four Trusts have delivered important improvements in key areas, through a mix of organisational and collaborative working. Formalising and enhancing these relationships is important, and each Provider Trust identifies and fully embraces the need and benefit of working within Provider collaborations, and our role in collectively defining and delivering effective collaborations at pace for the benefit of our patients.
The four Trusts see the following as advantages in great collaboration:

- The collective development of cross-provider opportunities for greater efficiency, including removal of unwarranted variation in care and duplication of effort.
- Greater transparency and management of organisational challenges and blockers to progress.
- More effective, timely and collective decision making.
- The sharing of risk across providers to facilitate 'braver' decisions, and
- The identification and implementation of innovative practices that enhance our ability to deliver high quality care to our communities, to improve health outcomes, e.g., innovative workforce solutions.

1.2 The four Trust Chairs and Chief Executives have implemented a Provider Leadership Board model utilising a Committees in Common (CiC) framework, with each of the four Trusts delegating authority to its own Board Committee (Provider Committee). The CiC structure has been established to support the Provider Collaborative and Terms of Reference for each Committee have been drafted and supported by each of the Provider Trust Boards of Directors. The first meeting of the CiC took place on 27 November 2023 in shadow form, and further meetings took place on 20 December 2023 and 8 January 2024. Each of the four Providers have delegated authority (within the scope of their Scheme of Delegation) to its own Board Committee; members which will meet in common to facilitate shared oversight and decision making.

1.3 Each provider will have its own Board-delegated Provider Committee, which would meet with the other Provider Committees, in common; thus, four committees meeting at the same time. Each Provider Board Committee will be chaired by the respective Trust Chair, supported by its Chief Executive, a nominated Trust Non-Executive, and a Trust Executive. Through membership of the four Provider Committees, the CiC will be supported by clinical,

operational, HR and financial Executive input, as required by the work programme. Detailed membership and accountabilities will be refined as the governance model is developed.

1.4 The CiC will integrate, where there is community value and mutual benefit, the delivery of acute, specialist orthopaedic, community and mental health services across STW ICS. The goal of the CiC is to facilitate working together at pace, for the delivery of the expected benefits for our patients and communities, including the reduction of unwarranted variation and inequalities in patient outcomes, access, and experience while, in parallel, we evolve our thinking and ambition, learning from and building upon examples of successful collaboration.

1.5 Together, the CiC will:

- Deliver to a shared vision and commitment to collaborate.
- Develop and deliver strong accountability mechanisms for all members.
- Build on existing successful governance arrangements from across England.
- Ensure efficient, collective decision-making.
- Embed clinical and community voices in our work.
- Identify and deliver streamlined ways of working.

1.6 The Committee will continue to meet monthly through Q4 2023/2024 to maintain pace on the agreed priorities and workstreams outlined below, in addition to progressing the governance and organisational development arrangements for further development of the CiC function, scope and decision making.

2.0 Programmes of Work and Milestones

2.1 The CiC agreed and signed off 4 priorities on 27 November 2023 that have the biggest initial yield in terms of improved ways of working and better outcomes for patients, and areas in which providers are inextricably linked and dependent on each other for delivery of the whole pathway of care to patients. These areas are the greatest in terms of productivity and efficiencies, which in turn impact on financial and wider sustainability of care delivery across STW. There are other areas of back office/support functions, clinical governance, and wider areas of governance that the collaborative is exploring in terms of efficiency, resilience and patient safety. These are enablers to and fall out of the delivery of the 4 priorities agreed below:

1. **UEC** – key areas of focus from a provider collaborative perspective will include virtual ward expansion, Integrated discharge team and sub-acute wards; these are the responsibility of providers to deliver in line with the agreed plan.

2. **CYP (MH, LD & A)** –- led by MPFT. Taking a Population Health Management Approach to understand the current and future demand and

capacity requirements, looking at the acuity and demographic profile of the population to ensure that the service specification and service KPIs accurately reflect the needs of the local population. Understanding the health inequalities across STW that will impact on the delivery of CYP MHLD&A services. Undertake a strategic Mapping of MHS, Voluntary Care Sector and LA priorities across the CYP MHLD&A agenda, current service offers and evaluate effectiveness. Leading to development and delivery of CYP MH, LD&A strategy. Identify and secure the required Investment/resource management from the 5-year LTP and ensure delivery is aligned to the clinical strategy with development of provider collaborative models of transformation.

3. **MSK** – led by RJAH. Focus is on development across the Musculo-skeletal pathway, and includes primary care. A report with further detail accompanies this paper. **Appendix 1**

4. **Workforce** – Priority area of focus is the establishment of recruitment hub.

2.2 Whilst the workstreams above already exist as system collaborative programmes of work and have programme plans, milestones and deliverables articulated, the CiC structure will provide oversight and scrutiny of these programmes; additional benefit can be gained by mobilising collective efforts to ensure pace of delivery in line with the already agreed plans, and to agree additional actions and mitigations and alignment of collective resources where performance against these plans is off track or to accelerate delivery. In sum, the CiC can be utilised to unblock issues through joint decision making and a shared risk appetite.

2.3 Work is ongoing with the ICB and Trusts to ensure clarity regarding system responsibility for the above programmes of work that stretch beyond any single organisation and the collaborative, and plans for a strategic commissioning approach to deliver now and into 2024/2025. Furthermore, with the proposed changes to the ICS/ICB governance, all partners will collectively need to work through workstreams, meeting structures and focus for meetings to reduce dual reporting, and to be clear on the elements that the ICB as a strategic commissioner needs to 'hold the ring on' and that which should be the focus of the provider collaborative.

2.4 The CIC will provide oversight of the delivery of the financial outcomes of the included programmes of work, to ensure that these are forecasted, tracked and realised. In this way, the CIC will contribute to the assurance of delivery of the Provider financial targets.

3.0 Next Steps

3.1 The CiC commenced in shadow form, and a key next step is to develop the formal legal framework and integrated governance arrangements, across the NHS Trusts and also defining the relationship to the ICB. In order to do this effectively and also draw on lessons learnt and best practice from other

collaboratives, an experienced strategic partner has been commissioned to support the Trusts.

3.2 The first development session took place of 22 November 2023 with Executives and Non-Executive Directors (NED) from all four Provider Trusts. There are a further three organisational development sessions planned with Executives and NED over the course of the next quarter to support the development of the CiC arrangements. Wider communication is also planned.

3.3 Within its guidance to NHS Trusts, NHS England places a significant emphasis on the importance of having dedicated leadership resource to support the work of the collaborative, while also recognising that collaborative working must be built into existing roles, such as for clinical and operational leadership roles. NHSE case studies of existing provider collaboratives found that typically, administrative, and operational staff from collaborating trusts are partly or wholly assigned to support the work of the collaborative. The working of the shadow CiC will inform the requirement for administrative, governance and project management resource.

3.4 The CiC is the start of our formal journey towards highly effective collaboration across STW. Critically, given our geography and scale, and to ensure we optimise benefit for the population, participation in the CiC will not preclude the development of horizontal collaborative working between Trusts and providers in other ICSs where there is clear benefit for STW patients and citizens, e.g. SaTH & University Hospitals North Midlands (which has been in place for more than 18 months) and RJAH & Royal Orthopaedic Hospital. Over a mutually agreed period, we will collaborate with other key partners across the ICS to secure their inclusion in the (work of the) CiC – Primary Care, Councils, WMAS, Voluntary Sector etc. – and vice versa. We will also review alternative models of collaboration, to ensure that we are optimising the way we are working together.

3.5 Future programmes may include programmes of work relating to Workforce, Women's and Children's and Mental Health, and key enabler programmes such as programmes of work related to estates and digital transformation. Programmes will be prioritised for inclusion following a benefit/risk assessment, to ensure effective implementation of the CiC framework. In parallel, strategy leads for the ICB and Trusts are working closely to ensure that strategic plans are aligned across partners, and support delivery of the Integrated Care Partnership Strategy and Joint Forward Plan.

Appendix 1

MSK Transformation: 2023 – 2026

Vision statement

"Supporting people to live with good lifelong musculoskeletal health and freedom from pain and disability"

Objectives are to:

- Deliver high quality outcomes for patients.
- Deliver efficient and equitable services for the patients of Shropshire, Telford and Wrekin
- Improve population health and health care.
- Enhance productivity and value for money.
- Support broader social and economic development.
- Invest in digital technologies to enhance the MSK offer.

Key Achievements from the last 12 months

- MSST Go-Live
- Development of a Single Point of Access and Triage
- Secured over £0.5m in digital funding
- Specific pathway development inc CES and GCA

REFERRALS (Not Activity) for STW based MSK to Ortho Care					
Description	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	***Ave***
Population STW	509015	509015	509015	509015	***509015***
Total Referrals accepted to SPOA	3203	2918	3073	3280	***3118.5***
% of STW population entering MSK SPOA	0.63%	0.57%	0.60%	0.64%	***0.61%***
Total STW Ortho referrals	1007	699	702	607	***753.75***
% of STW population referred for Ortho	0.20%	0.14%	0.14%	0.12%	***0.15%***
% of total SPOA referrals to Ortho	31.34%	23.95%	22.84%	18.50%	***24.16%***
Number Ortho referrals triaged at SPOA	925	599	539	397	***615***
Initial triage % of total SPOA to Ortho	28.89%	20.53%	17.54%	12.10%	***19.77%***
Following L3 Interface (Included in above)	82	100	163	210	***138.75***
L3 % of total SPOA referrals to Ortho	2.56%	3.43%	5.30%	6.40%	***4.42%***
Total L3 Activity	491	815	1018	1324	***912***
% L3 activity referred to Ortho	16.70%	12.30%	16.00%	15.90%	***15.23%***

Outcomes / KPI's

The long term success of the programme will be focused on the 3 high level metrics laid out below which will be reviewed on an bi-annual basis, there are a number of supporting metrics which will be monitored more frequently to assure progress is being made.

To ensure that there is a continuous focus on tackling health inequalities through this programme of work, these metrics will also be reviewed by deprivation and ethnicity.

Reduce Years Living With Disability	Optmise Expenditure on MSK Services	Manage more patients through conservative care
•Patients accessing pain managment •A&E attendances with 'bak pain' as primary diagnosis •RTT perfromance •Rate of hipfracture amongs people aged 65 years and over	•LoS for primary Hip and Knee replacements •Readmissions wothin 28 days •Daycase % of BADS procedures •PIFU rates •DNA rates •Reduction in time spent on administrative processes •Application of NICE and GIRFT giudance	•People engaged with self managment programmes •% of population entering MSK SPOA •% of population reffered to Orthopaedics •Reduction in people on high opiods. MSK prescriptions

Finance

STW ICB are forecasted to spend £41.6m on MSK services in 2023/24, 53.0% with RJAH, 20.8% with SaTH and 10.4% with SCHT. The remaining 12.8% which equates to £5.3m is with out of area and independent sector providers.

In 2022/23 the MSK Programme had an efficiency target of £1.2m and delivered £660k, the underachievement of £548k was largely down to the delayed commencement of the MSST service (£373k) and a re-evaluation of the estate opportunities (£100k).

In 2023/24 the efficiency target is £1.3m, split between £1.1m of growth avoidance and £0.2m of cost releasing savings. The data required to prove the growth suppression is in its infancy but is showing the anticipated positive impact.
The financial forecast for 2024/25 and beyond remains in development, the areas of focus are as follows;

- Cash releasing benefits - £205k identified to date
- Growth suppression – to be confirmed aligned to the revised baseline

- Increased productivity (DNA rates, theatre utilisation and inpatient LoS across providers) – to be confirmed

Digital

The MSK transformation team hosted a Digital Strategy Day in December 2023, bringing together colleagues from across the system and from the digital industry, the outputs from this day will be collated to form the 'MSK Digital Strategy'.

The NHS Health Technology Adoption and Acceleration Fund (HTAAF) programme has provided a significant opportunity for investment in MSK services.

The MSK programme team were successful in securing £545,000 of investment across 3 programmes of work;

- Good Boost: A supported self-management service based in community settings.
- MyRecovery: A self-referral and self-management tool.
- Strata: Integrate e-RS and Trust EPR's with the addition of an Artificial Intelligence tool to support appropriate streaming.

Each of these programme have clear KPI's and anticipated returns on investment to be monitored across 2024/25.

Patient and Population Engagement

The MSK Transformation Programme has developed an engagement plan to ensure STW residents are involved in service design.

Patient engagement is already embedded in the governance structure, with a person with lived experience being part of our Pain Clinical Delivery group, and a nominated STW resident attends the MSK Board meetings monthly.

Wider engagement was undertaken in January 24, with a MSK Shropshire, Telford and Wrekin Patient Survey being published for residents to complete and will also be given to patients attending appointment with MSK services.

Focus sessions to engage with patients who live with pain are also planned for March 24. Their views will support us to design our service specification for pain. This method of engagement will be used to support other service design as we move through the programme.

A Stakeholder reference group is also planned to be set up and run to support the MSK Transformation Programme.

To ensure that we have a wide range of views from different perspectives, we will also use MSK patient data, to identify our service users, and ensure we then target our resources to contacting people in the right geography area and groups of people. ICB data to be received in January 24.

Next Steps

At the Provider Committee in Common held on 8th January the providers approved the following recommendations.

- Approve the disbandment of the 'legacy TeMS' Rheumatology and Orthopaedics services to RJAH and SaTH respectively.
- Support the development of a single administrative function for MSST, reporting.
- Share financial data on MSK expenditure by provider to allow for a more thorough financial analysis.
- Commitment to reduce out-of-area and independent sector expenditure on MSK service.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

INTEGRATED CARE BOARD

Agenda item no.	ICB 31-01-011
Meeting date:	Wednesday 31st January 2024
Paper title	Tackling Inequalities in Access, Experience and Outcomes
Paper presented by:	Liz Noakes, Director of Health and Wellbeing, Telford & Wrekin Council Chair System Prevention and Health Inequalities Board Tracey Jones, Director of Mental Health, Learning Disabilities & Autism, Children & Young People and ICB Lead for Health Inequalities, NHS Shropshire, Telford & Wrekin
Paper approved by:	Simon Whitehouse Chief Executive Officer ICB
Paper prepared by:	NHS Prevention and Health Inequalities Team NHS Shropshire, Telford & Wrekin
Signature:	
Committee/Advisory Group paper previously presented:	N/A

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

Previous considerations:	

1. Executive summary and points for discussion

1.1. Integrated Care Board members will be aware that Prevention and addressing Health Inequalities are a core component of the Integrated Care Strategy and associated Joint Forward Plan.

1.2. 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 people's experience of and access to care.

1.3. As a system there are actions undertaken which addresses the wider determinants of health which are reported and monitored through both Shropshire and Telford and Wrekin Health and Wellbeing Boards and other local authority governance boards. Whilst these are not highlighted in the body of this report, the Board are asked to note that this work is ongoing alongside the specifics of the NHS healthcare requirements in the Operational Planning Guidance.

1.4. Following the system health inequalities evaluation presented to ICB Board in March 23, a system wide Prevention and Health Inequalities Board was established in September 2023, chaired by the Director of Health and Wellbeing, Telford & Wrekin Council.

1.5. The function of the Prevention and Health Inequalities Board is both to monitor the progress of the specific programmes currently being undertaken as they relate to the core health inequalities objectives in the NHS Operating Guidance and Joint forward Plan and to ensure greater collaboration takes place across the system.

1.6. This report details the key findings of the quarter three stocktake of progress against planned actions. Of the 37 programmes and projects listed in the plan, 25 programmes of work are on track to deliver planned actions and 12 programmes are experiencing delays or risks of delay.

1.7. To measure the impact and progress of reducing health inequalities in Shropshire, Telford and Wrekin, an associated programme of work is nearing completion of a local data exploratory tool. This report details this tool which will allow measurement over time in relation to progress and impact in specific subgroups of the population currently experience greatest inequalities.

1.8. The report also highlights the outputs of the workshop event in December 2023 which identified four key areas of focus to enhance collaborative working and impact during 2024/25:

- Waiting well initiatives to improve health and wellbeing particularly relating to those waiting for MSK interventions.
- Assessment of our system's maturity as an anchor institution and develop a programme of work to increase our impact as an ICS.
- Utilise systematic pathway approaches to ensure our prevention offers (including weight management and smoking cessation) are integrated into existing practices and that we continue to focus on the interrelated elements of physical and mental well-being.
- Working with our Population Health Management Group develop our system wide knowledge and intelligence and agree key performance metrics.

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

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

3. Recommendation(s)

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

3.1.1. Note the contents of the report and the progress made to date
3.1.2. Continue to support and champion progress against health inequalities key priorities within your respective organisations to improve the experience and health outcomes of the CORE20PLUS populations.

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

4.1. n/a

5. Appendices

5.1. Appendix 1a – Q3 23-24 Highlight Report.
5.2. Appendix 1b – Q3 23-24 AAA Report Summary.
5.3. Appendix 2 – Communication – HI Conference and Workshop
5.4. Appendix 3 – Health Inequalities Outcomes Dashboard

6. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	The content of this paper refers to system action to reduce inequalities in health outcomes specifically for communities living in high levels of socio-economic deprivation, those with protected characteristics and inclusion health groups.
Quality and Safety	Addressing inequalities improves patient experience and effective efficient care processes

Equality, Diversity, and Inclusion	Supporting the importance of delivery of differential and targeted care for our CORE20 PLUS is integral to the ICBs promotion and commitment to the EDI workforce and wider community agenda .
Finances and Use of Resources	Investment in and focus on health inequalities and prevention contributes to reducing overall system costs of treating later stage illness.
Regulation and Legal Requirements	Legal duty for Integrated Care Boards (ICBs) and Foundation/Trusts to collect, analyse, publish and use information on health inequalities under Section 13SA of the National Health Service Act 2006
Conflicts of Interest	n/a
Data Protection	n/a
Transformation and Innovation	Providers are engaging in programmes of transformation and innovation to deliver services that aim to reduce inequalities.
Environmental and Climate Change	n/a
Future Decisions and Policy Making	n/a

Action Request of Paper:	Note the contents of the report and the progress made to date Continue to support and champion progress against health inequalities key priorities within your respective organisations to improve the experience and health outcomes of the CORE20PLUS populations.		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Meeting:	Integrated Care Board
Meeting date:	Wednesday 31st January 2024
Agenda item no.	ICB 31-01-011
Paper title	Tackling Inequalities in Access, Experience and Outcomes

1. Background

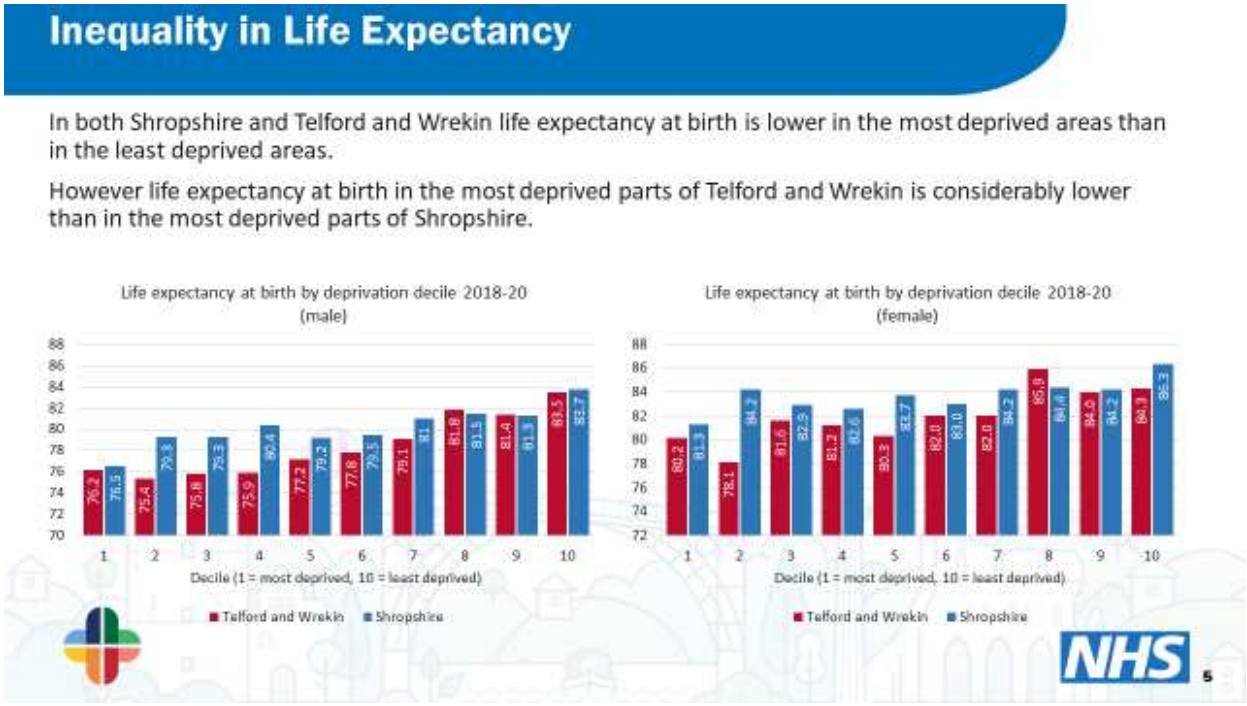
1.1. Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and people's experience of and access to care.

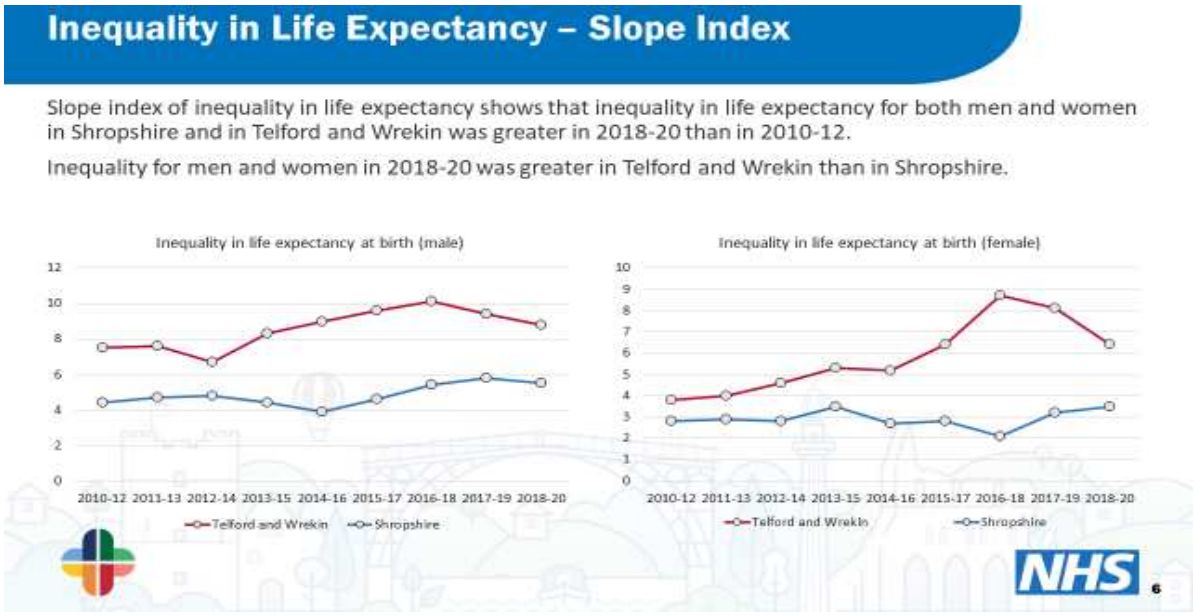
1.2. Research shows that people living in areas of high deprivation, those from Black, Asian and minority ethnic communities and those from inclusion health groups, for example the homeless, are most at risk of experiencing health inequalities

1.3. Tackling inequalities in outcomes, experience and access of healthcare services is one of four key purposes of Integrated Care Systems (ICSs) and should be central to everything we should do.

1.4. Life expectancy is lowest in the most deprived 20% of areas (Decile 1 & 2 below) and there is a gradient in life expectancy by deprivation in both Telford & Wrekin and Shropshire.

1.5. Inequality in life expectancy is largest in Telford & Wrekin compared to Shropshire. However, both local authorities have smaller gaps compared with their statistical neighbours. Inequalities in life expectancy has been increasing over the last decade but in 2016-18 in Telford & Wrekin started to decrease.





1.6. According to the 2021 Census, there are 60,100 people living in the 20% most deprived areas nationally in Shropshire, Telford & Wrekin, of which 45,400 live in Telford & Wrekin and 14,700 live in Shropshire. These areas are those to which the National 'Core20' approach to target improvements in health and healthcare inequalities is targeted. There are also a range of other excluded groups that we have considered locally as part of this approach, for example, those with Learning Disability and households at risk of rural exclusion.

2. NHE Operating Plan Guidance / Joint Forward Plan Commitments

2.1. There are five priority objectives which underpin the National Healthcare Inequalities Improvement Programme and remain central in the 2023/24 Operational Planning Guidance to ensure focused action continues to take place:

i. **Restoring Services Inclusively** – using local data to plan the inclusive restoration of healthcare services, ensuring that waiting list performance reports are delineated by ethnicity and deprivation.

ii. **Mitigating Against Digital Exclusion** – enabling robust data collection to identify which populations are accessing face-to-face, telephone and virtual consultations (broken down by relevant protected characteristic) and ensuring the impact of digital innovation is assessed, considered and mitigated.

iii. **Ensuring Datasets are Complete and Timely** – to improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services and specialised commissioning.

iv. **Accelerating Preventative Programmes** – driving initiatives which focus on the prevention of long-term conditions including those focused on lifestyle-related risk-factors and the clinical areas outlined in the Core20PLUS5 for Adults and Children & Young People.

v. **Strengthening Leadership and Accountability** – ensuring named executive leads are appointed for tackling health inequalities, improving awareness and

knowledge of the workforce and supporting access to relevant training and development.

2.2. A high-level implementation plan was developed with system leads in Q4 2022/23 to identify key programmes of work aligned to priority objectives, including improving outcomes for people with Learning Disabilities and Autism (LDA) and those living in rural areas. The plan identifies 20 high-level priority objectives aligned to the Operational Planning Guidance and Core20PLUS5 and outlines key actions and deliverables for the forthcoming year with a view to monitor progress each quarter in alignment with national reporting requirements.

2.3. Key partnership initiatives in the plan relate to those CORE20PLUS elements enabled through short-term funding applications to NHS England (NHSE). STW Integrated Care System (ICS) has been successful in all applications for external inequalities-based funding and this funding has supported the establishment of our successful Core20PLUS Connectors Project 'Cancer Champions', the Innovation for Healthcare Inequalities (InHIP) Hypertension Community Case-finding Project and more recently, additional funding to support reducing health inequalities in Cardiovascular Disease (CVD).

2.4. To improve oversight of the plan, governance changes were enacted through the establishment of the Prevention and Health Inequalities Board in September 2023. The Board is Chaired by the Director of Health and Wellbeing, Telford & Wrekin Council, with membership from Healthcare Inequality Senior Responsible Officers from health sector organisations.

2.5. The function of the Prevention and Health Inequalities Board is both to monitor the progress of the specific programmes currently being undertaken as they relate to the core health inequalities objectives in the NHS Operating Guidance and Joint forward Plan and to ensure greater collaboration takes place across the system.

2.6. A robust reporting and monitoring framework was developed to provide oversight of progress made against the actions and deliverables outlined in the high-level implementation plan, relevant risks and mitigations but also key highlights of best practice and successes taking place across the system to celebrate achievements. The highlight reporting for each programme can be seen in **Appendix 1a and 1b.** These appendices detail the reporting templates used at the Prevention and Health Inequalities Board, enabling members to draw attention to projects rated as amber (delayed or at risk of delay) or red (escalation required). Please refer to **Appendix 1a for the full Quarter 3 2023/24 report.**

3. Progress Against Actions

3.1. This report details the key findings of the quarter three stocktake of progress against planned actions. Of the 37 programmes and projects listed in the plan, 25 programmes of work are on track to deliver planned actions and 12 programmes are experiencing delays or risks of delay.

	Objective	Work Programme / Project	Slide	RAG
1	Restore NHS Services Inclusively	Elective restoration programme	5	
2	Mitigate Against Digital Exclusion	2023/24 Digital Strategy	6	
3	Datasets are complete and Timely	System-wide data-sharing	7	
		Provision of baseline data and intelligence to support objectives (using a PHM approach)	8	
		Improved ethnicity recording	9	
4	Accelerating Preventative Programmes (objectives 6 – 20)			
5	Leadership and Accountability	Established senior roles across all organisations	10	
		Improved governance (system-level and Provider)		
		Improved HI awareness and training	11	
		Standardised approach to assessing impact		
		Equality, Diversity and Inclusion (EDI)	12	
6	Prevention: Alcohol Care Teams	Implementation of Alcohol Care Teams	14	
7	Prevention: Tobacco Dependency	Implementation of Tobacco Dependency Teams	15	
8	Prevention: Obesity/Weight Management	NHS Digital Weight Management Programme	16	
9	PLUS Group: Learning Disabilities	LD Physical Health Checks	18	
		LeDeR Action Plan	19	
10	PLUS Group: People Living in Rural Areas	Exploration of the impact of rurality	20	
11	Core20PLUS5 ADULT 1: Maternity	LMNS Equity and Equality Action Plan	22	
12	Core20PLUS5 ADULT 2: Severe Mental Illness	SMI Health Checks	23	
13	Core20PLUS5 ADULT 3: Chronic Respiratory Disease	Spirometry Services	24	
		Delivery of Flu and Covid-19 Vaccinations	25	
14	Core20PLUS5 ADULT 4: Early Cancer Diagnosis	STW Cancer Strategy Early Cancer Diagnosis Objectives	26	
		Early Cancer Diagnosis Improvement Plan	27	
		PCN Cancer DES	28	
		Core20PLUS Connectors (Cancer Champions)	29	
15	Core20PLUS5 ADULT 5: Hypertension and Lipids	Targeted secondary prevention Lipid Management	30	
		InHIP Hypertension Community Case-finding	31	
		Hypertension Treatment to Target	32	
16	Core20PLUS5 CYP 1: Asthma	CYP transformation for Asthma	34	
17	Core20PLUS5 CYP 2: Diabetes	Diabetes Transformation for CYP	35	
18	Core20PLUS5 CYP 3: Epilepsy	CYP Transformation for epilepsy	36	
19	Core20PLUS5 CYP 4: Oral Health	Oral Health workforce training	37	
		Provision of toothbrushes and toothpaste		
		Supervised toothbrushing for early years		
		Data analysis and audits of current waiting lists		
20	Core20PLUS5 CYP 5: Mental Health	Data analysis and audits of CYP MH access	38	
		National Mental Health Support Teams in Schools		
		Education and awareness of childhood trauma		

3.2. On review of those programmes considered delayed or at risk of delay, four common themes were identified which are impacting on progress:

i. Capacity challenges across the health system.
ii. Incomplete datasets and analysis as a result of limited analytical capacity, technical challenges or I.T. system capabilities.
iii. Awareness and understanding of objective areas and their impact on the population i.e. digital exclusion, and consequent limited engagement from healthcare organisations amidst urgent competing priorities.
iv. Limited availability of funding.

3.3. The progress against the plan is monitored quarterly by Regional NHSE Health Inequalities Team who have provided feedback of their assurance on the progress of the agenda locally. As testament to the successful work taking place this year, Shropshire, Telford & Wrekin were chosen to present at two workshops held at the Regional Health Inequalities Conference in November 2023. The workshops showcased our collaborative work in supporting Children and Young People with Asthma and our partnership approach to improving early cancer diagnosis within our most under-served communities. A third project focused on Hypertension (high blood pressure) case-finding was showcased during the conference marketplace session and the ICB Health Inequalities Lead was asked to feature on the event panel. A recent comms. release highlighting the day can be seen in **Appendix 2.**

3.4. The Prevention and Health Inequalities Team are preparing to undertake a further evaluation to understand and benchmark progress made in 2023/24 against the previous year. The evaluation provides an opportunity for learning from both in-year challenges and successes and the outcomes will be considered in the planning for 2024/25.

4. Monitoring Impact

4.1. On 28th November 2023, NHS England released a Statement of information regarding the legal duty for Integrated Care Boards (ICBs) and Foundation/Trusts to collect, analyse, publish, and use information on health inequalities under Section 13SA of the National Health Service Act 2006. The domains of indicators included within the statement align to the clinical areas outlined in the Core20PLUS5 for Adults and Children & Young People. The purpose of exercising these powers is to:

i. Understand healthcare needs, including by adopting population health management approaches, underpinned by working with people and communities.
ii. Understand health access, experience and outcomes, including by collecting, analysing and publishing information on health inequalities set out in the Statement and relevant domains.
iii. Publish information on health inequalities within or alongside annual reports in an accessible format.
iv. Use data to inform action, including as outlined in the Statement.

4.2. Shropshire, Telford & Wrekin have been leading the development of a Health Inequalities Outcomes Dashboard which will allow the opportunity to identify inequity in health outcomes and service provision but also the ability to monitor improvements in health outcomes over time and the indicative impact of programmes currently in place.

4.3. The dashboard identifies 61 draft indicators across four key cohorts (age, sex, ethnicity and socioeconomic status), which align with the objectives in the Operational Planning Guidance and the Core20PLUS5 for Adults and Children & Young People (those referenced in the Statement of Information).

4.4. 12 of the 61 draft indicators have been developed alongside a summary page to provide an overview of key outcomes, subject to further review. A current view of the draft dashboard can be found in **Appendix 3.**

4.5. Over the coming months the dashboard will continue to be developed and key metrics agreed which will act as the enabler for working with our Population Health Management Group to develop system-wide knowledge and intelligence.

5. Developing further collaborative ICB priorities for 2024/25

5.1. A priority action of the Prevention and Health Inequalities Board was the organisation of a collaborative workshop for healthcare inequalities leads. The workshop took place in December 2023 and aimed to discuss and identify opportunities for joined-up initiatives which would reduce health inequalities, add greater value to services and impact positively on population health through improved collaborative working.

5.2. Key reflections from the workshop include the importance of working at scale efficiently, connecting existing system-wide work which contributes positive to reducing health inequalities and ensuring alignment with the priorities established in the Joint Forward Plan (JFP) and the Integrated Care Strategy. The outputs of the workshop have generated the foundational blocks to a developing Health Inequalities Framework, which will propel and guide joined-up action for the forthcoming year.

5.3. The four areas of focus for work in 2024/25 were identified as:

- Waiting well initiatives to improve health and wellbeing particularly relating to those waiting for MSK interventions.
- Assessment of our system's maturity as an anchor institution and develop a programme of work to increase our impact as an ICS.
- Utilise systematic pathway approaches to ensure our prevention offers (including weight management and smoking cessation) are integrated into existing practices and that we continue to focus on the interrelated elements of physical and mental well-being.
- Working with our Population Health Management Group develop our system wide knowledge and intelligence and agree key performance metrics.

6. Conclusions

6.1. The evaluation undertaken early 2023 was pivotal to understanding and implementing learning from 2022/23 projects within 2023/24 plans.

6.2. The provision of dedicated roles to support progress across the system is necessary to ensure robust oversight, coordination and delivery of multiple agenda areas.

6.3. To enact impactful change at scale, we must embed a culture of understanding and approaches which see action on health inequalities as a lens to viewing service design

and delivery, instead of an additional and separate entity.

6.4. Work is taking place to evaluate the progress made in 2023/24 and draw together a local framework for system-wide initiatives focussed on propelling our impact on the access, experience and outcomes of our most under-served populations.

6.5. The most impactful initiatives require us to work optimally as an Integrated Care System (ICS) to bring together key partners in addressing all determinants of health, including our role as Anchor Institutions and partnership working with Housing, Local Authorities and the Voluntary and Community Sector (VCSE).

7. Recommendations

7.1. Note the contents of the report and the progress made to date.
7.2. Continue to support and champion progress against health inequalities key priorities within your respective organisations to improve the experience and health outcomes of the CORE20PLUS populations.

ICB Board meeting

Agenda item no.	**ICB 31-01-012**
Meeting date:	**31 January 2024**
Paper title	**Integrated Performance Report – January 24**
Paper presented by:	**Claire Skidmore, Chief Finance Officer**
Paper approved by:	**Simon Whitehouse, Chief Executive**
Paper prepared by:	**Sam Cook, Deputy Director of Performance** **Julie Garside, Director of Performance and Planning**
Signature:	
Committee/Advisory Group paper previously presented:	

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

Previous considerations:	**Not applicable**

1. Executive summary and points for discussion

On 8th November the ICB and all providers received a letter from NHSE addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take. As a result of these pressures the agreed priorities for the remainder of the financial year are confirmed as:

- Achieve financial balance
- Protect patient safety
- Prioritise emergency performance and capacity
- Protect cancer care and high priority electives

Any revisions to forecasts, because of this process will be reflected in the Integrated Performance Report (IPR) when agreed and signed off by all system partners.

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

<u>Operational Performance</u>

- Whilst Category 2 Ambulance response times remain close to national target, ambulance handover performance continues to decline with compliance

significantly below both regional performance and localised targets. A&E 4-hour waits is consistently short of national and local targets. Recovery against the 4-hour target remains extremely challenged and work to agree a revised recovery trajectory is near complete.

- Following feedback from recent review visits from NHSE and DHSC, delivery priorities have been aligned to programmes that will have the most impact on Category 2 Ambulance performance (by reducing handover delays), A&E 4-hour waiting targets and reduction in No Criteria to Reside (NCTR) patients. In addition, 7 Winter schemes have been approved and mobilising.
- Following improved end of Quarter 1 delivery of Referral to Treatment (RTT) waits, SaTH moved to Tier 2 for Elective long waits, SaTH have no patients waiting over 104 or 78 weeks. RJAH have zero 104 week waits but have 11 patients waiting over 78 weeks with plans to treat by January. Patients wating over 65 weeks remain challenging with all Trusts forecasting breaches by the end of March if no additional support is made available.
- Whilst Cancer services continue to be challenged, significant improvement has been seen in the Faster Diagnosis Standard (FDS) with early indications that October is close to the end of year target of 75%. The number of patients waiting over 62 days continues to be better than trajectory and targeted funding from the WM Cancer Alliance will assist with the most challenged specialties.
- Diagnostic tests within the 6-week standard is showing sustained improving performance overall but endoscopy capacity is still constrained. WM Cancer Alliance have provided non recurrent funding to provide additional capacity from mid-October whilst a sustainable solution is worked through. Further capacity will be provided through the CDC which went live in early October and initial patient and public feedback is positive.
- In both Adult and CYP Mental Health services there has been sustained and steady improvement towards targets, over several metrics:
    - Dementia Diagnosis Rates
    - CYP access 1+ contact
    - Access to community MH
    - SMI Health Checks
- The Talking Therapies service whilst undertaking service transformation has identified necessary changes to activity reporting that have had a detrimental effect on performance against the access target. Work is in process with MPFT to develop and improvement plan and revised trajectory.

<u>Finance</u>

- At Month 7 the system has a deficit of £89m, which is £44.5m adverse to plan, a variation from in-month plan of £10.5m. The system is forecasting a break even position against the financial plan submitted but cannot currently provide assurance that this will be achieved. The total unmitigated risk reported at M7 is £91.7m .

- A number of actions are being pursued to narrow the forecast range so that a position can be agreed with NHSE. All partners are pursuing additional mitigations to reduce the forecast to the lowest possible variance to plan.

Quality

- Infection Prevention and Control Metrics are showing that the system will exceed its yearly national target of 76 cases, with 70 cases to the end of September 2023. Quality assurance is provided by peer review visits but capacity issues at SaTH are preventing deep cleans. This risk continues to be monitored through the Quality and Performance Committee.
- A system workshop is planned into child mortality to develop an action plan for improvement as the number of neonatal deaths remain above the national average.

Workforce

- Workforce metrics show an improvement in the number of substantive staff in post against plan. At the end of September the plan has been exceeded by 311 WTE staff when considering the 3 Trusts combined, however, the positive variance to plan in month at SaTH is compensating for small under performance in RJAH and SCHT.
- Tracking the data at staff group level shows that the Pharmacy workforce continues to be an area of concern though SaTH is starting to see an increase in this staff group.

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

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

3. Recommendation(s)

- To note the Month 7 system financial position deficit of £89m deficit and total unmitigated risk of £91.7m and the ongoing work to identify mitigations to reduce the forecast to the lowest variance to plan.
- To note the significant improvements in cancer Faster Diagnosis Standard and the continued improvement in reducing long waits for diagnostic and elective activity.
- To note that the concerning performance in UEC across several metrics and the action taken to reprioritise action plans that will have the most impact on ambulance handover delays and A&E 4-hour waits.
- To note significant improvements in several Mental Health metrics and the ongoing work to recover performance against access to Talking Therapies.
- To note that IPC metrics are likely to exceed the national target and the quality assurance actions to manage the risk.
- To note that Month 7 shows a combined positive variance of substantive staff in post against plan by 311 WTE but the Pharmacy workforce remains an area of concern.

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

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

5. Appendices

Please see the attached IPR report.

6. What are the implications for:

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

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

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

Integrated Performance Report

January 2024

Operational Performance

The validated activity data month for the purposes of this report is November 2023, however, where possible more current unvalidated data from providers has been included. Some Mental Health Indicators may lag behind the data month.

This month, charts show performance against national targets using the Making Data Count (MDC) methodology: this uses Statistical Process Control (SPC) to better illustrate variation in performance over time and enable the identification of Special Cause Variation in performance data. SPC is far more useful at identifying significant changes than, for example, comparing year-on-year or month-on-month performance. Charts produced in this manner feature the following key:

Variation				Assurance		
						
The default grey line is for common cause variation, with no significant change.	Variation points highlighted in orange: special cause of concerning nature or higher pressure due to values being H – higher or L – lower.	Variation points highlighted in blue: special cause of improving nature or lower pressure due to values being H - higher or L – lower.	Purple arrows represent special cause variation; neither a concern nor an improvement	A question mark indicates inconsistent performance, with indicator passing and failing target.	Charts with a blue P are those in which metrics consistently achieve target. Such charts will not normally feature in this report unless a significant risk is foreseen.	Where indicated with an orange F the target is consistently missed, and no assurance can be given based on past performance.

The charts feature a black line to represent the mean, and a red line to indicate relevant targets.

Performance against the operational metrics using the MDC principles is summarised below in a matrix of assurance against current performance:

Variation	Assurance: Consistently Failing the Target	Assurance: Inconsistently Achieving the Target/No Target	Assurance: Consistently Achieving the Target
Concerning Variation	• Talking Therapies Access	• Primary Care Appointments Same/Next Day • Primary Care Appointments < 2 weeks	• Urgent Community Response < 2 hours
Normal Variation	• A&E Percentage of patients managed <4 hours • Cancer Referral to Treatment <62 days	• Category 2 Ambulance Response times • Inpatients with No Criteria to Reside • Virtual Ward Utilisation rate • Elective Recovery Fund (VWA) • Primary Care No of Appointments • No of GPs in Post	
Improving Variation	• Faster Diagnosis Standard < 28 days • Cancer 62-day Backlog • Elective: Referral to Treatment >65 weeks • Diagnostics: Patients seen <6 weeks • CYP access for MH Services 1+ contact • Dementia Diagnosis Rate • Access to Community MH Teams • SMI Health Checks	• ARRS roles recruited – FTE • Bed Occupancy (General & Acute) • No of Inappropriate OoA Beddays	

1. Primary Care

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Total Primary Care Appointments	Nov 23	257652				242808	184294	301322
Appointments Same or Next Day (%)	Nov 23	52.2%	54.0%			52.7%	47.3%	58.2%
Appointment within 2 weeks (%)	Nov 23	83.6%	88.0%			84.3%	80.0%	88.7%
GPs in Post (FTE)	Nov 23	298				302	294	310
Direct patient care staff (FTE, not GP)	Nov 23	218				218	212	224
ARRS in Post (FTE)	Nov 23	303	260			204	129	279

1.1 The Primary Care Access Recovery Plan (PCARP) included 13 metrics to manage performance, however the detail to be able to calculate and monitor performance is still being sought. In the interim where not available, proxy measures have been included. The availability of each metric is shown below:

Metric Type	Metric Name	Ability to Report
Activity	# of additional Pharmacy First/Common Conditions Service, Oral Contraceptives, & Blood Pressure Consultations	Awaiting Data
	Appointments within 2 weeks	Reported
	Appointments on same day or Next Day if need is urgent	Reported
	# of additional GP Appointments	Proxy (additional)
Enabler	# of practices on digital telephony	Reported
	% of practices with high quality online/workflow tools	Reported
	# of Direct Patient Care Staff	Reported
	# of additional GPs	Proxy (additional)
Outcome	Ability to get through to GP practice on the same day (%)	Awaiting Data
	Ease of contact (%)	Awaiting Data
	Satisfaction with GP practice (%)	Awaiting Data
	Know on day how request will be managed (%)	Awaiting Data
	Making contact with the GP online (%)	Awaiting Data

1.2 In the absence of a national target for GP appointments, against local plan there was an adverse 0.7% variance year-to-date (YTD) with no concerning variation. Patients seen same day or next day (urgent) and those seen within 2 weeks also show normal variation but inconsistently meet the target. Whilst not achieving national targets, STW continues to perform better than national performance.

1.3 Workforce metrics are not showing concerning variation, but information is awaited on the specific local targets and ARRS posts are above target.

1.4 The Pharmacy First Scheme commences 31st January to supply some prescription-only medication where clinically appropriate for 7 conditions, without the need for a GP appointment or prescription. Together with the expansion of blood pressure checks and provision of oral contraceptives this has the potential to remove 10 million appointments a year (nationally) when fully scaled.

1.5 Digital workstreams are showing positive progress with all practices on course to have advanced telephony systems in place by the end of March 2024. Practices are being encouraged to attend workshops to enable them to fully exploit new digital ways of working.

1.6 Winter pressures have prevented practices from fully progressing their Capacity and Access Improvement plans (CAIP) but review meetings will take place with all PCNs in January and February to progress implementation. The ICB and NHSE National team will provide additional support to PCNs where necessary.

2. Urgent Emergency Care

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Category 2 Ambulance Response Times	Dec 23	62	30			56	1	111
A&E - Percentage of Patients Managed <4hrs (Type 1-3) - STW	Dec 23	59.5%	76.0%			61.5%	56.4%	66.6%
A&E 12 hour DTA breaches	Dec 23	1068	0			714	256	1172
Inpatients with No Criteria to Reside - not discharged	Dec 23	137	82			135	105	165
Virtual Ward - Utilisation rate	Dec 23	68.1%	80.0%			62.0%	27.7%	96.4%
Urgent Community Response < 2hrs - SCHT	Nov 23	75%	70%			95%	88%	101%

2.1 Category 2 Ambulance response times were on trajectory to achieve the national target of an average 30-minute response time across the year, however, the YTD position in December shows an adverse variance of 16 minutes. The percentage of ambulance handovers within 60 minutes is 67.8% against a plan of 85%. Handover metrics together with ambulance arrivals and hours lost are closely monitored, as support to improving ambulance response times, and are within normal variation in December. The 'Call before Convey' model was implemented in December for category 3 calls and patients over the age of 75, to identify a more appropriate outcome to A&E. A full evaluation will be carried out to assess the impact on ambulance response and handover times.

2.2 A&E 4-hour performance for December continues to be within normal variation with 59.5% of patients in December being admitted, transferred, or discharged within 4 hours. The number of patients waiting over 12 hours for admission following a decision to admit is 1068 and showing concerning variation. Whilst both metrics consistently fail the target significant improvement has been seen in 'time to initial assessment within 15 minutes'. The improvement in performance has been sustained through the winter period, when historically performance has worsened.

2.3 The number of patients with no criteria to reside (NCTR) and not discharged from hospital beds is showing normal variation in December, however, at 137 is above the in-month plan of 113 which reduces to 82 at the end of the year. Work continues to focus on reducing length of stay of these patients which has reduced from 5 days at the start of the year to 3.8 days in November and ahead of trajectory. The discharge alliance is taking forward at pace several key workstreams to improve NCTR.

2.4 Utilisation rates for Virtual Wards (VW) were within normal variation in December with performance against the target inconsistently met. Demand for step-down and step-up referrals decreased in December. A meeting is planned to improve data quality and reporting in VW. A revised capacity target will be agreed by the end of January following the adjustment to the initial national target which incorrectly included 0-18yrs.

2.5 The Urgent Care Response (UCR) team continue to support patients to remain out of an acute setting by providing a 2-hour response. Performance consistently achieves the 70% national standard has reduced from previous months due to aligning counting and coding with national guidance.

2.6 Whilst UEC performance is not achieving all the nationally and locally agreed targets, the data is suggesting that improvement has been made in multiple areas between December 2023 and December 2022. A summary of this comparison is being presented to the January Quality & Performance Committee. This suggest that patient's experiences in 2023 will have been better than the previous year.

3. Planned Care

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Cancer: Faster Diagnosis Standard <28days	Nov 23	75.3%	75.0%	H	F	63.6%	56.2%	71.1%
Cancer: Referral to Treatment <62days	Nov 23	44.5%	85.0%		F	50.7%	37.2%	64.2%
Cancer: 62 Day Backlog (SaTH)	Dec 23	315	212	L	F	479	358	599
Elective: Referral to Treatment Patients waiting > 65	Nov 23	569	0	L	F	1442	1084	1800
System Activity Target (VWA)	Nov 23	100.2%	104.5%		?	102.6%	93.4%	111.8%
Diagnostics: Patients seen <6 weeks from referral	Nov 23	74.1%	85.0%	H	F	64.6%	58.9%	70.3%

3.1 Cancer services continue to be very challenged, and monitoring remains in place through weekly Tier 1 calls with NHSE to reduce the 62-day backlog to 212 for SaTH by the end of March 2024.

3.2 The latest data shows that the Faster Diagnosis Standard (FDS) has continued to improve to 75.3% in November against the end of March target of 75%. Lower GI referrals with a FIT result have also exceeded target in month. As performance of FDS improves, more patients will be seen within the referral to treatment (RTT) cancer waiting targets.

3.3 The backlog of patients at SaTH waiting over 62 days for treatment or diagnosis in December was 315 and fell short of trajectory at 295. This was due to Industrial Action and staff shortages which is also expected to impact January performance.

3.4 The most challenged cancer pathways are Urology and Lower GI which account for circa 70% of patients waiting over 62 days. There is an increased focus and a series of actions in place to support Urology pathways which include funding from WMCA to fund additional posts and outsourcing. Plans to improve turnaround times in radiology and histopathology will be implemented by March 2024.

3.5 The percentage of patients seen within 62-days of referral is within normal variation at 44.5% in November but consistently falls short of the 85% target. As performance improves in faster diagnosis and backlog of patients waiting, focus is moving to improving the RTT standard.

3.6 As of December, SaTH had zero patients waiting over 78 weeks with 17 patients at RJAH. There are actions to reduce patients waiting over 78 weeks to zero by the end of March but there remains risk around 5 patients. NHSE are trying to arrange mutual aid from other providers for these patients.

3.7 The 2023-24 Operational Plan sets a target of zero patients waiting more than 65 weeks by the end of the year, however, STW is predicting 1,764 breaches in total. STW is the only system in the region who do not expect to reduce to zero. SaTH are predicting 1,459 breaches and RJAH 305.

3.8 Because of the effect of Industrial Action in year, the System Activity Target (VWA) has been revised to 100%. Providers have shared the latest iteration of their forecast outturn positions which exceeds the revised target at 103%, however, reducing activity below the original target of 104.5% will have an impact on the income from the Elective Recovery Funding (ERF). The financial impact of the reduction in activity is being assessed to reflect the reduction in income and the offset of costs due to ceasing insourcing and outsourcing.

3.9 The ICS is in recovery against the overall 6 weeks standard for diagnostics but is showing sustained improving performance with the latest validated position for November of 74% against plan of 85% The operational plan sets an ambition of 95% of diagnostic referrals to be seen within 6 weeks, by the end of March 2025. The ambition to have zero

patients waiting over 13 weeks by the end of June 2023 was not achieved, with 917 patients waiting at the end of November.

3.10 Whilst good progress is being made in diagnostic performance overall, there remain some challenged areas, particularly in Endoscopy. Non-recurring funding from WMCA has provided additional capacity in year but a business case to provide a sustainable endoscopy solution was approved by SaTH's Board and is now subject to system governance and financial approval. CDC Phase 2 opened in December providing additional MRI capacity and Phase 3 is due to open early March 2024 providing cardiorespiratory and tele-dermatology services.

4.0 Mental Health, Learning Disabilities and Autism

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
CYP Access for MH 1+ contact (rolling 12m)	Oct 23	5685	8341			5187	5046	5328
Talking Therapies Access @ MPFT	Nov 23	522	12948			609	373	845
Access Community MH Transformed Model	Oct 23	4305	4984			3612	3305	3918
Dementia Diagnosis Rate	Nov 23	61%	67%			59%	58%	60%
No. of Inappropriate OoA placement beddays	Oct 23	445	0			494	241	748
SMI Patients with Health Checks	Dec 23	1878	2879			1725	1592	1858
Mothers Accessing Specialist Perinatal Services Mont	Oct 23	70	501			67	8	125
LD patients aged 14+ having Annual Health Checks - M	Dec 23	122	1858			142	-6	291
No. of Adults LD in an Inpatient Unit (per million)	Nov 23	46	30			50	42	58
No. of CYP LD in an Inpatient Unit (per million)	Nov 23	30	15			21	12	29

4.1 NHS Talking Therapies access numbers show concerning variation but have increased to 522 patients in November equating to 48% year-to-date target. The reduction in performance was due to the correction of errors in counting and coding combined with staff shortages due to vacancy. A revised recovery action plan and trajectory is now in place which anticipates access numbers increasing to 7,100 by the end of the year which is 55% of the target, 12,948. Improvement plans include actions to recruit to vacancies and use a sub-contractor to provide additional short-term capacity.

4.2 Dementia diagnosis rates are showing significant and sustained improvement at 61% for November with current projections of 62--63% by March 2024 against a target of 67%. A recovery plan has been in place since August to increase the pace and rate of diagnosis, but the rate of improvement may have slowed. Additional capacity for assessment is provided by a waiting list initiative and reviews are underway for demand and capacity and referral processes between Primary and Secondary care.

4.3 A core long term plan is for children under 18 to receive at least 1 contact against a target of 8,341 by March 2024. Performance is showing significant improvement but remains behind plan at 75% in October. Capacity and some data recording issues have led to the underperformance. An improvement plan is in place but will take time to show in the metric due be being calculated on a rolling 12-month basis.

4.4 Psychiatric Intensive Care Unit (PICU) and Acute Out of Area placements demand is volatile but occupied bed days for inappropriate placements continue to be within the operational plan target and within normal variation. At the end of October there was 3 inappropriate acute placement, and 4 inappropriate PICU placements The high demand is a national issue and is continually under review. A bed base review across STW and Staffordshire Systems led by MPFT and supported by NHSE has been approved and a start date is to be confirmed.

4.5 Women accessing Perinatal Mental Health services continues to exceed target at 18%. Waiting times from referral have seen improvement since November with the percentage of patients seen within 6 weeks at 94%.

4.6 The number of physical health checks for serious mental illness (SMI) remains below target with the rolling 12-month performance in November of 1,867 against a target of 2,879 by March 2024. Data flow issues between secondary and primary care have been identified 340 completed health checks yet to be captured in primary care systems. A detailed plan to address the data input backlog, by the end of March 24, in Primary Care is being developed.

4.7 Adult access to community Mental Health teams is showing sustained improvement at the end of October and activity is expected to increase further from Quarter 4 as additional MH teams e.g. Eating Disorders, become operational.

4.8 Annual Health Checks (AHC) for patients with LD is 1035 year-to-date against a plan of 1010 and on trajectory to meet the target by March 2024. A working group is focused on improving AHCs across primary and secondary care using quality audits and sharing of learning.

4.9 Inpatient stays for adults with a Learning Disability (LD) are 18 inpatients (46 per million population) in November against a plan for Quarter 4 of 11. A root cause analysis is completed for all new admissions to determine how the admission could have been avoided. The ICB are working with regional colleagues via supportive performance reviews to ensure that the end of year target is met.

4.10 There are 3 children (30 per million population) with LD in inpatient beds in November against a target of 1 child at the end of Quarter 4. Plans are in place to discharge 2 children in Quarter 4. Changes in an inpatient's condition can result in planned discharge being put on hold but the situation is closely monitored.

4. Quality

A summary of quality indicators is provided at Appendix B.

5.1 The System has exceeded its Infection Prevention and Control Metrics. C difficile has exceeded its annual national objective of 76 cases, with 99 cases to the end of November 2023. Quality assurance is provided by peer review visits but capacity issues at SaTH are preventing deep cleans. The risk is monitored though Quality and Performance Committee. Other infection metrics are also exceeding objectives and relevant partners all have action plans internally which are monitored through Infection Prevention and Control Groups.

5.2 In response to the higher than the national average neonatal deaths SaTH has commissioned an external Neonatal Mortality Review from the Royal College of Physicians (supported by specialists from the Royal College of Paediatrics and Child Health) to review neonatal deaths occurring in the calendar years 2021-22. Initial feedback has been provided, and the finalised report is awaited.

5.3 CHC 28-day assessment compliance is below national standard at 47% in November 23 which is a declining position. The primary cause was capacity not meeting demand due to recruitment challenges. A recovery plan is in place to achieve compliance from Q1 2024/2025. Interim clinical resource currently supporting team to increase capacity. Successful substantive recruitment to full establishment is near completion. NHSE regional support and oversight in place with monitoring

6. Finance

Month 9 Financial Position

Revenue:

6.1 At Month 9 the system has a year-to-date deficit of £106.9m, which is £53.8m adverse to plan, a variation from in-month plan of £4.9m in Month 9. This position includes additional industrial action costs from the December strike action.

6.2 In Month 9 a change to the forecast has been enacted for all organisations. The reported forecast of £132.8m includes the additional estimated costs of December and January Industrial action of £3.0m. NHSE have confirmed recognition of a forecast deficit of £129.8m which excludes the additional industrial action impact. Individual and System Boards signed off the reforecast position in early January in advance of submission of the month 9 position.

6.3 The main areas of overspend continue to be in SaTH and the ICB. For SATH these relate to key drivers around escalation costs, elective activity costs and staffing issues. The ICB continues to see a year-to-date variance to plan attributable to expenditure in Prescribing and Individual Commissioning, particularly driven by price increases outstripping planned inflation.

6.4 Now that a reforecast is in place, our assessment of risk has fallen to reflect that much of this risk is now crystallised into the position. The remaining unmitigated risk to delivery of the forecast position is reported as £12.3m at Month 9

Capital:

6.5 At Month 9 the overall system capital position is £11.9m under planned expenditure (before any impact of IFRS16 treatment of leases). All organisations are reporting slippage in phasing of internal programmes. There is also a reported £1m underspend forecast against the full year plan.

7. Workforce

7.1 The ICS workforce dashboard monitors the trajectory of actual substantive staff in post against plan for RJAH, SaTH and SCHT. At the end of Month 8, when considering the three Trusts combined, the plan has been exceeded by 607 WTE staff (See Appendix D). Drilling down by organisation demonstrates that:

- RJAH is +38 ahead of plan
- SaTH is +623 WTE ahead of plan
- SCHT is -54 WTE behind plan

7.2 Tracking the WTE of staff groups used in the operational plan, data shows that the Pharmacy workforce has fallen across the system since April 2023, and has not recovered, remaining below target and is an area of concern.

7.3 Tracking vacancies by employer, our data shows us that vacancies continue to fall overall (a reduction of 390.76 WTE on Month 1). Vacancy trends are improving in all Trusts. In the AHP group, however, vacancies show a rising trend overall with consistently high levels in MPFT and SCHT from April 2023.

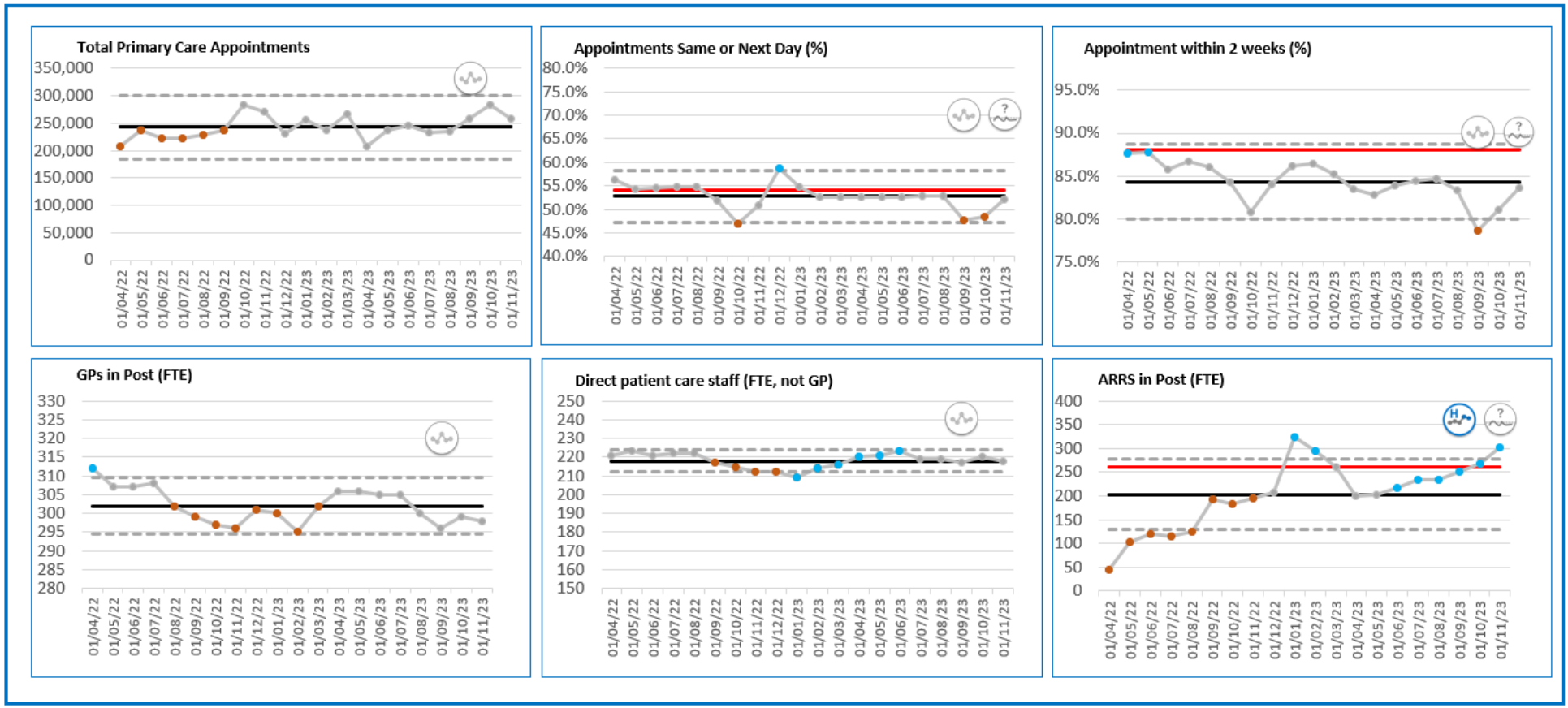
7.4 From the perspective of our temporary, flexible workforce, bank WTE there is an increasing trend for the system overall, at 888 WTE (+69.63 WTE on Month 1) in Month 8.

7.5 Considering sickness and turnover (in-month, not 12-month average), all employers are performing well. Each employer set targets in their operational plan and the average of these is our system target. For sickness absence, our system average target is 5.3% and for turnover is 11.9%. At Month 8, system sickness is a 5.15%, and turnover at 11.05%; both below target and at lowest rates this year. Trajectories for SaTH, RJAH and SCHT are consistently low with an improving trend, and MPFT is consistent with turnover and improving in sickness.

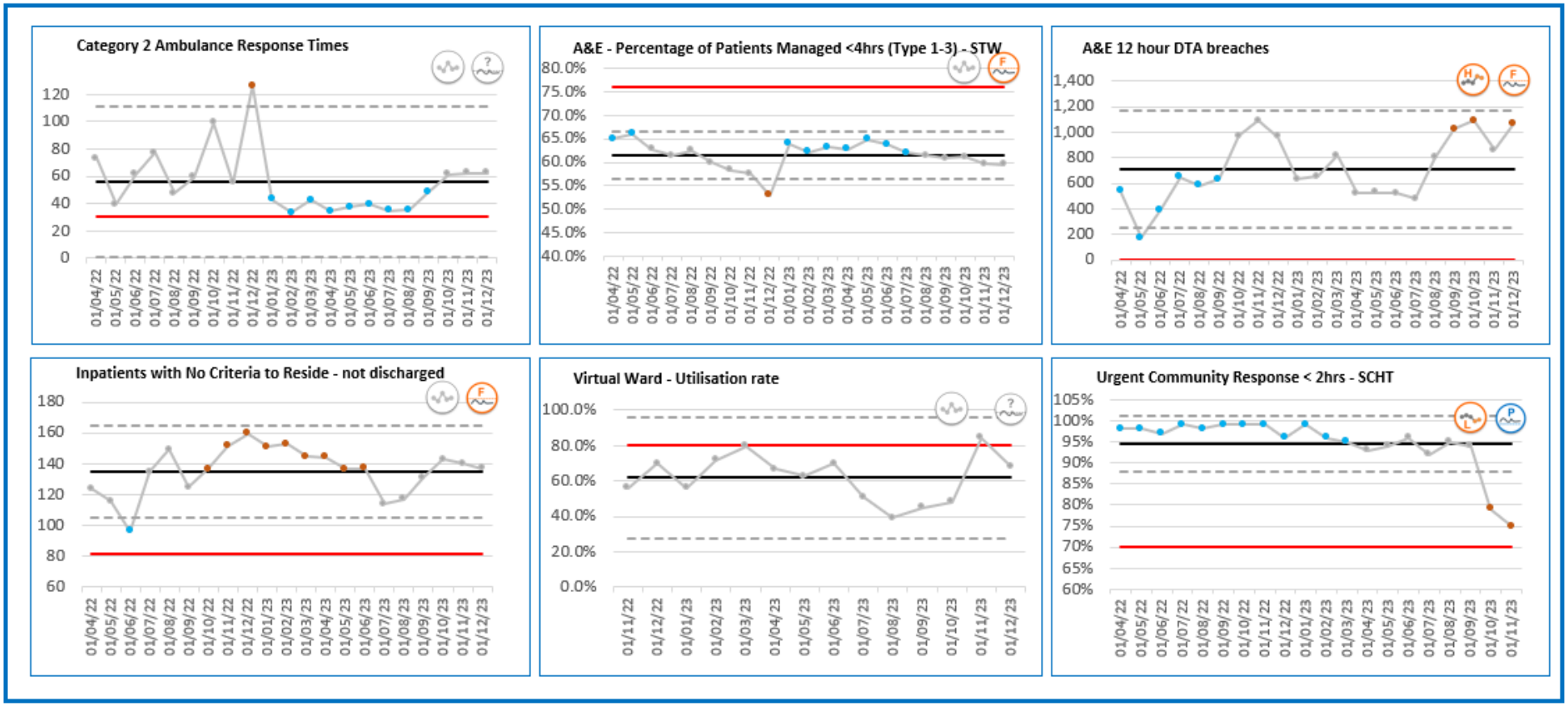
		Summary of Workforce Metrics – Month 8
Variation	Concerning variation	System AHP vacancies (140.3 WTE at Month 8. Though, down from peak of 177.55 at Month 5)
		System pharmacy substantive WTE (134.31 WTE at Month 8, vs. 133.68 WTE at Month 1)
		HCSW Vacancies in RJAH and MPFT (30.85 WTE and 40.93 WTE, respectively, at Month 8)
		GP Medical and Dental vacancies in MPFT and SCHT (20.39 WTE and 6.49 WTE, respectively, at Month 8)
		Bank WTE in SATH (640.08 WTE at Month 8)
		Bank WTE in RJAH (81.34 WTE at Month 8)
	Normal variation	System infrastructure and administration vacancy (103.82 WTE at Month 8, on a downward trajectory since Month 4)
		Overall system Bank WTE (6.94%)
	Improving variation	System turnover (11.08% at Month 8, on consistent downward trajectory)
		System sickness (5.15% at Month 8, on consistent downward trajectory)
		System nursing, midwifery and health visiting substantive WTE (3140.53 WTE at Month 8, on consistent upward trajectory)
		System Agency WTE (509.23 WTE at Month 8, on consistent downward trajectory)
		System HCSW substantive WTE (1483.70 WTE at Month 8, on consistent upward trajectory)
		System AHP substantive WTE (807.31 WTE at Month 8, on consistent upward trajectory)

Appendix A – Operational Metrics

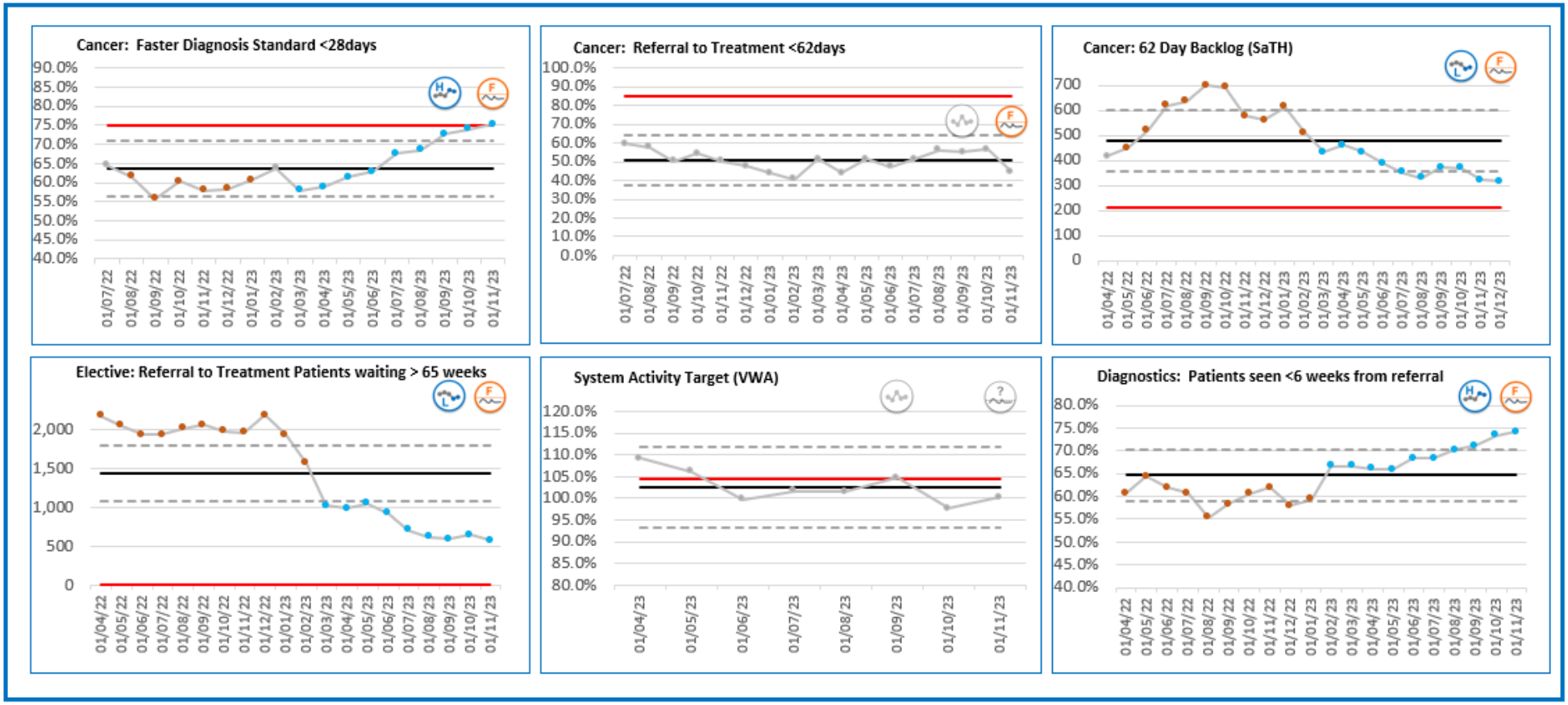
Primary Care SPC Charts



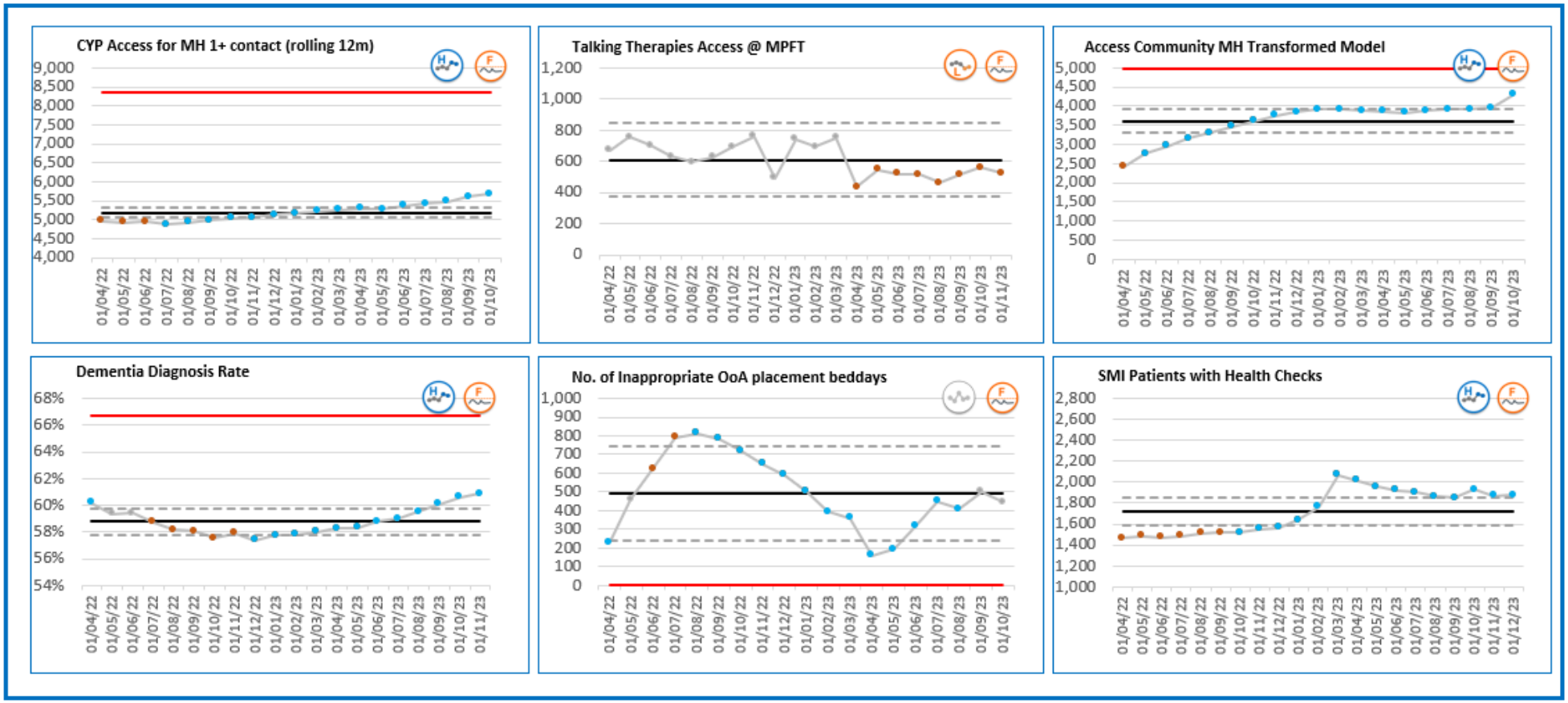
Urgent & Emergency Care SPC Charts

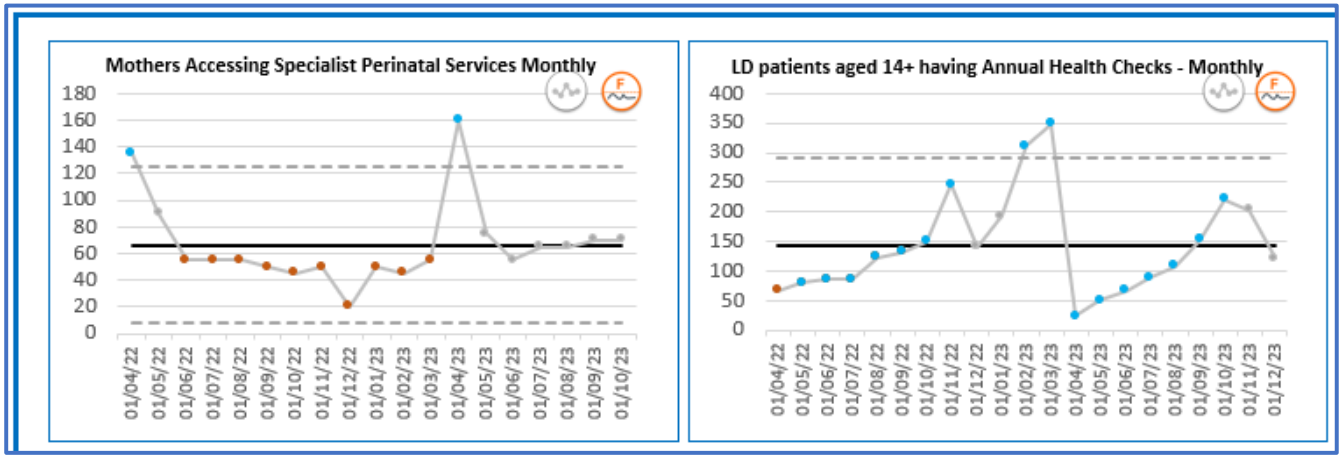


Planned Care - Elective



Mental Health, Learning Disabilities & Autism SPC Charts




Mothers Accessing Specialist Perinatal Services Monthly
180
160
140
120
100
80
60
40
20
0
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01/10/23
LD patients aged 14+ having Annual Health Checks - Monthly
400
350
300
250
200
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100
50
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01/04/22
01/05/22
01/06/22
01/07/22
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Appendix B – Quality Metrics

Area	Indicator *Please Note Indicators affected by changes to Occupied Bed Data For Detail See Reference Sheet	STW CCG - M2L0M	STW ICB - M2L0M				SaTH			RJAH			MPFT			SCHT		
							Large acute trust			Acute specialist trust (including children)			Mental Health provider to STW only			Shropshire Community		
		Value	Objective	Value	Reporting Period	Standard / England rate	Value	No of reponses	Trend	Value	No of reponses	Trend	Value	No of reponses	Trend	Value	No of reponses	Trend
IPC	C.difficile		50	99	Cumulative Apr 23 - Nov-23	SATH Objective = 22 RJAH Objective = 1	61			5								
IPC	E.coli Bacteraemia		208	310	Cumulative Apr 23 - Nov-23	SATH Objective = 60 RJAH Objective = 1	91			4								
IPC	Pseudonmonas aeruginosa Bacteraemia		22	24	Cumulative Apr 23 - Nov-23	SATH Objective = 12 RJAH Objective = 0	15			0								
IPC	Kiebsiella spp Bacteraemia		48	67	Cumulative Apr 23 - Nov-23	SATH Objective = 15 RJAH Objective = 1	19			2								
IPC	MRSA Bacteraemia		0	7	Cumulative Apr 23 - Nov-23	SATH Objective = 0 RJAH Objective = 0	2			1								
IPC	MSSA Bacteraemia		0	89	Cumulative Apr 23 - Nov-23	No trajectory set	39			1								
Maternity	Stillbirths per 1,000 total births	3.3			2018 - 20	England = 3.9												
Maternity	Neonatal deaths per 1,000 total live births	3.2			2018 - 20	England = 2.8												

Infection Prevention and control objectives have all been exceeded. Clostridioides difficile numbers have increased at SaTH and RJAH and action plans are in place however a deep clean at SaTH has been unable to be undertaken systematically across all clinical areas, through some areas were achieved in November/December, due to UEC pressures. Action plans exist in all NHS organisations including review of antimicrobial policy and performance is reported through contract review meetings and a system IPC Group.

MRSA bacteraemia cases have also risen in SaTH with 7 year to date. Thes are discussed at the internal IPC meeting with the ICB for learning.

Stillbirths are within expected National standard, however neonatal deaths are higher than the National standard so SaTH has commissioned an external Neonatal Mortality Review from the Royal College of Physicians (supported by specialists from the Royal College of Paediatrics and Child Health) to review neonatal deaths occurring in the calendar years 2021-22. Initial feedback has been provided, and the finalised report is awaited.

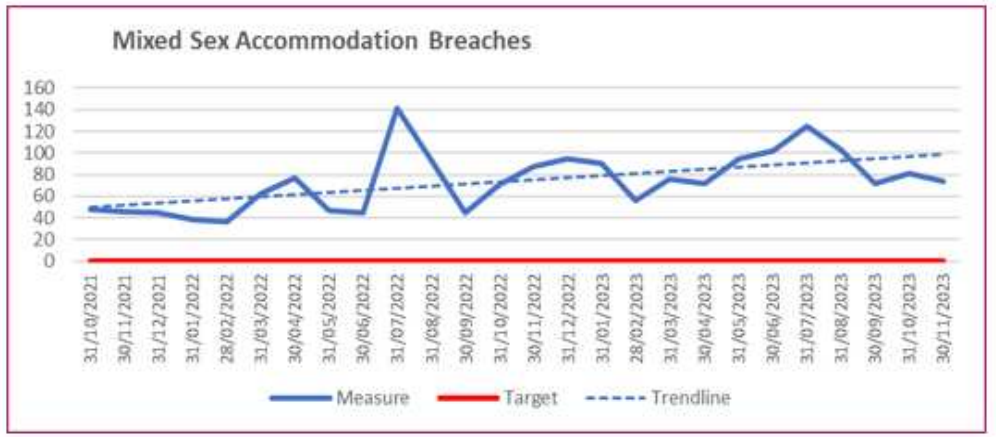
Primary Care Recovery plans will be presented to ICB Board in November and will be incorporated into future reports.

Area	Indicator *Please Note Indicators affected by changes to Occupied Bed Data For Detail See Reference Sheet	STW CCG - M2L0M	STW ICB - M2L0M				SaTH			RJAH			MPFT			SCHT		
							Large acute trust			Acute specialist trust (including children)			Mental Health provider to STW only			Shropshire Community		
		Value	Objective	Value	Reporting Period	Standard / England rate	Value	No of reponses	Trend	Value	No of reponses	Trend	Value	No of reponses	Trend	Value	No of reponses	Trend
CHC	% Referrals completed within 28 days			47.0%	2023/24 Qtr 2	England = 75.8%												
	Incomplete Referrals delayed >12 weeks			77	2023/24 Qtr 2													
	% of IRPs taking place in 6 months or less from IRP request date																	
Incidents	Number of Never Events				Cumulative Apr 23 - Nov-23	0	1			1								
	Number/Trend Serious Incidents				Monthly Apr 23 - Jun-23		1452			133			1557			45		
Friends & Family Test	Friends & Family Test - Inpatient				Nov-23 Public	Not applicable Higher is better	98.5%	1792		99.2%	359							
	Friends & Family Test - Community				Nov-23 Public	Not applicable Higher is better										95.4%	415	
	Friends & Family Test - A&E				Nov-23 Public	Not applicable Higher is better	61.6%	495										
	Friends & Family Test - Mental Health				Nov-23 Public	Not applicable Higher is better							91.48%	317				
MSA	Mixed Sex Accommodation Breaches				Nov-23	Zero Lower is better	74											

Information on Serious Incidents is currently paused while NHSE consider future publications in line with the introduction of the learning from patient safety incidents platform which is in line with the introduction of the Patient Safety Incident Response Framework. In the meantime the ICB Quality Team and partner organisations are working closely together to work through local oversight and improvements though PSIRF methodology.

CHC 28-day assessment compliance is below national standard. Primary cause was capacity not meeting demand due to recruitment challenges. Recovery plan in place to achieve compliance from Q1 2024/2025. Interim clinical resource currently supporting team to increase capacity. Successful substantive recruitment to full establishment is near completion. NHSE regional support and oversight in place. Recovery is currently ahead of trajectory with high level of confidence of achievement.

There have been no Never Events since the last report.



The Mixed sex accommodation breaches at SaTH have remained lower at 74 in November however SaTH remain focussed on action. UEC pressures contribute to this position.

Incidents of Clostridioides difficile (C diff) infection remain above the monthly trajectory for the system and all partner NHS organisations have breached their annual trajectories. A system action plan is in place and is reviewed monthly at the System IPC and Antimicrobial Resistance Group.

Integrated Care System

NHS Shropshire, Telford and Wrekin

Appendix C – Finance M9

Organisation	MONTH Plan Surplus/ (Deficit) £000	MONTH Actual Surplus/ (Deficit) £000	MONTH Variance to Plan £000	YTD Plan Surplus/ (Deficit) £000	YTD Actual Surplus/ (Deficit) £000	YTD Variance to Plan £000	FULL YEAR Plan Surplus/ (Deficit) £000	FULL YEAR Forecast Surplus/ (Deficit) £000	FULL YEAR Variance to Plan £000	PRIOR YEAR Actual £000	Prior Month FOT Actual £000	Movement £000
Commissioners												
NHS Shropshire, Telford and Wrekin	(1,221)	(673)	548	(9,915)	(14,595)	(4,680)	(11,828)	(23,149)	(11,321)	(21,516)	(11,828)	(11,321)
Total Commissioners	**(1,221)**	**(673)**	**548**	**(9,915)**	**(14,595)**	**(4,680)**	**(11,828)**	**(23,149)**	**(11,321)**	**(21,516)**	**(11,828)**	**(11,321)**
Providers												
The Shrewsbury and Telford Hospital NHS Trust	(3,011)	(7,824)	(4,813)	(42,544)	(87,978)	(45,434)	(45,462)	(105,905)	(60,443)	(47,206)	(45,462)	(60,443)
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	(878)	(1,379)	(501)	(1,090)	(4,701)	(3,611)	191	(3,783)	(3,974)	2,454	191	(3,974)
Shropshire Community Healthcare NHS Trust	235	71	(164)	509	403	(106)	0	0	0	1,092	0	0
Total Providers	**(3,654)**	**(9,132)**	**(5,478)**	**(43,125)**	**(92,276)**	**(49,151)**	**(45,271)**	**(109,688)**	**(64,417)**	**(43,660)**	**(45,271)**	**(64,417)**
TOTAL SYSTEM Performance Financial Position Surplus/(Deficit)	**(4,875)**	**(9,805)**	**(4,930)**	**(53,040)**	**(106,871)**	**(53,831)**	**(57,099)**	**(132,837)**	**(75,738)**	**(65,176)**	**(57,099)**	**(75,738)**
Subsequent Industrial Action costs (included above)	0	1,225	1,225	0	1,225	1,225	0	3,005	3,005	0	0	3,005
NHSE Approved Position (before IA)	**(4,875)**	**(8,580)**	**(3,705)**	**(53,040)**	**(105,646)**	**(52,606)**	**(57,099)**	**(129,832)**	**(72,733)**	**(65,176)**	**(57,099)**	**(72,733)**

Key Data

- £106.9m YTD System deficit
- £4.9m in month adverse variance to plan
- £53.8m adverse to plan YTD at M9.
- In Month 9 the forecast outturn change protocol has been enacted for all organisations. The reported forecast of £132.8m includes the additional costs of December and January Industrial Action of £3.0m. The agreed forecast with NHSE of £129.8m excluded the Industrial Action impacts. The remaining un-mitigated risk to delivering this forecast is £12.3m.
- £12.4m above agency expenditure plan at M9 and £22.5m above the agency cap (£20.4m cap ytd) for the system. Excluding the LLP costs core agency spend is £10.4m above plan. £2.0m of the ytd spend relates to LLP staff costs at RJAH which are now required to be accounted for as agency costs.
- SATH run rate overspend continues and in M9 the favourable performance within the ICB position is due to the release of prior year benefits. A national allocation of £4.7m received in Month 8 is still held within the ICB until a System apportionment has been agreed. This will be reflected in Month 10 – resulting in updates to individual forecasts, but nil impact for the System.

What have we done and next steps

- All organisations continue to work through additional phased mitigation plans for the year to address risks in the position and improve wherever possible.
- Medium to Long Term Financial Plan Development underway in line with system demand and capacity modelling.
- Operational leads working collectively on system bed model, discharge schemes and reducing escalation costs.
- Strengthening system-wide financial governance, particularly around pay controls. Fortnightly agency reduction meeting chaired by ICB Chief Nursing Officer.
- Efficiency and transformation plan development led through the Financial Improvement Programme Group.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Finance Position by Organisation M9

SATH

YTD deficit £88m, £45.4m adverse to plan

Key drivers of the YTD deficit are split between recurrent (£11.1m) and non -recurrent (£34.3m) pressures with £13.0m being deeme d to be within the direct control of SaTH and £32.4m outside of direct control. The year to date variance to plan to split in to 6 distinct areas, these being:

- Escalation - £13.0m adverse to plan - this includes both escalation areas open above plan, non -delivery of escalation CIP and continued high usage of ECS linked to increased numbers of patients with no criteria to reside.
- Additional activity - £10.8m adverse to plan - this relates to additional activity, both internal and through insourcing to re duce waiting lists and meet cancer targets and excluded drugs and devices above block allocations.
- ERF and Spec Comm income adjustment - £1.3m - this relates to under performance against the 100% activity target year to date and Spec Comm baseline adjustment.
- Pay - externally driven - £4.0m - this relates to a shortfall in pay award funding (£1.7m) and the additional costs associated with covering industrial action (£2.3m).
- Pay - internally driven - £12.0m - this predominantly relates to weekly staffing pressures and unavailability within nursing (£6.2m), trainee doctors (£4.1m) including compliance with the 2016 junior doctor contract and enhanced bank rates / incentive scheme (£1.7m).
- CIP - £4.1m adverse to plan - this relates to slippage against the historic workforce BTI (£1.8m) and internal CIP slippage (£ 2.3m).

£4.3m of remaining unmitigated risk has been assessed which relates to CDC income (£2.0m) and ERF income clawback (£2.3m).

SCHT

YTD surplus £0.4m, £0.1m adverse to plan

The year to date adverse variance to plan is driven by a position that continues to be impacted favourably by non -recurrent pay underspends against substantive posts, additional interest receivable and other operating income exceeding plan; and unfavourably by agency spend in excess of plan by £1.4m.

SCHT efficiency YTD is £30k adverse to plan due to delays in recurrent schemes. FOT is in line with plan and assumes full del ivery of the efficiency target and receipt of planned elective income. Agency expenditure is being closely monitored to take account of an y emerging clinical risk.

£0.4m of remaining unmitigated risk has been assessed relating to inflation and efficiency delivery.

RJAH

YTD deficit £4.7m, £3.6m adverse to plan

Key drivers of the YTD adverse variance to plan are:

- Capacity loss (workforce driven) £2.0m;
- Industrial action impact on income £1.6m;
-Technical income (Road traffic accident and low value agreements) £0.6m
-NHSE ERF Pricing anomally £0.4m
- Excess inflation £0.4m
-Cost Pressures (agency/workforce, casemix, energy) offset by mitigations.

Efficiency delivery is £130k favourable YTD, with total delivery of £2.7m (75% of annual target), of which £0.3m is non recurrent.

Agency performance: Core agency is £52k favourable to cap. 14% of spend was off framework.

Insourcing costs £0.3m in month and £2m YTD and are now reportable as agency aligned with national guidance and NHSE advice. It should be noted this cost is planned and delivers an overall financial contribution to the Trust. We will continue to overspend against the cap for this component of agency.

£3.0m of remaining unmitigated risk has been assessed which relates to risk around elective recovery income, delivery of efficiency and inflation.

STW ICB

YTD deficit of £14.6m, £4.7m adverse variance to plan. If exclude £4.7m benefit (see below), YTD deficit of £19.3m , £9.4m adverse to plan.

This position currently includes a £4.7m YTD benefit from the system share of the national £800m allocation , this is being held in the ICB position pending system agreement on distribution which will be enacted at M10.

The year to date variance continues to be made up predominantly of overspends in CHC and prescribing (mainly price driven) and non -receipt of Welsh elective recovery income

£4.6m of remaining unmitigated risk has been assessed which relates to potential volatility in prescribing and CHC expenditure.

NHS

Financial Risk

System Risk	23/24 Gross Risk £'000	Mitigation £'000	Un-Mitigated Risk £'000	Prior Month Un-Mitigated Risk £'000	Movement from Prior Month £'000	Un-Mitigated 23/24 Plan Risk £'000	Movement from Plan £'000
NHS Shropshire, Telford & Wrekin ICB	15,975	(11,375)	4,600	15,933	11,333	17,661	13,061
Robert Jones & Agnes Hunt Hospital	10,266	(7,266)	3,000	6,027	3,027	7,066	4,066
Shrewsbury & Telford Hospitals	96,749	(92,449)	4,300	58,311	54,011	63,678	59,378
Shropshire Community Hospital Trust	800	(400)	400	500	100	4,876	4,476
Grand Total	**123,790**	**(111,490)**	**12,300**	**80,771**	**68,471**	**93,281**	**80,981**

The current net risk for each organisation is presented above including the movement from prior month and since the plan submission.

As a result of updating the forecasts in Month 9 the un-mitigated risk total has improved by £68.5m overall since Month 8 as most risks are now factored into the revised forecasts.

The key themes of the remaining un-mitigated risk are:

- Elective recovery delivery and receipt of associated income
- Inflation
- Prescribing and Continuing Healthcare (CHC)

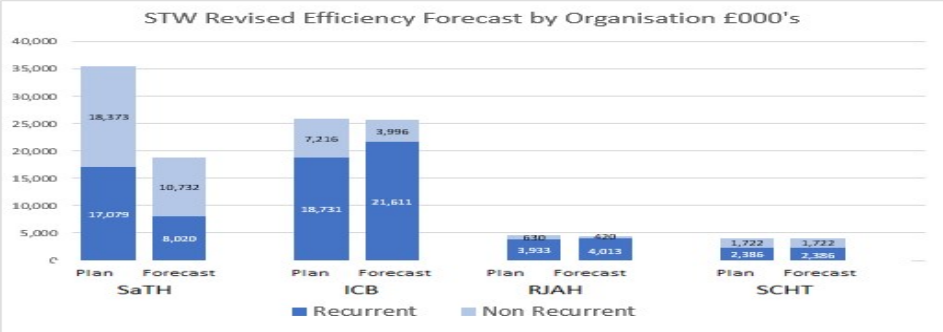
Efficiency

£000's	Month 9 YTD			Full Year Plan and Forecast							
Organisation	YTD Plan	Actual	Variance	Plan Value £000's	Low Risk	Medium Risk	High Risk	Unidentified Stretch	Total Forecast £000's	Variance from Plan	% of Recurrent Savings forecast compared to Plan
SaTH	19041	10306	-8735	35,452	18,246	0	0	0	18,246	17,206	100%
RJAH	3187	3300	113	4,563	3,985	448	0	0	4,433	130	102%
SCHT	2817	2787	-30	4,108	3002	867	119	120	4,108	0	100%
ICB	18662	17314	-1348	25,947	22,965	2,141	0	501	25,607	340	113%
Total	**43,707**	**33,707**	**-10,000**	**70,070**	**48,198**	**3,456**	**119**	**621**	**52,394**	**17,676**	

	M9 YTD			Full Year		
Recurrent	Plan	Actual	Variance	Plan	Forecast	Variance
SaTH	10389	5114	-5275	17,079	10854	-6,225
RJAH	2746	3006	260	3,933	4,013	80
SCHT	1616	1271	-345	2386	2386	0
ICB	13875	14232	357	18731	21034	2,303
Total	28626	23623	-5003	42,129	38,287	-3,842

	M9 YTD			Full Year		
Non Recurrent	Plan	Actual	Variance	Plan	Forecast	Variance
SaTH	8652	5192	-3460	18373	7392	-10981
RJAH	441	294	-147	630	420	-210
SCHT	1201	1516	315	1722	1722	0
ICB	4787	3082	-1705	7216	4573	-2643
Total	15081	10084	-4997	27941	14107	-13834

- The systems efficiency plan totals **£70m** and consists of core efficiency, system stretch targets and additional efficiency related to reducing the costs of escalation beds, in total this represents **6.2%** of the total allocation.
- The majority of Core CIP Is expected to be achieved and there has been significant progress in identifying further savings to meet the stretch target which totalled £13m at start of the year.
- Forecasts have recently been reviewed by each organisation and the most likely savings positions are documented in the table below.



Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

CAPITAL PROGRAMME	MONTH			YTD			FULL YEAR			PRIOR YEAR	Prior Month FOT	Movement
Organisation	Plan £000	Actual £000	Variance to Plan £000	Plan £000	Actual £000	Variance to Plan £000	Plan £000	Forecast £000	Variance to Plan £000	Actual £000	Actual £000	Actual £000
Total Charge against Capital Allocation (before impact of IFRS16)												
NHS Shropshire, Telford and Wrekin	(111)	(74)	37	(549)	(74)	475	(883)	(883)	0	(1,243)	(883)	0
The Shrewsbury and Telford Hospital NHS Trust	(2,748)	(311)	2,437	(11,816)	(4,690)	7,126	(19,391)	(18,629)	762	(19,798)	(18,539)	(90)
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	(1,465)	(190)	1,275	(6,767)	(2,798)	3,969	(7,360)	(7,017)	343	(10,137)	(7,330)	313
Shropshire Community Healthcare NHS Trust	(408)	(139)	269	(1,562)	(1,205)	357	(2,500)	(2,524)	(24)	(2,497)	(2,524)	0
TOTAL SYSTEM	**(4,732)**	**(714)**	**4,018**	**(20,694)**	**(8,767)**	**11,927**	**(30,134)**	**(29,053)**	**1,081**	**(33,675)**	**(29,276)**	**223**
Total CDEL												
NHS Shropshire, Telford and Wrekin	(132)	(74)	58	(750)	(74)	676	(1,150)	(1,994)	(844)	(1,243)	(1,994)	0
The Shrewsbury and Telford Hospital NHS Trust	(9,518)	(3,277)	6,241	(45,128)	(26,806)	18,322	(69,226)	(79,422)	(10,196)	(19,798)	(85,778)	6,356
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT	(1,578)	(320)	1,258	(9,284)	(5,060)	4,224	(12,080)	(11,737)	343	(10,137)	(12,064)	327
Shropshire Community Healthcare NHS Trust	(408)	(1,601)	(1,193)	(3,445)	(3,811)	(366)	(4,546)	(6,641)	(2,095)	(2,497)	(6,176)	(465)
TOTAL SYSTEM	**(11,636)**	**(5,272)**	**6,364**	**(58,607)**	**(35,751)**	**22,856**	**(87,002)**	**(99,794)**	**(12,792)**	**(33,675)**	**(106,012)**	**6,218**

Summary

- From Month 9 an allocation to include IFRS16 impact will be distributed to all systems to manage within. Current information suggests that there is £0.5m risk for the STW system on this based on current forecasts but that there may be scope to exclude leases that are within the Department of Health and Social Care (DHSC) group. This is currently being worked through and forecasts tested so that a clear position can be presented.
- The SaTH capital programme is behind the YTD plan due to the phasing of the internal programme. The full year forecast is for 100% of the allocation against the 105% planning assumption. Cash support to enable the delivery of the BAU (business as usual) programme has been approved. The total CDEL (Capital Departmental Expenditure Limit) forecast is £10.2m greater than plan due to HTP (Hospital Transformation Programme) enabling works.
- RJAH YTD slippage relates to the theatre project which will be delivered in year. The RJAH forecast is for 100% of the allocation.
- SCHT YTD slippage is due to asset disposal and delays in new projects. The total CDEL forecast exceeds plan due to the impact of incorporating IFRS16 leases.
- STWICB YTD slippage is expected to be fully spent in year. The total CDEL forecast is above plan due to the net impact of new and terminating IFRS16 leases arising from the Corporate office relocation. Papers have been submitted seeking approval of national CDEL funding to support this.
-

What have we done and next steps

- There are a number of approved schemes that are due to be delivered in 2023/24 including the Elective Hub at PRH, the Community Diagnostic Centre in Telford, the modular wards to support sub-acute care and the continuation of national digital funding.
- Confirmation that the OBC for HTP has been approved by Joint Investment Committee has been received.
- The system capital prioritisation and oversight group is closely monitoring the delivery of the 2023/24 capital plan including the management of the 105% planning assumption.
- A Capital Approval Summary has been submitted to the Regional & National teams for the new ICB IFRS16 .

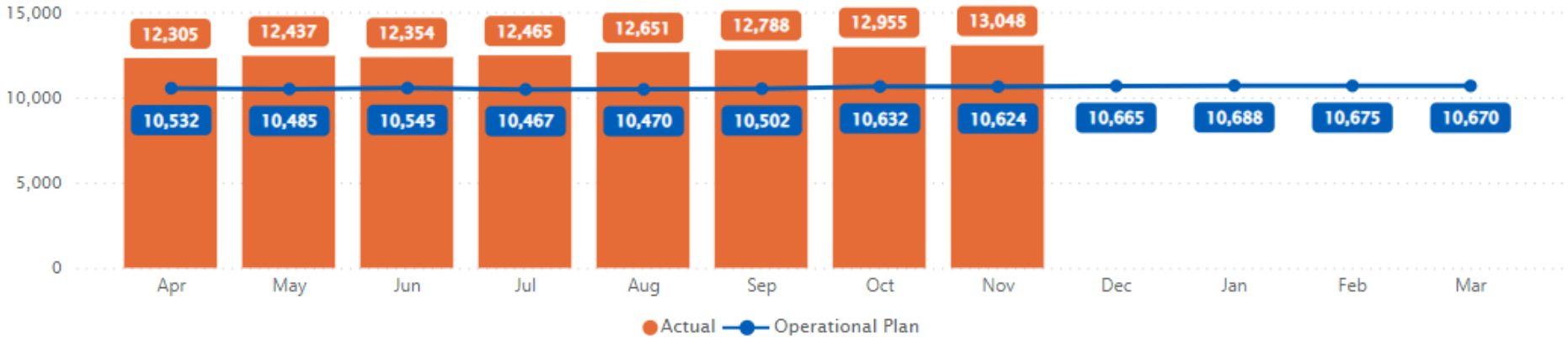
Integrated Care System
Shropshire, Telford and Wrekin

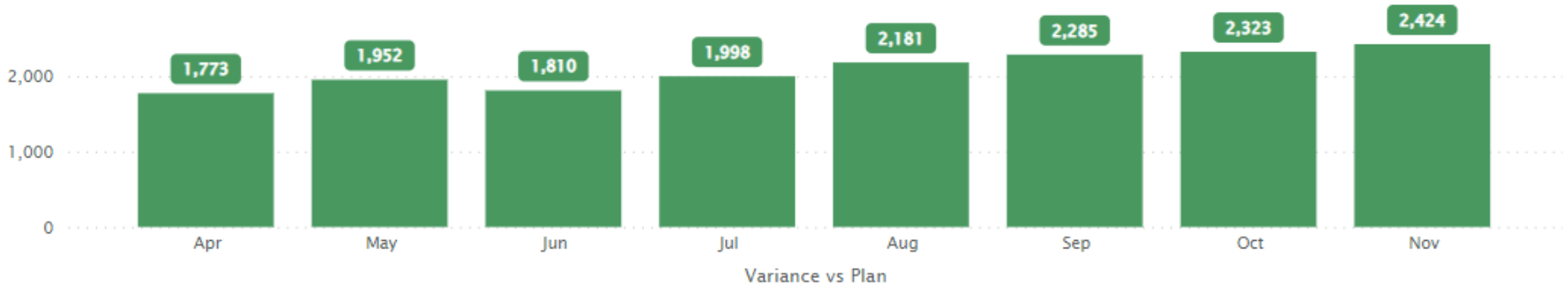
NHS
Shropshire, Telford and Wrekin

Appendix D - Workforce

Staff in Post: Plan vs Actual

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Operational Plan	10,532	10,485	10,545	10,467	10,470	10,502	10,632	10,624	10,665	10,688	10,675	10,670
Actual	12,305	12,437	12,354	12,465	12,651	12,788	12,955	13,048				
Variance	1,773	1,952	1,810	1,998	2,181	2,285	2,323	2,424				





NB. National Occupation Code changes are responsible for the large movement between Other STT and Infrastructure in all workforce metrics. Vacancies are defined as the difference between budgeted establishment and actual staff in post. They are not intended to match actual vacancies authorised for advert by any employer.

			MPFT		RJAH		SaTH		SCHT		SYSTEM	
Metric	Staff Group	Data Period	Value	Variation	Value	Variation	Value	Variation	Value	Variation	Value	Variation
Substantive WTE	Total	Nov 2023	1,405	H	1,501	H	7,071	H	1,418	H	11,395	H
	Pharmacy	Nov 2023	8.52		16.7	L	88.5	L	20.6		134	L
	Other STT	Nov 2023	189	H	23.7		245	H	31.2	H	488	H
	Nursing, midwifery and health visiting	Nov 2023	399	H	291	H	1,952	H	499	H	3,141	H
	Infrastructure and Administration	Nov 2023	329	H	569	H	1,775	H	405	H	3,078	H
	HCSW	Nov 2023	150	H	186	H	1,004	H	143		1,484	H
	GP, Medical and dental	Nov 2023	47.4	H	153	H	822	H	23.6		1,046	H
	Allied Health Professionals	Nov 2023	68.2		164		410	H	166	H	807	H

			MPFT		RJAH		SaTH		SCHT		SYSTEM	
Metric	Staff Group	Data Period	Value	Variation	Value	Variation	Value	Variation	Value	Variation	Value	Variation
Vacancy %	Total	Nov 2023	14.6%		6.24%		1.18%		12.1%		5.15%	
	Nursing, midwifery and health visiting	Nov 2023	13.1%		7.25%		2.94%		12.1%		6.29%	
	Infrastructure and Administration	Nov 2023	12.0%		1.42%		-0.216 %		11.9%		3.26%	
	HCSW	Nov 2023	21.5%		14.2%		8.39%		10.2%		10.8%	
	GP, Medical and dental	Nov 2023	30.1%		6.19%		1.90%		21.6%		4.82%	
	Allied Health Professionals	Nov 2023	41.4%		10.7%		8.62%		17.0%		14.8%	
Vacancy WTE	Total	Nov 2023	240		99.2		84.2		194		618	
	Nursing, midwifery and health visiting	Nov 2023	60.3		22.7		59.1		68.7		211	
	Infrastructure and Administration	Nov 2023	44.9		8.19		-3.83		54.5		104	
	HCSW	Nov 2023	40.9		30.9		92		16.3		180	
	GP, Medical and dental	Nov 2023	20.4		10.1		16.0		6.49		52.9	
	Allied Health Professionals	Nov 2023	48.1		19.7		38.7		33.9		140	
Bank WTE	Total	Nov 2023	104		81.3		640		62.1		888	
Bank WTE %	Total	Nov 2023	6.67%		5.04%		7.90%		4.09%		6.94%	
Sickness %	Total	Nov 2023	4.89%		4.93%		5.17%		5.51%		5.15%	
Turnover %	Total	Nov 2023	10.9%		8.98%		11.5%		11.5%		11.1%	

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

INTEGRATED CARE BOARD

Agenda item no.	ICB 31-01-013
Meeting date:	Wednesday 31st January 2024
Paper title	Chief Medical Officer & Chief Nursing Officer Update Report
Paper presented by:	Nick White, Chief Medical Officer, NHS STW Vanessa Whatley Interim Chief Nursing Officer, NHS STW
Paper approved by:	Simon Whitehouse, Chief Executive Officer, NHS STW
Paper prepared by:	Vanessa Whatley Interim Chief Nursing Officer, NHS STW
Signature:	
Committee/Advisory Group paper previously presented:	

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

Previous considerations:	

1. Executive summary and points for discussion

1.1. The CMO and CNO have executive responsibility for oversight of quality of care. They also have a professional leadership role and subject leadership roles including digital, maternity and research and innovation.

1.2. The report contains key points of update on industrial action, digital, research and innovation, child mortality, patient safety incident response framework introduction, Independent Inquiry into Telford Child Sexual Exploitation.

1.3. There are no points for escalation and the report is for information and discussion.

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

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

Leadership and Governance	x
Enhanced engagement and accountability	
Creating system sustainability	
Workforce	

3. Recommendation(s)

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

3.1.1. Receive the report for information and discussion.

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

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	
Quality and Safety	The report details key areas of update for quality and safety including the introduction of PSIRF in NHS system partners.
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	

Action Request of Paper:	No action requested.		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Meeting:	Integrated Care Board
Meeting date:	31st January 2024
Agenda item no.	ICB 31-01-013
Paper title	Chief Medical Officer & Chief Nursing Officer Update Report

1. Background

1.1. The CMO and CNO have executive responsibility for oversight of quality of care. They also have a professional leadership role and subject leadership roles including digital, maternity and research and innovation.

1.2. This report provides key information and update on current areas of focus.

2. Report

2.1. Industrial Action

There were two periods of industrial action by junior doctors recently. One from 7am on the 20th December to 7am on the 23rd December 2023. The other was from 7am on the 3rd January to 7am on the 9th January 2024. In terms of urgent and emergency care there was not a noticeable impact though there was an impact on planned care waiting lists. There are no further strike dates that have been announced though it is anticipated there will be further strikes by junior doctors going forward.

2.2. Digital

The system has been successful in bidding for £700,000 from the DHSC to start the implementation of the use Artificial Intelligence across Shropshire, Telford and Wrekin. We are currently in the process of procuring packages to help transform health and care delivery across musculoskeletal pathways, early cancer diagnosis and clinical productivity.

2.3. Research and Innovation

Our Research and Innovation collaborative has won the “Shining Research Star" award at the National Institute of Health Research Clinical Research Network awards 2023. This rounded off a hugely successful year in which saw successful bids for funding 4 research projects totalling £558,000 across a number of areas.

2.4. Child Mortality Workshops

The system has a renewed its approach to child mortality following discussion at ICB Board in September 2023. A series of multidisciplinary workshops are planned through the year to focus on learning from local, regional and national themes. The first workshop took place on 11th December 2023 and provided an overview of child mortality in Shropshire Telford and Wrekin followed by focussed group work to gain a baseline understanding of current activity. The CNO and CMO are and both Directors of Public Health. Future workshops will be themed with a quality improvement focus.

2.5. Patient Safety Incident Response Framework (PSIRF)

During October – December 2023 PSIRF was approved for implementation in all four boards of the NHS Trusts in STW Integrated Care System and is now in place as the approach to learning from incidents and insight. PSIRF replaces the previous Serious Incident Framework and is widely regarded as the biggest change in safety culture in the NHS fostering psychological safety and allowing for a more comprehensive, understanding of safety incidents and a greater focus on learning and improvement. The System Quality Group reporting the Quality and Performance Committee, has overseen system arrangements and policy. The SQG will now implement oversight arrangements on PSIRF priorities as well as system priorities.

2.6. Independent Inquiry – Telford Child Sexual Exploitation (IITCSE)
Published in July 2022, the IITCSE report had forty-seven recommendations, five of which were explicitly health and assigned to the then CCG and have continued to be actioned with partners, led by the ICB. A further six actions were multiagency, including health. Key to the development of the approach to addressing the recommendations has been working with individuals with lived experience of child sexual exploitation to help the Council and partners in shaping their response to the recommendations. This input and experience has been greatly valued and has contributed to improved quality of response and action. Of the five health actions three are now agreed for recommending to the Chair for completion, one relates to sexual health services and is led by public health and the remaining one relates to a trauma informed approach and investment in services to support survivors of CSE. Significant work with NHSE, the Council and ICB has been undertaken and work continues to address patient pathways in a timely manner.

The chair of the IITCSE, Tom Crowther QC, has been invited to review information and return to review the response to the recommendations through February and March. It is expected that evidence presented for health actions will be of a high quality and representative of all partners.

3. Recommendations

3.1. Accept the report for information and discussion.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	**ICB 31-01-014**
Meeting date:	**31 January 2024**
Paper title	**Good Governance Institute's Making Meetings Matter review Report and Proposed Amendments to ICB Governance Handbook**
Paper presented by:	**Simon Whitehouse, ICB CEO**
Paper approved by:	**Simon Whitehouse, ICB CEO**
Paper prepared by:	**Alison Smith** **Director of Corporate Affairs**
Signature:	
Committee/Advisory Group paper previously presented:	**Not applicable.**

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

Previous considerations:	**None identified.**

1. Executive summary and points for discussion

This report presents the findings and recommendations of the recently completed Good Governance Institute's Making Meetings Matter review for NHS Shropshire, Telford and outlines a number of proposed amendments to the ICB's Governance Handbook as a result of the following:

a. The introduction of the new Provider Selection Regime (PSR) which came into force on 1 January 2024. The PSR is a set of rules for procuring health care services in England by organisations termed relevant authorities.

b. An interim process for receiving assurance on related ICB staff matters and approval of staff related policies.

The appendices attached provide detail on the findings from the GGI Making Meetings Matter review and the changes that will need to be made to the Governance Handbook to enact the proposed changes outlined above in section 1a and 1b.

Which of the ICB Pledges does this report align with?

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

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin is asked to:

- **note the content of the Good Governance Institute's Phase 1 summary report on Making Meetings Matter for NHS Shropshire, Telford and Wrekin in appendix A;**
- **approve adoption of the proposed structure for stage 1 and 2 of the ICB governance structure outlined in the GGI summary report (sections 4.4 and 4.7) and set out in sections 2.3.1 – 2.3.3 of this report, except for those areas outlined in section 2.4 of this report where the ICB wishes to take a different approach to that proposed by the GGI, for the reasons outlined;**
- **direct that the ICB CEO and ICB Director of Corporate Affairs present amendments to the Governance Handbook, Scheme of Reservation and Delegation and new and amended terms of reference to reflect the changes proposed to Integrated Delivery Committee, Primary Care Commissioning Committee, the creation of the System Transformation Group and consolidation of the Place Partnerships ShIP and TWIPP as committees of the Board and related changes to other committees, for approval at the next Board meeting in March 2024;**
- **approve the proposed amendments to the Governance Handbook outlined in the report and shown as tracked changes in appendix B; and**
- **approve the terms of reference for the ICB Executive Group as outlined in appendix C.**

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

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

3. Appendices

Appendix A – Good Governance Institute's Phase 1 Making Meetings Matter summary report

Appendix B – NHS Shropshire, Telford and Wrekin Committee Governance Handbook – Excerpts of SoRD and SFIs - with tracked changes, draft version 7.

Appendix C – Draft Terms of Reference for the ICB Executive Group

4. What are the implications for:

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

Request of Paper:	note the content of the Good Governance Institute's Phase 1 summary report on Making Meetings Matter for NHS Shropshire, Telford and Wrekin in appendix A; approve adoption of the proposed structure for stage 1 and 2 of the ICB governance structure outlined in the GGI summary report (sections 4.4 and 4.7) and set out in sections 2.3.1 – 2.3.3 of this report, except for those areas outlined in section 2.4 of this report where the ICB wishes to take a different approach to that proposed by the GGI, for the reasons outlined.	**Action approved at Board:**	

	Direct that the ICB CEO and ICB Director of Corporate Affairs present amendments to the Governance Handbook, Scheme of Reservation and Delegation and new and amended terms of reference to reflect the changes proposed to IDC, Primary care Commissioning Committee, the creation of the System Transformation Group and consolidation of the Place Partnerships ShIP and TWIPP as committees of the Board and related changes other committees for approval at the next Board meeting in March 2024. approve the proposed amendments to the Governance Handbook outlined in the report and shown as tracked changes in appendix B; and approve the terms of reference for the ICB Executive Group as outlined in appendix C.		
		If unable to approve, action required:	
Signature:		**Date:**	

Agenda item no.	**ICB 31-01-014**
Meeting date:	**31 January 2024**
Paper title	**Good Governance Institute's Making Meetings Matter review Report and Proposed Amendments to ICB Governance Handbook**

1. Background

This report seeks to:

1) Present the findings and recommendations from the recently completed Good Governance Institute's Making Meetings Matter review and based upon this report, propose changes to the ICB's meeting structure; and
2) Present a number of proposed amendments to the Governance Handbook for approval by the Board as a result of the following:

   a. The introduction of the new Provider Selection Regime (PSR) which came into force on 1 January 2024. The PSR is a set of rules for procuring health care services in England by organisations termed relevant authorities.

   b. An interim process for receiving assurance on related ICB staff matters and approval of staff related policies.

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

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

Phase 1:
- Diagnostic and mapping of the current governance structure
- The co-design of a revised governance structure

Phase 2:
- Implementation of new governance structure "three cycles"

2.2 The purpose of the programme has been to develop a co-designed, simplified corporate and divisional structure for the ICB, with fewer, more efficient meetings that strengthen assurance, management of processes and board oversight. The report proposes two slightly different meeting structures; one to be adopted now (stage 1) and the other as a future state when Place and provider collaboratives are more mature (stage 2). It also draws a line between the meetings to facilitate system working and those required for the ICB as a statutory body.

2.3 This report summarises the GGI's key findings and recommendations from phase 1 work as described above. The Board is recommended to accept the GGI report findings and support the following proposed actions:

2.3.1 Basic meeting governance, etiquette and clarity of reporting lines

The GGI has found that system meetings, at times, lack consistency in terms of some of the basic fundamentals required for effective meetings; for example, lack of, or outdated terms of reference, lack of senior attendees from system partner organisations, attendee understanding of the purpose of meetings and basic meeting etiquette not being adhered to. The summary of the GGI report attached in appendix A outlines these findings in section 2.2. It is proposed that these issues will be addressed going forward in the following ways:

(i) All committees/sub committees and groups created for ICB and system working will be required to use terms of reference in a standard template that sets out purpose, accountability and reporting requirements as standard and seeks to minimise duplication of purpose.

(ii) Meetings will be streamlined where possible to facilitate more consistent attendance. Those attending ICB and system meetings will be expected to commit to attending at least 75% of meetings, will give apologies where required and will speak to the Chair prior to the meeting if they have to leave the meeting early.

(iii) Report writing training will be provided by the GGI for key ICB and system report authors, to support the production of consistent reports to enhance decision making.

(iv) A reviewed and enhanced set of templates together with completion guidance, will be provided for reports, agendas, minutes and action lists to facilitate consistency across all ICB and system committees/sub committees and groups.

(v) GGI will support the chairs of 5 chosen committees/groups from the structure proposed in phase 1, to focus on providing them with additional support for these meetings, to illicit the right level of discussion and debate and to ensure they are clear on their role and the role of their respective meeting during phase 2 of the programme. The list of the chosen 5 committees/groups is currently being finalised with the ICB Chair and CEO.

(vi) Minute taking training will be provided by the GGI to key personnel who support ICB committees and other high profile system meetings.

(vii) Reports presented at meetings will be taken as read, to allow as much time in the meeting on discussion and debate of the issues presented, rather than a re-cap of the content of the paper itself.

(viii) With reference to conflicts of interest management the ICB will ensure that all Chairs and lead executive SRO's will be briefed on the process to follow. Every agenda will include a declaration of interest standing item at the beginning, to allow those attending to declare any conflicts with their individual interests. Each Committee and the System Transformation Group will hold a register of interests for those attending who do not already declare interests either as a Board member or as an ICB member of staff.

2.3.2 Committee and management group reporting and the proposed structure for the future stage 1

A key finding in the report is that the current meeting structure has blurred the reporting lines between assurance through committees and oversight of delivery though management groups. Many management groups are reporting through to committees in the absence of a mechanism for system management oversight; the GGI have concluded this is sub optimal and recommend that the ICB address this issue.

Integrated Delivery Committee (IDC) is not acting as a purely assurance committee of the Board, but instead a large proportion of its time is taken as a management oversight meeting, receiving reports for noting rather than assurance and escalation. As a result, its remit is too broad with too many forums reporting into it for it to be wholly effective. The GGI have suggested that the function IDC is currently carrying out would in the future, fit better with a provider collaborative structure. However, as the STW provider collaborative committees in common between the system NHS Trusts has only recently been adopted, the GGI have suggested a two stage approach – with immediate changes now but which will support transition to a final state that will include mature provider collaboratives and place based working as part of a system approach. The Board is asked to approve the following actions in response to the GGI report below.

(i) The ICB will be clearer about which meetings are committee meetings and provide assurance to the Board that the ICB and system will meet its strategic objectives and which are management groups overseeing operational delivery. Reporting lines will be adhered to, to prevent confusion of purpose and role.

(ii) The GGI noted that there was a mixture of descriptors being used for different meetings which is adding to the confusion and lack of clarity. The ICB will adopt clear language to describe its meeting structures:

a. Only the Board of the ICB can be described as “Board”.
b. The Board will have committees which are chaired by non executive directors and a meeting forum reporting into a committee will be called a sub-committee.
c. Any ICB/system committees or sub committees chaired by non-executive directors and providing assurance to the Board, will be called “committee” or “sub committee”.
d. All other ICB/system management forums chaired by officers will be described as “groups” not “Boards”. Management groups should not report directly to the Board or its committees (noting the transitional arrangements that are being proposed around the System Transformation Group). A clearer distinction will be made for time limited groups, to be described as a “task and finish group”
e. Management groups relating to the core business of the ICB as a statutory body will report to the ICB executive, membership will generally consist of ICB officers and will be chaired by ICB executive directors, or their deputies.

f. Management groups relating to the system report to the system executive group meeting as the System Transformation Group. Once the provider collaborative is established these groups are likely to subsequently be managed by the collaborative.
g. All management groups including task and finish groups are required to have terms of reference which sets out: purpose, duties, membership, chair and vice chair arrangements and where its sits in the structure – the group it reports to and anything reporting into it.
h. Management groups must produce a report after each meeting using the 3As report approach, which is shared with the group to which it reports.

(iii) The Integrated Delivery Committee will be dissolved and the majority of the role of management oversight of delivery will be moved to a new System Transformation Group which will be composed of the system CEOs of both NHS and local authority organisations and chaired by the ICB CEO. Any parts of IDC role pertaining to assurance or tactical commissioning will be split appropriately across the remaining committees/sub-committees.

(vi) Terms of reference will be developed for the new System Transformation Group which will include reviewing each group/board sub committee currently reporting into Integrated Delivery Committee with a view to reducing, consolidating and clarifying role and purpose of any remaining groups.

(v) The System Transformation Group will be a management group and will report into Board. Although management groups reporting into Board is considered sub optimal, this will be a short term measure to provide a mechanism for management oversight of delivery and a reporting line into the Board. This in time, will be replaced by a more mature provider collaborative having delivery oversight and providing assurance into the Board. It is proposed that the System Transformation Group is set up in shadow format whilst terms of reference and an amended Governance Handbook are developed prior to presentation at the Board meeting in March to allow a managed transition from Integrated Delivery Committee.

(vi) The System Transformation Group will focus its attention mainly on the delivery of the 6 key priority operational programmes but with some other key delivery projects that are required to take forward some of the statutory requirements of the system which will be agreed.

(vii) Stage 1 of the future structure will include for some system committees a part A and part B approach to the meetings, which is to facilitate the transaction of both ICB only business and system business with a different and more appropriate constituted membership for each part.

(viii) The two Place based partnerships – ShIP and TWIP will become committees of the Board and will report directly into the Board to provide assurance and to escalate issues. Overtime this relationship may change dependent on the agreed model for place based commissioning the system finally agrees to. However, this approach will allow transition to a different model if required. As committees of the Board, both ShIP and TWIP will be required to review their current terms of reference to align with the agreed template for all committees and groups, to introduce a conflicts of interest management approach for meetings and introduce reporting in line with the

suggested 3As approach to the Board after each meeting. For this to fully maximise the pote of the Place Based Partnerships then the leadership, structure and functioning of these groups will need an urgent review with rapid implementation fo any findings. The leadership / chairing of these Partnerships will be a fundamental aspect as there will need to be a link through to the Board of the ICB. There is a discussion to be had relating to the role that the two LA CEO's can take as being full Board members and leaders of place. This requires urgent resolution.

(ix) Primary Care Commissioning Committee will be dissolved to support more integrated commissioning and delivery of primary medical services. Instead the component parts of the current committee's role and purpose will be split across existing committees and groups. The Primary Care Commissioning Committee received a report initially outlining some suggestions for realignment in October 2023, but prior to the outputs of the GGI work. Therefore, in light of the GGI report, the Board is recommended to agree that the ICB Medical Director and Director of Corporate Affairs work together to produce a suggested realignment of the primary care medical services delegated commissioning role across the stage 1 structure outlined in the GGI report and that this is presented for approval at the next Board meeting.

(x) Audit Committee and Remuneration Committee as ICB only committees will remain the same.

(xi) There are no proposals to amend fundamentally the following committees in stage 1; Finance, System People, Inclusion and Culture Committee, Strategy (apart from changing its name from Strategy Committee to Strategic Commissioning Committee to reflect the core purpose of the system) and Quality and Performance Committee. However, there may be a need to amend parts of these committees' terms of reference to accommodate the changes in Primary Care Commissioning and Integrated Delivery Committee, which will be presented at the next Board meeting in March.

(xii) In stage 1 the Investment Panel will report into the System Transformation Group and these terms of reference will need to be amended.

2.3.3 <u>Committee and management group reporting and the proposed structure for the future stage 2</u>

In stage 2 the fundamental structure from stage 1 remains, apart from the expectation that the system Provider Collaborative will be more mature and in a position where it has taken on the management oversight invested in the System transformation group in stage 1. To support this from a governance point of view, the ICB will need to have a contract with the Provider Collaborative that will provide the detail on responsibilities and accountability to the ICB.

2.3.4 <u>ICB as an organisation in its own right</u>

Finally, the GGI report outlines for both stages 1 and 2 that the ICB Executive Group is used to manage the ICB as a organisation in its own right and how the ICB Executive Directors deliver on their portfolios using a tier of management

groups below the ICB Executive Group. This will require further detailed consideration by the Executive Group.

2.4 GGI recommendations that the ICB does not accept

There are also some findings and recommendations by the GGI where the ICB wishes to take a different approach to that outlined in the GGI report and these are summarised below with the rationale for each outlined for approval by the Board:

- System People, Inclusion and Culture Committee - stage 1 for ICB only staff matters

  The GGI have recommended that those committees that have a dual role for assurance – part for the ICB as a statutory body in its own right and a part for the system, that the meetings are structured in two parts to allow the business of both to be transacted in the same meeting but with different membership composition. In the case of the System People, Culture and Inclusion Committee it is not possible to support a part A ICB only segment of this meeting due to current capacity limitations of ICB non executive directors. Instead, the ICB is suggesting to the Board that as an interim solution, ICB staff related matters are taken to the ICB Executive Group for consideration and for decision making. This is detailed more fully in section 4 of this report below. This is proposed as an interim solution until the ICB Executive Team are able to consider an alternative long-term solution.

- System management groups for 6 priority areas - stage 1 System Transformation Group chairing of tier 2 management groups

  The GGI have recommended that the 6 priority area groups that will form part of the tier 2 management groups reporting into the System Transformation Group will be chaired by Executive Directors and most likely ICB Executive Directors initially.

  However, the system already has mature chairing/lead arrangements in place for these 6 priority area group meetings, with SRO's being drawn from the systems CEOs, which provides strong chairing arrangements and a more collaborative approach. The Board is asked to approve that the existing chairing arrangements for this group continues.

2.5 Report findings related to the functioning and focus of the Board

The GGI report also raises some areas of development for the Board to consider:

- Insufficient focus on core functions of the ICB i.e., health inequalities;
- Expectations on the ICB to performance manage providers which drives the board to be overly operational;
- The need for difficult discussions on strategic issues facing the system rather that a focus on reporting;
- The numbers of attendees at Board meetings over and above the voting members is too high;
- Insufficient focus on accountability of partners and risk; and
- Board not sufficiently sighted on the work of local authorities.

These will be considered by the Chair and CEO for further action.

2.6 Next Steps

In order to enact the proposed changes outlined in the sections above, the Board is recommended to request the ICB CEO and the ICB Director of Corporate Affairs to realign committee terms of reference, the Scheme of Reservation and Delegation and the Governance Handbook to reflect the actions highlighted in sections 2.3.1 – 2.3.3 and that these are presented to the Board at its next meeting in March 2024 for adoption.

3 Provider Selection Regime

3.1 The Provider Selection Regime (PSR) came into force on 1 January 2024. The PSR is a set of rules for procuring health care services in England by organisations termed relevant authorities. Relevant authorities are:

- NHS England
- Integrated care boards (ICBs)
- NHS trusts and NHS foundation trusts
- Local authorities and combined authorities.

3.2 The PSR does **not** apply to the procurement of goods or non-health care services (unless as part of a mixed procurement), irrespective of whether these are procured by relevant authorities.

3.3 The PSR was introduced by regulations made under the Health and Care Act 2022. In keeping with the intent of the Act, the PSR has been designed to:

- introduce a flexible and proportionate process for deciding who should provide health care services
- provide a framework that allows collaboration to flourish across systems
- ensure that all decisions are made in the best interest of patients and service users.

3.4 More detail on the PSR has been shared in the CEO's report being presented on the same agenda.

3.5 As a result of the introduction of this new regime ICB contracting and finance colleagues have reviewed the ICB's Governance Handbook and proposed amendments to the current content to reflect this new regime going forward – these are summarised below and are shown in full in appendix B attached.

Ref	Proposed Amendment	Page/Paragraph
1	Standing Financial Instructions – Procurement and Purchasing • procurement activity is in accordance with PCR for non healthcare and PRS for healthcare.	Page 42 section 7.1.2 - SFIs
2	Standing Financial Instructions – contract variations or extensions	Page 42 section 7.1.8 - SFIs
3	Healthcare Services – invitations to tender	Page 44 section 7.2.2.1 - SFIs

4	Compliance Requirements for all Contracts • Reference added to the Health Care Services (Provider Selection Regime) Regulation 2023.	Page 49 section 7.2.7.9 - SFIs
5	Quotation and Tendering Limits – PRS and expenditure thresholds	Page 68 section 15 appendix 1

The Board is asked to approve these amendments as set out in appendix B attached.

4. Interim Process for assurance and approval of ICB Staff Related Matters

4.1 The previous Chief People Officer and Deputy Chief People Officer had undertaken a review of the system People agenda and the governance infrastructure needed to support this significant area of work for STW.As a result the TOR for the System People Committee, now the ICS People, Culture and Inclusion Committee, were reviewed and revised and these were approved by the Board at its meeting in November 2023.

4.2 In addition at that meeting it is also proposed that a new Sub Committee called the ICB People, Culture and Inclusion Sub-Committee was created as a sub committee of the ICS People, Culture and Inclusion Committee. It was proposed that this sub-committee has delegated decision making on behalf of the Board, in relation to presentation of workforce dashboards, approving related policies, procedures and plans in relation to HR and Health and Safety and other areas related specifically to ICB staff.

4.3 However, prior to the Board meeting in November 2023 where this proposal would have been considered, it was withdrawn as a result of feedback from Non Executive Members of the ICB who were concerned that non executive director capacity to support this additional sub committee had not been fully considered.

4.4 In light of this feedback a new proposal which avoids additional demands on existing non executive director time is being proposed as an interim solution. The proposal is to utilise the ICB Executive Group which meets regularly, as a formal mechanism for providing oversight for ICS staff matters and to have delegated decision making from the Board to approve ICB staff related policies and the ICB's Equality Delivery System evidence submission.

4.5 Attached as appendix C are draft terms of reference for the ICB Executive Group and the specific approval delegation is outlined in the Scheme of Reservation and Delegation attached as appendix B summarised below:

Ref	Proposed Amendment	Page/Paragraph
1	Approval of arrangements to discharge the ICB's People /HR and Equality, Diversity and Inclusion responsibilities as an employer delegated to the ICB Executive Group by the board	Page 20 section 5 - People - Scheme of reservation and delegation
2	Approve the policies and procedures to support the arrangements for discharging the statutory duties of NHS STW as an employer to include but not limited to: • HR/People Equality, • Diversity and Inclusion and • Health and Safety.	Page 21 section 5 - People - Scheme of reservation and delegation

	delegated to the ICB Executive Group by the board	
3	Approve the annual evidence submissions on behalf of the Board for: • Equality Delivery System 2 (EDS2) • Workforce Race Equality Standard (WRES) • Workforce Disability Equality Standard (WDES) delegated to the ICB Executive Group by the board	Page 21 section 5 - People - Scheme of reservation and delegation

The Board is asked to approve the amendments to the SoRD summarised above and as set out in appendix B and approve the terms of reference included as appendix C attached.

5. Recommendation(s)

NHS Shropshire, Telford and Wrekin is asked to:

- **note the content of the Good Governance Institute's Phase 1 summary report on Making Meetings Matter for NHS Shropshire, Telford and Wrekin in appendix A;**

- **approve adoption of the proposed structure for stage 1 and 2 of the ICB governance structure outlined in the GGI summary report (sections 4.4 and 4.7) and set out in sections 2.3.1 – 2.3.3 of this report, <u>except</u> for those areas outlined in section 2.4 of this report where the ICB wishes to take a different approach to that proposed by the GGI, for the reasons outlined.**

- **Direct that the ICB CEO and ICB Director of Corporate Affairs present amendments to the Governance Handbook, Scheme of Reservation and Delegation and new and amended terms of reference to reflect the changes proposed to Integrated Delivery Committee, Primary Care Commissioning Committee, the creation of the System Transformation Group and consolidation of the Place Partnerships ShIP and TWIPP as committees of the Board and related changes to other committees for approval at the next Board meeting in March 2024.**

- **approve the proposed amendments to the Governance Handbook outlined in the report and shown as tracked changes in appendix B; and**

- **approve the terms of reference for the ICB Executive Group as outlined in appendix C.**

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 31-01-015.1
Meeting date:	31st January 2024
Paper title	Quality and Performance Committee Chair's Report
Paper presented by:	Meredith Vivian, Non-Executive Director NHS STW
Paper approved by:	Meredith Vivian, Non-Executive Director NHS STW
Paper prepared by:	Vanessa Whatley, Interim Chief Nursing Officer

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Quality and Performance Committee meeting held on Thursday 26th October 2023.

1.2 The minutes of the meeting are attached for information.

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

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

2. Alerts

2.1 The UEC Improvement Plan had been revised following several external visits, however the assurance against it was not yet fully developed. The UEC Board was continuing to develop this meanwhile current UEC measures were showing as off track with rising 12-hour breaches since July 23. The care of patients in unconventional spaces such as corridors is concerning however plans are in place to mitigate harm as much as possible.

2.2 Learning disability annual health checks were under 20% however, communications to primary care were planned and these health checks are expected to increase between January and March 2024.

2.3 An issue with the coding of Serious Mental Health Illness health checks was reported to be contributing to the poor performance in this target area.

2.4 Fast track assessment delays were flagged as an area for improvement.

3. Assurance

3.1 A review of child Death Review Processes has taken place and been fully reported to System Quality Group.
3.2 Incremental improvements in dementia diagnosis rates were noted, though this is still under the target number.
3.3 The resident story, 'Lukes's story', discussed at September 23 ICB Board was discussed and circulated to the committee in the context of the Mental Health report being presented learning from the story.
3.4 The Shropshire Talking Therapies service has improved the waiting list from over 1200 patients. There are now no eighteen weeks and waits for Step 2 and Step 3 waits have been greatly reduced. Shropshire's Step 3 waiting list has reduced from 999 in January 2023 to 226 at the time of the report. The newly formed team continue to make progress.
3.5 The LMNS is focused on the NHSE 3-year delivery plan which will incorporate much of the positive work already undertaken in maternity services, a mapping process is being used to identify areas of priority to deliver this.
3.6 A letter from NHSE Chief Delivery Officer regarding sexual safety in the NHS has been received by NHS organisations. As well as the need to safeguard patients, there is significant focus on the impact of sexual harassment and abuse for the workforce. This is following an investigation by the Guardian, BBC and BMJ. All organisations have been asked to sign up to a Charter, specifically regarding workforce, and it was confirmed that the ICB as well as partner NHS organisations had signed up.

4. Advise

4.1 The Committee reviewed the full ICB risk register and agreed to review this every 6 month for quality implications from other risks.
4.2 A dashboard to benchmark maternity data with other regional systems is underway. This is planned to be live from March 24.
4.3 Healthwatch Shropshire has published their complaints report showing that respondents not satisfied with their experiences when making a formal complaint. The findings of the report are being considered and addressed by teams across the ICS.

5. Recommendation(s)

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

5.1 Accept the report.
5.2 Consider the alerts for further action.

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

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

7. Appendices

Appendix 1 – Quality and Performance Committee minutes from the meeting held on Thursday 26th October 2023

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

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 29-11-132.2
Meeting date:	9 October 2023
Paper title	Audit Committee Chair's Report
Paper presented by:	Roger Dunshea
Paper approved by:	Roger Dunshea
Paper prepared by:	Roger Dunshea

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW ICB Audit Committee meeting held on 9 October 2023 for noting.

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

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

ALERT: Matters of concerns, gaps in assurance or key risks to escalate to the Board.	**Emergency Preparedness, Resilience and Response.** The committee, over the summer, reviewed and recommended approval of the system EPRR. The next steps are to review and dry test the various elements and roll out training and awareness. **System Board Assurance Framework and Strategic Risk Register.** The BAF and SRR has now been completed. Most of the risks are assessed as red (high risk) with **two extremely high risks** as listed below: • **Strategic Risk No.1: Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of ICS priorities.** • **Strategic Risk No.2: Risk of not delivering sustainable services within available resources across the ICS.**

	The committee noted the hard work in producing the BAF and SRR. The next steps will be to secure ownership and action across the ICS to mitigate and reduce the risks. It is recommended the Board devote a development session to risk, early in 2024. A risk workshop of ICS audit committee members and auditors is scheduled for the end of November.
ADVISE: Area's that continue to be reported on and/or where some assurance has been noted/further assurance sought.	**Internal audit plan 2023-24** . • Better Care Fund effectiveness and accountability. The executive had requested a deferral of the audit however the audit committee asked for the audit to continue as planned. • Triangulation of population and patient engagement, experience and outcomes. It was agreed this would be deferred due to new system implementation. • Ophthalmology commissioning • Continuing Health Care (CHC) commissioning and contracting. • Delegated direct commissioning P, O &D • Standard financial core systems audit. The above audits should be completed by the financial year end. The audit of the ICB policy management framework received moderate assurance with some very helpful recommendation agreed.
ASSURE: Positive assurances and highlights of note for the Board	The counter fraud and external audit updates did not raise any unexpected concerns at this stage of the financial year.
Changes to the BAF Risk(s) and Directorate Risk Register Risk(s) agreed.	**The priority remains to secure ownership and action s from the BAF and SRR across the ICS.**
ACTIONS: Significant follow up action commissioned (including discussions with other Board Committees, changes to Work Plan)	**Information policies and Information Governance**. The committee further requested a review by the executive of where these and related policies fit best within the Executive's and Board's subcommittee approval arrangements. It is hoped this will be covered by the GGI review.
ACTIVITY SUMMARY: Presentations/reports / items of note received including those approved.	The committee noted the : • IG DSPT progress report • IG bimonthly service report. The committee received updates on: • Counter fraud • Losses and waivers etc

Matters presented for information or noting.	External and Internal audit professional briefings.
Committee self evaluation of effectiveness/ Terms of Reference Review/ Future Work Plan	The meeting had to be rearranged due to late quoracy concerns. The committee agreed attendance was an essential part of good governance.

2. Recommendation(s)

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

The Board is recommended to read the BAF and SRR with agreement to hold a risk development session early in 2024

None

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

Not yet

Appendices: None

Request of Paper:	To note	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:	*RM Dunshea*	**Date:**	31.10.23

Integrated Care Board

Agenda item no.	ICB 31-01-015.3
Meeting date:	31st January 2024
Paper title	Finance Committee Chair's Report – 26th October Meeting
Paper presented by:	Trevor McMillan; Non-Executive Director
Paper approved by:	Trevor McMillan; Non-Executive Director
Paper prepared by:	Claire Skidmore; Chief Finance Officer

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Finance Committee meetings held on 26th October for noting.

1.2 The minutes of the meetings are attached for information.

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

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

ALERT: Matters of concerns, gaps in assurance or key risks to escalate to the Board	**Section 1 (ICB)** The Committee noted that the ICB had recorded a £13.8m deficit at month 6, being £6.5m adverse to plan (which was £7.3m deficit). Whilst the reported outturn remains at achieving plan (£11.8m deficit) there is a significant risk that this will not be achieved. At the time of the meeting, a reforecast position had not been formalised with NHSE. **Section 2 (System)** A year to date system deficit of £74.5m (a variance of £33.9m from plan) was discussed. Drivers of the variance were consistent with those noted in the previous month, these being predominantly escalation costs, elective activity costs, inflation above plan (particularly for ICB prescribing and CHC) and also premium rate workforce costs. The reported forecast was aligned with the planned deficit of £57.1m however unmitigated risk reported at month 6 was £101.5m.
ADVISE:	**Section 1 (ICB)** The Committee noted the ongoing work of the ICB senior leadership team to mitigate risk in delivering the financial

Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought	position and optimise reduction of the forecast deficit wherever possible. **Section 2 (System)** The Committee were informed of a £6.5m year to date underspend in the System capital programme however reports highlighted that slippage in the programme was expected to be recovered by year end.
ASSURE: Positive Assurances and highlights of note for the Board	**Section 1 (ICB)** Whilst delivery of 100% of the efficiency programme for the ICB remains challenging and a risk to the forecast outturn, the Committee noted the progress made between months 5 and 6 to reduce the balance of the unidentified 'stretch' target from £4.1m to £2.56m. Work to bridge the remaining gap continues and the Committee were briefed that at month 6, 90% of plans were now identified and in delivery. **Section 2 (System)** The Committee received a report to highlight progress with development of the Board Assurance Framework (BAF) and the Strategic Operational Risk Register (SORR). Current content was shared for consideration.
Changes to the BAF risk(s) and Directorate risk register risk(s) agreed	Financial risk is already reflected in the BAF. The topics discussed at the meeting and resulting conclusions did not materially change the existing assessment of risk.
ACTIONS: Significant follow up actions commissioned (including discussions with other Board Committees, changes to work plan)	**Section 1 (ICB)** N/A **Section 2 (System)** It was agreed that a report on the demand, capacity and finance model work would be brought to the next meeting. Comments on the System BAF were invited to be returned to Alison Smith.
ACTIVITY SUMMARY: Presentations/reports/items of note received including those approved	**Section 1 (ICB)** • M6 finance position overview (revenue and capital) • Efficiency Update **Section 2 (System)** - M6 finance position overview (revenue and capital) - Efficiency update - System and ICB Risk management Update Report
Matters presented for information or noting	N/A

2. Recommendation(s)

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

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

The Finance Committee is established to provide oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan.

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

4. Appendices

Appendix 1 - Finance Committee minutes from the section 1 and section 2 meetings held on 26th October 2023.

Request of Paper:	NHS Shropshire Telford and Wrekin Board is asked to note the areas highlighted in the report.	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	31st January 2024

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 31-01-015.3
Meeting date:	31st January 2024
Paper title	Finance Committee Chair's Report – 30th November Meeting
Paper presented by:	Trevor McMillan; Non-Executive Director
Paper approved by:	Trevor McMillan; Non-Executive Director
Paper prepared by:	Claire Skidmore; Chief Finance Officer

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Finance Committee meetings held on 30th November for noting.

1.2 The minutes of the meetings are attached for information.

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

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

ALERT: Matters of concerns, gaps in assurance or key risks to escalate to the Board	**Section 1 (ICB)** A year to date deficit of £16.4m was presented to the Committee for month 7 reporting. This is a an £8.5m adverse variance to plan. Whilst the reported outturn remains at achieving plan (£11.8m deficit) the team estimate a risk of around £24m that this will not be achieved. At the time of the meeting, a reforecast position had not been formalised with NHSE. As chair of the Committee, I noted my unease at the level of risk in the ICB's position though recognise the hard work to mitigate the areas of concern. **Section 2 (System)** A year to date system deficit of £89m (a variance of £44.5m from plan) at month 7 was discussed. Drivers of the variance were consistent with those noted in the previous month, these being predominantly escalation costs, elective activity costs, inflation above plan (particularly for ICB prescribing and CHC) and also premium rate workforce costs. The reported forecast was aligned with the planned

	deficit of £57.1m however unmitigated risk reported at month 7 was £91.7m (a small decrease since month 6).
ADVISE: Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought	**Section 1 (ICB)** The Committee noted the ongoing work of the ICB senior leadership team to mitigate risk in delivering the financial position and optimise reduction of the forecast deficit wherever possible. **Section 2 (System)** The Committee were briefed on the initial outputs from the newly built demand, capacity and finance model. Discussion centred around next steps to refine the inputs to the model and a desire to make sure that focus needs to be on actions required to address the underlying deficit.
ASSURE: Positive Assurances and highlights of note for the Board	**Section 1 (ICB)** The Committee noted continued work to bridge the remaining efficiency target gap. **Section 2 (System)** The Committee were briefed that work led by the CEOs, CFOs and COOs was well underway to secure the best activity and finance forecast possible. This was in response to a letter from the National team sent in early November and would inform a reforecast position.
Changes to the BAF risk(s) and Directorate risk register risk(s) agreed	Financial risk is already reflected in the BAF. The topics discussed at the meeting and resulting conclusions did not materially change the existing assessment of risk.
ACTIONS: Significant follow up actions commissioned (including discussions with other Board Committees, changes to work plan)	**Section 1 (ICB)** N/A **Section 2 (System)** It was agreed that the ICS governance structure and TOR for this Committee would be circulated to new attendees of this group.
ACTIVITY SUMMARY: Presentations/reports/items of note received including those approved	**Section 1 (ICB)** • M7 finance position overview (revenue and capital) • Efficiency Update **Section 2 (System)** - M7 finance position overview (revenue and capital) - Efficiency update - Medium Term Finance and Activity Modelling
Matters presented for information or noting	N/A

2. Recommendation(s)

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

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

The Finance Committee is established to provide oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan.

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

4. Appendices

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

Request of Paper:	NHS Shropshire Telford and Wrekin Board is asked to note the areas highlighted in the report	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	31st January 2024

Integrated Care Board

Agenda item no.	ICB 31-01-015.4
Meeting date:	31 January 2024
Paper title	Remuneration Committee Chair's Report
Paper presented by:	Trevor McMillan, Non-Executive Director & Chair of Remuneration Committee
Paper approved by:	
Paper prepared by:	Lisa Kelly, Senior HR Business Partner

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Remuneration Committee meeting held on 20 November 2023 for noting.

1.2 The meeting was quorate.

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

1.3.1 There were five agenda items as outlined below: -

- ICB Chief Nursing Officer Temporary Appointment
- Executive Director and Director Annual Pay Review 2023 - 2024
- Chief Medical Officer Pay Case Update
- ICB Chief Executive Officer Substantive Appointment Update
- ICB Chief Executive Officer Annual Pay Review 2023 - 2024

1.3.2 The papers presented were approved by the Remuneration Committee

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to:

2.1 Note the business completed at the Remuneration Committee on 20 November 2023.

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

N/A

4. Appendices

None

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

Integrated Care Board

Agenda item no.	ICB 31-01-015.5
Meeting date:	Wednesday 8th November 2023
Paper title	Strategy Committee Chair's Report
Paper presented by:	Mrs Cathy Purt, Chair ICB Strategy Committee
Paper approved by:	Mrs Cathy Purt, Chair ICB Strategy Committee
Paper prepared by:	Gemma Smith, ICB Director of Strategic Commissioning

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Strategy Committee meeting held on 8th November 2023 for noting.

1.2 The minutes of the meeting were ratified at the Strategy Committee on the 10th January 2024 and are attached for information.

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

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

PA Consulting – System Capacity and Demand

- The Committee received the presentation by PA Consulting in relation to the System Capacity and Demand model which was presented for information and discussion and the following points were highlighted:

- PA Consulting are supporting the system to develop an integrated financial and demand and capacity model to inform strategic planning and the Committee recognised that this was the first attempt at trying to join up in an integrated way our first step in our modelling.

- The Committee noted that the model will provide a unique opportunity in supporting the development of the Medium-Term Financial Plan that is underpinned by System

assumptions, allowing the implementation of a flexible model that allows changes in requirements and assumptions and adjusts for sensitivities, provides a transparent baseline and produces outputs that are recognisable at both a system and provider level.

- The Committee also noted that ultimately the model will feed into strategic priorities, ensuring alignment of key programmes and schemes across the system e.g. HTP and LCTP, lay the foundation for establishing the financial gap and planning solutions to this, support the system to make the difficult decisions required to deliver a financially balanced medium-term plan and to support the exit from NOF 4. It was also recognised that this was a vital component of our Joint Forward Plan as a system and underpins the of work that is being done across the range of different objectives.

- The Committee recognised the importance of the work and queried if this could be expanded into development of a long-term plan which was confirmed as a potential opportunity as a next step.

- The Committee Chair queried re the role of Primary Care and Primary Care Networks and their current level of involvement in the work and it was confirmed that whilst there was a commitment to add primary care capacity and demand data, further work was needed to make this possible and was underway.

- The Committee also noted that Population Health Management and the population projection was being considered and built into the plan.

- PA Consulting informed the Committee of the next steps to ensure clear linkages and to set out areas of focus for future phases that will add most value.

- The Committee noted the presentation undertaken and wide-ranging discussion and thanked PA Consulting for attending and presenting the work.

STW General Practitioner (GP) Strategy 2023/24

The Committee received the presentation in relation to the Shropshire, Telford and Wrekin GP Strategy which was presented for information and discussion and the following points were highlighted:

- The Committee noted that the STW Primary Care Commissioning Committee approved the first version of the STW ICS GP Strategy which had been developed in response to the continuing pressures on the STW GP workforce and the need to focus on the recruitment and retention of GPs across the local system.

- The Committee also noted that since the first version of this Strategy was published in 2022 three developments have led to the need for a refreshed version which were the publication of the NHSE Long Term Workforce Plan, the completion of a series of surveys to inform the refresh of this Strategy covering: Medical Students, Foundation

Year Doctors, GP Trainees, Qualified GPs and Practices as Employers of GPs and the recruitment by STW ICS of a Team of GP Leads.

- The Committee were informed that an Action Plan has been developed designed to ensure implementation of the GP Strategy and whilst the timelines and scope are ambitious, that the ICB Primary Care Team is confident that the Strategy addresses the key issues and challenges facing the STW GP cohort.

The Strategy Committee noted the work undertaken and the content of the presentation and confirmed approval the GP Strategy 2023/24 on the condition that there is a risk log attached to the joint forward plan which was noted as an action to be taken forward and reported back to the Strategy Committee.

Outputs from the Big Conversation

The Committee received the presentation in relation to the Shropshire, Telford and Wrekin Big Conversation Outputs which was presented for information and discussion and the following points were highlighted:

- The Committee were informed that in February 2023 the Big Health and Wellbeing Conversation was launched to help us understand what is affecting health and wellbeing and what would help us to improve the experiences of local health and care services and to gather the views of the local community and stakeholders, a series of public events, focus groups, stakeholder events and an engagement survey.

- The high leve outputs were shared with the Committee with the main issues raised being in relation to accessing services, appointment availability, and awareness of services.

- The Committee also noted the key themes from the targeted events and also specific feedback on individual providers spanning Primary Care including General Practice, Community Services, Acute Services and Mental Health.

- Due to the robust discussion and detail within the report, the Committee felt that they could not do justice to this presentation within the November Committee and that it required further discussion.

It was agreed as an action that the outputs from the Big Conversation should be bought back to the Strategy Committee meeting in January for further discussion.

MCAP updates

The Committee received a brief verbal update on the MCAP Audit and noted that there are two stands of work taking place, one is the individual work with providers and working with SCHT to validate the opportunity for the virtual ward and using the findings of MCAP to help quantify that. Further updates to be presented to the Committee once the work is completed.

2. Recommendation(s)

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

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

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

None identified.

4. Appendices

Minutes of the meeting on the 8th November 2023.

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

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

STW INTEGRATED CARE BOARD

Agenda item no.	ICB 31-01-015.6
Meeting date:	31st January 2024
Paper title	NHS STW Integrated Care System (ICS) People Culture and Inclusion Committee – Chairs report
Paper presented by:	Dr Catriona McMahon, Chair ICS People Culture and Inclusion Committee
Paper approved by:	Dr Catriona McMahon, Chair ICS People Culture and Inclusion Committee
Paper prepared by:	Alison Trumper Head of ICS People Programmes
Signature:	
Committee/Advisory Group paper previously presented:	

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

This paper seeks to provide assurance on progress against STW ICS People priorities for 2023- 2026 across the four strategic themes TRAIN /Growing future workforce, RETAIN, REFORM and TRANSFORM.

Previous considerations:	

1. Executive summary and points for discussion

1.1. The purpose of this paper is to provide a summary of the STW People Culture and Inclusion Committee, held on the 13th December, 2023

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

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

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

STW People Strategy

The Committee received an update regarding progress against the ICS People Strategy for discussion. The following points were highlighted:

- In line with the national people plan and the NHS Long-term workforce plan there are four strategic priorities - TRAIN, RETAIN, REFORM and TRANSFORM.
- The system people priorities were developed with representation and contributions from system provider partners, health and social care, local University and Colleges of Higher and Further Education and representative from NHSE. Priorities.
- From September 2023, Senior Responsible Officers (SRO) are identified for each strategic priority. The SROs presented evidence with regards to how they are progressing their designated strategic portfolio.
- Updates were received by the committee for each strategic priority, presented by the relevant SRO. These included evidence of progress against the overall vision, strategic outcomes, and intentions for each priority, including a "Plan on a Page'. The Committee received a report on activities completed in Q3 and planned activities for Q4, for each priority.
- Finally, the Committee was informed that SRO/CEO level discussions are ongoing, to identify solutions to deliver and implement people priorities where leadership and capacity gaps are identified.
- Points of specific note were:
    - STW ICS has been identified as 'exemplar' by the Department of Education for its partnership work across NHS partners, Telford, and Shrewsbury colleges for clinical T-levels (TRAIN).
    - The ICS workforce retention group are delivering the NHSE High Impact Workforce Retention Interventions, with four achieved and three in progress (RETAIN).
    - Reduced capacity within the current people team has significantly impacted progress with the system health and well-being offering, including ceasing of the menopause support services and the men's health offering (RETAIN).

- A 22% reduction in workforce attrition was seen in month 7, from 14.8% to 11.5 % - this may have, in part, been as consequence of the interventions to RETAIN current workforce
- The draft targeted workforce priorities for 24/25 were shared. These will inform system partnership priorities, targeting workforce pipelines, marketing and promotional activities and education and training programmes. The final list of priorities will come to the March Committee meeting (REFORM)
- There is no substantive resource leading the REFORM portfolio. Leadership is currently provided by SaTH and temporary investment with Midlands and Lancashire CSU (REFORM)
- Work progresses in the implementation of the High Potential Scheme initiative across the system, which aims to accelerate the development of our future Executives and Directors (TRANSFORM)
- Identification of leadership capacity to support delivery of the Equality Diversity and inclusion workstream is under review (TRANSFORM)

Pharmacy Faculty Update

- It is recognised that pharmacy is a key skill area that is facing recruitment and retention challenges, within STW.
- The Committee received a presentation regarding the ICS pharmacy faculty, which detailed, its scope, vision, intended outcomes, key risks and the role of the system chief pharmacists in this programme.
- An overview of pharmacy workforce was provided, highlighting the demographics of the pharmacy workforce with the key risks, both nationally and locally, in hospital, primary care community.
- The committee was assured that the development of the Pharmacy Faculty was on track, and that its aims and objectives should help address the key issues highlighted.
- It was highlighted that, from September 2024, there will be a local training offer for pharmacy technicians in response to the workforce gap – currently, students must attend a training programme in Birmingham or enrol onto a remote programme.

SBAF and SORR Review

- An updated System BAF was made available to the committee, but there was insufficient time to discuss this in depth. Whilst it was noted that most of the changes made were administrative (eg committee name) committee members were requested to review the SBAF, in preparation for a fuller discussion at the March meeting.
- Three risk updates and two new risks were recommended for the committee to consider for inclusion in the System Operational Risk Register. Whilst there was general agreement that the new risks were valid, further discussion is required before the committee can recommend their addition to the register *as currently written*, or at the risk level identified. Similarly for the updates proposed.

AOB and Date of Next meeting

- There were no items of AOB
- The date of the next meeting is March 20th, 2024, at Telford College

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

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

3. Recommendation(s)

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

- Note assurances offered regarding progress of STW ICS People priorities.

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

None identified

5. Appendices

None

Action Request of Paper:	• Note assurances offered regarding progress of STW ICS People priorities.		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 31-01-015.7
Meeting date:	31 January 2024
Paper title	Primary Care Commissioning Committee Chair's Report
Paper presented by:	Niti Pall, Non-executive Director (Chair)
Paper approved by:	Nick White, Chief Medical Officer (Deputy Chair)
Paper prepared by:	Nick White, Chief Medical Officer (Deputy Chair)

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Primary Care Commissioning Committee meeting held on 6 October 2023 for noting.

1.2 The minutes of the meeting are attached for information.

2. Recommendation(s)

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

2.1 Note this report.

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

Not applicable

4. Appendices

Appendix 1 – Primary Care Commissioning Committee minutes from the meeting held on 6 October 2023.

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

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board (ICB)

Agenda item no.	ICB 31-01-015.8
Meeting date:	31 January 2024
Paper title	Integrated Delivery Committee (IDC): Chair's Report of meeting held on 11/12/23
Paper presented by:	Gareth Robinson, IDC Vice Chair
Paper approved by:	Harry Turner, IDC Chair
Paper prepared by:	Jan Heath

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Integrated Delivery Committee (IDC) meeting (Part One – Open) held on 11/12/23

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

1.3 The minutes of the meeting held on 13/11/23 were approved.

1.4 The IDC Chair's Report (Nov 23) was approved.

1.5 A summary of the discussions held, assurance received and areas for escalation are outlined below for the Board's consideration:

1.5.1 MH LDA Update

The STW ICB Director of MH CYP and LD&A presented an update on the transformation programmes overseen by the Mental Health (Adults and CYP) and Learning Disability and Autism Board on behalf of the Chair of the board.

Key highlights included:

- A significant reduction of 83% in waits of 18 weeks for Talking Therapies has been achieved together with the elimination of waits for Step 2 care and the near elimination of waits for Step 3 care

- Workforce growth remains a high priority to address the current vacancy gaps that are a major contributor to below-target performance for access into therapy

- A significant change in dementia diagnosis rates is now being seen that facilitates opportunities for provision of support and other interventions

- The number of physical health checks for those with serious mental illness is increasing and that has enabled interventions such as blood pressure management and weight management

- Work is underway to address the CQC inspection with regard to inpatient mental health with a focus on the bed base strategy and breaches of the out-of-area placement target – a business case has been submitted to fund a lead for that work

- The soft launch of NHS111 for mental health issues will take place from Q4 in conjunction with MPFT - callers will be able to select an option that diverts them to a mental health helpline and specialist triage

- There has been a 67% increase in the number of children and young people being referred to the BeeU service since July 2021. Demand continues to outstretch limited capacity and performance against the targets for first contact are behind plan. An improvement plan is in place and access is now gradually increasing.

- Hospital discharge processes and oversight have seen a step change this year and focused work continues around housing strategy with both local authorities and the development of improved community infrastructure

- STW is working with regional NHSE to address the issue of long waits for Adult ADHD and ASD given exponential growth nationally in the need for assessments for these neurodevelopmental conditions since the pandemic

It was also highlighted that MPFT has been commended by NHSE for the work done in relation to community mental health transformation and use of the transformation roadmap as a monitoring and assurance tool, recognising STW as the only system in the region to do so.

The IDC thanked the Director of MH CYP and LD&A for a comprehensive and information report and noted both key achievements and steps in place to address areas of concern.

1.5.2 MSK Transformation

The MSK SRO provided an update on Phase 1 of the MSK Transformation programme and progress on the development of Phase 2:

- The MSST (Musculoskeletal Services Shropshire and Telford) single triage and interface service is now live and providing a single point of access for MSK across STW.

This has been a significant programme of work involving bringing together multiple providers into a single referral pathway, standardising operational practices, implementation of a single EPR system, providing greater patient choice and delivering the required cultural changes to achieve equity of MSK services.

- Bids for digital funding have been successful for Strata to streamline admin processes, Good Boost for MSK advice in leisure centres and an MSK app, My Recovery, to support people to manage their own health and wellbeing – digital initiatives will support Population Health Management and a self-referral pathway.

- Some issues have been encountered in obtaining system-wide data and a view of performance across all services but progress has been made thanks to the System BI team.

- The SRO acknowledged that the financial implications of the programme had still not been finalised and would require system finance support.

- In terms of Phase 2, this is now well underway following the work done by the Value Circle and the strategy day that took place in September. The Phase 2 governance structure is in place and will be clinically-led with three clinical delivery groups.

- Phase 2 projects include:

    - Implementation of digital projects
    - Waiting List management although scope not yet finalised and was dependent upon data analysis and funding
    - Primary Care support
    - Pathways including: integrated foot care and amputee prevention; pain transformation; rheumatology and links with SES and Giant Cell Arteritis
    - Some projects are close to clinical sign off but will require funding to proceed

- Benefits and KPIs still to be developed and agreed including both quality benefits and financial efficiencies

The IDC noted the excellent progress being made but raised some questions regarding alignment with other priorities and capacity within SCHT to support the MSK programme.

IDC requested greater clarity on timelines for some of the workstreams and expected benefits to enable the appropriate deployment of resources such as SCHT resources to operationalise the triage function.

A further risk was discussed regarding the pace at which system-wide data was available to ensure that clinical capacity is accessed appropriately and optimised across the system.

The lessons learned were highlighted by the SRO including the need to focus more on the administrative functions within each workstream to ensure that admin keeps pace with clinical progress.

It was noted that the MSK Transformation programme is now a key focus for the emerging provider collaborative which should facilitate a faster response to escalated issues and more timely decisions.

The IDC also discussed the challenge in reporting performance for programmes that span the system as they transition from transformation into BAU but agreed that the current governance framework and the role of the IDC is clear and unchanged.

After further discussion regarding the challenges in confirming the expected financial benefit for the programme it was agreed that:

The Programme SRO would provide an update to the January IDC meeting to include:

- Scale of the benefits expected from the programme, both quality and financial benefits
- Summary position for the programme including resource requirements to deliver including any invest to save opportunities to accelerate benefits realisation
- Escalation of non-consensus regarding some of the models

1.5.3 Virtual Ward & Rapid Response Update
A verbal update was provided on Virtual Ward and particularly the work undertaken to revisit the modelling provided by NHSE that formed the basis for the original target of 249 patients on the Virtual Ward by April 2024.

The 249 target included paediatrics but further analysis of more local data now suggests that, whilst paediatrics remains a longer term ambition, it does not deliver the greatest benefits in the short term. The target therefore has now been revised down to 167 patients excluding paediatrics compared with current performance at 105 patients.

The analysis also provides greater understanding of the level of acuity and dependency of VW patients that is greater than originally assumed and will inform development of the programme going forward.

Good progress was reported in terms of workforce recruitment although there is an acknowledgement that internal movement has resulted in vacancies elsewhere in the system.

Next steps for roll out include the heart failure pathway and a self referral pathway for respiratory patients and those with long term conditions.

In conclusion, the IDC confirmed that VW is now transitioned to BAU and will report into the UEC Delivery Board for escalation to IDC only as required.

1.5.4 System Operational Plan Dashboard
The Director of Planning and Performance highlighted a few areas for note including:

- The improvement plan for the 4-hr target has been completed and submitted to the UEC Board for sign off
- Discussions are ongoing with NHSE regarding revised forecasts for 23/24 and once concluded, the revised operational plan will go through the respective delivery groups and then to IDC for final sign off
- An improved local target for the cancer 62-day backlog has been introduced following award of additional regional funding
- A really positive improvement is that the system is ahead of plan for the Faster Diagnosis Standard and puts the system on track to achieve the 75% target, resulting in better outcomes for patients
- We've also received substantial funding from the Cancer Alliance for transformation projects and a team is now being recruited to deliver those
- A recommendation will be brought back to the IDC regarding a revised trajectory for Talking Therapies access in conjunction with MPFT

The IDC noted the progress made.

1.5.5 Planned Care Board Update
A brief update highlighted the impact of the NHSE funding letter on the 65-week waits with the potential for further deterioration due to the industrial action announced for January – revised trajectories will be brought back to the IDC for sign off once finalised. Bids have been submitted for an additional £6m funding to implement further measures to reduce the revised 65-week trajectory.

Progress was reported in the Outpatients Transformation programme with national standard for DNA and PIFU rates achieved and work continues to improve referral optimisation (previously known as Advice and Guidance).

The 25% target for digital consultations is not yet being met with SaTH at 16% and RJAH at 14% which is roughly average for the region.

As well as the good news highlighted above regarding the FDS (recognised by NHSE as good practice nationally), PIDMAS has started well with 10 patients going outside the system although it has proved resource-intensive.

The IDC noted the excellent progress on the cancer FDS and thanked the providers for their role in the improvement and in particular appreciated the efforts of SaTH colleagues. The improvements seen so far will have a significant impact on quality outcomes for patients.

1.5.6 UEC Board Update

The UEC Board update flagged two areas of concern:

- The improvement plan that had been developed to address 4-hr performance now requires further revision following the NHSE funding letter that has brought the recovery trajectory back to 76%. Significant work is in place to deliver on the revised plan incorporating a series of interventions with required % improvement attached to each - that will be overseen by the UEC Delivery Board.

- The Winter Plan identifies a potential bed deficit of 91 beds with mitigations in place to reduce the impact. The Plan was submitted to the Board but was not approved although accepted as an accurate reflection of the challenges.

  So, whilst there is a clear action plan in place with owners identified against each improvement area including reduction in NCTR and increase in VW beds, the UEC Board cannot provide assurance that those actions will have the required impact on the bed deficit that will ensure that patient care is provided in appropriate settings.

The IDC noted the concerns and inability to provide assurance regarding the potential bed deficit.

1.5.7 Financial Improvement Programme Update

The Head of PMO provided a brief update on the M7 efficiency position against the £70m target and the progress made to reduce the gap in the stretch target from £12.5m to £5.9m. It was reported that 92% of all efficiency plans are now in delivery to meet the NHSE target at end September. A key risk remains around the SaTH stretch target due to escalation costs and a focus on meeting the original CIP target.

There has been considerable work to develop next year's efficiency plans and providers are developing their bottom-up plans alongside the larger, system-wide transformation programmes.

In view of the recent NHSE funding letter and subsequent discussions, it is expected that the final position will be available from January 2024.

The IDC noted that whilst significant progress had been made, the risk attached to the SaTH financial position should be escalated to the ICB.

1.5.8 Medicines Management: Policy for Commercial Sponsorship and Joint Working with the Pharmaceutical Industry

The Deputy Director of Medicines Management presented a new policy related to commercial sponsorship and joint working with the pharmaceutical industry. The policy will support compliance with the NHS Code of Practice and the ABPI Code of Practice.

The policy also covers rebates with pharmaceutical companies and appropriate participation in rebate schemes.

The IDC approved the policy.

1.5.9 Other Standing Agenda Items
Other papers submitted for information included the TWIPP and ShIPP Chair's Reports, MH LDA Chair's Report and the Vaccination Programme Update.

2.0 Recommendations

The ICB is asked to:

Note key achievements within the **MH LDA** programmes including reduction in waits for Talking Therapies, improvements in dementia diagnosis, increase in physical health checks for those with serious mental illness and imminent soft launch of NHS 111 for mental health issues.

Note the challenges faced with regard to **MH LDA** service provision in particular the significant increase in number of children and young people being referred to the BeeU service and the level of demand that continues to outstrip capacity

Note the work done by **MPFT** in relation to community health transformation that has been commended by NHSE

Note the excellent progress made in delivering the **MSK Transformation Phase 1** including the MSST single triage and interface service providing a single point of access, standardised operational practices and equity of care for patients across STW

Note the IDC request that the **MSK** SRO provides an update to the January IDC to include:

- Scale of the benefits expected from the programme, both quality and financial benefits
- Summary position for the programme including resource requirements to deliver including any invest to save opportunities to accelerate benefits realisation
- Escalation of non-consensus regarding some of the models

Note progress made in **Virtual Wards** and the transition to BAU arrangements including a revised governance route via the UEC Delivery Board

Note work underway to revise trajectories within the **System Operational Plan** in response to the recent NHSE funding letter

Note concerns raised within the **Planned Care** update regarding the potential impact of the NHSE funding letter on 65-wk waits and further deterioration due to industrial action planned in January.

Note the considerable improvement in the Faster Diagnosis Standard highlighted within the **Planned Care** update that will have a significant impact on quality outcomes for patients. Also to note the IDC thanks extended to providers for their commitment to the improvement, in particular to SaTH colleagues.

Note concerns raised from the UEC Board regarding the revised trajectory for 4-hr performance and the potential bed deficit identified within the Winter Plan.

Note the risk attached to the SaTH stretch efficiency target as set out within the Financial Improvement Programme because of increased escalation costs.

Note that the Policy for Commercial Sponsorship and Joint Working with the Pharmaceutical Industry was approved.

Integrated Care Board (ICB)

Agenda item no.	ICB 31-01-015.8
Meeting date:	31 January 2024
Paper title	Integrated Delivery Committee (IDC): Chair's Report of meeting held on 08/01/24
Paper presented by:	Gareth Robinson, IDC Vice Chair
Paper approved by:	Harry Turner, IDC Chair
Paper prepared by:	Jan Heath

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Integrated Delivery Committee (IDC) meeting (Part One – Open) held on 08/01/24

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

1.3 The minutes of the meeting held on 11/12/23 were approved.

1.4 The IDC Chair's Report (Dec 23) was approved.

1.5 A summary of the discussions held, assurance received and areas for escalation are outlined below for the Board's consideration:

1.5.1 MH LDA Update

The STW ICB Director of MH CYP and LD&A reported that the December meeting of the MH & LDA Board had been stood down although a sub-group met to review the Terms of Reference. The work to refresh the ToR were intended to ensure that programmes were aligned to the 24/25 operating plan and that the Board would be in a better position to provide assurance going forward.

It was highlighted that MPFT are currently under extreme pressure in relation to UEC mental health services, as reflected in the regional and national position. Crisis and Community teams are currently holding additional clinical risks due to the level of demand and services are relying on more out-of-area beds than had been planned. The Board is considering how best to mitigate those risks and deal with pressure on services.

It was agreed that going forward, a summary of the programmes of work would be presented to IDC in the same way that highlight reports from the Planned Care and UEC Boards are received.

The IDC thanked the ICB Director of MH LDA and noted the concerns regarding demand for UEC MH services.

1.5.2 MSK Transformation
The MSK SRO provided a verbal update following the actions arising from the last IDC:

Some progress was reported in terms of gaining greater clarity on ICB spend on MSK (£41.6m) and Out of Area (£5.3m) and support is now required from the Committee in Common to share provider spend and establish a view of combined spend across STW – paper due to be presented at the next meeting of the Committee in Common.

Work is underway to analyse variation across the system that presents opportunities to standardise and achieve improved patient experience and outcomes as well as financial impact (likely to be growth suppression) e.g. variation in theatre utilisation, length of stay for hip and knee.

£200k cash releasing benefits have been identified over the next two years from digital interventions however, the majority of efficiencies will derive from growth suppression initiatives such as those that will reduce the number of referrals through the MSST pathway.

A template has now been populated to track impact of the programme year by year and that will be used going forward to provide assurance but metrics related to impact, both financial and quality, must be caveated at the moment as baseline data is only available from Oct 23 when MSST went fully live.

The IDC noted the progress made and requested that a formal programme plan with milestones and benefits aligned to activity be submitted to the next IDC having been through the Committee in Common and the Planned Delivery Care Board as well as meeting system planning deadlines.

1.5.3 Vaccination Programme Update
The Deputy SRO for the Covid-19 Vaccination Service presented key highlights from the vaccination programme performance report including:

- Uptake this year is at 57% which is lower than autumn/winter last year with main area of underperformance in the under 65 at risk cohort where uptake is only at 30% - this may be the result of overall vaccine apathy

- The low uptake may require a change in comms or change in approach and public health conversations at both national and system levels
- There have been some significant delays nationally in onboarding new pharmacies that may have contributed to low uptake
- There are noticeable differences in uptake across the Shropshire and Telford PCNs and following an equity audit at the end of last year, the questions arising from this variation have been discussed at the Health Protection Quality Assurance Board – actions agreed will be built into the next programme such as pop-ups and walk-ins. However, evidence suggests that it is not variation in the service offered that is causing the variation in uptake but more about engagement and education
- Engagement is continuing at place level but it was acknowledged that whilst Shropshire Council is committing resource to increase uptake, Telford Council has struggled to release capacity
- Another area that requires more work is uptake amongst frontline healthcare staff that has been disappointing – this will need further consideration in the next campaign and potentially the application of positive reinforcement and encouragement

The Deputy SRO also mentioned the spring campaign for Over-75s in care homes which is in planning stage at the moment and the vaccination strategy given that the long-awaited national vaccination strategy was published just before Christmas.

The IDC agreed that the lesson learned for next year was to engage with councils in the planning process much earlier through TWIPP and ShIPP.

Finally, attendance at regional screening meetings was discussed and the need for ICB representation as well as SCHT attendance.

The IDC wished to recognise the overall success of the vaccination programme and thanked SCHT colleagues for their contribution. The IDC also acknowledged the risk presented by resource not being aligned to the broader regional service and noted that that was being addressed by the Chief Medical Officer.

1.5.4 System Operational Plan Dashboard
The Director of Planning and Performance first explained that due to the early occurrence of the IDC meeting, not all of the data was available and validated – final paper to be circulated on completion.

Key highlights included:

Planned Care

- There is really positive progress against planned care diagnostics and cancer and performance is strong for 78 week waiters whilst recognising that the change in the national position around insourcing and outsourcing will have a detrimental effect on the 65 week position
- A significant milestone is the achievement of the Faster Diagnosis Standard from November for which providers have worked incredibly hard

- We are slightly ahead of the 62 day backlog and should be on track to hit our target of 212 and working towards the stretch target of 182 by end March
- Performance is also strong on FIT testing at 80% in November and STW is one of the best in the region for that
- For 24/25, the focus will be moving away from the backlogs to the 62 day RTT
- Primary care appointments are slightly behind plan but we continue to be ahead in terms of recruitment for the ARRS roles
- There are historical issues with coding and counting for MH Talking Therapies that will be resolved for next year
- Out of Area bed days appear to be within acceptable limits although the data is slightly out of date
- We are above the local target for dementia diagnosis and whilst progress is being made, it is slow and we will not achieve the national target of 67% - likely outturn will be 63%.
- LD&A inpatients for CYP are low numbers but discharges are planned in Q4 and full year target should be achieved. Planned discharges for adults remain below target but there has been improvement and additional workforce including increasing the teams in schools should support continued improvement.
- Adult SMI physical health checks need further work to ensure that the checks are recorded in primary care

UEC & Community

- We are now working towards revised capacity of Virtual Ward that is showing consistent improvement in utilisation
- UEC remains a challenge with overall average for CAT 2 performance at 44 minutes against a target of 30 minutes
- A&E 4-hr performance remains a concern – a revised plan is with the UEC Board for sign off
- No Criteria To Reside has improved in December and January having been above plan in November – it is still above plan though and will require continued effort to drive down in Q4 and tackle demand as a system

The IDC discussed the revised bed trajectory that required submission to NHSE and agreed that the work would be completed and approved jointly by the Director of Delivery & Transformation, the Director of Planning & Performance and the SaTH Chief Operating Officer on behalf of the IDC.

1.5.5 Planned Care Board Update

The Director of Elective Care highlighted SaTH's outstanding work in achieving the FDS and asked that SaTH representatives at the meeting passed on appreciation for the commitment and hard work from the team at SaTH on cancer performance.

The likely impact of industrial action was also flagged and the response that would be required to recover in planned care as a consequence.

It was reported that the STW cancer team has now been recruited and has commenced work on the front end of the pathway. The workstreams that were previously paused due to capacity have been re-evaluated and eye care, respiratory

and the MRI pathway are being re-instated. It is now expected that progress will be seen quickly particularly around eye care transformation that was close to completion before being paused.

The IDC again congratulated the SaTH team on the phenomenal FDS achievement and noted the risk presented by industrial action.

1.5.6 UEC Board Update
It was noted that the UEC Delivery Board did not take place in December and therefore there was no formal Chair's Report – a verbal update was received.

Key areas of concern highlighted were the sub-acute wards, the Winter Plan and the bed trajectory previously discussed.

The IDC were reminded that the Winter Plan had not been approved by the ICB albeit the 93 bed shortfall and mitigations had been noted including No Criteria To Reside, Ready to Go and Virtual Ward.

Other options to mitigate included unconventional care areas such as the Fit to Sit surgical assessment unit and in the worst case scenario, corridor care. The third option was deployment of the Hospital Full Protocol.

However, it was reported that a number of substantial changes have been made since the last IDC and the operational teams have delivered the sub-acute wards ahead of forecast meaning 46 additional beds have now opened across RSH and PRH to add to G&A capacity and the remaining 6 beds due to come on stream in early February,

The significant achievement in bringing the beds on stream early meant that a very challenging week over the Christmas period was safely managed.

The IDC extended thanks to all those involved in successfully opening the beds including all partners involved in difficult operational decision-making particularly SaTH and SCHT and to SaTH for flexibility in provision of staff at short notice.

Another success for SaTH has been the completion of the new Hospital Full Protocol which provides clear actions and escalation processes to allow the right decisions to be made at the right level to provide assurance both to the UEC Board and the IDC.

The IDC thanked the SaTH Chief Operating Officer for the work undertaken to successfully complete the new Hospital Full Protocol.

1.5.7 Financial Improvement Programme Update
The Head of PMO provided an overview on the Financial Improvement Programme M9 position that currently has an adverse variance of £7m due primarily to escalation costs at SaTH.

Following the NHSE letter of 8th December, the revised efficiency forecast has now been agreed by NHSE and it is now likely that the system will be reporting savings of £52m i.e. 75% of the original target.

There is also a shortfall in delivery of the stretch target that will continue to be closely monitored by the FIP group.

Next year's pipeline plans have been developed and each organisation is working towards a 2.2% CIP target in addition to system-wide transformation programmes – PIDs are currently in development in order to meet the planning deadline.

1.5.8 GP Access Recovery Plan
The Associate Director of Primary Care presented the first highlight report for the GP Access Recovery Plan including:

- The programme team will be undertaking a second round of visits to PCNs to review progress against capacity and access improvement plans signed off in 2023 – that will form the basis of the final assessment at the end of Q4 for the final release of funding
- The first Primary Care Access Recovery Committee meeting will take place this month as well as the first Primary & Secondary Care Interface Committee meeting which is one of the elements of the Peacock Programme
- Presentations have been taken to both TWIPP and ShIPP and meetings held with HOSC committee members
- The Pharmacy First scheme is launching at the end of the month with presentations to practices about how to refer into that and the potential impact

The IDC welcomed the update and asked that all providers support the programme and specifically fully engage in the Primary & Secondary Care Interface Committee that would be integral to making a real difference to delivering the programme outcomes.

The Director of Delivery & Transformation also highlighted CIL and S106 funding areas and issues with population growth and the route to funding for healthcare, specifically with regard to Telford & Wrekin.

The IDC requested that the T&W Director of Adult Social Care investigate the route to access funding and report back to the IDC.

1.5.9 VBC Policy
The Project Support Lead for the VBC Policy presented the changes made as part of the refresh including eligibility criteria based on NICE guidelines.

The Policy has been out to consultation twice with system partners and independent sector providers and internal consultation with contracting, finance, primary care and meds management teams.

The IIA has been completed and was approved by the EIC in November.

The IDC requested formal confirmation via the Planned Care Board that the revisions to the Policy were aligned with both the MSK and Eye Care Transformation programmes. Subject to that confirmation, the VBC Policy was approved.

The IDC thanked the Project Support Lead for the significant effort that had been invested in the Policy to produce an excellent, high quality document.

1.5.10 CGM Commissioning Policy: Adults & CYP
The CGM Lead in the Medicines Management team presented CGM policies for approval relating to new technology for people with diabetes to monitor blood glucose levels. The policies were developed in response to changes to NICE guidelines that widened access to the technology to a larger cohort of patients.

Benefits of the revised access include helping to reduce health inequalities and allows for access to be initiated at primary care rather than secondary and specialist care. CGM is also a more cost effective technology than alternatives.

The policies were developed in consultation with specialist services and the diabetes Clinical Advisory Group including primary care representation.

The IDC discussed the financial and resource implications of the policies and asked that the Commissioning Working Group confirm that these have been appropriately treated in the 24/25 planning round. The IDC approved the policies but agreed that it should be formally highlighted to the ICB that a conscious decision had been taken to follow national guidance despite potential increased costs.

The IDC thanked the CGM Lead for a comprehensive piece of work and an excellent presentation.

2.0 Recommendations

The ICB is asked to:

Note the concerns raised regarding demand for UEC MH services within the **MH LDA** update and action being taken to mitigate associated clinical risks.

Note the request from the IDC to the **MSK Transformation** SRO to submit a formal programme plan including milestones and benefits to the February IDC meeting. In the absence of the formal reporting from the MSK Programme, IDC is not able to provide assurance that the programme is progressing to plan.

Note the thanks extended to SCHT colleagues for overall success of the **Covid-19 Vaccination Programme.**

Note the risk associated with ICB resource not being aligned to the broader regional **Covid-19 programme** and that this is being addressed by the Chief Medical Officer.

Note congratulations and thanks extended to the SaTH team on the significant FDS achievement as reported via the **Planned Care** update.

Note the risk presented by industrial action on elective recovery.

Note the consistent improvement **in Virtual Ward** utilisation as reported in the **System Operational Plan Dashboard.**

Note strong performance in **FIT testing** and **62-day backlog** also reported in the **System Operational Plan Dashboard.**

Note congratulations and thanks extended to all those involved in successfully opening the **sub-acute beds** particularly SCHT and SaTH colleagues, and thanks to SaTH for flexibility in provision of staff at short notice.

Note successful completion of the new **Hospital Full Protocol** and thanks extended to the SaTH Chief Operating Officer.

Note the revised efficiency forecast agreed with NHSE and the work to develop next year's efficiency programmes within the **Financial Improvement Programme** group.

Note the IDC request to the T&W Director of Adult Social Care to investigate the route to access CIL and S106 funding for healthcare to support the **GP Access Recovery Plan** and report back to the IDC.

Note that the IDC approved the revised **VBC Policy** and thanked the Project Support Lead for the significant effort to produce an excellent document.

Note that the IDC approved the **CGM Commissioning Policies for Adults & CYP** subject to confirmation from the Commissioning Working Group that financial implications had been appropriately treated in the 2023/25 Financial Plan. Also to note that approval had been a conscious decision to prioritise national guidance rather than potential financial impact.

Note thanks extended to the **CGM** Lead in the Medicines Management team for a comprehensive piece of work and excellent presentation.