STW Integrated Care Board-Part 1

MEETING
26 April 2023 14:00

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Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

AGENDA (PART 1)

Meeting Title	Integrated Care Board	**Date**	Wednesday 26 April 2023
Chair	Sir Neil McKay	**Time**	2.00pm
Minute Taker	Board Secretary	**Venue/ Location**	The Sovereign Suite, Shrewsbury Town Football Ground, Montgomery Waters Meadow, Oteley Road, Shrewsbury, SY2 6ST

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

Reference	Agenda Item	Presenter	Purpose	Paper	Time
OPENING MATTERS (approximately 10 minutes: 2pm – 2.10pm)					
ICB 26-04-078	Apologies and Introductory comments by the Chair	Sir Neil McKay	I	Verbal	2.00
ICB 26-04-079	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 26-04-080	Minutes from the previous meeting held on Wednesday 29 March 2023	Sir Neil McKay	A	Enc	
ICB 26-04-081	Matters arising and action list from previous meetings	Sir Neil McKay	A	Enc	
ICB 26-04-082	Questions from Members of the Public: *(There were no questions submitted in March)* Guidelines on submitting questions can be found at: https://stwics.org.uk/get-involved/board-meetings	Sir Neil McKay	I	-	

SYSTEM GOVERNANCE AND PERFORMANCE (approximately 35 minutes 2.10pm–2.45pm)					
ICB 26-04-083	Operational Planning Update • ICS capital Plan update	Claire Skidmore / Julie Garside	A	Enc	2:15
ICB 26-04-084	Associate Non Executive Member of the ICB	Simon Whitehouse	A	Enc	2:35
ICB 26-04-085	Any Other Business: *(To be notified to the Chair in advance)*	Sir Neil McKay	D	Verbal	2.45
	Date and time of next meeting: Wednesday 28 June 2023				

Sir Neil McKay
Chair
NHS Shropshire, Telford and Wrekin

Mr Simon Whitehouse
Chief Executive
NHS Shropshire, Telford and Wrekin

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NHS Shropshire Telford and Wrekin Integrated Care Board

Minutes of Meeting held in public on
Wednesday 29 March 2023 at 2pm
Reynolds Suite The Holiday Inn Telford International Centre,
St. Quentin Gate, Telford TF3 4EH

Present:

Professor Trevor McMillan	Deputy Chair and Non-Executive Director, NHS STW (Chair of meeting)
Simon Whitehouse	Chief Executive, NHS STW
Meredith Vivian	Non-Executive Director, NHS STW
Claire Skidmore	Chief Finance Officer, NHS STW
Nicholas White	Chief Medical Officer, NHS STW
Louise Barnett	Trust Partner Member and Chief Executive, Shrewsbury and Telford Hospital NHS Trust
Stacey Keegan	Foundation Trust Partner Member and Chief Executive Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Neil Carr	Foundation Trust Partner Member and Chief Executive, Midlands Partnership NHS Foundation Trust
Andy Begley	Local Authority Partner Member and Chief Executive, Shropshire County Council
David Sidaway	Local Authority Partner Member and Chief Executive, Telford and Wrekin Council.
Dr Ian Chan	Primary Care Partner Member for Telford and Wrekin
Dr Julian Povey	Primary Care Partner Member for Shropshire

In Attendance:

Dr Catriona McMahon	Chair, Shrewsbury and Telford Hospital NHS Trust
Harry Turner	Chair Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Tina Long	Interim Chair, Shropshire Community Health NHS Trust
Cllr Lezley Picton	Leader of Shropshire Council
Cllr Andy Burford	Telford and Wrekin Council- representing Cllr Shaun Davies
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Marianne Grant	VCS Engagement and Partnership Lead deputizing for Terry Gee
Jackie Jeffrey	Vice Chair Shropshire, VCSA
Tracy Hill	Interim Chief People Officer, NHS STW
Alison Smith	Director of Corporate Affairs, NHS STW
Julie Garside	Director of Performance & Planning, NHS STW
Claire Parker	Director of Partnerships & Place, NHS STW
Vanessa Whatley	Deputy Director of Nursing & Quality, NHS STW (representing Alison Bussey)
Tracey Jones	Deputy Director of Partnerships & Place, NHS STW

Mike Carr	Chief Operating Officer, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Tracy Eggby-Jones	Corporate Affairs Manager (Minute Taker), NHS STW

Minute No. ICB 29-03-064 - Introduction and Apologies

64.1 The Chair opened the meeting of the STW Integrated Care Board (ICB) and welcomed everyone. Apologies were noted as follows:

Sir Neil McKay	Chair, NHS STW
Dr Niti Pall	Non-Executive Director, NHS STW
Roger Dunshea	Non-Executive Director, NHS STW
Gareth Robinson	Executive Director of Delivery and Transformation, NHS STW
Alison Bussey	Chief Nursing Officer, NHS STW
Nicola Dymond	Director of Strategy and Integration NHS STW
Patricia Davies	Trust Partner Member and Chief Executive Shropshire Community Health NHS Trust
Cllr Shaun Davies	Leader of Telford and Wrekin Council
Pauline Gibson	Non-Executive Director, Midlands Partnership NHS Foundation Trust
Cathy Purt	Non-Executive Director, Shropshire Community Health NHS Trust
Terry Gee	Chief Executive Officer, STAY Telford
Barry Parnaby	Chair, Healthwatch Telford and Wrekin

Minute No. ICB 29-03-065 Declarations of Interest:

65.1 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)

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

Minute No. ICB 29-03-066 - Minutes from meeting held on 25 January 2023

66.1 The Minutes of the meeting held on 25 January 2023 were approved as an accurate record.

Minute No. ICB 29-03-067 - Matters arising and Action List from previous meetings

67.1 The Chair referred to the Action List and confirmed that all actions were either completed, or, on today's agenda, with the exception of the following matters arising:

- **Minute No. ICB 25-01-051.1 Indicative waiting times for treatment**

  Dr Julian Povey noted that the indicative waiting times for treatment across all the different specialities was included within the appendix pack, but asked what the process was for sharing this information with GP practices going forward. Mr Simon Whitehouse advised that he would pick this up with Mr Gareth Robinson

and Mr Nick White to ensure that the information is updated frequently and circulated to GP practices on a regular basis.

Action:	**Mr Simon Whitehouse to speak to Mr Gareth Robinson and Mr Nick White to ensure that ICB information on indicative waiting times for treatment across all the different specialities are updated and circulated to GP practices on a regular basis.**

67.2 The action list was approved.

Minute No. ICB 29-03-068 - Questions from Members of the Public

68.1 No questions were submitted from members of the public.

Minute No. ICB 29-03-069 – Follow up to Patient's Story: MSK Integration across Shropshire, Telford and Wrekin

69.1 Ms Stacey Keegan introduced the item on MSK integration across Shropshire, Telford and Wrekin (STW) and handed over to Mr Mike Carr as the Senior Responsible Officer (SRO) for MSK Transformation.

69.2 Mr Mike Carr reported that the initial phase of the MSK transformation programme was complete, with a MSK single triage service now in place from 13 February 2023 for STW. Mr Carr outlined the proposal to further transform MSK services across STW, which included a proposal for RJAH to be the Strategic Lead for MSK services responsible for designing and delivering a comprehensive MSK service with an embedded focus on prevention and population health, in order to address health inequalities.

69.3 It was also recommended that the scope of the current MSK transformation programme be extended to cover the following areas:

- Continue the work of the existing group to transform therapy led MSK services
- Greater focus on population health and prevention by improving links with Public Health
- Review the provision of orthopaedic services
- Support delivery of the planned changes to Trauma services outlined in the Hospital Transformation Programme.

69.4 Mr Carr advised that that these proposals were in line with the GIRFT principles and felt that there was scope to enhance the quality, consistency, and efficiency of MSK services across STW. However, to make the degree of change required and to ensure this is done at an appropriate pace, the proposal was to appoint RJAH as the strategic lead for MSK services across STW. Although it was noted that provision would remain the collective responsibility of all organisations, RJAH as the strategic lead would be responsible for producing a comprehensive plan to improve and standardise services across STW, ensuring greater equity of access and outcome and improved utilisation of our collective resources.

69.5 Mr Carr advised that it was intended to disband the existing MSK Transformation Board and reconvene it with a membership that provided the appropriate representation and expertise for the revised scope of the programme.

69.6 The Chair opened the meeting to comments and feedback on the proposals. Overall Members were supportive of the approach and the following points were noted:

- Mrs Tina Long welcomed the proposal and sought assurance that community services would be a key factor in the transformation programme as this would be integral to its success. Mr Carr acknowledged that SCHT would be a key partner in the programme.
- Mrs Lynn Cawley stated that Healthwatch Shropshire would be willing to support the patient engagement and involvement work required as part of the transformation programme. Mrs Cawley also wished to record her thanks to Richard Fallows who had been fundamental in driving the MSK work forward.
- Dr Julian Povey referred to the anticipated spend on the programme and felt that there needed to be an agreed consensus on this. Also Dr Povey asked what would be different this time to previous MSK reviews and how the integration of planned orthopaedics and community services would work as part of the MSK pathway. Dr Povey felt that having the support of the clinicians across all organisations would be fundamental to enact the changes and success of the programme. Mr Carr gave assurance that the reconvened MSK Transformation Board would have a wider membership with clinical expertise with complete oversight of the MSK pathway, as well as a stronger Clinical Advisory Group from across all professions. Mr Carr explained the efficiency target for the MSK Big Ticket item and what the MSK Transformation Board would be seeking going forward.
- Dr Ian Chan asked if efficiencies had been identified as part of the Big Ticket item? Mr Carr advised that the existing MSK Big Ticket Item had an efficiency target of £1.2m for 2023/24 and with the standardised interface service now in place there was high confidence of delivering against this target. It was anticipated that further financial improvements could be made through embedding best practice and maximising resources (workforce and estate).
- Mr Meredith Vivian requested that any service redesign is built upon patient involvement, engagement, experience and evidence base to ensure the success of the programme and asked if there was anything required from the ICB to support this. Mr Carr gave his commitment that patients would form part of the MSK pathway redesign and that he would provide regular updates to the Engagement & Involvement Committee. Mr Carr felt that having a strategic lead for MSK would provide the level of accountability and oversight required.
- Mrs Louise Barnett acknowledged the commitment of the teams involved, but recognised the need for clear leadership and clinical engagement for each of the workstreams, in order to achieve the best outcomes for patients. Mrs Barnett also felt that the development of the programme's key objectives and clinical outcomes should be presented to the ICB once formally agreed by the MSK Transformation Board. Mrs Barnett was supportive of the direction fo travel and the need to improve these services and committed to ensuring that SaTH were fully involved in this work.

Action:	**Mike Carr to present objectives and clinical outcomes of the MSK Transformation Programme to ICB once agreed by the MSK Transformation Board.**

- Mrs Claire Skidmore confirmed her support for the proposal but asked that appropriate resources are in place to ensure the successful delivery of the programme, particularly in relation to activity, financial and workforce modelling.

- Mr Harry Turner advised that the RJAH Board had pledged it's support to this proposal and felt it was a priority as a Big Ticket item and that it should be clinically led. Mr Turner noted that this was also supported by the ICB's Integrated Delivery Committee (IDC).

69.7 The Chair recognised the importance of the delivery of the MSK model for the system and requested that robust record management systems and processes are in place as part of the governance arrangements, as this model was likely to be a blueprint for future service redesign. Mr Carr confirmed that this work would be completed and that it was also intended to undertake an academic evaluation.

69.8 The Chair thanked Mr Carr for his attendance and referred to the recommendations contained within the report.

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

- ***APPROVED the appointment of RJAH as the strategic lead for MSK services across STW***
- ***NOTED the expanded high-level scope of MSK transformation***
- ***SUPPORTED the principles of the future MSK transformation.***

Minute No. ICB 29-03-070 - CEO Report

70.1 Mr Simon Whitehouse presented his CEO Report which provide Members with an update on ICB activity that had taken place since it had last met. Mr Whitehouse added the following comments:

70.2 Part 1: ICB Emergency decision on Financial Outturn

Mr Whitehouse reported that the system had indicated that it would need to amend its forecast financial position (FOT) to show a significant deterioration from plan. In November, NHSE issued a FOT change protocol to be followed. The system sought Board approval for the amendment to be formally reported in the Month 10 position. Due to the timing of the discussions with NHSE and the month end submissions, this was enacted through emergency decision making with approval from both the ICB/System Chair and CEO and engagement with both the system finance committee and system audit committee chairs. Provider organisations have all taken the FOT change through their internal governance processes.

70.3 Hewitt Review

Mr Whitehouse advised that publication of the review was expected shortly.

70.4 Part 2: GP Access

Mr Whitehouse reported that NHSE confirmed that they will shortly publish a Delivery Plan for Recovering Access to Primary Care. This will set out how practices and PCNs can be supported to improve access during 2023/24 building on the contract changes.

Dr Ian Chan was concerned, with regard to the recovery plan by NHSE and highlighted that GP capacity had reduced significantly and that there would be an expectation for GPs to work harder and not sustainable.

Mr David Sidaway advised that GP access was a significant priority for the population of STW and acknowledged the challenges facing GP practices and asked if access to alternative services were being maximised, ie pharmacies.

Mr Whitehouse acknowledged the comments made and gave a commitment that the ICB's Primary Care Team would work in partnership with general practice once the detail of the delivery plan was known. Mr Whitehouse noted that this would also form part of the delegation of primary care services from NHSE to the ICB from April 2023.

70.5 Special educational needs and disabilities (SEND) Visit Shropshire

Mr Whitehouse reported on the outcome of the Shropshire Council SEND area review, which had been conducted under the old OFSTED assessment framework.

Mr Whitehouse reported that Telford and Wrekin Council had just had their SEND area review, which was undertaken under the new OFSTED assessment framework, and findings would be presented shortly.

Mr Whitehouse recognised the commitment and strong partnership working of both local authorities and NHS partners to improve outcomes for children and young people. Areas for improvement had been identified and actions would be taken to address these.

70.6 Planning and Joint Forward Plan (JFP) update: draft outline plan

Mr Whitehouse drew attention to the initial draft of the Joint Forward Plan (JFP), a copy of which was included in the appendices pack. Mr Whitehouse introduced Mrs Claire Parker to present the plan.

Mrs Parker advised that the JFP was an initial draft and thanked local authority colleagues and NHS colleagues for their input. Mrs Parker reported on several caveats contained within the plan and stated that it would be further developed to include 'how' the ICB would deliver the priorities in the interim integrated strategy. Further engagement is underway and feedback will be used to shape the plan ready for submission on 30 June 2023.

Mr Meredith Vivian acknowledged that the JFP was in draft but asked for consideration to be given when including patient feedback in the next iteration to explain the difficult decisions that would be needed going forward to deliver services and the rationale for any proposed changes. Mr Vivian felt that this would set expectations.

70.7 Impact of Industrial Action

Mr Whitehouse recognised the effort and positive approach that has been adopted throughout the period of industrial action by Provider Trusts, and the staff who have worked tirelessly to maintain the delivery of services to local people.

Mr Whitehouse raised significant concern for the planned 4-day Junior Doctor strike commencing immediately after the Easter bank holiday and noted that Providers were in the process of planning for the event.

70.8 Shrewsbury Health and Wellbeing Hub Development

Mr Whitehouse referred to the recent media reports around the availability of capital funding for the development and advised that the ICB was working with NHSE and national colleagues in relation to this.

Mr Whitehouse highlighted the need to ensure there was sustainable general practice services across STW as this was fundamental to the ICS.

Mr Meredith Vivian asked that communication is provided to patients on the current position in order to avoid any confusion or anxiety. Mr Whitehouse advised that he would ask the Primary Care Team to pick this up and liaise with the Communications Team.

Action:	**Mr Simon Whitehouse to liaise with ICB's Primary Care Team in relation to issuing communications around the availability of capital funding for the Shrewsbury Health and Wellbeing Hub Development.**

70.9 Waiting Times to 0 Target

Mr Whitehouse advised that weekly reports are provided to the Integrated Delivery Committee (IDC) and CEOs on the position relating to the forecast number of patients waiting for greater than 78 weeks.

70.10 Joint Commissioner/Provider Collaborative for Mental Health Services

Mr Whitehouse reported that the IDC had supported the proposal to take forward the development of a Local Provider / Commissioner Collaborative for mental health services. The proposal sets out the scope, approach, design principles and governance structure for development of a business case that will assess the options for establishment of an LPC to tackle the challenges identified within the Moorhouse Report.

Dr Julian Povey welcomed the collaboration with MPFT in relation to mental health services and felt that having patient engagement at the outset rather than at a later stage would be beneficial. Dr Povey also felt this collaboration lent itself to be a great opportunity for place-based and that this should be strengthened in the plan.

Mr Neil Carr concurred with Dr Povey's comments and gave assurance the MPFT Board was fully committed to the proposal.

70.11 National Staff Survey Results

Mr Whitehouse reported that the results of the 2022 NHS Staff Survey had been published on 9 March 2023. The staff survey was currently carried out in provider Trusts – SaTH, SCHT and RJAH. A high-level summary was included in the appendices to the CEO report.

Mr Whitehouse advised that the ICB had inherited a position from the previous CCG which did not take part in the staff survey. Mr Whitehouse confirmed that the ICB would take part in future years.

70.12 Running Cost Allowance

Mr Whitehouse confirmed that ICB running cost allowances had been received from NHSE. ICBs are expected to reduce these by 20% in 2024/5, and by a further 10% in 2025/6. The Executive Team are supporting staff and working through outlines plans to address this.

70.13 Mrs Lynn Cawley welcomed the greater focus on patient engagement and involvement across the STW ICS and highlighted that Healthwatch Shropshire would like to provide support to the programmes of work. However, noted that they had not received any increased funding over recent years and not likely to receive any going forward, and therefore their ability to help may not be at the level they would wish.

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

- ***detail provided in part one of this report, including the ICB's emergency decision on financial outturn***
- ***detail provided in relation to GP access***
- ***detail provided around SEND visit***
- ***update on the development of the draft Joint Forward Plan***
- ***update on Industrial Action***
- ***update around the development of the Shrewsbury Health and Wellbeing hub***
- ***latest position on the waiting times to 0 target***
- ***publication of staff survey results***
- ***notification of change to the running cost allowance***

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

- ***framework and next steps set out in the provider / commissioner collaborative approach for mental health services***

Minute No. ICB 29-03-071 – Review of NHS Health Inequalities objectives within the System Operational Plan 2022/23 and recommendations for 2023/24

71.1 Mrs Tracey Jones introduced the report on the review of NHS health inequalities objectives within the System Operational Plan 2022/23 and recommendations for 2023/24.

71.2 Mrs Jones began by stating that tackling inequalities in outcomes, experience and access is one of the four key objectives for all ICBs and that NHSE had identified five key priority areas relating to reducing health inequalities in the 2022/23 Operational Planning Guidance.

71.3 A high-level implementation plan was developed across system partners to deliver against the system narrative submitted to address these key priorities. The report provided an evaluation of how the ICB performed against the implementation plan and provided a reflection on the enablers and barriers.

71.4 The Chair welcomed the report and asked Mrs Jones if the model was working well. Mrs Jones responded by questioning if the correct structure was in place and that focus on health inequalities should be everyone's business not just those people with health inequalities in their title. Mrs Jones felt that there was work to be done to ensure health inequalities became the core business of all partners across the ICS.

71.5 Dr Ian Chan felt that focus should be given to place-based as well as across providers.

71.6 Mr Meredith Vivian agreed that regular reports should be presented to the ICB Board meetings given its significance and key objective of the organisation.

71.7 Mr Andy Begley felt that currently the system was not maximising the potential to address health inequalities. The infrastructure was in place and using Scrutiny Committee and Health & Wellbeing Board could be one element to raise the profile across the system. Dr Povey agreed and suggested that the Directors of Public Health be invited to the Board given their oversight of the population's health.

71.8 Mr Harry Turner commended the report and highlighted the need to have shared ownership and outcomes across the system and, therefore, concurred with previous comments made.

71.9 Mrs Jones advised that health inequalities currently reported to multiple groups/boards according to the topic area to be addressed, ie Population Health Board, and drew Members attention to the recommendations which sought to address the need for closer monitoring /assurance of progress against reducing health inequalities. Mr Whitehouse agreed with the comments made and advised that he would take an action to work with CEO colleagues looking at how health inequalities is reported across the STW system.

Action: Mr Whitehouse to work with CEO colleagues looking at how health inequalities is reported across the STW system.

RESOLVE: ***NHS Shropshire, Telford, and Wrekin ICB APPROVED the following recommendations:***

1. ***To note the ICB has agreed to identify capacity to undertake a mapping exercise to address current infrastructure requirements for effective implementation during Q1. The scope of this exercise will:***

   a) ***Assess how dedicated Health Inequalities roles in other ICB's such as Health Inequalities Lead /SRO and Health Inequalities Practitioner contribute to success, in terms of driving and delivering this strategic objective and, if appropriate consider the existing configuration of roles.***

   b) ***Identify baseline staff competencies and capacity to rapidly increase knowledge and skills particularly those of Board***

Members and the SRO responsible for Health Inequalities, Topic Leads and Project Support Staff.

2. ***To agree that the ICB will receive quarterly updates from Q2 2023/24 onwards on progress against the 5 key priorities and the Adult CORE20+5 and the Children and Young People CORE20+5.***

   The BI team are in the process of replacing the two joint analysts posts currently within the ICB team's establishment who are responsible for this reporting hence the reports starting from Q2 to allow for recruitment and training. The ICB is also looking to utilize any regional and national reporting of inequalities to reduce the local reporting burden but as this is not presently robust there are local plans to report STW data until such time as the regional/national reporting can be used with confidence.

Minute No. ICB 29-03-072 – People Programme Annual Report 2022/23 & ICS People Strategy 2023-2027

72.1 Mrs Tracy Hill presented her report, which contained three parts. The first part set out the achievements of the People Transformation Programmes in 2022/23. The second part set out the current context and what the workforce metrics, staff survey and workforce plans are telling us as we approach the end of 2022/23. The third part set out the vision for our People Strategy 2023 – 2027.

72.2 Mrs Hill began by reflecting on the past 12 months and the programme of work that the People Team had undertaken and their achievements to date. Mrs Hill acknowledged the challenges faced by the team due to capacity, which had impacted on some of the successes within year. Lessons learnt over the year had influenced the 5-year plan, with the key aim to do less programmes of work but in greater detail going forward.

72.3 Mrs Hill highlighted that the Workforce Big ticket had a requirement to deliver £3m of workforce efficiency programmes in year (£10m over 3 years). Early in 2022/2023 there was collective acknowledgement from system CEOs and senior leaders that capacity to deliver workforce transformation programmes was constrained. The primary focus was to reduce predominantly agency costs in the short-term whilst longer term capacity was secured to enable development of a sustainable multi-year workforce transformation programme.

73.4 Stacey Keegan drew members attention to the People Strategy 2023 – 2027, which had been developed with the People Committee, senior stakeholders and supported by all system CEOs. Ms Keegan highlighted the 4 key priorities within the strategy:

Priority 1. Growing for the Future
Priority 2. Belonging in STW
Priority 3. Looking After Our People
Priority 4. New Ways of Working & Strategic Workforce Planning

73.5 Ms Keegan and Dr Catriona McMahon reported that several Year 1 priorities had been identified by the stakeholder group, which were felt to be of paramount importance in the delivery plans. These priorities were outlined in the report and progress against them would be reported to and monitored by the People Committee. It was noted that an updated People Strategy would be presented to the ICB Board in June.

73.6 Mr Harry Turner referred to page 9 of the report where it stated 'We are planning to increase our budgeted establishment by almost 400 WTE and recruit 100% of these service development posts by March 2024'. Mr Turner asked if the establishment was increased by 400 WTE and recruitment was not successful would this see a further increase in agency costs which was already seeing an increase in trend. Also had the activity and financial costs associated with this included.

73.7 Mr Whitehouse responded with the need to ensure the system had a workforce that matched current evidence based activity and that recruitment and retention of staff was maintained.

73.8 Mr Neil Carr stated that by having an increased workforce should increase productivity and improve quality, however, the challenge would be to ensure the financial needs of the system were also met.

73.9 Mrs Lynn Cawley highlighted the potential effects of menopause on the workforce and felt that this impact should not be underestimated and that by having the right support for staff, the system would benefit not only the retention of staff but also staff wishing to return to the NHS.

73.10 Mrs Tina Long welcomed the 4 priorities outlined in the strategy and felt that this focusses on the feedback from the staff survey, around culture and value.

73.11 Mr Meredith Vivian welcomed the report and the achievements to date and referred to the findings of the Rural Racism research and sought assurance that the action plan developed to address the issues identified would be monitored, and that inequality, diversity and inclusion were actively promoted across the system. Mr Whitehouse, on behalf of the system CEOs, confirmed that the willingness and ownership to tackle any issues at source and make greater visibility of the actions taken.

73.12 Dr Ian Chan noted that primary care workforce data was not included in the report. Mrs Hill advised that work was underway to capture this data for inclusion going forward.

73.13 Mr Whitehouse, on behalf of the STW system, reported that Mrs Tracy Hill would be leaving on 31 March and expressed his thanks to Mrs Hill for all her hard work and dedication to the system. Mr Whitehouse advised that, in partnership with MPFT, Alex Brett would take up the position of Chief People Officer working across both Shropshire and Staffordshire. The People Team had also been increased with a Deputy Chief People Officer, Sara Hayes.

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

1. ***NOTED the delivery of System people transformation programmes during 2022/23; and***
2. ***SUPPORTED the principles of our one System People Strategy 2023 – 2027; and***

3. ***SUPPORTED employer organisations to come together collaboratively to deliver the priorities our senior People decision makers and stakeholders have identified as having most impact for our whole system workforce; and***
4. ***SUPPORTED the principle of Our People first in people programmes, people management and people services, leading change by example even when organisational pressures might challenge this approach.***

Action: Chief People Officer to present updated People Strategy 2023 – 2027 to ICB Board in June 2023.

Minute No. ICB 29-03-073 - Integrated Care System Performance Report

73.1 Julie Garside introduced the Integrated Care System Performance Report and began by acknowledging the hard work of system providers given the significant challenges they face post-covid, with urgent care pressures and impact of industrial action.

73.2 Mrs Garside highlighted some specific points relating to operational performance. In particular she reported that there was some underlying improvement with urgent and emergency care, although significant risk remained and focus continued on patient flow and discharge.

73.3 Mrs Tina Long acknowledged the performance targets were set nationally, but felt that there was very little data reported around children and young people (CYP) and suggested that local data could be included in future reports. Mrs Garside reported work was underway with the CYP Board to develop a CYP dashboard, which would include data on mental health services, speech and language therapy as well as other children's services.

73.4 Mrs Skidmore highlighted the key points from the finance element of the report, which included the emergency decision on Financial Outturn (FOT) as noted in the CEO Report earlier in the meeting. Mrs Skidmore advised that the report reflected the change to the FOT with Month 10 reporting a £54.7m year to date deficit and a £65.8m forecast deficit for the year.

73.5 Mrs Skidmore referred to the Year End Audit Requirements and noted that in accordance with the Department of Health group accounting manual, the ICB was required to incorporate a statement in the Members' Report. The proposed statement was outlined on page 7 of the report (page 80 of the agenda pack) and Mrs Skidmore advised that this would be used, any questions or queries in relation to this should be directed to her outside the meeting.

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

- ***NOTED the current integrated performance of the system in the summary, and the on-going challenges with our systems operational performance and associated risks with our financial performance and workforce.***

- ***NOTED the Elective/Cancer recovery improving picture on long waits, 62day Cancer backlog and diagnostic waits and to receive assurance that all operational actions that can be done are being done.***

- ***NOTED that Urgent and Emergency Care (UEC) performance remained really challenging across the system because of ongoing pressure both locally and across the region. Variation in demand in February compared to January had contributed to some deterioration, but improvement in areas of ambulance handovers and SDEC had been maintained. Further work was underway with all system partners focussed on improving rates of discharge to support better flow, critical to improving STW's UEC system. This is the basis of a dedicated improvement summit on 24th March - the output of which would be a refreshed UEC Improvement Plan for 23/24.***

Minute No. ICB 29-03-074 – System Risk Appetite and Board Assurance Framework (BAF)

74.1 Miss Alison Smith introduced her report on the System Risk Appetite and Board Assurance Framework (BAF).

74.2 Miss Smith reported that work had started on developing a new system risk management framework, which incorporated the following:

- a system risk appetite
- Board Assurance Framework for the system
- new operational risk register for both the system and ICB as a corporate entity
- a new Risk Management Policy
- a new risk management data system for capturing risk

74.3 Miss Smith advised that the work had been informed by two system workshops facilitated by the Good Governance Institute (GGI), which were attended by a wide range of invited stakeholders. Feedback from the workshops was collated and shared back to those who attended the workshops as well as those that were invited but unable to attend, to allow a broader scrutiny of the content. Outputs were included in the new system risk management framework and presented as part of the report and appendices.

74.4 Miss Smith presented for approval the System Risk Appetite outlined in section 3.2 of the report and System Board Assurance Framework outlined in section 4.3 and in appendix 3. Ms Smith noted that work would continue on the development of the Risk Management Policy and infrastructure for capturing and reporting on system risks.

74.5 Members endorsed the development of the system risk management framework and felt it was important piece of work. Mr Meredith asked how it would be used to drive the systems priorities. Mr Whitehouse felt that having a clear operating model that balanced risk and decision-making across multiple partners would be paramount to the success of the system BAF.

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

- ***NOTED the progress to date to develop an ICS risk management framework and SUPPORTED the planned next steps outlined in the report.***

- ***APPROVED for adoption the proposed System Risk Appetite outlined in section 3.2 of the report and System Board Assurance Framework outlined in section 4.3 and in appendix 3.***

- ***NOTED that further work will be undertaken to supplement the detail in the System Board Assurance Framework which will be presented to a future meeting of the Board.***

Minute No.ICB 29-03-075 – Delegation of Pharmacy, Optometry and Primary and Secondary Care Dental Services (PODs) commissioning functions from NHSE to ICBs and the associated governance arrangements required from April 2023

75.1 Mrs Tracey Jones introduced her report which provide the Board with an update and assurance of the governance arrangements that have been put in place for the transfer of Pharmacy, Optometry and Dentistry from NHSE to the ICB and the the operating model for the Joint commissioning of Pharmacy, Optometry and Primary and Secondary Care Dental services (PODs) across West Midlands ICBs from April 2023.

75.2 Mrs Jones advised that there were a number of recommendations for the Board's approval, one specifically to approve the delegation agreement (Appendix 5) between NHSE and NHS STW ICB which gives delegated authority to ICBs for the continued commissioning of Primary Medical services and for taking on responsibilities for POD services.

75.3 Mrs Jones commented that the ICB now had a Community Pharmacy Lead who will help oversee the implementation of schemes to integrate the four pillars of primary care services, which will provide alternative access to services for patients.

75.4 Mrs Lynne Cawley noted that dentistry was one of Healthwatch England's top priorities and offered the assistance of Healthwatch Shropshire to collect patient experience in regards to dentistry. Mrs Cawley also asked what the process would be going forward for patients who wished to raise a complaint about primary care services, as historically these were handled by NHSE. Miss Alison Smith advised that there would not be a change for patients wishing to raise a formal complaint as this will be hosted by the West Hub for STW. Discussions are still underway in terms of patient enquiries, which is likely to sit with the ICB Patient Services Team but no decision nationally has been made.

75.5 Mr Whitehouse thanked Mrs Jones and the Primary Care Team for their work on this project and noted that the ICBs in the Midlands have worked together to develop arrangements to jointly commission POD on an East and West footprint, with Birmingham & Solihull ICB hosting the West Hub.

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

- ***APPROVED the joint working arrangements in Appendix 1A and 1B.***
- ***NOTED Appendix 2 Terms of reference for the Joint Committee and subgroups and Appendix 3 Draft Financial Risk sharing agreement between ICBs for POD***
- ***APPROVED the minor amendments to ICB financial scheme of delegation Appendix 4***
- ***APPROVED the Delegation Agreement Appendix 5***

Minute No. ICB 29-03-076 - Board Committee Reports

76.1 Quality and Performance Committee Chair's Report

The Quality and Performance Committee Chair's Report for the meeting held on 26 October 2022 was received.

Dr Julian Povey referred to the minutes of the Quality and Performance Committee held on 23 November 2022 and raised concern about how primary care was being perceived in terms of practices engaging in low risk diabetic foot screening. Dr Povey explained the history and responsibility for the provision of diabetic foot screening which was not a core service for primary care and felt that the minutes did not accurately reflect this. Dr Povey also sought assurance that diabetic foot screening would be commissioned appropriately going forward.

Mrs Lynne Cawley reported that Healthwatch Shropshire was undertaking a piece of work on diabetes to understand patient experiences to date and what they would find helpful going forward and thought this work would help with the points Dr Povey has raised.

Mr Whitehouse asked Mr Nicholas White and Mrs Tracey Jones take forward the points raised by Dr Povey and Mr Meredith Vivian to review the minutes.

Action: Mr Nicholas White and Mrs Tracey Jones to take forward points raised by Dr Julian Povey in relation to diabetic foot screening and Mr Meredith Vivian to review the minutes of the Quality and Performance Committee held on 23 November 2022 to ensure they reflected the position with regards to diabetic foot screening.

NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

76.2 Finance Committee Chair's Reports

The Finance Committee Chair's Reports for the meetings held on 29 November 2022 and 31 January 2023 were received.

NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

76.3 Remuneration Committee Chair's Report

The Remuneration Committee Chair's Report for the meeting held on 9 March 2023 was received.

NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

76.4 Strategy Committee Chair's Reports

The Strategy Committee Chair's Reports for the meetings held on 19 January and 16 February 2023 was received.

NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

76.5 System People Committee Chair's Report

The System People Committee Chair's Report for a meeting held on 15 March 2023 was received and amended terms of reference approved.

NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

76.6 Primary Care Commissioning Committee Chair's Report

The Primary Care Commissioning Committee for a meeting held on 3 February 2023 was received.

NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

76.7 Integrated Delivery Committee Chair's Report

The Integrated Delivery Committee Chair's Report for the meetings held on 13 February and 13 March 2023 were received. Harry Turner drew Members attention to the recommendations on page 10 of the report for noting as follows:

- **Note** the requirement that the Local Care Transformation Programme (LCTP) benefits framework is formally signed off by key stakeholders and sets out both operational and financial impact aligned to the HTP
- **Note** the HTP update and areas of risk identified
- **Note** progress made regarding the MSK Transformation programme and go-live of the MSST service
- **Note** IDC support for the MSK proposal to expand the scope of the programme and the opportunities for wider scale transformation of service provision across all MSK pathways
- **Note** IDC approval for the initiation of the project to develop the MHLDA Provider Collaborative Business Case and commencement of discussions with stakeholders with the caveat that the financial case is still to be understood and approved

Dr Ian Chan referred to the local primary care rebate schemes and sought assurance on the relationship of the ICB working with the pharmaceutical industry and how this would be monitored. Mrs Claire Parker gave assurance that scrutiny and monitoring was already in place through the Contract and Medicines Management Teams to

ensure that uptake of rebates is risk-free and that the promotion of any particular product could not be construed.
NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

Minute No. ICB 29-03-077 – Any Other Business

77.1 There were no further matters to report.

Date & time of Next Meeting

Date and time of next meeting: Wednesday 26th April 2023. The Chair closed the meeting at 4:40pm.

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Actions List from ICB Meeting Wednesday 29 March 2023

Agenda Item	Action Required	By Whom	By When	Date Completed/Comments
Minute No. ICB 29-03-067 - Matters arising and Action List from previous meetings – (Minute No. ICB 25-01-051.1 Indicative waiting times for treatment)	Mr Simon Whitehouse to speak to Mr Gareth Robinson and Mr Nick White to ensure that ICB information on indicative waiting times for treatment across all the different specialities are updated and circulated to GP practices on a regular basis.	SW GR/NW	As soon as possible	
Minute No. ICB 29-03-069 – Follow up to Patient's Story: MSK Integration across Shropshire, Telford and Wrekin	Mr Mike Carr to present objectives and clinical outcomes of the MSK Transformation Programme to ICB once agreed by the MSK Transformation Board.	Mike Carr	When available	
Minute No. ICB 29-03-070 - CEO Report	Mr Simon Whitehouse to liaise with ICB's Primary Care Team in relation to issuing communications around the availability of capital funding for the Shrewsbury Health and Wellbeing Hub Development.	SW	Immediately	

Agenda Item	Action Required	By Whom	By When	Date Completed/Comments
Minute No. ICB 29-03-071 – Review of NHS Health Inequalities objectives within the System Operational Plan 2022/23 and recommendations for 2023/24	Mr Whitehouse to work with CEO colleagues looking at how health inequalities is reported across the STW system.	SW / CEOs	As soon as possible	
Minute No. ICB 29-03-072 – People Programme Annual Report 2022/23 & ICS People Strategy 2023-2027	Chief People Officer to present updated People Strategy 2023 – 2027 to ICB Board in June 2023.	Alex Brett	June 2023	
Minute No. ICB 29-03-076 - Board Committee Reports (Quality and Performance Committee Chair's Report)	Mr Nicholas White and Mrs Tracey Jones to take forward points raised by Dr Julian Povey in relation to diabetic foot screening and Mr Meredith Vivian to review the minutes of the Quality and Performance Committee held on 23 November 2022 to ensure they reflected the position with regards to diabetic foot screening.	NW / TJ / MV	Immediately	

Actions List from ICB Meeting Wednesday 25 January 2023

Agenda Item	Action Required	By Whom	By When	Date Completed/Comments
Minute No. ICB 25-01-051.1 Indicative waiting times for treatment	Circulate to the ICB information on indicative waiting times for treatment across all the different specialities	GR	As soon as possible	See attached Appendix Waiting Times SaTH. Information to be shared with GP practices monthly. Information across all providers to be shared with next update.
Minute No. ICB 25-01-053 New Dementia Model	ICB to review the New Dementia Model again with the Dementia Team in six months time to reflect on how it was operating and the progress that had been made.	GR	September ICB	To September ICB Agenda
Minute No. ICB 25-01-055.6 IC Strategy, JFP and Engagement Plan	To discuss with the Voluntary Sector and with the Health and Well-being Boards the IC Strategy, JFP and Engagement Plan. To include IC Strategy, JFP and Engagement Plan as part of the Agenda for the Board Development Day on 22 February.	ND	As soon as possible	Completed
Minute No. ICB 25-01-056.7 Hospital Transformation Plan	Autumn 2023 submission of Full Business Case. Nigel Lee to update ICB.	LB	September ICB	To September ICB Agenda
Minute No. ICB 25-01-057.6 Data on Patient Harm	Co-ordinate data on patient harm caused by delayed handover and delayed care with SaTH and WMAS for review by the Quality and Performance Committee before end of March	NW/AB	End March	To QPC to review data
Minute No. ICB 25-01-057.10 Waiting times for treatment 0 target	To produce an integrated plan to achieve the 0 target, review and oversight of that plan by the IDC (operation of the plan) and QPC (quality and delivery risks of plan) before the end of March. Next IDC and QPC Chair's Report to report on that plan.	GR	End March	Weekly reports have been provided to IDC and CEOs on position relating to forecast numbers of patients waiting for greater than

Agenda Item	Action Required	By Whom	By When	Date Completed/Comments
				78 weeks at the end of March 2023. See update in CEO Report and IDC Chair's Report.

Actions List from ICB Meeting Wednesday 30 November 2022

Agenda Item	Action Required	By Whom	By When	Date Completed/Comments
Minute No. ICB 30-11-037.2 Population Health Management Program of Work	To present a written report to the 29 March 2023 ICB on the Population Health Management Program of Work	SW	29 March 2023	To ICB 26-04-23 Agenda
Minute No. ICB 30-11-037.4 Recruitment for Chief People Officer	To keep the ICB updated with recruitment progress	SW	Ongoing	In progress
Minute No. ICB 30-11-039.7 Progress with actions from Resident's stories	Organise brief follow-up notes on committed to action points in each future Resident's story to be appended to Board Minutes. Mr Whitehouse to arrange the process with Chief Executives	SW	From 30 November 2022	In progress
Minute No. ICB 30-11-041.6 Integrated Care Strategy	Ensure clinical and professional input, oversight and ownership of the Clinical Strategy by socialising it in own teams within the relevant timeframe	Alison Bussey / Nicholas White	31 March 2023	In progress
Minute No. ICB 30-11-042.4 GP Access Report	Circulate to the ICB the PCCC GP improvement plan and timeline relating to the Telephone Access Review	Claire Parker	When available	See CEO Report ICB 29-03-23
Minute No. ICB 30-11-044.5 SaTH. Emergency department live capacity data for patients	Consider the introduction of a publicly available facility showing live capacity data at emergency departments and signposting patients to other available options eg MIU	Gareth Robinson	25 January 2023	In progress

Actions Required from ICB Meeting 28th September 2022

Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
28 September 2022 Minute No. ICB 28-09.017 Matters arising and action list from previous meetings	Population Health Management – CEOs were seeking resources to deliver the program. This has now been debated and next steps discussed.	Simon Whitehouse	30 November 2022	To ICB 26-04-23 Agenda
28 September 2022 Minute No. ICB 28-09.019 Residents Story: Musculoskeletal pathway	Ms Keegan to discuss with Anne Marie about joining the MSK group as a patient representative. Ms Keegan suggested bringing a report/paper back on MSK Transformation to November's Board for a broader discussion Circulate document for information around communication to patients around waiting times. Analysis and look at any actions that need to be taken collectively to understand how diagnostic waiting times in areas that are not included in national/regional performance management can be improved.	Stacey Keegan	30 November 2022	To ICB 29-03-23 Agenda
28 September 2022 Minute No. ICB 28-09.020 Interim CEO update	Integrated Care Strategy Mr Simon Whitehouse and Mrs Nicola Dymond to circulate to Board the timeline for final version of the Integrated Care Strategy to be published.	Simon Whitehouse and Nicola Dymond	30 November 2022	Circulated to ICB 9 January 2023

Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
28 September 2022 Minute No. ICB 28-09.020 Interim CEO update	Health and Well-Being Hub in Shrewsbury Mr Simon Whitehouse to circulate to Board exact date in 2023 for final version to be published.	Simon Whitehouse	30 November 2022	See CEO Report ICB 29-03-23
28 September 2022 Minute No. ICB 28-09.023 People Services and Functions	It was agreed to add Progress with People Plan and Workforce Big Ticket programme to the agenda for January Board	Tracy Hill	25 January 2023	To ICB 29-03-23 Agenda
28 September 2022 Minute No. ICB 28-09.026 Committee Reports	System Governance and Performance – Board Assurance Framework Mrs Nicola Dymond to lead on this piece of work which will go through Audit Committee and then presented at future Board, so the Board Assurance Framework is aligned to the strategic priorities	Nicola Dymond	25 January 2023	To ICB 29-03-23 Agenda

Integrated Care System
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Integrated Care Board

Agenda item no.	ICB 26-04-083
Meeting date:	26th April 2023
Paper title	Operational Plan for 23/24 update
Paper presented by:	Julie Garside, Director of Planning & Performance Claire Skidmore, Chief Finance Officer
Paper approved by:	Claire Skidmore, Chief Finance Officer
Paper prepared by:	Julie Garside, Director of Planning & Performance
Signature:	
Committee/Advisory Group paper previously presented:	N/A

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

Previous considerations:	Confidential Section of Integrated Care Board March 23

1. Executive summary and points for discussion

1.1 This paper is an executive summary of the final draft NHS Shropshire Telford & Wrekin Operational Plan for 23/24, submitted to NHS England on 30th March. The Board are asked to note that significant work has continued to refine and strengthen the operational plan submission since this date of submission. However, at the point of producing this paper not all Provider Boards have had the opportunity to review and approve the revised submissions. A verbal update will be provided at the Board meeting that will set out the latest position.

1.2 The supporting paper is a slide pack that summarises the activity our ICB is commissioning for our population in 2023/24. It also details the corresponding performance against national objectives, alongside the associated financial and workforce plans that underpin it.

1.3 The ICB has received initial feedback from NHSE, and further work is underway to improve the financial position and to provide additional assurance on the risks to delivery contained within the current plan. A meeting is scheduled between the Chair, CEO CFO of the ICB and CEO of SATH with the NHSE national team on 26th April. All ICB's are now required to resubmit their final plans by midday on the 4th May 2023.

1.4 Delegated authority is therefore sought from the Board to allow for final plan sign off to achieve the required deadline.

2. Activity & Performance

2.1 The system is measured on its delivery of acute weighted activity ('VWA') in line with the NHSE national methodology. The plan currently states that SaTH will deliver 101.0% and RJAH 107.3% of 19/20 activity against the national recovery target of 103%.

2.2 Outside of STW, acute providers will deliver 82.2% VWA with non acute delivering 121.9%.

2.3 The Independent Sector providers deliver 348.0% activity which contributes to the system delivery of 108% vs the 103% system target.

2.4 Improvements have been made by all system providers since the first draft submission on 23rd February. However, a challenge remains around SaTH elective inpatient activity being at 78%. The ICB have now received a full activity bridge from SaTH and this is being reviewed and will form part of the revised final submission.

2.5 With the inclusion of the additional activity generated through the Community Diagnostic Centre being brought on line, the diagnostic activity for both Trusts is planned to achieve national targets of 0 over 13-week waiters by September 2023 and 85% waiting less than 6 weeks by March 2024. The activity levels do not all achieve the 120% indicative target because in Radiology that volume of activity is not required to deliver the target improvement in waiting times. However, the plan still falls short regarding delivery of the Endoscopy target. This is being worked on in time for the meeting with the national team and for the resubmission date.

2.6 Outpatient transformation activity is planned in line with national targets of PIFU (5%) and Advice and Guidance (16%) but does not address the requested 25% reduction in follow up activity. The system has made improvements in the underlying level of follow ups but has a backlog of patients passed their maximum waits which our providers are working to clear. Further work is required to get detailed recovery trajectories from both main acute providers for those backlogs. Whilst the level of virtual attendances is no longer a national target (25%), providers are committed to aspiring to this with a locally agreed clinically appropriate target for RJAH. Both of these pieces of work have been picked up by the Planned Care Delivery Board at the April meeting and will be reported on from May onwards.

2.7 Non-Elective admission activity is expected to continue to fall and is planned at 10% below the level seen in 22/23 which was ~10% below that planned. This is a result of several demand initiatives, including the Single Point of Access and the associated dispositions to alternative services e.g., rapid response. The virtual ward is also expected to expand and build on its step-down pathway impact in 22/23 with additional step-up impact when clinical pathways are agreed and delivered during 23/24. A&E attendances have been flat this year and are planned to continue at this rate in 23/24.

2.8 The current draft plan meets the national targets around bed occupancy (<92%) and having >76% patients seen in under 4 hours. This will be achieved in line with the UEC initiatives modelled and agreed by all system partners. The system has been asked to include the impact of two modular wards that are currently subject to national sign off. This additional capacity will reduce the need for escalation capacity within SaTH and would further improve the bed occupancy and 4hr performance. This is an area of risk that NHSE have asked the ICB to do more work on. To reduce the delivery risk the plan will be amended to achieve 76% target but maintain the local aspiration to achieve the 79.8% in the final draft.

2.9 Bed occupancy is also being revised upwards from the full year average of 91.8% due to the risk of achieving the 92% at SaTH due to historic performance and the level of improvement currently within the plan. Scenarios are being modelled and final agreement will be reached before the meeting on the 26th April.

2.10 The risks highlighted at the March board related to reducing the level of no criteria to reside (NCTR) patients (and the length of stay on the NCTR list) and reducing the level of escalation capacity within SaTH were noted and further work has been done by the ICB and SaTH to model the additional level of discharges required to achieve the required improvement. The levels of both simple & timely and complex discharges vs plan will be monitored on a daily, weekly, and monthly basis, cumulatively, against plan. A review is planned for mid-May and again in mid-June to ensure sufficient progress is being made and that the methodology used to calculate the required improvement was correct.

2.11 The plan achieves all the expected Elective, Cancer, and Diagnostics standards in 23/24 with the exception of achieving 75% of historic follow up activity (see above re Outpatient transformation). The final draft was improved to have zero >65wk at the year end for all our providers due to additional mutual aid being made available by Royal Orthopaedic to RJAH. Risk of delivery of this is directly linked to the levels of mutual aid that have been agreed with other providers and require their delivery.

2.12 The plan also achieves all the urgent and emergency care related targets that are within its control. The Cat 2 target of 30mins is still being negotiated by the regional commissioners with WMAS, but local performance is encouraging. Community targets are mostly planned to be achieved although more work is required on virtual ward to improve its utilisation to 80% during the year as current plans achieve 76.4%.

2.13 For Mental Health, Learning Disabilities and Autism all targets are planned to be met except the elimination of inappropriate out of area placements, which is made difficult by variable demand but is under close weekly monitoring and for LD&A that by March 24 STW will have no more than 30 adults per million and no more than 12-15 under 18s per million cared for in an inpatient unit. A deep dive is underway into this work supported by NHSE to help us further improve in this area.

2.14 Finally, as the national primary care access recovery plan is yet to be published, further work will be required on the primary care element of the overall system plan for 23/24. This will be brought back to the board in due course.

3. Workforce

3.1 The year-on-year change to the total planned establishment for NHS STW by March 24 is 567 which breaks down to 128 for SaTH; 142 for SCHT; 35 for RJAH; 47 for MPFT and 215 for Primary Care. This reflects the planned shift to community care and also plans to make some inroads into the high level of vacancies across the patch.

3.2 The system workforce plan also details a reduction in agency staff from 457 establishment at the end of March 23 down to 198 by March 24. The workforce plans have been fully triangulated against the planned activity and the finances by all providers and by the system workforce and finance teams.

3.3 The planned changes are challenging, and further work has been requested by NHSE to demonstrate the credibility of the system delivery plans. This is also now underway and will be complete in time for the meeting on 26th April and the final submission on 4th May.

4. Finance

4.1 Since the previous draft plan submission of the 23rd February, which described a system deficit of £106.4M. Further work was undertaken to review all drivers of the planned expenditure to reduce the deficit. This has been done in conjunction with work on the activity and workforce plans.

4.2 Work continued to identify measures that would improve this position and at the point of submission on the 30th March the gap remained at £76.9M planned deficit.

4.3 The system Chief Executives have since noted that their shared ambition remains to deliver a planned deficit in 23/24 equivalent to that in 22/23 and to that end they wished to submit a position of £65.5m deficit. National timescales do not allow the system to work up detailed plans through which to deliver this and so the CEOs agreed to each take a share of that ambition into their respective positions.

4.4 This will be 'at risk' for all of NHS partners. This agreement was made on the basis that all partners recognise that there remain opportunities for collective work on driving out cost. The system will rapidly agree leadership, scope of objectives and targets so that focus can be on moving from opportunities into delivery as soon as possible.

5. 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	
Enhanced engagement and accountability	
Creating system sustainability	x
Workforce	x

6. Recommendation(s)

The Board is asked to note the final draft STW Operational plan for 23/24 submitted on the 30th March and the subsequent work underway to further improve the plan before final submission.

The Board is asked to comment on the updated position and to comment on the proposed revised financial position as set out in the paper.

Due to the timing of this deadline, the Board is asked to delegate final sign off to the Chair, Chief Executive and Chief Finance Officer of the ICB in time for the final submission by midday on 4th May.

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

Whilst the plan aims to find a balance between operational performance, finance, and quality requirements, unfortunately the report can only provide limited assurance. This directly relates to the fact that the plan does not fully meet the national operational planning requirements for 23/24, including the statutory duty to break even.

8. Appendices

Appendix A is the summary slide pack containing the headlines of final draft NHS STW operational plan for 23/24 submitted to NHSE on 30th March.

9. 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	The Operational Plan outlines the activity being commissioned for its population in 2023/24 to meet the national objectives set by NHSE
Quality and Safety	The plan delivers the required activity to meet the health needs of the local population and achieve all the national quality & performance objectives, all be it with risk to full delivery.
Equality, Diversity, and Inclusion	All operational recovery is being delivered to maximise equity of access
Finances and Use of Resources	There is a risk to delivery of the deficit plan by the following:- • Non delivery of improved flow at SaTH – escalation costs • Limited delivery of planned reduction in dependency on agency/bank staff • Other factors beyond system control e.g. inflation / other cost pressures e.g. prescribing costs.
Regulation and Legal Requirements	None
Conflicts of Interest	None
Data Protection	None
Transformation and Innovation	Further transformation and innovation may be required to support recovery
Environmental and Climate Change	None
Future Decisions and Policy Making	None
Citizen and Stakeholder Engagement	None

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

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NHS STW Operational plan 2023/4 - Final Submission Summary

30 March 2023

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Section One: Activity and performance

Activity

- Weighting activity in line with VWA methodology, SaTH deliver 101% against the 103% target and RJAH 107.3%
- Outside of STW acute providers deliver 82.2% VWA with non acute delivering 121.9%
- The Independent Sector providers deliver 348% activity which contributes to the delivery over the 103% system target.

- Overall SaTH accounts towards 68% of STW delivery, RJAH 14%, NHS acute providers outside STW 12%, non NHS providers 3% and the Independent Sector 3%

	ERF Delivery	Weighting	Weighted Delivery
SATH	101.0%	68%	68%
RJAH	107.3%	14%	15%
NHS Acute Provider outside system	82.2%	12%	10%
Other non-Acute NHS Providers and other	121.9%	3%	4%
IS	348.0%	3%	10%
			108%

Total	19/20	23/24 Plan	ERF Delivery	Weighting	Weighted Delivery
ERF Weighting					
Daycase	74,738	77,783	105.7%	33%	35%
Ordinary Spells	8,468	7,201	86.4%	27%	23%
Outpatient first attendances without a procedure	152,393	187,224	124.8%	28%	34%
Outpatient procedures	84,207	100,072	120.7%	12%	14%
					108%
SATH					
Daycase	60,300	60,531	102%	40%	40%
Ordinary Spells	4,267	3,257	78%	20%	16%
Outpatient first attendances without a procedure	94,811	102,084	109%	25%	28%
Outpatient procedures	70,138	80,089	116%	15%	17%
					101.0%
RJAH					
Daycase	2,650	2,898	111%	8%	9%
Ordinary Spells	2,419	2,600	109%	56%	61%
Outpatient first attendances without a procedure	24,154	25,328	107%	31%	34%
Outpatient procedures	4,362	3,533	82%	4%	4%
					107.3%
NHS Acute Provider outside system					
Daycase	7,947	6,047	77%	28%	22%
Ordinary Spells	1,471	1,206	83%	38%	31%
Outpatient first attendances without a procedure	16,075	13,194	83%	23%	19%
Outpatient procedures	9,416	8,206	89%	11%	10%
					82.2%
Other non-Acute NHS Providers and other					
Daycase	774	1,465	192%	12%	23%
Ordinary Spells	0	0	0%	0%	0%
Outpatient first attendances without a procedure	14,227	15,747	112%	88%	99%
Outpatient procedures	0	0	0%	0%	0%
					121.9%
IS					
Daycase	3,067	6,842	227%	46%	104%
Ordinary Spells	311	110	36%	33%	12%
Outpatient first attendances without a procedure	3,126	30,871	1003%	19%	191%
Outpatient procedures	291	8,244	2878%	1%	40%
					348.0%

Activity

- The current position produces a VWA of 108% against the target of 103% for STW. This is an increase compared to the 107.4% position submitted in the first draft.

- Improvements have come from both providers, however a challenge still remains around SaTH elective activity. We are awaiting the final bridge from SaTH to explain the position.

- With the inclusion of the CDC, the diagnostic activity for both trusts is planned to achieve national targets of 0 over 13 week waiters and 85% waiting less than 6 weeks by March 2024

- Outpatient transformation activity are planned in line with national targets of PIFU (5%) and Advice and Guidance (16%). Whilst virtual attendances is no longer a target (25%), providers are committed to aspiring to this.

- Non Elective activity and A&E attendances are planned to meet the national targets around bed occupancy (<92%) and having 76% patients seen in under 4 hours. This will be achieved in line with the UEC initiatives modelled and agreed by all system partners

SaTH

	19/20 Actual	20/21 Actual	21/22 Actual	22/23 Actual	23/24 Plan	23/24 to 19/20	23/24 to 22/23
Total number of specific acute elective day case spells in the period	62130	39957	53836	56856	62255	100%	109%
Total number of specific acute elective ordinary spells in the period	4734	2362	3084	3071	3648	77%	119%
Outpatient attendances (all TFC; consultant and non consultant led) - First attendance	181085	85877	142111	181441	190790	105%	105%
Outpatient attendances (all TFC; consultant and non consultant led) - Follow-up attendance	345219	157554	226734	324055	324084	94%	100%
Grand Total	**247949**	**128196**	**199031**	**241368**	**256692.69**	**104%**	**106%**
Number of specific acute non-elective spells in the period	58208	46421	55309	54231	52267	90%	96%
Total number of attendances at all A&E departments, excluding planned follow-up attendances (Types 1 & 2 + Types 3 & 4)	118410	98402	149130	147805	150213	127%	102%
Diagnostic Tests - Cardiology - Echocardiography	11155	10140	10140		13913	125%	
Diagnostic Tests - Colonoscopy	5706	3611	3611	6533.317825	9321	163%	143%
Diagnostic Tests - Computed Tomography	71679	59419	59419	86984.16836	83886	117%	96%
Diagnostic Tests - Flexi Sigmoidoscopy	5022	1693	1693	1830.949953	2348	47%	128%
Diagnostic Tests - Gastroscopy	7724	4353	4353	5902.546779	8379	108%	142%
Diagnostic Tests - Magnetic Resonance Imaging	29057	21500	21500	33411.34039	48905	168%	146%
Diagnostic Tests - Non-Obstetric Ultrasound	63780	45146	45146	61559.13753	65319	102%	106%
Grand Total	194123	145862	145862	196221.4608	232071	120%	118%

RJAH

	19/20 Actual	20/21 Actual	21/22 Actual	22/23 Actual	23/24 Plan	23/24 to 19/20	23/24 to 22/23
Total number of specific acute elective day case spells in the period	3843	1397	3427	3023	4326	113%	143%
Total number of specific acute elective ordinary spells in the period	4763	1509	3624	3817	4879	102%	128%
Outpatient attendances (all TFC; consultant and non consultant led) - First attendance	44878	26935	36153	36564	41771	93%	114%
Outpatient attendances (all TFC; consultant and non consultant led) - Follow-up attendance	97408	64903	80154	82373	94055	97%	114%
Grand Total	**150892**	**94744**	**123358**	**125777**	**145031**	**96%**	**115%**

	19/20 Actual	20/21 Actual	21/22 Actual	22/23 Actual	23/24 Plan	23/24 to 19/20	23/24 to 22/23
Diagnostic Tests - Computed Tomography	3495	2466	3759	3789	3789	108%	100%
Diagnostic Tests - Magnetic Resonance Imaging	8905	5713	8130	9613	10737	121%	112%
Diagnostic Tests - Non-Obstetric Ultrasound	7059	4021	7268	7508	7508	106%	100%
Grand Total	**19459**	**12200**	**19157**	**20910**	**22034**	**113%**	**105%**

Waiting list and Cancer (Subject to final SaTH adjustments)

Waiting Lists

SaTH aim to achieve exiting the year with no patients waiting over 65 weeks against a national target is to eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer). RJAH aim to eliminate over 78 week waiters by June 24 and exit the year zero > 65 week waiters (except where patients choose to wait longer).

SaTH	01/04/23	01/05/23	01/06/23	01/07/23	01/08/23	01/09/23	01/10/23	01/11/23	01/12/23	01/01/24	01/02/24	01/03/24
52 wk +	2718	2513	2380	2205	2168	1962	1876	1769	1722	1532	1562	1480
65 wk +	709	611	592	511	438	358	289	228	176	123	84	0
78 wk +	0	0	0	0	0	0	0	0	0	0	0	0
104 wk +	0	0	0	0	0	0	0	0	0	0	0	0

RJAH	01/04/23	01/05/23	01/06/23	01/07/23	01/08/23	01/09/23	01/10/23	01/11/23	01/12/23	01/01/24	01/02/24	01/03/24
52 wk +	1595	1535	1476	1410	1342	1265	1182	1091	1018	927	837	767
65 wk +	476	402	441	454	513	467	460	365	321	303	196	0
78 wk +	69	31	0	0	0	0	0	0	0	0	0	0
104 wk +	0	0	0	0	0	0	0	0	0	0	0	0

Cancer

Next year SaTH have a planned trajectory to achieve the regionally set target of 212 patients waiting over 62 days. Both providers and STW have planned trajectories to achieve 75% for the faster diagnosis standard and 80% for FIT results national targets.

Virtual Wards

The national target is to plan for 40-50 beds per 100k population which in STWs case equates to 250 beds. The national bed model predicts that occupancy target based on availability and utilisation is 76.5%. STW plan to exit 23/24 at these levels phased in line with current delivery levels.

	01/04/23	01/05/23	01/06/23	01/07/23	01/08/23	01/09/23	01/10/23	01/11/23	01/12/23	01/01/24	01/02/24	01/03/24
Patient on a virtual ward	90	90	90	113	113	125	155	155	191	191	191	191
Patients that a virtual ward can simultaneously manage	118	118	118	148	148	164	202	202	250	250	250	250
Virtual ward occupancy	76.5%	76.5%	76.5%	76.5%	76.5%	76.5%	76.5%	76.5%	76.5%	76.5%	76.5%	76.5%

The delivery of this level of activity was dependant on the following factors

- *Appointment to the Virtual Ward establishment.*
- *Agreement on the Clinical Pathways*
- *Establishment of arrangements to provide the required infrastructure i.e. Pharmacy*

The table below shows the planned impact on the SaTH

	01/04/23	01/05/23	01/06/23	01/07/23	01/08/23	01/09/23	01/10/23	01/11/23	01/12/23	01/01/24	01/02/24	01/03/24
Step Down referrals per month	71	85	141	170	226	280	351	351	374	374	374	374
Step Down Referrals per day	4	5	7	8	10	14	16	16	17	17	18	19
Reduction in acute beds	13	13	13	25	25	32	47	48	50	66	71	66

The trajectories planned for step down are above, step up impact is yet to be fully modelled (awaiting clinical pathways to be agreed). The above will also be reviewed each quarter. The impact on SaTH is incorporated within their G&A bed model.

Risks

Pathways still to be signed off
Staffing concerns remain within the frailty specialty and will impact on the referrals made
Cardiology also requires an additional consultant to refer patients into the service

Performance

Area	National objectives	Trajectory Target Mar 24	Comment	RAG Rating
1A Urgent and emergency care	76% of patients are seen in A&E within 4 hours by March 2025 with further improvement in 2024/25	79.8% Mar 24	SaTH currently confident of meeting trajectory subject to Modular Ward benefits being realised, and NCTR reduction being achieved (76% without).	
	Average of 30 minutes for category 2 ambulance response times across 2023/24, with further improvement towards pre-pandemic levels in 2024/25	TBC by Regional Commissioner	Significantly improved position since Jan and have achieved current target of 18 minutes in Feb	
	Reduce adult general and acute bed occupancy to 92% or below	92%	Achieving average 92%. This is dependent on achieving the planned reduction in NCTR and the proposed modular wards would provide further assurance against this KPI	
	Virtual ward utilisation increased towards 80% by end of Sept 2023	250 beds with 80% occupancy	Assured on staffed capacity but dependent upon clinical pathways being agreed to assure demand. Utilisation ~76.7%	
1B Community health services	Meet or exceed the 70% for 2-hour community response standard.		Consistently achieving >70%	
1C Primary Care	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) by the end of March 24	277.58 wte	Achieved	
1D Elective Care	Eliminate waits of over 65 weeks for elective care by March 24 (except where patients choose to wait longer or in specific specialties)	78ww 0 by end June 65ww 0 by March		
	Deliver the system specific activity target	108% VWA	103% VWA system target	
	Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024	RJAH 82% vs 75% SaTH TBC	Local Target for 23/24 to be determined based on projections of reduced follow up backlog (passed max waits) using current levels	
	Increase productivity and meet: 85% day case and 85% theatre utilisation	RJAH TBC SaTH by early Q3	RJAH – Enhanced recovery programme of work will deliver this in year SaTH – Plan to be compliant by early Q3	
1E Cancer	Continue to reduce the number of patients waiting over 62 days	212 at March 24	Mar 24 target takes into account 10% referral growth	
	75% of patients who have been urgently referred for suspected cancer have a diagnosis within 28 days	75%	Milestone Targets: Jun 23 67.5%; Sep 23 70.0%; Dec 72.5%; Mar 75.0%.	
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	TBC	SaTH compiled data for 2021 & 2022 expected Mar 2023. This data will be used to set interim targets up to 2028. Awaiting Target %	TBC

Performance

Area	National objectives	Trajectory Target Mar 24	Comment	RAG Rating
1E Cancer	100% population coverage of non-specific symptoms pathway	270	Starting July 23 30 patients per month	
	Percentage of Lower GI Suspected Cancer referrals with an accompanying FIT result	80%	Planning to achieve 80% from July 2023	
1F Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	85%	Also achieve 0>13 wks by Sept.	
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	Of 19/20 levels: SaTH 120% RJAH 113%	Providers to achieve 0>13wks by September and 85% within 6wks by March 24	
2A Mental Health	Improve access to mental health support for children and young people in line with the national ambition for 345,999 additional individuals aged 0-25 accessing NHS funded services	100%	Trajectory to March 2024 assumes that MH support teams are fully operational	
	Increase the number of adults and older adults accessing IAPT treatment	100%		
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	100%	Further complexity with ISP data included and target increased to match.	
	Work towards eliminating inappropriate adult acute out of area placements	180 bed days	Numbers are monitored weekly, but demand is variable.	
	Recover the dementia diagnosis rate to 66.7%	66.7%	Recovery plan in place and on trajectory	
	Improve access to perinatal mental health services	17%	National target remains at 10%	
2B People with learning disability and autistic people	75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 24	75%	Exceeding current target of 70%	
	By March 24 no more than 30 adults per million and no more than 12-15 under 18s per million are cared for in an inpatient unit	Adults 33 per million (13 inpatients) CYP 12 per million (1 inpatient)	Deep Dive led by LD&A Board and supported by NHSE to commence in Mar.	

Primary care and health inequalities KPIs have not been included as we are still awaiting the Primary Care Access Recovery Plan from NHSE

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Section two: Workforce

Our ICS workforce demand is planned to increase by ….

Throughout this presentation **plan** (staff in post and March 24 planned FTE) numbers are shown in green and **establishment** (budget) numbers are shown in yellow

Key	
Plan	Establishment

SaTH, SCHT, RJAH	Establishment Year End (31-Mar-23)	Establishment As at the end of Mar-24	Change	Change %
Total Substantive Workforce (WTE)	10,041	10,351	310	3.1%

MPFT, Non-MH Trust & Non-NHS Mental Health	Establishment Year End (31-Mar-23)	Establishment As at the end of Mar-24	Change	Change %
Total Substantive Workforce (WTE)	1,053	1,101	47	4.5%

Primary Care	Year End (31-Mar-23)	As at the end of Mar-24	Change	Change %
Total Workforce	1,433	1,649	215	15.0%

Total workforce increase 2023/24 (NHS established + Primary Care planned)	572 wte

The table above shows the change to the total planned establishment at March 24 breaks down to 128 for SaTH; 142 for SCHT; 35 for RJAH; 47 for MPFT and 215 for Primary Care. These figures are subject to rounding errors so may not match back to the table when combined.

	Baseline		Establishment
	Staff in post outturn	Establishment	As at the end of Mar-24
	Year End (31-Mar-23)	Year End (31-Mar-23)	
Workforce (WTE)	Total WTE	Total WTE	Total WTE
Total Workforce (WTE)	10,454	11,073	11,112
Total Substantive	9,236	10,041	10,351
Total Bank	677	574	563
Total Agency	541	457	198

The table above shows the work splits for the system by substantive, bank and agency. This highlights the system plans to significantly reduce the use of agency staff

Assumptions included in this Plan vs December 2022 actuals:

Org	Turnover (% 12 month rolling)	Sickness (% 12 month rolling)	Vacancy Assumption	Organisational Confidence Level in achieving:
SaTH	To reduce to 13% by March 2024	Will remain at 6%	Successful recruitment to planned substantive workforce increases Underlying vacancies are unlikely to be filled	Filling posts associated with developments Filling underlying vacancies: Low level of confidence To meet planned turnover
SCHT	To reduce to 10% by March 2024	To reduce to 5% by March 2024	Successful recruitment to planned substantive workforce increases and make a small reduction in underlying vacancies by 20 wte	Filling posts associated with developments: Confident Filling underlying vacancies: Low level of confidence To meet planned turnover: Confident
RJAH	To reduce to 10.1% by March 2024	To reduce to 4.9% by March 2024	Successful recruitment to planned substantive workforce increases and underlying vacancies	Filling posts associated with developments: Medium risk Filling underlying vacancies: Medium risk To meet planned turnover: Medium risk

February 2023 actual workforce information indicates:

Org	Turnover (% 12 month rolling)	Sickness (% 12 month rolling)	Agency Usage	Bank Usage
SaTH	13.9%	5.6%	457 wte	574 wte
SCHT	14.3%	5.8%	73 wte	70 wte
RJAH	12.7%	4.2%	34 wte	63 wte

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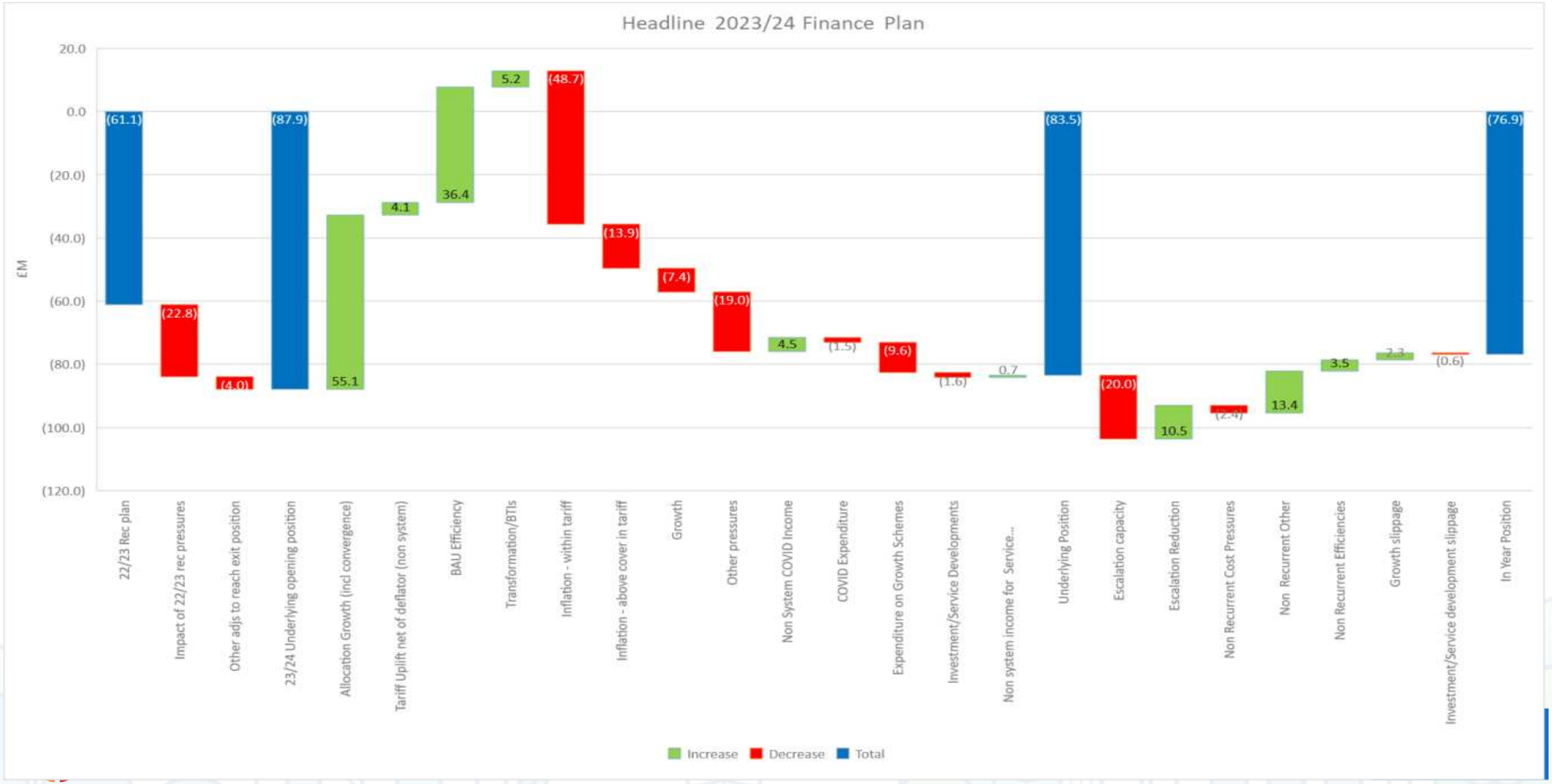
Section three: Finance

Income and Expenditure Bridge 2023/24 current plan

	£M
Total System Income	1,301
Total System Expenditure	(1,378)
In Year Deficit	(76.9)



Headlines 2023/24 Finance Plan

	£'m	£'m
22/23 Rec plan		(61.1)
Impact of 22/23 rec pressures	(22.8)	
Other adjs to reach exit position	(4.0)	
		(26.8)
		(87.9)
Initial Recurrent Plan		
Allocation Growth (incl convergence)	55.1	
Tariff Uplift net of deflator (non system)	4.1	
BAU Efficiency	34.3	
Bridging efficiency	2.1	
Transformation/BTIs	5.2	
		100.8
		12.9
Inflation - within tariff	(48.7)	
Inflation - above cover in tariff	(13.9)	
Growth	(7.4)	
Other pressures	(19.0)	
Intra System COVID	0.0	
Non System COVID Income	4.5	
COVID Expenditure	(1.5)	
Assumed In- System Growth	0	
Expenditure on Growth Schemes	(9.6)	
Non system income for Growth	0.0	
Investment/Service Developments	(1.6)	
Non system income for Service Developments	0.7	
		(96.5)
Underlying Position		**(83.5)**

	£'m	£'m
Non Recurring		
Escalation capacity remaining open	(20.0)	
Escalation Reduction	10.5	
Cost Pressures	(2.4)	
Other	13.4	
Non Recurrent Efficiencies	3.5	
Growth slippage	2.3	
Allocation - Physical/Virtual Capacity	0.0	
Assumed Income for Growth - Intra system	0.0	
Investment/Service development slippage	(0.6)	
		6.7
In Year Position		**(76.9)**

Aim: in-year breakeven *and* reduction in underlying deficit (previous finance strategy targeted a £30m annual reduction (which would give a 2.8 year return to underlying balance)

The financial position below illustrates the current position received for each organisation and shows a system deficit of £76.9m

	SATH £m	RJAH £m	Shrop Comm £m	ICB £m	System £m	Total £m
Current In Year Position	(50.7)	(0.4)	(4.8)	(21.0)	0.0	(76.9)

Memorandum note to illustrate impact of current IFP arrangement

IFP Original Removed	(10.3)	5.4	8.8	(4.0)	0.0	0
Transitional Elective Adjustment removed	2.4	(3.4)	(0.4)	1.5	0	0
	(7.9)	2.0	8.4	(2.5)	0.0	0
In year Position excluding IFP	(58.6)	1.6	3.6	(23.5)	0.0	(76.9)

System Efficiencies

	SATH		RJAH		SCHT		ICB		TOTAL	
	£m	Cum %	£m	Cum %	£m	Cum %	£m	Cum %	£m	Cum %
BAU c.2.2% efficiency originally agreed	12.0	2.3%	2.8	2.2%	2.1	2.2%	12.5	2.4%	29.4	2.3%
Additional internal CIP added	2.1	2.7%	1.0	3.0%	0.9	3.1%	3.9	3.1%	7.9	2.9%
NR efficiencies inc vacancy factor	2.6	3.2%							2.6	3.1%
BTI workforce- cash out	3.0	3.8%	0.1	3.0%	0.1	3.2%			3.2	3.4%
Reduced escalation costs - internal interventions	2.5	4.2%							2.5	3.6%
Reduced escalation costs- VW/IDT	5.9	5.4%							5.9	4.1%
Reduced escalation costs- modular ward	2.1	5.8%							2.1	4.2%
BTI- Growth supression							2.0	3.5%	2.0	4.4%
TOTAL	**30.2**	**5.8%**	**3.9**	**3.0%**	**3.1**	**3.2%**	**18.4**	**3.5%**	**55.6**	**4.4%**

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Integrated Care Board

Agenda item no.	**ICB 26-04-083**
Meeting date:	**26/04/2023**
Paper title	**ICS 23/24 Capital Plan Update**
Paper presented by:	**Claire Skidmore Chief Finance Officer**
Paper approved by:	**Claire Skidmore Chief Finance Officer**
Paper prepared by:	**Laura Clare Deputy Chief Finance Officer**
Signature:	
Committee/Advisory Group paper previously presented:	**N/A**

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

Previous considerations:	**Not applicable**

1. Executive summary and points for discussion

In addition to the finance section of the operation plan update paper Appendix A shows the 23/24 ICS capital plan. A final plan submission is due on the 4th May 2023 but at the time of writing no changes to the capital plan are expected.

The National Health Service Act 2006, as amended by the Health and Care Act 2022 (the amended 2006 Act) sets out that an ICB and its partner NHS trusts and foundation trusts:

- must before the start of each financial year, prepare a plan setting out their planned capital resource use.
- must publish that plan and give a copy to their integrated care partnership, Health & Well-being Boards and NHS England
- may revise the published plan - but if they consider the changes significant, they must re-publish the whole plan; if the changes are not significant, they must publish a document setting out the changes.

In line with the amended 2006 Act, ICBs are required to publish these plans before or soon after the start of the financial year and report against them within their annual report.

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

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

3. Recommendation(s)

The Board is asked to:

Approve the ICS 23/24 capital plan.

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

This report provides further detail around the capital plan for the system which is closely linked to the financial risk to the system revenue position highlighted in the Board Assurance Framework.

5. Appendices

Appendix A – STW 23/24 capital plan

6. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Availability of capital funding impacts on prioritisation of commissioned services.
Quality and Safety	Availability of capital funding impacts on prioritisation of commissioned services.
Equality, Diversity, and Inclusion	No impact
Finances and Use of Resources	Risk highlighted to delivery of financial plan
Regulation and Legal Requirements	No impact
Conflicts of Interest	No impact
Data Protection	No Impact

Transformation and Innovation	System transformation programme development underway is expected to help address the financial gap
Environmental and Climate Change	No impact
Future Decisions and Policy Making	Further prioritisation work underway for future years of the capital plan
Citizen and Stakeholder Engagement	No Impact

Request of Paper:	**Approve** the ICS 23/24 capital plan	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

REGION	**Midlands**
ICB / SYSTEM	**Shropshire, Telford and Wrekin (STW)**

Introduction

The 2023/24 joint capital plan has been developed through collaborative working across the ICB (Integrated Care Board) and Provider organisations. An STW Capital Prioritisation and Oversight Group (CPOG) exists as a sub committee of the Finance Committee to monitor the system capital programme against the operational capital envelope, gain assurance that the estates and digital plans are built into system financial plans and to ensure effective oversight of future prioritisation and capital funding bids. Estates and digital are seen as key enablers to our strategy and are overseen through the System's Strategy Committee and Integrated Delivery Committee (Both sub committees of the Integrated Care Board).

The System recognises that securing capital for infrastructure, both physical and digital, plays a material role in underpinning delivery of our strategic priorities though we also accept that we need to be innovative in our bids and work hard to cover the revenue consequences of that investment given our challenged financial position.

In 2022/23, in addition to core CDEL (Capital Departmental Expenditure Limit) allocated to the System the System secured a number of additional capital funding streams which will help to deliver key strategic priorities, these include funding for an Elective Hub at Princess Royal Hospital (PRH), the theatres programme at Robert Jones and Agnes Hunt (RJAH), a Community Diagnostic Centre (CDC) at Telford as well as funding to redesign the acute floor at the Royal Shrewsbury Hospital (RSH) and an Ambulance Receiving Area (ARA) at PRH. A bid has also been submitted for additional sub-acute bed capacity at Shrewsbury and Telford Hospitals (SATH) for which a final business case is due to be submitted for approval on 4th May 2023.

The Hospital Transformation Programme (HTP) continues to be an area of focus for the System and the Strategic Outline Case (SOC) was approved in 2022. It is expected that the Outline Business Case (OBC) will be submitted in the first six months of 2023/24.

Assumed Sources of Funding for 2023/24

The capital programme for 2023/24 will be funded from internally generated sources and approved national funding programmes for the Elective Hub, CDC and frontline digitisation programmes.

Annex A demonstrates that the ICB total CDEL allocation is £87m (including national funding). Operational capital which is for improvements in estates backlog, digital and replacement diagnostic equipment amounts to £30.1m.

STW also have plans for £51.8m of national funding in 2023/24. This includes multiyear funding to complete the Elective Hub at PRH and the Community Diagnostic Centre at Telford. It also includes a bid for c. £24.5m to provide additional sub-acute beds at the RSH site in collaboration with SCHT (Shropshire Community Health NHS Trust) (still to be confirmed at the time of writing).

Until final national approval is received there remains risk around the sub-acute bed capacity business case. If the build does not go ahead this would impact on the bed capacity model for SATH and risk our ability to reduce escalation costs.

Overview of Ongoing Scheme Progression

Elective Hub

The creation of the Elective Hub at PRH is expected to be completed by the end of June 2023. The expansion of the Elective Hub is expected to be complete by the end of December 2023.

Community Diagnostic Centre

The CDC at Telford is planned to be open in August 2023.

Theatre Development at RJAH

Development of an additional theatre and supporting infrastructure is planned for go live early Q4 of 23/24. This will support additional surgical capacity for elective orthopaedics.

Frontline Digitisation

The frontline digitisation programme will continue in 2023/24 as part of the levelling up initiative across the NHS. Investment will ensure a baseline level of digital capability in all system organisations, ensuring health and care staff have access to health-related information when and where it is needed. This includes the continuation of the roll out of a new Electronic Patient Record (EPR) system at SATH and RJAH.

Risks and Contingencies

The system will mitigate the risk of in year slippage to capital plans and monitor regularly through CPOG (Capital Prioritisation and Oversight Group). There is full commitment to only deliver 100% of the allocation.

There is no contingency included within the plans which means that should there be equipment failure or urgent estates repairs required, a reprioritisation of the 2023/24 plan will be required to ensure that the system remains within it's CDEL limits.

Business Cases in 2023/24

Additional Capacity
A collaborative case is being submitted to provide 64 sub-acute beds on the RSH site.

HTP
The HTP Outline Business Case is being prepared for consideration at the Joint Investment Committee over the summer following the approval of the Strategic Outline Case in 2022.

Primary Care Estates
Community Health Partnerships (CHP), National Association for Primary Care (NAPC) and Primary Care Commissioning (PCC) are currently working with all of the system Primary Care Networks (PCNs) to formulate estate plans – business cases may therefore follow in line with this programme.

RJAH Additional Theatre Capacity
RJAH are currently preparing a business case aligned to the strategic replacement of existing estate. It is expected to be submitted in early 2023/24.

Cross System Working

MPUFT (Midlands Partnership University Foundation Trust) is a provider that sits within the Staffordshire system but MPUFT representatives are also present on the STW Board and committees and linked into discussions regarding the capital programme to ensure alignment across systems.

Capital Planning & Prioritisation

The ICB hold a monthly Capital Prioritisation and Oversight Group which is a sub committee of the System Finance Committee. The purpose of this group is to monitor the system capital programme against the capital envelope, gain assurance that the estates and digital plans are built into system financial plans and to ensure effective oversight of future prioritisation and capital funding bids.

Regular review of in year and 5 year capital plans ensure that the capital programme is in line with the strategic priorities of the ICS. There is a prioritisation matrix which has been agreed by all organisations to ensure that the capital plan remains affordable. The group is attended by the system leads for Estates and Digital as well as each organisation to ensure that all recommendations to Finance Committee are in line with the Estates and Digital strategy.

Annex A – STW 2023/24 CAPITAL PLAN

	CDEL	ICB	SATH	RJAH	SCHT	Total Full Year Plan £'000	Narrative on the main categories of expenditure
Provider	Operational Capital		19,399	7,360	2,500	29,259	The 2023/24 operational capital programme for STW is comprised of essential estates backlog, improvements in digital infrastructure and the replacement of diagnostic equipment.
ICB	Operational Capital	883				883	Investment in primary care
	Total Op Cap	**883**	**19,399**	**7,360**	**2,500**	**30,142**	
Provider	Impact of IFRS 16		2,601	120	2,046	4,767	Leases are now held on the balance sheet and are included within CDEL limits.
ICB	Impact of IFRS 16	267				267	Leases are now held on the balance sheet and are included within CDEL limits.
Provider	Upgrades & NHP Programmes					-	
Provider	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)		47,234	4,600		51,834	This relates to national funding for the Elective Hub at PRH, the Community Diagnostic Centre at Telford and the bid for additional bed capactiy. It also includes national digital funding to help the ICS reach the minumum digital foundations standard.
Provider	Other (technical accounting)					-	
	Total system CDEL	**1,150**	**69,234**	**12,080**	**4,546**	**87,010**	

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	**ICB 26-04-084**
Meeting date:	**26th April 2023**
Paper title	**Associate Non Executive Member of the ICB**
Paper presented by:	**Simon Whitehouse, Chief Executive**
Paper approved by:	**Simon Whitehouse, Chief Executive**
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

1.1 At the November Board meeting the Board agreed to support the ICB recruiting a Lay Expert Advisor for Finance to sit on the Finance Committee as the Vice Chair. Primarily this was for two reasons; the first was to add additional financial expertise to the committee and to support the Committee by contributing a more independent technical knowledge to its business and secondly to undertake the role of Vice Chair of the Committee.

1.2 The ICB has undertaken the recruitment for this role but unfortunately was unable to shortlist. After some discussions between the Chair, Chief Finance Officer and the Chair of Finance Committee, there was agreement that a different approach was required:

- We intend to advertise the role more prominently using HSJ/linked in and other social media platforms to make the role more visible.

- There is also a risk that the skill set and person specification we are looking for may not find the role attractive, as it does not include Board experience (albeit with no voting power). There are many Associate Non Executive Director roles in NHS Trusts which this role would be competing with on NHS Jobs, which we need to be aware of. We are therefore proposing to

amend the role to describe it as an Associate Non Executive Member role – Vice Chair of the Finance Committee with participant attendance at the Board (but not a voting role).

- As the Director of Strategy and Integration has departed from the organisation and with no long term plans for replacement, we are down one Board participant so the addition of an Associate Non Executive Director, would not unduly increase Board attendee numbers.

1.3 In order to introduce an Associate Non Executive Member as a participant at Board meetings the following process needs to be followed:

- Anyone proposing the amendment would need to apply to the Chief Executive Officer who then needs to consult with the Chair and at least two ordinary members of the ICB; one an independent member and the other a partner member.
- The Chief Executive will present the proposed amendments in a report to the ICB, together with comments from those they consulted with.
- To amend the ICB's Constitution, under section 1.6 "Variation of this Constitution" the ICB would be required to apply to NHS England with an application for amendment.

1.4 In line with the process outlined above the Deputy Chief Executive, Mrs Claire Skidmore (in the absence of the Chief Executive, Mr Simon Whitehouse) consulted with the Chair and with Mr Meredith Vivian and Dr Ian Chan on the proposed amendment. All three are supportive of the proposal that the Constitution is amended to reflect that this role attends the Board meetings as a participant, but does not have voting rights. In addition the role will also:

- be a voting member of Finance Committee;
- be the Vice Chair of Finance Committee; and
- have the role description and person specification reviewed and updated for presentation at Remuneration Committee to approve a remuneration level.

1.5 The amendments needed to facilitate this proposal in the Constitution and Governance Handbook have been outlined in appendix 1 to this report for consideration and highlighted in red.

1.6 The Board is also asked to take this opportunity to amend the newly updated title for the "Midlands Partnership Foundation Trust" to "Midlands Partnership University NHS Foundation Trust" throughout the Constitution.

Which of the ICS Pledges does this report align with?

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

Creating system sustainability	X
Workforce	

2. Recommendation(s)

2.1 The Board is recommended to:

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

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

The report provides assurance that the Shropshire, Telford and Wrekin ICS and NHS Shropshire, Telford and Wrekin are seeking to mitigate the risks around the ability of the Finance Committee to maintain quoracy and chairing arrangements, to provide a sufficient level of assurance to the Board.

4. Appendices

Appendix 1 – amended draft version 3 of excerpts of the Constitution and draft version 4 excerpts Governance Handbook showing proposed amendments to the participant attendees at board meetings and Finance Committee in red highlighted text.

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	None identified
Quality and Safety	None identified
Equality, Diversity, and Inclusion	None identified
Finances and Use of Resources	The proposal contained in this report seeks to enhance the ability of the Finance Committee to retain quoracy and provide sufficient assurance to the Board on the financial sustainability of the both the ICB and system.

Regulation and Legal Requirements	None identified
Conflicts of Interest	None identified
Data Protection	None identified
Transformation and Innovation	None identified
Environmental and Climate Change	None identified
Future Decisions and Policy Making	None identified
Citizen and Stakeholder Engagement	None identified

Request of Paper:	• Approve the creation of a new Associate Non Executive Member role to the replace the Expert Lay Advisor Role created in November 2022 for the ICB with specific financial skills and knowledge to be a voting member and Vice Chair of the Finance Committee and to attend the Board as a participant. • Approve amendment of "Midlands Partnership Foundation Trust" to "Midlands Partnership University NHS Foundation Trust" throughout the Constitution. • Support the insertion into NHS STW's Constitution and Governance Handbook of Associate Non Executive Members as additional participants to the Board and Finance Committee and the change of title to Midlands Partnership University NHS Foundation Trust and to seek approval from NHS England for these proposed changes.	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

NHS Shropshire, Telford and Wrekin Integrated Care Board

CONSTITUTION - EXCERPTS

Version	Date effective from
Version 1	1st July 2022
Version 2	17th January 2023
Version 3 Draft	tbc

CONTENTS

1. Introduction

1.1

Background/ Foreword

Shropshire, Telford and Wrekin Integrated Care Board (ICB) was created as a statutory body on 1st July 2022 as part of our wider Integrated Care System (ICS).

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to take collective responsibility to plan and deliver joined up services and to improve the health of people who live and work in their area.

Our ICS seeks to create a much more integrated system across Shropshire, Telford and Wrekin, working as a multi-organisational partnership both in terms of planning and commissioning services across our population, and in developing more integrated services on the ground.

Our partnership consists of the NHS (NHS Shropshire, Telford and Wrekin ICB, The Shrewsbury and Telford Hospital NHS Trust, The Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Midlands Partnership University NHS Foundation Trust, Shropshire Community Health NHS Trust and primary care/GPs), West Midlands Ambulance Service University NHS Foundation Trust, primary care through our Primary Care Networks (PCN), our local councils (Shropshire Council and Telford & Wrekin Council), along with the voluntary sector and other core partners involved in transforming the provision of health and care services across Shropshire, Telford and Wrekin for those we serve.

Commented [SA(STAWIM1]: New title

NHS England has set out the following as the four purposes of ICSs:

a) improve outcomes in population health and healthcare

b) tackle inequalities in outcomes, experience and access

c) enhance productivity and value for money

d) help the NHS support broader social and economic development

2. Composition of the Board of the ICB

2.1 Background

2.1.1 This part of the Constitution describes the membership of the Integrated Care Board. Further information about the criteria for the roles and how they are appointed is in section three.

2.1.2 Further information about the individuals who fulfil these roles can be found on our website

Meet our Integrated Care Board members - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

2.1.3 In accordance with paragraph 3 of Schedule 1B to the 2006 Act, the membership of the ICB (referred to in this Constitution as "the board", and members of the ICB are referred to as "board Members") consists of:

a) a Chair

b) a Chief Executive Officer

c) at least three Ordinary members

2.1.4 The membership of the ICB (the board) shall meet as a unitary board and shall be collectively accountable for the performance of the ICBs functions.

2.1.5 NHS England Policy, requires the ICB to appoint the following additional Ordinary Members:

a) three executive members, namely:

- ICB Chief Finance Officer
- ICB Chief Medical Officer
- ICB Chief Nursing Officer

b) at least two non-executive members.

2.1.6 The Ordinary Members also include at least three members who will bring knowledge and a perspective from their sectors. These members (known as "Partner Members") are nominated by the following and appointed in accordance with the procedures set out in Section **Error! Reference source not found.**; below:

- Four NHS trusts and foundation trusts who provide services within the ICB's area and are of a prescribed description;

- Two primary medical services (general practice) providers within the area of the ICB and are of a prescribed description;

- Two local authorities which are responsible for providing Social Care and whose areas coincide with or include the whole or any part of the ICB's area.

While the Partner Members will bring knowledge and experience from their sector and will contribute the perspective of their sector to the decisions of the board, they are not to act as delegates of those sectors.

2.2 Board Membership

2.2.1 The ICB has eight Partner Members.

a) Four from NHS Trust/Foundation Trusts

b) Two bringing the perspective of primary medical services

c) Two from local authorities

2.2.2 The ICB has also appointed the following further Ordinary Members to the board

- Chair
- Chief Executive Officer
- ICB Chief Medical Officer
- ICB Chief Nursing Officer
- ICB Chief Finance Officer
- ICB Executive Director for Delivery and Transformation
- Four Non Executive Directors

2.2.3 The Board is therefore composed of the following members:

- Chair
- Chief Executive Officer
- Four Partner member(s) NHS and Foundation Trusts
- Two Partner member(s) Primary medical services

- Two Partner member(s) Local Authorities
- Four Non executive members
- ICB Chief Finance Officer
- ICB Chief Medical Officer
- ICB Chief Nursing Officer
- ICB Executive Director for Delivery and Transformation

2.2.4 The Chair will exercise their function to approve the appointment of the ordinary members with a view to ensuring that at least one of the ordinary board members will have the knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness.

2.2.5 The board will keep under review the skills, knowledge and experience that it considers necessary for members of the board to possess (when taken together) in order for the board effectively to carry out its functions and will take such steps as it considers necessary to address or mitigate any shortcoming.

2.3 Regular Participants and Observers at Board Meetings

2.3.1 The board may invite specified individuals to be Participants or Observers at its meetings in order to inform its decision making and the discharge of its functions as it sees fit.

2.3.2 Participants will receive advance copies of the notice, agenda and papers for board meetings. They may be invited to attend any or all of the board meetings, or part(s) of a meeting, by the Chair. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote.

a) Chair, The Midlands Partnership University NHS Foundation Trust

b) Chair, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

c) Chair, Shrewsbury and Telford Hospital NHS Trust

d) Chair, Shropshire Community Health NHS Trust

e) Leader Shropshire Council

f) Leader Telford and Wrekin Council

Commented [SA(STAWIM2]: New title

g) ICB Executive Directors and Directors other than those outlined in 2.1.6 above.

h) Associate Non Executive Members

Commented [SA(STAWIM3]: This is to include a new Associate NEM as a participant at Board meetings to make the role more attractive

2.3.3 Observers will receive advance copies of the notice, agenda and papers for board meetings. They may be invited to attend any or all of the board meetings, or part(s) of a meeting, by the Chair. Any such person may not vote and may not address the meeting unless given permission from the Chair by exception.

a) Chief Officer, Shropshire Healthwatch

b) Chair, Telford and Wrekin Healthwatch

c) Representative from local VCS Shropshire

d) Representative from local VCS Telford and Wrekin

2.3.4 Participants and / or observers may be asked to leave the meeting by the Chair in the event that the board passes a resolution to exclude the public as per the Standing Orders.

2.1.7 A person whose term of appointment as the chair, a member, a director or a governor of a Health Service Body, has been terminated on the grounds:

a) that it was not in the interests of or conducive to the good management of the Health Service Body or of the Health Service that the person should continue to hold that office;

b) that the person failed, without reasonable cause, to attend any meeting of that Health Service Body for three successive meetings;

c) that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest; or

d) of misbehaviour, misconduct or failure to carry out the person's duties.

2.1.8 A Healthcare Professional or other professional person who has at any time been subject to an investigation or proceedings, by anybody which regulates or licenses the profession concerned ("the regulatory body"), in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was—

a) the person's suspension from a register held by the regulatory body, where that suspension has not been terminated;

b) the person's erasure from such a register, where the person has not been restored to the register;

c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded; or

d) a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted.

2.1.9 A person who is subject to:

a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002; or

b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

2.1.10 A person who has, at any time, been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.

2.1.11 A person who has, at any time, been removed or is suspended from the management or control of anybody under—

a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities); or

b) section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).

2.2 Chair

2.2.1 The ICB Chair is to be appointed by NHS England with the approval of the Secretary of State.

2.2.2 In addition to criteria specified at **Error! Reference source not found.**, this member must fulfil the following additional eligibility criteria:

a) the Chair will be independent.

2.2.3 Individuals will not be eligible if:

a) they hold a role in another health and care organisation within the ICB area;

b) any of the disqualification criteria set out in **Error! Reference source not found.**; apply.

2.2.4 The term of office for the Chair on establishment of the ICB will be two years initially and then three years for subsequent appointments and the total number of terms a Chair may serve is three terms.

2.3 Chief Executive Officer

2.3.1 The Chief Executive Officer will be appointed by the Chair of the ICB in accordance with any guidance issued by NHS England.

2.3.2 The appointment will be subject to approval of NHS England in accordance with any procedure published by NHS England.

2.3.3 The Chief Executive Officer must fulfil the following additional eligibility criteria:

a) be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act;

2.3.4 Individuals will not be eligible if:

a) any of the disqualification criteria set out in **Error! Reference source not found.** apply;

b) subject to clause 2.3.3a), they hold any other employment or executive role;

2.4 Partner Member(s) — NHS Trusts and Foundation Trusts

2.4.1 These Partner Members are jointly nominated by the NHS trusts and/or FTs which provide services for the purposes of the health service within the ICB's area and meet the forward plan condition or (if the forward plan condition is not met) the level of services provided condition which are:

a) Shrewsbury and Telford Hospital NHS Trust

b) Shropshire Community Health NHS Trust

c) The Midlands Partnership University NHS Foundation Trust

Commented [SA(STAWIM4]: New title

d) The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

e) The West Midlands Ambulance Service University NHS Foundation Trust

NHS
Shropshire, Telford and Wrekin

GOVERNANCE HANDBOOK - EXECERPTS

NHS Shropshire, Telford and Wrekin - Governance Handbook

Version	Approved by Board	Shared with NHSE/I
1	1st July 2022	7th July 2022
2	30th November 2022	10th January 2023
3	25th January 2023	n/a
4	TBC	n/a

(9)

NHS Shropshire, Telford and Wrekin

Finance Committee

Terms of Reference

1. Constitution

1.1 The Finance Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

1.2 These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

1.3 The Committee is an executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

2. Authority

2.1 The Finance Committee is authorised by the Board to:

- Investigate any activity within its terms of reference
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) as outlined in these terms of reference
- Commission any reports it deems necessary to help fulfil its obligations,
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's

constitution, Standing Orders and Scheme of Reservation and Delegation (SoRD) but may not delegate any decisions to such groups.

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

3. Purpose

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

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

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

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

4. Membership and attendance

4.1 Membership

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

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

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

Members for internal ICB responsibilities:

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

Members for external ICS system responsibilities:

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

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

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

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

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

4.2 Chair and vice chair

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

4.2.2 In the event of the chair being unable to attend, ICB ~~Lay Advisor~~ Associate Non Executive Member who is Vice Chair will chair the meeting.

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

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

4.3 Attendees

4.3.1 Only members of the Committee have the right to attend Committee meetings, however all meetings of the Committee may also be attended by

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

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

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

4.4 Attendance

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

5. Meetings, quoracy and decisions

5.1 Meetings

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

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

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

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

5.2 Quorum

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

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

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

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

5.3 Decision-making and voting

5.3.1 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

5.3.2 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

5.3.3 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

5.3.4 Where any such action has been taken between meetings, then these will be reported to the next meeting.

6. Responsibilities of the Committee

6.1 The Committee's duties can be categorised as follows.

6.2 System financial management framework

- to set the strategic financial framework of NHS STW and monitor performance against it to develop NHS STW financial information systems and processes to be used to make recommendations to the Board on financial planning in line with the strategy and national guidance to ensure health and social inequalities are taken into account in financial decision-making

6.3 Resource allocations (revenue)

- to develop an approach to distribute the resource allocation through commissioning and direct allocation to drive agreed change based on NHS STW strategy to advise on and oversee the process regarding the deployment of system-wide transformation funding
- to work with ICS partners to identify and allocate resources where appropriate to address finance and performance related issues that may arise
- to work with ICS partners to consider major investment/disinvestment outlined in business cases for material service change or efficiency schemes and to agree a process for sign off
- to develop standing financial instructions for approval by the Board.

6.4 National framework

- to advise NHS STW on any changes to NHS and non-NHS funding regimes and consider how the funding available to NHS STW can be best used within the system to achieve the best outcomes for the local population
- to oversee national ICB level financial submissions
- to ensure the required preparatory work is scheduled to meet national planning timelines

6.5 Financial monitoring information

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

6.6 Performance

- to oversee the management of the system financial target and NHS STW's own financial targets
- to agree key outcomes to assess delivery of NHS STW financial strategy to monitor and report to the Board overall financial performance against national and local metrics, highlighting areas of concern
- to monitor and report to the Board key service performance which should be taken into account when assessing the financial position

- monitor arrangements for risk sharing or risk pooling with other organisations i.e. Section 75 arrangements NHS Act 2006.
- Recommend approval of healthcare contracts outside approved budgets to the Board.

6.7 Communication

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

6.8 People

- to develop a system finance staff development strategy to ensure excellence by attracting and retaining the best finance talent
- to ensure that suitable policies and procedures are in place to comply with relevant regulatory, legal and code of conduct requirements

6.9 Capital

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

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

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

  a) Financial policies and procedures

7. Behaviours and conduct

7.1 ICB values

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

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

7.2 Conflicts of interest

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

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

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

7.3 Equality and diversity

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

8. Accountability and reporting

8.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

8.2 The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders.

8.3 The Chair will provide assurance reports to the Board after each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

8.4 The Committee will provide an annual report to the Board to describe how it has fulfilled its terms of reference, details on progress and a summary of key achievements in delivering its responsibilities.

8.5 The following sub Committees and groups will report into this Committee:

- Intelligent Fixed Payment Management Group
- Capital Prioritisation and Oversight Group
- STW Finance Training & Development Council

9. Secretariat and administration

9.1 The Committee shall be supported with a secretariat function which will include ensuring that:

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

10.Review

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

Date of approval: 30 November 2022

Date of review: 30 June 2023