

## NHS Shropshire and NHS Telford & Wrekin CCGs Governing Body Part 1 Meetings in Common

to be held on Wednesday 13 January 2021  
at 9.00am

via Teleconference using Microsoft Teams

### AGENDA

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

Item Number	Agenda Item	Presenter	Purpose	Paper	Time
GB-21-01.001	Apologies	Julian Povey	I	verbal	9.00
GB-21-01.002	Members' Declaration of Interests	Julian Povey	I	enclosure	9.00
GB-21-01.003	Introductory Comments from the Chair	Julian Povey	I	verbal	9.00
GB-21-01.004	Accountable Officer's Report	David Evans	I	verbal	9.05
GB-21-01.005	Minutes of Previous Meeting held on: <ul style="list-style-type: none"> <li>• Shropshire CCG Governing Body – 11 November 2020</li> </ul>	Julian Povey	A	enclosure	9.15
GB-21-01.005	Minutes of Previous Meeting held on: <ul style="list-style-type: none"> <li>• Telford and Wrekin CCG Governing Body – 11 November 2020</li> </ul>	Julian Povey	A	enclosure	9.15
GB-21-01.006	Matters Arising of Previous Meeting held on: <ul style="list-style-type: none"> <li>• Shropshire CCG Governing Body – 11 November 2020</li> </ul>	Julian Povey	A	enclosure	9.20
GB-21-01.006	Matters Arising of Previous Meeting held on: <ul style="list-style-type: none"> <li>• Telford and Wrekin CCG Governing Body – 11 November 2020</li> </ul>	Julian Povey	A	enclosure	9.20
GB-21-01.007	Minutes of Previous Meeting held on: <ul style="list-style-type: none"> <li>• Shropshire CCG Governing Body – 9 December 2020</li> </ul>	Julian Povey	A	enclosure	9.30
GB-21-01.007	Minutes of Previous Meeting held on: <ul style="list-style-type: none"> <li>• Telford and Wrekin CCG Governing Body – 9 December 2020</li> </ul>	Julian Povey	A	enclosure	9.30
GB-21-01.008	Matters Arising of Previous Meeting held on: <ul style="list-style-type: none"> <li>• Shropshire CCG Governing Body – 9 December 2020</li> </ul>	Julian Povey	A	enclosure	9.35
GB-21-01.008	Matters Arising of Previous Meeting held on: <ul style="list-style-type: none"> <li>• Telford and Wrekin CCG Governing Body – 9 December 2020</li> </ul>	Julian Povey	A	enclosure	9.35

GB-21-01.009	Questions from Members of the Public  Guidelines on submitting questions can be found at: <a href="https://www.shropshireccg.nhs.uk/get-involved/meetings-and-events/governing-body-meetings/">https://www.shropshireccg.nhs.uk/get-involved/meetings-and-events/governing-body-meetings/</a> and <a href="https://www.telfordccg.nhs.uk/who-we-are/our-governance-board">https://www.telfordccg.nhs.uk/who-we-are/our-governance-board</a>	Julian Povey	I	enclosure	9.40
<b>ASSURANCE</b>					
	<b><u>Quality &amp; Performance</u></b>				
GB-21-01.010	NHS Shropshire CCG and NHS Telford and Wrekin CCG Performance and Quality Report	Zena Young/ Julie Davies	S	enclosure	9.45
GB-21-01.011	Maternity Update	Zena Young	I	enclosure	10.10
	<b><u>Finance</u></b>				
GB-21-01.012	NHS Shropshire CCG and NHS Telford and Wrekin CCG Finance and Contracting Report, including Quality, Innovation, Productivity & Prevention (QIPP) schemes	Claire Skidmore	S	enclosure	10.30
GB-21-01.013	COVID-19 Update	Sam Tilley	S	verbal	10.50
GB-21-01-014	Update on Phase 3 Restoration and Recovery with October position	Julie Davies/ Steve Trenchard	S	enclosure	11.00
<b>BREAK</b>					11.20
GB-21-01-015	Update on Shropshire, Telford & Wrekin System Restoration from COVID-19	Steve Trenchard	S	verbal	11.35
GB-21-01.016	Digital Update	Stephen James	I	presentation	11.45
GB-21-01.017	Update on System Improvement Plan	David Evans/ Steve Trenchard	I	enclosure	12.10
GB-21-01.018	SEND Inspection Report and Written Statement of Action (WSOA)	Claire Parker	I	enclosure	12.20
GB-21-01.019	Integrated Urgent Care Implementation Review Final report	Claire Parker	I	enclosure	12.30
<b>GOVERNANCE</b>					
GB-21-01.020	Appointments to the NHS Shropshire CCG and NHS Telford and Wrekin CCG Governing Bodies	Alison Smith	A	enclosure	12.40

**OTHER / COMMITTEE REPORTS FOR INFORMATION ONLY****(Issues or key points to be raised by exception with the Chairs of the Committees outside of the Governing Body meetings)**

	Shropshire CCG & Telford and Wrekin CCG Joint Reports:				12.50
GB-21-01.021	Audit Committees in Common – 18 November 2020			enclosure	
GB-21-01.022	Joint Strategic Commissioning Committee – 18 November			enclosure	
GB-21-01.023	Finance Committees in Common – 25 November 2020			enclosure	
GB-21-01.024	Quality & Performance Committees in Common – 25 November, 23 December 2020			enclosures	
GB-21-01.025	Primary Care Commissioning Committees in Common – 2 December 2020			enclosure	
	Shropshire CCG Reports Only:				
GB-21-01.026	South Shropshire Locality Forum – 5 November 2020			enclosure	
GB-21-01.027	Shrewsbury and Atcham Locality Forum – 19 November 2020			enclosure	
GB-21-01.028	North Shropshire Locality Forum – 26 November 2020			enclosure	
	Telford and Wrekin CCG Reports Only:				
GB-21-01.029	TWCCG CCG Practice Forum – 17 November 2020			enclosure	
GB-21-01.030	Any Other Business	Julian Povey		verbal	12.50
	Date and Time of Next Meeting - Wednesday 10 March 2021, time and venue to be confirmed				

**RESOLVE:**

*To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section 1(2) Public Bodies (Admission to Meetings) Act 1960).*



**Dr Julian Povey**  
CCG Chair



**Mr Dave Evans**  
Accountable Officer

**Joint Members of NHS Shropshire CCG Governing Body and NHS Telford and Wrekin CCG Governance Board**

**Register of Interests - 6 January 2021**

Surname	Forename	Position/Job Title	Committee Attendance	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect?		From (ie review date form completed)	To	
			JCCC = Joint Strategic Commissioning Committee FCiC = Finance Committees in Common QCiC = Quality Committees in Common PCCCiC = Primary Care Commissioning Committees in Common ACiC = Audit Committees in Common RCiC = Remuneration Committees in Common								
Ahmed	Astakhar	Joint Associate Lay Member for Patient and Public Involvement (PPI) - Equality, Diversity and Inclusion <b>Attendee</b>	JSCC, FCiC		X			Shared post across Shropshire and Telford and Wrekin CCGs	1.8.20	ongoing	Level 1 - Note on Register
Allen	Martin	Joint Independent Secondary Care Doctor Governing Body Member	QCiC, FCiC		X		Direct	Shared post across Shropshire and Telford and Wrekin CCGs	1.8.20	ongoing	Level 1 - Note on Register
				X			Direct	Employed as a Consultant Physician by University Hospital of North Staffordshire NHS Trust,	1.8.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
					X		Direct	Member of CRG (Respiratory Specialist Commissioning)	1.8.20	ongoing	Level 1 - Note on Register
					X		Direct	Chair of the Expert Working Group on coding (respiratory) for the National Casemix Office	1.8.20	ongoing	Level 1 - Note on Register
					X		Direct	Member of the Royal College of Physicians Expert Advisory Group on Commissioning	1.8.20	ongoing	Level 1 - Note on Register
						X	Indirect	Wife is a part-time Health Visitor in Shrewsbury and employed by the Shropshire Community Health Trust	1.8.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
					X		Direct	Board Executive member of the British Thoracic Society	1.8.20	ongoing	Level 1 - Note on Register
		X	Direct	Member of the National Public Health England (PHE) TB Programme Board	1.8.20	ongoing	Level 1 - Note on Register				

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					X		Direct	NHSD. Member of CAB (Casemix Advisory Board)	1.8.20	ongoing	Level 1 - Note on Register
					X		Direct	National Clinical Respiratory Lead for GIRFT NHS Innovation (NHSI)	1.8.20	ongoing	Level 1 - Note on Register
					X		Direct	Chair of Respiratory Expert Advisory Group Respiratory Network for the West Midlands	1.8.20	ongoing	Level 1 - Note on Register
					X		Direct	Member of the Long Term Plan Delivery Board (respiratory) with responsibility for the pneumonia workstream	1.8.20	ongoing	Level 1 - Note on Register
					X		Direct	National Specialty Advisor (NHSEI) for physiological measurement	1.8.20	ongoing	Level 1 - Note on Register
Braden	Geoff	Lay Member for Governance & Audit, Telford & Wrekin CCG - <b>Attendee</b>	FCiC, RCiC, ACiC,	X			Direct	Director in Royal Mail Group, which is not a contractor of Shropshire and Telford CCGs	17.4.19	ongoing	Level 1 - Note on Register
Bryceland	Rachael	Joint GP/Healthcare Professional Governing Body Member	QCiC		X		Direct	Shared post across Shropshire and Telford and Wrekin CCGs	10.11.20	ongoing	Level 1 - Note on Register
				X			Direct	Employee of Stirchley and Sutton Hill Medical Practice	10.11.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions

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				X			Direct	Self employed agency work as an Advanced Nurse Practitioner (ANP) for Medical Staffing in the West Midlands region	10.11.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	Self employed agency work as an Advanced Nurse Practitioner (ANP) for Dream Medical in the West Midlands region	10.11.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
						X	Indirect	Husband is a provider of executive coaching and consultancy	10.11.20	ongoing	Level 1 - Note on Register
						X	Indirect	Husband is CEO of Tipping Point Training, provider of Mental Health First Aid training	10.11.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
Cawley	Lynn	Representative of Healthwatch Shropshire - <b>Attendee</b>	PCCCiC					None declared	13.3.19	ongoing	Level 1 - Note on Register
Davies	Julie	Joint Director of Performance - <b>Attendee</b>	PCCCiC		X		Direct	Shared post across Shropshire and Telford and Wrekin CCGs	1.1.20	ongoing	Level 1 - Note on Register
Evans	David	Joint Accountable Officer	PCCCiC, Shropshire North, S&A, South Loc Forums, TW Membership Forum, JSCC		X		Direct	Shared post - Joint Accountable Officer of Shropshire and Telford and Wrekin CCGs	21.10.19	ongoing	Level 1 - Note on Register
					X		Direct	Member of the Telford and Wrekin Health and Wellbeing Board	21.10.19	ongoing	Level 1 - Note on Register

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				X			Direct	CCG Representative on the Oversight Group of the West Midland Clinical Networks and Clinical Senate	21.10.19		Level 1 - Note on Register
				X			Direct	Owner of PSPC, a private Health Care Consultancy which does contract with the NHS, but is not a contractor of the CCG	21.10.19	ongoing	Level 1 - Note on Register
					X		Direct	Non-Executive National Skills Academy for Health	21.10.19	ongoing	Level 1 - Note on Register

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						X	Indirect	Wife is a partner in Realising Solutions LLP, a Consultancy that contracts with the NHS, but is not a contractor of the CCG	21.10.19	ongoing	Level 1 - Note on Register
						X	Indirect	Wife is an employee of Tribal Education Ltd, which contracts with the NHS, but is not a contractor of the CCG	21.10.19	ongoing	Level 1 - Note on Register
James	Stephen	Joint GP/Chief Clinical Information Officer (CCIO)	PCCCiC, CCC		X			Shared post across Shropshire and Telford and Wrekin CCGs	1.8.20	ongoing	Level 1 - Note on Register
MacArthur	Donna	Joint Lay Member for Primary Care	PCCCiC		X		Direct	Shared post across Shropshire and Telford and Wrekin CCGs	4.10.20	ongoing	Level 1 - Note on Register
						X	Indirect	Son's partner is the daughter of a Director working at Wolverhampton CCG	4.10.20	ongoing	Level 1 - Note on Register

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McCabe	Julie	Joint Independent Registered Nurse Clinical Governing Body Member	JSCC, QCiC		X			Shared post across Shropshire and Telford and Wrekin CCGs	1.8.20	ongoing	Level 1 - Note on Register
Matthee	Michael	Joint GP/Healthcare Professional Governing Body Member	North Localty Board, FCiC		X		Direct	Shared post across Shropshire and Telford and Wrekin CCGs	12.8.20	ongoing	Level 1 - Note on Register
				X			Direct	GP Partner at Market Drayton Medical Practice	12.8.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	GP Member of North Shropshire PCN	12.8.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
						X	Indirect	Wife is Practice Manager at Market Drayton Medical Practice	12.8.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
Noakes	Liz	Director of Public Health for Telford and Wrekin - <b>Attendee</b>		X			Direct	Assistant Director, Telford and Wrekin Council	9.4.19	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
						X	Direct	Honorary Senior Lecturer, Chester University	9.4.19	ongoing	Level 1 - Note on Register
Parker	Claire	Joint Director of Partnerships - <b>Attendee</b>	PCCCiC, Shropshire North, S&A, South Loc Forums, TW Membership Forum		X		Direct	Shared post across Shropshire and Telford and Wrekin CCGs	1.09.20	ongoing	Level 1 - Note on Register
						X	Indirect	Daughter is on a 3 month contract with Woodrow Mercer working in the Individual Commissioning Team	1.09.20	ongoing	Level 1 - Note on Register
Pepper	John	Joint GP/Healthcare Professional Governing Body Member	JSCC		X		Direct	Shared post across Shropshire and Telford and Wrekin CCGs	27.8.20	ongoing	Level 1 - Note on Register

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				X			Direct	Partner at Belvidere Medical Practice (part of Darwin Group)	27.8.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	Belvidere Medical Practice is a member of Darwin Group of practices and Shrewsbury Primary Care Network	27.8.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	NHS England GP Appraiser	27.8.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions

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Povey	Julian	Joint Chair	PCCCiC, Shropshire North, S&A, South Loc Forums, TW Membership Forum	X	X		Direct	Shared post - Joint Chair of Shropshire and Telford and Wrekin CCGs	1.8.20	ongoing	Level 1 - Note on Register
				X			Direct	GP Member at Pontesbury Medical Practice	22.6.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	Practice Member of Shrewsbury & Atcham Primary Care Network	22.6.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
						X	Indirect	Wife Member of University College Shrewsbury - Advisory Board	22.6.20	ongoing	Level 1 - Note on Register
				X			Indirect	Wife Medical Director at Shropshire Community Health NHS Trust	22.6.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
Pringle	Adam	Joint Vice Clinical Chair and GP/ Healthcare Professional Governing Body Member	PCCCiC, Shropshire North, S&A, South Loc Forums, TW Membership Forum		X		Direct	Shared post across Shropshire and Telford and Wrekin CCGs	2.9.20	ongoing	Level 1 - Note on Register

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				X			Direct	GP Partner, Teldoc General Practice	2.9.20		Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	Teldoc is a Member of Teldoc Primary Care Network	2.9.20		Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	Work on a sessional basis for Shropshire Doctors Co-Operative Ltd (Shropdoc) an out of hours primary care services provider, which is a contractor of the CCG.	2.9.20		Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	Property owner of Lawley Medical Practice site	2.9.20		Level 2 - Restrict involvement in any relevant commissioning decisions
Robinson	Rachel	Director of Public Health for Shropshire - <b>Attendee</b>		X			Direct	Director of Public Health for Shropshire	22.7.19	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
Shepherd	Deborah	Joint Interim Medical Director - <b>Attendee</b>	PCCCiC		X			Shared post across Shropshire and Telford and Wrekin CCGs	5.8.20	ongoing	Level 1 - Note on Register
Shirley	Paul	Representative of Healthwatch Telford and Wrekin - <b>Attendee</b>	PCCCiC, JSCC					(To be confirmed)			
Skidmore	Claire	Joint Executive Director of Finance	FCiC, ACiC, PCCCiC		X		Direct	Shared post across Shropshire and Telford and Wrekin CCGs	1.1.20	ongoing	Level 1 - Note on Register
Smith	Alison	Joint Director of Corporate Affairs - <b>Attendee</b>	ACiC		X		Direct	Shared post across Shropshire and Telford and Wrekin CCGs	1.1.20	ongoing	Level 1 - Note on Register

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						X	Indirect	Related to a member of staff in my portfolio structure who is married to my cousin. The individual is not directly line managed by me.	2.1.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
Smith	Fiona	Joint GP/Healthcare Professional Governing Body Member	JSCC		X		Direct	Shared post across Shropshire and Telford and Wrekin CCGs	1.8.20	ongoing	Level 1 - Note on Register
				X			Direct	Advanced Nurse Practitioner at Shawbirch Medical Practice	1.8.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	Shawbirch Medical Practice is a Member of Newport/Central PCN	1.8.20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
Tilley	Samantha	Joint Director of Planning - <b>Attendee</b>			X		Direct	Shared post across Shropshire and Telford and Wrekin CCGs	1.1.20	ongoing	Level 1 - Note on Register
						X	Indirect	Brother in Law holds a position in Urgent Care Directorate at SATH	23.8.19	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
Timmis	Keith	Lay Member for Governance for Shropshire CCG	FCiC, ACiC, QCiC, RCiC			X	Indirect	Wife is an Archivist for Shropshire Council	25.4.19	ongoing	Level 1 - Note on Register
Trenchard	Steve	Joint Interim Executive Director of Transformation	JSCC, PCCC		X		Direct	Shared post across Shropshire and Telford and Wrekin CCGs	16.3.20	ongoing	Level 1 - Note on Register
Vivian	Meredith	Joint Deputy Chair and Joint Lay Member for Patient & Public Involvement (PPI)	QCiC, RCiC, AC, PCCC		X		Direct	Shared post across Shropshire and Telford & Wrekin CCGs	9.1.20	ongoing	Level 1 - Note on Register

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					X		Indirect	Trustee of the Strettons Mayfair Trust (voluntary sector organisation that provides a range of health and care services to the population of Church Stretton and surrounding villages)	9.1.20	ongoing	Level 1 - Note on Register
Young	Zena	Joint Executive Director of Quality	JSCC, F&P, PCCCiC		X		Direct	Shared post across Shropshire and Telford and Wrekin CCGs	14.4.20	ongoing	Level 1 - Note on Register
<b>MEMBERS WHOSE BOARD ROLE HAS CEASED OR WHO HAVE LEFT THE CCGs WITHIN THE LAST 6 MONTHS</b>											
Fortes-Mayer	Gail	Director of Contracting & Planning	CCC, F&P					None declared	18.1.19		Left the CCG on 30.10.20

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Turner	Gary	Joint Lay Member - Primary Care	PCCC, RCiC, ACiC, JSCC			X	Indirect	Wife is employed by the CCG as PA to Chair, AO, Medical Director and Interim Executive Director of Transformation	1.8.20		Left the CCG on 18.9.20
						X	Direct	Chair of The Priory School Trust (Education)	1.8.20		
Wilde	Nicky	Director of Primary Care	PCCC, CCC			X	Indirect	Husband's family members are nursing staff (general and midwife) at Shrewsbury & Telford Hospital NHS Trust (SATH)	25.4.19		Left the CCG on 3.11.20

## MINUTES

### **NHS Shropshire CCG and NHS Telford and Wrekin CCG Governing Body Meetings in Common**

**Wednesday 11 November 2020 at 9.45am**

**Using Microsoft Teams**

#### **Present from NHS Shropshire CCG:**

<b>Dr Julian Povey</b>	Joint CCG Chair for Shropshire and Telford and Wrekin CCGs
<b>Mr David Evans</b>	Joint Accountable Officer for Shropshire and Telford and Wrekin CCGs
<b>Mrs Claire Skidmore</b>	Joint Executive Director of Finance for Shropshire and Telford and Wrekin CCGs
<b>Dr Adam Pringle</b>	Joint Vice Clinical Chair, GP/Healthcare Professional Governing Body Member
<b>Dr John Pepper</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Dr Michael Matthee</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Mrs Rachael Bryceland</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Ms Fiona Smith</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Dr Martin Allen</b>	Joint Secondary Care Doctor Governing Body Member
<b>Mrs Julie McCabe</b>	Joint Registered Nurse Governing Body Member
<b>Mr Steve Trenchard</b>	Joint Interim Executive Director of Transformation for Shropshire and Telford and Wrekin CCGs
<b>Mrs Zena Young</b>	Joint Executive Director of Quality for Shropshire and Telford and Wrekin CCGs
<b>Mr Meredith Vivian</b>	Joint Lay Member for Patient and Public Involvement
<b>Mrs Donna MacArthur</b>	Joint Lay Member for Primary Care
<b>Mr Keith Timmis</b>	Lay Member for Governance for Shropshire CCG

#### **Present from NHS Telford and Wrekin CCG:**

<b>Dr Julian Povey</b>	Joint CCG Chair for Shropshire and Telford and Wrekin CCGs
<b>Mr David Evans</b>	Joint Accountable Officer for Shropshire and Telford and Wrekin CCGs
<b>Mrs Claire Skidmore</b>	Joint Executive Director of Finance for Shropshire and Telford and Wrekin CCGs
<b>Dr Adam Pringle</b>	Joint Vice Clinical Chair, GP/Healthcare Professional Governing Body Member
<b>Dr John Pepper</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Dr Michael Matthee</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Mrs Rachael Bryceland</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Ms Fiona Smith</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Dr Martin Allen</b>	Joint Secondary Care Doctor Governing Body Member
<b>Mrs Julie McCabe</b>	Joint Registered Nurse Governing Body Member
<b>Mr Steve Trenchard</b>	Joint Interim Executive Director of Transformation for Shropshire and Telford and Wrekin CCGs
<b>Mrs Zena Young</b>	Joint Executive Director of Quality for Shropshire and Telford and Wrekin CCGs
<b>Mr Meredith Vivian</b>	Joint Lay Member for Patient and Public Involvement
<b>Mrs Donna MacArthur</b>	Joint Lay Member for Primary Care
<b>Mr Geoff Braden</b>	Lay Member for Governance for Telford and Wrekin CCG

#### **Attendees for both meetings:**

<b>Dr Julie Davies</b>	Joint Director of Performance for Shropshire and Telford and Wrekin CCGs
<b>Miss Alison Smith</b>	Joint Director of Corporate Affairs for Shropshire and Telford and Wrekin CCGs
<b>Mrs Sam Tilley</b>	Joint Director of Planning for Shropshire and Telford and Wrekin CCGs
<b>Ms Claire Parker</b>	Joint Director of Partnerships for Shropshire and Telford and Wrekin CCGs
<b>Dr Deborah Shepherd</b>	Joint Interim Medical Director for Shropshire and Telford and Wrekin CCGs
<b>Dr Stephen James</b>	Joint Chief Clinical Information Officer for Shropshire and Telford and Wrekin CCGs
<b>Mrs Rachel Robinson</b>	Director of Public Health for Shropshire
<b>Mrs Liz Noakes</b>	Director of Public Health for Telford and Wrekin
<b>Ms Lynn Cawley</b>	Chief Officer, Healthwatch Shropshire
<b>Mr Paul Shirley</b>	Chief Officer, Healthwatch Telford and Wrekin
<b>Miss Rachael Jones</b>	Communications and Engagement Specialist
<b>Mrs Sandra Stackhouse</b>	Corporate Services Officer – Minute Taker

- 1.1 Dr Povey welcomed members to the NHS Shropshire CCG and NHS Telford and Wrekin CCG Governing Bodies meetings in common. A 2 minutes silence would be observed at 11am to mark Remembrance Day.

#### **Minute No. GB-20-11.116 - Apologies**

- 2.1 Apologies were noted from:

Mr Ash Ahmed Joint Associate Lay Member for Patient and Public Involvement - Equality, Diversity and Inclusion

#### **Minute No. GB-20-11.117 - Declarations of Interests**

- 3.1 Members had previously declared their interests, which were listed on the CCGs' Governing Bodies Register of Interests and was available to view on the CCGs' website at:

<https://www.shropshireccg.nhs.uk/about-us/conflicts-of-interest/>

<https://www.telfordccg.nhs.uk/who-we-are/publications/declaration-of-interest>

Members were asked to confirm any additional conflicts of interest that they had relating to the agenda items.

- 3.2 Dr Matthee raised that on the Declarations of Interests register his membership of the North Locality Forum was shown as a financial conflict of interest. Dr Povey confirmed that membership of the locality forums was not a conflict of interest and should be amended.

- 3.3 There were no further conflicts of interest declared.

**ACTION: Miss Smith to review the Board's Declarations of Interests Register and notes of Members' financial interests and memberships of the Locality Forums.**

#### **Minute No. GB-20-11.118 - Introductory Comments from the Chair**

- 4.1 Dr Povey explained that although the last meetings had been held in person in light of the increased national restrictions it had been considered that it was more appropriate to hold these meetings virtually on this occasion. Dr Povey explained that it had been the intention to live-stream the meetings but owing to some technical difficulties it was not possible to arrange this for this time and apologised to the public for any disappointment this may cause. A recording of the meetings in common would be published on the CCGs' websites.

- 4.2 The current national restrictions in response to wave 2 of the COVID-19 pandemic have had big implications for the whole of society. The increase in coronavirus cases was having an impact on services that the CCGs commission. An update on the local COVID-19 position would be given later on the agenda.

- 4.3 There was very positive news that the first of many vaccinations against coronavirus had been announced as having been successful in reducing positive cases. Further information was awaited of when that vaccination programme would commence. Work was taking place with system partners on setting up the vaccination programme to enable patients and those who were included in the targeted groups to be able to access the vaccinations as soon as possible.

#### **Minute No. GB-20-11.119 – Accountable Officer's Report**

- 5.1 Mr Evans gave a verbal update on the following areas:

COVID-19 vaccinations – There was a significant role for primary care in delivering the COVID-19 vaccination programme in part because primary care had a significant history in delivering mass vaccinations through annual flu vaccinations. There were, however, some logistical challenges to overcome around the storage of the vaccine, particularly the Pfizer vaccine because of it having to be stored at minus 70 degrees. There was a framework in which cohorts of the population would get vaccinated first and the Governing Bodies would receive updates on this. It was anticipated that the vaccination programme would commence before Christmas but the majority of the programme would take place in the New Year.

Non-elective activity - There was an increase in non-elective activity not just locally but regionally and nationally. Data suggested that this was not just as a result of the response to COVID-19 but other non-

related COVID-19 activity. Asymptomatic patients presenting at the Emergency Departments (EDs) or at the surgeries and being tested negative and then 4-5 days later proving positive with no symptoms was proving challenging in terms of inpatients in the acute trust.

System Improvement Plan – The system improvement plan, which was a two-year programme to support SaTH in addressing some of the quality challenges, had been developed and had been submitted to NHSE/I for comment. The first six months of the plan was aligned to the winter plan and focused on schemes to help patients avoid having to present at the EDs and to be treated more locally.

Shropshire Community Health Trust (SCHT) Chief Executive – Interviews for this post took place the week before. It was understood that there was a preferred candidate whose recruitment was going through the normal NHSE/I approval process.

Joint Strategic Commissioning Committee – In the absence of the Chair of the JSCC, Mr Evans extended his apologies firstly for the confusion around the right papers not being circulated at the right time. This was due to an administrative challenge which would be addressed for the next JSCC meeting.

Mr Evans had not attended the last JSCC meeting but referred to the draft minutes of that, which had noted the main agenda items that were covered at the meeting. The JSCC had received a significant update on the restoration of services; updates on where each of the Programme Boards were in terms of the work around both Restoration and Recovery but also in terms of the implementation of the Long Term Plan. Mr Evans understood that there had been some challenges around the Working Group Terms of Reference and what Members had considered had been agreed previously, which had been taken up outside of the meeting and would be brought back to the next meeting.

An emergency decision had been taken to secure sign off for the CCGs' Financial Plan submission – Reference was made to the Governing Body informal meeting held on 14 October when the current submission for the financial plan had been reviewed. Mr Evans reported that because of timescales the CCGs had been required to take action following that meeting to formally sign off the final CCGs' financial plan submission before it was submitted to NHSE/I. Dr Povey, Mr Evans, Mrs Skidmore and the two Audit Chairs: Mr Timmis and Mr Braden had therefore reviewed that submission before signing off that final plan.

- 5.2 Dr Matthee referred to the Directed Enhanced Service (DES) for the vaccination programme and voiced concern that there was insufficient information included that covered the logistical issues, for instance the appropriate storage of the vaccines. It was therefore difficult to see how general practice alone would be able to achieve the full delivery of the vaccination programme.
- 5.3 Dr Povey commented that general practice was ideally placed to deliver the vaccination programme but capacity may be an issue having noted in the AGM earlier that general practice was currently having more contact with patients now per month than it had prior to the onset of the pandemic.
- 5.4 Mr Evans confirmed that the system would continue to work on the co-ordination and the logistics of vaccine delivery to primary care. It was considered the delivery of the vaccination programme was now going to be more focused on primary care than perhaps was initially intended but there would be system support. The logistics around the storage and delivery of the vaccine was being discussed at Gold Command and as soon as more information was received the CCGs would follow this up with the Primary Care Networks (PCNs).
- 5.5 Mrs Robinson agreed that the information on the vaccination programme was changing rapidly on a daily basis even since the DES had been released. It was understood that the logistics were being worked through. The delivery of the programme was a huge undertaking and working through the logistics and the timescales meant that it was very different in scale to other programmes. Mrs Noakes added that Mrs Robinson and herself had attended a meeting with the Senior Responsible Officer earlier in the week who would keep them informed of developments going forward.
- 5.6 Dr Pringle accepted that the vaccination programme was work in progress but felt that it was unrealistic to expect primary care to undertake delivery of the programme 8am-8pm for 7 days per week with no additional funding. Dr Pringle pointed out there would be pensions implications and potential claw back of funds in future years and asked if it could be fed back to Gold Command that it would be unreasonable to expect primary care to carry out this work for a possible negative cost.

**ACTION: Mr Evans to feed back the comment made that it would be unreasonable to expect primary care to deliver a large vaccination programme 8am-8pm 7 days per week for a possible negative cost.**

## **Minute No. GB-20-11.120 – Minutes of the Previous Meetings – 9 September 2020**

- 6.1 The minutes of the previous NHS Shropshire CCG and NHS Telford and Wrekin Governing Body meetings in common held on 9 September 2020 were presented and approved as a true and accurate record of the meeting subject to the following two amendments:

Page 7, paragraph 4, line 2, delete: 'MRI scans to three months'; insert: 'two mobile MRI scanners for three months'. Page 9, paragraph 9.13, line 1, amend 'Mr' to 'Dr'.

***RESOLVE: Governing Body Members of NHS Shropshire CCG formally RECEIVED and APPROVED the minutes presented as an accurate record of the meeting of NHS Shropshire CCG held on 9 September 2020.***

***RESOLVE: Governing Body Members of NHS Telford and Wrekin CCG formally RECEIVED and APPROVED the minutes presented as an accurate record of the meeting of NHS Telford and Wrekin CCG held on 9 September 2020.***

***ACTION: Mrs Stackhouse to action the agreed amendments to the minutes as noted in paragraph 6.1 above.***

## **Minute No. GB-20-11.120 – Matters Arising from the Minutes of the Previous Meetings**

- 7.1 Dr Povey referred to the matters arising from the last meetings, noting that some actions were marked as complete. Other actions that had been referred to the JSCC would be retained until confirmation had been received from the JSCC Chair that the actions had been fully completed. The following additional verbal updates were given:

**GB-20-09.098 – Matters Arising** [*b/f from GB-2020-01-010 – Shropshire CCG Strategic Priorities*]. Mr Trenchard confirmed that the action to bring back a progress report on the MSK Alliance Agreement was still to be completed.

[*b/f from GB-2020-07.078 – Performance and Quality Report including integrated, secondary and primary care*]. Dr Davies reported that the data on the ambulance crew and on-scene timings was still awaited from West Midlands Ambulance Service (WMAS). This had now been escalated to the Regional Commissioner as the information had been requested to include data from April, which was expected to be received for presentation at the next meeting. The Regional Commissioner had been invited to the next Urgent and Emergency Care Board at which it was hoped that this would be discussed.

[*b/f from GB-2020-07.084 – Update on SEND Inspection Report* – Ms Parker confirmed that the information on the ASD and ADHD pathways would be included in the SEND assurance report. Ms Parker had quoted the waiting list numbers to the last Governing Bodies meetings but the assurance report would be presented to the Governing Bodies once the Written Statement of Action for SEND was approved. Ms Parker would confirm the wording with Mrs Stackhouse to reflect that there were two separate actions with the update on the waiting list numbers to be shown as complete.

Dr Matthee referred to the JSCC and points from the last Governing Bodies formal meetings where it had been raised that it would be difficult for the Governing Bodies to sign off the actions referred to the JSCC without having seen evidence of the completed actions in a Chair's report from the committee.

Dr Matthee also commented on the point that the Improving Access to Psychological Therapies (IAPT) service had been severely impacted again in Quarter 12 because of the response to the COVID-19 pandemic and suggested that this was why IAPT had closed their services and had not responded to COVID-19 at all. Dr Povey confirmed that the Governing Bodies would take Dr Matthee's comments as accepted.

Mr Trenchard reported that limited admin support as a result of staff sickness had meant that there had not been a JSCC Chair's report produced for this meeting and concurred with Dr Matthee's comment that the Governing Bodies were not in a position to sign off the actions referred to the JSCC in the absence of a formal JSCC Chair's summary report.

Dr Povey expressed his disappointment that there had not been a report from the JSCC. Although it was the Chair's report he did think that a report should be produced by the Executive Team but understood the pressures the Team were under.

Mrs Young confirmed that the Quality and Performance Committee had agreed to invite the Healthwatch Shropshire and Healthwatch Telford and Wrekin representatives to attend the Quality and Performance Committee meetings going forward.

Mrs Skidmore confirmed that she would be covering the process for providing the Governing Body with assurance around SEND later in the Governing Bodies' Confidential Part 2 meeting.

Mrs Young confirmed that the CCG was working with Mrs Cawley to promote the Healthwatch Shropshire projects.

**GB-2020-09.103 – COVID-19 Update** – Mrs Tilley reported that she had made the request specifically of the STP communications team to ensure that both Healthwatch Shropshire and Healthwatch Telford and Wrekin received all the relevant guidance on COVID-19.

Mrs Cawley confirmed that Healthwatch Shropshire had worked with Kate Manning from the Sustainability and Transformation Partnership (STP) to ensure that the correct information was received.

Mrs Tilley confirmed that she had passed on to Gold and Silver Command the request to review the effectiveness of the communications processes and outputs. This piece of work was underway and was being led by Pam Schreier.

**GB-2020-09.104 – Update on Shropshire, Telford and Wrekin System Restoration from COVID-19.** Mr Trenchard confirmed that the Healthwatch Shropshire and Healthwatch Telford and Wrekin representatives had been invited to attend the programme board meetings.

**GB-2020-09.105 – Board Assurance Frameworks (BAFs) for NHS Shropshire CCG and NHS Telford and Wrekin CCG.** Ms Parker confirmed that a review of the Risk Register of the primary care risks had not yet been completed but a meeting the new Chair of the PCCC, Mrs MacArthur, had been arranged to take place the following week.

Mr Timmis asked if there was an update available on the Out of Hours review.

Ms Parker reported that there had been some slippage of the timelines for the review. Ms Parker had met with Ros Preen, Director of Strategy and Finance, SCHAT, to go through the Out of Hours review to resolve any of the discrepancies. Ms Parker understood that most of the issues had been resolved but the review needed to be published in the public domain. Unfortunately because of COVID-19 pressures, there had not been an opportunity to do this but the plan was to present the review to the Governing Bodies' January meeting.

**ACTION: Mrs Stackhouse to update the action log reflecting the updates received.**

**Mrs Stackhouse to add the Out of Hours review on the Governing Body January meeting agenda.**

#### **Minute No. GB-20-11.122 – Public Questions**

- 8.1 Dr Povey referred to the previous meeting where there had been no questions received for the Governing Bodies from the public. The CCGs' websites had been updated setting out the new process for receipt of questions submitted to the Governing Body. The new process involved not providing responses on the day but publishing those on the CCGs' websites with the draft minutes within two weeks following the meeting.
- 8.2 Dr Povey confirmed questions had been received from the public for this meeting and the answers would be provided by the Executive Team within two weeks following the meeting.

#### **ASSURANCE**

#### **Minute No. GB-20-11.123 – NHS Shropshire CCG and NHS Telford and Wrekin CCG Quality and Performance Report**

- 9.1 Performance – Dr Davies presented the joint Quality and Performance Report, which was taken as read. Dr Davies explained that following the previous discussion, improvements had been made to the content of the report in terms of quantifying detailed actions and their expected impact on improving the CCGs' performance. This was a key focus in the remit of Dr Davies' new role as Director of Performance. Following the completion of the CCGs' management of change process, the CCGs would have the new performance team in place that would include performance assurance managers.

- 9.2 Since writing the report, the CCGs' had been successful in two bids to the Regional Team for additional funding of £150,000 for elective and outpatients transformation. The detail of the plans and improvements would be presented to the next Governing Body meetings.
- 9.3 Mr Timmis raised concern about the reduction of cancer referrals, particularly for Lung and Upper GI referrals, and asked what numbers of patients this represented.
- 9.4 Dr Davies reported that at the present time for those particular specialties there had been approximately one-third less referrals than there had been prior to the outbreak of COVID-19. This was a concern for the CCGs and the reasons for this reduced number were being explored in more detail through the local Cancer Board.
- 9.5 Mr Timmis expressed that it was also a concern that SaTH had requested the public not to present at the EDs because of the capacity pressures, but that did also appear to reinforce to the public to avoid the NHS, which was making it more difficult to encourage patients to come forward with concerns.
- 9.6 Dr Davies agreed that this may be the case and had presented on the local radio to support patients asking them to actively come forward to attend appointments and hospital where needed. Patients with potential cancer queries should present to their GP in the first instance who would refer them for treatment. It was the intention to keep the two lines of communication separate and that the CCGs actively supported the message that SaTH was open for the usual appointments, diagnoses and treatment for cancer and encouraged members of the public to come forward with concerns. The EDs were a slightly different context and could create confusion in the public domain but this was not the intention.
- 9.7 Dr Povey pointed out that one of the issues was that the Lower GI referrals were made through the screening process and the lung X-rays were made through the change to the open access X-rays. Dr Povey asked if there was data showing any increase in 'did not attend' (DNA) rates for X-rays because previously patients would have been issued with a card to attend hospital for their X-ray appointments.
- 9.8 Dr Davies confirmed that the CCGs were working with the Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) to achieve extracts for X-rays. It was confirmed that particularly around the Endoscopy service, increased DNA rates were being seen because patients had been asked to be tested prior to the endoscopy that was followed by a period of self-isolation, which was the point at which DNAs were being seen. There was suggestion of a potential issue around patients being concerned that if they were required to self-isolate that they will not receive their work pay.
- 9.9 Mrs Cawley referred to page 10 of the report and the section on falls and asked if it had been considered whether there was any connection between the lack of visitors and the number of falls that might happen on a ward; and also whether there had been any impact on nutrition and hydration, with a lack of visitors as well monitoring for their relative or loved one.
- 9.10 Mrs Cawley also raised whether there was an opportunity for all providers to remind the public if they would like to share their feedback with both Healthwatch Shropshire and Healthwatch Telford and Wrekin by phone or via the Healthwatch websites.
- 9.11 Quality – Mrs Young presented the Quality section of the Quality and Performance Report and assumed the paper as read. Mrs Young drew Members' attention to the following points:
- 9.12 It was recognised that SaTH are the most challenged provider in terms of quality and safety in the local health system and the CCGs do have a significant quality governance process in place. This included the CCGs' Clinical Quality Review Meetings (CQRMs), which were held twice monthly. In comparison, for other providers, quality meetings were held quarterly which reflected the amount of attention the CCGs were focussing on SaTH. The CCGs also received reports and information from the System Oversight Assurance Group (SOAG) and the CCGs do have access to some of SaTH's internal governance meetings on infection prevention and safeguarding committees as well as undertaking quality assurance visits.
- 9.13 Mrs Young explained that it was difficult to confirm if there was a connection between visiting and patient falls and whether there was an impact on nutrition and hydration in particular. It was thought that the increase in falls rates reported in the Trust was due to the Trust's improved processes for reporting and not necessarily as a result of an increase in falls. For instance, it was understood that previously all falls were not reported as Serious Incidents (SIs). SaTH now had the national lead for falls from NHSE/I

supporting their improvement work. This work was ongoing and the detail of the additional measures being put in would be picked up at the CQRMs.

- 9.14 It was difficult to confirm whether there were gaps in the provision of adequate nutrition and hydration as this was not necessarily brought to external attention unless it was observed on the CCG's quality assurance visits. It was known that documentation had been a challenge but this did not mean that care had not been delivered. However, Mrs Young recognised that this was a valid point and would take forward with the Trust.
- 9.15 It was noted that there were still inconsistencies with the general quality of care, which SaTH are very aware of and were working hard to improve. SaTH had been advised by the Care Quality Commission (CQC) at the SOAG meeting that their conditions relating to Maternity had been lifted, which had been a significant achievement. These related to specific matters that the CCG had concerns about around escalating concerns for medical review in the triage part of the patient pathway; management of reduced foetal movements; their escalation of concerns when the maternity obstetrically warning score was showing additional attention was required by the woman; and documentation at handover.
- 9.16 There were still concerns that some of the information received from the CQRMs on their due diligence and their own quality governance that they are reporting externally to the CCG was still not as robust as it should be which had been raised through the CQRMs and Mrs Young had written to the Interim Director of Nursing about this.
- 9.17 It was also pointed out that the CCG had gained assurance around some improvements and actions taken to prevent never events. Mrs Young had written to the Interim Director of Nursing regarding the Trust's approach to the Local Safety Standards for Invasive Procedures (LocSSIPs) and had received some verbal assurance that SaTH's policies on LocSSIPs had been implemented in Maternity, however, this had since been retracted and the CCG was awaiting a further update.
- 9.18 Attention was drawn to the COVID-19 outbreaks and Infection Prevention Control (IPC), which were areas of work that the CCG was actively supporting the Trust with improvements. There had currently been four outbreaks, which have been reported as a serious incident because there was significant learning identified to enable improvements to be made and the avoidance of repeated issues. These were: inconsistency with repeat swabbing and tracking testing results. The Trust was putting in measures to address this but this would be an on-going challenge, which would be across all of the healthcare settings for the duration of COVID-19. A similar position was seen regionally and it was thought that with the increase in testing there would be more instances of COVID-19 being reported. What was being seen in the second wave of the pandemic was a lot more asymptomatic presentation, which was much more difficult to contain and manage.
- 9.19 It was highlighted the CCG did have concerns regarding annual health checks, which had been documented in the report. Mr Trenchard added that this was a critically important area and there was much wider work being carried out across the system to address this in relation to working with education and local authorities with the expectation to exceed the regional escalation target of 67%.
- 9.20 Ms Fiona Smith raised concern about the GP open access for X-rays and that currently patients were experiencing 5 week waits for a chest X-ray, some results of which were being returned with lung cancer, which was a long time for patients to wait.
- 9.21 Dr Davies explained that for this reason the CCGs had been working closely with SaTH and RJAH to try to free up additional X-ray capacity to reduce waiting times. The CCGs shared those concerns and were doing everything that they could to improve the position, which it was hoped would improve at the end of the month with the increased capacity.
- 9.22 A further challenge was for the CCGs to work with the providers to improve communications following an increase of patients who do not attend hospital appointments. A balance needed to be achieved where patients feel safe to attend but this did affect capacity within the services.
- 9.23 Dr Shepherd informed Members that she had consulted with the Radiology Clinical Director who had advised that every request was reviewed and prioritised by a consultant. If clinicians marked a referral as urgent and made clear in the clinical information why the X-ray was required, it would be processed urgently within 1-2 weeks.
- 9.24 Mrs Bryceland reported that there was still a lot of uncertainty from the public about whether GP surgeries were safe to attend but then on the other hand there were some patients who attended appointments for a face-to-face chat with their GP which could easily be conducted by telephone. Mrs Bryceland asked

therefore if the communications had been circulated that the GP surgeries were open for patients but requested that patients should contact NHS 111 first. Mrs Young agreed this was an important point and would request the Systems Communications Lead to communicate a clear message to the public regarding appropriate attendance at GP surgeries and contact NHS 111 first.

- 9.25 Dr Matthee believed that with the open access process, it was sometimes easier to encourage patients to attend at shorter notice than if they had to wait longer. To help avoid DNs, Dr Matthee felt that communication from the hospital to the patient informing them that they would be seen soon would alleviate the problem because a lot of patients had said they had not received any communication and others had.
- 9.26 Dr Matthee further enquired about the results of the survey on the performance of the mental health services. Dr Shepherd advised that Dr Priya George, Clinical Lead, was currently undertaking an analysis of the results of the survey.
- 9.27 Mrs Cawley noted the report showed that there had been an increase in the number of complaints received about SaTH. Healthwatch Shropshire operates the Complaints Advocacy Service for Shropshire residents and for those using the services in Shropshire. Healthwatch Shropshire had observed a severity in comments received and that people were reluctant to make a formal complaint and also to quote any detail which would make that person identifiable. CHC had a quarterly meeting with SaTH in December when it was hoped it would be discussed about how the information could be shared to have the best impact.
- 9.28 Mrs Cawley also reported that she had attended a meeting with Public Health and organisations working with older people, in particular, around older people's mental health. AGE UK had produced some guidance to support people to go back into the community. Mrs Cawley suggested whether it would be helpful to highlight to the public that there was help available to give them the confidence and the courage to attend hospital appointments. Dr Povey suggested that the CCG should work with the Councils to see what steps were being taken to inform the public about this.
- 9.29 Dr Pepper referred to the point made earlier in the discussion about whether the reduction of visitors to patients in hospital might be resulting in any increase in falls or nutritional problems. Dr Pepper commented that visitors were important to the well-being of patients but did not think the Trust should be reliant upon visitors for reducing falls or increasing nutrition because not every patient received a visitor.
- 9.30 Mrs Young responded by referring to the NHS guidance on visiting and highlighted that there were exceptions. The pure exception was around end of life care but also providers were taking local exception decision-making where a patient would perhaps benefit from having visitors, for example, the cohort of dementia patients. These exceptions were made not with the intent of reducing falls but visitors alleviated behavioural disturbances in the dementia patient.
- 9.31 Mrs Young confirmed that she had written to the Interim Director of Nursing about the inconsistencies in the exception reporting. If there were concerns regarding the reporting to an external oversight meeting then the question was asked about how SaTH was being assured internally. A request had therefore been made of the Trust that Mrs Young was given access for her Team to attend the Trust's internal quality governance meetings. This would achieve greater assurance that the issues seen in SaTH's external reports were just standalone issues and just an anomaly in their accuracy rather than the internal assurance that was being gained through their own quality governance.
- 9.32 Mrs Young expressed concern that the CCG had been given verbal assurance on the LocSSIPs and it had been minuted that a policy was in place and this was a control measure to avoid another never event. The CCG had asked for evidence of this assurance which had not been forthcoming and Mrs Young had raised this as a serious concern.

*At this point at 11.00am the Governing Bodies paused their meetings to hold a 2 minute silence to mark Remembrance Day.*

- 9.33 Following a short discussion about the CCG not being adequately sighted on SaTH's internal governance, Mr Evans confirmed that he had agreed to discuss the issue regarding SaTH's internal governance processes with the CEO at SaTH.
- 9.34 Mrs McCabe referred back to the point about LocSIPPs and the linkage with National Safety Standards for Invasive Procedures (NatSIPPS) and asked what assurance the CCGs received from SaTH on all services in relation to on-going compliance with safety alerts and notices.

- 9.35 Mrs Young advised that the CCGs received a compliance report with safety notices, which was currently at the required level. Regarding LocSIPPS, the Trust had committed to undertaking a review of all of the procedures that were undertaken outside of theatres that might fit within that guidance and also NatSIPPS and that was also being tracked through the CQRM. The Maternity service has a separate CQRM which had considered that element separately and had received assurance. The wider piece for the Trust had concluded and there would be further work, which the CCGs were sighted on.
- 9.36 Dr Povey suggested some amendments to the content of the report which were noted as actions below. Dr Povey also referred to page 10 and the Neurology service and asked if there was a progress update on the issue for patients living on the periphery of the county and the inter-linking with the community nurse and the specialist.
- 9.37 Dr Davies reported that there had been good progress with the negotiations between SaTH and The Royal Wolverhampton NHS Trust (RWT) and it was hoped that there would be a formal public communication issued the following week. The backlog of appointments was being cleared and once the backlog had been triaged and the urgent appointments have been made, the referrals would be opened for Shropshire CCG GPs because Telford and Wrekin CCG had not experienced a backlog.
- 9.38 With regards to access to the community nurses, it was known that there were capacity issues and the providers had recruited for additional capacity. Fortnightly meetings were being held with the providers and if any Members were experiencing issues then they were asked to contact Dr Davies. The full integrated service will not be available until April but there should be an improvement seen in access and treatment by Christmas.
- 9.39 Dr Povey referred to page 12 of the report noting that there had been a contract meeting on 25 September and asked if Mr Trenchard could provide an update on the ASD service following the meeting.
- 9.40 Dr Povey also noted that some time ago the CCG had commissioned from Niche consultancy a review of the SI processes in SaTH and the wider deaths analysis across the system. Dr Povey asked when the CCGs would receive the completed report.
- 9.41 Mrs Young reported that the Niche work was still very much a live project which was being progressed by Dr Shepherd and herself. Steering group meetings had been held and the Phase 1 report pertaining to SaTH's internal mortality governance was currently in draft form. The data around that report was with SaTH for factual accuracy and was expected to be returned within the next two weeks. The Phase 2 work, which was the approach of reviewing up to 50 cases across the system and undertaking a structured judgement review analysis of those deaths was due to commence at the end of November. There were some logistical challenges for the completion of this review which was not expected before February but would be shared with the Governing Bodies and the providers concerned.
- 9.42 Mrs McCabe made a comment to reinforce the discussion that had taken place at the Quality and Performance Committee that Shropshire, Telford and Wrekin did not compare well against its peers and region in some of the NHS Oversight Framework categories, specifically in Maternity and neo-natal mortalities stillbirths per thousand. This was an area that the CCGs should be focussing upon as well as Performance.
- 9.43 Mrs Young responded that this performance was based on a specific indicator based on the 2017 data and it was a historic data, which made it much more difficult to illustrate through that template the progress that had been made since then.
- 9.44 Dr Matthee referred to the Neurology service and asked if it could be borne in mind that some of the issues had been around the running of the nurse day clinics for Parkinson's Disease and MS, which had fluctuated. Dr Matthee also pointed out that although some patients complained about the care they received at the hospitals, there were some patients who had reported that their care had been very good and therefore the good work of the frontline staff should be noted.

**RESOLVE: NHS Shropshire CCG NOTED the actions being taken to address the identified issues.**

**RESOLVE: NHS Telford and Wrekin CCG NOTED the actions being taken to address the identified issues.**

**ACTIONS: Dr Davies to present an update report on the planned improvements for Elective and Outpatients Transformation.**

**Mrs Young/Ms Parker to request the Systems Communications Lead to communicate clear message to the public regarding appropriate attendance at GP surgeries and contacting NHS 111 First. [Action completed.]**

**Dr Davies to discuss with the Councils the AGE UK guide to support people entering the community, particularly the elderly to attend hospital appointments.**

**Mr Evans to discuss directly with the CEO, SaTH issue re. SaTH's internal governance processes.**

**Mrs Young to discuss further with SaTH whether there were gaps in the provision of adequate nutrition and hydration.**

**Dr Davies to arrange the re-wording of the 3<sup>rd</sup> paragraph on page 7 under 'Dementia' services re. 'shielding'. Also to the explain detail of 'A high degree of attention from the CCG remains in place.' on page 9, paragraph 1, line 5.**

**Mrs Young to clarify whether the reference to the 'Consultant Oncologist' on page 9, paragraph 2, line 2 of the report, is the 'Cancer Lead'. [Action completed – the reference was to Dr Steve McKew, (Consultant oncologist).]**

**Mrs Young to bring back findings from the Niche consultancy report into the SI processes at SaTH and the system deaths analysis to a future meeting.**

**Mr Trenchard to provide an update on the ASD and ADHD services to the next meeting.**

## **FINANCE**

### **Minute No. GB-20-11.124 – NHS Shropshire CCG and NHS Telford and Wrekin CCG Finance and Contracting Report including Quality, Innovation, Productivity and Prevention (QIPP) schemes**

- 10.1 Mrs Skidmore presented the combined Finance and Contracting report that provided information for both CCGs for the reporting period up to the end of the Month 6 position, which was taken as read. Mrs Skidmore focussed on the following areas from the report.
- 10.2 This was the final month of NHSE/I's regime of sending the CCGs a settlement payment and it was anticipated that the CCGs' Month 6 position would break even through their financial allocations. The CCGs would then be focusing on Months 7-12.
- 10.3 The CCGs were experiencing an underlying overspend in their financial position, the drivers of which remained consistent to those contained in previous reports, which were due to: over-performance in Continuing Healthcare (CHC) and Individual Commissioning; and there were some part to full year cost pressures that had not been included in the original budget base from NHSE/I. There had been slippage in the CCGs' management of change process, which had resulted in overspending on running costs. Given the COVID-19 situation, delivering the QIPP targets had been challenging and had not been achieved in most areas for good reasons.
- 10.4 The CCGs had now submitted a forecast outturn plan for the year to NHSE/I, some detail of which had been included in the report. At its last meeting, the Finance and Performance Committee had reviewed the plan to agree the assumptions that had been made in that position.
- 10.5 The forecast that had been included in the CCGs' plan for this year showed an £11.8m deficit for Shropshire CCG and a £3.6m deficit for Telford and Wrekin CCG, which totalled just over £15m deficit for the period, however, for Months 1-6 the CCGs were reporting a break even position. Mrs Skidmore highlighted that there was a different regime now and the system had received its allocation. The CCGs did receive a COVID-19 allocation after distribution of the system monies to the various providers and the CCGs. The CCGs had also been able to access some system money to support the winter expenditure and further details had been included in the report.
- 10.6 Whilst the QIPP programme had not been delivering along the trajectory than originally planned, the CCGs were still delivering some QIPP, particularly around prescribing, and the Medicines Management Team and CHC were still working on finding some efficiencies. The forecast included in the report showed approximately £2.5m of anticipated QIPP savings in the year. The Governing Bodies were therefore assured that the Finance Team was still working on the underlying position and ensuring that efficiencies can be made where possible.

- 10.7 Mr Timmis referred to the recent Finance and Performance Committee when it had been agreed to hold an extraordinary meeting of the committee in early January to consider the latest version of the medium-term financial strategy. This would be a key part of not just the CCGs' plans but also of the conditions for the merger of the two CCGs from 1 April 2021. Mr Timmis wished to make the Governing Bodies aware that the extraordinary Finance and Performance Committee meeting would take place in advance of the next Governing Body meetings in January.
- 10.8 Dr Povey referred to the announcement of the £150m funding for primary care and asked if this was new money that the CCGs had not been allocated.
- 10.9 Mrs Skidmore confirmed that the £150m funding for primary care was new money. The CCGs had just received notification that as a system they would be receiving approximately £2.4m to support primary care to the end of the financial year. The Governing Bodies were advised that may be other smaller pots of money still available but in terms of the CCGs' core operating expenditure, there was no further funding available beyond what that they had been notified of.

**RESOLVE: NHS Shropshire CCG NOTED the information contained in the financial report.**

**RESOLVE: NHS Telford and Wrekin CCG NOTED the information contained in the financial report.**

#### **Minute No. GB-20-11.125 – COVID-19 Update**

- 11.1 Mrs Tilley presented a verbal update on the current position of the response to the COVID-19 pandemic and explained that the position was changing on a daily if not hourly basis. The prevalence rates across Shropshire, Telford and Wrekin continued to increase. In the last week there had been a national lockdown situation, which had reverted back to Incident Level 4 as an NHS. A more clear understanding of whether the lockdown had had an impact in terms of prevalence would be seen over the next week to 10 days.
- 11.2 Previously the prevalent increases had been within the under-30s age group but now significant increases in the 60 plus age group were being seen and were a particular concern, which would impact on hospital capacity. There was now an increase of COVID-19 positive patients within SaTH together with higher numbers of asymptomatic patients, which was presenting some additional management issues in how those patients were managed through the hospital process.
- 11.3 There was an increase in staff sickness, which was exacerbating pressures on workforce who were not only tired from the first wave of COVID-19 but were also now managing COVID-19 in addition to winter pressures. The CCGs were continuing to evolve their surge plans. The position was very dynamic and the CCGs are re-visiting almost daily how best to manage the flow of patients through the hospital into the community. Primary Care was also experiencing increased activity and a whole system approach to how the situation is managed was very challenging.
- 11.4 The CCGs were reinforcing the message with the public and their staff the importance of following the guidance and to access testing at the earliest opportunity when there are suspected symptoms experienced.
- 11.5 The CCGs were working intensively around the planning for the COVID-19 vaccination programme. Further information was awaited about the vaccine but Shropshire was stepping up their planning along with all the other areas across the country to make sure that the infrastructure is in place to deliver that vaccine at the point that it becomes available.
- 11.6 Mrs Noakes updated Members of the incidence numbers for Telford and Wrekin which were published on a weekly basis. The previous week had seen 250 cases per 100,000 per population. Mrs Noakes confirmed that the council was monitoring this. The number this week had exceeded 300 cases per 100,000 of the population now in Telford and Wrekin. The highest rates were in people in their 30s, 40s and 50s. There had been also some outbreaks within care homes but the rate of increase had been in particular in the over 60 year-olds who were not necessarily people with care needs. There was concern therefore about the rise in infection rates in that at risk group.
- 11.7 Telford and Wrekin Public Health had now rolled out local testing sites within the borough and there had been a lot of communications to encourage people to come forwards to be tested. The Government had also requested the use of asymptomatic testing for use in particular high prevalence or outbreaks situations.

- 11.8 Mrs Robinson reported that there was a similar situation seen in Shropshire with numbers slightly lower than Telford and Wrekin but there had been a rapid increase over the last few weeks. The rate in Shropshire now currently stood at 218 for the whole population per 100,000 and for the over-60s 165 per 100,000. There were a number of outbreaks that have been linked to care homes, which was only 7% of the overall cases. The numbers were small but cases were being seen across all of the 63 wards across Shropshire and therefore there was widespread community transmission with rates increasing. Shropshire had good availability of testing and was encouraging people to access those tests.
- 11.9 Mr Timmis asked how long it would take to vaccinate the whole population and would it be mandatory for patient-facing NHS staff to be vaccinated.
- 11.10 Mrs Tilley explained that the programme at present was planned to run over 38 weeks with a number of stratified cohorts based on vulnerability essentially. The initial phase was focused on 12 weeks to vaccinate the majority of those cohorts. There was no suggestion at present that any of the vaccinations would be mandatory but obviously this was an evolving situation and the CCGs were awaiting further guidance. Health and social care workers would be included in the initial tranche of vaccinations.
- 11.11 Mrs MacArthur asked if informal carers who looked after very vulnerable patients at home were included in the cohorts that were being considered for the vaccination.
- 11.12 Mrs Tilley explained that the information received at present was high level information in terms of those cohorts of people. The CCGs would be expecting to work through the details over the next couple of weeks as the planning escalates. Any groups that would be in the high contact areas, particularly working with patients, it was hoped would be included in the cohorts who would receive the vaccine.
- 11.13 Dr Povey highlighted that the cohorts of patients were well documented and believed that informal carers may not be included in the groups that were listed at present. For the flu vaccination programme informal carers were included in the groups.
- 11.14 Mrs Bryceland commented that anecdotally patients coming into the practice had been showing a huge improvement in their ability to access test results which was a big move forward from the last Governing Body meetings when the patients were struggling to get access so that was a positive improvement.
- 11.15 Dr Povey concurred with Mrs Bryceland's comment reporting that some practice staff who had required testing in the last week-10 days had received Pillar 2 testing more quickly than the Pillar 1 testing. The key message was about getting patients to attend hospital treatments. Anecdotally there had been problems with patients who had refused to be admitted to hospital because of the risk they may contract COVID-19. Dr Povey felt that a wider communication about this was required reiterating the message that the NHS was still open to the public and that patients should not automatically refuse to go to hospital.
- 11.16 Mrs Tilley added that the vaccination programme was quite a sensitive area and it was known that there was a lot of misinformation being circulated around the vaccine and urged caution in terms of how that information was available in the public domain.

**RESOLVE: NHS Shropshire CCG noted the content contained in the verbal report.**

**RESOLVE: NHS Telford and Wrekin CCG noted the content contained in the verbal report.**

#### **Minute No. GB-20-11.126 – Update on Shropshire, Telford and Wrekin System Restoration from COVID-19**

- 12.1 Mr Trenchard advised that his verbal report was based on the submission put forward to NHSE/I the week before. This was a monthly report submitted on the basis of those services that were stepped down following the onset of the COVID-19 pandemic. This latest submission had reported that there had been 116 services that had been identified for restoration and the position now was that 70 services had been fully restored at 61%; 41 services were partially restored at 35%; and 5 services were yet to be restored.
- 12.2 This information by provider showed that for SaTH there had been a significant improvement from the September position through to the present time. In September, there had been just 2 services that had been restored and now there had been 34 services fully restored at 63%. The Midlands Partnership Foundation Trust (MPFT) was almost at 100% services restored but had still to restore small services, for example, Electroconvulsive therapy (ECT where more support was needed from an anaesthetist to improve the efficiency. Primary care services were 100% fully restored.

- 12.3 Mr Trenchard noted that the method in which the CCGs were required to report was set at a high level in terms of partial and full. It was a percentage which did not align to the work undertaken led by Dr Davies and when the system restore meeting discussed those services to be restored, it had been agreed that after 3 months there would be a checkpoint review of those services. Next month therefore there would be more detailed information that would show by service line what this means for a particular performance in relation to waiting lists; and the trajectory against the information the CCGs report to NHSE/I for elective, outpatients and follow-up care. The CCGs would also be able to identify any key quality improvements and any benefits that they would wish to include in going forward.
- 12.4 Dr Povey thanked Mr Trenchard for the verbal report and commented that there had been a lot of data quoted and requested if a short written report could be provided for future meetings that would show the data and trends.
- 12.5 Mrs Cawley asked if was possible for Mr Trenchard to clarify the five services that had not been restored.
- 12.6 Mr Trenchard confirmed that the five services were at SaTH, which included the full repatriation of phlebotomy going forward; the outpatient fracture clinics; the diabetes service; care of the elderly; and case management for SCHAT. Mr Trenchard confirmed that these services had been discussed at the JSCC as services that had not been fully restored and what the plans for those were. An update would be provided at the next JSCC meeting in terms of the detailed information to explore what the next steps are to restore those services.

**RESOLVE: NHS Shropshire CCG noted the information contained in the verbal report.**

**RESOLVE: NHS Telford and Wrekin CCG noted the information contained in the verbal report.**

**ACTION: Mr Trenchard to present a short written update report for future meetings.**

#### **Minute No. GB-20-11.127 – NHS Patient Safety Specialist**

- 13.1 Mrs Young introduced this item and explained that the recommendation contained in the paper previously circulated had been brought to the meeting for the Governing Bodies to approve the recommendation for the CCG to nominate to NHSE/I a Patient Safety Specialist. This role was part of the Patient Safety Strategy that had been launched in 2019 but had been placed on hold during the response to the COVID-19 pandemic. A request had now been received from the national lead requesting that the CCGs nominate a Patient Safety Specialist to NHSE/I by 30 November 2020.
- 13.2 Mrs Young reported that both Dr Shepherd and herself had reviewed the role and responsibilities as far as they were able to determine and that the role did require a person senior within the organisation with a major role in managing patient safety. It was noted that at present there was no additional funding available and therefore the recommendation was that the Associate Director of Quality, Assurance and Transformation would undertake the responsibilities of the role until such time more information was available on what the programme of work involved. A progress update would be provided to the Governing Bodies, which would be through the Quality and Performance Committee in the first instance.
- 13.3 Mr Vivian had understood that the guidance was that this was a designated post and queried whether the proposal was an interim arrangement. Mr Vivian also asked if the position featured in the CCGs' new structure and therefore had been taken account of in the CCGs' management of change arrangements.
- 13.4 Mrs Young explained that the CCGs needed to take a proportionate response to NHSE/I's request to nominate a Patient Safety Specialist in that for the size of the local system, the CCGs' resource, and the benchmarking against other systems and other organisational approaches, they had simply nominated somebody with a lead responsibility rather than it being their sole role. Therefore, the CCGs' approach was consistent with others and was a question of what the role required moving forward. Mrs Young confirmed that the duties of the role would be included as an additional responsibility within an existing job description as part of the management of change process.
- 13.4 Mr Vivian expressed concern that whoever carried out those duties would potentially have many other duties to undertake and therefore queried whether that person would be able to give it the degree of serious attention that had been set out in the guidance. Dr Povey concurred with Mr Vivian's concern and pointed out that on page 3 of the guidance it stated there was an expectation that the Patient Safety Specialist would be focussing solely on patient safety.

- 13.5 Mrs Young explained that the interpretation of the guidance was around the serious incidents reporting framework, etc., which was a large part of the work currently undertaken by the Quality Team, which the Associate Director of Quality would be leading which fitted in with the brief in the Quality Directorate. However, further information of what the role entailed would be required. Mrs Young reported that a Shropshire, Telford and Wrekin STP Patient Safety Group had been established which had been attended by the four main NHS providers. It was hoped that this would evolve to develop into a governance framework for the CCGs as an STP/ICS. Mrs Young reiterated that much of the timelines for the Patient Safety Strategy had been paused and were now being reset.
- 13.6 Mrs Cawley asked if there would be an opportunity for both Healthwatch Shropshire and Healthwatch Telford and Wrekin representatives to be involved in the system oversight patient safety group to be able to put that challenge directly to the providers. Mrs Young confirmed that she would review Mrs Cawley's request and would respond directly to the Healthwatch representatives.
- 13.7 Mrs MacArthur agreed with the comments made that this was a very interesting development and noted that the paper suggested that staff of different grades would be involved in carrying out the role. Mrs MacArthur therefore suggested that when creating new roles, the CCGs should start thinking about the succession planning at that point to make sure that there were people within the organisations who could step up or who could be involved to avoid potentially losing sight of the work.
- 13.8 In summing up the discussion, Mr Evans considered that the post in question was one that would develop over time. In terms of quality, the role did include some aspects of the work that Mrs Young's team were undertaking currently but that was not the whole purpose of the post. Mr Evans did however consider that as the CCGs moved towards becoming an ICS, there would be a greater understanding of NHSE/I's requirements of the role but the current recommendation put forward was the right pragmatic solution for the current situation.

**RESOLVE: NHS Shropshire CCG:**

- **NOTED the content of this report;**
- **ENDORSED the recommendation to nominate the CCG Patient Safety Specialist;**
- **AGREED to RECEIVE an update on progress during Q4 2020/21.**

**RESOLVE: NHS Telford and Wrekin CCG:**

- **NOTED the content of this report;**
- **ENDORSED the recommendation to nominate the CCG Patient Safety Specialist;**
- **AGREED to RECEIVE an update on progress during Q4 2020/21.**

**ACTIONS: Mrs Young to look into Healthwatch Shropshire and Healthwatch Telford and Wrekin involvement in the System Oversight Group and to discuss directly with the Healthwatch representatives.**

**Mrs Young to provide an update on progress at the end of Quarter 4 at the March 2021 Governing Body meetings.**

## **GOVERNANCE**

### **Minute No. GB-20-11.128 – Joint NHS Shropshire CCG and NHS Telford and Wrekin CCG Board Assurance Framework (BAF)**

- 14.1 Miss Smith reminded Members of the previous request to combine the Board Assurance Frameworks (BAFs) for the two CCGs and presented the interim Joint Board Assurance Framework for both NHS Shropshire CCG and NHS Telford and Wrekin CCG.
- 14.2 It was explained that the CCGs were not currently at a stage where objectives could be jointly agreed. This was part of the work currently being undertaken at the Governing Body development workshops. In the meantime, the Executive Team had attended a facilitated workshop to pragmatically review the risks at a strategic level that both CCGs were currently managing to establish what was common to both CCGs. The paper presented was an interim joint BAF and although not directly based on joint shared new objectives it was based on the current objectives but the risks had been combined so that they were meaningful to both CCGs.

- 14.3 Mr Timmis queried that now the CCGs had the forecast outturn should they be revisiting the finance element as he considered the amber rating shown on the BAF should perhaps be marked with a purple rating as it was the final assessment.
- 14.4 Mrs Skidmore explained that the amber risk referred to the deterioration in the underlying position from the position the CCGs were now at and reflected that the CCGs were already in a deficit position and it was that the CCGs did not want the underlying position to deteriorate.
- 14.5 Following a short discussion regarding the classifications quoted in the report, it was agreed that Mrs Skidmore would add to the next Finance and Performance Committees in Common agenda a review of the forecast outturn on the BAF and the current amber classification of risk.
- 14.6 Dr Povey referred to Risks 7 and 9 and felt there was an overlap of the risks of the single strategic commissioner and the ICS development and sought clarification of the difference between the two risks.
- 14.7 Mr Evans explained that the two risks were different in that the CCGs were required to go through an authorisation process which had conditions attached to their current authorisation in moving forward. These conditions needed to be lifted, which was the reason why Mr Evans considered the single strategic commissioner risk item needed to be included.
- 14.8 The ICS development at this stage was very different although there may be some overlap in certain areas. There was going to be an approval process with NHSE/I for the ICS, which was still in the process of being defined. Mr Evans explained that because the CCG remained a statutory organisation, it was required to go through the very formal process to gain approval whereas an ICS technically at the present time was not a statutory organisation.
- 14.9 Mr Vivian noted that the BAF presented was an interim arrangement for the development of the joint BAF and sought clarity about how this would be moved forward to the new final BAF.
- 14.10 Miss Smith explained that the final joint BAF would be based on the outputs from the current Governing Bodies Operational Development (OD) workshops that were currently running. At the point that the CCG agree joint objectives the work could then be taken forward to create a new BAF that could be used moving forward into the new single strategic commissioner. It was hoped that the CCGs would be at the point of agreeing the joint objectives at the December Governing Body workshop and therefore Miss Smith expected that the new Joint BAF would be finalised for the January meeting.
- 14.11 Dr Povey asked whether the CCGs should be highlighting the EU Exit more than they were and suggested that the Governing Bodies received a formal update at the next meeting in January.
- 14.12 Mr Evans agreed that updates to the Governing Bodies certainly would be required for the first two quarters of next year on the challenges faced as a result of the EU Exist post 1 January 2021.

**RESOLVE: NHS Shropshire CCG:**

- **ACCEPTED and NOTED the content of this report and supporting Appendix A for assurance purposes;**
- **REVIEWED the updated strategic risk position and confirmed that the current level of risk is acceptable in line with the actions outlined.**

**RESOLVE: NHS Telford and Wrekin CCG:**

- **ACCEPTED and NOTED the content of this report and supporting Appendix A for assurance purposes;**
- **REVIEWED the updated strategic risk position and confirmed that the current level of risk is acceptable in line with the actions outlined.**

**ACTIONS: Mrs Skidmore to add to the next Finance and Performance Committees in Common agenda a review of the Forecast Outturn on the BAF and the current amber classification of risk.**

**Mrs Tilley to bring regular updates to the Governing Body meetings on the challenges faced as a result of the EU Exit post 1 January 2021.**

*Mr Vivian declared a conflict of interest and left the meeting.*

**Minute No. GB-20-11.129 – Appointment of the Deputy Chair of the Governing Bodies of NHS Shropshire and NHS Telford and Wrekin CCGs**

15.1 Miss Smith took the paper previously circulated as read and explained that both Governing Bodies had, as part of their constitutions, the requirement to have a Deputy Chair to act in place of the Chair in their absence or in the management of conflicts of interest. Discussions had been held previously and Mr Vivian had put his name forward for the role. Miss Smith explained that the nominees had been limited to the Lay Members as both CCGs had a Joint Clinical Chair. The proposal was therefore for the Governing Bodies to ratify Mr Vivian as the Deputy Chair for both Governing Bodies.

***RESOLVE: NHS Shropshire CCG APPROVED the appointment of Mr Meredith Vivian as the Deputy Chair of the Shropshire CCG Governing Body.***

***RESOLVE: NHS Telford and Wrekin CCG APPROVED the appointment of Mr Meredith Vivian as the Deputy Chair of the Telford and Wrekin CCG Governing Body.***

*At this point Mr Vivian rejoined the meeting and was congratulated on his appointment as Deputy Chair of the NHS Shropshire CCG and NHS Telford and Wrekin CCG Governing Bodies.*

**Minute No. GB-20-11.130 – NHS Shropshire CCG and NHS Telford and Wrekin CCGs Workforce Race Equality Standard (WRES) Annual Data Submission and Action Plan 2020**

16.1 Miss Smith explained that the purpose of the report presented was to provide the two CCG Governing Bodies with the draft Workforce Race Equality Standard (WRES) Annual Data Submission and draft Action Plan for approval.

16.2 Members were reminded that all NHS organisations are subject to making an annual submission return to NHSE/I on their workforce race equality statistics against the standards that NHSE/I set out in the guidance document. The report provided the equality information for the CCGs' staff that had been submitted together with a joint action plan to address the areas that had been highlighted in the submissions. Miss Smith highlighted an error in both submissions that the date on which the data was used should say 31 March 2020 not 2019.

16.3 Dr Povey welcomed the plan and noted that it was important for the CCGs' communities to be reflected but there were some inequalities that were highlighted that needed to be addressed. Dr Povey noted that previously the staff survey had not been available for CCGs to take part in and asked why the CCGs had not chosen to take part in it this year.

16.4 Miss Smith explained that the reason that both CCGs were not taking part in the NHS staff survey was that because the data from small organisations was identifiable to individuals and there was a risk with the information being published in the public domain. Following NHSE/I's approval for the CCGs to become a single strategic commissioner, the CCGs may wish to review whether this was the prime way of canvassing staff on a yearly basis and would be sufficiently large enough that staff data would not be identifiable.

16.5 Unfortunately the CCGs have missed the deadline for being included in next year's staff survey and would have to wait until 2022 to be able to take part in the NHS staff survey because a statement was required before approval had been received for the CCGs to become a single strategic commissioner. For next year, the CCGs might wish to consider therefore adopting a local staff survey as part of the OD work that was planned moving forward into the new single CCG.

***RESOLVE: NHS Shropshire CCG:***

- ***NOTED the WRES data submission made to NHSE/I at the end of August 2020; and***
- ***APPROVED the draft action plan attached to the report that sought to respond to the areas highlighted by the data submission.***

***RESOLVE: NHS Telford and Wrekin CCG:***

- ***NOTED the WRES data submission made to NHSE/I at the end of August 2020; and***
- ***APPROVED the draft action plan attached to the report that sought to respond to the areas highlighted by the data submission.***

**ACTION:** Miss Smith to replace on the Shropshire CCG submission the Shropshire CCG website address for the Telford and Wrekin CCG website address.

**Minute No. GB-20-11.131 – Quality and Performance Committees in Common – 23 September 2020**

- 17.1 Mr Vivian referred to his Chair's Summary Report of the NHS Shropshire CCG and NHS Telford and Wrekin CCG Quality Performance Committees in Common dated 23 September 2020 previously circulated.
- 17.2 Mr Vivian explained that there was a formal recommendation from the Quality and Performance Committees for the Governing Bodies to approve the addition of both Healthwatch Telford and Wrekin and Healthwatch Shropshire representatives to the list of attendees of the Quality and Performance Committees in Common and that they be added to the Governance Handbook and amended accordingly; and shared with NHSE/I as required for information purposes. Mr Vivian apologised to the Healthwatch representatives that this had been initially overlooked and hoped that the Governing Bodies would be able to approve the recommendation at this meeting.
- 17.3 Mrs Cawley advised that both Mr Shirley and herself were also Members of the ICS Shadow Board and requested that consideration be given to avoid the Quality and Performance Committee meeting at the same time as the ICS Shadow Board otherwise a Healthwatch Board Member would potentially need to attend instead. Mr Vivian reassured Mrs Cawley that the CCG would do its best to ensure that there was no clash of meetings.
- 17.4 Dr Povey voiced concern that as a result of the recent issues regarding the transfer from the Datix system to Ulysses that there may be at present a lack of reports received from primary care. Dr Povey asked what steps were being taken to increase the number of reports received from primary care.
- 17.5 Mrs Young confirmed that the Quality Team had been supporting the roll out of the Ulysses system and would present an update report on Ulysses reporting to the next Quality and Performance Committees in Common meeting.

**RESOLVE: NHS Shropshire CCG:**

- ***APPROVED the addition of both Healthwatch Telford and Wrekin and Healthwatch Shropshire representatives to the list of attendees of the Quality and Performance Committees in Common and that they be added to the Governance Handbook and amended accordingly; and shared with NHSE/I as required for information purposes.***
- ***NOTED the content of the report for assurance and information.***

**RESOLVE: NHS Telford and Wrekin CCG:**

- ***APPROVED the addition of both Healthwatch Telford and Wrekin and Healthwatch Shropshire representatives to the list of attendees of the Quality and Performance Committees in Common and that they be added to the Governance Handbook and amended accordingly; and shared with NHSE/I as required for information purposes.***
- ***NOTED the content of the report for assurance and information.***

**ACTIONS:** Miss Smith to include the Healthwatch Telford and Wrekin and Healthwatch Shropshire representatives in the list of attendees of the Quality and Performance Committees in Common in the CCGs' Governance Handbook and amended accordingly; and share with NHSE/I for assurance and information.

Mrs Young/Mr Vivian to ensure the Healthwatch Telford and Wrekin and Healthwatch Shropshire representatives are invited to future Quality and Performance Committees in Common meetings.

Mrs Young to present an update on Ulysses reporting to the next Quality and Performance Committees in Common meeting.

**OTHER / COMMITTEE REPORTS FOR INFORMATION ONLY**

- 18.1 The following minutes of the Governing Body Committees were received and noted for information only:

**NHS Shropshire CCG and NHS Telford and Wrekin CCG Joint reports:**  
**Minute Nos. GB-20-11.132 to GB-20-11.134**

Shropshire CCG Finance & Performance Committees in Common – 23 September 2020  
Shropshire CCG Primary Care Commissioning Committees in Common – 7 October 2020  
Audit Committees in Common – 16 September 2020

**For: NHS Shropshire CCG Only:**  
**Minute Nos. GB-2020-11.135 to GB-2020-11.137**

North Shropshire Locality Forum – 24 September 2020  
Shrewsbury and Atcham Locality Forum – 17 September 2020  
South Shropshire Locality Forum – 2 September 2020

**For: NHS Telford and Wrekin CCG Only:**  
**Minute No. GB-20-11.138**

Telford and Wrekin CCG Practice Forum – 15 September 2020

**RESOLVE:** *THE GOVERNING BODY RECEIVED AND NOTED the minutes as presented above.*

**Minute No. GB-20-11.139 – Any Other Business**

18.1 There were no further items raised.

**DATE OF NEXT MEETING**

It was confirmed that the next scheduled Governing Body Part 1 meeting is:

- Wednesday 13 January 2021 – time and venue to be confirmed.

Dr Povey thanked Members for their attendance and officially closed the meeting at 12.45pm.

**SIGNED** ..... **DATE** .....

**Shropshire Clinical Commissioning Group (SCCG) and Telford and Wrekin CCG (TWCCG)**

**ACTIONS FROM THE GOVERNING BODY PART 1 MEETINGS IN COMMON – 11 NOVEMBER 2020**

<b>Agenda Item</b>	<b>Action Required</b>	<b>By Whom</b>	<b>By When</b>	<b>Date Completed/ Comments</b>
<b>GB-20-11.117 – Members’ Declarations of Interests</b>	Miss Smith to review the Governing Bodies’ Register of Interests and notes of Members’ financial interests and memberships of Locality Forums.	Miss Alison Smith		Complete
<b>GB-20-11.119 – Accountable Officer’s Report</b>	Mr Evans to feed back the comment made that it would be unreasonable to expect primary care to deliver a large vaccination programme 8am-8pm for 7 days a week for a possible negative cost.	Mr David Evans		Complete
<b><u>For Shropshire CCG:</u> GB-20-11.120 – Minutes of the Previous Meeting – 9 September 2020</b>	Mrs Stackhouse to action the two amendments to the draft minutes as noted in paragraph 6.1.	Mrs Sandra Stackhouse		Complete
<b><u>For Shropshire CCG:</u> GB-20-11.121 – Matters Arising [b/f GB-2020-01-010 – Shropshire CCG Strategic Priorities]</b>	<p><i>b/f:</i> Mr Trenchard to bring back a progress report on the MSK Alliance Agreement to the next formal Part 1 meeting. <b>Note: Action referred to JSCC and to be retained on the action log until confirmation has been received from the JSCC’s Chair’s report that this action has been completed.</b></p> <p>Dr Davies to share the data on the ambulance crew on-scene timings with Members when received.  <i>[Updates provided by Dr Davies:            09.09.20 Information has been requested to include data from April, which was expected to be received for presentation at the next meeting.            11.11.20 WMAS have still not provided the data</i></p>	<p>Mr Steve Trenchard</p> <p>Dr Julie Davies</p>	<p>*To be included on the JSCC agenda (Included on JSCC 18.11.20 agenda)</p> <p>Next meeting</p>	<p>Complete</p> <p>Update: 04.01.21            Email sent over Christmas chasing a response from the regional lead</p> <p>Awaiting confirmation</p>

Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
<p><b>For Shropshire CCG: [b/f GB-20-07.084 – Update on SEND Inspection Report]</b></p>	<p>requested – this has been escalated to the Regional Commissioner]</p>			<p>from the JSCC Chair that this action has been fully completed</p>
	<p><i>b/f:</i> Ms Parker to include the waiting list numbers and timescales for the ASD and ADHD pathways in the SEND report. <i>[Update: waiting list numbers have been quoted and included – Complete.]</i> <b>Note: Action to be retained on the action log until confirmation has been received from the JSCC’s Chair’s report that this action has been fully completed.</b></p>	<p>Ms Claire Parker</p>	<p>*To be included on the JSCC agenda</p>	<p>Awaiting confirmation from the JSCC Chair that this action has been completed</p>
	<p><i>b/f:</i> Mr Trenchard to provide an update on the new ASD and ADHD pathways to the next meeting. <b>Note: Action to be retained on the action log until confirmation has been received from the JSCC’s Chair’s report that this action has been completed.</b></p>	<p>Mr Steve Trenchard</p>	<p>*To be included on the JSCC agenda</p>	<p>Complete – discussed at JSCC and on Part 2 meeting agenda 13.01.21</p>
	<p><i>b/f:</i> Ms Parker to present to the next Governing Body meeting an assurance report on SEND together with the final Written Statement of Action (WSOA).</p>	<p>Ms Claire Parker</p>	<p>Next meeting</p>	<p>Included on next Part 1 meeting agenda - complete</p>
	<p><i>b/f:</i> The Executive Team to agree a process for providing the Governing Body with assurance around SEND.</p>	<p>Executive Team</p>	<p>Next meeting</p>	
<p><b>[b/f GB-2020-09.105 – Board Assurance Frameworks (BAFs) for NHS Shropshire CCG and NHS Telford and Wrekin CCG]</b></p>	<p><i>b/f:</i> Ms Parker with Mrs MacArthur, Chair of the PCCC, to consider the primary care risks in the joint PCCC risk assurance framework for presentation to the Governing Bodies.</p>	<p>Ms Claire Parker / Mrs Donna MacArthur</p>	<p>Before the next PCCC &amp; Governing Body meetings</p>	<p>Complete</p>
<p><b>Out of Hours Service Review</b></p>	<p>Ms Parker to bring back a progress update on the OOH Service to the next Governing Body meeting.</p>	<p>Ms Claire Parker</p>		<p>Included on next Part 1 meeting agenda – complete</p>

Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
	Mrs Stackhouse to update the action log.	Mrs Sandra Stackhouse		Complete
	Mrs Stackhouse to add the Out of Hours review on the Governing Bodies' next agenda.	Mrs Sandra Stackhouse		Complete
<b>GB-20-11.123 – NHS Shropshire CCG and NHS Telford and Wrekin CCG Quality and Performance Report</b>	Dr Davies to present an update report on the planned improvements for Elective and Outpatients Transformation.	Dr Julie Davies		Included on next Part 1 meeting agenda
	Mrs Young to request the System Communications Lead to communicate clear message to the public re. appropriate attendance at GP surgeries and contacting NHS 111 First.	Mrs Zena Young		Complete
	Dr Davies/the CCG to discuss with the Communications Lead and the Councils the AGE UK guide to support people entering the community, particularly the elderly to attend hospital appointments.	Dr Julie Davies		Complete
	Mr Evans to discuss directly with the CEO, SaTH issue re. SaTH's internal governance processes.	Mr David Evans		Complete
	Mrs Young to discuss with SaTH whether there are any gaps in the provision of adequate nutrition and hydration.	Mrs Zena Young		Raised at CQRM November 2021 - Complete
	Dr Davies to arrange the re-wording of the 3 <sup>rd</sup> paragraph on page 7 under 'Dementia' re. 'shielding'. Also to explain the detail of 'A high degree of attention from the CCG remains in place' on page 9, paragraph 1, line 5.	Dr Julie Davies		Complete
	Mrs Young to clarify whether the reference to the 'Consultant Oncologist' on page 9, paragraph 2, line 2 of the report, is the 'Cancer Lead'.	Mrs Zena Young		The cancer lead who CCG Quality Lead met with regarding the assurance of clinical oversight of

Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
	<p>Mrs Young to bring back findings from the Niche consultancy report into the SI processes at SaTH and the system deaths analysis.</p> <p>Mr Trenchard to provide an update on the ASD and ADHD services.</p>	<p>Mrs Zena Young</p> <p>Mr Steve Trenchard</p>	<p>March 2021 meeting</p>	<p>2ww and 104d was Steve McKew (Consultant oncologist). Action closed.</p> <p>The phase 2 work is underway and report is not yet available – action deferred until March 2021.</p> <p>Included on next Part 1 meeting agenda</p>
<p><b>GB-20-11.126 – Update on Shropshire, Telford &amp; Wrekin System Restoration from COVID-19</b></p>	<p>Mr Trenchard to present a short written update report for future meetings.</p>	<p>Mr Steve Trenchard</p>	<p>Next and Future meetings</p>	
<p><b>GB-20-11.127 – NHS Patient Safety Specialist</b></p>	<p>Mrs Young to look into Healthwatch Shropshire and Healthwatch Telford and Wrekin involvement in the System Oversight Group and to discuss directly with the Healthwatch representatives.</p> <p>Mrs Young to provide an update on progress during Quarter 4 at the March 2021 Governing Body meetings.</p>	<p>Mrs Zena Young</p> <p>Mrs Zena Young</p>	<p>As soon as possible</p> <p>March 2021 meeting</p>	<p>This is a new and evolving meeting. Current membership will be maintained. This request will be reconsidered when the new system oversight arrangements are implemented.</p>

Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
<b>GB-20-11.128 – Joint NHS Shropshire CCG and NHS Telford and Wrekin CCG Board Assurance Framework (BAF)</b>	<p>Mrs Skidmore to add to the next Finance and Performance Committees in Common agenda a review of the Forecast Outturn on the BAF and the current amber classification of risk.</p> <p>Executive Team to bring regular updates to the Governing Bodies on the challenges faced as a result of the EU Exit post 1<sup>st</sup> January 2021.</p>	<p>Mrs Claire Skidmore</p> <p>Mrs Sam Tilley</p>	<p>For the next Finance and Performance Committees in Common meeting</p> <p>For January, March and future Governing Body meetings.</p>	<p>Complete</p> <p>Included on next Part 1 meeting agenda - complete</p>
<b>GB-20-11.130 – NHS Shropshire CCG and NHS Telford and Wrekin CCGs Workforce Race Quality Standard (WRES) Annual Data Submission and Action Plan 2020</b>	<p>Miss Smith to replace on the Shropshire CCG submission the Shropshire CCG website address for the Telford and Wrekin CCG website address.</p>	<p>Miss Alison Smith</p>		<p>Complete</p>
<b>GB-20-11.131 – Quality &amp; Performance Committees in Common – 23 September 2020</b>	<p>Miss Smith to include the Healthwatch Telford and Wrekin and Healthwatch Shropshire representatives in the list of attendees of the Quality and Performance Committees in Common in the CCGs' Governance Handbooks and amend accordingly; and share with NHSE/I for assurance and information.</p> <p>Miss Smith/Mr Vivian to ensure the Healthwatch Telford and Wrekin and Healthwatch Shropshire representatives are invited to future Quality and Performance Committees in Common meetings.</p> <p>Mrs Young to present an update on Ulysses reporting to the next Quality and Performance Committees in Common meetings.</p>	<p>Miss Alison Smith</p> <p>Miss Alison Smith / Mr Meredith Vivian</p> <p>Mrs Zena Young</p>	<p>Next Quality and Performance Committees in Common meetings</p>	<p>Complete</p> <p>Complete</p> <p>Complete – included on Q&amp;P meeting agenda for 23 December</p>

## NHS Shropshire and NHS Telford & Wrekin CCGs Extraordinary Governing Body Part 1 Meetings in Common

Wednesday 9 December 2020 at 9.30am

Via Microsoft Teams

### Present from Shropshire CCG:

<b>Dr Julian Povey</b>	Joint CCG Chair for Shropshire and Telford and Wrekin CCGs
<b>Mr David Evans</b>	Joint Accountable Officer for Shropshire and Telford and Wrekin CCGs
<b>Mrs Claire Skidmore</b>	Joint Executive Director of Finance for Shropshire and Telford and Wrekin CCGs
<b>Dr Adam Pringle</b>	Joint Vice Clinical Chair, GP/Healthcare Professional Governing Body Member
<b>Dr John Pepper</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Dr Michael Matthee</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Mrs Rachael Bryceland</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Ms Fiona Smith</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Dr Martin Allen</b>	Joint Secondary Care Doctor Governing Body Member
<b>Mrs Julie McCabe</b>	Joint Registered Nurse Governing Body Member
<b>Mr Steve Trenchard</b>	Joint Interim Executive Director of Transformation for Shropshire and Telford and Wrekin CCGs
<b>Mrs Zena Young</b>	Joint Executive Director of Quality for Shropshire and Telford and Wrekin CCGs
<b>Mr Meredith Vivian</b>	Joint Lay Member for Patient and Public Involvement
<b>Mrs Donna MacArthur</b>	Joint Lay Member for Primary Care
<b>Mr Keith Timmis</b>	Lay Member for Governance for Shropshire CCG

### Present from Telford and Wrekin CCG:

<b>Dr Julian Povey</b>	Joint CCG Chair for Shropshire and Telford and Wrekin CCGs
<b>Mr David Evans</b>	Joint Accountable Officer for Shropshire and Telford and Wrekin CCGs
<b>Mrs Claire Skidmore</b>	Joint Executive Director of Finance for Shropshire and Telford and Wrekin CCGs
<b>Dr Adam Pringle</b>	Joint Vice Clinical Chair, GP/Healthcare Professional Governing Body Member
<b>Dr John Pepper</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Dr Michael Matthee</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Mrs Rachael Bryceland</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Ms Fiona Smith</b>	Joint GP/Healthcare Professional Governing Body Member
<b>Dr Martin Allen</b>	Joint Secondary Care Doctor Governing Body Member
<b>Mrs Julie McCabe</b>	Joint Registered Nurse Governing Body Member
<b>Mr Steve Trenchard</b>	Joint Interim Executive Director of Transformation for Shropshire and Telford and Wrekin CCGs
<b>Mrs Zena Young</b>	Joint Executive Director of Quality for Shropshire and Telford and Wrekin CCGs
<b>Mr Meredith Vivian</b>	Joint Lay Member for Patient and Public Involvement
<b>Mrs Donna MacArthur</b>	Joint Lay Member for Primary Care

### Attendees for both meetings:

<b>Mr Ash Ahmed</b>	Joint Associate Lay Member for Patient and Public Involvement, Equality, Diversity and Inclusion
<b>Dr Julie Davies</b>	Joint Director of Performance for Shropshire and Telford and Wrekin CCGs
<b>Miss Alison Smith</b>	Joint Director of Corporate Affairs for Shropshire and Telford and Wrekin CCGs
<b>Mrs Sam Tilley</b>	Joint Director of Planning for Shropshire and Telford and Wrekin CCGs
<b>Ms Claire Parker</b>	Joint Director of Partnerships for Shropshire and Telford and Wrekin CCGs
<b>Dr Stephen James</b>	Joint Chief Clinical Information Officer for Shropshire and Telford and Wrekin CCGs
<b>Mrs Andrea Harper</b>	Head of Communications and Engagement
<b>Mrs Sandra Stackhouse</b>	Corporate Services Officer – Minute Taker

- 1.1 Dr Povey welcomed members to the NHS Shropshire CCG and NHS Telford and Wrekin CCG Extraordinary Governing Bodies Part 1 meetings in common.

- 1.2 Reference was made to the steady decrease in the number of COVID-19 cases. However, it was expected that there would be a further increase in prevalence rates in the New Year following the Government's relaxation of the social distancing measures over the Christmas period. It was very good news that the COVID-19 vaccination programme had commenced and a special thank you was extended to everyone who was involved in this.
- 1.3 It was explained that this extraordinary Governing Body meetings in common had been arranged to consider one item on the single strategic commissioner and the CCGs' close down and transition plan.

#### **Minute No. GB-2020-12.140 - Apologies**

- 2.1 Apologies were noted from:

Mr Geoff Braden                      Lay Member for Governance for Telford and Wrekin CCG  
Dr Deborah Shepherd              Joint Interim Medical Director

#### **Minute No. GB-2020-12.141 - Declarations of Interests**

- 3.1 Members had previously declared their interests, which were listed on the CCGs' Governing Bodies Register of Interests and was available to view on the CCGs' website at:  
<http://www.shropshireccg.nhs.uk/about-us/conflicts-of-interest/> and  
<https://www.telfordccg.nhs.uk/who-we-are/publications/declaration-of-interest>

However, Members were asked to confirm any additional conflicts of interest that they had relating to the agenda items.

- 3.2 There were no further conflicts of interest declared for the items on this meeting's agenda.
- 3.3 Dr Povey highlighted some inconsistencies with memberships of PCNs and joint posts on the Conflicts of Interests Register presented, which Miss Smith confirmed she would review.

**ACTION: Miss Smith to arrange a review of the Conflicts of Interest Register to ensure records are consistent.**

#### **Minute No. GB-2020-12.142 – Single Strategic Commissioner – Close Down and Transition Plan**

- 4.1 Miss Smith introduced this item and explained that NHS Shropshire CCG and NHS Telford and Wrekin CCG were now in the implementation and transition phase of becoming one single CCG. The report previously circulated gave a brief overview of the next steps. An important part of the transition process was that the CCGs were required to undertake a due diligence exercise to understand the assets and liabilities that both CCGs currently hold and which parts of those would transition into the new CCG. The CCGs were required to provide NHS England/NHS Innovation (NHSE/I) with submissions on their progress against this process.
- 4.2 Miss Smith referred to the approach and the reporting of the due diligence exercise as detailed in the report. An important recommendation was that the Governing Bodies would delegate to the Audit Committee meetings in common to have oversight of the process to ensure that the CCGs were progressing as needed to by the timeline that is required by NHSE/I. The Joint Executive Team meetings on a fortnightly basis would continue to be used as the Programme Board for the transition and implementation process so that there is an operational and managerial oversight and reports would be provided to the Programme Manager.
- 4.3 It was likely that some oversight from the CCGs' legal advisers, Mills & Reeve would be needed to ensure that the CCGs provided sufficient detail required by NHSE/I and it was proposed that the CCGs procured some additional support from them. Initial conversations had taken place with Mills & Reeve and it was understood that the CCGs would require their bronze level support package. The detail of the cost was unknown at this stage but the Governing Bodies were made aware that with the two CCGs there were risks that were included in the report. The report also outlined recent progress in further work post application approval for noting by the Governing Bodies.
- 4.4 Mr Timmis raised four points as follows:
  - 1) The dates in Appendix 2, paragraph 2.8, looked contradictory in that they did not allow sufficient time between the final opportunity for the Audit Committees to consider the information contained in the report and the time for the Executives to respond to any issues that the Audit Committees and Governing Bodies might raise at that stage. Mr Timmis therefore suggested the detail of the March dates needed to be re-considered.

- 2) The Audit Committees had requested a review of the committees and how they were functioning, particularly the structures and Terms of Reference, which would help to feed into this work and also the Audit Committees' work. Mr Timmis explained that the Audit Committees wished to ensure that, having the new constitution in place, the CCGs would be prepared for the establishment of the new CCG on 1 April 2021. It would be a final opportunity to gain an independent view of how the constitution was working in practice and how it compared with other organisations that they were reviewing.
- 3) The CCGs were required to submit the financial strategy by the end of January 2021. It was noted that NHSE/I were currently refusing to sign off the CCGs' forecast outturn, which suggested the potential for a rejection of the medium-term financial strategy at least at the initial stage.
- 4) Out of the different elements quoted in the report it was felt that when moving to create the new single strategic commissioner, records management was one of the key aspects of maintaining information governance to enable access and security of all IT and hard copy files of the two existing CCGs.

Mr Timmis added that from his time working for Shropshire CCG there had been difficulties experienced in obtaining information from the previous organisation and from an Audit Committee's perspective the CCG was lacking improvements to its records management.

- 4.5 Mr Timmis apologised if the points above sounded negative but thought that overall the report was very good.
- 4.6 Dr Povey agreed with the point made about the issue of records management when Shropshire CCG first became a CCG, particularly locating contract information from the time of the previous organisation.
- 4.7 Mrs Skidmore advised that the records management piece of work was included in a long section in the transition plan for the setting up of new structures, archives, and for example, where the CCGs transfer contracts into the single organisation. Mrs Skidmore was assured that copies of those contracts have been captured in the action plan and the Finance Team was working through this. Further assurance included the work that was being supported by the Information Governance Team around the information asset registers with the asset owners and administrators to ensure that all the information was up-to-date and had all been built into the timeline to make the transition easier.
- 4.8 Mrs Skidmore reported that she had attended a meeting with Mark Mansfield, Regional Director of Finance, the day before to talk through the latest iteration of the Finance Strategy that had been submitted to NHSE/I for review. Mr Mansfield understood that the CCGs were not going to be able to submit a medium-term finance plan that would resolve the financial deficit in the next three years. However, a plan was required that was sufficiently credible of the CCGs' intentions to make the necessary changes in order that Mr Mansfield could make the recommendation to the national team that the CCGs can proceed forward into the new CCG. Mrs Skidmore highlighted that there was still a lot of work to do on the model submitted but felt more comfort that the CCGs had included sufficient progress in the plan for Mr Mansfield to make the recommendation to the national team.
- 4.9 Mrs Young said that she appreciated that work was ongoing on records management but raised the issue of the increased use of Microsoft Teams as a platform to store documents where there was potential for confusion and for losing sight of where documents are filed and stored. Mrs Skidmore acknowledged this point and confirmed that the Finance Team had already started to look at a policy to cover this area of work.
- 4.10 Mr Vivian noted that one of the main risks was the unsuccessful appointment of the new AO/Leader of the ICS and sought an understanding of what the mitigation for that risk was should that happen.
- 4.11 Miss Smith explained that there was a risk if there were not a sufficient number of applicants at the right level for the role as described in the person specification. A mitigation action was in place which was to use a recruitment agency. As this was a Governing Body Part 1 meeting, in order to prevent the recruitment process being compromised, it was agreed that further detail would be provided in the Governing Body Confidential Part 2 meetings in common.

***RESOLVE: NHS Shropshire CCG Governing Body NOTED the content of the report and APPROVED the following proposals:***

- 1) ***AGREED the ongoing oversight of the application implementation by the Joint Executive Team acting as the Programme Board;***

- 2) **AGREED** the process of due diligence and delegate the oversight of this to the Audit Committees of both CCGs meetings in common; and
- 3) **AGREED** that further independent legal scrutiny of the due diligence process should be sought where necessary.
- 4) **NOTED** the recent progress in further work post application approval.

**RESOLVE:** NHS Telford and Wrekin CCG Governing Body **NOTED** the content of the report and **APPROVED** the following proposals:

- 1) **AGREED** the ongoing oversight of the application implementation by the Joint Executive Team acting as the Programme Board;
- 2) **AGREED** the process of due diligence and delegate the oversight of this to the Audit Committees of both CCGs meetings in common; and
- 3) **AGREED** that further independent legal scrutiny of the due diligence process should be sought where necessary.
- 4) **NOTED** the recent progress in further work post application approval.

**ACTION:** Miss Smith to review the detail of the March dates in the timeline summary contained in Appendix 2, paragraph 2.8 to allow more time for the information in the report to be considered by the Audit Committees and the Governing Bodies.

**Minute No. GB-2020-12.143 – Any Other Business**

5.1 There were no further items raised.

**DATE OF NEXT MEETING**

It was confirmed that the next scheduled Governing Body Part 1 meetings in common are scheduled to take place on: Wednesday 13 January 2021 at 9.00am via Microsoft Teams.

Dr Povey officially closed the meeting at 9.50am.

**SIGNED** ..... **DATE** .....

**Shropshire Clinical Commissioning Group (SCCG) and Telford and Wrekin CCG (TWCCG)**

**ACTIONS FROM THE GOVERNING BODY PART 1 MEETINGS IN COMMON – 9 DECEMBER 2020**

<b>Agenda Item</b>	<b>Action Required</b>	<b>By Whom</b>	<b>By When</b>	<b>Date Completed/ Comments</b>
<b>GB-20-12.141 – Members’ Declarations of Interests</b>	Miss Smith to arrange a review of the Conflicts of Interest Register to ensure records are consistent.	Miss Alison Smith	Next meeting	Complete
<b>GB-20-12.142 – Single Strategic Commissioner – Close Down and Transition Plan</b>	Miss Smith to review the detail of the March dates in the timeline summary contained in Appendix 2, paragraph 2.8 to allow more time for the information in the report to be considered by the Audit Committees and the Governing Bodies.	Miss Alison Smith	January 2021	

**Submitted Questions by Members of the Public  
for the Governing Body meetings in common on 11 November 2020**

Name Date & Time	Submitted Questions	CCG Summary Response
Linda Senior	<p><b>1 Improvement Alliance</b></p> <p>Concerns about the quality of care at SaTH are of course longstanding. The CCGs have welcomed the improvement alliance through which SaTH will be supported by UHB. This month's Board papers note 'A high degree of attention from the CCG remains in place.'</p> <p><b>Do the CCGs have any indication at this stage of improvements in the quality of care?</b></p> <p><b>Do the CCGs have any awareness of the criteria and process for evaluation of service improvements made through this work? Can these be shared?</b></p>	<p>As of 16 October 2020, the Trust had completed 87% of the 402 actions included in their Quality Improvement Plan. The Trust is moving into Phase Two of the programme, which will continue to focus on themes of improvement including; reducing avoidable harm to patients from falls; pressure ulcers and medication errors; recognition and response to acutely unwell patients; and supporting vulnerable patient groups. The CCGs do have a significant governance process in place to monitor the quality of services at SaTH. This includes holding our formal Clinical Quality Review Meetings (CQRMs) twice monthly, and a focussed Emergency Department Quality Assurance meeting occurring 2-3 weekly. The CCGs, along with CQC and NHSI, also attend and receive reports and information from the System Oversight Assurance Group (SOAG). The CCG's specialist staff attend SaTH's internal committee meetings on infection prevention and safeguarding, and we undertake both joint (with SaTH, NHSI) and independent quality assurance visits. The phase 2 priorities reflect the areas of concern highlighted by CQC and these form part of our quality checks when undertaking Quality Assurance visits.</p> <p>Maternity S31 conditions - The CQC has confirmed that the Trust has provided evidence of improvements relating to the two maternity Section 31 conditions and that these two conditions on their registration will be lifted.</p> <p>Acutely unwell patient in the Emergency Department –</p>

Name Date & Time	Submitted Questions	CCG Summary Response
	<p><b>Is there a likely duration for the improvement alliance, or even a broad indication of timescale? Is this weeks, months or years?</b></p> <p><b>Does there remain a short-term risk of ‘special administration’ of SaTH’s services?</b></p>	<p>More than 90% of patients are consistently receiving a full set of observations on arrival to ED, and more than 95% of patients have observations taken in line with their protocol, and more than 95% of patients have a sepsis screening tool completed, with appropriate screening actions taken for high risk sepsis.</p> <p>Paediatric Triage in Emergency Department – in relation to ensuring children are seen quickly and treated in a timely manner. In February 2020 the average time to see a child was between 20 and 40 minutes. For the four months preceding October the number of times where the 15 minutes standard was not achieved was 3 occasions. The trust has demonstrated an improvement from 10-20% in February to 70-80%.</p> <p>The Improvement Alliance arrangement is in place until March 2022.</p> <p>The decision for any NHS Trust to be recommended for ‘special administration’ does not sit with the CCG. The publication ‘Special measures for quality reasons: guidance for trusts’ (December 2017), available on the CQC website, provides further information.</p> <p><b><i>Mrs Zena Young, Director of Quality</i></b></p>
Linda Senior	<p><b>2 Shropdoc</b></p> <p>These are <b>new</b> questions arising from CCG responses to questions asked in July.</p> <p>Both CCGs were asked in July about Shropdoc and particularly about the publication of the ‘6 month’ review initiated around service changes in the summer and autumn of 2018. The response from Telford and Wrekin CCG was <i>‘This review will be published when it has been</i></p>	

Name Date & Time	Submitted Questions	CCG Summary Response
	<p><i>through the CCG's Governing Body, planned for September 2020'.</i></p> <p>Shropshire CCG, to its credit, acknowledged, 'As we review this process it is clear that although there are some issues that were beyond the control of the CCG there is much we could have done to be more transparent and engaging in the processes we undertake'. The CCG published some summarised information but said it was unable to 'publicly share the review documents as they have not formally been through our own governance processes due to the disputes in relation to the recommendations'.</p> <p><b>Has the review been through CCG governance processes yet? If not, what is the anticipated timescale for completion and publication?</b></p> <p><b>Are the disputes with Shropdoc and/or the Community Trust regarded as 'commercial in confidence'?</b></p> <p><b>If so, can the commercially sensitive information be redacted and the remainder of the review and recent service performance data be made publicly available?</b></p>	<p>I recognise that we did offer to publish the review by September but due to COVID restraints on time for the directors to get together from the two organisations to finalise the review, the timescales have slipped. However ShropComm and the CCGs are committed to publishing the review as soon as possible and have agreed to present at the Governing Body meeting in January 2021.</p> <p>We would certainly want to publish the review in full if possible but can redact any commercially sensitive items should it be deemed necessary.</p> <p><b>Ms Claire Parker, Director of Primary Care</b></p>
Denise Williams-Cox RGN MSc	<p><b>1</b> Many CCGs are advancing plans to centralise stoma and continence appliance services with the aims of improving patient experience, ensuring patients have an annual review with a nurse specialist and containing costs.</p> <p><b>Do you have any plans to look into this area? And if so, who will be leading on this?</b></p>	<p>I am not aware of any plans underway to centralise stoma care.</p> <p><b>Ms Claire Parker, Director of Primary Care</b></p>

Name Date & Time	Submitted Questions	CCG Summary Response
Gill George	<p><b>1 Finance</b></p> <p>The shared CCG financial plan includes a QIPP programme of £98.6 million to be delivered between 2020/21 and 2023/24. This is rightly described by the CCGs as ‘ambitious’ and a programme on this scale implies significant change to health services delivered to the public.</p> <p><b>Will the CCGs commit to ensuring openness about service change; to sharing information with local authority Health Overview and Scrutiny Committees to support their responsibility to review and scrutinise proposals for change; and to ensuring public involvement as required by Section 14Z2 of the NHS Act 2006?</b></p>	<p>The CCGs take our responsibility for public involvement seriously and will be open about any service changes that are proposed. We are committed to continued dialogue with Health Overview and Scrutiny Committees (HOSC) in order that they are fully sighted on our plans. Throughout the COVID Pandemic the CCG has been holding (mostly) weekly meetings with the joint HOSC Chairs to ensure a full and open understanding of the impact and system response to the pandemic the country is experiencing.</p> <p><b><i>Mrs Claire Skidmore, Executive Director of Finance</i></b></p>
Gill George	<p><b>2 The Hospital Transformation Programme</b></p> <p>September CCG minutes record that the Hospital Transformation Programme was regarded by NHSE/I as one of four key areas of concern, and that NHSEI had communicated with CCGs to this effect. In July, newspaper reports and information from a local MP suggested wildly varying estimates of the capital costs of the Hospital Transformation Programme/ Future Fit. These estimates included £450 million, £533 million, and £580 million – all of these of course substantially higher than the £312 million that went to public consultation.</p> <p><b>Is there now an agreed capital cost of the programme?</b></p> <p><b>Do the CCGs expect implementation of the full programme as outlined in public consultation, or is it more probable that</b></p>	<p>The Outline Business Case (OBC) is being developed and the final capital cost will not be clear until this has been completed. The CCGs are currently discussing with the Trust the timeline for the completion of the OBC. The</p>

Name Date & Time	Submitted Questions	CCG Summary Response
	<p><b>implementation will be phased or partial?</b></p> <p><b>Is there a target date for finalisation of the Outline Business Case?</b></p> <p><b>In July, Sir Neil McKay outlined a timetable in which a full business case would be approved by the start of 2022, with major work to begin soon afterwards. Is this still the case?</b></p> <p><b>Is the timetable for the Hospital Transformation Programme in the public domain, and if so, where can it be found?</b></p>	<p>CCGs and the Trust are working towards the implementation of the clinical model which was the subject of public consultation. It is not unusual in major capital schemes where there are elements of refurbishment for there to be a phased approach because of the complexities involved, it is not possible at this stage to say if that will be the case.</p> <p><i>Mr David Evans, Accountable Officer</i></p>

NHS Shropshire CCG

NHS Telford and Wrekin CCG



**REPORT TO: NHS Shropshire, Telford and Wrekin CCGs Governing Body Part 1 Meetings in Common  
on 13 January 2021**

<b>Item Number:</b>	<b>Agenda Item:</b>
GB-21-01.010	NHS Shropshire CCG and NHS Telford and Wrekin CCG Performance and Quality Report

<b>Executive Lead (s):</b>	<b>Author(s):</b>
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<b>Action Required (please select):</b>			
A=Approval	<input type="checkbox"/>	R=Ratification	<input type="checkbox"/>
S=Assurance	<input checked="" type="checkbox"/>	D=Discussion	<input checked="" type="checkbox"/>
I=Information	<input checked="" type="checkbox"/>		
<b>History of the Report (where has the paper been presented):</b>			
<b>Committee</b>	<b>Date</b>	<b>Purpose (A,R,S,D,I)</b>	
Quality & Performance Committee	23 <sup>rd</sup> December	S,D,I	
<b>Executive Summary (key points in the report):</b>			
<p>Performance</p> <p>During the ongoing pandemic situation, the scope and detail of this report are limited due to suspension of many of the data flows Performance against certain indicators is expected to deteriorate in this period (for example, RTT waiting lists). Recovery planning is underway but the process is likely to take some time, and any resumed services will have reduced capacity due to the need for social distancing.</p> <p>Performance measure related to the Urgent and Emergency Care environment locally remain challenging in particular in relation to the 4 hour treatment standard for A&amp;E.</p> <p>Initiatives under the local winter plan have commenced aimed at reducing A&amp;E attendances and reducing emergency admissions and have made promising starts. Both the admission avoidance schemes and the NHS111 First project show early signs of moving activity in the right directions.</p> <p>Elective activity at local providers has steadily increased since the first Covid wave but will remain operating at reduced capacity due to social distancing impacts into the foreseeable future. Consequently, waiting times for Elective care and Diagnostics continue to show high numbers of long waiters. Encouragingly though, modifications to physical estate and confirmation of retention of mobile diagnostic units indicate that some stability may be achievable over the coming months. Focus remains on treating urgent electives and cancer cases as a priority.</p> <p>In general cancer performance has held up reasonably well although there are current issues in relation to the achievement of the 14 day standard for Breast symptomatic cases as a result of capacity constraints.</p> <p>IAPT activity remains well below targeted levels due to lower levels of presentation and the CCGs will not achieve the year end cumulative target given the accumulated shortfall in performance to date.</p>			

**Key Quality Points:**

Shrewsbury and Telford Hospitals NHS trust (SaTH) remains the most challenged provider and cause for concern within the health system.

CQC have confirmed to SaTH that sustained improvements has resulted in the two S31 conditions relating to Maternity services being lifted and reporting requirements reduced.

A number of concurrent Covid-19 outbreaks have been reported in NHS providers.

MPFT have commenced ASD assessments. However, this is currently limited until the full staff compliment is in place; the additional posts for this service are currently out to recruitment and expected to be in place by end January 2021.

Following the publication of the first report from the Ockenden review of maternity services at SaTH, a separate report on maternity is provided to this committee.

**Implications – does this report and its recommendations have implications and impact with regard to the following:**

1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

**Recommendations/Actions Required:**

The Governing Body is asked to note the content of the report and the actions being taken to address the issues identified.

# 1 Key Performance Challenges

At month 7 of 2020/21, unless otherwise indicated

Area, Local Lead	Indicator	Target or National rate	Latest Position		Change from last period		Headline issues/actions
			SCCG	TWCCG	SCCG	TWCCG	
A&E,	<b>4-hour A&amp;E</b> (SaTH, M08)	95%	<b>73.4%</b>				<p>Ambulance conveyances to A&amp;E reduced due to COVID 19. Cat 3-4 Ambulances now go via 111 clinical assessment services. Emergency Department (ED) attendances relatively low at PRH, but recovering towards pre-Covid 19 levels. SaTH mostly maintained level one escalation levels during the first wave of the pandemic; this resulted in improved performance against targets. Current experience since September has been of gradual increase in the levels of escalation reported with increasing counts of Level 3 and 4</p> <p>In November the Trust reported 39 over 12 hour breaches</p> <p>Additional medical and nursing staffing has been secured into the ED department which will improve ability to manage workload more effectively. Staff have also gained additional qualifications in relation to Paediatrics which will contribute to ensuring adequate staffing on both sites and addressing requirements to improve time to treatment</p> <p>The Trust is continuing to work with ECIST with an emphasis on addressing blockages to discharge flow and to seek improvement in the numbers discharged before noon. Numbers of Stranded and Super Stranded patients (&gt; 7 days and &gt; 21 days) have increased in recent weeks which may be an impact of increased length of stay for Covid cases. Challenges around patient flow have also arisen from Covid outbreaks in community hospitals and the associated bed closures and staff reductions. Medically Fit For Discharge (MFFD) levels have increased slightly but remain well below levels in previous years. Length of Stay of the medically fit for discharge remains ~48hrs which is better than last year (was 3-4days) but requires further improvement to get down to 24hrs but this is dependent on the patients being made ready to leave the hospital. A new lead with experience in Worcester has started working in SaTH in December to help drive this improvement.</p>

						<p>The initiatives identified under the Winter Plan umbrella have commenced in recent weeks with some encouraging early signs in relation Frailty Streaming at the Front Door, enhanced rapid response support in the community to avoid admissions, enhanced community support for respiratory cases and additional support to care homes. Confidence in these alternatives needs to continue to be developed but current levels of referrals are at planned levels.</p> <p>The NHS111 First project has commenced with the objective of redirecting unplanned A&amp;E attendances to booked and planned attendances across a range of treatment locations. The project has only been operational for a few weeks and numbers are relatively small but the indications are of movement of patients in the desired direction away from ED and into booked appointments in the UTCs and Primary Care where appropriate.</p>	
	<b>Over 1 Hour Ambulance handover Delays</b>	0	<b>251 (M8)</b>			<p>In November SaTH reported 251 ambulance handover delays of over 1 hour with 72% of these occurring at RSH. Previous analysis has indicated that many of the delays are associated with periods of time when there are high frequency of ambulance arrivals within a relatively short space of time. The CCG is restarting the work with SaTH and WMAS to identify options for improving processes around handover and to identify opportunities for conveyance elsewhere to reduce contention at the arrival point for ED. This work is being managed through the UEC Delivery Board.</p>	
RTT	<b>Referral to Treatment within 18 weeks</b>	92%	<b>60.3%</b>	<b>62.8%</b>			<p>The reduction of elective work during the Covid 19 period is reflected in worsening performance against RTT indicators. There are increasing numbers of longer waiters including 52 week waiters.</p>
	<b>Referral to Treatment waits &gt; 52 weeks</b>	0	<b>670</b>	<b>364</b>			<p>Activity levels for outpatient, inpatient and daycase care have recovered significantly over recent months but are expected to remain some way short of pre Covid levels due to the requirements for social distancing limiting capacity and throughput. In particular issues exist around delivering Outpatient procedures, elective inpatient bed capacity at SaTH and some diagnostic capacity.</p> <p>Where possible additional capacity has been secured through the use of modular units, extended working hours and mutual assistance between providers as well as physical adaptations to the fixed estate to allow</p>

						<p>restoration of capacity. Short term reductions in capacity are also caused by any Covid outbreaks removing both staffing and bed capacity.</p> <p>Throughout the current period the focus has been on protecting urgent elective and cancer care as a priority and in minimising the knock on effects on elective capacity of increased Covid emergency cases. Current forecasting views are anticipating an additional wave of Covid activity in early January and plans are in place to minimise the impact this may have on elective care.</p> <p>Despite these approaches and the fact that routine referrals from Primary Care are around 30% lower than pre Covid, it is anticipated that numbers of long waits will continue to increase as the focus will be on treating the most clinically urgent cases first. Providers are moving toward having a shared waiting list with a consistent approach to assessing clinical priority and regular re-assessments of longer waiting patients.</p> <p>The national contract for elective activity at the Nuffield has been extended to the end of March 2021 which should allow SaTH to continue to utilise elective capacity there for around 20 elective cases per week.</p>
	<b>Diagnostic waits of more than 6 weeks</b>	1%	44.5%	52.6%	 	<p>Like elective activity in general, performance for Diagnostic waits has been severely impacted by capacity restrictions resulting from Covid 19. The position has improved in recent weeks but the accumulated backlog of waiters will take some time to resolve.</p> <p>Funding bids have been submitted to NHSE/I for estates work to address air handling limitations in Outpatient procedure rooms.</p> <p>Diagnostic activity has been significantly increased for Imaging modalities in recent weeks notably for CT and MRI. Business cases have been approved in SaTH for the retention of mobile units through to mid-summer next year for MRI which is expected to allow the clearance of the existing backlog by that date. A similar proposal for the retention of CT units is in progress which would be expected to have a similar impact. Beyond that point however unless similar levels of capacity re enable it would be expected that waiting times would increase again.</p> <p>SaTH have agreed a subcontract arrangement with a third party provider for ultrasound to start in January. The CCG is supporting them in finding additional community estate to locate this capacity.</p>

							<p>Additional capacity has also been utilised through joint working with SCHT RJAH and Nuffield.</p> <p>The position with some of the Endoscopy modalities is somewhat more challenging with equipment limitations and delays in delivery of new equipment, but the national recovery target of 100% are on track to be delivered by the year end in Gastroscopy and Colonoscopy.</p> <p>Bowel cancer screening has not yet re-started and national recommendations on dealing with this are expected from NHSE/I shortly. This is likely to increase activity requirements for Colonoscopy as it is projected that options for increasing activity through Flexi-Sigmoidoscopy look unlikely. The plan for Flexi-Sig needs to be adjusted in the new year to account for this change in practice.</p>
Cancer Waits,	<b>2WW</b> urgent referral	93%	89.6%	86.8%	↓	↓	<p>Cancer performance has generally held up well during the Covid 19 crisis as priority has been given to cancer patients. At M7 however, performance has deteriorated slightly in percentage terms as activity numbers have increased and efforts are made to reduce backlogs. The expectation is for levels of performance to continue to improve over the next few months <b>subject</b> to the impact of the second wave of Covid, including at tertiary centres e.g. UHNM.</p> <p>The CCG has requested from SaTH an impact assessment to understand the potential consequences of this.</p> <p>Breast cancer performance is being impacted by capacity restrictions arising from Covid and related to estate changes impacting waiting room space and</p>
	<b>2WW</b> Breast	93%	30.2%	20.4%	↓	↓	
	<b>31 days</b> to cancer treatment (surgery)	94%	87.9%	100%	↓	↑	
	<b>62 days</b> from referral to cancer treatment	85%	86.9%	79.1%	↑	↓	

	62 days, referral from screening to treatment	90%	0% (only 1 referral)	100%	 	<p>the ability to maintain social distancing in waiting areas. Estates work is planned at SaTH to address this but there is no date yet when it will be finished. Increased capacity will be available within 1-2wks of this work being completed.</p> <p>SaTH are having weekly calls with West Midlands Cancer Alliance (WMCA) to explore if there is any additional capacity Out of County.</p> <p>Referrals decreased substantially during the Covid 19 peak but now recovering to just slightly below normal levels. Referral levels continue to be of concern in lung. The CCGs and SaTH are working together to try and understand what more can be done to encourage referrals for lung. Significant capacity issues in diagnostics has impacted on performance but cancer and other urgent cases are being given priority.</p> <p>Use of the Nuffield continues to support cancer care under the remit of the nationally agreed contract and this is planned to continue through the rest of the year.</p> <p>104 day waits have been reduced to just 1 at SaTH in October</p> <p>Cancer Assurance Meetings continue, with Commissioner attendance as required. Best Practice Pathways work is being evaluated and will be shared with the CCG and agree what actions are then required.</p>
Dementia,	<b>Dementia</b> Diagnosis Rate	66.7%	62.3%	58.1%	 	<p>TWCCG remains below target. Planned events for dementia awareness in practices are on hold due to Coronavirus.</p> <p>Shropshire CCG performance has reduced slightly and is still failing to achieve target. The causes of this are unclear at the minute. Some reluctance of practice populations to present in person and the consequences of greater online and telephone consultations have been commented elsewhere as possible contributors to this position. Further investigation will be undertaken with Primary care to gain greater understanding and identify possible solutions.</p>
Mental Health	IAPT Access	25% at year End	6% (Cumulative at M7)	5.6% (Cumulative at M7)	 	<p>Access levels for IAPT have been slowly recovering month on month since the Covid Wave 1 period but numbers presenting are still significantly below normal levels despite efforts to encourage more presentation.</p> <p>Given the level of achievement against the target in Q1 and Q2 and the</p>

						likely recovery pathways, it will be difficult for the CCGs to achieve the year end target of 25 % access.
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- 1.1 Much of the remaining reporting topics that would normally form part of the report have been suspended during the Covid 19 crisis. It is not yet clear when these will resume.
- 1.2 Appendix1 shows further detail on the indicators reported here. Future reporting to the Governing Body will be structures around the key metrics within the Oversight Framework identifying metrics where performance is Good, Average and Poor. Focus will be on those metrics where the rating is Poor and those where performance has deteriorated over a number of successive periods. This will be developed when the Performance Team is in place after the Management of Change Process is concluded.

## 2 Quality Concerns/ Key Points - Providers

Provider	Areas of Concern, current position and actions
Shrewsbury & Telford Hospitals NHS Trust	
<p><b>Quality of care:</b></p> <p>Concerns remain in relation to the quality of care within the Trust particularly in relation to the completion of patient risk assessments; culture and leadership. There is a targeted focus on falls management and prevention; care of the deteriorating patient and essentials of nursing care across the care groups. CCG quality oversight continues with quality visits and supporting the trusts exemplar visits programme forming part of the assurance work. SaTH have a new internal oversight meeting Review Action and Learning from Incidents Group (RALIG), a weekly meeting where incidents are scrutinised, discussed and managed. There is work on-going relating to rapid tranquilisation of patients and a new policy will go-live in the next 2 weeks. Both SaTH's trust wide and maternity risk registers will be jointly reviewed with the Trust and CCG during December.</p> <p><b>Cancer services:</b></p> <p>Assurances in relation to the management of 2WW and 104 day breaches have taken place through discussions at CQRM and Contract review meetings. Following the temporary guidance released in April 2020, the Trust continue to triage referrals with telephone appointment, face-to-face appointments or straight to test, the most appropriate approach is confirmed following review of the referrals by the Consultant. During August there were a total of 7, 104 day cancer breaches. For Shropshire CCG patients there were 4 breaches; 3 in Urology and 1 in upper gastrointestinal. No harm was identified from the information available due to the period of wait.</p> <p>For Telford and Wrekin patients there were 3 breaches in Urology. No harm has been identified from the information available due to the period of wait.</p> <p>The CCG are meeting with the trust in December 20 to understand their internal harm process.</p> <p>A separate report on Harms Review findings for all providers will be presented to Q &amp; P on a quarterly basis, next due February 2021.</p> <p><b>Maternity Services:</b> The first Ockenden review report published 10 December 2020 identifies key themes and sets out a number of actions that SaTH will need to ensure are delivered at pace. A separate report is provided to this committee to explore in detail.</p>	

### **Neurology:**

Meetings continue to progress to the new model which is to be provided by Royal Wolverhampton Trust (RWT). There are challenges in relation to the available space in SaTH to enable RWT clinicians to deliver a service at SaTH. SaTH note their expectation is for a speedy resolve with estates. The meetings are attended by clinicians from both secondary care providers and primary care colleagues to ensure robust clear pathways are in place. It has been agreed that the service requires a single point of referral. The referrals will be triaged and patients offered treatment at appropriate locations, being mindful of patient choice, patient logistics and capacity. RWT have given assurance that they will be able to offer some form of remote clinics to patients in Shropshire if required due to forthcoming winter issues or 2<sup>nd</sup> wave Covid-19.

### **RTT:**

The Trust's RTT performance remains a concern. A sub-group has been formed to review recovery of the elective position. The Trust is completing harm proformas as required. Data and progress will be reported within the performance section of this report.

A separate report on Harms Review findings for all providers will be presented to Q &P on a quarterly basis , next due February 2021

### **Serious Incidents:**

Four serious incidents were reported in November: 2 x Slips/trips/falls, 1 x Pressure Ulcer and 1 x Diagnostic Incident.

**12 hour trolley breaches** – Thirty nine 12 hour ED breaches were reported in November

### **Falls:**

It is acknowledged that the increase in number of falls being reported is due in part to changes in criteria of reporting falls as an SI. However the initial notifications are indicating recurring themes: incomplete risk assessments; inconsistent application of bay safe; and post falls management. The Trust wide falls prevention improvement plan has been implemented. The implementation of this work continues to be overseen by the matrons and audited as part of their Nursing Quality Assurance Metrics audits. The CCG is reviewing this through its quality assurance processes. The Trust is receiving support from the NHSEI national falls lead for their improvement work. The trust have taken several immediate

actions to address a specific ward by adding more senior staff to the identified ward, adding a wrap-around support mechanism for the ward, reviewing the rota to ensure more consistency of staffing, and also allocated staff to review the documentation for each patient to identify their specific needs, including the needs for a DoLS. The trust has produced a falls action plan and Sis are reviewed against it.

**Discharges:**

The Safer Discharge task and finish group set up by the CCG has led to a discharge audit. The outcome and recommendations of this audit will be shared at the Urgent & Emergency Care Group (UEC) and the Trust to ensure that there is system wide learning to improve the effectiveness and safety of discharge processes.

**IPC:** A number of concurrent Covid-19 outbreaks have been reported across both trust sites and these have been managed in accordance with the Incident Management (IMT) process, and reported as a SI. Actions are underway at the trust to improve their swab testing and results tracking which was a learning point from the outbreak. The CCG undertook an IPC assurance visit with NHSEI in October and a further visit in November and areas of good clinical practice were noted, however the estates fabric (peeling paint, damage to walls) and breaches of integrity of some seat and mattress covers in certain areas was found and the Trust is replacing these.

**Quality Assurance visits:**

CCG quality assurance visits, both announced and unannounced to SaTH have continued throughout the Covid 19 pandemic. The quality leads also continue to attend joint Exemplar visits with SaTH colleagues (this is the trusts internal ward assurance programme)

## 2.2 Robert Jones and Agnes Hunt Orthopaedic Hospital

**RTT:**

The Trust has reported 418 English patients waiting over 52 weeks of which 244 are STW patients

**Serious Incidents:** one serious incident was reported in November which related to a HCAI / Infection Control Incident.

**Quality Assurance visit:**

There will be a discussion in December with the provider and CCG regarding the focus of future QA visits.

## 2.3 Midlands Partnership FT

**Serious Incidents/ Never Events:** Seven STEIS reportable serious incidents were reported during November 2020. 4 unexpected deaths; 1 X suspected suicide; 1 x medication incident; 1 x disruption/aggressive/violent behaviour of a patient.

**ASD Waiting List:** MPFT have commenced assessments. However, this is currently limited until the full staff compliment is in place; the additional posts for this service are currently out to recruitment and expected to be in place by end January 2021. There are currently 292 CYP on the waiting list. MPFT are currently looking at how they provide an equitable assessment process for those that haven't been through the joint panel process. Along with a trajectory outlining how the service will deliver a standardised waiting time.

Work has continued to pilot and develop with Telford and Wrekin, school mental health leads, LA Early Intervention and Family Support leads a multi-disciplinary triage panel, to discuss cases where CYP present with behavioural issues and possible ASD. It has been recognised that not all referrals to Bee U for ASD have in the past been appropriate. All the agencies involved in working with CYP bringing the relevant evidence has improved the joint working and information available to support assessments. A panel has been running in Telford for the past 6 months. Shropshire is due to start a pilot, discussions having been delayed by COVID

**SaTH –** Admissions to SaTH paediatric unit for children and young people who require access to Tier 4 services is challenging. Although undertaken in crisis situations, this is not conducive to care or wellbeing of anyone involved, or other children and families who may witness this very challenging behaviour and its management.

System-wide learning has been proposed by MPFT Managing Director of Shropshire, Telford & Wrekin Care Group. This includes a formal request for independent reviews relating to two patients who are part of the Transforming Care Programme. The purpose being to help identify a system diagnostic to prevent similar escalations.

Integrated working with MPFT is improving, and an experienced mental health nurse is currently on secondment from MPFT to SaTH. There is very positive feedback from both organisations about the benefits being gained by the secondment. The CCG's are informed that discussions are underway regarding its continuation.

#### 2.4 Shropshire Community Healthcare NHS Trust

**Serious Incidents/Never Events:** three serious incidents were reported in November, all related to pressure ulcers.

The CCG are undertaking supporting a system –wide review of pressure ulcers from the perspective of discharges from providers and referrals into community services. This is an action of the system wide Patient Safety Group chaired by the CCG. The outcome of this will be reported into QPC.

SCHT have moved services previously located at Princess House, Shrewsbury to Coral House, Harlescott. Equality/Quality Impact Assessments completed by Provider showed patient engagement had been undertaken prior to the move and consideration of access for patients to the new building.

Quality Assurance Visit – Quality Assurance visit took place to the TEMs service base at Euston House, Telford, on 27/10/2020. Purpose of the visit was to learn more about the new ways of working using remote consultations during Covid-19 pandemic and following restoration of service. No concerns identified and positive outcomes noted including SaTH consultants proving clinics from Euston House leading to improved communication.

#### 2.5 GP Led Out of Hours Service - (SCHT leads on OOH contract, subcontracting Shropdoc since 1st Oct '18.)

**Serious Incidents/Never Events:** None reported during November 2020.

There are no quality concerns to report by exception.

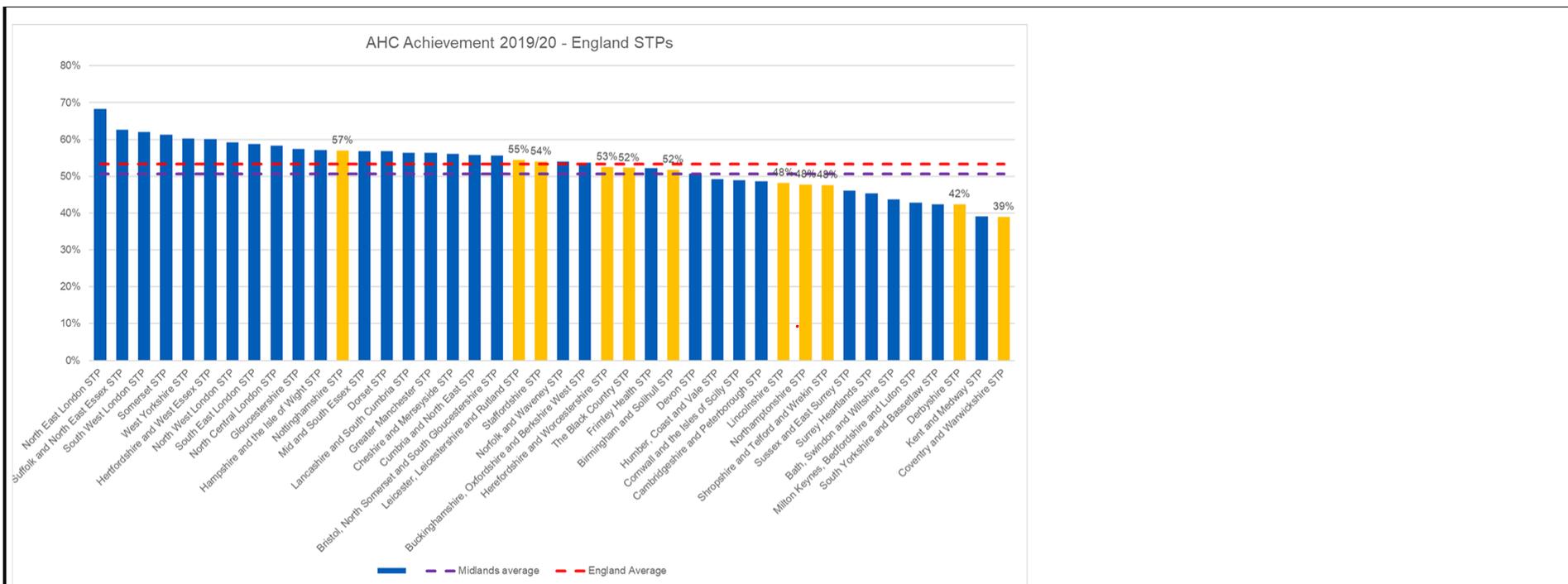
## 2.6 Primary Care

A quarterly Primary Care Quality Report has been submitted to the December 2020 committee as a separate paper.

**Annual Health Checks:** The CCG and partners are continuing work to improve the uptake and quality of Annual Health Checks for people with Learning Disabilities. There is significant variation in uptake of AHCs across the system. A multi-agency approach is being developed to ensure system buy-in to improve this area of work. A pilot scheme has been successfully developed to support the completion of AHC's virtually during COVID restrictions; this is being rolled out to other GP's. There is a focus on the 14-18 year age group, working jointly with other agencies such as education / LA / parent & carer groups to ensure AHC's are embedded within services i.e. EHCP's.

The National team are indicating that they expect 67% achievement during 2020/21, with a target of 75% by the end of 2024. The CCG are committed to the aspiration of offering 100% of people with a learning disability an annual health check with clear reasons recorded and reviewed if an individual chooses not to attend or DNA's. The monthly data collection has now increased to weekly, there has been a steady increase of completed AHC's in the last few weeks. Quality reviews of completed AHC's are commencing this month.

At the request of last month's committee the graph below indicates how Shropshire, Telford & Wrekin compare with other regions in terms of AHC uptake. It can be seen that STW are in the bottom quartile. Uptake per practice is known and those with lowest uptake being targeted with extra support and training, and those with high uptake are being asked to support and share good practice across their PCN.



Note: Midlands figure includes local Dudley data which is not reported via national system

## 2.7 West Midlands Ambulance Service (WMAS)

There are no quality concerns to report by exception.

## 2.8 Care Homes

Information sharing meetings between CCG, Local Authority, CQC and Healthwatch are held via video conferencing facilities. The CCG care home quality lead continues to work with the LA quality monitoring officers for care homes is monitoring care homes across Shropshire, Telford and Wrekin and will undertake a joint CCG/LA visit to any care home where high risk concerns are known.

**Homes requiring increased monitoring/ cause for concern:** There are currently no care homes under level 4 scrutiny. The CCG's continue to provide the care sector with IPC advice and support in collaboration with Public Health England, CQC and Local Authorities.

## 2.9 Independent Providers

**Smaller Providers requiring increased monitoring/ cause for concern:** There are no particular areas of concern to highlight. Regular contact is maintained with all independent providers both via the formalised contractual route and also on an informal and supportive basis. It should be recognised that all providers are facing their own significant challenges in maintaining a safe and effective service for patients and staff alike, with innovation in service delivery, which is encouraging to note.

**CHEC (Community Eye Care Service)** - The Committee is referred to a further update as an outcome of the meeting held between SaTH and CHEC on 21 October 2020 to discuss concerns about the Community Ophthalmic pathway.

All attendees noted that there had been no clinical concerns raised since February 2020 and that quality oversight and monitoring of both services continues. It was however agreed that a further review of the outstanding historical concerns reported via the NHS to NHS reporting route was required to ensure confidence that there was no requirement to retrospectively report via the SI reporting route with the associated Duty of Candour requirements.

Following a review by SaTH Patient Safety Team and CCG Quality Lead on 18 November 2020, it was agreed that all concerns could be closed with learning outcomes identified to improve communication across the entire Ophthalmic pathway to ensure clarity of referral routes particularly for those patients requiring urgent secondary care intervention. It was further agreed that due to the difficulties in retrospectively assessing any level of attributable harm, Duty of Candour was not applicable.

## 3 Quality Concerns/ Key Points - System

### 3.1 Infection Prevention & Control (IPC)

The CCG IPC service continue to support the local health & social care response to the Covid-19 pandemic with a number of specific work streams including the facilitating the IPC work stream, and supporting the Personal Protective Equipment, and Care Sector Task & Finish Groups along with the provision of advice & support to primary care and the care sector including care homes with suspected/confirmed cases and outbreaks of Covid-19. This work has been is extended to include IPC training support to the care sector including care homes and domiciliary care agencies.

The CCGs are hosting a 12 month IPC nurse position, jointly funded by Shropshire and Telford & Wrekin Local Authorities, to support the ongoing IPC proactive and reactive work streams within adult and children's social care and specialist schools.

A separate IPC report is presented to November Q&P Committee.

### 3.2 Safeguarding

There is concern over the increased number of Police protection orders taken out removing children from the house around taking children into care compared to previous years. It is noted that although there may be a number of reasons for this, there is a significant concern that due to Covid-19 and the number of virtual meetings there has been a number of missed opportunities by not having face to face and home consultations to spot early signs of neglect in houses. The Local Authority is highlighting not just an increase in police protection but also the level of squalor and neglect is unprecedented. This has been escalated to the Shropshire Safeguarding Community Partnership and there was already work taking place via another audit in November to best identify any learning regarding wider child protection matters relating to Covid - 19. The Partnership has also produced a template they have asked all providers to complete if there is a reduction in face to face activity. The CCG are having on-going discussions with providers accordingly and have shared the recent guidance from the Chief Nurse at Public Health England with regard the need to ensure that Health Visitors and School nurses are not redeployed away from these roles. Further updates will be provided to the Quality and Performance Committee in the next Safeguarding and LAC Q&P Report

Severndale school update: following concerns over the lack of the school to demonstrate they could adequately safeguard children at the school and the then regional commissioner for schools going in to carry out remedial actions for the school the School will now following support from the children Commissioner and the Designated nurse transfer to the Learning Community Trust (LCT), a Telford based multi-academy Trust. The Transfer has started now and will be in place by end of January.

### 3 Compliments and complaints

A summary of the feedback received directly by both CCGs during October and November 2020 is outlined below:

#### **16 Complaints relating to:**

- Community Eyecare Service (CHEC) regarding appointment and communications
- Falck - incorrect transport offered for wheelchair user
- Mental Health Services (including the way a child referral has been managed and concerns around care received in a mental health hospital, concerns around support for a patient for an eating disorder, delay in Asperger's assessment)

- CCG POD service – delays in access
- CCG Referral Assessment process for Welsh resident
- General care and treatment at local hospital/delays with surgery
- Access to appointments at an out of area hospital
- SCHAT - wound care and attitude of staff and care for musculoskeletal condition
- CCG - concerns regarding the complaint process and care for musculoskeletal condition
- CCG - concerns re CHC process particularly in relation to inappropriate communication

In the event that a patient wishes to raise a complaint about a specific provider, the complainant is either signposted directly to the provider or the CCG facilitates a response via the provider. Whilst the focus is always to ensure that there are clear learning outcomes from those complaints which are upheld, the CCG does not directly oversee this therefore relying on the Providers to progress this internally aligned to their own governance arrangements.

**11 MP Letters related to:**

- 5 x Primary Care (Access to Flu Vaccine/standard of care/medication/registration)
- Dental Access
- Care and treatment at local hospital/poor communication
- Access to unique test and trace identifier
- Access to Tier 4 eating disorder bed
- Access to rehab at specialist hospital

**Patient Advice and Liaison Service (PALS):** A total of 218 received which represents a significant increase.

A wide and diverse range of concerns and queries are received via this route with signposting and general advice provided by the CCG insight Team to support patients. Whilst it is problematic to extract themes, when reviewing the feedback over the first 2 months of Q3 it can be seen that the majority of concerns relate to Primary Care access and registration/access to treatment and, in particular, surgery/delayed test results/access to flu vaccine/funding.

A more detailed overview will be included in the Q3 2020/21 Insight report to be presented at the January 2021 Committee meeting

#### 4 Concerns

A total of **33** concerns were raised across the Local Health Economy during the 2 month period with **21** (63%) relating to care provided by SaTH of which **10** (30%) referenced poor and unsafe discharge.

The CCG led Discharge Audit has now been completed with the Phase 1 report shared with key stakeholders aligned to an Action Plan to ensure that identified areas for improvement are acted upon and embedded to improve the ongoing safety and effectiveness of the discharge process. This work is also aligned with the approach being taken by SaTH Patient Safety Team who are currently reviewing all N2Ns reported over a 12 month period with a full investigation and identification of learning outcomes to improve the discharge process. This collective and collaborative approach is to be welcomed in the reinforcement of system wide learning and improvement.

#### 5 Patient Experience

The Heads of Patient Experience (HOPE) national network has been launched via a virtual collaboration platform which provides the very valuable opportunity to gain ideas and innovation in Patient Experience across the country. This is a great development and source of inspiration which is to be welcomed as Providers and Commissioners face challenges with ensuring the voice of the patient continues to be heard particularly as Providers develop a more virtual way of delivering patient care.

Shropshire Community Trust recently used this platform to raise awareness of their Observe and Act method of observation which was a great opportunity with a number of key organisations expressing their interest in becoming involved and adopting the approach as part of a suite of different observational tools. The purpose of the tool is to look at a person's total experience of a service from their perspective, learn from it, share good practice and where necessary, act to make improvements.

A new audiology patient satisfaction survey has recently been launched by the CCG to gauge patient opinion on the current audiology service and how it can be improved to inform future commissioning decisions.

The aim of the survey is to assess different areas of audiology, including the care received, aftercare, waiting times and access to appointments, and to identify what improvements can be made to enhance patient experience.

## Appendix 1 Exception Reporting: Priority Areas

### 1. A&E Waits at Shrewsbury and Telford Hospitals (month 7, 2020/21)

Local Lead	Key Performance Indicator	Target or National Rate	Latest Position		Change from last period	Last achieved
			Official	Un-validated		
SC/EP	A&E attendances admitted/ treated/ discharged in 4 hours	95%	70.2%		↓	n/a
	>1 Hour Handover delays	0	251		↓	

### 2. RTT and Diagnostic Waits

Local Lead	Key Performance Indicator	Target or National Rate	Latest Position: SCCG				Latest Position: TWCCG			
			Official	Un-validated	Change from previous	Last achieved	Official	Un-validated	Change from previous	Last achieved
AP	Referral to Treatment within 18 weeks	92%	53.3%		↑	Nov 2018	58.2%		↑	Dec 2018
AP	Referral to Treatment > 52 weeks	0	550		↓	Feb 2020	134		↓	Mar 2020
AP	Diagnostic test waits > 6 weeks	1%	51.8%		↑	June 2019	59.0%		↑	Feb 2019

### 3. Cancer Waits

Local Lead	Key Performance Indicator	Target or National Rate	Latest Position: SCCG				Latest Position: TWCCG			
			Official	Un-validated	Change from previous	Last achieved	Official	Un-validated	Change from previous	Last achieved
HR	2WW Urgent	93%	90.0%		↓	Aug 2020	93.9%		↓	Sept 20
HR	2WW Breast	93%	56.3%		↓	Aug 2020	81.1%		↓	July 20
HR	31-day wait for cancer treatment (surgery)	94%	86.7%		↓	May 2020	100%		↔	May 20

HR	62-day wait from GP referral to cancer treatment	85%	80.0%			July 2020	79.5%			Dec 2018
HR	62-day wait for treatment after referral from cancer screening	90%	100%			Sept 2020	75.0%			Aug 2020

#### 4. Dementia Diagnosis Rate

Local Lead	Key Performance Indicator	Target or National Rate	Latest Position: SCCG				Latest Position: TWCCG			
			Official	Un-validated	Change from previous	Last achieved	Official	Un-validated	Change from previous	Last achieved
FS	Dementia Diagnosed, as a proportion of estimated prevalence in over-65s	66.7%	64.4%			Apr 2020	58.5%			Mar 20

#### 5. IAPT Access Rate

Local Lead	Key Performance Indicator	Target or National Rate	Latest Position: SCCG				Latest Position: TWCCG			
			Official	Un-validated	Change from previous	Last achieved	Official	Un-validated	Change from previous	Last achieved
CD	Access to IAPT services for the section of the at risk population	25% by year end	6% at M7			New target level for 20/21	5.6% at M7			Dec 19

**REPORT TO: Shropshire and Telford and Wrekin CCGs Governing Body  
Part 1 Meetings in Common held in Public on 13 January 2021**

<b>Item Number:</b>	<b>Agenda Item:</b>
GB-21-01.011	Maternity Update

<b>Executive Lead (s):</b>	<b>Author(s):</b>
Zena Young – Executive Director of Quality	Fiona Ellis – Programme Manager, Local Maternity and Neonatal System (LMNS)

<b>Action Required (please select):</b>					
A=Approval	R=Ratification	S=Assurance	D=Discussion	/	I=Information /

<b>History of the Report (where has the paper been presented:</b>		
<b>Committee</b>	<b>Date</b>	<b>Purpose (A,R,S,D,I)</b>
CCG Quality and Performance Committee	23.12.2020	D,I

**Executive Summary (key points in the report):**

This report sets out an update in relation to maternity services in Shropshire, Telford and Wrekin and includes specific information in relation to:

- Emerging findings and recommendations from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust (The Ockenden Report). Published 10<sup>th</sup> December 2020.
- MBRRACE-UK<sup>1</sup> Perinatal Mortality Surveillance Report UK Perinatal Deaths for Births from January to December 2018. (MBRRACE Perinatal Mortality Report) Published 10<sup>th</sup> December 2020.
- Local Maternity and Neonatal System (LMNS) update.

The first Ockenden review report sets out a number of actions that SaTH will need to ensure are delivered at pace. It is important that the CCG monitor progress against delivery of the recommendations as well as ensuring that any CCG related actions are delivered. Our thoughts are with all of the families involved. We welcome the report and continue to work with the Trust to further improve maternity services across Shropshire, Telford and Wrekin. Many of the key themes and actions in the Ockenden Report have already been identified and are being addressed and progress monitored either through CCG quality assurance processes or the Local Maternity and Neonatal System (LMNS). These include:

- Implementation of the Saving Babies Lives Care Bundle version 2
- The need to strengthen existing governance and quality assurance processes
- Improving bereavement care and implementation of the national bereavement care pathway
- Addressing gaps in anaesthetic cover for maternity services
- Multidisciplinary training
- Improving informed consent and patient choice
- Strengthening the role and contribution of the Maternity Voices Partnership (MVP) in providing a service user perspective when planning improvements and changes.

However, there are some findings within the report that need further understanding from a CCG perspective, most notably in relation to the use of oxytocin. The recommendations also include actions

<sup>1</sup> Mothers and Babies - Reducing Risk through Audits and Confidential Enquiries <https://www.npeu.ox.ac.uk/mbrpace-uk>

around developing a new quality surveillance role for LMNS's and this is the subject of national debate.

Following publication, NHSEI wrote to all Trusts with maternity services requesting they complete a self-assessment against 12 urgent clinical priorities from the 7 Immediate and Essential Actions identified in the Ockenden report. SaTH completed this submission with LMNS involvement and detailed progress against this will be monitored via the LMNS.

Whilst the MBRRACE report shows progress in reducing stillbirths and neonatal deaths in Shropshire, Telford and Wrekin, there is still much more that needs to be done in order to meet the national targets in relation to reducing perinatal mortality and improve outcomes for mothers and babies.

Transformation activity continues through the LMNS, but additional local pressures in relation to COVID-19 and the Ockenden Review are hindering progress.

**Implications – does this report and its recommendations have implications and impact with regard to the following:**

1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

**Recommendations/Actions Required:**

That CCG Governing Body:

- Note the contents of the report
- Discuss how the CCG can ensure appropriate monitoring and oversight of quality improvement activity

NHS Shropshire CCG and NHS Telford and Wrekin CCG  
Governing Body Meeting in Public 13<sup>th</sup> January 2020  
Maternity Update  
Fiona Ellis – Programme Manager, Local Maternity and Neonatal System (LMNS)

### Background

- 1 This report sets out an update in relation to maternity services in Shropshire, Telford and Wrekin and includes specific information in relation to:
  - Emerging Findings and Recommendations from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust (The Ockenden Report). Published 10<sup>th</sup> December 2020.
  - MBRRACE-UK<sup>2</sup> Perinatal Mortality Surveillance Report UK Perinatal Deaths for Births from January to December 2018. (MBRRACE Perinatal Mortality Report) Published 10<sup>th</sup> December 2020.
  - Local Maternity and Neonatal System (LMNS) update

To note that at the time of writing this report the MBRRACE Maternal Mortality report for 2018 data has not yet been published.

### The Ockenden Report

- 2 In the summer of 2017, the former Secretary of State for Health and Social Care, Jeremy Hunt, instructed NHS Improvement to commission a review assessing the quality of investigations relating to newborn, infant and maternal harm at The Shrewsbury and Telford Hospital NHS Trust (SaTH). The first terms of reference in 2017 were written for a review comprising 23 families. The terms of reference were updated in 2019 to reflect a significantly larger cohort of families' cases being included in the review. The additional families included those identified following a number of families approaching the review team directly (900) as well as an 'open book' review of cases undertaken by SaTH, which identified over 750 cases of poor outcomes. The review numbers had increased to encompass 1,862 families. The majority of cases are from the years 2000 to 2019. It is likely that, when completed, this review of 1,862 families will be the largest number of clinical reviews undertaken relating to a single service, as part of an inquiry, in the history of the NHS.
- 3 On 10<sup>th</sup> December 2020, the review published its first report, setting out the findings and recommendations following the clinical review of the first 250 cases. The report sets out emerging themes and findings as well as 27 Local Actions for Learning and 7 Immediate and Essential Actions for the consideration of maternity services across the country. It is anticipated that the final report will be published in 2021, encompassing the cases of all 1,862 families.
- 4 The review of 250 cases has identified missed opportunities to learn in order to prevent serious harm to mothers and babies. The review report recommends that *'local commissioners must urgently focus on expediting implementation of the Local Actions for Learning and Immediate and Essential Actions outlined within this first report. This will ensure that consistently safe maternity care is provided to its local population.'*

The key themes from the first Ockenden report are summarised below:

- 5 *Trust's maternity governance processes, Trust Board oversight and external reviews*  
The review team have found inconsistent governance processes for the reporting, investigation, learning and implementation of maternity-wide changes. The review team have also found that some serious incident reports failed to identify the underlying failings in maternity care and clear examples of failure to learn lessons

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<sup>2</sup> Mothers and Babies - Reducing Risk through Audits and Confidential Enquiries <https://www.npeu.ox.ac.uk/mbrance-uk>

and implement changes in practice. The Turnover of Executive leadership at SaTH is noted as impacting organisational knowledge and memory, with a tendency to regard problems at the Trust as 'historical'.

6 With regards to external reviews, it is noted that the CQC reports in 2015, 2018 and 2020 vary considerably. MBRRACE reports show that for the years 2013-2016 perinatal mortality rates at SaTH were up to or more than 10% higher than comparable UK NHS Trusts. For the year 2017 perinatal mortality rates reported at SaTH suggest they are roughly comparable with other UK Trusts.

7 The report notes that the Clinical Commissioning Group (CCG) review report into maternity services published jointly by both CCGs in October 2013 will be considered more fully in the final report, as will further documentation received from the CCGs.

## 8 *Maternity Care*

The largest proportion of local actions for learning are identified within this section, covering the following themes:

- Multidisciplinary teams
- Compassion and kindness
- Assessment of risk
- Management of the complex woman
- Escalation of concerns
- Monitoring of fetal wellbeing and use of oxytocin
- Traumatic birth
- Caesarean section rates
- Bereavement care

## 9 *Maternal Deaths*

Between the years 2000 and 2019, there were 13 maternal deaths at SaTH. The review found concerns in relation to:

- Antenatal multidisciplinary team planning for women with significant pre-existing comorbidities and/or other medical risk factors.
- Identifying a lead clinician with overall responsibility for the care of the woman
- The rigour and quality of investigations after serious incidents such as a maternal death.

## 10 *Obstetric Anaesthesia*

The review team identified several areas of concern relating to obstetric anaesthesia practice. The reviewers found:

- A tendency towards simple task focus, without a holistic assessment of the patient and appreciation of the wider clinical picture.
- Lack of escalation to, and involvement of, senior anaesthetists
- Limited consultant anaesthetist representation in incident investigation and multidisciplinary team meetings after significant incidents.
- The lack of a well-functioning multidisciplinary team represented a significant weakness in the structure of the Trust's maternity services.

## 11 *Neonatology*

For most babies the quality of neonatal care at the Trust appears to have been satisfactory or good and at times excellent. The reviewers have to date found no evidence of systemic poor practice or lack of care in the neonatal service.

## 12 *Local Actions for Learning*

There are 27 Local Actions for Learning. Whilst these actions relate to improvements required within SaTH, it is important that the CCG receive evidence that each action is complete and embedded in practice at SaTH. This will be achieved through the CCG Clinical Quality Review Meetings (CQRM) and associated quality assurance processes.

## 13 *Immediate and Essential Actions to Improve Care and Safety in Maternity Services*

The Ockenden Report also sets out 7 immediate and essential actions to improve care and safety in maternity services, to help improve safety in maternity services across England. These are in relation to:

- Enhanced safety
- Listening to women and families
- Staff training and working together
- Managing complex pregnancy
- Risk assessment throughout pregnancy
- Monitoring fetal wellbeing
- Informed consent

14 Since the publication of the report, a letter has been sent from NHS E/I to all maternity services, STPs/ICSs and CCGs across the country requesting immediate progress against 12 urgent clinical priorities and ask for confirmation of implementation by 5pm on 21 December 2020. The majority of these relate to clinical practice. However, Action 1a and 1b in relation to Enhanced Safety are relevant to the CCG, LMNS and STP. These are:

- 1a) A plan to implement the Perinatal Clinical Quality Surveillance Model, further guidance will be published shortly
- 1b) All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB

#### 15 MBRRACE Perinatal Mortality Report

MBRRACE-UK is commissioned by the Healthcare Quality Improvement Partnership (HQIP) to undertake the Maternal, Newborn and Infant Clinical Outcome Review Programme (MNI-CORP). The aims of the MNI-CORP are to collect, analyse and report national surveillance data and conduct national confidential enquiries in order to stimulate and evaluate improvements in health care for mothers and babies. The report published on 10<sup>th</sup> December 2020 focuses on the surveillance of perinatal deaths from 22 +0 weeks gestational age (including late fetal losses, stillbirths, and neonatal deaths) of babies born between 1st January and 31st December 2018.

16 All documents related to the latest MBRRACE report are available for download from the MBRRACE-UK website (<http://www.npeu.ox.ac.uk/mbrance-uk/reports> ).

The definitions below provide clarity on the terms used in this report:

- Late fetal loss: A baby delivered between 22 +0 and 23 +6 weeks gestational age showing no signs of life, irrespective of when the death occurred.
- Stillbirth: A baby delivered at or after 24 +0 weeks gestational age showing no signs of life, irrespective of when the death occurred.
- Neonatal death: A liveborn baby (born at 20 +0 weeks gestational age or later, or with a birthweight of 400g or more where an accurate estimate of gestation is not available), who died before 28 completed days after birth.
- Extended perinatal death: A stillbirth or neonatal death.

17 Key Findings from the wider report include:

Extended perinatal mortality has reduced by 15% over five years. Over a third of this reduction has occurred since 2017 and is likely to have resulted from various national initiatives to reduce perinatal mortality across the UK. Despite rates of stillbirth and neonatal mortality reducing over time, women living in the most deprived areas remain at 80% excess risk of stillbirth and neonatal death compared to women living in the least deprived areas; this remains fairly constant over the period from 2016 to 2018. Mortality rates remain exceptionally high for babies of Black and Black British ethnicity: stillbirth rates are over twice those for babies of White ethnicity and neonatal mortality rates are 45% higher. Similarly, mortality rates remain high for babies of Asian and Asian British ethnicity: stillbirth and neonatal mortality rates are both around 60% higher than for babies of White ethnicity.

18 The report includes 10 recommendations, including recommendations in relation to:

- Developing public health initiatives to address issues linked to high risk populations.
- Ensuring that providers have implemented national initiatives to reduce stillbirth and neonatal deaths and are monitoring their impact.

- Ensure the specific needs of Black and Asian populations and women living in areas of high socio-economic deprivation are met across all points of the reproductive, pregnancy and neonatal healthcare pathway.

19 The table below summarises the current position in relation to Shropshire, Telford and Wrekin. It shows that for SaTH the rate of stillbirth and extended perinatal death are rated amber (up to 5% higher or up to 5% lower than the average for the group). Both the adjusted rate of stillbirth and the adjusted rate of extended perinatal death for SaTH are the lowest reported since MBRRACE started reporting in 2015 using 2013 data. For Neonatal Deaths, SaTH's adjusted rate is more than 5% higher than the average for the comparator group and is therefore rated 'red'. The rate is higher than last year, but lower than all other rates reported since 2013. Shropshire CCG rates are amber across all three categories, with its lowest rates this year reported across all categories. It is a different picture for Telford and Wrekin CCG, with a red rating across all categories. The stillbirth rate is the lowest reported for Telford and Wrekin CCG since 2014 data, with rates of neonatal death and extended perinatal deaths showing more variability. The rates for neighbouring STPs are shown in the table below.

Graphs are provided at attachment 1 which show the previous trend, for comparison.

Stabilised and Adjusted rates per 1000 births of stillbirths, neonatal deaths and extended perinatal deaths based on births in 2018 (Source MBRRACE Perinatal Mortality Surveillance Report December 2020)					
Organisation/Area	Total Births	Stillbirths	Neonatal Deaths	Extended Perinatal Deaths	Variation from comparator group average for extended perinatal deaths
England	N/A	3.52	1.63	5.15	N/A
SaTH comparator group	N/A	3.38	1.21	4.58	N/A
Excl. congenital anomalies		3.05	0.88	3.9	
SaTH	4,594	3.45	1.28	4.73	
Excl. congenital anomalies	4,590	3.06	0.94	4.00	
Shropshire CCG	2,720	3.57	1.61	5.17	
Telford and Wrekin CCG	2,064	3.79	1.98	5.76	
Shropshire, Telford and Wrekin STP	4,784	3.59	1.81	5.39	
Staffordshire STP	11,651	3.65	2.22	5.85	
Black Country STP	17,800	3.88	2.89	6.74	
Hereford and Worcestershire STP	7,367	3.42	1.71	5.12	
England		3.52	1.63	5.15	

- more than 15% lower than the average for the group
- more than 5% and up to 15% lower than the average for the group
- up to 5% higher or up to 5% lower than the average for the group
- more than 5% higher than the average for the group

It should be noted that the MBRRACE colour coding for amber which includes performance up to 5% lower than the average is designed to stimulate the need for further improvement in order to meet national targets by 2025.

## 20 Local Maternity and Neonatal System (LMNS) Update

The LMNS is focusing transformation funding and associated activity in line with the national priorities in relation to:

- Reducing Mortality and Implementation of Saving Babies Lives Care Bundle Version 2
- Continuity of Carer
- Implementation of Neonatal Critical Care Review recommendations
- Delivery of Long Term Plan initiatives e.g. Continuous Glucose Monitoring, Maternal Mental Health services and Perinatal Pelvic Health services.

21 In addition, NHSE/I have released initial information in relation to a new perinatal quality surveillance model for implementation through LMNS and STP/ICS structures. Further information is awaited, however plans need to be developed in relation to how this might be progressed locally, as it has been highlighted as an urgent clinical action by NHSE/I in response to the findings of the first report from the Ockenden review.

Implementation of the Saving Babies Lives Care Bundle Version 2 remains a high priority and a midwife is now in post to lead on this. In addition, the LMNS have requested that the Midlands Maternity and Perinatal Mental Health Clinical Network provide additional support and assurance in order to ensure compliance can be clearly evidenced. The submission date for compliance information is July 2021. The key gaps in compliance to date relate to

- The amendment and ratification of a number of guidelines. Four guidelines are being amended or developed and two guidelines need to be reviewed by commissioners.
- The trust is completing a number of audits, which commenced in November 2020. Once complete, these will demonstrate compliance or non-compliance.
- The completion of submissions to the Maternity Clinical Network to review guidance that diverges from guidance.

Staffing pressures in relation to COVID-19 have hindered headway, however actions are now progressing.

22 The SaTH self-reporting position for October 2020 of compliance for Element 1 is 50% (Mids 83%), Element 2 is 70% (Mids 89%), Element 3 is 80% (Mids 97%), Element 4 100% (Mids 98%), Element 5 is 100% (Mids 98%).

23 LMNS Programme Board has committed funding to support implementation of Continuity of Carer, in order to enable midwives' posts to be 'backfilled' so that they can be released from existing teams to establish new continuity of carer teams. Two continuity of carer teams are currently up and running with another two ready to start imminently. A total of 7 teams are required to be in place by March 2021 in order to meet the 35% target. The LMNS has asked the trust to prioritise the roll out of these teams to areas where there are the greatest health inequalities. Additional staffing pressures in relation to COVID-19 are currently hindering progress in relation to continuity of carer.

24 The LMNS are working jointly with the West Midlands Neonatal Operational Delivery Network and Staffordshire LMNS in relation to the delivery of improvements related to the Neonatal Critical Care Pathway, with the initial focus being on developing improved pathways for pre-term babies in order to ensure that pre-term babies are born in units which have the level of neonatal care they receive. This work is in the early stages and is progressing well.

25 Through the LMNS, new pathways are being implemented to enable women with diabetes in pregnancy to be offered continuous glucose monitoring. SaTH are in a good position to take this forward, as a specialist diabetes clinic is already in operation. The LMNS has also been successful in becoming an early implementer for Maternal Mental Health services. Maternal Mental Health services will focus on trauma based care with a mix of mental health specialists and maternity specialists working together in the team.

## 26 Conclusion and Recommendations

The first Ockenden review report sets out a number of actions that SaTH will need to ensure are delivered at pace. It is important that the CCG monitor progress against delivery of the recommendations as well as ensuring that any CCG related actions are delivered. Many of the key themes and actions in the Ockenden Report have already been identified and are being addressed and progress monitored either through CCG quality assurance processes or the Local Maternity and Neonatal System. These include:

- Implementation of the Saving Babies Lives Care Bundle version 2
- The need to strengthen existing governance and quality assurance processes
- Improving bereavement care and implementation of the national bereavement care pathway
- Addressing gaps in anaesthetic cover for maternity services
- Multidisciplinary training
- Improving informed consent and patient choice

However, there are some findings within the report that need additional insight from a CCG perspective, most notably in relation to the use of oxytocin. The recommendations also include actions around developing a new quality surveillance role for LMNS's and this is the subject of national debate.

27 Following publication, NHSEI wrote to all Trusts with maternity services requesting they complete a self-assessment against 12 urgent clinical priorities from the 7 Immediate and Essential Actions identified in the Ockenden report. SaTH completed this submission with LMNS involvement and detailed progress against this will be monitored via the LMNS.

28 Whilst the MBRRACE report shows progress in reducing stillbirths and neonatal deaths in Shropshire, Telford and Wrekin, there is still much more that needs to be done in order to meet the national targets in relation to reducing perinatal mortality and improve outcomes for mothers and babies.

29 Transformation activity continues through the LMNS, but additional local pressures in relation to COVID-19 and the Ockenden Review are hindering progress.

30 Recommendations:

- That CCG Governing Body:
  - Note the contents of the report
  - Discuss how the CCG can ensure appropriate monitoring and oversight of quality improvement activity

NHS Shropshire CCG  
NHS Telford and Wrekin CCG



## Attachment 1

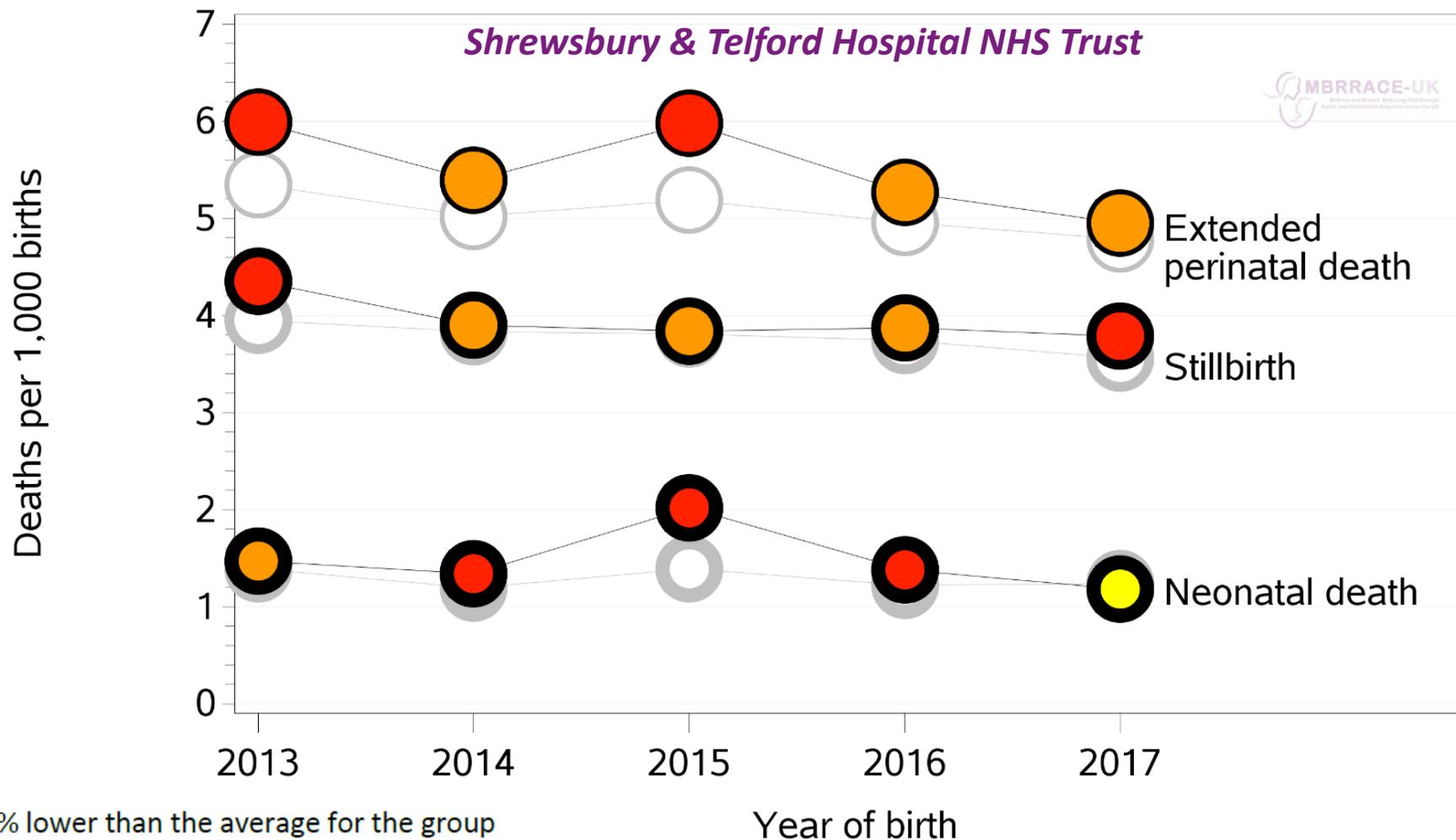
Governing Body in Public

Maternity Update

Fiona Ellis – Programme Manager LMNS

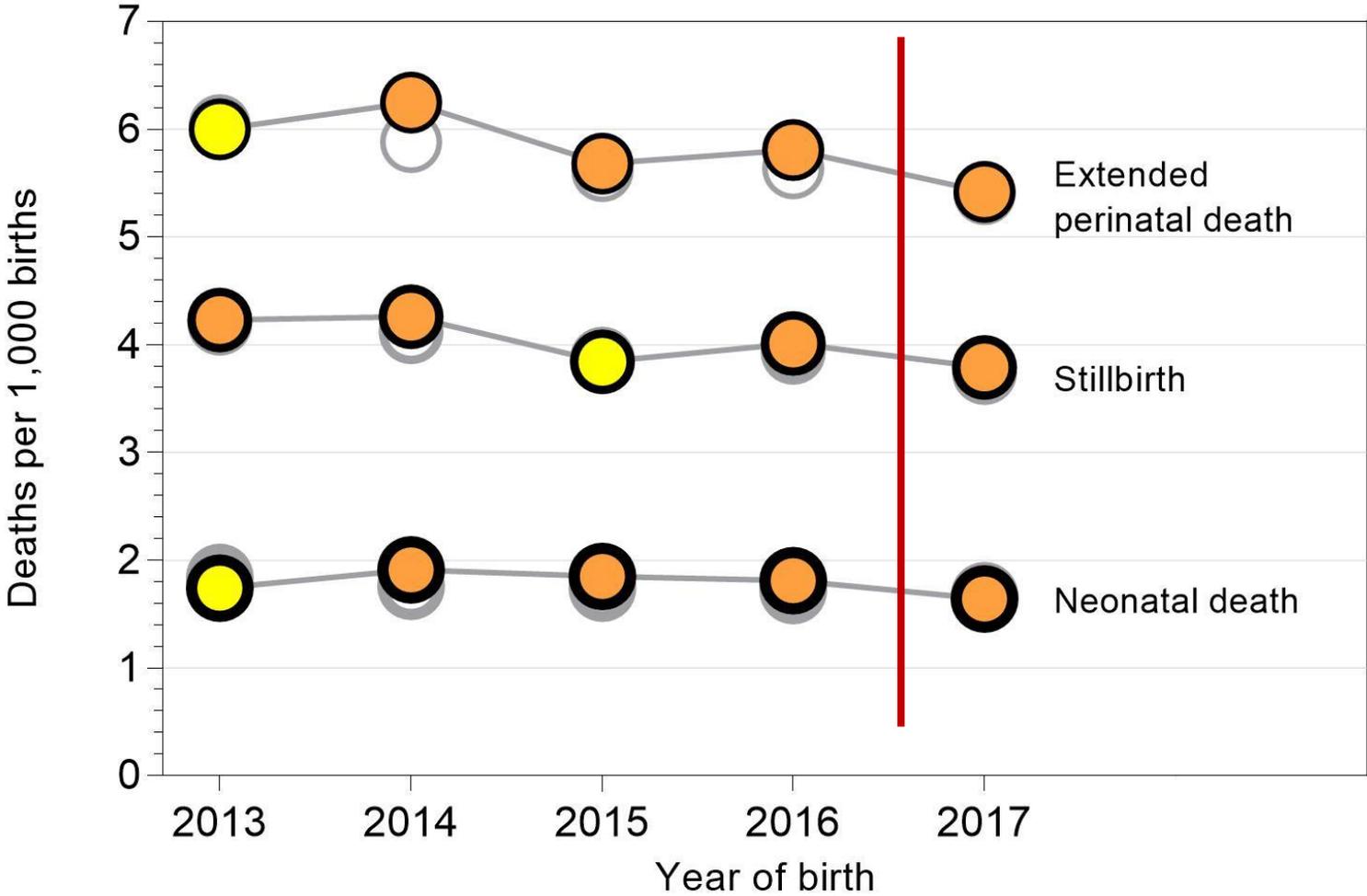
30.12.2020

## Stabilised & adjusted mortality rates for babies born at 24 weeks gestational age or later by year of birth



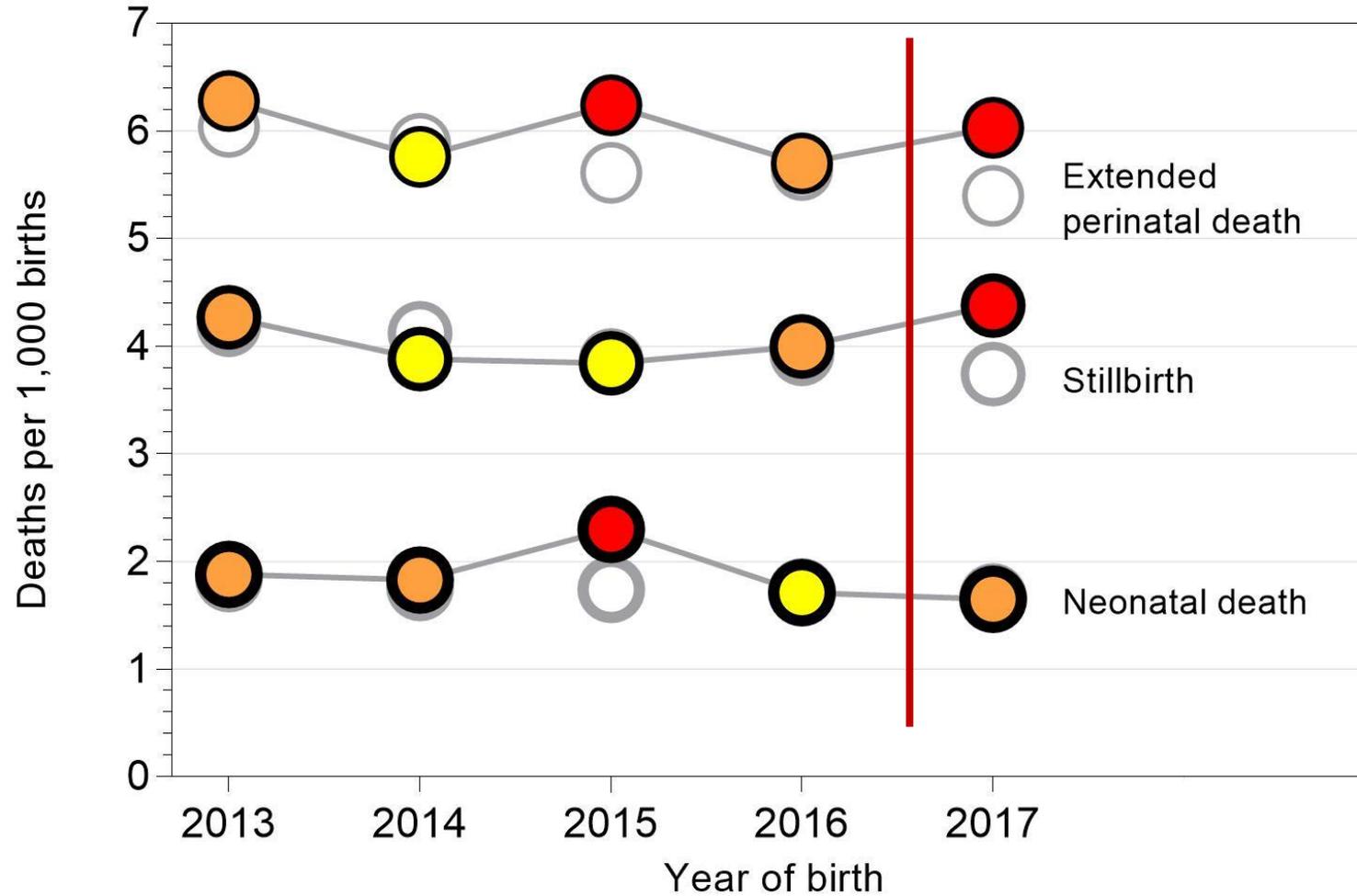
- more than 15% lower than the average for the group
- more than 5% and up to 15% lower than the average for the group
- up to 5% higher or up to 5% lower than the average for the group
- more than 5% higher than the average for the group

# Stabilised & adjusted mortality rates: Shropshire CCG



Rates stabilised **but not adjusted** in 2017

## Stabilised & adjusted mortality rates: Telford & Wrekin CCG



Rates stabilised **but not adjusted** in 2017

**REPORT TO: NHS Shropshire, Telford and Wrekin CCGs Governing  
Body Meetings in Common – 13th January 2021**

Item Number:	Agenda Item:
GB-21-01.012	2020/21 Month 8 Financial Position

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

History of the Report (where has the paper been presented):		
Committee	Date	Purpose (A,R,S,D,I)
Finance Committee	23.12.20	S, I

Executive Summary (key points in the report):
<ul style="list-style-type: none"> <li>M1-6 budgets were set by NHSEI and were based on 2019/20 Month 11 expenditure. In line with national guidance retrospective top up allocations to make the M1-6 position breakeven have now all been received by the CCG.</li> <li>As described in last month's report, a new financial framework is now in place for Months 7-12. System allocations have been received and allocated amongst organisations to operate within and there will be no further retrospective top ups to positions. The only exception to this is the Hospital Discharge Programme (HDP) funding which can be claimed each month.</li> <li>At Month 8 the CCGs reported a combined year to date overspend in the ledger of £2.2m. However, an anticipated £3.7m retrospective allocation in relation to M7 and M8 HDP claims is still anticipated. The overall YTD position taking into account this adjustment would therefore be a £1.5m underspend YTD against budget (£1.7m underspend for SCCG and £0.2m overspend for T&amp;W CCG).</li> <li>The forecast position at Month 8 in the ledger is currently £1m underspent against the submitted plan. The submitted plan is a £15.4m deficit across the two CCGs. Therefore the ledger currently shows a total year end deficit of £14.4m. However, when taking into account the £3.7m HDP income assumed for Month 7 and 8, the forecast is £4.7m lower than the submitted plan deficit of £15.4m, a total deficit of £10.7m. (£6m for SCCG and £4.7m for T&amp;W CCG).</li> <li>As described last month, budgets have now been correctly allocated to</li> </ul>

categories and phasing matches planned expenditure.

- System allocations are being administered through Shropshire CCG. Providers are receiving these payments through adjustments to their block contracts. At a system level there will be close monthly monitoring of both COVID and winter expenditure to ensure that funding flows across the system to where it is required.
- During Month 8 system discussions have been held with NHSEI. The combined CCG position this month shows an overall improvement in the system financial position of £4.7m compared to the original planned deficit submitted for M7-12, i.e. a total deficit of £10.7m instead of £15.4m.
- It is important to note that £4.5m of this improvement relates to the combined CCG position due to improvements in overall Individual Commissioning (£2m) and Prescribing (£1.7m) Forecasts and £0.8m COVID funding given back to the system. It has been agreed that the £0.8m COVID budget released is held by the CCG as a system COVID reserve. There is then a further £1m released into the system position which relates to an underspend against the system growth funding reserve due to an improvement in the RJAH position.
- Although the combined CCG position overall has improved, the Telford and Wrekin CCG position has deteriorated and the Shropshire CCG position has improved.
- It is also important to note that the current forecast position does not include a recently notified reduction to the primary care fair shares allocation – a reduction of £1.1m from the originally notified £2.4m to £1.3m. The original £2.4m has been committed with primary care providers in line with the national letter received on 9<sup>th</sup> November 2020 and therefore the late reduction to the allocation poses a significant risk. This is currently being worked through and discussed with NHSEI and is included in the CCG risk position that was reported to the finance committees.

**Implications – does this report and its recommendations have implications and impact with regard to the following:**

1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>Yes, financial cost pressures to the CCG are described throughout the report. Overall financial risk is highlighted in the Governing Body Assurance Framework.</i>	Yes
3.	Is there a risk to financial and clinical sustainability?	Yes

	Yes, implications to the financial position and longer term financial sustainability of the CCG are described throughout the report	
4.	Is there a legal impact to the organisation? (If yes, how will this be mitigated).	No
5.	Are there human rights, equality and diversity requirements? (If yes, please provide details of the effect upon these requirements).	No
6.	Is there a clinical engagement requirement? (If yes, please provide details of the clinical engagement).	No
7.	Is there a patient and public engagement requirement? (If yes, please provide details of the patient and public engagement).	No

#### Recommendations/Actions Required:

The Governing Bodies are asked to:

**Note** the information contained in this report.

Tables included in this report:

<i>Table 1: Financial Performance Dashboard</i> .....	5
<i>Table 2: Combined Financial Position Month 8</i> .....	7
<i>Table 3: QIPP Forecast M8 £'000s</i> .....	9
<i>Table 4: Combined bridge from 2019/20 to 2020/21 M12 FOT</i> .....	11
<i>Table 5: Risk and Mitigation 2020/21</i> .....	11

Graphs included in this report:

<i>Figure 1: Combined Run Rate Graph</i> .....	9
<i>Figure 2: Cumulative expenditure by month</i> .....	10

## **NHS Telford and Wrekin CCG/NHS Shropshire CCG – Combined position**

### **2020/21 Month 8 Financial Position**

#### **Introduction**

1. M1-6 budgets were set by NHSEI and were based on 2019/20 Month 11 expenditure. In line with national guidance retrospective top up allocations to make the M1-6 position breakeven have now all been received by the CCG.
2. As described in last month's report, a new financial framework is now in place for Months 7-12. System allocations have been received and allocated amongst organisations to operate within and there will be no further retrospective top ups to positions. The only exception to this is the Hospital Discharge Programme (HDP) funding which can be claimed each month.
3. At Month 8 the CCGs reported a combined year to date overspend in the ledger of £2.2m. However, an anticipated £3.7m retrospective allocation in relation to M7 and M8 HDP claims is still anticipated. The overall YTD position taking into account this adjustment would therefore be a £1.5m underspend YTD against budget (£1.7m underspend for SCCG and £0.2m overspend for T&W CCG).
4. The forecast position at Month 8 in the ledger is currently £1m underspent against the submitted plan. The submitted plan is a £15.4m deficit across the two CCGs. Therefore the ledger currently shows a total year end deficit of £14.4m. However, when taking into account the £3.7m HDP income assumed for Month 7 and 8, the forecast is £4.7m lower than the submitted plan deficit of £15.4m, a total deficit of £10.7m. (£6m for SCCG and £4.7m for T&W CCG). This includes the system reserves being held by the CCG.
5. As described last month, budgets have now been correctly allocated to categories and phasing matches planned expenditure.
6. System allocations are being administered through Shropshire CCG. Providers are receiving these payments through adjustments to their block contracts. At a system level there will be close monthly monitoring of both COVID and winter expenditure to ensure that funding flows across the system to where it is required.
7. During Month 8 system discussions have been held with NHSEI. The combined CCG position this month shows an overall improvement in the system financial position of £4.7m compared to the original planned deficit submitted for M7-12, i.e. a total deficit of £10.7m instead of £15.4m.
8. It is important to note that £4.5m of this improvement relates to the combined CCG position due to improvements in overall Individual Commissioning (£2m) and Prescribing (£1.7m) Forecasts and COVID funding (£0.8m) given back to the system. It has been agreed that the £0.8m COVID budget released is held by the CCG as a system COVID reserve. There is then a further £1m released into the

system position which relates to an underspend against the system growth funding reserve due to an improvement in the RJAH position.

9. Although the combined CCG position overall has improved, the Telford and Wrekin CCG position has deteriorated and the Shropshire CCG position has improved.
10. It is also important to note that the current forecast position does not include a recently notified reduction to the primary care fair shares allocation – a reduction of £1.1m from the originally notified £2.4m to £1.3m. The original £2.4m has been committed with primary care providers in line with the national letter received on 9<sup>th</sup> November 2020 and therefore the late reduction to the allocation poses a significant risk. This is currently being worked through and discussed with NHSEI and is included in the CCG risk position that was reported to the finance committees.

### **Financial Performance Dashboard**

11. The CCG financial performance dashboard is shown in Table 1.
12. At Month 8 following the expected retrospective top ups, the CCGs at a combined level will be operating below the YTD plan and FOT plan submitted to NHSEI in October. The plan delivers a total £15.4m deficit compared to the allocations provided in 2020-21 and the current forecast is a £10.7m deficit (including system underspends). During this year there has been significant non recurrent support provided to the CCGs due to the COVID pandemic so the underlying position for 2020-21 is a key consideration when thinking ahead to future years and is explained later in the report.
13. During the COVID pandemic, new rules have been implemented around payments to suppliers, taking the target from payment within 31 days to 7 days. Our performance against both targets on a cumulative basis is shown in the dashboard. The finance team will continue to monitor this and regularly monitor budget holder workflows to work to improve performance against the 7 day target.
14. The cash target is to have a cash balance at the end of the month which is below 1.25% of the monthly drawdown or £250,000, whichever is greater. This was met for both CCGs in Month 8.

**Table 1: Financial Performance Dashboard**

Target/Duty	Target	CCG	RAG
Control Total	FOT £11.781m deficit	SCCG	G
	FOT £3.575m deficit	TWCCG	R
	FOT £15.356m deficit	COMBINED	G
Performance against submitted plan	YTD £2.522m deficit	SCCG	G
	YTD £1.502m deficit	TWCCG	R
	YTD £4.024m deficit	COMBINED	G
Cash	1.25% monthly drawdown	SCCG	G
		TWCCG	G
Better Payment Practice within 31 days (Number of invoices)	>=95%	SCCG	G - 99.2%
		TWCCG	G - 99.4%
Better Payment Practice within 7 days (Number of invoices)	>=95%	SCCG	A - 48.7%
		TWCCG	A - 54.9%

## **Summary Financial Position**

15. Table 2 shows the summary year to date financial position for both CCGs combined.
16. At Month 8 the CCGs reported a combined year to date overspend in the ledger of £2.2m. However, an anticipated £3.7m retrospective allocation is anticipated in relation to hospital discharge expenditure claims for Month 7 and 8 which takes the YTD position to a £1.5m underspend.
17. The forecast position at Month 8 in the ledger is currently a £1m underspend against the submitted plan. The submitted plan is a £15.4m deficit across the two CCGs. Therefore the ledger currently shows a total year end deficit of £14.4m. However, when taking into account the £3.7m HDP income assumed for Month 7 and 8, the forecast is £4.7m lower than the submitted plan deficit of £15.4m, a total deficit of £10.7m. (£6m for SCCG and £4.7m for T&W CCG).
18. It is important to note that £4.5m of this improvement relates to the combined CCG position due to improvements in overall Individual Commissioning (£2m) and Prescribing (£1.7m) Forecasts and COVID funding (£0.8m) given back to the system. It has been agreed that the £0.8m COVID budget released is held by the CCG as a system COVID reserve. There is then a further £1m released into the system position which relates to an underspend against the system growth funding reserve due to an improvement in the RJAH position.

### ***CCG Forecast Improvement M7-M8:***

<i>Individual Commissioning</i>	<i>£2m</i>
<i>Prescribing</i>	<i>£1.7m</i>
<i>COVID</i>	<i>£0.8m</i>
<b><i>TOTAL CCG Improvement</i></b>	<b><i>£4.5m</i></b>

### ***System Reserves***

<i>COVID risk reserve held by CCG</i>	<i>(£0.8m)</i>
<i>Growth reserve released into position</i>	<i>£1m</i>

***TOTAL SYSTEM IMPROVEMENT TO FORECAST: £4.7m***

**Table 2: Combined Financial Position Month 8**

Category	2020/21 M1-12 Budget £'000	Budget Year To Date £'000	Actual Year To Date £'000	Variance Year To Date £'000	Anticipate d HDP Funding £'000	Revised Year to Date Variance £'000	Forecast M1-12 £'000	Forecast Variance M1-12 £'000	Anticipate d HDP Funding £'000	Revised Forecast Variance M1-12 £'000
Allocations received	870,987	559,793	559,793	0	3,677	0	870,987	0	3,677	0
Planned deficit	15,356	2,869	2,869	0	0	0	15,356	0	0	0
<b>Total Plan</b>	<b>886,343</b>	<b>562,662</b>	<b>562,662</b>	<b>0</b>	<b>3,677</b>	<b>0</b>	<b>886,343</b>	<b>0</b>	<b>3,677</b>	<b>0</b>
Acute services	424,510	268,922	268,942	20	0	20	424,630	120	0	120
Community Health Services	75,055	48,652	48,580	(72)	0	(72)	75,053	(2)	0	(2)
Individual Commissioning	73,850	42,450	43,144	694	(1,633)	(939)	73,928	78	(1,633)	(1,555)
Mental Health Services	79,765	50,171	50,267	96	0	96	78,618	(1,147)	0	(1,147)
Primary care services	111,623	72,341	71,986	(355)	0	(355)	109,994	(1,629)	0	(1,629)
Other	36,632	24,852	26,915	2,063	(2,044)	19	38,160	1,528	(2,044)	(516)
Running costs	11,003	7,326	7,342	16	0	16	11,034	31	0	31
Primary Care Co-Commissioning	73,906	47,949	47,705	(244)	0	(244)	73,901	(5)	0	(5)
<b>Total Expenditure</b>	<b>886,344</b>	<b>562,662</b>	<b>564,881</b>	<b>2,218</b>	<b>(3,677)</b>	<b>(1,459)</b>	<b>885,317</b>	<b>(1,027)</b>	<b>(3,677)</b>	<b>(4,704)</b>
<b>Deficit/(Surplus)</b>	<b>1</b>	<b>0</b>	<b>2,219</b>	<b>2,218</b>	<b>0</b>	<b>(1,459)</b>	<b>(1,026)</b>	<b>(1,027)</b>	<b>0</b>	<b>(4,704)</b>
System Growth Risk Reserve released into overall position										1,080
COVID Risk Reserve released from CCG but held in system position										(876)
<b>ADJUSTED CCG SPECIFIC DEFICIT/(SURPLUS)</b>										<b>(4,500)</b>

## Year to Date Position

19. At Month 8 the CCGs reported a combined year to date overspend in the ledger of £2.2m. However, an anticipated £3.7m retrospective allocation in relation to hospital discharge expenditure in Month 7 and 8 takes the year to date position to a combined £1.5m underspend.

20. Key variances that make up the remaining year to date underspend of £1.5m (£1.7m underspend for SCCG and £0.2m overspend for T&W CCG) are below:

- £0.9m CHC/MH due to the detailed work carried out this month to inform discussions with NHSEI. The position now incorporates further information on activity levels and conversion rates now that reviews/assessments have commenced.
- £0.1m improvement on running costs due to the reconciliation exercise undertaken with NHS Property services
- £0.3m improvement on prescribing due to the latest information now available from EPACT
- £0.2m underspend year to date on primary care co commissioning due to GMS and dispensing payments coming in lower than expected.

21. In Month 8 there is £20.6m of total COVID expenditure included in the position. £3.7m of this remains unfunded and a claim for HDP monies has been submitted in month 7 and 8 to request this funding from NHSEI. The rest of our COVID spend was funded in M1-6 through retrospective top up allocations and for M7-12 is funded from the system financial envelope held by Shropshire CCG. The main areas of COVID expenditure year to date are:

- £13.7m Hospital Discharge Programme (HDP) CHC and LA spend
- £2.1m Primary Care expenditure
- £0.1m COVID recovery beds
- £0.1m Running Costs

- £0.4m Mental Health (inc S117)
- £3.8m pass through costs to providers
- £0.3m risk reserve held for system use

22. At a system level there will be close monthly monitoring of COVID expenditure to ensure that funding flows across the system to where it is required.

### **Forecast Outturn Position**

23. As reported last month, following the release of the system financial envelopes and the M7-12 financial framework guidance, a system wide forecast outturn position was submitted to NHSEI in October 2020. This included a £15.4m deficit (£11.8m Shropshire CCG, £3.6m Telford CCG) for the CCGs which is the plan that we are working to in the ledger and is how our budgets have been set.

24. The combined CCG position this month shows an overall improvement in the system financial position of £4.7m compared to the original planned deficit submitted for M7-12, i.e. a total deficit of £10.7m instead of £15.4m.

25. It is important to note that £4.5m of this improvement relates to the combined CCG position due to improvements in overall Individual Commissioning (£2m) and Prescribing (£1.7m) Forecasts and COVID funding (£0.8m) given back to the system.

26. It has been agreed that the £0.8m COVID budget released is held by the CCG as a system COVID reserve. There is then a further £1m released into the system position which relates to an underspend against the system growth funding reserve due to an improvement in the RJAH position.

27. Although the combined CCG position overall has improved, the Telford and Wrekin CCG position has deteriorated and the Shropshire CCG position has improved.

### **QIPP**

28. The PMO team have captured the latest position and forecast for each of the projects within the joint QIPP Programme, paying particular attention to those schemes that are within the control of the CCGs. Forecast QIPP savings for the year are reported as £6.1m (£4.3m Shropshire CCG and £1.8m for Telford CCG.) A summary by budget area is shown below in Table 3.

29. This presents a more favourable forecast than reported in Month 7 by £1.1m, the main reasons for this are additional savings identified through CHC schemes and CCG Staff Costs across both CCG's.

30. The forecasts are based on the CCG's most likely scenario however schemes remain at risk, particularly due to the growing pressures around Covid and the impact on staff resource this will bring.

31. The system's NHSEI Improvement Partner has recently reviewed benchmarking data to identify how the system could best focus their efforts in terms of

opportunities, slides will be presented to an upcoming CCG Executive meeting for consideration.

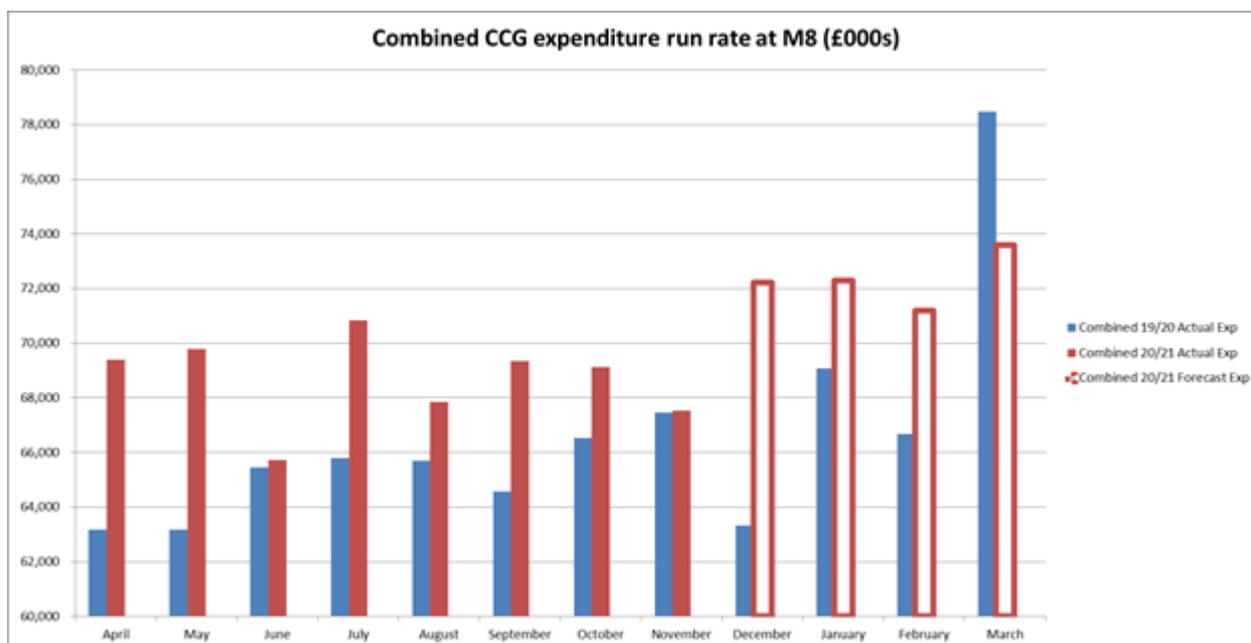
**Table 3: QIPP Forecast M8 £'000s**

Budget Area	Forecast Delivery Month 8		
	Shropshire CCG	Telford & Wrekin CCG	Total
Primary Care Services	2,519	849	3,368
Individual Commissioning	1,430	671	2,101
Corporate Services	324	247	571
STP Programmes	0	0	0
Community Services	53	0	53
<b>Grand Total</b>	<b>4,326</b>	<b>1,767</b>	<b>6,093</b>

### **Run Rate and Underlying Position**

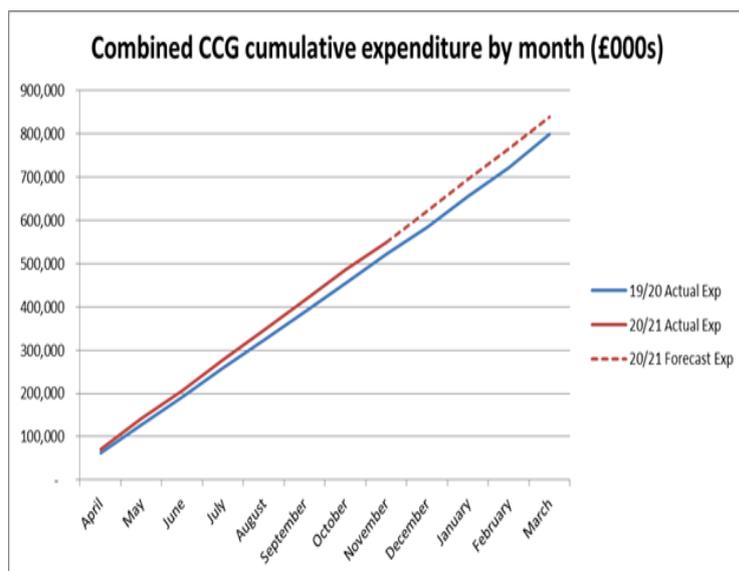
32. The graph below shows the current run rate of spend this year and a comparison to 2019-20. Overall spend is set to grow by 11.6% compared to last years recurrent spend but this includes pass through payments to providers and non recurrent spend including COVID. When non recurring/pass through spend is excluded, recurrent spend is set to grow by 5.1%.

**Figure 1: Combined Run Rate Graph**



33. The second graph below also shows the cumulative position.

**Figure 2: Cumulative expenditure by month**



34. The financial position and framework in 2020/21 is particularly complicated with significant non recurrent funds received to operate a break even process during M1-6 and significant system non recurrent pass through allocations in M7-12. It is therefore important to look at the underlying position of the CCG.

35. The current CCG underlying position reported to the system was calculated at M7. This demonstrated a £78m underlying deficit compared to a 2019-20 £65.3m underlying deficit. If adjusted for the recurrent prescribing and individual commissioning M8 FOT improvements described in this report, the position shows a **£74.3m underlying deficit**.

36. Due to the complexities of 2020/21 the underlying position is still being reviewed both internally and in discussions at a system level with providers. There is particular focus on whether all COVID spend is non recurrent, in particular the hospital discharge programme in CHC is likely to have a recurrent impact. As further guidance becomes available and we work through new contract models we will also be able to better assess the likely recurrent position for contracts with our main providers.

## Financial Bridge 2019/20 to 20/21

**Table 4: Combined bridge from 2019/20 to 2020/21 M12 FOT**

	£Millions
<b>19/20 Outturn</b>	<b>799.393</b>
Non Recurrent 19/20	- 9.013
<b>19/20 Underlying Position</b>	<b>790.380</b>
Inflation	14.001
Cost growth	6.305
Demand Growth	10.031
System Pass through funding	44.614
Covid costs	18.528
Non-recurrent activity reductions	- 8.461
Other income / contractual changes	1.284
MHIS service developments	2.535
Cost pressures	8.663
Efficiency programmes	- 6.093
<b>20/21 FOT @ M8</b>	<b>881.787</b>
Non Recurrent 20/21	- 51.068
<b>Recurrent 20/21</b>	<b>830.719</b>

37. Table 4 shows the bridge between 2019-20 spend and 2020-21 current forecast outturn. The total growth in recurrent spend is approximately 5.1%.

### **Risks and Mitigations (High Level)**

38. We have risk assessed the financial position reported.

**Table 5: Risk and Mitigation 2020/21**

	Risk	Mitigation	Net Risk
HDP Income-claims outstanding	3.7		3.7
Primary Care Fair share allocation	1.1		1.1
Individual Commissioning	1.5	1.5	-
Prescribing	0.9		0.9
	<b>7.2</b>	<b>1.5</b>	<b>5.7</b>

39. There is risk in relation to income currently assumed for the hospital discharge programme as we have not yet received any payment for our claims made in Month 7 and 8. If this starts to flow through from NHSEI we will remove this risk from the position.

40. Independent sector risk has been removed. The CCG is currently reviewing expected independent sector activity required and moving forwards will commission this directly. It is expected that this will be funded nationally and therefore neither the cost nor assumed income is currently included within our position. We will review this as further guidance becomes available.

41. The current forecast position does not include the recently notified reduction to the primary care fair shares allocation – a reduction of £1.1m from the originally notified £2.4m to £1.3m. The original £2.4m has been committed with primary care providers in line with the national letter received and therefore the late reduction to the allocation poses a significant risk. This is currently being worked through and discussed with NHSEI and is therefore included in the CCG risk position at this point in time.
42. There is also risk around expenditure particularly in Individual Commissioning. This area of spend can be volatile and the full QIPP factored into M7-12 may not be delivered due to staff capacity constraints. We have made prudent estimates for the forecast but there is a risk these may be exceeded. To mitigate against this the CHC team action plan will be used to contain spend within the forecast presented.
43. Another expenditure risk line is prescribing. The current forecast builds in a 2% increase on the EPACT forecast to take into account increased COVID demand and price increases. This increase could be bigger than this and the prescribing forecast produced by EPACT has been known to fluctuate in previous years.
44. Ignoring the system reserves, the CCG current forecast deficit is £10.9m. The CCG risk adjusted position is therefore a deficit of £16.6m. A large part of this risk is around income which we hope to understand better soon, once HDP flows have commenced and the primary care allocation issue is resolved.
45. If risks materialised and mitigations didn't, the worst case scenario for the CCG would be a deficit of £18.1m, whereas if the risks didn't occur but mitigations did, the best case scenario would be a deficit of £9.4m.

Worst Case £18.1m deficit	Most Likely £10.9m deficit	Best Case £9.4m deficit
------------------------------	-------------------------------	----------------------------

46. The most likely scenario is believed to be prudent and will remain under scrutiny as we review our forecasts through our month end processes. If circumstances do not deteriorate, we would expect the most likely scenario to move towards the best case however it is too early to tell at this stage whether this might be possible.
47. These are unprecedented times which means that, for some spend areas, accruing year to date and estimating future expenditure is difficult given that historic trends do not always give a true reflection of the current situation. This is particularly pronounced in areas such as prescribing and CHC. We are working hard to track our spend patterns, encouraging our budget managers to monitor spend carefully, and as our recovery and restoration activity scenarios develop we will refine our financial modelling accordingly. We will ensure, where appropriate, that we align our estimates with our system partners.
48. The current financial position is predicated on the fact that block payment arrangements are in place with providers. We do not yet know what contracting arrangements for 2021/22 will be. To mitigate against the risk that this poses a sub

group of the system DoF meeting, chaired by the CCG DoF, is now meeting regularly to develop new contract arrangements from 2021/22.

49. Since 19<sup>th</sup> March, Individual Commissioning assessments have been suspended to accelerate discharge from hospital. Funding for these has been through the COVID reimbursement route. However, a backlog of assessments is now building up as all cases accepted since then will require a review. The Individual Commissioning team have built up a trajectory of assessments to get through the backlog and financial forecasts associated with both expenditure and income are linked to this trajectory. Therefore any slippage to this programme of work could impact on the overspend position.
50. The forecast position includes an element of QIPP delivery which needs to be carefully monitored, particularly in the context of a second COVID surge.
51. The system restoration and recovery process has highlighted significant capital and revenue requirements to enable the system to return to full capacity. Any additional investment associated with this is not built into the CCG financial position and the CCG does not currently have any investment budgets available.
52. To mitigate against some of these risks, finance staff are now embedded in each of the restoration/recovery groups in order to model the impact of system plans. The CCG PMO are also working with budget managers to review internal CCG QIPP schemes in Individual Commissioning and Medicines Management and assess what might be delivered in-year. Further, all directors are given regular updates on the finance position and reminded to seek areas for reducing expenditure during 2020-21 where possible.

## **Conclusion**

53. At Month 7 the CCGs are collectively £4.7m below the submitted plan and the overall forecast deficit has reduced from £15.4m to £10.9m with a further £1m improvement held for the system and a £0.8m COVID reserve held as committed for the system, taking the overall position to a £10.7m deficit. This still represents a significant overspend against the NHSEI required break even position for the year.
54. Overall risk to the position is highlighted and scenarios around best and worst case illustrated.
55. This forecast position and more importantly the underlying position for 2020/21 forms the basis of the longer term CCG financial recovery plan and financial strategy as well as the system long term financial plan which is currently being refreshed.

**REPORT TO: NHS Shropshire and NHS Telford & Wrekin CCGs  
Governing Body Meetings in Common on 13 January 2021**

<b>Item Number:</b>	<b>Agenda Item:</b>
GB-21-01-014	Update on Phase 3 Restoration and Recovery with validated October position and unvalidated November position

<b>Executive Lead (s):</b>	<b>Author(s):</b>
Dr Julie Davies & Mr Steve Trenchard	Julie Davies Charles Millar & Lisa Cliffe

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

<b>History of the Report (where has the paper been presented):</b>		
<b>Committee</b>	<b>Date</b>	<b>Purpose (A,R,S,D,I)</b>

**Executive Summary (key points in the report):**

The presentation provides the Governing Body with a detailed summary of the Phase 3 recovery plans for both SaTH and RJAH by month through to the end of March 2021. It also shows the actual levels delivered in September and October and an unvalidated position for November. It then goes on to provide an update on the monthly NHSEI Restoration submission.

**Phase 3 Recovery**

Elective and Outpatients

SaTH are planning to deliver ~80% NOP vs 100% target of pre COVID levels  
 100% FU vs 100% target “ “ “ “  
 70% DC vs 90% target “ “ “ “  
 ~60-70% IP vs 90% target “ “ “ “

The shortfall in NOP is predominately due to OP procedures. The loss of capacity due to IPC issues has been mitigated to some extent by the adoption of virtual clinics and patients waiting in the car. Some minor procedures are being conducted in the Vanguard theatre but the remaining challenge around aerosol generating procedures remains and further work is required in this area.

The impact on IP is mainly due to only 40% of the elective beds used last winter being available this winter due to the impact of new IPC measures and the required co-horting of patients. The Nuffield is being used to mitigate this to some extent but the capacity available under the national contract terms was down to 50% of what it was in wave one and now equates to 20-25 procedures per week. The national arrangements had been re-negotiated for Q4 and may be subject to further change given the deteriorating national position. These procedures are being prioritised to the clinical priority areas of breast surgery, gynae, urology and upper GI. The system also made a bid to NHSE/I for modular wards to support an improvement in this recovery but there is yet to be a decision.

RJAH are planning to deliver ~80% NOP vs 100% target of pre COVID levels  
 ~80% FU vs 100% “ “ “ “ “  
 100% DC & IP vs 100% “ “ “ “ “ by March 2021

RJAH are working to improve their OP recovery with a combination of waiting list clinics, digital enablers, Pathway co-ordinator roles, virtual waiting admin and international recruitment to support with additional

capacity. The Trust has also been asked to do all they can to bring forward their delivery of IP and day case.

Further detailed weekly monitoring is being put in place of all elements of elective and day case work, including theatre utilisation, staffing etc. to ensure that everything that can be done is being done to maximise our rate of recovery.

### Diagnostics

SaTH is achieving the 100% target for CT and MRI currently due to the additional mobile units they have commissioned and/or been allocated by NHSEI. The original plans show that dropping off in the new year when this capacity ran out but the Trust has recently approved MRI business cases to extend the additional units for a further 3 months and similar cases are being drafted for CT. Based on current capacity SaTH is planning to achieve ~80% vs the 100% target for ultrasound (U/S) but a third party provider has been secured and community estate capacity is currently being sought for this to deliver additional capacity required to achieve the target from the latter half of January. Future forecasts are being amended to reflect these improvements.

With regard to endoscopy SaTH are planning to achieve the national targets of 100% by Feb/March in Colonoscopy and Gastroscopy. Flexi-sig activity levels remain low due to the lower levels of bowel screening activity coming through as a result of the national suspension of the screening programme in response to the first wave of the pandemic. There are also national changes to the bowel screening programme in train which will move to FIT (Faecal Immunochemical Test) testing pathway and the plans for flexi sign will need to be amended to take account of this when the effect of the changes has been worked through.

RJAH is planning to deliver ~80% for both MRI and CT. The shortfall is workforce related. They are currently achieving ~90%+ but this is not sustainable and based on additional shifts and locum staffing. Despite having opened two additional rooms for U/S due to the shared waiting area this is still only planned to achieve ~70-80% vs 100% target but current IPC constraints are being reviewed to see what else can be done to increase the throughput.

### >52 wk waiters

The latest validated position for >52wk waiters is at the end of October which was 576 for SaTH and 416 for RJAH. These are English patients tracked against the NHSE requirements. Whilst ongoing clinical validation is in place by providers to minimise the risk to harm to patients, these numbers are concerning as STW had zero patients waiting >52 wks before the pandemic and continues to have lower levels of long waiters compared to other parts of the region and England.

Further work is underway within STW and the wider region to support the elective recovery although some has been put on hold due to the recent emerging COVID pressures. A more detailed update on this work will be brought to the March Governing Body.

### **NHSE/ January Restoration and Recovery Update – 4<sup>th</sup> January 2021**

109 NHS services identified for restoration, of which:

- 75 are fully restored (69%)
- 32 are partially restored (29%)
- 2 are still to restore (2%)

*Checkpoint reviews have been undertaken to triangulate NHSEI service restore information with phase 3 recovery, activity levels and waiting lists etc.*

As at 4<sup>th</sup> January, checkpoint reviews received from SaTH, RJAH, MPFT and Primary Care. Update still outstanding from SCHAT.

Sign off to be agreed at a system performance meeting to ensure triangulation and data accuracy across the returns.

Consistent themes emerging from the three month review include:

- Acceleration in use of digital technologies for remote or virtual consultations across partners
- Workforce risks in elective outpatient and inpatient, and diagnostics
- Waiting list growth in line with the RTT position
- Clinical prioritisation is in place across partners
- Use of a system patient list
- Checkpoint reviews currently state no change in QIA
- Due to the RTT position in Ophthalmology, Gen Surgery, Gynaecology, Urology and T&O – Impact assessments need to be revisited.

**Implications – does this report and its recommendations have implications and impact with regard to the following:**

1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required). The full recovery required post pandemic is still to be fully quantified. This is being managed through the System Planning &amp; Performance Group and will form a key part of the contracting for the 21/22 and beyond. It will cover the financial and workforce consequences.</i>	Yes
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated). The cost of addressing the backlogs that have arisen as a result of the pandemic will need to be quantified and the central funding to be made available for this agreed. The recovery plans will be an opportunity for innovation to improve efficiencies, minimise the financial consequences and also improve clinical sustainability of pathways and services. There is a national &amp; regional NHSE/I Elective Recovery Programme dedicated to this which launched on 15<sup>th</sup> December. The first three specialities being looked at are ENT, Ophthalmology and Orthopaedics.</i>	Yes
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements). Equity of access as services are recovered will be key and delivering shared Patient Tracking Lists across the system and their clinical prioritisation will help deliver equity in access as services are recovered and backlogs reduced.</i>	Yes
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement). System clinical leads for each specialty will be needed to support the Elective recovery programme mentioned in item 3.</i>	Yes
7.	Is there a patient and public engagement requirement? <i>There will be for the longer term recovery of backlogs. This will be included within the elective recovery programme work at a specialty level.</i>	Yes

## Recommendations/Actions Required:

The Governing Body is asked to :-

- 1) Note the content of the summary report and presentation with regard to the STW systems Phase 3 recovery to date and the planned levels of recovery during Q4.
- 2) Take partial assurance on the delivery of some of the phase 3 targets and that the system is working on further mitigation to improve the position with regard to OP and diagnostics at RJAH and the elective and new outpatient recovery for SaTH. Monthly updates on this will be taken to the Joint Strategic Commissioning Committee.
- 3) Note the submission of the NHSEI return as at 4<sup>th</sup> January.
- 4) Note the themes emerging from the three month review of restored services including the planned system performance meeting to triangulate all information and ensure data accuracy.



# Shropshire, Telford & Wrekin

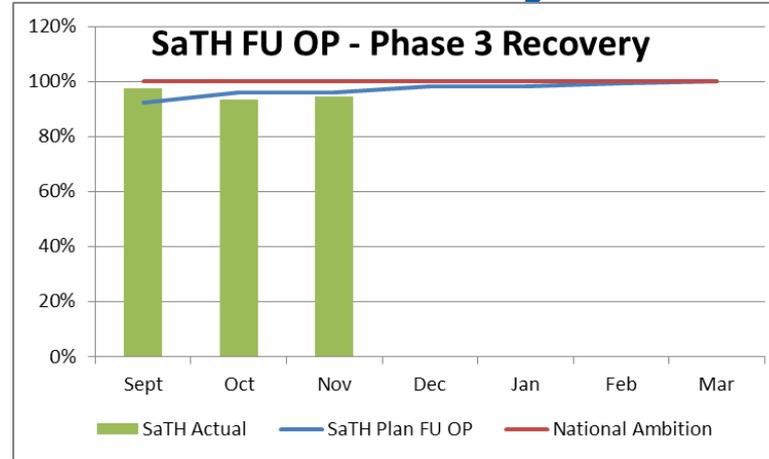
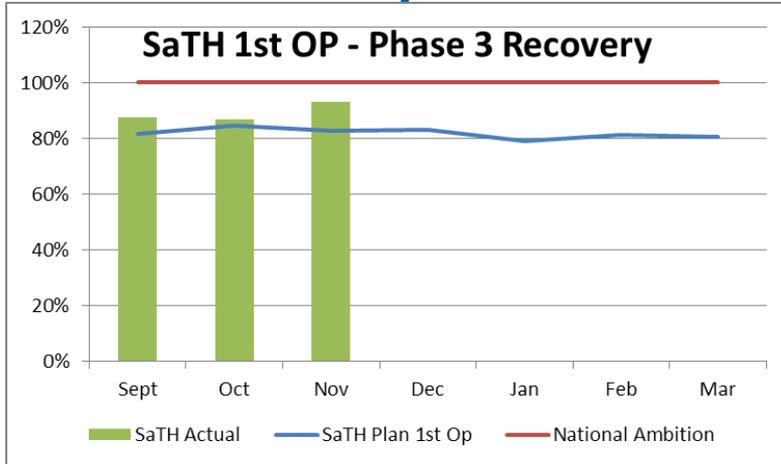
Sustainability and Transformation Partnership

## STW Phase 3 Recovery Summary

13<sup>th</sup> January

Julie Davies

# SaTH Outpatient Phase 3 Recovery Plan



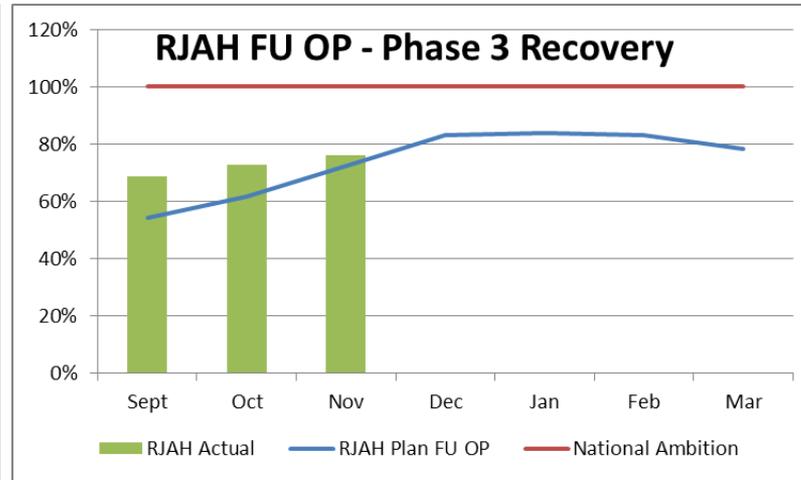
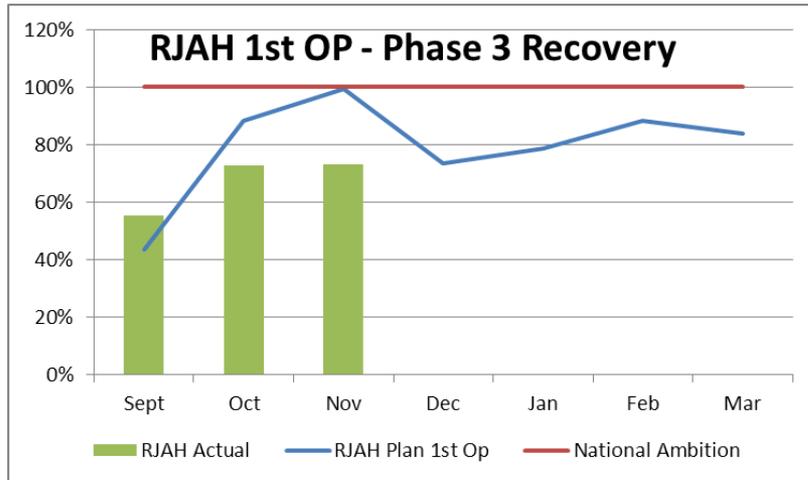
## Issues:

- ❖ Social distancing in waiting rooms,
- ❖ Physical space,
- ❖ Availability for Aerosol generating outpatient procedures,
- ❖ DNA and Patient Cancellations due to Covid-19 and concern re: Covid-19

## Mitigations:

- ❖ Risk assessment and PPE applied,
- ❖ Waiting in car and room booking systems procured to optimise space,
- ❖ Virtual telephone clinics in place,
- ❖ Use of Nuffield commenced,
- ❖ Expansion of non-face to face activity
- ❖ Patient Initiated Follow Up (PIFU) project started
- ❖ Virtual OPD activity 36% of activity
- ❖ Minor Ops being undertaken in Vanguard Theatre
- ❖ Further work required to improve OPPROC

# RJAH Outpatient Phase 3 Recovery Plan



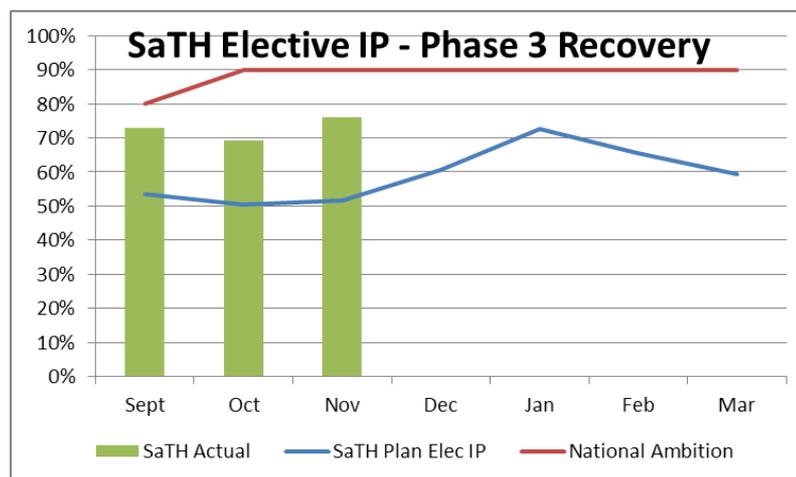
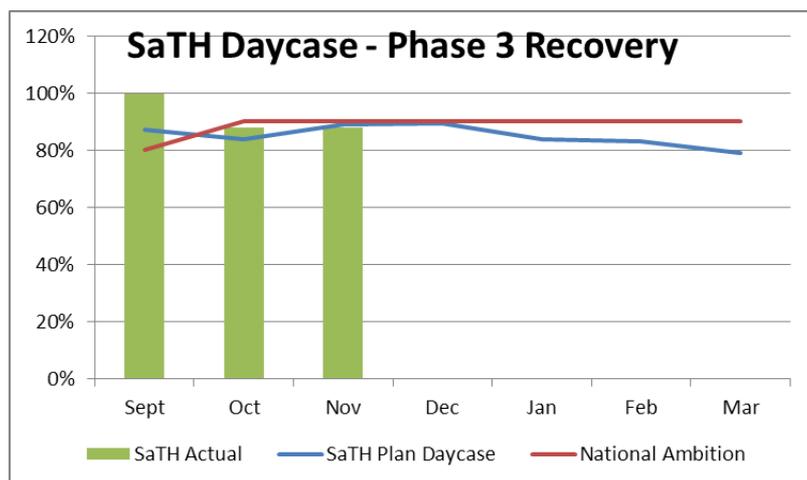
## Issues:

- ❖ Insufficient Workforce for extra hours
- ❖ Estate
- ❖ Patient throughput - IPC limitations
- ❖ Co-dependency of imaging capacity core hours and out of hours in outpatients delivery (radiographer shortfall)

## Mitigations:

- ❖ Utilisation of bank/agency/extra hours
- ❖ Space Utilisation - clinical priority/digital enablers
- ❖ Pathway co-ordinator - virtual waiting admin
- ❖ Progressing with international recruitment to support with additional capacity

# SaTH Elective In-patient and Day Case Phase 3 Recovery Plan



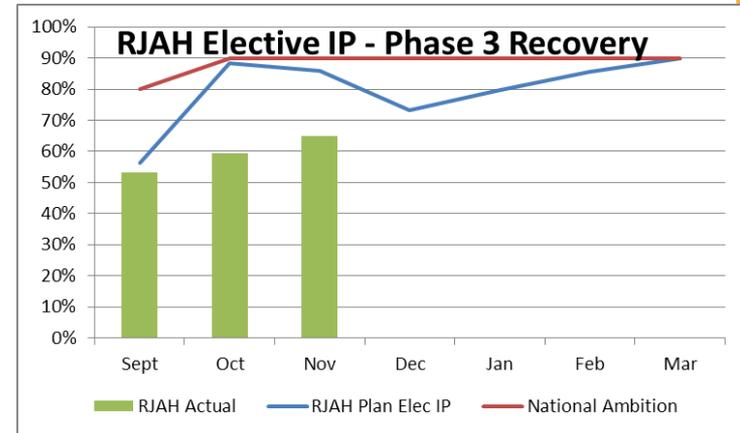
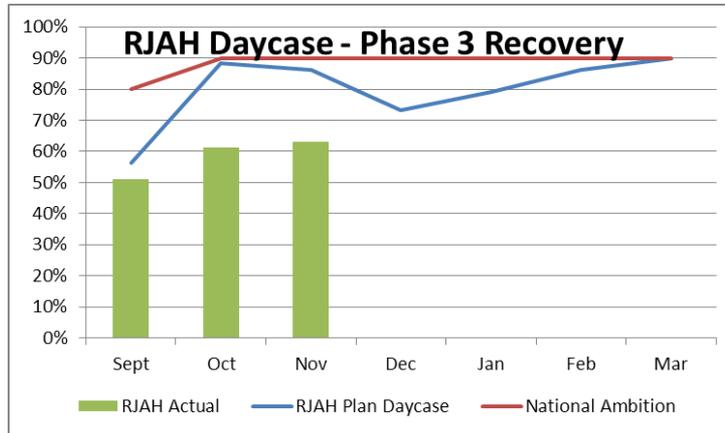
## Issues:

- ❖ Lose of flexibility resulting from safe management through cohorting patients
- ❖ Maintaining green pathways as USC and Covid-19 demand changes,
- ❖ Loss of beds from outbreaks,
- ❖ Early activation of winter capacity plan on PRH site resulting in loss of Day Case Unit.
- ❖ Mutual Aid in Critical Care Provided to other Trusts
- ❖ Use of Theatre Capacity for Critical Care PODs
- ❖ Re-deployment of theatre staffing to support Critical Care
- ❖ Suspension of Priority3-4 activity to support Critical Care, Covid-19 waves and winter plan
- ❖ 60% Loss of elective bed capacity compared to 19/20.

## Mitigations:

- ❖ Waiting list clinically risk stratified,
- ❖ Patients with decision to admit contacted and needs captured (to go ahead or pause treatment)
- ❖ Green pathway protected on RSH site with Day Surgery now Elective IP for Priority 2 cancer and urgent surgery cases,
- ❖ Vanguard theatre utilised for day case and minor ops,
- ❖ Cataract LA surgery off main site,
- ❖ Use of Independent sector -10 theatre sessions per week until end of December (plan assumes continues until end of March 2021 - under national negotiation)
- ❖ Using RJAH capacity for some elective orthopaedics
- ❖ Development of single MSK waiting list

# RJAH Elective Phase 3 Recovery Plan



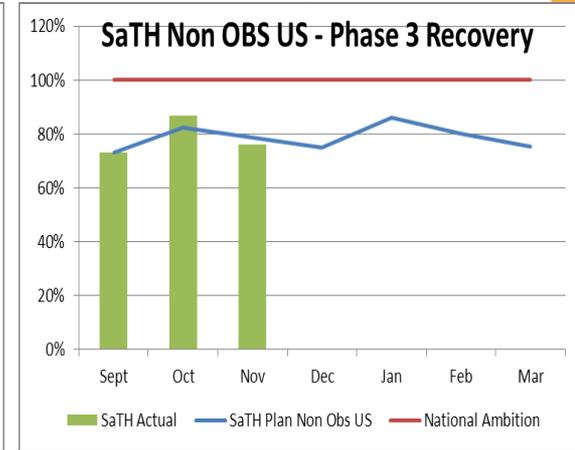
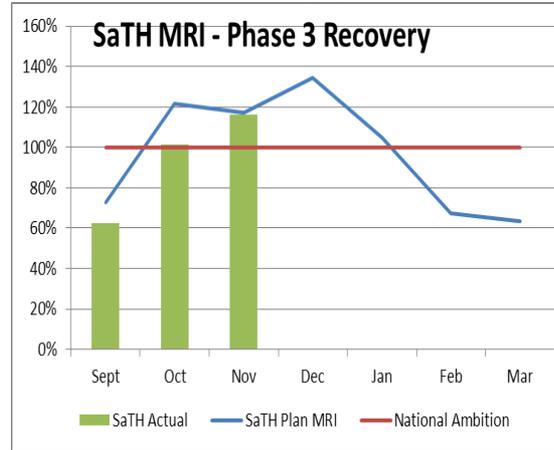
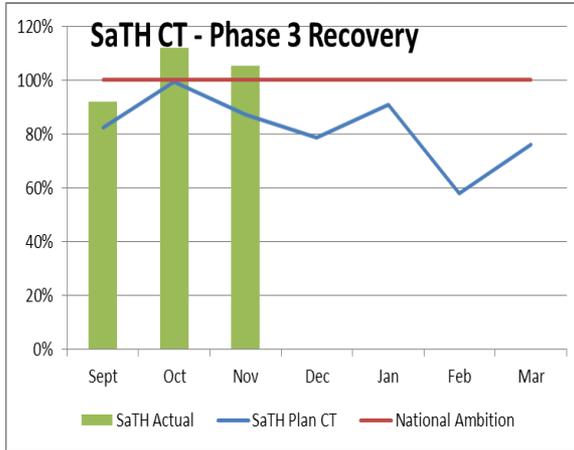
## Issues:

- ❖ Insufficient core substantive staff in theatres (scrub/ODP/ Anaesthetists)to deliver plan (23% vacancies)
- ❖ Increase in unavailability of staff due to contact tracing/lateral flow testing/outbreaks/mutual aid SATH/vaccination programme
- ❖ Inability to flex staffing in theatres above 15%
- ❖ Unable to meet planned cases per session
- ❖ Patients self isolating for 14 days reduces pool of patients to backfill at short notice (particular risk over Christmas)

## Mitigations:

- ❖ Recruitment plan in place/Request mutual aid SATH/Flexible workforce up to 15%/Redesign of workforce
- ❖ Sickness action plan in place/Daily comm cell meetings/Reallocation of staff where possible
- ❖ Reallocation of staff/Daily comms cell meetings
- ❖ Clinical Chair reviewing session useage and case mix complexity
- ❖ Increasing no of sessions if staffing available
- ❖ Pre-op pool of patients (10%)/Plan more day cases around Christmas

# SaTH Diagnostics - Radiology Phase 3 Recovery Plan



## Issues:

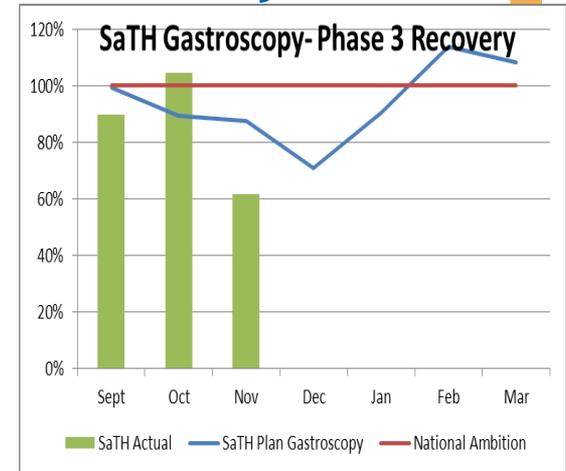
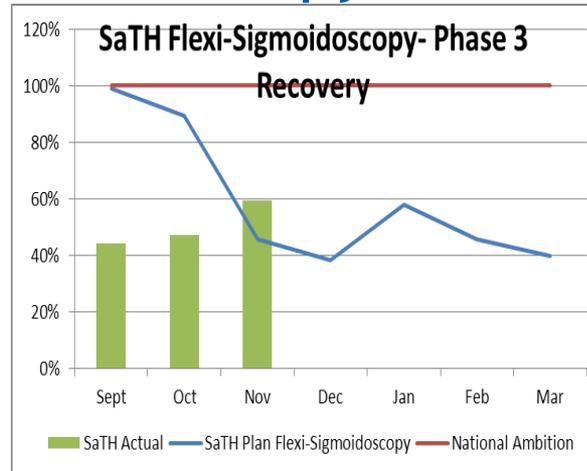
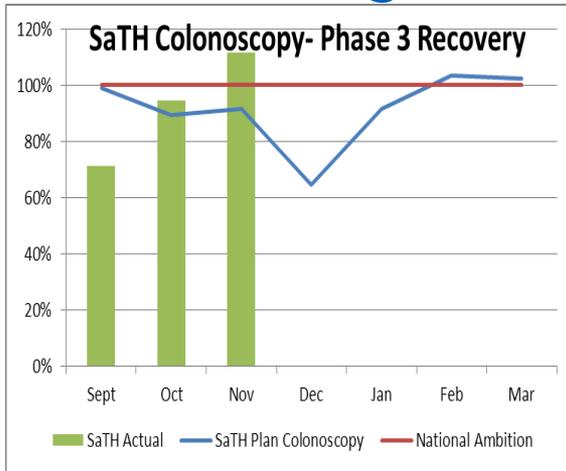
- ❖ Social distancing,
- ❖ Additional cleaning time,
- ❖ IT connectivity in IS for Image Transfer,
- ❖ Staffing impact of Covid-19

## Mitigations:

- ❖ 2 additional CT and MRI mobile scanners secured
- ❖ Additional non-recurrent sessions in place
- ❖ Nuffield MRI and Plain film commenced in December.
- ❖ Transfer of 15 CT and MRI tests to RJAH weekly reflected in revised plan
- ❖ Pod due for operation in 2021-22- 1 CT and 1 MRI,
- ❖ Replacement CT scanner PRH in Q4 2020-21,
- ❖ Ultrasound progressing with commissioning of external provider from January to increase capacity
- ❖ Opportunity - Business case to extend MRI until end of July approved - CT Business case being progressed to extend until end of Sept 2021 being progressed . This will maintain current level of delivery which would improve present year end forecast



# SaTH Diagnostics - Endoscopy Phase 3 Recovery Plan



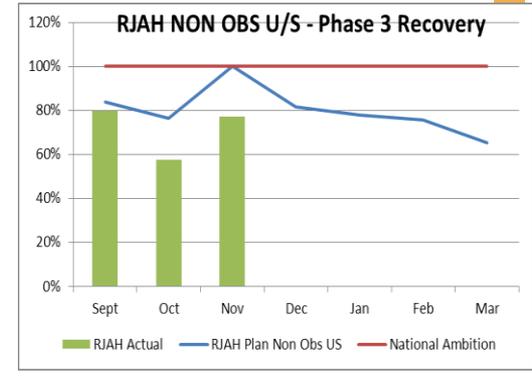
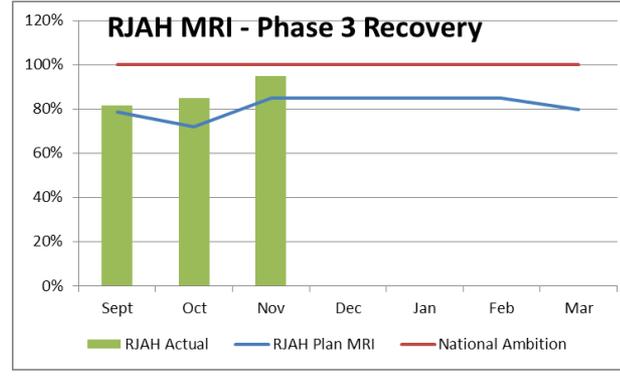
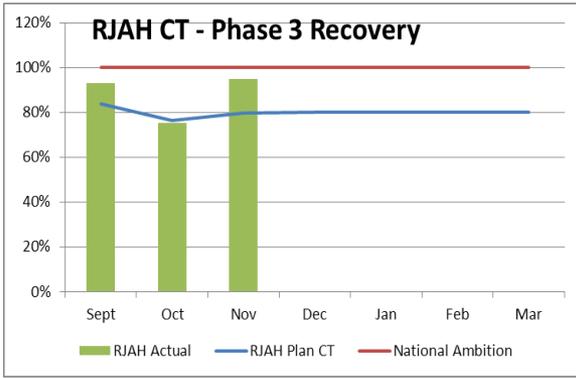
## Issues:

- ❖ Interventions planned have not been fully realised or delayed in their implementations
- ❖ Bowel Screening has not recovered as priority given to symptomatic patients and Urgent Suspected Cancer patients.
- ❖ Social distancing and space for aerosol generating procedures
- ❖ Staffing challenges with Gastro-enterologists supporting medical in-patients.
- ❖ Staffing challenges to deliver Sunday lists
- ❖ Community swabbing capacity required to sustain green pathway
- ❖ Trans-nasal endoscopes will be commissioned later than planned
- ❖ Patient compliance with self-isolation post swabbing

## Mitigations:

- ❖ Business case approved for trans nasal endoscopes
- ❖ Plan re-phased to takes account of time required to procure trans-nasal scopes, staffing issues and swabbing
- ❖ Community swabbing increased
- ❖ Re-enforced communications re: requirement for patients to self-isolate
- ❖ Continuing to seek additional staff
- ❖ Flexi sig - national ambition no longer achievable due to changes in national bowel screening - re calculating the new requirement.

# RJAH Imaging Phase 3 Recovery Plan



## Issues:

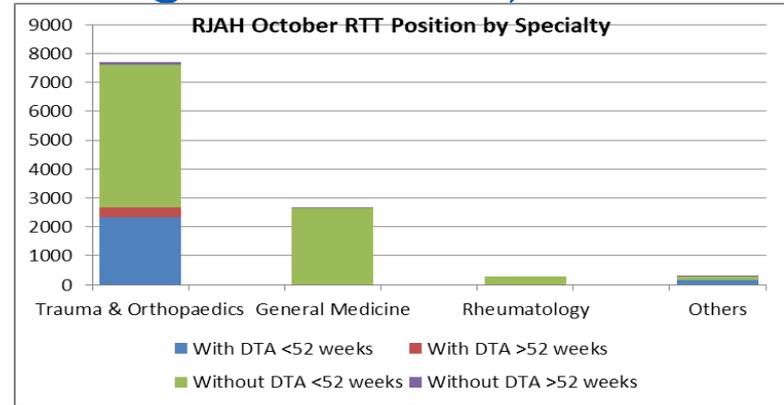
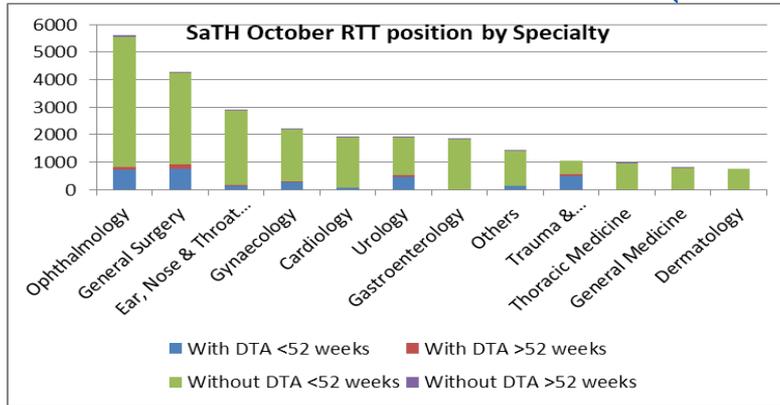
- ❖ Workforce - 20% vacancy
- ❖ Estate
  - ❖ Patient flow: - waiting areas

## Mitigations:

- ❖ International recruitment - offers made
- ❖ Flexing staff out of hours
- ❖ Overtime/weekend working
- ❖ 2 more U/S rooms made available
  - ❖ IPC and flow of patients being reviewed



## RTT Position - October (Provider English Waiters )



- ❖ Majority of waits concentrated into a smaller number of specialties
- ❖ 576 patients waiting longer than 52 weeks at SaTH (391 in Ophthalmology, General Surgery and T&O): and 416 at RJAH (all but 1 in T&O) at the end of October
- ❖ 5 specialties account for most of this waiting who have a decision to admit (Ophthalmology, Gen Surgery, Gynaecology, Urology and T&O)
- ❖ Within these, most patients are waiting for an OP appointment highlighting the need to address OP capacity and throughput
- ❖ Patients with a decision to admit are a relatively small percentage (15%) of total waiters
- ❖ Patients waiting over 52 weeks are predominantly with a Decision to Admit and concentrated in Ophthalmology, General Surgery and T&O
- ❖ Solutions to increasing OP & diagnostics throughput will get patients more quickly to a clear diagnosis and treatment plan but also make a bigger impact on the total numbers waiting.



# Shropshire, Telford & Wrekin

Sustainability and Transformation Partnership

## NHSEI 5<sup>th</sup> January Restoration Update



# Services for Restoration - NHSEI

## 4<sup>th</sup> January Submission Position

- ❖ 109 NHS services identified for restoration, of which:
  - ❖ 75 are fully restored (69%)
  - ❖ 32 are partially restored (29%)
  - ❖ 2 are still to restore (2%)

*Checkpoint reviews have been undertaken to triangulate NHSEI service restore information with phase 3 recovery, activity levels and waiting lists etc.*



# Services Still to Restore

- ▶ The 2 services that remain currently still to be restored are as follows.

Provider	Service	Detail
SaTH NHS Trust	Diabetes	Diabetic Pump clinic still to be restored for adults. Service is delivered as a group session, therefore larger space required for social distancing. Scoping available space at both sites
SaTH NHS Trust	Care of the Elderly	Falls clinics, which are held as group sessions, still require restoration. This group of patients are elderly and vulnerable. Available space to ensure adequate social distancing is being sourced.



# 3 Monthly Checkpoint Review - Temperature Check

- ▶ Purpose of the review is:
  - ▶ Understand the current position for restored services
    - ▶ Activity
    - ▶ Performance/waiting lists
    - ▶ Trajectory to phase 3 levels
  - ▶ Any changes in quality impact assessment
  - ▶ Any new workforce pressures identified
  - ▶ Any impact of winter surge
  - ▶ Agree mitigation if required
  
- ▶ As at 4<sup>th</sup> January, checkpoint reviews received from SaTH, RJAH, MPFT and Primary Care. Update still outstanding from SCHAT.
  
- ▶ **Sign off to be agreed at a system performance meeting to ensure triangulation and data accuracy.**



# Consistent Themes

- ▶ Acceleration in use the of digital technologies for remote or virtual consultations across partners
- ▶ Workforce risks in elective outpatient and inpatient, and diagnostics
- ▶ Waiting list growth in line with the RTT position
- ▶ Clinical prioritisation is in place across partners
- ▶ Use of a system wide patient waiting list
- ▶ Checkpoint reviews state no change in Quality Impact Assessments
- ▶ Due to the RTT position in Ophthalmology, Gen Surgery, Gynaecology, Urology and T&O - Impact assessments need to be revisited.

## Shropshire, Telford and Wrekin CCGs

# Digital/IT Programme Update

CCG Governing Body

Wednesday 13<sup>th</sup> January 2020

# Digital / Virtual First

- **Driven** by innovation in practice
- **Where** it streamlines a process
- **Where** it improves experience
- **Where** it saves Clinical and/or Care Professional Time
- **Where** there is benefit to quality
- **Always** with the intention of improving the outcome

# Digital Health – an enabler

- *The **right** information available*
- *to the **right** people*
- *at the **right** time,*
- *in the **right** place;*
- *to enable the best possible care.*

# Key Achievements – 2020 (1)

- **Health & Social Care Network (HSCN)** – Re-procurement of the N3 GP practice and corporate CCG connections to HSCN. The infrastructure has enabled integration with other organisations across the health and social care economy
- **Fibre to the Premises (FTTP)** – Shropshire, Telford and Wrekin CCGs will be the first CCG to install a full fibre infrastructure
- **Online and Video Consultations** – Accelerated deployment as part of the digital response to COVID – 19. Now available for patients in all GP practices
- **Virtual Desktop Infrastructure (VDI)** – Cloud based system deployed in the Spring to support GP practices and CCG corporate staff during the COVID pandemic

## Key Achievements – 2020 (2)

- **Hardware Deployment** – Part of national procurement designed to support new ways of working in primary care
- **ReSPECT Forms** – Digital version widely used by GP practices with information available in the Summary Care Record with additional information (**SCRai**)
- **Successful procurement of Office 365** – For both GP practices and corporate staff. This collection of new Applications will improve system-wide communication and support new ways of working including strategic commissioning

# Next 12 months

- **Windows 10 upgrade** – Completed in all GP practices
- **Domain network** – Install the infrastructure in all GP practices and migrate them on to the new Domain
- **Electronic Prescribing System** – Support all practices to migrate to EPS Phase 4
- **Online and Video consultations** – Evaluation of the various different applications in use to decide on the preferred solution(s) to support remote consultation
- **GPIT Futures** – Collaborate with NHSD around the new arrangements for contracting, procuring and funding of GP practice clinical systems
- **Implementation of N365** – Installation and Implementation of Office 365 in both GP and corporate environments

# The Wider System - ICS

- **Integrated Care Record (ICR)** – Working with the STP to integrate health and social care data
- **Remote monitoring in care homes** – Project across the West Midlands to rapidly deploy a remote monitoring system that protects our most vulnerable patients and reduces demand
- **MSK Pathway** – Strata – introduction of new software that helps to manage demand across a broad clinical pathway
- **ORCHA** – Local App Library
- **Active Age** – Opportunity to look at the potential of using wearables to remotely monitor people in their homes and going about their everyday lives
- **5G Project** – Regional project – Working with the STP to look at the capability of 5G in support of health and social care innovation

## Next Steps

- Move to Single Commissioning Organisation – Make changes to the management / oversight of IMT including a review and refresh of CCG governance. Provide support to the transition process including any moves to physical location, development of agile working agenda and transition of IT contracts.
- Development of a CCG IT strategy and operational plan (including relevant financial plan)
- Forge stronger links with system digital programme to ensure the CCG is an active participant and that digital is prominent as a system priority



**Shropshire, Telford & Wrekin**

Sustainability and Transformation Partnership

# SIP Report

# Priorities & Progress

DRAFT

1

# SIP Development

- ▶ System has recognized need to align all improvement plans to a single plan owned by all system partners
- ▶ From Jan 2021, SIP will include:
  - ▶ Refreshed Programme Priorities aligned to quadruple aim
  - ▶ Quality & safety
  - ▶ Getting to Good
  - ▶ Model System Data
  - ▶ Inclusion of outcome data where available



# ICS Quadruple Aim Overview




## Improving the health of the population

- ❖ Making the best use of our resources to support the health of the population
- ❖ Protecting the health of our population
- ❖ Addressing health inequalities
- ❖ Enabling people to live longer, healthier, happier lives
- ❖ Developing social capital and supporting social prescribing
- ❖ Sustainable services/sustainability in STW
- ❖ Promoting healthy environments and community resilience
- ❖ Preventing and addressing the causes of physical and mental ill health



## Improving the experience of care (quality and safety)

- ❖ Services are integrated effectively, care is proactive, services are safe and we prevent harm
- ❖ Personalised care
- ❖ Supporting primary care networks and increasing support to people living in care homes
- ❖ Helping people to live the best lives they can
- ❖ Admissions avoidance
- ❖ Quality Conversations
- ❖ Improving patient experience and engagement and supporting carers
- ❖ Embedding a quality improvement approach



## Improving staff experience



- ❖ Investing in our workforce
- ❖ Being a first choice place to work
- ❖ Rewarding and do-able jobs
- ❖ Promoting and embedding a compassionate culture
- ❖ Ensuring staff feel safe and confident to speak up
- ❖ Prioritising staff wellbeing and support
- ❖ Inclusion and fairness @STW
- ❖ Valuing each other and celebrating success



## Reducing costs, improving efficiency



- ❖ Ensuring value for money
- ❖ Improving our estates and facilities
- ❖ Reducing unwarranted variation
- ❖ Innovation and service improvement
- ❖ Increasing digitalisation and technology opportunities
- ❖ Sustainable procurement
- ❖ Sustainable Quality Improvement Plans
- ❖ Building improvement capability and capacity



# Quadruple Aim STW ICS 0-6 months



## Improving the health of the population

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- ❖ Covid incident management
  - ❖ Health inequalities
  - ❖ LD & A strategy (inc AHCs)
  - ❖ No wrong front door – integrate drug/alcohol misuse
  - ❖ ICS Development
  - ❖ Embed social prescribing in community offer
  - ❖ Develop VCS
  - ❖ Embed public health approach and prevention into all work



## Improving the experience of care (quality and safety)

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- ❖ SaTH 'Getting to Good' Plan,
  - ❖ SOAG Plan,
  - ❖ Maternity
  - ❖ Cancer
  - ❖ UEC
  - ❖ Review Community Services (inc. community hospitals)
  - ❖ Rapid Response (Community)
  - ❖ Case Management (Community)
  - ❖ Elective recovery (inc MSK)
  - ❖ Single PTL
  - ❖ End of Life review
  - ❖ SEND



## Improving staff experience

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- ❖ Looking after our People
  - ❖ Belong to Shropshire, Telford and Wrekin
  - ❖ New ways of working and delivering care
  - ❖ Growing for the future
  - ❖ Focus on Nursing
- DRAFT



## Reducing costs, improving efficiency

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- ❖ Primary Care Digital First
  - ❖ Maximising All Digital (e.g. Attend Anywhere)
  - ❖ Underlying system financial deficit
  - ❖ Consolidate services to one site (inc. estates)
  - ❖ Deliver HTP OBC
  - ❖ Reduce Acute activity – earlier access & home care/support
  - ❖ Drive up efficiency (e.g. CIPs)



# Reporting capability development

System recognizes limited BI infrastructure and importance of real time data

Work is underway to improve this through a programme of work that includes

- ▶ System Integrated Dashboard
- ▶ BI & Analytical capability development
- ▶ UEC Dashboard, including winter plan metrics
- ▶ SIP reporting dashboard
- ▶ Use of Model System Data
- ▶ PHM Development Wave 3 Programme

System is developing an outcomes-based approach



DRAFT

Monthly Data is October

Weekly Data is first week of December

**NB the reduction in NL attendances of 41% is comparing October 2019 to October 2020.**

Theme	Metric	Target	Current Performance	Reporting Level	Frequency	Source
Urgent Care	2 hour Crisis Support response		National Reporting not yet enacted			
	2 day Re-ablement support response		National Reporting not yet enacted			
	Reduction in NEL Attendances	-4.40%	-41%	SaTH	Monthly	SUS
SDEC	Reduction in 1+ day LOS admissions	-5%	-10.40%	SaTH	Monthly	SUS
	Minimum of 6 avoided admissions per day	6 per day	tbc	Clarifying data sources		
	Increase % 0 and 1 day admissions		Scheme expected to commence mid January			
DTCO	Maintain at or below target	2.80%	National Reporting Suspended during Covid			
	Numbers on MFFD list	50	52	SaTH	weekly	Local data feed
	LOS on MFFD list	<3	2.7	SaTH	weekly	Local data feed
NHS 111 First	Number of Appointments Available Number of Appointments booked Reduction in Unheralded A&E attendance	-20%	Soft launch completed - Report data from Mid December			
Frailty at Front Door	% patients > 65 screened by Frailty Team	80%	81%	PRH	Monthly	Local data feed
			86.4%	RSH	Monthly	Local data feed
	% of caseload admitted to deep bed base		24.6%	PRH	Monthly	Local data feed
MH			35.60%	RSH	Monthly	Local data feed
	Reduction in Inappropriate MH admissions		tbc	Clarifying data sources		
CYP Crisis	% seen within 4 hrs		tbc	Clarifying data sources		
	No of 12 hr breaches		tbc	Clarifying data sources		
Advanced care Planning	Reduction in Admissions	20	22	SaTH	weekly	Local data feed
Respiratory care	Reduction in Admissions	20	24	SaTH	weekly	Local data feed
Live In Carers	Reduction in Admissions		tbc	Clarifying data sources		
Elective care	Elec Ip Recovery	90%	56%	STP	Weekly	National return
	Daycase Rcovery	90%	79%	STP	Weekly	National return
	1st Op Recovery	100%	47%	STP	Weekly	National return
	FU Op Recovery	100%	80%	STP	Weekly	National return
	% OP Non F2F	30%	33%	STP	Weekly	National return
	Cancer 2 ww standard	93%	87.50%	STP	Monthly	(c) National Return
	Cancer 62 day Standard	85%	73.20%	STP	Monthly	(c) National Return
	Primary care Referrals		-36%	SCCG	Monthly	Local data feed
		-30%	T&W CCG	Monthly	Local data feed	



Summary Report STW SIP Programmes



Priority	Action Planned	SIP Target	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Update
<b>HSCRRT Health &amp; Social Care Rapid Response Team</b>	Extend rapid response services	Admission Avoidance						
<b>Acute Frailty / therapy front door</b>	Reduce avoidable admissions	Measured against movement in activity from over 75's plus one day LOS to zero LOS episodes						Delayed see winter plan revised delivery date end Nov / early dec
<b>Mental health liaison</b>	Enhanced mental health crisis Services	Number of inappropriate mental health admissions						
<b>Community Case Management</b>	Advanced care planning	Admission Avoidance						
<b>Respiratory Scheme 3</b>	Risk strat management of respiratory patients	Admission Avoidance						
<b>Live in carers (Shropshire)</b>	Enhanced discharge and admission avoidance	Admission Avoidance						
<b>Live in carers (T&amp;W)</b>								
<b>SDEC Same Day Emergency Care</b>	Enhanced SDEC service	30% of ED attendances to be discharged on same day from December 2020 20% reduction in ED waiting time						
<b>Maintain DTOC performance</b>	Continue and maintain system overview of DTOC	DTOC performance by CCG / LA						Slight reduction in performance but continue to be above benchmark. Action plan in place
<b>NHS 111 first</b>	Develop & implement new 111 offer,	A 20% reduction in unheralded A&E attendances with activity being booked into alternative portals.						Week 1 soft implementation <u>commenced</u> , no data available yet
<b>Children and Young People</b>	Crisis and home treatment services for CYP	Response time within 4 hrs Zero 12-hour breaches for CYP in A&E						Increasing CYP presentation & admissions to ward 19
<b>Identification of additional elective care capacity</b>	Alternative elective care pathway	Increased elective Care capacity						
<b>Manage outpatient demand</b>	reduce outpatient demand	Increase in Virtual Consultations						System Group established to focus on identified priorities
<b>Diagnostic improvement and productivity</b>	Diagnostic capacity	Delivery of phase 3 restoration phasing and targets Implementation of agreed diagnostic improvement plan.						Work has commenced aligned to regional NHSEI R&R group



Priority	Action Planned	SIP Target	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Update
<b>Hospital Transformation Programme</b>	Delivery of Full Business Case and commencement of HTP Programme of work	To reach early decision on provision of funding to deliver full business case						Approval to commence OBC funding confirmed Case audit completed to confirm bed modelling assumptions
<b>People:</b>	Growing our local workforce	total increase of 308 wte workforce of which 307 wte is substantive workforce						Delivering against plan
<b>Attract:</b>	International Recruitment (Focus on Nursing)	212 already recruited with 99 arrived in Shropshire with the remaining 113 arriving over the next 6 months and a further 100 to be recruited by June 2021						
<b>Recruit:</b>	Nursing Supply (Focus on Nursing)	establish new routes into nursing and increase nursing supply						
<b>Retain:</b>								
<b>Workforce Transformation &amp; Planning</b>	Implement a workforce modelling Tool	Workforce modelling completed for Shropshire Caseload Management Team						Tool in place, modelling underway
<b>Leadership &amp; Organisational development</b>	Looking after our people	100 TRiM practitioners trained,						Second cohort completed £85k investment from NHSEI to support this work
	Developing our leaders	System Leadership Capability Review commissioned						Plans in place but operational demands are limiting ability to actively participate
<b>Digitalisation</b>	Implementation of Digital Priorities	Digital systems implemented in line with refreshed digital strategy						Capacity to support implementation is an escalating risk
<b>Improved use of available system data to enable effective planning and delivery of health and care</b>	Increased capability & capacity to utilise PHM Programme Boards	Agree system approach to PHM with clear process to drive improvement based on data, evidence & insight						Wave 3 PHM Management programme to commence Jan 2021 (£50k funding)
	SIP Outcomes framework monitoring reporting to ICS Board	Metrics to be identified and included in report						Work on-going links to model system data point below
	System performance dashboard	Dashboard development underway						Model System data now accessible
	Capacity and demand modelling / analysis							
<b>Increased capability &amp; capacity to deliver sustainable improvements</b>	Deployment of Improvement Team Targeted expertise utilising NHSE/ £1m investment							Team now in place



**REPORT TO: NHS Shropshire, Telford and Wrekin CCG's Governing Body Part 1  
Meetings in Common on 13 January 2021**

Item Number:	Agenda Item:
GB-21-01.018	Shropshire SEND WSOA Final Published version and next steps

Executive Lead (s):	Author(s):
Claire Parker Director of Partnerships <a href="mailto:Claire.parker2@nhs.net">Claire.parker2@nhs.net</a>	Claire Parker

Action Required (please select):									
A=Approval	<input type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input checked="" type="checkbox"/>	D=Discussion	<input checked="" type="checkbox"/>	I=Information	<input checked="" type="checkbox"/>

History of the Report (where has the paper been presented):		
Committee	Date	Purpose (A,R,S,D,I)

Executive Summary (key points in the report):
<p>Purpose of the report: To present to the Governing Bodies the final Written Statement of Action (WSOA) for Shropshire SEND and provide assurance on the next steps for the CCG and partners.</p> <p>Key points:</p> <ul style="list-style-type: none"> <li>Jointly the CCG, the Local Authority, NHSE/I, Parent Carer association and health providers developed the WSOA plan for submission to Ofsted on 25<sup>th</sup> September 2020</li> <li>Ofsted has commented on the WSOA and a revised copy was submitted and approved and was uploaded onto the CCG and LA websites on 24<sup>th</sup> November 2020.</li> <li>New Strategic SEND Board has met twice and the SEND Partnership board and work streams met in November and December 2020. The next strategic board will set the workstreams to deliver the outcomes as defined in the WSOA.</li> <li>The CCG reports into the Quality and Performance Committee and the final version of the WSOA was presented to the committee in December 2020.</li> <li>Actions are already underway to meet the significant areas of concerns highlighted in the WSOA from health services</li> <li>Proposal to have a joint SEND project manager to oversee the WSOA between the Local Authority and the CCG's has been implemented</li> <li>Agreement to improve engagement and communication as part of the delivery of the co-production and partnership working has also been agreed and will be commenced from the first week of January led by the Parent and Carers committee.</li> </ul>

<b>Implications – does this report and its recommendations have implications and impact with regard to the following:</b>		
1.	Is there a potential/actual conflict of interest?	No
2.	Is there a financial or additional staffing resource implication? <i>A new full time experienced Designated Clinical Officer has been appointed to start in January. Two part time experienced children's nurses have been recruited to strengthen the Individual Commissioning team.</i>	Yes
3.	Is there a risk to financial and clinical sustainability?  The service requires specialist staff, these can be difficult to keep and recruit, although as stated above recent recruitment has been successful.	Yes
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i> EHCP need to be completed in legal timeframe. DCO is a statutory role.	Yes
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i> Disability is one of recognized characteristics of the Equality Act 2010	Yes
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i> Clinical engagement is a key component of the SEND guidance.	Yes
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i> Patient and public engagement is a key component of the SEND guidance. Significant further work is needed to ensure the CCG, in partnership with the local authority, embeds the voices of children, young people, parents and carers into the implementation of SEND. DCO and Strategic lead are working with the parent and carer group to develop the engagement and communication model.	Yes

<b>Recommendations/Actions Required:</b>
The board notes this update as information on progress.

## **Briefing to Governing Body on the process of the Written Statement of Action for Shropshire**

### **Background:**

A joint, SEND CQC and Ofsted Inspection took place in Shropshire across health, social care and education between 27 January and 31 January 2020. The outcome of the inspection was first shared with the CCG and LA on 25th March. The final letter was published on 6 May 2020.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, the Chief Inspector determined that a Written Statement of Action is required because of the areas for improvement identified. The Written Statement of Action (WSOA) was published on Shropshire Councils and the CCGs websites in November 2020.

This briefing is to update the Governing Body on the publication of the WSOA for Shropshire and actions to date.

### **WSOA update:**

- Members of the SEND strategic Board including CCG, local authority and Parent and carers Council (PACC) met on several occasions to design and input into a comprehensive draft to submit to Ofsted by 25<sup>th</sup> September 2020.
- The final WSOA was presented to Quality Performance Committee in December 2020. The final WSOA is now published on the local authority and CCG websites.
- The SEND strategic board has met several times to understand and develop an action plan dashboard.
- Resubmission to Ofsted took place on the 16<sup>th</sup> November 2020. The final draft was approved and this is presented to Governing Body in January 2021. The final WSoA was published on the CCG and LA website on 26<sup>th</sup> November 2020.
- Work against the actions has commenced at strategic level. For example- Priority 1 sets out the governance processes including the set-up of the Strategic SEND Board and the refresh of the SEND partnership board and the work-streams for the priorities. The actions and impacts are shown in the final WSOA and will be updated as a working document through the strategic board.
- Actions are already underway to meet the significant areas of concerns highlighted in the WSOA from health services. The impacts and outcomes are defined within the WSoA and the strategic board will hold partners to account against delivery and manage risk and escalations. The Partnership Board will be responsible for the delivery of the work streams. The RAG rating refers to work that has not commenced or is partially underway. Some actions have been completed. A full report will be provided to QPP on an ongoing basis.
- Proposal to have a joint SEND project manager to oversee the WSOA between the Local Authority and the CCG's has been implemented.
- Agreement to improve engagement and communication as part of the delivery of the co-production and partnership working has also been agreed and the engagement work will be led by Parent and Carers Council and be implemented from January 2021.
- A regular report from the SEND Partnership Board will go to Quality and Performance to monitor the actions and milestones within the WSOA.
- Governing Body asked that an update presentation be at the May 2021, with progress against actions and patient/ family experience.
- A report from the SEND strategic Partnership board will be presented to the Governing Body at least quarterly to provide assurance and escalation of issues.
- The red areas that are not yet started in the WSOA be amended to grey as recommended by the QPP.

### **Recommendation:**

The board notes this update as information and assurance on current progress and the final WSOA with a quarterly update report to come to the March Governing Bodies.



# Shropshire Local Area Written Statement of Action



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## Introduction:

The Shropshire Local Area SEND inspection took place in January 2020. Inspectors identified a number of challenges that must be overcome to secure necessary improvements which will lead to better outcomes for Shropshire children and young people with SEND.

The outcome of the inspection is that the Shropshire local area has been requested to produce a Written Statement of Action (WSOA). We recognise the concerns highlighted through the inspection and, in particular, senior leaders within the Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG) acknowledge that much of the concern during the inspection about a lack of appropriate and timely action by the Shropshire CCG, was reasonable.

The WSoA will focus on the following 6 areas of significant concern identified during the Local Area SEND inspection:

1. Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services
2. The lack of inclusion of health services' input into the area's SEND action plan
3. Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways
4. Significant waiting times for those needing assessment and treatment from the speech and language therapy service
5. Inconsistency in the quality of input from education, health and care into EHC assessment and planning
6. The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

Our WSoA identifies those actions that the partnership will take to secure improvements, how we will measure our success and what difference we expect our actions to make to the Shropshire SEND community. However, we recognise that this is not a finished product. We aim to make this a dynamic process that is responsive to the changing needs of the Shropshire SEND Community and we anticipate the need to develop and refine our actions as we progress on our journey to secure improvement. We will therefore produce an annual report to share the success of the actions that we have taken; identify any new challenges and highlight any changes that we believe are necessary to secure the impact that we are aiming to achieve. We will update the WSoA annually to reflect the dynamic nature of the work being undertaken.

Shropshire Council and Shropshire, Telford and Wrekin (STW) CCG are jointly responsible for submitting the WSoA. We will work with our Parent Carer Forum (PACC) and our schools, colleges, health providers and other stakeholders to collegiately own the plan and we will use the principles of joint working and co-production to address all areas of weakness.

Joint working will mean that Shropshire Council and STW CCG commit to a shared vision for the Shropshire SEND community and accept equal responsibility for delivering the agreed outcomes for children and young people with SEND. Embedding co-production means that the voice of the Shropshire SEND Community will be present in all strategic discussions that will impact on this community. Representatives from the Shropshire SEND Community will sit alongside statutory leadership, to inform and shape strategic planning from the earliest point. We will set the agenda together and agree what needs to be talked about, what are the important issues and what we need to achieve. We will put in place the necessary structures so that this ethos of joint working and co-production will be present throughout the Shropshire SEND system and will be reflected in the experience of individual children, young people and families so that they are empowered to be fully involved in planning how their support will be delivered and what outcomes will be achieved.

The inspection also identified many strengths and we recognise there are existing ongoing priorities which require further action so that we can build on, secure and embed the good practice that already exists across Shropshire and which support Shropshire children and young people with SEND to secure exceptional outcomes in some areas. We will therefore continue to develop our action plan based on our SEND Strategy and our self- assessment alongside those actions identified within the WSoA.

Karen Bradshaw DCS (Shropshire Council)

David Evans (CEO Shropshire Telford and Wrekin CCG)

Claire Parker DoP (CCG)

Zara Bowden (PACC)

Councillor Ed Potter

### **Our Strategic Aim:**

Our SEND strategy was refreshed in 2019. Our strategy has grown from the collective voices of our SEND community and supports all partners to work together to achieve our shared priorities for development. We aim to work together so that the aspiration of our children and young people becomes not only a possibility for some but the **expectation for all...**

*“Shropshire children and young people with SEND to be healthy, happy and safe, and able to achieve their potential to lead a fulfilling life. We want them to have, and to expect, the same opportunities in life as other children and young people. We will achieve this by understanding what children and young people need, working in partnership and with children and young people to meet that need, and measuring our success by whether we achieve a ‘dream life’ for children and young people with SEND”*  
(Shropshire SEND Strategy 2019)

### **Statement of Intent:**

As equal partners we are committed to addressing our shortcomings and will work with practitioners and leaders from across education, health and social care, as well as parent carers and young people and the voluntary sector to:

- address all six of the areas identified by the inspectors as being of significant concern
- agree a realistic but ambitious timeframe to secure improvement
- build on, achieve and embed our vision so that children and young people with SEND can have and expect the same opportunities in life as others.

### **To achieve this we will:**

- commit to identify and understand the challenges that we face across the local area
- secure the commitment and support of decision makers to overcome these challenges

- embed co-production across all aspects of our work, including the development, implementation and monitoring of the WSoA, so that parent carers and children and young people with SEND are recognised as equal partners in this work and are fully involved in decision making
- challenge preconceived expectations where these may place a ceiling on what can be achieved
- embrace new ways of working to support innovative practice
- work in partnership across all services, promoting transparency and consistency in decision making and delivery of support
- commit to the principles of personalisation and embed these across all aspects of SEND commissioning so that the Shropshire SEND system is informed by accurate data; can effectively respond to local need; provide a diversity of choice, is financially sustainable and makes best use of all resources available.

We recognise that SEND is everybody’s business and the priorities within our WSoA will be the responsibility of all partners and stakeholders who make up the Shropshire local area.

### **Our progress:**

Since the local area inspection we have continued to work on our SEND priorities and have made a good start addressing the concerns identified by Ofsted/CQC in January 2020.

However, our progress has been impacted by the challenging situation presented by the current pandemic. The Ofsted/CQC letter was finalised during the ‘lockdown’ period and this has impacted on how quickly we have been able to respond to the findings of the inspection as well as the nature of that response. Lockdown has meant that we have not been able to hold engagement events, public consultations and workshops in a way that we would have in the past. In addition our resources have been focussed both on the prevention of the spread of the virus and the emerging safeguarding and mental health concerns surrounding children and young people as a result of a prolonged period of the enforced isolation. Despite the difficulties presented by the pandemic we have been able to make accelerated progress in many areas. New ways of working have reduced barriers and improved communication; strengthened partnerships; enabled innovative practice and supported cross service problem solving.

Since the inspection we have reflected on our perceived strengths and areas of concern. We recognise that there was an imbalance in our partnerships and that partners did not share a unified vision for SEND. We have therefore reviewed our strategic direction to ensure that our longer-term priorities are the right priorities as we move forward and that there is shared ownership of the SEND agenda and a mutual understanding of our responsibilities to the Shropshire SEND community. We have strengthened our commitment to co-production and can evidence increased understanding of the principles of co-production across the CCG.

Shropshire CCG has also been undergoing significant change as it prepares to merge with Telford and Wrekin CCG to become a single CCG serving the communities of both Shropshire and Telford and Wrekin by early 2021. In addition, the CCG has acknowledged the weaknesses in its strategic leadership of SEND and action has been taken to redress its shortcomings. A newly appointed Director of Partnerships (DoP) has responsibility for oversight of the SEND agenda and is accountable for the delivery of the WSoA and the SEND strategy in partnership with the Director of Children's Services (DCS), Shropshire Council.

### **Parent Carer Engagement and Co-production**

PACC has established a SEND Inspection Engagement group for parent carers who want to be actively involved in the development and implementation of the WSOA, acting as parent carer representatives. This is supported by information about the WSOA process on the PACC website, monthly daytime and evening online meetings and a closed Facebook group for discussion. Regular comms about the development of the WSOA have been shared with the wider send community via PACC's networks <http://www.paccshropshire.org.uk/shropshire-send-inspection>

PACC has been fully involved in the development of the WSoA, with representation at all meetings. PACC is starting to experience improved engagement in health strategic meetings, now providing parent carer representation on the Learning Disability and Autism Board. Access to senior health decision makers is reported as starting to improve.

### **Progress against our priorities:**

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6
<p>Reviewed and revised the governance of SEND to provide increased scrutiny, challenge and accountability. Director of Partnership role created within the CCG to deliver the WSoA and the SEND Strategy. Joint oversight is more robust with the creation of a more strategic partnership board that is jointly chaired with the LA and CCG.</p> <p>PACC has increased access to senior health decision makers which is developing a consistent understanding of co-production across all work areas Joint additional funding to increase the capacity of PACC has been agreed.</p> <p>Joint funding for a project Manager role to co-ordinated WSOA activity has been agreed and a job description developed</p>	<p>Health providers have started to review their action plans to identify SEND priorities to inform the development of the SEND Action Plan and SEF.</p> <p>Cross sector working has increased between the CCG and Shropshire Council enabling a more comprehensive understanding of activity and services that have the potential to improve outcomes for the local SEND community'</p>	<p>A recovery plan has been put in place and is on track to reduce waiting times. At the time of the inspection there were over 1000 children waiting to be seen by SALT and nearly 900 had been waiting over 18 weeks. The implementation of effective triage and virtual consultation has successfully reduced waiting times for SALT. As at mid-September the number awaiting assessment had been reduced to 210 with only 32 waiting over 18 weeks. It is planned that no child will be waiting over 18 weeks from November 2020.</p>	<p>NDP identified as a priority. Funding is being sought to support the development of NDP. The provider is in the process of appointing to key posts to support future development of the NDP A recovery plan for the diagnosis element of the pathway is under development which will identify a timeframe for reducing waiting times to within nationally accepted levels.</p>	<p>Annual review process has been reviewed to ensure compliance with statutory timescales Improved AR document to ensure improved input from professionals. 2 x new AR officer posts created within the SEN Team to enable the AR to inform the EHCP effectively so that the EHCP is up to date.</p>	<p>Inclusion workstream established. Review of AP initiated, and revised model identified. Increased challenge to school through PDC Improved reporting and recording of incidents of exclusion to the LA Process developed to support children with an EHCP identified at risk of exclusion Improved engagement with the SEND agenda by Education Improvement Service Principles of restorative approaches agreed and scoping exercise undertaken. Strategic multi-agency Exclusion and Exploitation Focus group established.</p>

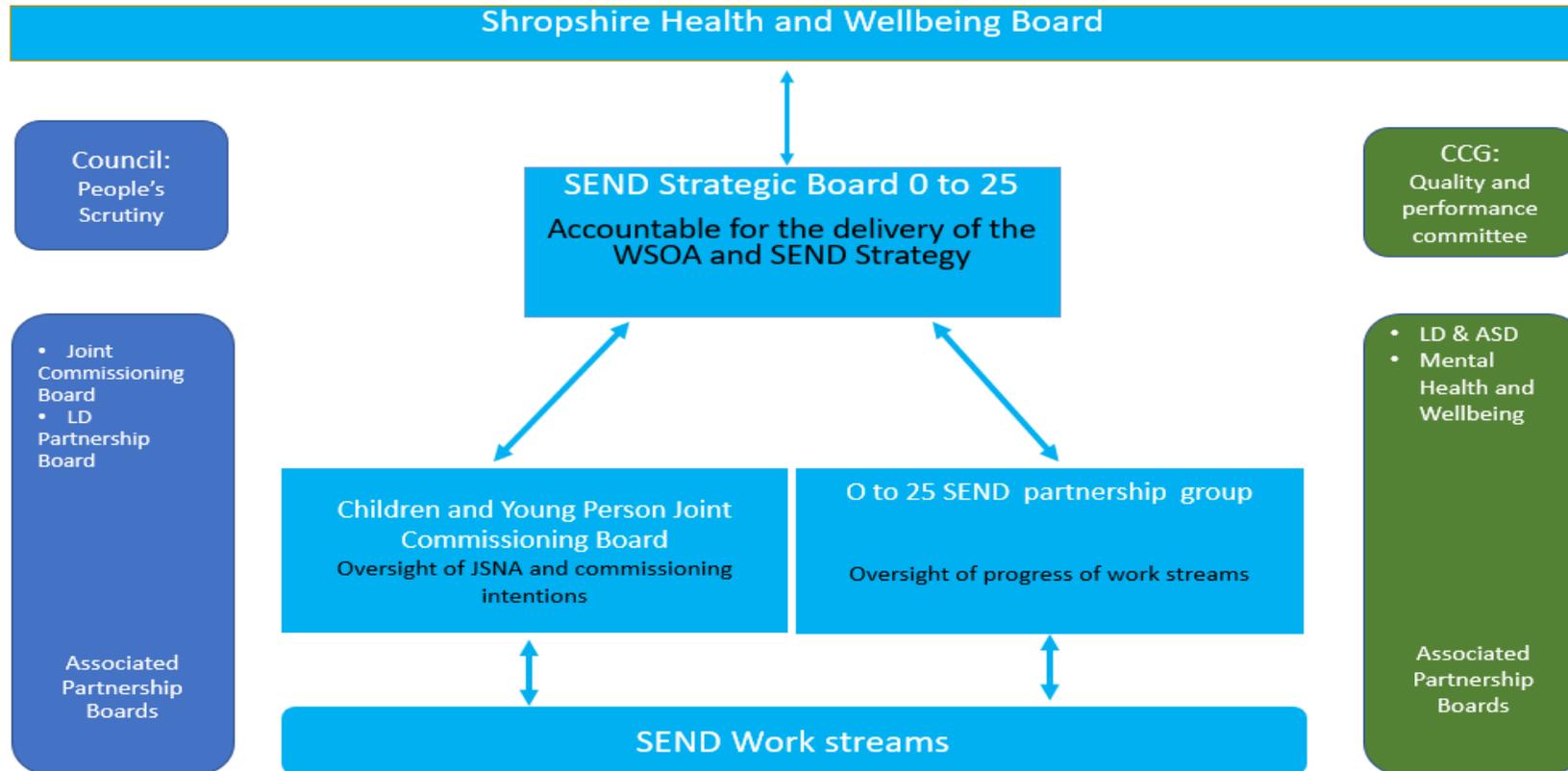
### **SEND Governance:**

Since the inspection we have revised our SEND Governance structure so that our partnership is strengthened; lines of accountability are clearer; and there is increased opportunity for scrutiny and challenge both within Shropshire Council and the CCG. We have identified those strategic partnership boards whose priorities enhance and support the SEND agenda and have committed to developing SEND champions within each of these areas. We aim to promote increased awareness of SEND priorities and ensure the wider recognition of SEND as *'everybody's business'* from members, directors and key decision makers to those who work with and support children and families across a range of contexts.

Oversight and accountability of progress of the SEND action plan and WSoA sits with the SEND Strategic Board. Responsibility for checking and evaluating the effectiveness of the actions will sit with the 0 to 25 SEND Partnership Group and through this group to the SEND Strategic Board 0 to 25.

STW CCG Governance has been amended in line with the creation of a single management structure. The recently appointed Director of Partnerships holds the accountability for SEND in relation to individual commissioning and the Executive Director of Transformation holds the accountability for the commissioning of appropriate pathways. The quality of commissioning for individuals, the monitoring of the quality and contract delivery of providers will be monitored by the CCG's Governing Bodies Committee for Quality and Performance. The assurance, i.e. the accountability of the delivery of the CCGs statutory responsibilities in relation to SEND will be reported to the CCGs Governing Bodies. The CCGs are commissioning members of the Strategic Transformation Partnership (STP), as are all providers and the local authorities. The CCGs Governing Bodies report directly into the STP Board (now the shadow Integrated Care System Board).

# Shropshire Local Area SEND Governance



## Our priorities:

Priorities will be assigned to improvement workstreams. A lead role has been identified for each priority and it is the responsibility of the person undertaking this role to ensure that all work is co-produced; that progress toward securing improvement is timely and that information is provided to the SEND strategic board so that appropriate challenge and scrutiny can enable the local area to meet its statutory responsibility and address the significant concerns identified by Ofsted/CQC following the local area SEND inspection Jan 2020. To ensure ongoing consistency and so that each priority area continues to be assigned to a lead regardless of changes in personnel over time we have decided to name roles rather than individuals within this high-level strategic action plan. Where appropriate, delivery partners have also been identified. Individual names against roles are noted within the glossary on page 33 this will be updated biannually.

Whilst some specific key performance indicators (KPIs) have been identified within the priorities below, additional KPIs will be identified for each priority/workstream to measure the extent of progress across all priorities. KPIs will be evident within all action plans for each area of work. The identification and collation of comprehensive baseline data that will enable progress to be accurately evaluated and reported on will be an immediate priority of the local area and will be reviewed by the SEND Strategic Board quarterly. A comprehensive and co-produced survey to capture baseline data will be undertaken. This will be completed by the end of January 2021. In addition a workstream will be allocated to each of the priority areas and each workstream lead will be responsible for ensuring that appropriate impact data is identified and collected and that progress against impact as well as progress against outcomes is collated and presented to the SEND Partnership Board every six weeks. The SEND strategic board will review progress against impact quarterly. Completion dates identified alongside each action may indicate a timeframe for completion rather than a specific completion dated. This is to ensure that work is initiated at the earliest opportunity whilst also acknowledging that an action may have multiple elements to it that require a longer time period in order to ensure that an action is embedded so that impact can be measured effectively. Some actions will be ongoing, where this is the case, this is indicated within the table below.

Alongside these priorities we will continue to develop the work that we had identified as ongoing and incomplete, this will enable us to continue to work on those areas that our parent carers, children and young people had identified are important to them.

As well as drawing on existing resources from a range of initiatives and funding streams to focus on the priorities within this plan, significant additional financial resources have been secured and directed towards supporting the implementation of the actions in this plan. This will ensure that the Local Area makes a real impact on the lives of children and young people with SEND and their families. Importantly, the CCG and Shropshire Council have committed additional resources to co fund a project officer to support the SEND Strategic Board in driving the improvements forward, and to co fund PACC to work alongside local area leaders to establish and embed the principles of co-production. Shropshire Council is also investing in additional capacity to focus on the work around exclusions; the CCG is adding additional financial resource to support the work on the ASD pathway. Details are included in the plan.

### Priority 1

**Inconsistent strategic leadership and weak strategic planning across the area, most notably in the CCG, including the ineffective use of data to accurately commission and plan services**

<b>Outcomes:</b>
<p><b>1.1 The local area SEND governance structure secures equal partnerships across the LA, CCG and PACC that embrace change; support innovative practice and drive improvement through appropriate and effective challenge based on a thorough understanding of the needs of the SEND community (0 to 25).</b></p> <p><b>1.2 Co-production is embedded within the SEND governance structure</b></p> <p><b>1.3 The local area SEND specific JSNA provides accurate data to enable leaders to understand the needs and resources of the SEND community and informs effective commissioning for SEND across all agencies.</b></p>
<b>Impact measures:</b>
<ul style="list-style-type: none"> <li>• <i>Feedback from annual survey will demonstrate an average of 15% year on year increase in the proportion of the SEND community that agree that they are included in decisions regarding the provision that is available across the local area, this will include provision to meet their specific needs as well as those decisions that influence the strategic direction of SEND across the CCG and LA.</i></li> <li>• <i>The SEND community representatives will report that they have been fully involved in the co-production of their local area priorities.</i></li> <li>• <i>Targeted feedback will demonstrate that the JSNA provides an accurate understanding of the needs of the SEND population, 0 to 25, across the local area; this will enable the local area to use data effectively to accurately plan and commission services and therefore achieve the local area strategic vision identified within the SEND Strategy. This will be evidenced through:             <ul style="list-style-type: none"> <li>✓ <i>at least 70% of children and young people with SEND will report that they are able to access the services and support that they need in a timely and joined up way.</i></li> <li>✓ <i>70% of young people agree, that housing, employment and leisure opportunities to support the preparation for adulthood (PFA) outcomes, are accessible across the local area.</i></li> </ul> </i></li> </ul>

- There will be a 30% increase in the use of personal budgets over a two year period to secure personalised provision across health, care and education.
- Annual feedback report from SEND community representatives will confirm that co-production is understood and embedded across the local area and will identify any areas of concern.

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
<b>1.1</b>	<b><u>Governance structure</u></b>						
1.1.1	Current draft SEND strategy reviewed, further priorities/actions identified and added following consultation process.	Dec 20	NO	SEND Strat Board members  SEND Partnership Board	Officer time (existing resource)	The strategic vision for SEND reflects the aspirations of the SEND community.	Co-produced strategy refreshed following engagement. KPIs developed to quantify impact against agreed outcomes
1.1.2	Publish the SEND Strategy articulating a joined-up response to meeting the needs of the Shropshire SEND community.	Jan 21	DCS	SEND Strat Board members	No cost	Published SEND strategic priorities are evidenced across all SEND workstreams within terms of reference and action plans  All stakeholders report that they are aware of the Shropshire local area priorities for SEND. Document is published on: Local Offer/SC Intranet/CCG Intranet	<i>SEND strategy drafted and due to be presented to H&amp;W Board Jan 21</i>
1.1.3	SEND Communication plan will be agreed by the SEND Strategic Board and published.	Jan 21	DoP/DCS	SEND Strat Board members	Existing Resource	All stakeholders report that they are aware of the Shropshire local area priorities for SEND. Document is published on: Local Offer/SC Intranet/CCG Intranet	

1.1.4	Establish and embed effective SEND governance structure that demonstrates strong leadership and effective challenge across both the CCG and the LA.	Nov 20	DCS/DoP	SEND Strat Board members	New resource project officer joint funded CCG/LA	Governance structure agreed by the SEND Partnership Board Action plans demonstrate high aspiration for SEND community and innovative approaches to be securing change.	<i>Governance structure agreed, mapping of p'ship boards across the local area to be completed and added to structure. Membership of Workstreams to be agreed</i>
1.1.5	Terms of reference and membership of groups finalised and published Workstreams established and TOR /action plans in place; SEND Partnership Board established providing wider stakeholder engagement and oversight.	Dec 20	DCS/DoP	SEND Strat Board members	NA	SEND is clearly reported in the Governing Body and committee structure of the CCG with clear lines of accountability into the SEND Strategic Board.  The right people will be attending the relevant groups to inform and influence action plans and activities across the local area, reflecting effective co-production and joint working.	<i>ToR agreed for some workstreams; co-production principles/shared language to be agreed.</i>
<b>1.2</b> <u>Co-Production</u>							
1.2.1	Review current feedback mechanisms across SEND community reps so that gaps in data are identified and robust baseline data is established; this will ensure that improvement can be measured quantitatively and qualitatively	Jan 21	CC			Range of data will be provided to the SEND Strategic Board and will be included in the annual stakeholder report on progress of the local area	<i>PACC has good internal feedback processes already established.</i>
1.2.2	Develop a set of local standards for co-production which will identify the agreed shared principles of co-production across the partnership.	Feb 21	PACC		DBOt resource (CDC)  SC and CCG funding to	Local charter published that sets out the principles of joint working and co-production	

					support PACC as a delivery partner		
1.2.3	Develop training programme/s to raise awareness of and secure co-production across all partners and providers.	Mar 21			Existing resource	Co-production evident within all strategic and operational action plans as outlined in the Shropshire Co-production Charter; SEND champions are identified within all strategic and groups; workstreams; committees and partnership boards across the CCG and the LA.	Some established training programmes in place. Person centred training rolled out to all schools.
1.2.4	Develop clear and transparent processes to demonstrate all commissioned providers understand and deliver co-production across all pathways, and that SEND is embedded into the policies and pathways across the health system	June 21	DoP			Co-production evident within all strategic and operational action plans as outlined in the Shropshire Co-production Charter; SEND champions are identified within all strategic and groups; workstreams; committees and partnership boards across the CCG and the LA.	
<b>1.3 JSNA/commissioning</b>							
1.3.1	Agree principles for information sharing	Dec 20	DPH	SIRO Information assets team/s		Information sharing protocols are agreed by SEND Strategic Board and shared with all providers/commissioned services. Information sharing agreements in place as appropriate	
1.3.2	Content and format of JSNA agreed	Feb 21	DPH	Insights Team		Agreed by SEND Strategic Board	Content and format first draft in progress

1.3.3	Multi-level data reporting system established which will both inform and be informed by SEND JSNA	Feb 21	DPH	Public health		The SEND JSNA will be a dynamic document with relevant updates made at regular intervals.	Range of SEND datasets agreed and dynamic dashboard under construction
1.3.4	Children's joint commissioning board established	Jan 21	DCS	SEND Board members	existing	ToR will identify purpose of the board and confirm membership and how the board will operate to support efficient commissioning of services across the local area.	
1.3.5	All commissioned services mapped and gaps identified	Feb 21	CC/NO	All service managers		Commissioning specifications relating to SEND activity are informed by data and underpinned by the principles of co-production Commissioning specifications for SEND and contracts will clearly cross reference local area data identified within the SEND JSNA	Some mapping activity undertaken by CCG
1.3.6	Commissioned services will provide data to inform the SEND JSNA	Feb 21 and ongoing	DoP/AD Early Help and partnerships	All service managers		Commissioned services will deliver against outcomes identified within the SEND strategy and this WSOA Commissioning is personalised and responsive to the needs of individuals.	

## Priority 2

### The lack of inclusion of health services' input into the area's SEND action plan

#### Outcomes:

**1.1 SEND is identified as a specific improvement area of the co-produced action plans of providers**

**1.2 The local area self-evaluation and all action plans clearly evidence the voice of parent carers and young people and their influence in determining key priorities and actions.**

**1.3 All action plans and impact measures across health relating to SEND are referenced within the local area SEND Self Evaluation.**

**1.4 There are clear CCG strategic priorities to reduce health inequalities for C/YP with SEND**

**Impact measures:**

- There will be an annual increase of 10% in the number of c/yp with SEND and their families reporting increased positive experiences of the health services commissioned by the CCG. This will be informed by baseline data and regular feedback mechanisms including focussed surveys.
- All provider action plans will identify SEND specific priorities
- A reduction in health inequalities across the SEND community will be evidenced through quantitative data sets and feedback from the experiences of c/yp with SEND and their families and will be clearly linked to specific and targeted health actions within the local area SEND action plan as well as those across other priority areas.
- There will be an incremental year on year increase in the take up of annual health checks across the age range target percentage increase will be identified by workstream and will be based on current data for Shropshire.
- SEND champions will report an increased awareness of SEND health priorities across health providers
- Self- evaluation and action plans across all health providers demonstrate an increase in knowledge of their SEND responsibilities in comparison with baseline data and that all providers are familiar with the local area SEND strategy and associated priorities.
- Data will demonstrate that **all** GP practices are aware of the local area SEND priorities and initiatives and engage positively with implementation of the local area action plan where this is relevant to them e.g. neuro developmental pathways. Impact will be measured through measures identified within the individual workstreams and will be reported to the SEND Strategic Board quarterly.

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
<b>2.1</b>	<b><u>SEND Provider Action Plans</u></b>						
2.1.1	Review all provider action plans and identify known gaps against areas of weakness identified within local area SEND inspection and SEND self-evaluation document and action plan and SEND strategy.	Jan 21	DoP	CC, SCHT/MPFT	NA	Gaps reported to SEND Board and priorities for improvement identified and shared with providers	Process currently underway

2.1.2	Agree representation from PACC to support identification of co-produced SEND specific priorities	Feb 21	CC			SEND Board will review priorities biannually	
2.1.3	All provider action plans to be updated and identify clear SEND specific impact measures	Mar 21	DoP	CC. managers from SCHAT and MPFT	existing	Impact data will be identified which will inform JSNA and joint commissioning and will support ongoing cycle of improvement.	Shropshire community trust and MPFT have started the process of amending action plans
<b>2.2 Co-Production</b>							
2.2.1	A workshop will be held to promote the shared understanding of coproduction with health providers	Jan 21	PACC	CC/NO managers from SCHAT and MPFT	DBoT support from CDC	Co-production will be embedded across the local health economy and clearly evidenced within terms of reference and minutes of meetings including those relating to commissioning of services.	
2.2.2	A review of provider action plans will take place which will include SEND community representatives to identify positive co-production and further opportunities	Jan 21	DoP/DoT	All SEND community reps	Allocated funding for PACC SC/CCG	All provider action plans and priorities will be co-produced	
<b>2.3 Local Area SEND/SEF Action Plan</b>							
2.3.1	Undertake review of the transformation and sustainability plan and identify overarching SEND priorities	Feb 21	DoT			All health priorities and actions will be clearly evident within the SEND SEF and action plan and will be agreed by the SEND partnership board.	

2.3.2	Update Local Area SEND SEF to include identified SEND health priorities	Mar 21	NO			Local area SEND priorities identified within the SEND Strategy and SEND action plans can be cross referenced with priorities agreed across the STP.	
<b>2.4 CCG Strategic Priorities for SEND</b>							
2.4.1	The CCG will co-produce a strategy with clear priorities, to meet the health needs of children and young people with SEND in Shropshire	Mar 21	DoT		Existing resources	The ICS priorities will reflect SEND strategic priorities	
2.4.1	Develop a C/YP workstream	Oct 20 to Feb 21	CC	All partners and SEND C/YP representatives	NA	All provider action plans will include as a targeted outcome or area of impact	Workstream initiated ToR and meeting cycle agreed. Specific work areas to be agreed
2.4.3	Establish and embed feedback mechanisms to provide dynamic data on impact across health services (could this be a single source survey)	Oct 20 to Feb 21	DoT		NA	All commissioned health services will include SEND specific targets, KPIs, SLAs etc Commissioning of health services will be monitored through the joint commissioning board and JSNA All services will have SEND specific targets	
2.4.4	Establish mechanisms to ensure that all GP practices are aware of local area SEND priorities and access up to date information in respect of pathways to access targeted and specialist services.	Jan 21 to Dec 20	DoP	All partners Project manager	NA	Health communication plan in place identifying how the local area communicates with wider partners, including GPs Feedback from GPs will identify that information has been received. Appropriate referrals made to specialist services. GPs will report that they are aware of range of universal and targeted services available and how these are accessed.	

### Priority 3

### Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways

Outcomes:
<b>3.1 Efficient neurodevelopmental pathways are coproduced supporting early and effective assessment and support.</b>
<b>3.2 There will be an effective, transparent and accessible system wide support offer in place for C/YP with neuro developmental conditions and their families</b>
<b>3.3 There will be robust system wide performance management systems in place</b>
Impact measures:
<ul style="list-style-type: none"> <li>• All children and young people (CYP) following the pathway, who are referred for a specialist neurodevelopmental assessment, will access a neurodevelopmental assessment within 12 months</li> <li>• Monthly increase in the % of C/TP assessed for ASD/ADHD in Shropshire is at least in line with the average for statistical neighbours by July 2021</li> <li>• 100% of children referred to ND pathway are seen within 18 weeks by April 2022</li> <li>• Ongoing increase (at least 15% pa) in the percentage of parents reporting they know how to access early intervention and have used these services (via surveys and direct engagement activity)</li> <li>• At least 70% of C/YP on accessing the pathway will report that they have access to effective and appropriate support both pre and post diagnosis</li> <li>• Over 70% of CYP and their families will report that they are satisfied with the service they receive and qualitative feedback will demonstrate that more than 50% of experiences reported are positive.</li> <li>• All schools will report improved access to support for pupils and improved ability to meet the needs of pupils locally.</li> <li>• Year on year increase of at least 15% in the number of C/YP and families reporting access to services</li> <li>• There will be reported improvement in mental health and wellbeing for this cohort of at least 20% from established baseline using agreed survey.</li> <li>• There will be a 20% reduction in the number of hospital admissions linked to poor mental health</li> <li>• There will be increasing variety of services commissioned to support positive mental health for this cohort that will be measured through increase in the number of personal budgets and increase in the availability of social prescribing and increase in use of therapeutic intervention and alternative strategies such as PBS. This will be measured through the development of specific data dashboards.</li> <li>• Feedback form SEND community reps will evidence more than 70% satisfaction with transition to adult mental health services by 2022</li> </ul>

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
<b>3.1</b>	<b><u>Establish efficient DN pathway</u></b>						
3.1.1	Establish data set/s to report and monitor impact of actions taken	Dec 20	CC	NO/PACC/SM MPFT ND workstream members	Existing staff time and uplift in funding as required	Data dashboard in place. Quarterly reports to the SEND Board Annual Survey of SEND Population. Annual report presented to the SEND Board.	
3.1.2	Review pathways regionally and nationally to identify examples of best practice	Dec 20	CC	NO/ PEP	Existing staff time	Notes from workstream meetings	Review of other pathways across WM region has been DBOT support through CDC to map current provision initiated specifically T&W and Coventry
3.1.3	Embedded a new sustainable ASD diagnostic team	Aug 20	CC	SM MPFT	Existing staff time and uplift in Uplift of £380k per year across the county for ASD team	There is a clear understanding by all partners of the emerging needs of children with ASD and service/s needed to meet needs  Reduction in waiting list to at least other areas (12 months) with a longer aim (2yrs) for all CYP to wait no longer than 18weeks	Provider has allocated a resource Team and has started to see CYP on the waiting list. Numbers to be monitored via the monthly contract meeting
3.1.4	Review current neurodevelopmental pathways and mental health service specification to identify gaps.	Dec 20	CC	PACC SM MPFT NO	DBOT support through CDC to map current provision	updated service specs to take account of identified gaps. Service/s are commissioned to fulfil the requirements of new ND pathway	Request made for support with project management through NHSE

3.1.5	Create a co-produced transformational ND diagnosis pathway, delivering early identification and interventions and providing a focus on meeting the needs of c/yp, compliant with NICE guidelines.	Apr 21	CC	PACC SM MPFT NO	NHSE funding to support project management Additional resource to be identified across the area to support long term functioning of pathway with existing resources redirected where necessary	<p>There is a clear understanding by all partners of the emerging needs of children with ASD and service/s needed to meet needs Prevalence rate of ASD across Shropshire population (0 -25) will be in line with that reported nationally.</p> <p>Parents carers and young people and other stakeholders including schools and GPs will report that they know and understand the ND pathway and that the pathway is effective and transparent.</p> <p>Reduction in waiting list to be at least in line with other areas (12 months) with a longer aim for all C/YP to wait no longer than 18weeks to be achieved within 2 years.</p> <p>Updated service specs to take account of identified gaps. Service/s are commissioned to fulfil the requirements of new ND pathway</p> <p>Assessment waiting times within nationally accepted timescales (3 months)</p> <p>C/YP and families will report that they are accessing support within 8 weeks of referral being made</p>	Request made for support with project management through NHSE
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3.2 <u>ND Support Offer</u>							
3.2.1	Review current neurodevelopmental pathways to identify pre and post diagnostic support access pathways and gaps in provision	Dec 20	CC/NO	PACC and YP Representative groups	NA	Partnership wide pre and post diagnostic support map in place and access pathways identified and published	
3.2.2	Establish and publish revised multi-agency ND pathway including pre and post diagnosis	Mar 21	CC/NO	PACC and YP Representative groups	NA	Revised pathway published and shared with all stakeholders	
3.2.3	Develop, map and share the range of pre and post diagnostic support available	Mar 21	CC	Workstream members	TBC	There will be a planned reduction in the use of medication to support C/YP with autism and ADHD in line with STAMP NHS initiative supported by greater use of alternative models of support e.g. therapies/ education	
3.3 <u>Performance Management Systems</u>							
3.3.1	Robust PM system in place	Mar 21	CC	SEND community reps	Existing resources	There is a good understanding of service needs and capacity.	
3.3.2	Establish KPIs for contract monitoring Multi agency and service user approach to review	Mar 21	CC		Existing resources	Partners demonstrate a good understanding of service usage, need and activity	
3.3.3	Monitor data to understand the needs of the local population and inform commissioning of all-age SEND services across the STP	Mar 21	CC	Workstream members	Existing resources	Data will inform JSNA and commissioning of targeted services. Regular reporting to children's joint commissioning board PHB's will increase by 50%.	

## Priority 4

### Significant waiting times for those needing assessment and treatment from the speech and language therapy service

<b>Outcomes:</b>
<p><b>4.1 There is a clear and accessible assessment and intervention pathway that is published on the local offer</b></p> <p><b>4.2 There is an effective, transparent and accessible system wide support offer in place for C/YP and families</b></p> <p><b>4.3 There is a robust system wide performance management system in place</b></p>
<b>Impact measures:</b>
<ul style="list-style-type: none"> <li>• 100% CYP triaged within 2 weeks or less of referral to service</li> <li>• 92% CYP seen within 18weeks or less from referral to service</li> <li>• Ongoing increase of at least 10% in parents reporting they know how to access early intervention and have used these services (via surveys and direct engagement activity)</li> <li>• Annual increase in the percentage (of at least 10% pa) of parent carers and C/YP reporting that they feel engaged and listened to about their priorities.</li> <li>• There will be a year on year increase in the use of personal budgets and social prescribing to support personalised approach to delivery of services</li> <li>• The majority of parent and YP feedback (above 60%) will demonstrate satisfaction of the service offer and understanding of how to access; this will increase year on year to demonstrate sustained and ongoing improvement</li> <li>• Over 70% of Shropshire families using the service will report that the assessment process is timely and results in action being taken e.g. service offered and/or advice, support and signposting.</li> </ul>

Outcome Ref	Actions	Completion Date	Lead	Delivery Partners	Resources (cost and/or time)	How will we know?	Progress against actions/impact & RAG rating Nov 20
4.1	<u>Establish efficient assessment pathway</u>						

4.1.1	Establish data set/s to report and monitor impact of actions taken	Dec 20	CC	NO/PACC/SM SCHT workstream members	NA	Data dashboard in place. Quarterly reports to the SEND Board Annual Survey of SEND Population. Annual report presented to the SEND Board.	
4.1.2	Reduce the current waiting list	Sep 20	DoP	SALT SM	Existing resource	92% of children seen for assessment and first intervention within 18 weeks	Target achieved
4.1.3	Work in partnership with system leaders and parent carers to ensure waiting times for SLT are sustained within agreed target	Mar 21	DoP	SALT SM	Existing resource	Waiting times are maintained within 18 weeks	Waiting times are maintained within 18 weeks
4.1.4	Sustain a responsive triage service to ensure CYP are offered the appropriate level of support for them	Sep 20 and ongoing	DoP	SALT SM	Existing resource	CYP triaged within two weeks of referral	Pathway in place with CYP triaged within two weeks of referral
4.1.5	Establish SLT work stream with partner representation, to include parent and carers, to facilitate a co-produced model of SLT including the development of SMART key performance indicators within the service specification	Sep 20 to Feb 21	DoP	SALT SM	Existing resource	An effective co-produced service pathway is in place High proportion of feedback from C/YP, families and stakeholders (75%+) report that they feel engaged and have choice in control in care planning Monthly KPI data published and shared which will support assessment of success in enabling c/yp to achieve EHCP outcomes	Internal project group established with three focus groups held to date involving school SENCO's, parent/carers and parent groups. Further parent group engagement planned for Nov. CYP engagement sessions in development
4.1.6	Co-produce and implement a continuous improvement approach to deliver an effective and responsive service	Sep 20 and ongoing	SALT SM			CYP seen and supported evidenced through level of satisfaction identified within targeted service feedback	Virtual assessments, interventions and group training offered as part of

						Activity reaches pre-covid levels with approx. split of 30/70% remote and face to face consultations and training  Positive feedback recording 70% or above satisfaction rate from parents and partners in relation to the universal offer	Covid. Evaluation has been positive. To be part of future model.  Communication plan developed  Facebook page under development Launch Jan 2021
<b>4.2 Co-Produced SLCN Early Support Offer</b>							
4.2.1	Establish effective co-produced pathways for speech, language and communication needs interventions which include a holistic approach to understanding the needs of CYP with SEND	Sep 21	CC	SALT SM/ SEND SM SSLIC	Within current resources	80% of Health visitors have been trained in the SLCN (HV package) 100% of primary schools and early years settings have access to a speech, language and communication screening tool 80% of education settings have completed a screening tool before requesting SLT intervention and/or an ECHNA Publish SLT pathways, including triage processes	Public Health commissioners and have been identified as key partners in supporting the commissioning of universal services to support parents and prevent the need for SLT referral The 0-19 team are working with the SLTs to develop their skills in identification and early intervention
4.2.2	Clear universal offer from public health nursing service, early years setting and schools is agreed, promoted and delivered	Sep 21	CC/LA PH commissi oner	SALT SM	Existing resources	Increased review at two years Increased provision delivered by early year settings Reduced demand on specialist SLT services 100% of primary schools and early years settings have access to a speech, language and communication screening tool	Partnership working in progress between Public Health Nursing and SLT team

4.2.3	Co-produced training programme developed and delivery commenced to relevant practitioners and parent carers to support early and appropriate identification, referral and interventions	Sep 20 and ongoing	CC	SALT SM	Existing resources	Training programme agreed and delivery commenced to relevant practitioners and parents to support early and appropriate identification, referral and interventions	Training has been provided to 165 parent and/or education setting staff
<b>4.3 Performance Management Systems</b>							
4.3.1	Establish task and finish group, led by parent and carers, to review a standardised outcome approach and consider different approaches to outcome measurement	Mar 21	PACC	Workstream members	Existing resources	Approaches to effective outcome writing and measurement is published At least 90% of advice meets quality standards for EHCNA evidenced through monthly dip sampling Dip sampling over time will demonstrate an improvement in with of the quality of new and current EHCPs	Discussions with parents and carers to agree a direction
4.3.2	Establish process to support ongoing commissioning of appropriate services	Jun 21	CC	SEND Joint commissioning work-stream members	Existing resources	There is a good understanding of service needs and capacity. Partners demonstrate a good understanding of service usage, need and activity  Data will inform JSNA and commissioning of targeted services. Reporting to children's joint commissioning board biannually Evidence of PHB/social prescribing being used to support personalised approach to service delivery	

## Priority 5

Inconsistency in the quality of input from education, health and care into EHC assessment and planning  
EHC plans will be informed by high quality assessment advice across education, health and care

<b>Outcomes:</b>
<b>5.1 All EHC plans are of consistently high quality informed by thorough assessment with input from relevant education, health and social care practitioners.</b>
<b>Impact measures:</b>
<ul style="list-style-type: none"> <li>Feedback from parent carers, young people and schools will evidence a high level of satisfaction with the EHCP process. Satisfaction rates will be consistently at 90% or higher which will demonstrate an improvement on the current average of 80%.</li> <li>Feedback from parent carers, young people and schools will evidence a high level of satisfaction with the content within an EHCP. We will consistently see 90% or higher satisfaction rates which will be an increase on the current average of 80%</li> <li>90% of all advice and information will be returned within timescale to inform the writing of high quality EHC plans</li> <li>Updated advice from all relevant agencies is provided at least annually to ensure EHC plans remain relevant and up-to-date.</li> <li>Dip sampling will demonstrate that 90% of all new plans will be graded good against agreed quality standard framework</li> <li>EHCPs will explicitly evidence PFA outcomes for c/yp from KS4</li> </ul>

Outcome Ref	Actions	Completion Date	Lead	Delivery partners	Resource	How will we know?	Progress against actions/impact & RAG rating Nov 20
<b>5.1</b>	<b><u>Quality of EHC assessment and plans</u></b>						
5.1.1	Agree data set/s that will provide accurate and quantified measure of impact of actions taken to secure high quality, timely EHC assessment	Dec 20	NO	SEN Team/ DES SW/ DCO	Existing resource	Quarterly reports to the SEND Board Annual Survey of SEND Population. Annual report presented to the SEND Board	EHC post assessment survey embedded

						Data dashboard is in place and regular (termly) reporting to EHC workstream in place by Spring term 21	
5.1.2	Co-produce a range of training programme/s and review current delivery model/s for training. This will include mandatory basic training for all partners through online platform with integrated assessment	Nov 20 and ongoing	NO	DCO/Des SW	Existing resource	<p>Training log established to identify access to online learning/training and assess quality of content. Jan 21</p> <p>All partners will deliver their statutory responsibilities in respect of the EHC assessment and planning process</p> <p>90% of all advice submitted to inform assessment consistently meets the minimum quality standards 100% of EHCPs finalised will meet minimum quality standard.</p>	<p>Plan writers meeting embedded</p> <p>Face to face training programme developed, delivery using online platforms to be developed.</p> <p>SIS Team and SSLIC Team training undertaken</p> <p>Training programme for social workers undertaken</p>
5.1.3	Attendance of advice givers at EHC moderation panel on a rotation.	Sep 20	NO	SEN team manager	NA	<p>95% positive feedback from c/yp and families with regard to content of EHCP</p> <p>Maintain current low rate of appeals and complaints</p> <p>All agencies know which c/yp they are working with have an EHCP and contribute to reviews</p> <p>Panel 2 (moderation panel) rolling record of attendance and learning points</p>	<p>Attendance at moderation panel of advice givers is undertaken but not yet consistent rolling record of learning and improvement activity initiated</p>
5.1.4	Panel 2 to review current advice templates	Dec 20	NO	All partners	Existing resource	<p>Dip sampling of EHC assessment advice and final plans will demonstrate speedy improvement within 12 months of implementation so that 90% of all new assessments are graded good or better by Dec 21</p> <p>Monthly Dip sampling of EHCPs over a 12 month period demonstrate that at least 90% of</p>	
5.1.5	Development and implementation of co-produced quality assurance framework for EHCPs to QA assessment information and final EHCP	Dec 20 to March 21	NO	DCO/Des SW/ Shrop community trust/BeeU /PACC			
5.1.6	Develop and publish a set of co-produced quality standards to provide a quantitative measure of the quality of advice and the final EHCP which can be used as a stand-alone support to practitioners and/or to support sampling process	Dec 20 to March 21		DCO/Des SW/ Shrop community trust/BeeU /PACC			

## Priority 6

The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

<b>Outcomes:</b>
<b>6.1 The rate of exclusions of Shropshire children and young people with SEN will be in-line with the comparable national rate or below for their specific cohort.</b>
<b>Impact measures:</b>
<ul style="list-style-type: none"> <li>There will be no permanent exclusions for children with an EHCP from Sept 2021.</li> <li>There will be a reduction in the rate of fixed term exclusions for children with an EHCP so that this is in line with national rate for this cohort</li> <li>There will be a reduction of at least 30% in the number of repeat fixed term exclusions for children at SEN Support by Sept 2021.</li> </ul>

Outcome Ref	Actions	Completion Date	Lead	Delivery partners	Resource	How will we know?	Progress and RAG rating
<b>6.1</b>	<b>Reduction in exclusion rate for children with SEN</b>						
6.1.1	Agree data sets and reporting mechanism to identify impact to include qualitative data to support understanding of experiences of c/yp and their families.	Dec 20	EAS Mgr	Inclusion workstream members	existing resources with additional capacity delivered by consultant funded through DSG	Data dashboard in place and regular monthly report to exclusion workstream and SEND Strategic Board established by Jan 21	Data for PX collated, some analysis undertaken and shared with schools through CPG
6.1.2	Analyse exclusion data to identify specific patterns, gaps, concerns and focus areas.	Nov 20 and ongoing	EAS mgr	Inclusion workstream members		Report shared with SEND strategic Board March 21	Data for PX collated, some analysis undertaken and shared with schools through CPG

### Clinical Commissioning Group

6.1.3	Continue to implement the SEND provision strategy and keep under review.	Ongoing	SEN services mg'r	SEN Team	As above	The number of specialist places will increase through further development of RP by Sept 21 and the delivery of an SEMH free school by Sept 22  Refreshed SEND provision Strategy 2022 to 2027 published Sept 22	Specialist places within RP have increased in accordance with send strategy. Free school on track to open Sept 22
6.1.4	Implement revised AP offer to schools through TMBSS offering outreach support and systemic review of school process as well as off-site targeted and time limited intervention for children at risk of exclusion	Sept 21 (delayed as a result of impact of Covid)	SEND Service M'ger	TMBSS EAS EPS CPG and schools Forum	Additional budget from HN block and school contribution	Shared placement model and outreach support implemented KS 1 &2.  Impact assessment undertaken and shared with SEND Strategic Board/CPG and Schools Forum.	Model agreed. TMBSS currently reviewing staffing needs and undertaking staff training to support new model
6.1.5	Develop a co-produced local area SEND specific behaviour and exclusion addendum to current exclusion and behaviour policy and update Shropshire behaviour and exclusion guidance.	Jan 21	SEN Advisor	Inclusion workstream members SEN Team EIS team	As above	Policy agreed by SEND strategic Board and shared with schools through CPG. There will be clear alternative pathways in place to support positive responses for children with an EHCP that provide an alternative to permanent exclusion. Updated policy and guidance shared with all schools. Increase in alternative solutions and interventions being used and reported through pupil planning meetings and reviews.	Initial discussions started with SEN and EAS Teams
6.1.6	Map and review effectiveness of training and support offer to schools in response to challenging behaviour across the local area and develop specific behaviour and exclusion training programme for school leaders and governors.	Mar 21	EAS mg'r	Inclusion workstream members SEN Team EIS	As above	Report presented to SEND Strategic Board June 2021 containing clear recommendations with regard to future delivery of multi-agency support/training to schools specifically in respect of response to supporting positive behaviour. Governor training in place.	
6.1.7	Review and report impact of ND pathway (ref priority 3) including on reducing exclusions	Jun 21 and annually thereafter	SEND service mg'r	Bee-U and ND workstream	Existing resources	Schools will report positive impact of ND pathway on understanding behaviour responses and establishing positive early intervention.	
6.1.8	Review and report impact of early help family support worker initiative on reducing the rate of exclusions and	Dec 20	AD Early Help	Early Help/ Strengthening families	Strengthening families identified funding	Impact report shared with SEND strategic Board and schools Feb 21. Further plans to extend programme shared with schools.	FSW ethos embedded across schools supported through strengthening families project to reduce exclusion rate

	develop programme to extend to more schools if appropriate						
6.1.9	Implement phased approach to introducing evidence based restorative practice across all education settings; monitor progress and report on impact in reducing exclusions (fixed and permanent).	Feb 21	EAS mg'r	SEN Team EIS Team Teaching School	£10K Grant funding allocation and spend to save initiative	Restorative conferences take place for all children prior to exclusion Impact report on phase 1 of restorative practice implementation shared with SEND Board and all schools  Schools are providing evidence of use of restorative practice Findings shared with schools and used to support further training	
6.1.10	Co-produce case studies of c/yp (SEN Support) with multiple f/t exclusions to gain a better understanding of the underlying causes and impact of exclusion as a strategy for managing behaviour.	Apr 21	EPS & inclusion w'steam members	EPS & inclusion w'steam members	Existing resources	Report to SEND Strategic Board April 21	
6.1.11	Review the impact of trauma informed approaches in schools where training has been delivered and approach is embedded; establish beacon schools where great practice and positive outcomes are evidenced.	Apr 21	HoVS	LAC team and EPS	Existing resources	Share with schools the impact of trauma informed approaches in supporting a positive approach to dealing with challenging behaviour Summer term 21	
6.1.12	School exclusions will be a standing item on the school improvement monitoring visits	From Dec 20 and ongoing	EIS mg'r	EIS Team	Existing resources	Exclusion data relating to academies shared with RSC office.  Exclusion data will inform twice yearly school performance monitoring for maintained schools and will be a priority consideration in evaluating school performance and formulating judgments on whole school effectiveness.	Exclusion data is discussed at SPM and shared with schools through CPG and HT briefings

**Key roles**

**SC and CCG representatives:**

<i>DCS</i>	<i>Director of Children's Services (SC)</i>	<i>Karen Bradshaw</i>
<i>DoP</i>	<i>Director of Partnerships (CCG)</i>	<i>Claire Parker</i>
<i>DoT</i>	<i>Director of Transformation (CCG)</i>	<i>Steve Trenchard</i>
<i>DoPH</i>	<i>Director of Public Health (SC)</i>	<i>Rachel Robinson</i>
<i>NO</i>	<i>Nominated Officer (SC)</i>	<i>Julia Dean</i>
<i>DCO</i>	<i>Designated Clinical Lead (CCG)</i>	<i>vacant post (appointment made)</i>
<i>EAS M'ger</i>	<i>Education Access Service (SC)</i>	<i>Christine Kerry</i>
<i>CC</i>	<i>Children's Commissioner (CCG)</i>	<i>Vicki Pike</i>
<i>HoVS</i>	<i>Head of Virtual School (SC)</i>	<i>Rose Hooper</i>
<i>EIS M'gr</i>	<i>Education Improvement Service (SC)</i>	<i>Steve Compton</i>
<i>PEP</i>	<i>Principal EP (SC)</i>	<i>Poppy Chandler</i>

**Health Provider representatives:**

SALT SM Service Manager Speech and Language Therapy Service (Shropshire Community Health Trust) *Jo Gregory*  
 BeeU Service Manager (MPFT) *Claire Parrish*

**SEND Community Representatives:**

The Parent Carer Forum (PACC) (Chair: Zara Bowden, Engagement: Sarah Thomas)  
 SEND Information Advice and Support Service (IASS) Lesley Perks  
 SEND Advocacy Groups -  
 Young Peoples representative groups – Young Health Champions, DASH, Severndale Student Council, Enable Supported Interns

**REPORT TO: NHS Shropshire, Telford and Wrekin CCGs Governing Body Part 1 Meetings in Common on 13 January 2021**

Item Number:	Agenda Item:
GB-21-01.019	Integrated Urgent Care Implementation Review Final report

Executive Lead (s):	Author(s):
Claire Parker Director of Partnerships <a href="mailto:Claire.parker2@nhs.net">Claire.parker2@nhs.net</a>	Claire Parker Ros Preen (ShropCom) Dan Robinson (ShropDoc)

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

History of the Report (where has the paper been presented):		
Committee	Date	Purpose (A,R,S,D,I)

Executive Summary (key points in the report):
<p>Purpose of the report: To present to the Governing Bodies the final review of the IUC series of reviews and conclusions</p> <p>Key points:</p> <ul style="list-style-type: none"> <li>• The deadline set to conclude all aspects of the review was not met and a partial conclusion was reached in December 2019, whereby the Delivery Partners, through internal efficiencies, implemented 2 of the 3 service recommendations, namely: <ul style="list-style-type: none"> <li>○ Additional Capacity over Bank Holiday Periods</li> <li>○ Rebalancing Geographic Equity of Provision; following further analysis of the activity the delivery partners decided to re-open Bridgnorth base in the south of the county</li> </ul> </li> <li>• In Dec 2019 The CCGs recommended that the delivery partnership should apply each year for 'winter funding' to support the last recommendation regarding the observed demand mix during winter months in particular.</li> <li>• No funding was made available for Winter 2019 /20 however, through the processes in place. However this year (Winter 2020/21), funding has been prioritised to enable greater capacity to be put in place between October 2020 and March 2021 and this is currently supporting good access times and outcomes despite the raised seasonal demand.</li> <li>• The agreement to move to new, more appropriate KPI's will now be formalised and the Delivery Partnership will be monitored and held to account for performance against these.</li> <li>• HealthWatch published its findings of its review and these have been taken into consideration by a number of partners in the system.</li> <li>• It is the intent of the Commissioners, supported by the partners to this review, to set out a programme of wider engagement with key stakeholders and the public with regard to how the service model has had to change with regard to responding to the Covid Pandemic and how to adopt or adapt the service accordingly.</li> <li>• The implementation phase has been agreed by all partners to now be complete.</li> </ul>

<b>Implications – does this report and its recommendations have implications and impact with regard to the following:</b>		
1.	Is there a potential/actual conflict of interest? GP's within the CCG may work for the service. All GP's have an interest in OOH services	Yes
2.	Is there a financial or additional staffing resource implication? Workforce is an issue, however the financial envelope is consistent with the procured service	Yes
3.	Is there a risk to financial and clinical sustainability?  The service requires specialist staff, these can be difficult to keep and recruit, although recent recruitment has been successful and more sustainable	Yes
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i> Consistent access to services across Shropshire, Telford and Wrekin	Yes
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i> Clinical engagement will be required through all stages of partnership working.	Yes
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i> Patient and public engagement is a key – the report and subsequent response to public questions recognise the need to engage more widely and efficiently across the county.	Yes

<b>Recommendations/Actions Required:</b>
The board approves the final report and the end of the implementation phase.

# Final Report on the Implementation Review of the Integrated Urgent Care – Primary Care Out of Hours Service

**Presented by:**

Claire Parker, Director of Partnerships, Telford and Wrekin Clinical Commissioning Group,  
Ros Preen, Director of Finance and Strategy, Shropshire Community Health NHS Trust,  
Dan Robinson, Chief Executive Officer, Shropshire Doctors Co-Operative Ltd

**Date:** December 2020



**Telford and Wrekin**  
Clinical Commissioning Group



**Shropshire**  
Clinical Commissioning Group



**Shropshire Community Health**  
NHS Trust



# Integrated Urgent Care – Primary Care Out of Hours Service Contractual Implementation Period also known as ‘The Six Month Review’

## 1. Introduction

In 2018 Commissioners and providers committed to a series of planned reviews to ensure that the new model of care meets the needs of the local population.

A Review Team was established that included representatives from across the healthcare system referred to in this paper as ‘the Team’. This paper provides details of the process and events that led up to the final 6 Month Review and summarises the actions agreed following the review.

## 2. Background

In 2018 Shropshire CCG and Telford & Wrekin CCG jointly commissioned a new model of care for the provision of urgent care services. The service was previously provided solely by Shropshire Doctors Cooperative Ltd (Shropdoc).

The new arrangements saw the introduction of the mandated 111 Service, provided by Care UK based in Dudley. Following a formal procurement exercise the CCGs awarded the contract for the local GP Led Out of Hours Service to Shropshire Community Health NHS Trust (Shropcom) on 3<sup>rd</sup> July 2018.

Shropcom established a partnership with the local provider Shropdoc to deliver the GP Led Out of Hours Service. The new service went live on 1<sup>st</sup> October 2018.

Since the contract was awarded, the Delivery Partnership (Shropcom & Shropdoc) have worked closely with the 2 commissioners to oversee the development, mobilisation and implementation of the new service model and regular Contract Quality Review Meetings are held to monitor the performance of the new contract.

In addition, following the award of the contract for the new model of care, the providers and commissioners jointly also committed to a **12 month implementation period** (1st October 2018 to 31st September 2019) recognising the need to assess initial assumptions built into the new care model and consider any risks and issues emerging from early data to identify any internal or external pressures that would affect the delivery of the planned outcomes.

During the Implementation Period contract particulars were suspended pending any findings from the review during this time, and a commitment that if there were significant variations from planned activity levels these will be considered and could result in changes to the activity and financial profile of the contract. Other major service issues arising in this period may also be considered if agreed.

The Commissioners and Provider agreed that the review should be clinically-led, with the following objectives (also set out in section 4):

- To ensure that the new model of care commissioned in the contract delivers the required outcomes for patients
- To understand the interdependencies across the wider urgent care system

- To ensure that the contract in place ensures sustainability of the new service
- To engage with all key stakeholders
- To evaluate the impact of the changes to urgent care across the wider health system
- To consider all necessary quantitative and qualitative data necessary to inform any planned change
- To consider the effectiveness and appropriateness of the planned Key Performance Indicators, and agree which KPIs are appropriate, deliverable and reportable and will be used for managing contract performance from the end of the Implementation Period

### 3. Process

The Team followed a thorough process to collectively assess the new service that was commissioned. Prior to commencing the 6 Month Review the following reviews had already been completed:

#### The 3 Month Data Review

The review of the 3 month performance data took place on the 12th March 2019. The review was completed by Ros Preen (Shropcom), Jane Povey (Shropcom), Simon Chapple (Shropdoc), Julian Barrett (Shropdoc), Jess Sokolov (Shropshire CCG) and Jon Cooke (Telford CCG).

The review identified that:

- The demand pattern at Weekends and Bank Holidays was impacting on the capacity provided within the model and this could not have been predicted. There was little scope to move resource from the Weekday model into Weekends. The Weekday model performed well.
- The proportionate breakdown of cases from 111 by timeframe was not detailed in the service specification. Therefore, assessing patients to determine the urgency of response required, known as triage, was recognised as a necessary safety net to ensure safe and responsive services.
- Performance was being measured against the Key performance Indicators (KPIs) identified in the Contract Specification. The KPI data-set contained KPIs that were uncommissioned as well as KPIs that, on clinical review, did not reflect appropriate quality measures.
- The service has been operating under an 'Implementation Period' framework since the 'Go Live' date. This enables the commissioners and the providers to monitor and assess the new service before final contract terms are agreed. The demand for services can increase significantly during the 'winter period' as patients are often more reliant on healthcare during this period. This is referred to as seasonal growth.

The following actions were agreed:

- To extend the Implementation Period to allow for consideration of the planned reviews and to fully understand seasonal trends.
- To undertake a clinically-led review of the KPIs.
- To identify and consider the costs associated with additional capacity for the Easter Bank Holiday period.

*Note: additional funding was not approved for the Easter Bank Holiday.*

## Key Performance Indicators Review

The 3 Month Review exercise recognised that the existing KPIs may not be the most appropriate measures to monitor the quality of the service being provided. The clinical review of the KPIs took place on 7th June. The review was completed by Simon Chapple (Shropdoc), Emily Peer – representing Jane Povey (Shropcom) and Jess Sokolov (Shropshire CCG).

Delivery of the Out of Hours Service is reported against 'Dx codes'. These codes determine who a patient needs to speak to and how quickly they need to have that conversation. Nationally there are a range of Dx codes. Performance is measured against a set of targets; these are referred to as 'Thresholds'.

Each of the targets and thresholds were discussed and reviewed. The recommendations from the clinical group were considered as part of the wider, 6 month service review to ensure that all stakeholders were part of the discussion.

### 4. The 6 Month Review

The 6 Month Review was undertaken as a phased programme of work delivered over 3 multi-stakeholder sessions held on 19th, 23rd July concluding on 5th August 2019.

- At the first meeting, the Team agreed the objectives, process and information required to support the review.
- The second meeting involved the detailed analysis of actual performance and quality data as well as factors impacting on performance; the Team also discussed the recommendations from the KPI Review.
- At the third meeting the Team discussed recommendations and next steps.

### 5. Objectives

The agreed objectives for the 6 Month Review were:

- To ensure that the new model of care commissioned in the contract delivers the required outcomes for patients
- To understand the interdependencies across the wider urgent care system
- To ensure that the contract in place ensures sustainability of the new service
- To assess the impact of the changes to urgent care across the wider health system
- To consider all necessary quantitative and qualitative data necessary to inform any planned change
- To consider the effectiveness and appropriateness of the planned Key Performance Indicators and agree which KPIs are appropriate, deliverable and reportable and will be used for managing contact performance from the end of the Implementation Period

### 6. Stakeholders

To ensure a comprehensive review, a wide range of stakeholders were invited to support the review. Details of the individuals and the organisations that they represented are shown in Appendix 1. Representatives from Healthwatch and our patient representative committed a significant amount of their time to this review. We would like to thank them for their contribution.

## 7. [Information Reviewed](#)

The following information was provided to the Team to support the review:

- An overview of Patient Flows, how patients access the service and where they are seen within the integrated urgent care system.
- The forecast demand assumed within the contract.
- Activity highlights and observed performance against existing Key Performance Indicators (KPIs)
- Details of the methodology and recommendations following the clinical review of the existing KPIs.
- A revised suite of KPIs to support the contract.
- An assessment of geographical Equity of Provision –services and performance compare by location.
- Details of processes to capture feedback on the experience of patients and families who are or have received palliative care or end of life services.
- Activity and performance across the wider urgent care system including 111 and ambulance activity.
- Lessons learned to date, both positive and negative.
- Consideration of the number of incidents and complaints over the period 6 months before the change and 6 months after the change.

## 8. [Review Findings](#)

Following an assessment of the information provided, the Team identified the following challenges:

- Neither commissioners nor providers could have accurately predicted the way cases would flow through the Integrated Urgent Care System fronted by NHS 111; the data were not collected nor analysed regionally or nationally prior to 2019 and therefore not available in the service specification.
- The overall total observed demand from NHS 111 was in line with that predicted in the service specification that was used by the delivery partners to design the new model.
- In respect of waiting time for a face to face appointment in the North and South of the County there was an observed increase in waiting time compared to the previous, pre-111 Shropdoc model, particularly at Ludlow and the Market Drayton/Whitchurch areas.
- Demand at Weekends and Bank Holiday continues to impact on the capacity provided within the base model in place. This could not have been predicted when commissioning and designing the new model.
- The weekday model is performing within design parameters. There is no scope or flexibility to move resource during the week days into the weekends because the weekday model is as lean as it can be.
- The observed activity on the commissioned Professional Line was significantly higher than predicted in the service specification.

The Team agreed:

- Without a change to the weekend service model, the KPIs being used to measure quality and performance within the contract are unachievable
- The Healthwatch 'Hot Topic' process provides a recognised framework that will enable patients and their families to share their experiences of local out of hours palliative care or end of life services.

## 9. Recommendations

The provider proposed a number of solutions for commissioners to consider that could address the issues identified through the review process. These included:

1. Rebalancing Geographic Equity of Provision
  - Consider extending both Ludlow and Whitchurch GP shifts to midnight at weekends
  - Add a UCP visiting asset in the South between 1200 – 1800 (in winter as a minimum)
2. Winter Model (from the first Saturday of October half-term until the end of April each year):
  - Additional GP shifts at Telford base between 1000 – 1600 on Saturday and Sunday
  - Additional GP triage shift at Longbow between 1200 – 2000 on Saturday and Sunday
3. Additional Capacity over Bank Holiday Periods:
  - Additional GP shift at Telford 1000 - 1600
  - Additional GP triage shift at Longbow 0900 - 2100
  - GP Relief Car (North): 1000 – 1800
  - GP Relief Car (South): 1200 – 2000
4. Measuring Quality and Performance
  - Following adoption and implementation of the recommended model revisions, there should be another clinically led review of KPIs to ensure appropriate measures of quality and safety exist
5. Feedback on palliative care and end of life services: Shropshire Healthwatch will commence the process to encourage patients and their families to share their experiences. Telford Healthwatch will assess whether this same process can be rolled out across Telford and Wrekin.

## 10. Next Steps

In August 2019 there were a series of next steps agreed by the Team which intended to consider the recommendations, the solutions to these and draw things to a conclusion, both from a contractual point of view but also to engage with key stakeholders who had shown an active interest and engagement in the process and the new service. The intention was to conclude all of this by the beginning of October 2019 (ie the commencement of the 2<sup>nd</sup> year of the new Service).

## 11. Conclusions

The deadline set to conclude all aspects of the review was not met and a partial conclusion was reached in December 2019, whereby the Delivery Partners, through internal efficiencies, implemented 2 of the 3 service recommendations, namely:

- Additional Capacity over Bank Holiday Periods
- Rebalancing Geographic Equity of Provision; following further analysis of the activity the delivery partners decided to re-open Bridgnorth base in the south of the county

In Dec 2019 The CCGs recommended that the delivery partnership should apply each year for 'winter funding' to support the last recommendation regarding the observed demand mix during winter months in particular.

No funding was made available for Winter 2019 /20 however, through the processes in place this year (Winter 2020/21), funding has been prioritised to enable greater capacity to be put in place between October 2020 and March 2021 and this is currently supporting good access times and outcomes despite the raised seasonal demand.

The agreement to move to new, more appropriate KPI's will now be formalised and the Delivery Partnership will be monitored and held to account for performance against these.

Healthwatch published its findings of its review and these have been taken into consideration by a number of partners in the system.

It is the intent of the Commissioners, supported by the partners to this review, to set out a programme of wider engagement with key stakeholders and the public with regard to how the service model has had to change with regard to responding to the Covid Pandemic and how to adopt or adapt the service accordingly.

## **12. Reflections**

The objectives of the review and implementation period have been met, but delays in taking action and forming agreement meant that as partners we did not take prompt action.

Delays in the process also hampered keeping key patient and carer and other key stakeholders informed as there was not progress to report, despite the intentions to provide open dialogue with those who were actively interested in the new service.

We accept that allowing this to happen has damaged relationships with some stakeholders and we are committed to redressing this where possible.

Our statutory partnerships have become stronger as a result of the review and we are now working in partnership to consider necessary temporary and permanent revisions to the service delivery model as Covid 19 has meant that new ways of working have had to be implemented to continue to provide a safe service to patients. These would never have been envisaged at the start of the new service; the essential outcomes of the service however remain the same and all partners remain committed to sustaining and enhancing the quality of care this service provides.

## Stakeholder Involvement in the 6 Month Review

<b>Meeting 1: 19<sup>th</sup> July 2019</b>	
Purpose: Confirm the objectives of the review Agree the process and stakeholders Consider information requirements	
<b>Attendees:</b>	<b>Representing:</b>
Graham Shepherd	Patient Representative
Lynn Cawley	Shropshire Healthwatch
Simon Chapple, Medical Director	Shropdoc
Clare Timmins, Operations Director	Shropdoc
Ros Preen, Director of Finance & Strategy	Shropshire Community Health NHS Trust
Tricia Finch, Head of Development & Transformation	Shropshire Community Health NHS Trust
Jon Cooke, Chief Finance Officer	Telford & Wrekin CCG
Fran Beck (dial in), Executive Lead Commissioning	Telford & Wrekin CCG
Emma Pyrah, Head of In Hospital Services	Shropshire CCG
<b>Meeting 2: 23rd July 2019</b>	
Purpose: Review information considering performance and impact	
<b>Attendees:</b>	<b>Representing:</b>
Graham Shepherd	Patient Representative
Brian Rapson	Shropshire Healthwatch
Laura-Jayne Baker	Telford Healthwatch
Simon Chapple, Medical Director	Shropdoc
Clare Timmins, Operations Director	Shropdoc
Alison Reynolds, Finance Director	Shropdoc
Ros Preen, Director of Finance & Strategy	Shropshire Community Health NHS Trust
Tricia Finch, Head of Development & Transformation	Shropshire Community Health NHS Trust
Alice Horton, PA to Director of Finance & Strategy	Shropshire Community Health NHS Trust
Jon Cooke, Chief Finance Officer	Telford & Wrekin CCG
Emma Pyrah, Head of In Hospital Services	Shropshire CCG
Jessica Sokolov, Medical Director	Shropshire CCG
<b>Meeting 3: 5th August 2019</b>	
Purpose: Discuss options for future service and agree next steps	
<b>Attendees:</b>	<b>Representing:</b>
Graham Shepherd	Patient Representative
Lynn Cawley	Shropshire Healthwatch
Paul Shirley	Telford Healthwatch
Simon Chapple, Medical Director	Shropdoc
Clare Timmins, Operations Director	Shropdoc
Alison Reynolds, Finance Director	Shropdoc
Julian Barrett, CEO	Shropdoc
Ros Preen, Director of Finance & Strategy	Shropshire Community Health NHS Trust
Tricia Finch, Head of Development & Transformation	Shropshire Community Health NHS Trust
Jonathon Gould, Head of Finance	Shropshire Community Health NHS Trust
Jon Cooke, Chief Finance Officer	Telford & Wrekin CCG
Corrine Ralph, Head of Primary Care	Telford & Wrekin CCG
Emma Pyrah, Head of In Hospital Services	Shropshire CCG
Jane Sullivan, Quality Lead Primary Care	Shropshire and Telford & Wrekin CCG

**REPORT TO: NHS Shropshire, Telford and Wrekin CCGs Governing Body  
Meetings in Common held in Public on 13<sup>th</sup> January 2021**

<b>Item Number:</b>	<b>Agenda Item:</b>
GB-21-01.020	Appointments to the NHS Shropshire and NHS Telford and Wrekin CCGs Governing Bodies

<b>Executive Lead (s):</b>	<b>Author(s):</b>
Alison Smith Director of Corporate Affairs <a href="mailto:alison.smith112@nhs.net">alison.smith112@nhs.net</a>	Alison Smith Director of Corporate Affairs <a href="mailto:alison.smith112@nhs.net">alison.smith112@nhs.net</a>

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

<b>History of the Report (where has the paper been presented:</b>		
<b>Committee</b>	<b>Date</b>	<b>Purpose (A,R,S,D,I)</b>
Not applicable		

<b>Executive Summary (key points in the report):</b>
<p>The purpose of the report is to:</p> <p>1) note the recent joint appointment to the Governing Bodies of NHS Shropshire CCG and NHS Telford and Wrekin CCG and to the new single CCG which will be created in April 2021 of a new Lay Member for Primary Care; and</p> <p>2) note the appointment of the Lay Member for Governance to the new single CCG which will be created in April 2021.</p>

<b>Implications – does this report and its recommendations have implications and impact with regard to the following:</b>		
1.	Is there a potential/actual conflict of interest?	No
2.	Is there a financial or additional staffing resource implication? Costs for these appointments where applicable have already been taken into account within 2020/21 budgets.	No
3.	Is there a risk to financial and clinical sustainability?	No
4.	Is there a legal impact to the organisation?  The joint appointment to both CCG Governing bodies meets the requirements set out in the legislation and regulations.	Yes
5.	Are there human rights, equality and diversity requirements?	No
6.	Is there a clinical engagement requirement?	No
7.	Is there a patient and public engagement requirement?	No

**Recommendations/Actions Required:****NHS Shropshire CCG Governing Body is recommended to:**

- 1) note the recent joint appointment to the Governing Bodies of NHS Shropshire CCG and NHS Telford and Wrekin CCG and to the new single CCG which will be created in April 2021 of Mrs Donna McArthur as the new Lay Member for Primary Care; and
- 2) note the appointment of Mr Geoff Braden as the Lay Member for Governance to the new single CCG which will be created in April 2021.

**NHS Telford and Wrekin CCG Governing Body is recommended to:**

- 1) note the recent joint appointment to the Governing Bodies of NHS Shropshire CCG and NHS Telford and Wrekin CCG and to the new single CCG which will be created in April 2021 of Mrs Donna McArthur as the new Lay Member for Primary Care; and
- 2) note the appointment of Mr Geoff Braden as the Lay Member for Governance to the new single CCG which will be created in April 2021.

Item Number:	Agenda Item:
GB-21-01.020	Appointments to the NHS Shropshire and NHS Telford and Wrekin CCGs and Governing Bodies

## 1. Introduction

The purpose of the report is to highlight recent appointments for noting.

## 2. Report

### 2.1 Governing Body appointments – Lay Member for Primary Care

2.1.1. In August 2020, both CCGs have appointed joint Governing Body members via either; an election process for the GP/Health Care Professional and Chair roles or through a recruitment process for the Registered Nurse, Secondary Care Doctor, Lay Member Patient, Public Involvement (PPI) and Lay Member Primary Care. However, Mr Turner, Lay Member of Primary Care resigned from the role due to personal reasons shortly after being appointed. The CCGs have appointed Mrs Donna McArthur as Joint Lay Member for Primary Care to both CCG Governing Bodies and to the new single CCG when it is created in April 2021.

### 2.2 Governing Body appointments – Lay Member for Governance

2.2.1 Earlier in 2020 the Governing Bodies of both CCGs agreed to extend the tenures of the existing Lay Members for Governance of each CCG to the end of March 2021 rather than recruit with the other Lay Member roles, to provide corporate knowledge regarding annual accounts and reporting at the end of the financial year. A recruitment process was planned to start in 2021 to recruit a new Lay Member for Governance for the new CCG when it was created on 1<sup>st</sup> April 2021.

2.2.2 However, since the publication and approval by NHSE/I of the paper supporting the dissolution of CCGs in the near future to be replaced by statutory ICS, the original recruitment plan has been reconsidered and revised. Acknowledging the excellent performance of both current Lay Members for Governance of the existing CCGs and to save valuable resources by not undertaking a lengthy recruitment process, the CCGs will now appoint Mr Geoff Braden as the new Lay Member for Governance for the new single CCG from 1<sup>st</sup> April 2021.

## 3. Recommendations

### **NHS Shropshire CCG Governing Body is recommended to:**

1) note the recent joint appointment to the Governing Bodies of NHS Shropshire CCG and NHS Telford and Wrekin CCG and to the new single CCG which will be created in April 2021 of Mrs Donna McArthur as the new Lay Member for Primary Care; and

2) note the appointment of Mr Geoff Braden as the Lay Member for Governance to the new single CCG which will be created in April 2021.

### **NHS Telford and Wrekin CCG Governing Body is recommended to:**

1) note the recent joint appointment to the Governing Bodies of NHS Shropshire CCG and NHS Telford and Wrekin CCG and to the new single CCG which will be created in April 2021 of Mrs Donna McArthur as the new Lay Member for Primary Care; and

2) note the appointment of Mr Geoff Braden as the Lay Member for Governance to the new single CCG which will be created in April 2021.

**REPORT TO: Shropshire, Telford and Wrekin CCGs Governing Body  
Meetings in Common held in Public on 13 January 2020**

Item Number:	Agenda Item:
GB-21-01.021	Audit Committees meeting in common 18 November 2020

Executive Lead (s):	Author(s):
Alison Smith Director of Corporate Affairs <a href="mailto:alison.smith112@nhs.net">alison.smith112@nhs.net</a>	Keith Timmis Lay Member - Governance

Action Required (please select):									
A=Approval	<input type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input checked="" type="checkbox"/>

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)

Executive Summary (key points in the report):
<ul style="list-style-type: none"> <li>The National Audit Office has changed the criteria for the Value for Money Conclusion that forms part of the annual audit of accounts. This will apply for the accounts for 2020/21. The extent of audit work will increase to cover the new requirements which focus on three areas: governance; financial sustainability; improving economy, efficiency and effectiveness. Further details and the impact on the audit fee will be confirmed early in 2021.</li> <li>The CCGs have been rated as providing “good assurance” for emergency planning. The two separate business continuity plans have been amalgamated.</li> <li>The Committee had a detailed discussion about risk and the Board Assurance Framework. The AO attended for this item. We noted ongoing work to update the approach and the potential for further improvements. The Finance Committee will discuss the classification of the finance risk on the BAF, which needs to be reassessed given the revised format and notes.</li> <li>We discussed the latest position on the statutory recommendations report from the external auditor’s work on the 2019/20 Shropshire accounts. Mark Stocks from Grant Thornton said the CCG paper was a “considered response”. His view remains that financial sustainability ultimately depends on the funding allocation for the CCG.</li> <li>Internal audit assessed the financial systems of the CCGs as providing “significant assurance” in 2020/21.</li> <li>The national exercise to assess adherence to the Mental Health Investment Standard will be repeated this year. There were no significant issues from the original exercise and we have no expectation this will change.</li> <li>Counter fraud work has concentrated on awareness work this year. There have been three investigations but there are currently no significant issues for the Governing Body’s attention.</li> <li>The Committee received papers on procurement decisions, amalgamation of the Information Governance Handbook, losses/special payments/waivers.</li> </ul>

**Implications – does this report and its recommendations have implications and impact with regard to the following:**

1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>  We expect the external audit fee to increase for this year.	Yes
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

**Recommendations/Actions Required:**

The Governing Body is asked to note the items discussed at the Audit Committee, particularly the change to the Value for Money Conclusion.

**REPORT TO: NHS Shropshire, Telford and Wrekin CCGs Governing Body  
Meetings in Common held in Public on 13 January 2021**

Item Number:	Agenda Item:
GB-21-01.022	Joint Strategic Commissioning Committee Summary Report (Part 1)

Executive Lead (s):	Author(s):
Steve Trenchard Director of Transformation (Interim)	Geoff Braden Governing Body Lay Member

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

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)
Chair's Summary of Joint Strategic Commissioning Committee meeting	18.11.2020	S, I

**Executive Summary (key points in the report):**

**ASD Pathways**

The committee heard how the delays in financial flows due to Covid had disrupted plans to develop the neurodevelopmental pathways. Further questions regarding current waiting list remained unanswered and further information is to follow.

**NHSE/I Restoration & Recovery**

The Committee received a high level summary of the position regarding services now restored across STW. When services were restored by the System Restore Group it was agreed that a 3 month review would be undertaken by providers to see how well those services are performing, and whether any changes they have made, for example use of digital, had made a significant impact.

Ongoing service oversight through the 'recovery phase' is overseen both by internal provider governance and the three system programme boards. The definitions used by NHSEI have created some confusion regarding the differences between restore and recovery.

The Committee queried the level of granular detail regarding the pathways for example outpatients, and which services have not yet been full switched back on. It was accepted that the 3-month deep dive review would help with this understanding. The Committee reasserted their view that having very clear communication to all colleagues and citizens about the availability of current to patients remains of critical importance. The Committee chair requested a more narrative account for future reports for services yet to be restored.

**NHS 111 - Demand & Dispositions**

The committee noted an increased disposition rate across the region to ED since 2019 from 8% to 13% that equates to a 62% increase in numbers. This is being explored further with the regional commissioners. It was agreed that a quarterly update would be appropriate so the Committee can see progression.

The Committee were assured that NHS 111 is on track to deliver the new service, and explored whether patient experience could also be captured as part of evaluation which will be taken forward.

**Capacity & Demand Update**

In summary, the bed capacity remains challenging at the moment. Last year's demand will be incorporated to enable comparison. The Committee discussed the number of beds lost number and if

there was anything that can be done about this. The bed gap is largely down to the social distancing requirements and managing covid outbreaks.

#### **DVT Pathway**

A revised DVT proposal was presented and supported. Based on discussions with the radiology department to set up a similar procedure for the protocol we have implemented for requesting chest X-rays. An Advanced Clinical Practitioner under a supervising GP will, after demonstrating required competence, refer patients in line with the approved protocol.

#### **Programme Board Updates**

The Committee accepted a report on the priorities of the system programme boards which will in future be presented through a paper.

Reports on the above areas were noted and accepted.

**Implications – does this report and its recommendations have implications and impact with regard to the following:**

1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	Yes/No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	Yes/No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	Yes/No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	Yes/No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	Yes/No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	Yes/No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	Yes/No

**Recommendations/Actions Required:**

For information.

**REPORT TO: Shropshire, Telford and Wrekin CCGs Governing Body  
Meetings in Common held in Public on 13 January 2020**

Item Number:	Agenda Item:
GB-21-01.023	Finance Committee meetings in common 25 November 2020.

Executive Lead (s):	Author(s):
Claire Skidmore Executive Director of Finance <a href="mailto:alison.smith112@nhs.net">alison.smith112@nhs.net</a>	Keith Timmis Lay Member - Governance

Action Required (please select):										
A=Approval	<input type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input checked="" type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input type="checkbox"/>	X

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)

Executive Summary (key points in the report):
<ul style="list-style-type: none"> <li>The latest assessment is CCGs will have a combined deficit of £15.4m at the end of the year. There is a small underspend at month 7.</li> <li>The underlying deficit is still a significant concern. It is currently £67.8m and likely to deteriorate.</li> <li>The STW system financial plan has not been signed off and discussions with NHSEI finance staff continue. This applies to all NHS bodies in the area.</li> <li>Now that we have moved to a more certain pattern of allocations and expenditure the Committee asked that future reports include an assessment of the best/worst/most likely case for the forecast outturn (as in previous years).</li> <li>QIPP work is far more limited this year because of the pandemic. Currently we expect to save £5m. If staff are transferred to other duties e.g. to support the vaccination programme, we may not achieve this figure. Complex care is the most variable area of expenditure and the most likely to be affected by staff transfers. It therefore is, again, our highest risk for delivery.</li> <li>The CCGs and providers in the area are working on a new contractual framework for the 2021/22 financial year. Detailed guidance from NHSEI has not been received but contracting and finance staff are working on what is accepted as the direction of travel to the new regime. Further details and the timetable to agree contracts are expected over the next month.</li> <li>The Committee discussed the finance risk on the Board Assurance Framework. Finance will bring an alternative to the notes for completion for the finance risk to the Committee's December meeting. The revised version currently reflects the issues facing an NHS provider rather than a commissioner. The assessment does not agree to the notes at the moment.</li> </ul>

**Implications – does this report and its recommendations have implications and impact with regard to the following:**

1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i> System financial plan for the year still not approved by NHSEI and deficit forecast for the CCGs for 2020/21.	Yes
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

**Recommendations/Actions Required:**

The Governing Body is asked to note the points raised at the Finance Committee.

**REPORT TO: Shropshire, Telford and Wrekin CCGs Governing Body  
Meetings in Common held in Public on 13 January 2021**

Item Number:	Agenda Item:
GB-21-01.024a	Summary Report of the Shropshire CCG and Telford and Wrekin CCG Quality Performance Committees in Common meeting dated 25 November 2020.

Executive Lead (s):	Author(s):
Mrs Zena Young Executive Director of Quality NHS Shropshire and NHS Telford & Wrekin CCGs <a href="mailto:zena.young@nhs.net">zena.young@nhs.net</a>	Mr Meredith Vivian Chair, Shropshire and Telford and Wrekin Quality and Performance Committees in Common

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

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)
Full minutes to be approved at the Shropshire CCG and Telford and Wrekin CCG Committees in Common on 27 January 2021.	25 November 2020	See below
Purpose		
<p>To provide assurance to the Governing Bodies' Committees in Common that the safety and clinical effectiveness of services commissioned by Shropshire Clinical Commissioning Group and Telford and Wrekin Clinical Commissioning Group, and the experience of patients receiving those services, have been reviewed in accordance with the Quality and Performance Committees' Terms of Reference.</p> <p>To provide a summary of the main items reviewed at the 25<sup>th</sup> November 2020 meeting.</p>		

Executive Summary (key points in the report):
<ul style="list-style-type: none"> <li>• During wave one of the COVID pandemic low levels of escalation in A &amp; E were maintained however, wave two together with winter pressures has meant that levels of escalation have increased. SaTH has recently been at level 4 and this has led to a number of 12 hour breaches.</li> <li>• Performance around A&amp;E remains a concern moving into the winter with an unknown expectation around Covid 19 on top of winter pressures. The resurgence of Covid cases in a second wave and the impact this may have on other services is clearly a major concern for the coming weeks and months.</li> <li>• Cancer performance has slipped slightly in M6 as activity increases and earlier backlogs are reduced, but are still better than earlier in the year. There are concerns that cancer referrals for some tumour sites continue to be below normal levels (Lung and UGI). Concerns also are emerging in relation to cancer capacity at UHNM during the second wave of the Covid pandemic.</li> <li>• Recovery of key Mental Health Indicators is likely to be influenced by the willingness of patients to present as the service resourcing is in place for services such as IAPT. Achievement numbers against the target have been increasing month on month but are not expected to achieve the year-end target.</li> </ul>

- The Committee received and supported a draft of the draft Quality Strategy to be submitted as part of the CCGs application for establishment as a new single strategic commissioning organisation.
- Members of the Committee expressed a concern that colleagues in Quality & Performance Directorates may be under extreme pressure and requested that this be communicated to the Accountable Officer.

**Implications – does this report and its recommendations have implications and impact with regard to the following:**

1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

**Recommendations/Actions Required:**

- The Governing Bodies were asked to note for assurance and information.

**REPORT TO: Shropshire, Telford and Wrekin CCGs Governing Body  
Meetings in Common held in Public on 13 January 2021**

Item Number:	Agenda Item:
GB-21-01.024b	Summary Report of the Shropshire CCG and Telford and Wrekin CCG Quality Performance Committees in Common meeting dated 23 December 2020.

Executive Lead (s):	Author(s):
Mrs Zena Young Executive Director of Quality NHS Shropshire and NHS Telford & Wrekin CCGs <a href="mailto:zena.young@nhs.net">zena.young@nhs.net</a>	Mr Meredith Vivian Chair, Shropshire and Telford and Wrekin Quality and Performance Committees in Common

Action Required (please select):									
A=Approval	<input type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input checked="" type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input type="checkbox"/>

History of the Report (where has the paper been presented):		
Committee	Date	Purpose (A,R,S,D,I)
Full minutes to be approved at the Shropshire CCG and Telford and Wrekin CCG Committees in Common on 27 January 2021.	23 December 2020	See below
Purpose		
<p>To provide assurance to the Governing Bodies' Committees in Common that the safety and clinical effectiveness of services commissioned by Shropshire Clinical Commissioning Group and Telford and Wrekin Clinical Commissioning Group, and the experience of patients receiving those services, have been reviewed in accordance with the Quality and Performance Committees' Terms of Reference.</p> <p>To provide a summary of the main items reviewed at the 23<sup>rd</sup> December 2020 meeting.</p>		

Executive Summary (key points in the report):
<ul style="list-style-type: none"> <li>Data flows are severely reduced due to effects of COVID-19 but it is anticipated that performance against standards will deteriorate during the prolonged impact of the pandemic.</li> <li>The Urgent and Emergency four hour treatment standard is increasingly challenging.</li> <li>The admission avoidance Schemes and the NHS111 First Project are showing early signs of reducing patient numbers into ED.</li> <li>Elective treatment and diagnostics capacity is reduced with consequent waiting lists lengthening.</li> <li>In general cancer performance has held up reasonably well although there are current issues in relation to the achievement of the 14 day standard for Breast symptomatic cases as a result of capacity constraints.</li> <li>CQC have confirmed to SaTH that sustained improvements have resulted in the two S31 conditions relating to Maternity services being lifted and reporting requirements reduced.</li> <li>There appears to be a worryingly high number of falls in SaTH. Notifications are indicating recurring themes: incomplete risk assessments; inconsistent application of bay safe; and post falls</li> </ul>

management. The Trust wide falls prevention improvement plan has been implemented. The implementation of this work continues to be overseen by the matrons and audited as part of their Nursing Quality Assurance Metrics audits. The CCG is reviewing this through its quality assurance processes.

- MPFT have commenced ASD assessments. However, this is currently limited until the full staff compliment is in place; the additional posts for this service are currently out to recruitment and expected to be in place by end January 2021. The Committee expressed particular concern at the slow speed of reducing waiting list numbers and sought urgent action in addressing this.
- The first Ockenden review report set out a number of actions that SaTH will need to ensure are delivered at pace. The CCGs will be monitoring progress against delivery of the recommendations as well as ensuring that any CCG related actions are delivered. Many of the key themes and actions in the Ockenden Report have already been identified and are being addressed and progress monitored either through CCG quality assurance processes or the Local Maternity and Neonatal System. These include:
  - Implementation of the Saving Babies Lives Care Bundle version 2
  - The need to strengthen existing governance and quality assurance processes
  - Improving bereavement care and implementation of the national bereavement care pathway
  - Addressing gaps in anaesthetic cover for maternity services
  - Multidisciplinary training
  - Improving informed consent and patient choice
- The QPC requested regular updates on how the recommendations are being taken forward.
- Learning Disability Annual Health Checks data shows that although practices are increasing the number of LDAHCs there is still a lot of work to do to move from the current 24.3% completion to above 67% completion. All 53 practices have been contacted with their current data and asked to confirm their plans to reach above the 67% completion target.

**Implications – does this report and its recommendations have implications and impact with regard to the following:**

1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

**Recommendations/Actions Required:**

- The Governing Bodies were asked to note for assurance and information.

**REPORT TO: Shropshire, Telford and Wrekin CCGs Governing Body  
Meetings in Common held in Public on 13 January 2021**

Item Number:	Agenda Item:
GB-21-01.025	Primary Care Commissioning Committee (PCCC) Summary Report (Meeting date: 2 December 2020)

Executive Lead (s):	Author(s):
Ms Claire Parker Director of Partnerships NHS Shropshire CCG and NHS Telford and Wrekin CCG <a href="mailto:Claire.parker2@nhs.net">Claire.parker2@nhs.net</a>	Donna MacArthur Lay Member - Primary Care

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

History of the Report (where has the paper been presented):		
Committee	Date	Purpose (A,R,S,D,I)

Executive Summary (key points in the report):
<p>The detail below provides a short summary of the items, discussion and actions.</p> <p>a) <u>Financial position</u> Mrs Skidmore (Director of Finance) advised that the primary care budgets are forecast to be within allocation.</p> <p>b) <u>Primary Care Strategy</u> Mr Phil Morgan (Primary Care Lead for Workforce) reported on progress against the nine themed areas within the strategy. Whilst good progress has been made it was acknowledged that the strategy was in need of review. The Committee discussed the approach as it clearly needed to reflect the priorities of the Long Term Plan and be in strategic alignment with work to become an integrated care system. Dr Andrew Watts, (Independent GP) advised of the work that had been completed within his STP. Dr Deborah Shepherd (Interim Medical Director) will discuss this work with a view to help to define the local approach.</p> <p>c) <u>Practice merger</u> An application for the merger of Pontesbury Medical Practice and Worthen Medical practice. The application set out alignment of boundaries, a history of close working with similar working practices with consistent terms of conditions of staff. The practices described the engagement that had taken place with both patients and staff. After discussion around the transportation challenges between practices, and assurance that there were no plans to amend the opening hours of either surgery, the application was supported. The practice was asked to ensure contact with Healthwatch.</p> <p>d) <u>Primary Care Electronic Declaration</u> Bernadette Williams (Primary Care Commissioning Manager) advised of the annual process of assurance that practices were able to deliver their contractual requirements. At the time of the meeting, all practices had submitted returns. Some anomalies/inconsistencies have been identified that will be reviewed with each practice. This has historically been picked up through the annual programme of practice visits. Further work was requested to ensure the development of a programme of practice visits that was consistent across the two CCGs – this to include working to ensure consistency of the patient participation groups.</p>

e) Risk register

Corrine Ralph (Head of Primary Care) presented the document, advising that it has been amended to be in line with the interim board assurance framework.

- Shared risk register
  - PCN development
  - Workforce
  - COVID 19 – affecting ability to deliver primary care
- Shropshire CCG
  - Practice visits not in place – not able to gain additional assurance
  - Estates finances
- Telford CCG - none

There was a discussion around the financial risks – Ms Claire Parker (Director of Partnerships) agreed to confirm that any financial risks are picked up through other CCG committees. There was an agreement that a legacy risk related to the review of out of hospital services should be removed, ensuring it is being managed appropriately elsewhere in the system.

f) Healthwatch

Mrs Vanessa Barrett, (Healthwatch Shropshire) advised the committee that the discharge survey has been extended to increase the number of responses.

**Implications – does this report and its recommendations have implications and impact with regard to the following:**

1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i> Conflicts of interests were recognised and managed throughout the discussions.	Yes/No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	Yes/No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	Yes/No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	Yes/No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	Yes/No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	Yes/No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	Yes/No

**Recommendations/Actions Required:**

Board representatives from both the Shropshire CCG, and Telford and Wrekin CCG are asked to receive this paper.

**REPORT TO: Shropshire, Telford and Wrekin CCGs Governing Body  
Meetings in Common held in Public on 13 January 2021**

<b>Item Number:</b>	<b>Agenda Item:</b>
GB-21-01.026	South Shropshire Locality Forum – 5 November 2020

<b>Executive Lead (s):</b>	<b>Author(s):</b>
Claire Parker Director of Partnerships <a href="mailto:claire.parker2@nhs.net">claire.parker2@nhs.net</a>	Dr Matthew Bird South Locality Forum Chair <a href="mailto:Matthew.bird@nhs.net">Matthew.bird@nhs.net</a>

<b>Action Required (please select):</b>										
A=Approval	<input type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input type="checkbox"/>	x

<b>History of the Report (where has the paper been presented):</b>		
<b>Committee</b>	<b>Date</b>	<b>Purpose (A,R,S,D,I)</b>
N/A	N/A	N/A

**Executive Summary (key points in the report):**

Key areas of discussion at the meeting:

Data on waiting times for Mental Health Services were shared with the group following a request from the previous locality meeting. It was felt that it would be useful to have MPFT (Midlands Partnership NHS Foundation Trust) attend a future meeting to talk through the information. It was agreed that the CCG would discuss the data further with MPFT to answer questions raised by Members and provide further information before being invited back to the meeting.

Dr Julian Povey, CCG Chair, gave an update about the covid-19 second wave and rates in the county. He explained that rates were increasing and activity was increasing in primary care and within the hospitals. Members discussed the national voluntary scheme for practices to become swabbing sites and their concerns and thoughts about this. Members also raised concern that Community Hospitals were not admitting patients until they had been swabbed as side rooms were not available for patients. It was agreed that the CCG would find further information about the arrangements at the Community Hospitals for admitting and discharging patients and the swabbing requirements as agreed by the system.

It was confirmed that the CCG Primary Care Commissioning Committee had approved some funding for practices to support with covid and winter pressures. Ways in which this could be used were discussed with practices working together in partnership within Primary Care Networks or clusters.

Dr Povey also gave brief updates on the CCG and system finances, quality work ongoing at SaTH (The Shrewsbury and Telford Hospital NHS Trust) and the CCG management of change process.

Members discussed ongoing problems accessing Specialist Neurology Nurses because of Nurses being tied by borders and consultant teams. This was a particular problem at the moment as there is no Neurology Service in the county. It was explained that the CCG were working with The Royal Wolverhampton NHS Trust (RWT) to deliver a full Neurology Service but that covid had impacted on this. It was explained that as soon as further information was available it would be circulated.

Covid-19 hot sites were discussed and it was explained that there were no plans for a further CCG funded hot site. There were mixed views about this across the county and previous hot sites were not very busy. Practices were encouraged to find their own way of dealing with hot patients e.g. using end rooms,

different entrances, different sites and working in partnership with other practices. Members discussed examples of what had been done in their practices to enable them to see hot patients. It was advised that the CCG would be sending out some information to practices giving advice on steps that could be taken and lists of numbers to contact if needed.

The Medicines Management Team circulated a presentation prior to the meeting about GLP-1 analogue optimisation but as the meeting was running late it was agreed for this to be presented at the next meeting. Initial questions and concerns were discussed in the meeting along with the support that was available to practices.

**Implications – does this report and its recommendations have implications and impact with regard to the following:**

1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

**Recommendations/Actions Required:**

This report is provided for information only about the discussions that took place during the locality meeting. No further action is required by the CCG Governing Bodies.

**REPORT TO: Shropshire, Telford and Wrekin CCGs Governing Body  
Meetings in Common held in Public on 13 January 2021**

<b>Item Number:</b>	<b>Agenda Item:</b>
GB-21-01.027	Shrewsbury and Atcham Locality Forum – 19 November 2020

<b>Executive Lead (s):</b>	<b>Author(s):</b>
Claire Parker Director of Partnerships <a href="mailto:claire.parker2@nhs.net">claire.parker2@nhs.net</a>	Dr Ella Baines Shrewsbury and Atcham Locality Forum Chair <a href="mailto:ellabaines@nhs.net">ellabaines@nhs.net</a>

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

<b>History of the Report (where has the paper been presented:</b>		
<b>Committee</b>	<b>Date</b>	<b>Purpose (A,R,S,D,I)</b>
N/A	N/A	N/A

<b>Executive Summary (key points in the report):</b>
<p>Key areas of discussion at the meeting:</p> <p>Dr Julian Povey, CCG Chair, gave an update about the covid-19 rates in the county. He explained that rates were increasing and activity was increasing in primary care and within the hospitals. It was explained that a surge capacity planning meeting would be taking place to look at options within the system to free up capacity, recommendations would need to be signed off by Chief Execs and sent out to practices following this. It was also advised that staff sickness rates were increasing both in terms of covid positive cases and people needing to self-isolate due to being contacts. There was also concern that once the covid vaccination programme started the system would need to look at diverting staff from other services to support delivering the vaccine. Dr Povey also advised the CCG was still going through the Management of Change process but the consultation would be ending that week.</p> <p>Corrine Ralph, Head of Primary Care at Telford and Wrekin CCG, attended the meeting to talk about the potential for the CCG to commission a Pulse Oximetry at Home Service to support people with suspected or confirmed covid. Members discussed the options and entry criteria but most agreed that general practice would not have the capacity to deliver this service and it might be best to commission Shropdoc for this. Concern was raised about workforce and capacity and that these were patients who would normally be admitted and therefore should have a named secondary care consultant.</p> <p>Claire Parker, Director of Partnerships, gave an update about the covid vaccination programme, at this time there was no licensed vaccine but planning was ongoing across the system in order for this programme to start as soon as a vaccine was approved. Members discussed concerns around workforce and offered their support.</p> <p>The Medicines Management Team gave a brief update about Spirit Healthcare support that was available to undertake switches of patients on non-formulary meters, a webinar about de-prescribing of opiates and a reminder about Nicotine Replacement Therapy prescribing.</p> <p>Jane Tait and Sue Sanders from the Admission Avoidance Service attended the meeting to give an update on the recently relaunched pilot. The purpose of the service was to try to support people who would potentially become an unnecessary admission, and was essentially a service to support patients to remain safely at home. A presentation was given on things such as referral criteria, audit processes, targets and performance and next steps. Members felt that this was a service that should be commissioned across the whole county.</p>

<b>Implications – does this report and its recommendations have implications and impact with regard to the following:</b>		
1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

<b>Recommendations/Actions Required:</b>
<p>This report is provided for information only about the discussions that took place during the locality meeting. No further action is required by the CCG Governing Bodies.</p>

**REPORT TO: Shropshire, Telford and Wrekin CCGs Governing Body  
Meetings in Common held in Public on 13 January 2021**

<b>Item Number:</b>	<b>Agenda Item:</b>
GB-21-01.028	North Shropshire Locality Forum – 26 November 2020

<b>Executive Lead (s):</b>	<b>Author(s):</b>
Claire Parker Director of Partnerships <a href="mailto:claire.parker2@nhs.net">claire.parker2@nhs.net</a>	Dr Katy Lewis North Shropshire Locality Forum Chair <a href="mailto:katylewis@nhs.net">katylewis@nhs.net</a>

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

<b>History of the Report (where has the paper been presented):</b>		
<b>Committee</b>	<b>Date</b>	<b>Purpose (A,R,S,D,I)</b>
N/A	N/A	N/A

<b>Executive Summary (key points in the report):</b>
<p>Key areas of discussion at the meeting:</p> <p>Dr Julian Povey, CCG Chair, gave an update about the covid-19 rates in the county. He explained that rates had started to fall over the last week and there had been a decrease in covid admission to hospitals. It was explained that a surge capacity planning meeting would be taking place to look at options within the system in case rates started to increase again. Dr Povey also advised the CCG was still going through the Management of Change process but the consultation period had now ended.</p> <p>Claire Parker, Director of Partnerships, gave an update about restoration and recovery at SaTH (The Shrewsbury and Telford Hospitals NHS Trust), an update about plans for the new Neurology service at The Royal Wolverhampton NHS Trust, and an update about funding available for general practice and plans that had been developed for a Pulse Oximetry at Home Service for covid positive patients.</p> <p>Claire Parker also gave an update about the Covid Vaccination Programme, at this time there was no licensed vaccine but planning was ongoing across the system in order for this programme to start as soon as a vaccine was approved. Members asked for some communication that could be shared with their patients and staff about vaccine approval processes to help ease anxieties.</p> <p>Jane Hollins from the Community Nursing Team attended the meeting to give feedback to questions asked at the last meeting about flu vaccinations, referral criteria and capacity within the team. Members noted that many of their housebound patients had not yet received a flu vaccination from the District Nurses and Jane agreed to feed this back to the team and look into this further.</p> <p>Cathy Davis, CCG Commissioning Lead for Mental Health; Paul Bowers, MPFT Head of Operations for and Dr Chandan Aladakatti, MPFT Psychiatrist and Medical Lead attended the meeting to give an update on mental health services following questions raised at the last meeting. This included information about waiting times for counselling, maintaining services throughout the pandemic and face to face activity. Members raised concern about receiving little or no communication from the Mental Health Service about their patients and gave examples of this happening. Paul Bowers agreed to look into the specific examples to find where the problems were arising and to ensure this would not happen again.</p> <p>Sarah Pezzaioli attended the meeting to talk about the Community Respiratory Service and gave information about referral criteria and opening hours etc. Members asked why the team could not refer</p>

onto secondary care and it was agreed that this would be looked into further as it was a historic issue.

Other items discussed were Long Covid pathways; rapid diagnostics centres and practice flu vaccination payments that had not yet been received.

A step by step walkthrough of the new Ulysses insight system was given by colleagues from the CSU. Discussion took place about how reports made would be investigated by the CCG. It was confirmed that only the system had changed, the process at the CCG for investigating concerns and monitoring recurring issues remained the same. It was recognised that this process had not always been quick.

**Implications – does this report and its recommendations have implications and impact with regard to the following:**

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2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

**Recommendations/Actions Required:**

This report is provided for information only about the discussions that took place during the locality meeting. No further action is required by the CCG Governing Bodies.

**REPORT TO: Shropshire, Telford and Wrekin CCGs Governing Body  
Meetings in Common held in Public on 13 January 2021**

<b>Item Number:</b>	<b>Agenda Item:</b>
GB-21-01.029	TWCCG CCG Practice Forum – 17 November 2020

<b>Executive Lead (s):</b>	<b>Author(s):</b>
Alison Smith Director of Corporate Affairs <a href="mailto:alison.smith112@nhs.net">alison.smith112@nhs.net</a>	Ian Chan T&W CCG Forum Chair <a href="mailto:ian.chan@nhs.net">ian.chan@nhs.net</a>

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

<b>History of the Report (where has the paper been presented:</b>		
<b>Committee</b>	<b>Date</b>	<b>Purpose (A,R,S,D,I)</b>

**Executive Summary (key points in the report):**

**Mental Health Update**

Mrs Claire Parker gave an update on a number of issues that had recently come to the fore. A number of meetings had been arranged to deal with these issues including a crisis escalation meeting and a meeting with the Shrewsbury and Telford NHS Trust around the level of care received by a number of children and young adults in relation to mental health and LD issues.

It was highlighted that the month 6 finance report included COVID costs and there was a substantial cost against the Midlands Partnership NHS Foundation Trust (MPFT). The finance team had confirmed that the £33k COVID spend in Mental Health was used for provision of emergency respite care and related to spend with a private provider and not MPFT.

It was agreed that a regular update would be presented to the GP Forum on mental health services.

**CCG Update**

Members received a verbal update from Mr David Evans and the following key points had been highlighted:

- There had been a significant increase in COVID activity and it was an extremely busy period for both primary and secondary care.
- As a health system looking at how best to continue to provide a full range of services in terms of what is currently being provided and the restoration plans.
- A walk-through of the COVID vaccination plan is taking place with NHSEI on 19<sup>th</sup> November.
- No feedback had been received on the System Improvement Plan to help SaTH with their quality issues, however it was expected that initial feedback from the NHSEI regional team would be received shortly.
- The Management of Change process is continuing for both CCGs. Some changes had been made to the structures following feedback from staff, and the process had been extended by one week and would now finish on 20<sup>th</sup> November. It was expected that the process would be completed by Christmas.

- Agreement had been reached with NHSEI that the Lead Director for the ICS and the AO of the new Single Strategic Commissioning Organisations would be the same person. The recruitment process for this role had started week commencing 16<sup>th</sup> November.

### **GP Practice Forum Chair's Update**

Members agreed that meetings would continue to be held on a Tuesday and not move to either a Wednesday or Thursday, which had previously been suggested as an option.

Dr Chan had informed members that a discussion would take place at the January 2021 meeting around the split of the provider and GP Practice Forum meetings.

### **Clinical Commissioning Developments / Proposals**

#### **Telford Healthy Hearts**

Dr Adam Pringle gave an update of the Telford Healthy Hearts programme. The aim of the programme is to achieve a 10% reduction in vascular admissions to hospital; however Telford and Wrekin had achieved higher than this figure. Telford and Wrekin CCG were the 7<sup>th</sup> best CCG in the country. It is estimated that the programme would have prevented approximately 8 heart attacks and 8 strokes a year.

#### **Update on the Winter Plan**

Mrs Corrine Ralph, the Primary Care lead for the Winter Plan, gave an update on the Plan.

Both the acute setting and GP Practices were seeing an increase in demand. In light of this a light touch situation report (SITREP) had been introduced for GP Practices who would be asked to provide a weekly position statement on whether they had any COVID positive cases within their workforce.

Dr Chan had asked if there would be any additional funding to cover winter pressures. Mrs Ralph had responded that there was no additional central allocation and the healthcare system was required to prioritise the current funding. Telford and Wrekin continued to receive LSC funding. In 2019 there was a limit placed on this of 70%, however this year the decision had been made to lift this to 100%; a letter would be sent to GP Practices confirming this.

Mrs Parker highlighted additional national funding for Primary Care and Telford and Wrekin would receive £2.43m, which equated to approximately £5 per patient. There are approximately 7 caveats attached, which included the COVID oximetry at home model, long COVID, learning disability health checks and staffing and backfill. In relation to learning disability health checks without acceptance all CCGs must reach the target of 67% of health checks being carried out by March 2021. An options appraisal was being developed on how the funding would be allocated and GP Practices would have some flexibility on where they would use the extra funding, however the funding for the oximetry at home service had been top sliced.

#### **Virtual Technology including Virtual Wards**

Work was taking place with Shropdoc around establishing the COVID oximetry at home service by 1<sup>st</sup> December. Shropdoc would run the service on behalf of GP Practices. GPs would be involved in building the specification for the service. Around 2,000 oximeters would be required.

#### **COVID Vaccination Update**

Mr Steve Ellis gave an update on the COVID Vaccination Update.

Meetings had recently taken place with the Primary Care Networks (PCNs) around the delivery of the COVID vaccination programme. An enhanced service was being offered nationally and locally a couple of PCNs had indicated that they would be signing up to this. The health system was discussing with the NHSEI's regional team the possibility of having a local service, which would allow PCNs who did not feel they could undertake the whole service to offer parts of the service with the health system picking up the rest.

It was important that the model put in place in Shropshire and Telford and Wrekin was flexible to allow for the rurality of the county.

The health system had been told to plan for 1<sup>st</sup> December for the COVID vaccination programme to begin and was expecting training materials to be made available after the 4<sup>th</sup> December. It was expected that the vaccination programme would start in the second week of December.

Patients who received the flu vaccination should be given it no later than 7 days before they receive the COVID vaccination; the second COVID vaccination is given 21 to 28 days later. There was a big push for NHS staff to receive their flu vaccination and it was noted that regionally the Midlands was not doing as well as it had done in previous years. However, both Shropcom and the Robert Jones and Agnes Hunt Hospital are well above where they were in 2019 and well above the regional average. As yet Mr Evans did not have the figures for SaTH and MFPT.

In relation to the flu vaccination programme in Shropshire, 75% of the over 65s had been vaccinated and in Telford and Wrekin 69% had been vaccinated, which was a really good percentage.

Mr Ellis had responded that Ms Nicky Bradford from the STP was leading on the workforce aspect and there was a lot of work currently being undertaken including the setting up of a workforce bureau and a communication had been shared with GP Practices around the more permanent roles on offer, to which there had been significant interest. Robert Jones and Agnes Hunt Hospital is the lead employee for the programme. In relation to the workforce for the vaccination programme as a system, no specific ask had been issued around what percentage of staff would be seconded to the programme. However, the local health system had been asked to identify within their workforces a cohort that could be made available to vaccinate. Currently it was not known how much uptake there would be from primary care and PCNs to provide a level of vaccinations and it was noted that it was a very complex challenge but undoubtable the local health system would have to step up and provide some staff not only for the logistics but also for the management of the COVID vaccination service.

Shropshire and Telford and Wrekin would need to deliver 615k doses in a 12 week period, which would cover the 10 or 11 cohorts that had been identified nationally.

In terms of activity levels, there was concern around how the local health system would continue to manage the restoration of services when there had been an increase in the number of COVID patients within SaTH. It was noted that the figures for Telford and Wrekin showed that the trend was still going up and in Shropshire it was still up and not flattening. Mr Evans said that the current bed occupancy in relation to COVID patients was that SaTH were currently at the levels they were at in April 2020 and it was the same for Shropcom.

### **Update on Neurology**

Dr Julie Davies gave a verbal update on Neurology and the following key points were noted:

- Approval for the new neurology service operated by the Royal Wolverhampton NHS Trust had been received in late summer.
- Although the service would be run at the Royal Wolverhampton NHS Trust there would be a base within Shropshire and Telford and Wrekin.
- GPs will be able to make referrals for the Royal Wolverhampton Hospital clinics via TRAQS.
- With regards to Shropshire there is a backlog that is being triaged and those patients who required urgent appointments are being booked in.
- It was expected that all referrals would be open to the whole county by Christmas.
- There is a transition phase between now and the end of March 2021 working towards April 2021 when the service will be up and fully running.
- Dr Davies had been impressed with the approach by the Royal Wolverhampton NHS Trust; they had been really supportive and very open and had committed resource to the service likewise so had SaTH. Dr Davies felt that they would be creating a neurology service, which will be sustainable for the patients of Shropshire and Telford and Wrekin.

### **SaTH Outpatients Restoration Update**

Dr Julie Davies shared a presentation with members and the following key points were highlighted:

- Planned recovery of outpatient activity had been set by NHSEI as 100% of last year's activity by October 2020.

- In terms of activity, SaTH was not at the level that it should be. The plan submitted by SaTH was highlighting where SaTH should be for follow up activity but it was falling short on new activity. Dr Davies noted that this was a picture that had been replicated across the region.
- Since the two months that the plan had been submitted to NHSEI there had been an improvement in the number of first appointments.
- In terms of the number of clinics restored the figure stood at around 93%.
- Overall achieving around 85% activity per clinic and 15% of activity had been lost due to PPE and social distancing.
- Currently endeavouring to maximise the virtual appointments and 'attend anywhere'.
- 30 outpatient sessions were available at the Nuffield Hospital; however they had not been fully utilised although improvement had been seen in the past couple of weeks.
- SaTH are undertaking a pilot called 'waiting in your car'. Patients are called in for their appointment a number at a time so they are not all waiting together in the waiting room. If the pilot proves to be successful it would be rolled out to other clinics.
- Maximising the estate options within the community trust and primary care centres.
- Risks were highlighted in relation to COVID outbreaks within the workforce and staff isolating. The current levels of staff absence are around 10% to 12%.
- Although the number of Did Not Attends (DNA) had remained the same due to the number of patients being seen in clinics as a percentage means that there is a bigger impact.
- In relation to outpatient appointments linked to diagnostic activity, whilst there was additional module diagnostic capacity available, limitations on what can be achieved had been caused by a number of staff contracting COVID.
- In relation to a question raised around car parking charges at SaTH, Dr Davies said that she would check to see if parking charges had been reinstated.

<b>Implications – does this report and its recommendations have implications and impact with regard to the following:</b>		
1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	Yes/No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	Yes/No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>	Yes/No
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5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	Yes/No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	Yes/No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	Yes/No

<b>Recommendations/Actions Required:</b>
CCG Governing Body members are asked to note the content of the report.