

STW ICS Board

MEETING
25 May 2022 15:00

PUBLISHED
20 May 2022

AGENDA

Meeting Title	STW ICS Board	Date	Wednesday 25 May 2022
Chair	Sir Neil McKay	Time	3:00pm
Minute Taker	Jayne Knott	Venue/ Location	Via Microsoft Teams

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

Reference	Agenda Item	Presenter	Purpose	Paper	Time
25-05.001	Introduction and Apologies	Neil McKay	I	Verbal	3.00
25-05.002	ICS Chairs report	Neil McKay	I	Verbal	3.05
25-05.003	Minutes from the previous meeting held on 27 April 2022	Neil McKay	A	Paper	3.10
25-05.004	Matters arising and action list from previous meeting	Neil McKay	I	Paper	3.15
25-05.005	Questions from Members of the Public Guidelines on submitting questions can be found at: https://stwics.org.uk/get-involved/board-meetings	Neil McKay	D	Verbal	3.20
25-05.006	Residents Story – Doug’s story	John Pepper	I	Verbal	3.25
	Strategic System Oversight				
25-05.007	Interim ICB CEO Designate update <ul style="list-style-type: none"> ICS Update ROS update/sign off ICP update ICB Constitution 	Simon Whitehouse	I S	Paper	3.35
25-05.008	STW ICS Green Plan	Andy Begley	I & D	Paper	3.45
25-05.009	STW People and Communities involvement strategy (pledge 8)	Edna Boampong	A	Paper	4.05
	System Governance and Performance				
25-05.010	ICS Performance Update inc. People and Finance	Julie Garside	I	Paper	4.20
25-05.011	Update 22/23 NHS Operational Plan	Claire Skidmore Gareth Robinson	I	Paper	4.35
25-05.012	Committee Reports <ul style="list-style-type: none"> Sustainability Chair’s report for meeting held on 25 April 2022 Quality & Performance Committee Chair’s report for meeting held on 23 March 2022 	Frank Collins Meredith Vivian	S S	Paper	4.45
	For Information				
	Any other business – notified in advance to the chair	Neil McKay		Verbal	4.55
	Date and time of next meeting: 29 June 2022 at 3pm				

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.)

ADD SIGNATURE



*Sir Neil McKay
Chair Designate of STW ICB*

ADD SIGNATURE



*Mr Simon Whitehouse
Interim Chief Executive Designate of STW ICB*

STW ICS BOARD
27 APRIL 2022 - 3PM
MINUTES OF MEETING

Present:

Sir Neil McKay	Chair STW ICS Board
Simon Whitehouse	Interim ICB CEO Designate STW ICS
Gareth Robinson	ICB Director of Delivery and Transformation STW ICS
Roger Dunshea	Non-Executive Director, STW ICS
Dr Catriona McMahon	Vice Chair STW ICS and Chair Shrewsbury and Telford Hospital NHS Trust
Louise Barnett	Chief Executive Shrewsbury and Telford Hospital NHS Trust
Dr John Pepper	Chair NHS Shropshire, Telford and Wrekin CCG (STW CCG)
Mark Brandreth	Interim AO of STW CCG
Nuala O'Kane	Chair Shropshire Community Health NHS Trust
Patricia Davies	Chief Executive Shropshire Community Health NHS Trust.
Harry Turner	Chair Robert Jones and Agnes Hunt Foundation Trust
Stacey Lea-Keegan	Interim Chief Executive Robert Jones and Agnes Hunt Hospital NHS Foundation Trust
Megan Nurse	Vice Chair, Midlands Partnership Foundation NHS Trust
Neil Carr	Chief Executive, Midlands Partnership Foundation NHS Trust.
Andy Begley	Chief Executive, Shropshire Council
Cllr Simon Jones	Portfolio Holder for Adult Social Care and Public Health Shropshire Council.
Cllr. Andy Burford	Cabinet Member for Health and Social Care, Telford and Wrekin Council

In Attendance

Nicky OConnor	ICS Programme Director, STW ICS
Edna Boampong	Director of Communications and Engagement STW ICS
Alison Bussey	Chief Nurse Midlands Partnership Foundation NHS Trust
Meredith Vivian	Deputy Chair/Lay Member, Patient and Public Involvement STW CCG
Sam Tilley	Director of Planning STW CCG
Alison Smith	Director of Governance STW CCG
Cherry West	Executive Lead for the UHB-SaTH-NHSEI Improvement Alliance and Improvement Director SaTH
Will Nabih	Associate Director, Estates and Hospital Site Transformation SaTH
Terry Gee	Chief Officer STAY Telford
Lynn Cawley	Chief Officer Healthwatch Shropshire
Barry Parnaby	Chair Healthwatch Telford and Wrekin
Adrian Cooper	Climate Change Task Force Leader, Shropshire Council
Jonathan Rowe	Director of Adult Social Care, Telford and Wrekin Council
Fran Steele	Director Strategic Transformation NHSE/I
Dr Ian Rummens	Shropshire Local Medical Committee

Melissa Asbury	Business Manager, STW ICS
Laura Clare	Deputy Director of Finance STW CCG
Georgina Groom	Senior Digital Communications Officer STW ICS
Gill Harrill	ICS Project Support

Apologies:

Dr Ian Chan	Primary Care Network Clinical Director
Frank Collins	Chair ICS Sustainability Committee STW ICS
Cathy Riley	Managing Director Midlands Partnership Foundation NHS Trust
Zena Young	Executive Director of Nursing and Quality STW CCG
Claire Skidmore	Executive Director of Finance STW CCG
Nicholas White	Chief Medical Officer (from 4/5/22) STW ICS
Trevor McMillan	Non-Executive Director, STW ICS
Heather Osborne	Chief Officer AGE UK
Jayne Knott	ICS Programme Support

Minute No	Title
27/04/1.0	<p>Introduction and Apologies Apologies were noted as outlined above.</p> <p>The Chair welcomed everyone and reminded Board members that this was a meeting held in public and that on this occasion and for the first time members of the public will be excluded from part two of the Board agenda.</p> <p>This was also the first meeting with new members and the Chair welcomed: Gareth Robinson, Director of Delivery and Transformation STW ICS. Trevor McMillan, Non-Executive Director, STW ICS and vice chancellor for Keele University.</p> <p>The Chair commented that we hope to have approval for the bill in the near future, and the establishment of our ICB as a legal entity from the 1st of July.</p> <p>He promised Board members that we would be getting better organised for future meetings with links and attendees, also that we would find ways of making sure that papers were less lengthy, and more digestible for people.</p>
27/04/2.0	<p>ICS Chairs report The Chair commented that this was a busy time for the NHS including Shropshire Telford and Wrekin. Pressures relating to Covid and staff absences have created capacity issues and have influenced our ability to deliver on the elective backlog. He also mentioned that Social care have had similar problems with staff absences in nursing homes, which has meant a large number have been closed to new admissions. However, overall things are starting to improve.</p> <p>The Health and Care bill continues to make its way through Parliament and there is a hope it will receive approval around the 30th April, meaning it can be implemented from the 1st July.</p> <p>The Chair mentioned two things which are under intense debate:</p>

	<ul style="list-style-type: none"> • The Secretary of State's proposed new powers, which would give the Secretary of State opportunities to intervene more frequently or earlier than they currently can e.g., service reconfiguration. • There is a debate about the legal underpinning for workforce planning. <p>The Chair also mentioned that good progress is being made with our Constitution, but clarity is needed on the following:</p> <ul style="list-style-type: none"> • Vice chair for the ICB • Need to appoint a freedom to speak up guardian • There is work in train for standing orders and standing financial instructions • A comprehensive series of board development events for the new board are being planned which Board members will be briefed about in due course. • The Chair agreed to keep Board members up to date with developments around the operating model.
27/04/3.0	<p>Declarations of Interest</p> <p>Declarations of Interest have now been rectified to include Fran Steele.</p> <p>New members have also been asked to complete a form and return to Mrs Tracy Eggby Jones.</p>
27/04/4.0	<p>Minutes and Actions from Previous Meeting – 30/03/2022</p> <p>Minutes of the last meeting were approved as a true and accurate record.</p> <p>Action log withdrawn as incomplete.</p> <p>The chair commented that the Secretariat for the Board is to ensure that we properly track agreements and actions from the board discussions and minutes into the action log, and to trace them carefully through subsequent meetings.</p>
27/04/5.0	<p>Matters arising and action list from previous meetings</p> <p>Outstanding actions will be discussed later on today's agenda.</p>
27/04/6.0	<p>Questions from Members of the Public</p> <p>No questions submitted this month.</p>
27/04/7.0	<p>Resident's story/experience</p> <p>Mr Neil Carr introduced the video:</p> <p>This month's is Sophie's video. She tells the story of her husband, who has experienced mental health problems for a number of years. Sophie tells her story, she challenges us around safety, family disruption and says there must be a better way of managing people in crisis wherever that crisis occurs.</p> <p>Mr Neil Carr stated that the early intervention service in Shropshire Telford and Wrekin is only one of 25% fully accredited by the association that looks at early intervention services but said he didn't think there were enough workers. The crisis intervention team is a 24-hour team and would benefit from respite facilities where individuals in crisis could be moved to.</p>

	<p>Dr John Pepper commented that we need to reflect as a system that we have a very low spend per head of population on our mental health services compared with other systems.</p> <p>Mr Carr agreed that this system was in the bottom three regarding funding but said that the Commissioners in Shropshire Telford and Wrekin were very helpful to work with us to determine what we could and what we should be doing.</p> <p>He went on to comment that Sophie describes the most complex type of presentation, and we can intervene with most people long before they get to that point. He also commented that it is complex removing someone's civil liberties from them and placing them on a section of the Mental Health Act which also means working very closely with the local authorities.</p> <p>If there was some facility below an admission bed where an individual could go and be provided with safety for themselves and their loved ones in these exceptional circumstances, this could avoid long admissions.</p> <p>Mr Simon Whitehouse to organise further discussions and draw up proposals on how this can be dealt with, recognising the financial position and low levels of investment.</p> <p>The Board noted the presentation.</p>
27/04/8.0	<p>Interim ICB CEO Designate update</p> <p>Mr Simon Whitehouse highlighted the following:</p> <p>SOF Level 4</p> <p>There has been a detailed conversation with national and regional colleagues and CEOs around the system remaining in segment 4 of the national oversight framework and making sure how we will demonstrate our delivery against the exit criteria.</p> <p>We will now update the memorandum of understanding between ourselves and NHSEI, making sure that we have got clarity on what delivery of the exit criteria will look like. We will also build this into our normal governance mechanisms and have a view of this at the strategy committee.</p> <p>This will be done with full engagement of NHSEI colleagues, so there are no extra processes put in place to demonstrate that evidence.</p> <p>National and regional teams continue to be supportive of the additional ask for funding to support the additional capacity we can bring in as part of being in in level 4.</p> <p>Operational pressures</p> <p>Mr Mark Brandreth commented that we are seeing an improving position on urgent care however, there are still 79 patients in SaTH with Covid and Staff sickness is up by 9%.</p> <p>Mr Brandreth wanted to thank local authority colleagues for doing what they can to enable us to still admit patients safely and properly into care homes and into domiciliary care.</p> <p>8 GP practices have been in their business continuity arrangements because they have not had enough staff to provide normal service.</p>

Attention is now turning to how we are going to cope with next winter, winter in the NHS and health and care starts in October.

Many issues have been people related, a high number of patients to care for and not enough staff to look after them.

ICB Appointments

Mr Whitehouse announced that we have now appointed:

- Alison Bussey as Chief Nursing Officer. Alison will start in post mid-June.
- Mr Nick White who starts in post next week as Chief Medical Officer
- Mr Whitehouse again welcomed Mr Gareth Robinson who has now started in post this week as ICB Director of Delivery and Transformation.

Readiness to Operate Assessment

Ms Nicky OConnor highlighted that the latest Readiness to Operate Statement had been submitted which had been through ICS Board last month.

Feedback from the Midlands Regional team indicated there are four areas that need further work:

- Clinical and care professional leadership engagement
- Emergency planning and resilience functions which will change on the 1st of July when we will move from a Category two responder under the Civil Contingencies Act to a category one. Mrs Sam Tilley is taking this forward.
- Financial position.
- People functions and how we can strengthen this collectively across the system.

The final submission date for all of our evidence will be 20th May at which point we submit the final ICB Constitution, and the readiness to operate assessment and final evidence for due diligence at that point.

The Integrated Care Partnership – Terms of reference are being finalised, the first meeting of that committee will be held in September.

[Mrs Jayne Knott to arrange a pre-meet ahead of Septembers meeting.](#)

Mr Whitehouse mentioned that we have started the process of the development of the ICB's approach towards involving people and communities and building that strategy.

We are continuing to work on primary care and place development, and Mr Whitehouse thanked Mrs Patricia Davies and Mrs Claire Parker and teams for leading on this work.

Staff Survey

The paper presented an overview of each trust's staff survey reports for the previous year.

The Chair asked the Board for their views on the staff survey:

Following discussion, the Board noted that there was still significant work to do, but most results were positive and have seen improved confidence with staff wanting to improve services across STW.

	<p>The Chair commented:</p> <ul style="list-style-type: none"> • That there is a need to sharpen up our view of clinical services strategy and articulating that much more clearly than has been done so far. • Relationships between people and their Managers could be supported to take further. • People feeling confident to speak up about safety issues. <p>The Board noted the papers.</p>
27/04/9.0	<p>Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at Shrewsbury and Telford Hospital NHS Trust.</p> <p>The Chair started the conversation by saying that at our last board meeting, the Ockenden report had only been received that morning. The report was, acknowledged and the system commitment to act appropriately and judiciously to respond to the recommendations and the findings of the report. Apologies and regrets were also expressed that those things could have happened within SaTH and within our system.</p> <p>Mr Mark Brandreth and Mrs Louise Barnett presented the paper and highlighted the following:</p> <p>It is apparent how much work SaTH are doing on the action plan.</p> <p>There are 66 local actions and 15 immediate actions that are to be taken; in the 15 immediate actions there are 92 sub actions.</p> <p>Series of workshops are being held and staff are heavily involved in working through each action point.</p> <p>SaTH board will be asked for their consideration.</p> <p>The CCG then would intend to have its own reflection and to consider that work as part of its responsibility, at the final CCG board meeting on the 8 June.</p> <p>It was recognised that SaTH had undertaken a lot of hard work in responding to the previous Ockenden report (Ockenden 1).</p> <p>Mr Brandreth wanted to assure the Board that the outstanding actions are all actions that are outside of SaTHs control. These require national intervention to deliver them.</p> <p>Mrs Louise Barnett also highlighted the following:</p> <p>The report outlines repeated failures in care and the devastating impact that this has had on our community.</p> <p>It is important that all the actions in the report are taken forward, so it is a very full and comprehensive report, and we are grateful to Mrs Ockenden for it.</p> <p>Initial things have already been done:</p> <ul style="list-style-type: none"> ○ Discussions and support to our teams are in place supporting them to share any concerns they have got and to speak out.

	<ul style="list-style-type: none"> ○ There is further work drawing on external organisations to help in reviewing our approach and strengthening that further to have the best possible arrangements. <p>The teams are committed to do their very best for our community. The first part of the plan will go to SaTH board in May, but also sharing the progress at the Ockendon Report Assurance Committee, which is live streamed as well so members of the public can also access that.</p> <p>Report to be presented to this Board at the end of June and include as a standing agenda item going forward.</p> <p>Mr Roger Dunshea asked Mrs Barnett if there was any evidence that pregnant women were looking to transfer their care/deliveries from SaTH.</p> <p>Mrs Barnett responded saying she was unaware of a general move towards other providers of services, but this was being kept under review formally and would fully support this but would encourage patients to talk to their midwife.</p> <p>To be kept under a monthly review and put on agenda for June for substantial discussion.</p> <p>The Board noted the paper.</p>
27/04/010	<p>System Planning and Finance submission</p> <p>Mr Simon Whitehouse wanted to Board to be sighted on what the plans look like for the remainder of 22/23 and the challenges that go with this as we will be held to account for delivery. It is about tackling the backlog and making sure that we have got the right number of services in our system to meet the needs of the population.</p> <p>Mrs Sam Tilley, Mrs Laura Clare and Mrs Julie Garside introduced the paper and highlighted the following:</p> <ul style="list-style-type: none"> ○ The paper sets out the process undertaken, the requirements for the submission and the content areas. ○ The timetable that has guided us in our approach and the key milestones agreed as a system back in September. ○ In line with this we submitted the draft plan in March. ○ Feedback from NHS England has been incorporated in the final submission. ○ We have worked closely with Price Waterhouse Coopers in the development of this final draft. ○ The deadline for the submission of the final planning documents is noon tomorrow (28 April) ○ Work has continued to make final refinements prior to submission with the last checkpoint meetings taking place yesterday. ○ Final activity data is being received today. ○ 102% is the best position that the system is able to achieve with a range of mitigations being put in place to attempt to manage the risks that are associated with it. ○ It is proposed to the board that the position that is submitted is 102% and we continue to work on improvements in our delivery and managing those mitigations where possible. <p>Mrs Julie Garside presented the Elective recovery framework definition and highlighted the following:</p> <ul style="list-style-type: none"> ○ There is a national arrangement around how systems will be allocated funding to help with the elective recovery post pandemic.

	<ul style="list-style-type: none"> ○ We have been allocated the funding providing we can achieve 104%. There is a risk of this being clawed back if not achieved. ○ Elective hub is being progressed and our local bid for elective hub in PRH has progressed to the next stage. <p>Mrs Laura Clare presented the finance plan submission proposal and highlighted the following:</p> <ul style="list-style-type: none"> ○ There is a national requirement for systems to break even against the allocations that were being given ○ At the draft plan submission in March, we submitted a worse case £73 million deficit as a system. ○ Actions have been put into place over the past month to bring this figure down. ○ At the time of writing this paper the deficit had been brought down to £53 million as the proposed planned submission tomorrow. ○ There are £18 million of investments sitting on a 'to be prioritised' list as a system. ○ The system investment panel is being reconvened to consider all of those and will need to be clear about the impact of each of those and what that means for our patients if they are not funded? ○ Since the paper has been written there have been further changes agreed with NHSEI regional colleagues. <ul style="list-style-type: none"> ➤ Covid expenditure removed after the end of May (except for some small areas) ➤ £5 million which is an estimate of what we might still be able to remove given all the action plan that is still in place and the work that still needs to be done around several areas. <p>This takes the deficit position proposal for tomorrow's submission as a system, to a £38 million in year deficit.</p> <p>Within the £38 million, which was alluded to in the plan, approximately £24 million of it has been discussed with NHSEI as deemed to be unavoidable.</p> <p>The Board noted and agreed the risks outlined in the paper, including the impact on system investments. The Board agreed to the submission of the plan to NHSEI.</p> <p>A further update of the plan will be brought to the Board in May</p>
27/04/011	<p>ICS NHS Green Plan</p> <p>Item not presented due to meeting over running.</p> <p>The Chair asked the Board to note the paper and commented that it was well written and had well-articulated actions</p> <p>The Chair asked the Board to agree for proposal to be submitted and confirm support for it.</p> <p>Plan to be discussed at next Board. Add to start of next agenda.</p>
27/04/012	<p>Any other business</p> <p>Ms Stacey Lea Keegan informed the Board about the infection, prevention control (IPC) concerns at Robert Jones and Agnes Hunt that were identified following the MRSA outbreak last summer and further reviews that were had in February. The trust is now working with Jaqueline Barnes Improvement Director from NHSEI. The trust has been escalated from oversight level two to three and are finalising what the exit criteria are.</p>

	<p>This will be picked up through the system quality forum and quality and safety committee.</p> <p>An update will be brought to the May board meeting</p>
	<p>The meeting closed and members joined the confidential part two of this meeting.</p>

Action Log – Open

Date & Ref No	Action	Owner	Date Due	Update	Completed date
30/03/2022					
30/03/22.011	Mrs Garside to present a summary dashboard for the system containing 19 key metrics and CQC compliancy reports for each local authority is being finalised and it is expected that these will be reported to the ICS Board from April.	JG			
27/04/2022					
27/04/22.007	Mental Health facilities - Mr Simon Whitehouse to organise further discussions and draw up proposals on how this can be dealt with, recognising the financial position and low levels of investment.	SW	25/05/22		
27/04/22.008	ICP - Mrs Jayne Knott to arrange a pre-meet with ICS Board Chair Council CEO, Council leaders, Nicky OConnor and Simon Whitehouse ahead of Septembers meeting	JK	25/05/22	In progress	
27/04/22.010	Finance 22/23 plan - A further update of the plan will be brought to the Board in May.	CS	25/05/22		
27/04/22.011	NHS Green Plan to be discussed at next Board. Add to start of next agenda.	AB	25/05/22	Complete	19/05/22

Decision Log

Ref	Discussion	Decision
27/04/2022		
27/04/22.009	Ockenden – Report updates to be presented to this Board at the end of June and include as a standing agenda item going forward. Patients transfer of care. To be kept under a monthly review and put on agenda for June for substantial discussion.	Agreed

STW ICS Board

Author:	Nicky O'Connor ICS Programme Director Alison Smith Director of Corporate Affairs Sarah Walker Principle Improvement Consultant for MLCSU	Paper date:	19 May 2022
ICS Board Member Sponsor:	Simon Whitehouse Interim ICB CEO Designate	Paper Category:	Information
Paper Reviewed by:		Paper FOIA Status:	Releasable
Action Required (please select):			
A=Approval	R=Ratification	S=Assurance	X D=Discussion X I=Information

1. Purpose of Paper

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

The first part of the paper provides a generic update on activities at both a national and local level – CEO Business Update

The second part then provides a detailed progress report on the safe and effective establishment of the ICB. This second section is broken down into three parts:

1. Readiness to Operate statement update and sign off
2. ICP update
3. ICB Constitution

2. Executive Summary

2.1. Context

The CEO business update is set out in full in the main body of the report.

The second section of the paper focusses on the activities required to support the safe establishment of the ICB on the 1st July 2022. It is set out in 3 main sub sections as detailed below-

A. ICS Transition – Readiness to Operate Statement (ROS) Update and Sign Off

In accordance with the NHSEI establishment timeline, systems had been asked to submit the ROS to the regional team. STW ICS submitted the required evidence and following discussion with the region the ratings, set out in Appendix A of this paper were agreed.

B. ICS Transition – ICP Update

This section provides and update as to the progress of the Integrated Care Partnerships and details the local agreements and arrangements for Terms of Reference.

C. Update on ICB Committees and development of the ICB Constitution

This section provides a progress report on the development of the ICB Constitution, and the formation of the Governance Handbook. The final draft of the Constitution is attached to these papers as Appendix B of this paper.

2.2. Link to Pledges

All parts of this document have been linked to the system pledges.

2.3 Summary

Section A of this paper provides an update of the Readiness to Operate Statement

Section B of this paper provides an update on the Integrated Care Partnership agreements within the ICS

Section C of this paper provides an update on the ICB Constitution

2.4 Conclusion

The Board is asked

- **Note the detail provided in part one of this report**
- **Acknowledge the risk detailed in relation to the ICB People Function**
- **Confirm its support for the submissions detailed in relation to the ICB establishment**
- **Note and comment on the progress made towards the establishment of the ICP**

ICB CHIEF EXECUTIVE UPDATE REPORT

1. INTRODUCTION

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

The first part of the paper provides a generic update on activities at both a national and local level – CEO Business Update

The second part then provides a detailed progress report on the safe and effective establishment of the ICB. This second section is broken down into three parts:

- A. Readiness to Operate statement update and sign off
- B. ICP update
- C. ICB Constitution

2. CEO BUSINESS UPDATE

- 2.1 On the 28th April 2022 all NHS CEOs were invited to a national leadership event in London. This was the first opportunity for a face-to-face meeting since the pandemic between Amanda Pritchard (NHS England CEO), her executive team and the wider NHS CEO community. It was a constructive session with a clear tone around one leadership community and a clear message of collaboration to help drive the improvements required. The main areas of focus from the day were-
- Transitioning across from national command and control to local system-based responsibility and development
 - An ask to ensure that systems adopt an unremitting focus on tackling health inequalities in all that we do and making that real rather than just a plan
 - Regaining a discipline around triangulating expenditure, activity and workforce to deliver against the elective backlog, the financial challenge and the productivity measures post Covid19
 - Workforce being central to everything that we do and the importance of getting that right across systems and with partners – recognising that they can be our greatest asset when we get it right as they are also our residents
- 2.2 Chief Executive colleagues across the system recommenced a monthly face to face meeting on the 4th May and were kindly hosted by Telford and Wrekin Council. This was the first time again since the pandemic that we have managed to meet face to face, and it was a positive discussion. This will now become a regular part of normal business schedule.
- 2.3 On a personal level I have been able to visit both RJAH and SaTH this month and hosted / well looked after by the CEOs of both organisations and their respective teams. I will continue with a regular planned programme of visits to teams and to services across our system and will continue to encourage my executive team do the same. It is invaluable to hear from teams directly and to listen to staff and patients alike. I have also attended the Healthy Minds Festival and the kick off meeting of the Primary Care Ethnically Diverse Network. Both events were well intended and start to show the importance of how we work with wider partners and the importance of the ICB having a strong community-based focus. I was also able to attend a discussion with the Shropshire Community NHS Trust Board at their development session. The conversation focusses on what we 'actually mean' by integration and the role that Shrop Comm can play in facilitating genuine integration across communities.
- 2.4 The Board are asked to be aware that an MRSA outbreak declared in August 21 led to an NHSE/I review where RJAH was escalated to red on NHSE/I IPC matrix.

Additional support was offered from NHSE/I and improvements were made, including a full IPC governance review. However, a further review by NHSE/I conducted in February 22 showed improvements had not sustained or extrapolated across all of the organisation.

A letter sent to the Chief Nurse following the review in February outlined six immediate actions to be undertaken with strengthened governance and increased Board oversight, these six immediate actions have been completed. An IPC Improvement plan is in place and covers nine themes (Leadership & Culture, Workforce, Governance, Cleanliness, Estates, Equipment, and storage, HH/BBE, training, communications and trust wide learning). Additional Executive and Board oversight has been put in place and strengthened including an IPC Assurance committee chaired by a Non-Executive Director and reporting directly to the Board. The Trust has been moved into SOF 3 and an Improvement Director has been allocated to work with and support the organisation with its improvements.

The RJAH Board is fully committed to making the necessary and required improvements. A more detailed update will be brought to a future Board meeting

3. ICS ESTABLISHMENT UPDATE

The Health and Care Bill has now received Royal Assent, and this confirms that ICBs will be legally established on the 1st July 2022.

3.1 SECTION A – READINESS TO OPERATE STATEMENT UPDATE AND SIGN OFF

In accordance with the NHSEI establishment timeline, systems were asked to submit a completed version of the ROS checklist (Appendix A) and supporting evidence by 20th May 2022. The purpose was to provide confidence and assurance that all is on track for system and regional director sign off in June. The ROS and all relevant evidence has been submitted as planned and feedback is expected in advance of the final submission on 10th June.

Changes since last update to board:

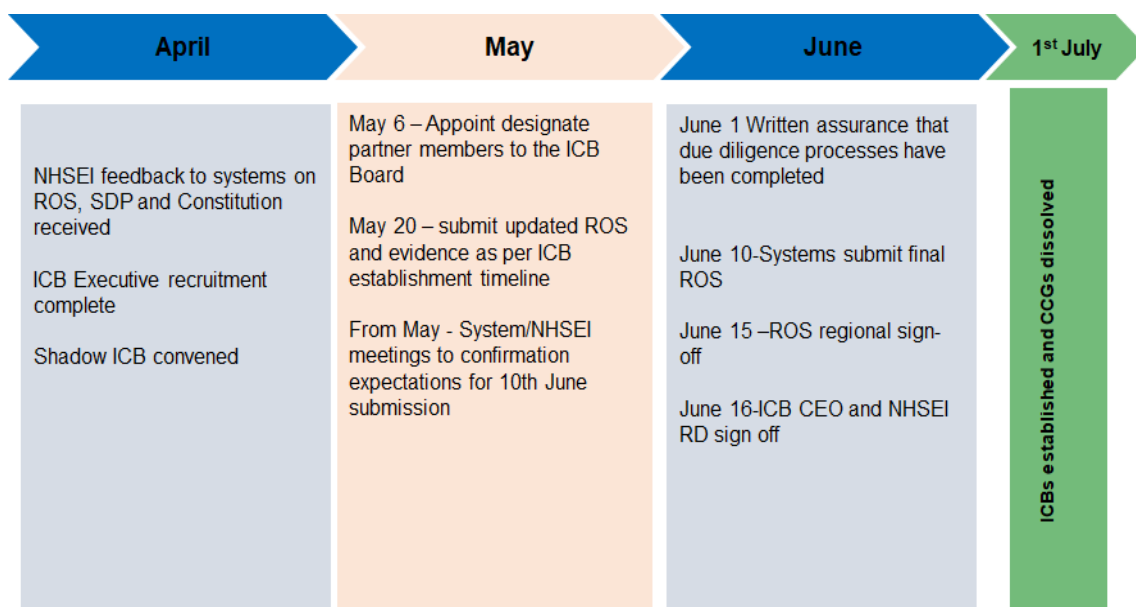
- The ROS and supporting evidence have been resubmitted in accordance with ICB establishment timelines
- All Executive and 3 Non-executive Directors have now been appointed – a 4th Non-executive Director appointment is imminent
- System Development Plan (SDP), ICS Constitution and the ICB Governance Handbook, including the SORD, TORs and other supporting governance documentation were created or refreshed and submitted as supporting evidence along with the ROS on 20th May
- A number of key documents and evidence have been included in the 20th May submission but will be further developed or signed off in line with nationally mandated timelines. These include the ICB Public Involvement and Engagement Strategy which is currently will be finalised in advance of the 27th May deadline, the EPRR assurance checklist and the Clinical and Care Professional Leadership framework.

All areas have been rated as Complete or On Track in this submission with the following exceptions:

- Development of clinical and professional leadership model/arrangements – work ongoing in line with national timeline - rating amber as previously agreed with NHSEI
- System finance challenges – planning and support arrangements are in place but rating as previously agreed with NHSEI
- EPRR planning – guidance and support is now in place and work across all systems is ongoing in line with national timeline
- Governance and delivery arrangements for People Function
- Quality and Safety functions – rating amber as previously agreed with NHSEI

All ratings are subject to further discussion and agreement with NHSEI. These discussions will take place in advance of the final submission on 10th June.

The timeline and key activities since from previous April ROS submission to the 1st July establishment of ICBs have been laid out below:



A full statement showing current status RAG ratings is included as [Appendix A](#).

Of the areas detailed above there are mitigation plans in place for the majority of those areas. However, there remains concern around the People Function responsibility given the imminent deadline that is now approaching. The ICB has taken an agreed approach of not wanting to appoint a Chief People Officer in isolation of the providers across our system. An agreement has been developed, in principle and subject to Board approval, for a shared Chief People Officer and supporting deputies to be recruited to and put in place. However, there continues to be a risk re the pace of progress on this given the ICB responsibilities for the People Function that it will inherit on the 1st July 2022. Board members are asked to be cognisant of this risk and the approach that is being adopted.

3.3 SECTION B – INTEGRATED CARE PARTNERSHIP (ICP) UPDATE

Discussions have been on-going across the system on the development of our Integrated Care Partnership (ICB). For context ICPs are described in the Health and Care Bill as:

- (1) An integrated care board and each responsible local authority whose area coincides with or falls wholly or partly within the board's area must establish a joint committee for the board's area (an "integrated care partnership").
- (2) The integrated care partnership for an area is to consist of (as a minimum)
 - (a) one member appointed by the integrated care board,
 - (b) one member appointed by each of the responsible local authorities, and
 - (c) any members appointed by the integrated care partnership.
- (3) An integrated care partnership may determine its own procedure (including quorum)

Integrated care strategies

An integrated care partnership must prepare a strategy (an "integrated care strategy") setting out how the assessed needs in relation to its area are to be met by the exercise of functions of

- (a) the integrated care board for its area
- (b) NHS England, or
- (c) the responsible local authorities whose areas coincide with or fall wholly or partly within its area.

The principles for the ICP in STW have been agreed as:

- The ICP will work, first and foremost, on the principle of statutorily equal partnership between the NHS and local government to work with and for their partners and communities.
- The ICP will operate a collective model of accountability, where partners hold each other mutually accountable, including to residents.
- The Integrated Care Strategy will be developed with full engagement / consultation with all stakeholders and drive direction and priorities.
- The Integrated Care Strategy will maximise the opportunities of system wide and place level working and support subsidiarity.
- The strategy will be developed for the whole population using best available evidence and data to address the wider determinants of health and wellbeing. The integrated care strategy should be based on assessments of needs and assets identified at place level, based on Joint Strategic Needs Assessments (JSNAs).
- The strategy should regard the NHS mandate and any guidance published by the Secretary of State; Healthwatch and people who live or work in the ICP's area must be involved in its preparation. The ICP will consider revising its strategy whenever it receives a new JSNA. The Integrated Care Strategy will be published and shared with the ICB and each Local Authority.
- The ICP will continue joined up inclusive working relationships across partners as demonstrated by the Covid pandemic, targeting collective action and resources at the areas which will have the greatest impact on outcomes and inequalities as England recovers from the pandemic

- The Integrated Care Strategy will proactively explore upstream prevention activities and ensure place-based partnership arrangements are respected and supported.

Next Steps

The draft terms of reference are now being finalised to ensure compliance with the legal duties of both local authorities. It is planned that the first meeting will be in September 2022 and the chair of the ICP will rotate between the two local authority leaders.

4. SECTION C – ICB CONSTITUTION

Attached with the papers is the final version of the ICB Constitution for information that has been developed over the last 6 months. The constitution is based upon the model template issued by NHS England and has been scrutinised by NHS England following several mandatory content reviews to ensure that the constitution was in line with the Bill as it passed through the parliamentary process. The most recent review was undertaken on 22nd April with minor feedback needing to be actioned.

It should be noted that the model constitution allows NHS England to attach conditions to its approval; for example, where it is recognised that proposals may be appropriate initially but will need to be revisited as committees of the ICB – including place committees – are ready to take on greater responsibility.

CCG have been expected by NHS England to lead on the development in conjunction with their respective ICB designate leader. Locally this has included both the drafting of the document, but also facilitating discussions with ICS partner members through various mechanisms, on the content of the constitution over the last few months.

The Health and Care Act states that the CCG must propose the constitution for the first ICB to be established for the ICB area to NHS England. Due to the timescales for approval by NHS England which does not coincide with the next CCG Governing Body on 8th June, the CCG Chair and Accountable Officer will undertake this decision under delegated emergency decision making powers on behalf of the Governing Body during w/c 23 May, with the decision being presented to the Governing Body on 8th June for ratification. NHS England is expected to make the decision to approve the constitution by the end of May with a view to publishing all approved constitutions on its website in early June.

The focus of work has now moved to the further development of the other documents that will sit alongside the constitution to form the ICB governance framework as part of a single document called the Governance Handbook, which will contain the following:

- Scheme of Reservation and Delegation (SoRD)
- Standing Financial Instructions (SFIs)
- Functions and Decisions Map
- ICB Committee/Sub-committee Structure
- Committee Terms of Reference
- Sub-committee Terms of Reference
- Joint Committee Terms of Reference
- Delegation Arrangements
- List of eligible ICB Partner Primary Care Contractors

- Conflicts of Interest Policy
- Standards of Business Conduct Policy
- Framework and Principles for Public Involvement and Engagement
- Petitions Policy

An initial draft of the Governance Handbook will also be submitted to NHS England on 20th May. The Governance Handbook will be presented to the new ICB at its first meeting on 1st July for formal approval.

5. CONCLUSION

The Board is asked to-

- **Note the detail provided in part one of this report**
- **Acknowledge the risk detailed in relation to the ICB People Function**
- **Confirm its support for the submissions detailed in relation to the ICB establishment**
- **Note and comment on the progress made towards the establishment of the ICP**

ICS Green Plan

Author:	Will Nabih ICS Climate Change Shadow Board Chair	Paper date:	27/04/2022
ICS Board Member Sponsor:	Andrew Begley	Paper Category:	A
Paper Reviewed by:		Paper FOIA Status:	
Action Required (please select):			
A=Approval	R=Ratification	S=Assurance	D=Discussion
			I=Information

1. Purpose of Paper

The purpose of this paper is to present to the ICS CEO group the draft ICS Green Plan for approval in April 2022 as required by NHSE/I. Green plan is appended to this cover paper.

2. Executive Summary

2.1. Context

NHSE/I have required that all systems approve system ICS Green Plans by April 2022. Towards this end the ICS Climate Change Shadow Board has developed a draft Green Plan with system partners who are all represented at the group.

The ICS Green Plan has been co-ordinated with all system partners via the ICS Climate Change Shadow Board. The board has good attendance with representation from all system partners.

The Green Plan and associated action plan reflect the standards adopted by each organisation in addressing climate change. The plan pledges only what has already been commonly agreed by all organisations and identified within their own individual green plans. In addition, it sets aspirational standards identified by each organisation and those identified by NHSE/I guidance 'Delivering Net Zero NHS 2020'.

Sub-groups to the Climate Change Shadow Board have been set up to co-ordinate joint reporting of actions delivered across the ICS in areas such as waste, energy, procurement, travel, and energy and therefore provide assurance on delivery of the action plans.

2.2. Link to Pledges

This paper and accompanying draft ICS Green Plan is linked to the system Climate Change Pledge and Tackling Problems of Ill Health.

2.3. Summary

Health and social care services across Shropshire and Telford will need to respond to the challenge of climate change. Climate and carbon issues will need to be embedded into everything we do now and in the future.

Failing to reduce carbon emissions and implement climate change adaptation measures represents a significant financial threat to the revenue costs of health and social care services. The recent increases in the cost of fossil fuels, means that the viability and long-term financial merits of decarbonisation are becoming even more compelling. A review of energy and carbon performance can often help to identify wider efficiency savings. In addition, waste and bio-diversity will need to be developed system wide.

Pledge 7 of the ICS plan commits system partners to developing a multi-agency strategy setting out our joint response to the threat of climate change. The ICS has established a 'Climate Change Working Group', chaired by Will Nabih (SaTH), which reports to the Population Health Board. The Working Group has drafted a 'Joint Green Plan' to identify opportunities in the system where we can share learning, optimise efficiencies, and capitalise on collaborative working on this agenda.

The draft joint 'Green Plan' outlines the progress made so far, key targets, time frames and collaboration opportunities between system partners for a range of topics. The draft plan outlines collective goals not only at system level.

Individual ICS System partners will need to progressively engage with their staff and service users to explore the need for, and implications of, service changes which may result from the adoption of carbon reduction and other measures and will need to adopt an agile approach keep abreast of national good practice in order to maximise opportunities for equality and social inclusion within the overall policy context of addressing the climate emergency.

The next three years will be fundamental in building collaboration across the system and establishing early investment to maximise benefits later. During 2022 the ICS will identify a Sustainability Lead - a person accountable to the board lead and responsible for providing support to the respective organisations within the ICS, holding those organisations to account and ensuring that their respective action plans are being addressed in the agreed timeframes.

Establishing an accurate baseline is also a priority. To do this, the aim is to determine the carbon footprint for the overall ICS system, focussing initially on direct emissions (by April 1st, 2023), followed by indirect emissions later in 2023. To address goods and services which are commissioned from external organisations and ICS system partners are working closely together and with their procurement teams to identify the carbon impact of specific contracts and will then use this information to discuss these further with the relevant suppliers as part of the procurement process.

Adopting a collaborative approach at both organisational and system levels will ensure that the system can maximise benefits and realise any financial savings. It will also provide consistency in reporting and some resilience in terms of team member movement.

2.4. Conclusion

It is recommended that the ICS Green Plan is approved and adopted. Following on, next steps will be to develop a 'plan on a page' summary for implementation. In addition, a costed action plan will be produced setting out how existing commitments made by each organisation would be implemented.

0. Reference Information

Author:	Edna Boampong Director of communications and engagement, STW ICS	Paper date:	18 May 2022
ICS Board Member Sponsor:	Nicky O'Connor ICS Programme Director	Paper Category:	
Paper Reviewed by:	Simon Whitehouse	Paper FOIA Status:	Releasable
Action Required (please select):			
A=Approval	X	R=Ratification	S=Assurance
			D=Discussion
			I=Information

1. Purpose of Paper

As part of the ICB constitution, ICBs are expected to develop a system-wide strategy for engaging with people and communities by July 2022. The ICB must set out the principles and arrangements for how it will work with people and communities.

Our Involving People and Communities Strategy explains how NHS Shropshire, Telford and Wrekin (NHS STW) intends to involve people and communities to improve the lives of our population. It will enable us to establish a system-wide approach to hearing and learning the needs, experiences and wishes of local people and ensure they inform our priorities and key decisions. It will also set out our ambition and commitment for embedding a culture of involvement within our ICS

Two versions have been developed, the full strategy document and a summary version along with a toolkit.

2. Executive Summary

2.1. Context

As a new Integrated Care Board (ICB) it is important and timely that we set out our approach to involvement in this strategy with recognition that it will be refined over time, with input from our partners and the communities we serve, as we become more established.

As an ICS, we had already made significant steps in developing our approach. The pandemic strengthened the way we work together with partners, people, and communities. It harnessed and strengthened relationships driven by a shared purpose with a focus on health inequalities. We have also reinforced our relationship with the VCSE through our co-produced Memorandum of Understanding (MOU) and have brought together people and partners from across the system to share examples of good involvement and explored how we can ensure that involving people in our work becomes part of everyday practice. All of this work has been used to shape the strategy and our principles and standards for involvement, aligned to national guidance.

2.2. Link to Pledges

This strategy is linked to pledge 8, Enhanced engagement and accountability.

2.3. Summary

This strategy explains how the newly formed NHS Shropshire, Telford and Wrekin (NHS STW) intends to involve people and communities.

To be a strong and effective organisation, we need a deep awareness of all our communities and the people living within them. Understanding their diverse hopes, needs and experiences will be essential in enabling us to tackle health inequalities and the other challenges all health and care systems face.

This strategy will help us to make sure we establish a shared approach to hearing the needs, experiences and wishes of local people, learning from them, and ensuring they inform our priorities and key decisions about health and care services.

In this document, we describe our approach and our methods to ensure we are putting the people of Shropshire, Telford and Wrekin at the heart of everything we do.

2.4. Conclusion

The Board is asked to review and approve both the full strategy document and summary version, as well as the associated toolkit.



Summary document



The Involving People and Communities Strategy

The Involving People and Communities Strategy explains how NHS Shropshire, Telford and Wrekin (NHS STW) intends to involve people and communities.

We are an organisation bringing together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and deliver health and care services.

To be a strong and effective organisation, we need a deep awareness of all our communities. Understanding their diverse needs, experiences and wishes will be essential in developing high-quality services and reduce inequalities.

Our strategy sets out our approach to involvement. Its development has taken into account national guidance, it will be refined over time with input from our partners and the communities we serve.

Who we are

NHS STW is part of the Shropshire, Telford and Wrekin Integrated Care System (ICS). ICSs embody a new way of working which brings together all the health and care organisations in a particular local area, to work together more closely.

An ICS is responsible for looking after and delivering all the health and care services in the area it covers. Each ICS is made up of:

- an **integrated care board (ICB)** – an organisation bringing together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and commission health and care services. In our area, this is NHS STW
- an **integrated care partnership (ICP)** – a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population.

These new arrangements empower us to deliver more joined-up services, improve population health and reduce health inequalities. 'Health inequalities' generally refers to differences in the status of people's health, and can also mean differences in the care people receive and the opportunities they have to lead healthy lives.

Much of our work will be completed over smaller geographies ('places'). We follow the ethos of 'Think Local, Act Personal'. This means we are committed to working with the people in our community and, through their insight, deliver care that meets their current and future needs and wishes.

Partners in our ICS include a range of organisations such as local hospitals, GP practices, local councils, local voluntary organisations and more. [Find out more on our website.](#)

Our vision is for us all to work together with our population to develop safe and high-quality health and care services. To guide our work, we are committed to delivering on [10 key](#)

[pledges](#). One of these pledges is enhanced engagement and accountability – increasing our engagement, involvement and communication with stakeholders, politicians and the public.

Our communities

Shropshire, Telford and Wrekin is a highly diverse area, from the agricultural villages of the Shropshire Hills to the urban landscapes of Telford town.

Our growing population includes many younger people but as people are living longer, we also have an increasing number of older residents.

There is a large variation in life expectancy across our area, so understanding the health conditions that are more common in our population helps us to prioritise our efforts.

We know people's health and wellbeing is impacted by many factors – their homes, income, opportunities for education and employment, and access to public services. We know helping people to make healthier lifestyle choices and improve their overall health reduces their risk of some health conditions, such as cancer, heart disease and diabetes.



72%

of adults in Shropshire, Telford and Wrekin are overweight or obese (national average: 63%)



19.1% of people in Telford and Wrekin smoke (national average: 17.2%)

13.1% of Shropshire women and

17.2% of Telford and Wrekin women smoke in pregnancy (national average: 10.8%)



What we mean by 'involvement'

We are committed to involving our local people and communities. To help improve NHS services we need to effectively communicate and involve stakeholders, politicians and the public.

'Communication' can be defined as what to say (the message), who to say it to (the audience) and how to say it (which channels to communicate through, for example social media, web pages or local press). 'Involvement' is about actively gathering and listening to people's input. For example, this could be through a listening event, focus groups or surveys.

Communication can happen without involvement, but involvement cannot happen without communication. 'Involvement' is an ongoing process which gives people the opportunity to contribute and voice their views.

Health and care organisations have a duty to involve the public about any plans, proposals or decisions that are likely to impact on services provided. The way we involve local people must be appropriate to each piece of work.

Formal consultation

When the NHS plans to change the way a service is delivered or has plans to introduce a new service, we usually need to carry out a formal consultation with the local community.

A 'formal consultation' describes the legal requirement for NHS organisations to consult with the local authority, the public and other relevant stakeholders when considering a proposal for a major development or change of a service. [NHS England has published a formal process to follow during a consultation process.](#)

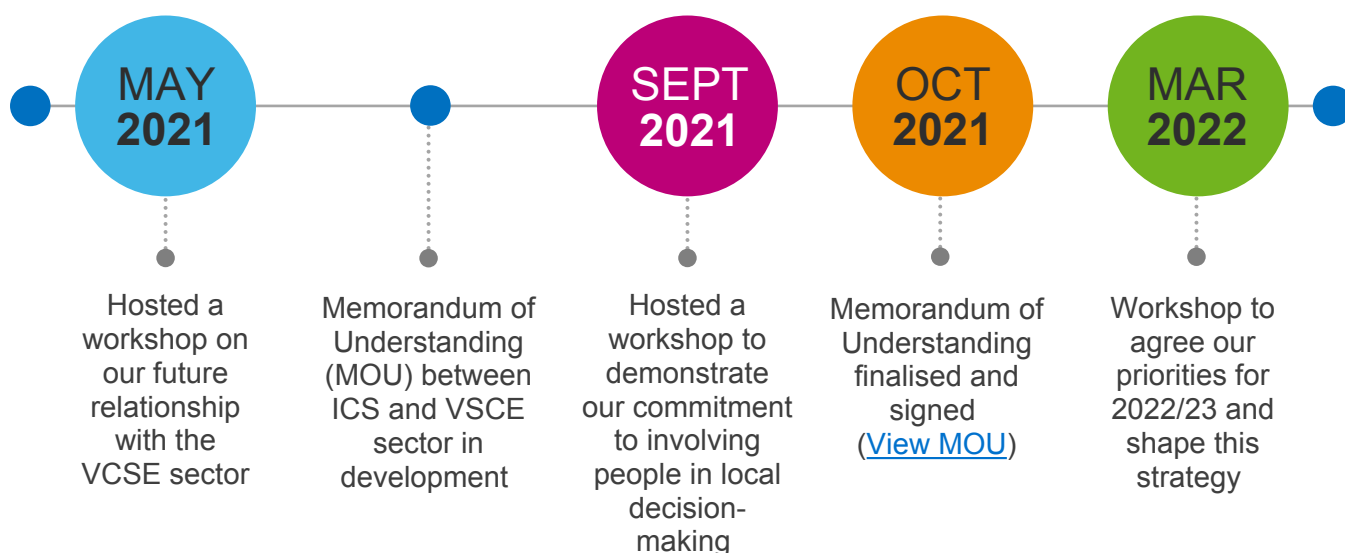
Consultations help to gather information and shape decisions to be made around proposed service changes. The information gathered from the consultation process gives those making the decisions an insight into the views and needs of local people to help inform what steps to take next.

Formal consultation is not needed for every service change. The local authority and its health and overview scrutiny committee (HOSC) decides whether a formal consultation is required or if a local involvement programme is appropriate.

Before carrying out any formal consultation, we follow the [Gunning principles](#) to ensure the consultation is fair and meaningful.

Developing our approach to involvement

In Shropshire, Telford and Wrekin, we have more than 2,000 registered voluntary, community and social enterprise (VCSE) organisations and over 1,800 small, unregistered community groups and organisations. With many focused on health and wellbeing, we value their considerable resource, knowledge and community connections which helps us to reach and involve our diverse population.



We are working with the VCSE sector to develop a VCSE Alliance and a VCSE partnership co-ordinator role to enable greater inclusivity and closer working with the VCSE as a strategic partner.

Our vision and principles

Our vision is: 'To create a culture of inclusion and involvement throughout our ICS so people and communities are able and enthusiastic about contributing in a meaningful way to help develop services that improve the lives of our whole population.'

Through our vision, we will ensure all our involvement activities are geared towards having a positive impact on people's lives. The Involving People and Communities Strategy sets out our ambition and commitment for embedding a culture of involvement within our ICS.

Our principles have been shaped from the rich conversations which took place in our three workshops (see the main strategy). They have been informed by the knowledge and experience of the diverse range of people who attended, including those with lived experience of using our services and those for whom involvement is already embedded into their working practices.

Our principles are:

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

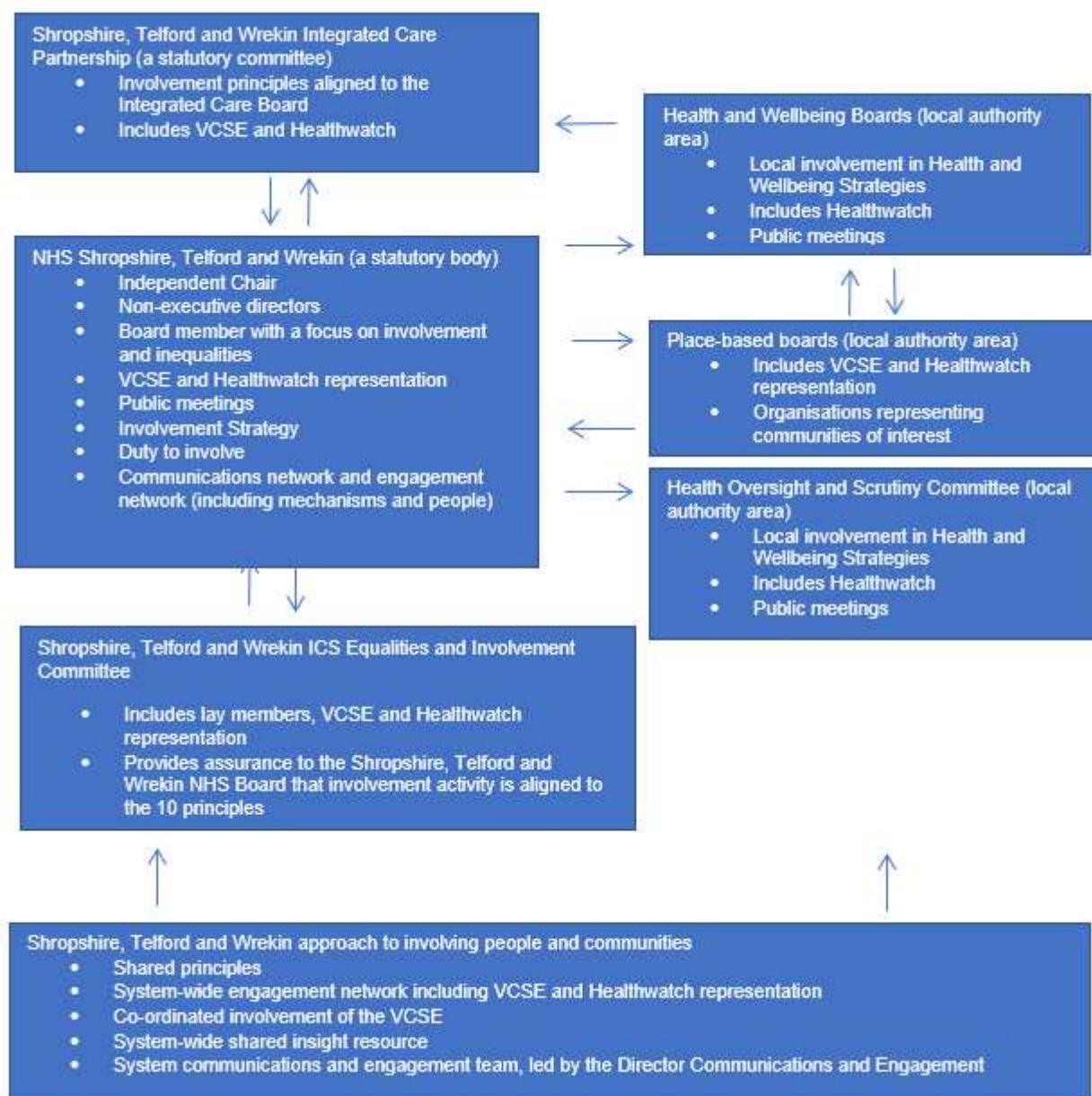
Involvement toolkit

Our shared principles are underpinned by a set of standards which we have included in a toolkit to support our staff to involve people in their work ([link to toolkit](#)).

These principles and standards will support people working within STW ICS and ensure good involvement is embedded in our culture and is robust, planned and meets best practice.

Embedding involvement in governance

The infographic below sets out how involving people and communities is embedded in the governance of our system: **[GRAPHIC TO BE REDESIGNED]**



From 1 July 2022, NHS Shropshire, Telford and Wrekin will take over from NHS Shropshire, Telford and Wrekin Clinical Commissioning Group (which will cease to exist) to become responsible for NHS resources. It will oversee NHS services across the county including how we involve people and communities.

Our new organisation is influenced by the voice of local people. It includes representation from both Healthwatch and a board member whose role it is to ensure we maintain a strong commitment to listening to the public's views and reducing inequalities.

Roles and responsibilities

We believe good involvement is everyone's business – not just a handful of people with 'involvement' or 'engagement' in their job title. Some specific roles within our health and care system are key to ensuring good involvement happens:

- **Senior leadership** – Senior leadership seeks out and listens to local people and communities. They make sure adequate resources are available for engagement to happen. They also encourage people to get involved and promote transparency about the way decisions are made.
- **Senior responsible officer** – The Director for Communications and Engagement is a member of NHS STW senior leadership team and works directly with the board members to drive involvement and ensure it is embedded in the system.
- **Engagement practitioners** – We have a core Communications and Engagement team led by the Director of Communications and Engagement. This team provides advice, guidance and support to programme leaders to help them properly involve people and communities in the development and design of services.
- **Programme leads** – Involvement is not the sole responsibility of the Communications and Engagement team – programme leads have a fundamental responsibility for ensuring they involve people and communities in their work. It is their role to lead and plan involvement and ensure adequate resource is committed, including time and budget, to carry out any involvement activity to support their work.
- **Healthwatch** – Healthwatch Shropshire and Healthwatch Telford and Wrekin are key partners. They challenge us on areas of concern and hold us to account if we don't follow the principles of involvement. They also provide a voice for our communities to share their experiences of health and care services.
- **VCSE and community partners** – We are committed to working alongside the VCSE sector so that their knowledge, expertise and networks are utilised and protected, for the benefit of the whole community. We are committed to building on our Memorandum of Understanding by appointing a VCSE partnership coordinator. This will ensure there are strong points of connections in place between the system and VCSE to facilitate and support effective two-way involvement.

Methods and channels for involvement

To really tackle the health inequalities that exist in Shropshire, Telford and Wrekin, it's vital we build relationships with seldom heard groups – especially those affected by inequalities.

We will work with our communities to understand the underlying causes of health inequalities and tackle them together with a focus on the whole person and their life.

It is important to us that we listen, respond, and make every effort to involve individuals from all [protected characteristics](#). It is also important we listen to other seldom-heard groups such as condition-specific groups, homeless people, or people living in deprivation to make sure we reach a diverse range of people to give them the opportunity to share their views.

We want to provide opportunities for everyone to contribute and help shape our plans and services. We must be inclusive of the range and diversity of voices and ensure we include a balance from across Shropshire, Telford and Wrekin.

This will be achieved through a variety of methods:

- **Community outreach** – We must physically get out into communities, attend local events and groups, hold focus groups, reach out to people through our services and work closely with our VCSE and community leaders.
- **Insight and intelligence** – We will continue to capture people's experiences and views through different methods such as surveys and patient feedback. People will be given a choice of different formats to ensure these opportunities to get involved are accessible and appropriate to those we are seeking to hear from.
- **An involvement and insight network** – The network will bring together those leading on involvement activity across the ICS to share good practice, strengthen our reach into communities, and develop a joined-up approach to involving people.
- **Engagement at 'Place'** – We will grow and develop place-based networks, to increase reach and active involvement across our diverse communities.
- **An insight library** – We are developing a Shropshire, Telford and Wrekin insight library to host intelligence and insight about communities produced by all partners. This will help improve and inform future involvement activities.
- **Experts by Experience** – People that work with organisations very closely, who have personal experience of using, or caring for someone who uses health or care services. Sometimes in the health sector we refer to experts by experience as patient representatives.
- **Meetings held in public** – We are committed to working in an open and transparent way and want to make sure people can learn about all the work of the health and care system. This includes holding our ICS board meetings in public and live streaming.
- **Website and digital (online tools)** – Our website is an important tool to inform our various stakeholders about our plans, activities, and opportunities to transform the health and care across Shropshire, Telford and Wrekin. We use social media and other digital platforms to provide opportunities for genuine, open, honest, and transparent involvement with all stakeholders, giving them a chance to participate and influence the work we do.
- **Staff involvement** – We are committed to staff involvement and recognise many of our staff are also members of our communities.
- **Political engagement** – Local MPs and councillors represent the interests of our local population, we are therefore committed to making sure we inform, involve, and consult with Health and Wellbeing Boards, the local authority Overview and Scrutiny Committees and MPs about our plans and make sure we hear what their constituents are telling them.
- **Continuous feedback** – We want to enable people to share their experiences of our services at any time, we promote these everyday channels, including via our Patient Advice and Liaison Service (PALS), both Healthwatch organisations, and our Maternity Voices Partnership, through our website and other communication tools. It is essential for us to feed back on the outcome of people's engagement and provide an overview of 'you said, we heard, we did' to build confidence in our decision-making processes. We publish updates on our website and share through our social media channels, but also ask people how they would like to receive feedback and ensure it is timely. Feedback also needs to include the decision-making process and clearly explain the reason for the decision taken.
- **Reviewing involvement and engagement activity** – As well as having clear aims and objectives for our engagement activities, we are committed to continually check if the purpose of our involvement is being achieved and having a real impact on our local health and care landscape. We must assure ourselves and our communities that it is making a positive difference to the services we design and deliver, and ultimately the lives of the people we serve.

What's next

We have listened to what people have told us is needed to develop a culture of meaningful involvement for our ICS and incorporated it into our approach as set out in our strategy.

Our strategy details how we will be inclusive of the range and diversity of voices and ensure we include a balance from across Shropshire, Telford and Wrekin. [\(link to full strategy\)](#)

We know there is more work to be done to refine our approach which will continue to evolve with the input of all partners and our people and communities as the ICS develops.

We welcome the voices of all those who wish to help us shape better health and care services for the people of Shropshire, Telford and Wrekin.

Contact us

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System Level Integrated Performance Report

Author:	Julie Garside	Paper date:	25/5/22
ICS Board Member Sponsor:	Mark Brandreth	Paper Category:	Performance
Paper Reviewed by:		Paper FOIA Status:	Full disclosure
Action Required (please select):			
A=Approval	R=Ratification	S=Assurance	x D=Discussion
			I=Information x

1. Purpose of Paper

This paper provides a summary of the current integrated system performance for Shropshire Telford & Wrekin, including the latest position regarding our:-

- Urgent & emergency care, elective and cancer and mental health operational performance
- People performance (Summary only)
- Financial summary (Summary only)

2. Executive Summary

Operational Performance

Urgent and Emergency Care includes Four Hour A&E waits, Trolley Waits, Handover times and Time to Initial Assessment. Overall A&E performance has remained consistently below the 95% four hour wait target with deteriorating performance. Monthly performance is not expected to achieve the target. Type 1 Major A&E Departments which have the largest proportion of the total A&E activity also remain below the target. With the inclusion of Shropshire Community Trust, Type 3 Minor Units remain above the target but show a deteriorating performance.

Ambulance Handover time greater than 60 minutes did increase during the recent surge in COVID demand and the local critical incident. Numbers and total lost time is now starting to fall.

Cancer Waiting times (2 weeks) Suspected Cancer and Cancer Waiting times (2 weeks) for Breast Symptoms have consistently failed to achieve the target since September 2020. Cancer recovery is significantly impacted by the diagnostic capacity and workforce challenges, plans are in place to increase diagnostic capacity during 2022/23 which will result in a corresponding cancer performance, gains will remain slow. Individual improvement plans at site level within STW and delivery against those plans are now being monitored weekly. The system has recently finalised its cancer strategy, which now needs to form the basis of the cancer operational delivery plans, these will be delivered through the planned care structure of the ICB, any exception to the plans will be highlighted in future reports.

Elective Care includes 18 weeks RTT, RTT 52 week waits and Diagnostics Waiting times. Although the system is continuing to focus on Elective recovery, this has been hampered by recent COVID surges and non-elective pressures resulting in a recent system Critical Incident. The system is planning during 2022/23 to achieve 102% overall recovery against pre-pandemic levels this is against a national ambition of 104%. The system is planning to achieve the required run rate of 110% by the end of 2022/3 this is dependent upon mobilising the elective hub at PRH from January 2023.

104 week waits, against the national requirement of eliminating all 104 week waits by the end of June, STW has two residual issues that is preventing full delivery. The system currently has a risk of 107 over 104 weeks, this consists of 96 spinal patients at RJA and 11 orthopaedic patients requiring post-operative intervention (ITU) at SATH. The system is continuing to explore all mutual aid options and has secured some capacity at the ROH Birmingham, Kettering and South Warwickshire. The system is now re-forecasting the position and will have a revised position by the end of May 2022.

78 week national requirement of 0 by March 2023, our initial 2022/23 plan highlights a risk of 508 patients >78 weeks by the end of the financial year. The system is working to revise and improve this plan further for the HS2 plan re-submission of the 20th June, the system is currently exploring options in efficiencies and resourcing additional capacity.

Diagnostic recovery, MRI still remains challenged due to workforce constraints and prioritising CT, the system is continually looking to recruit and source staffed independent sector to help improve the position.

There are improvement plans that are targeting Dementia recovery by Q3 2022/23. SMI health checks, there is a continued effort to improve on 2021/22 position with an ambition to achieve the target of 60% by year end, this requires an improvement in both reporting and physical health checks. CYP eating disorders remains a great concern, access to tier 4 beds and workforce are still the constraints of STW, a further update to show actions to improve will be presented at a future board.

Vaccination

The vaccination weekly meetings have been stepped down for the summer, future updates will be determined by the reporting schedule.

People Performance

There are still some significant staffing gaps, in particular across Nursing and HCA as vacancies increased for April. Total Sickness has fallen during April 9.6% to 5.3% with COVID related sickness at 1.2% seeing decreases across all staff groups.

Financial Position

The financial plan submission went in on 28th April with a planned deficit of £38.1m for the whole system and £18.8m deficit for the CCG/ICB and we will report on delivery against that plan from Month 2.

Context

STW remains a challenged system but has seen some movement away from the bottom quartile for its urgent care performance. As there is still a significant impact upon the ability to respond to 999 calls promptly due to Ambulance waits which remains a significant risk for the system.

As COVID and non-elective pressures are easing, the system is seeking to improve its pace of elective and cancer recovery with diagnostic capacity constrained. There is a relentless drive to reduce the 104week waiters and eliminate these for the system as soon as possible.

NHSE/I has announced an opportunity to re-submit improvements to 2022/23 operational plans by June 20th.

Link to Pledges

This report currently links to pledges 1, 2, 3 and 4.

2.3. Conclusion

The board is asked to note the current integrated performance of the system in this summary, and the on-going challenges with our systems operational performance and associated risks with our financial performance and workforce.



Shropshire, Telford & Wrekin
Integrated Care System

System Level Integrated Performance Report Shadow ICS Board M1

Julie Davies
25 May 2022

Provider Level Metrics

Analytical Support from Midlands & Lancashire CSU

Regular Contents/Reports

- ◆ System Risks & Achievements Overview
- ◆ Urgent and Emergency Care
- ◆ Cancer Waiting Times
- ◆ Planned/Elective Care
- ◆ SATH and RJAH Elective Activity Recovery (ERF)
- ◆ Mental Health
- ◆ Neonatal and Maternity (Due June 2022)
- ◆ Integrated Finance Report – Due from month 2
- ◆ STW People Performance – Due from month 2



Risks/Achievements Overview

Risks	Achievements
A&E 4 Hour Performance consistently below the target of 95%.	Type 3 Minor A&E within 4 hours above the target of 95%
Type 1 Major within 4Hr %	Cancer Waiting Times 31 day standard
Cancer Waiting times 2ww Suspected cancer	Early Intervention in Psychosis
Cancer Waiting times 2ww Breast symptoms	IAPT Recovery
Cancer Waiting times 62-day standard	
18 weeks RTT	
RTT 52 week waits	
Diagnostics	
Dementia Diagnosis Rate	
CYP Eating Disorders	
Smoking at Time of Delivery	



Urgent & Emergency Care

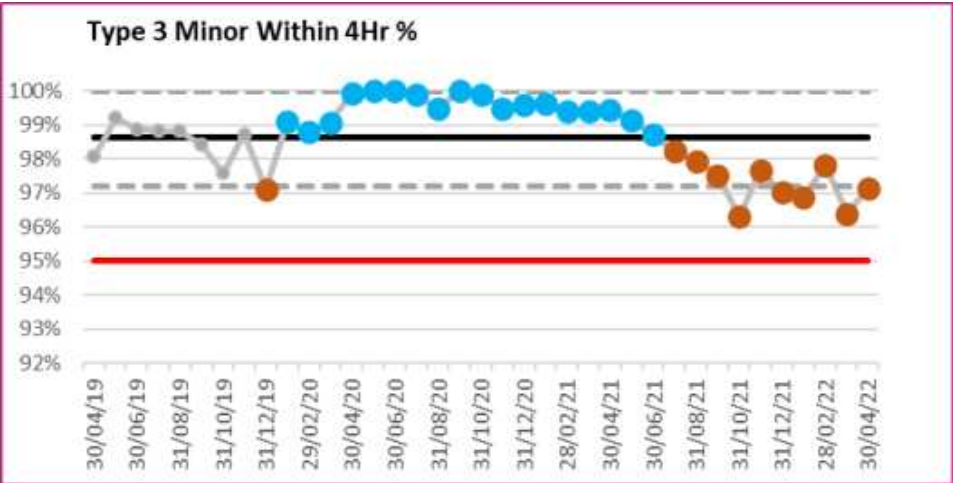
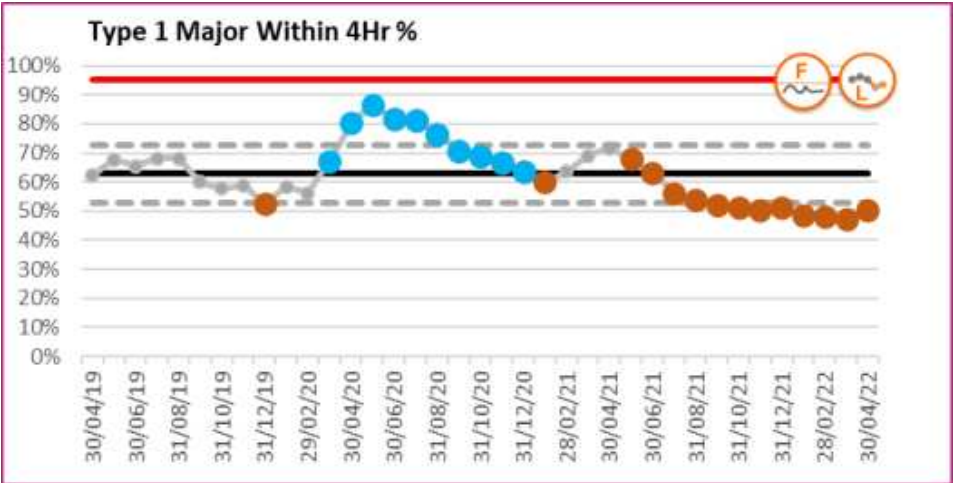
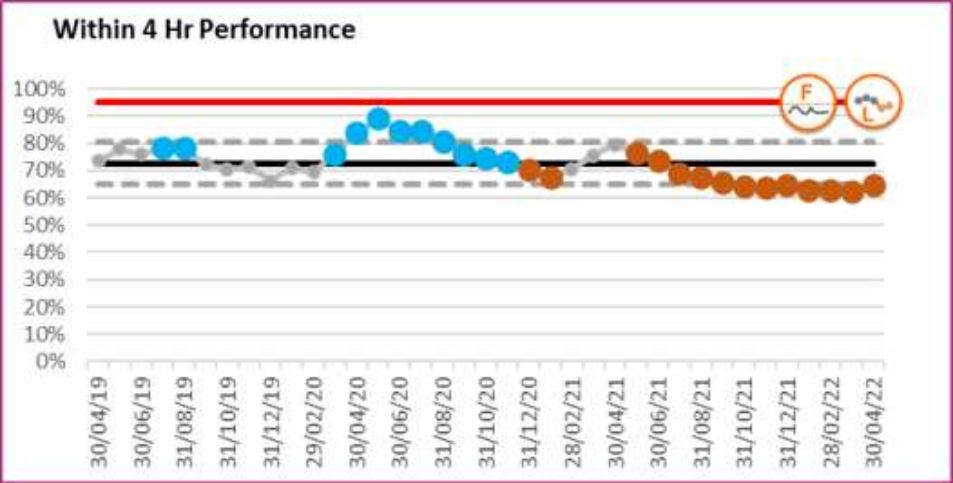
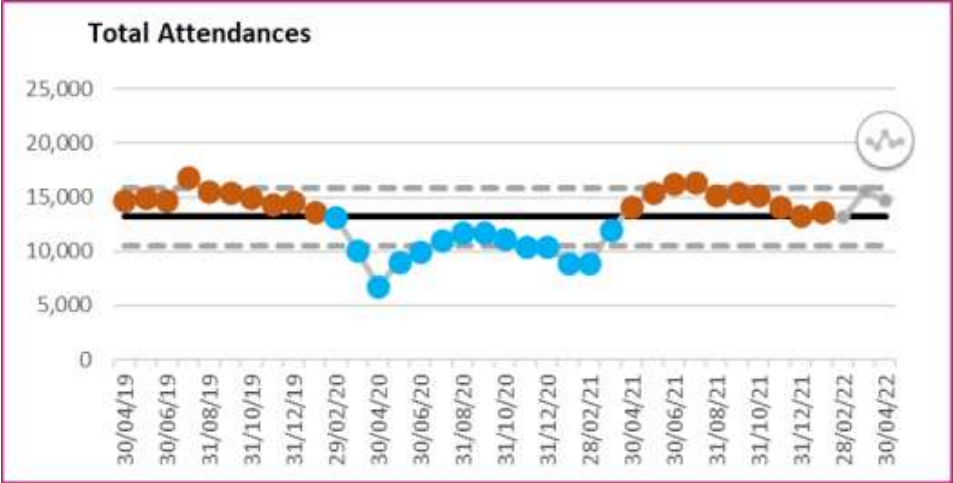
Metric Summary

KPI	Latest month	Measure	National target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Total Attendances	Apr 22	14660	0			13172	10507	15836
Within 4 Hr Performance	Apr 22	64.6%	95.0%			72.7%	65.1%	80.3%
Type 1 Major Within 4Hr %	Apr 22	50.4%	95.0%			62.8%	52.9%	72.7%
Type 3 Minor Within 4Hr %	Apr 22	97.1%	95.0%			98.6%	97.2%	100.0%
Trolley Breaches	Apr 22	538	0			118	0	272
Handover time Greater than 60mins	Apr 22	1063	0			407	111	703
Patient brought in by ambulance%	Apr 22	23.8%	0.0%			30.6%	26.5%	34.7%

- ◆ Data available for Shrewsbury & Telford Hospitals Trust and Shropshire Community Health NHS Trust
- ◆ Total attendances at A&E attendances are now returning to pre COVID levels and remain above the mean since April 2021.
- ◆ The four-hour waiting time target has been consistently failing and the monthly performance is not expected to achieve the target, however many Trusts in England were failing this target prior to the pandemic. The SPC indicates that the system will fail to achieve the target without system change
- ◆ The number of ambulance handovers taking over an hour to complete is showing special cause of a concerning nature. With activity over the last 6 months remaining above the upper process limit.

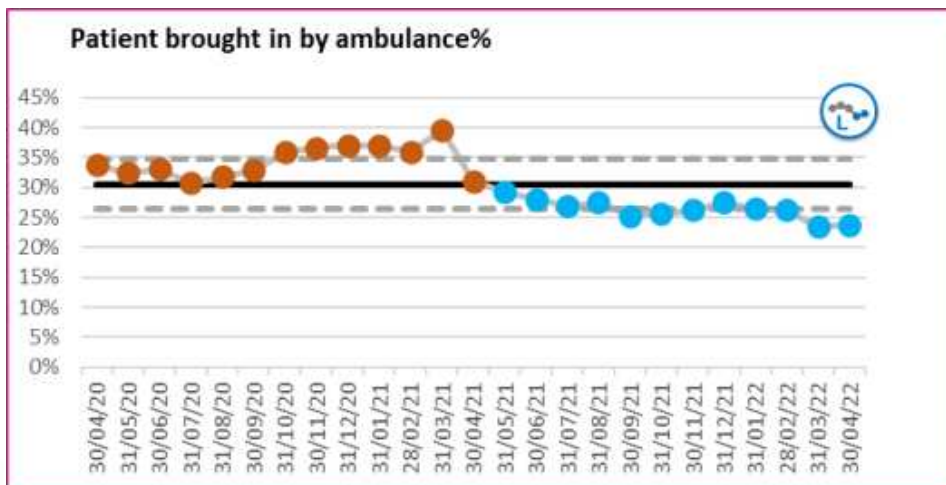
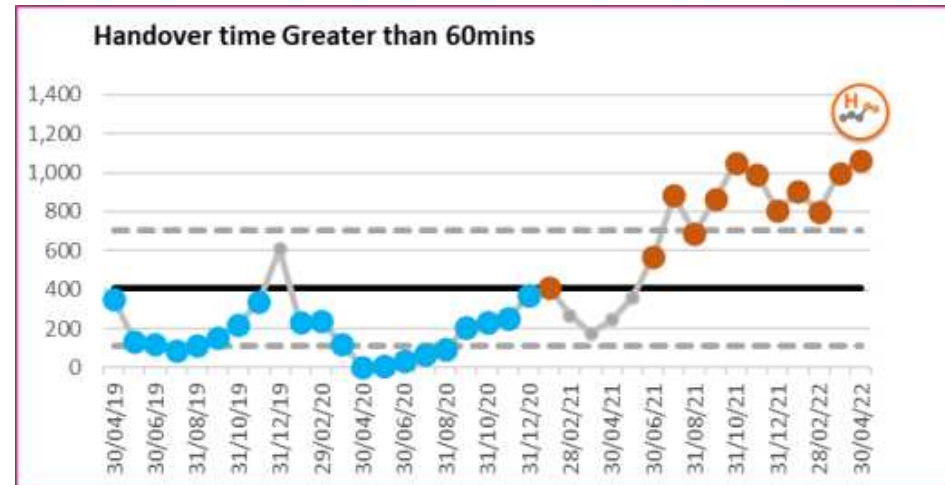
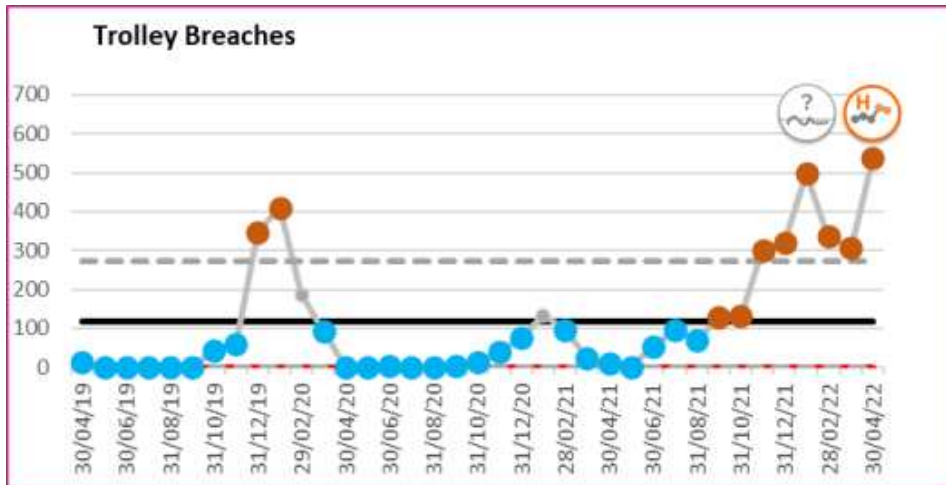


Urgent & Emergency Care Metric Performance



Urgent & Emergency Care

Metric Performance



◆ **Actions:**
Constraints continue to exist, Acute medical capacity has been identified as the root cause with contributing factors relating to COVID (SURGE) and restoration of planned care. MADE events are increasing productivity across the patient pathway, and avoidable attendance is contributing also, plans are in place to extend Ac Medical to address the current risks.

SATH/PRH have commissioned SJA to cohort patients instead of using WMAS, there has been little impact to the metrics reported



◆ **Assurance:**

UEC operations group, reporting to UEC Board on delivery of improvement plan and trajectories (to be added to the next report)



Urgent & Emergency Care – Time to Initial Assessment of 15 mins or less

Metric Summary

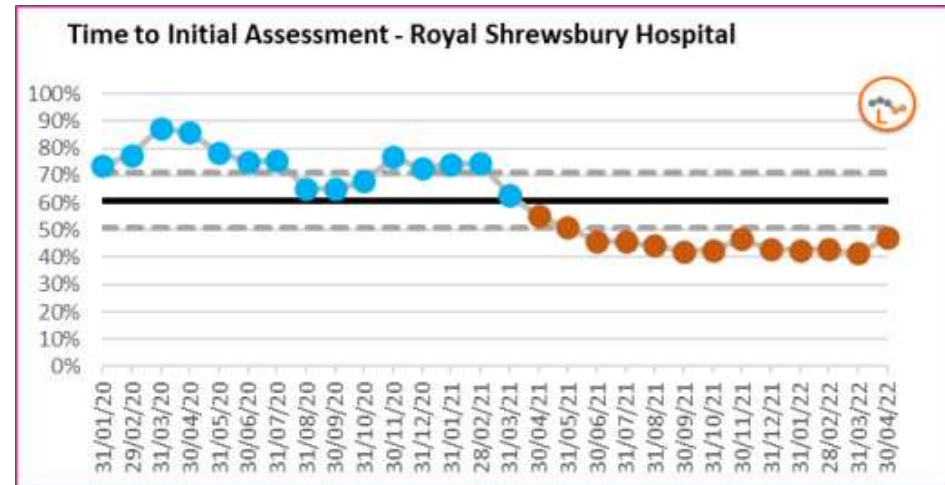
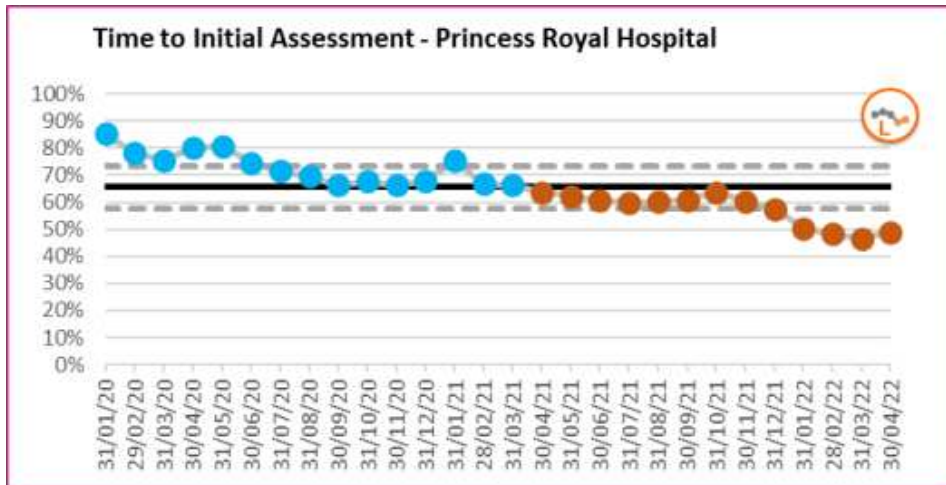
KPI	Latest month	Measure	National target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Time to Initial Assessment - Princess Royal Hospital	Apr 22	49.0%				65.5%	57.6%	73.5%
Time to Initial Assessment - Royal Shrewsbury Hospital	Apr 22	47.1%				60.8%	50.8%	70.9%

- ◆ The Time to Initial Assessment is extracted locally from the Emergency Care Data Set (ECDS) tables which is a relatively new data set. The published Time to Initial Assessment as part of the ECDS quality indicators commenced in January 2020.
- ◆ The Percentage assessed within 15 minutes for both sites is significantly lower and remain below the lower process limit.



Urgent & Emergency Care – Time to Initial Assessment of 15 mins or less

Metric Performance



◆ Action:

Data consistency and compliancy remains a challenge, the national position is trending around the same, the regional position is c.30% above where SATH is, the new operating system will help resolve the IT issues, however there has been some recovery with the drop in activity.

NB Constraints do exist with this metric related to Amber/Green ED pathways and early identification of COVID+ patients

◆ Assurance;

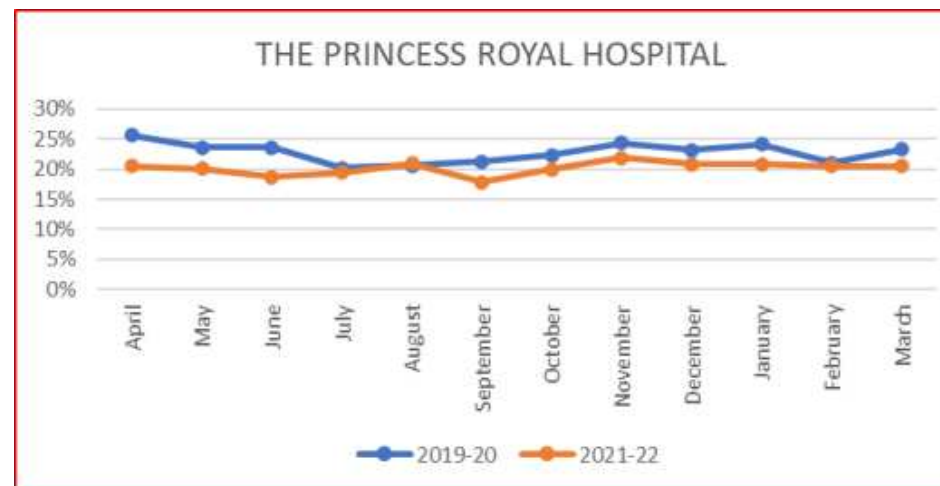
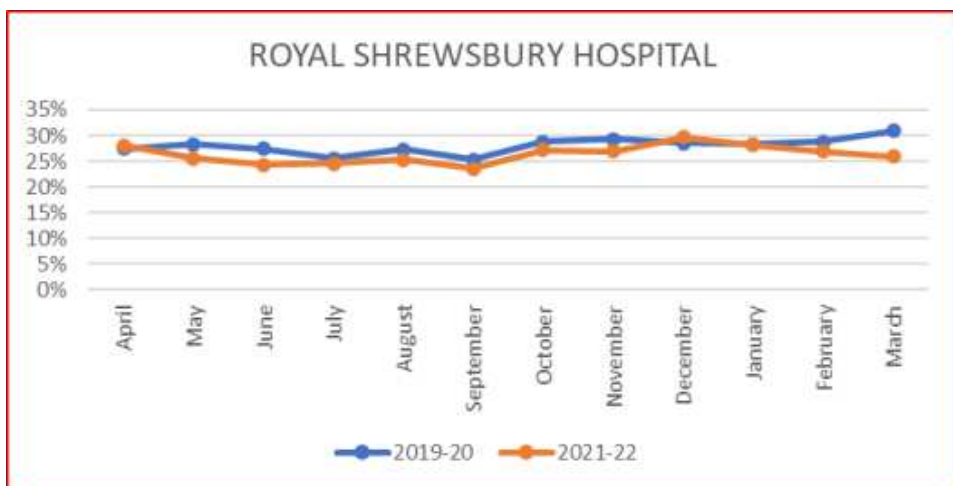
UEC operations group, reporting to UEC Board



Urgent & Emergency Care

Metric Performance

Percentage of total A&E attendances (including Minor Injury Units) admitted to the trust by site






- ◆ Data extracted locally from the Emergency Care Data Set (ECDS) tables which is a relatively new data set.
- ◆ The above charts provide a year on year comparison between 2019/20 and 2021/22 by site as a percentage of the total A&E attendances admitted into the trust.
- ◆ Comparison of the two years illustrates that both sites now have a lower percentage compared to the baseline of 2019/20. Regionally the average is 29%, broadly re-attendance rates for STW mirror the regional position.



Medically Fit for Discharge

Metric Summary

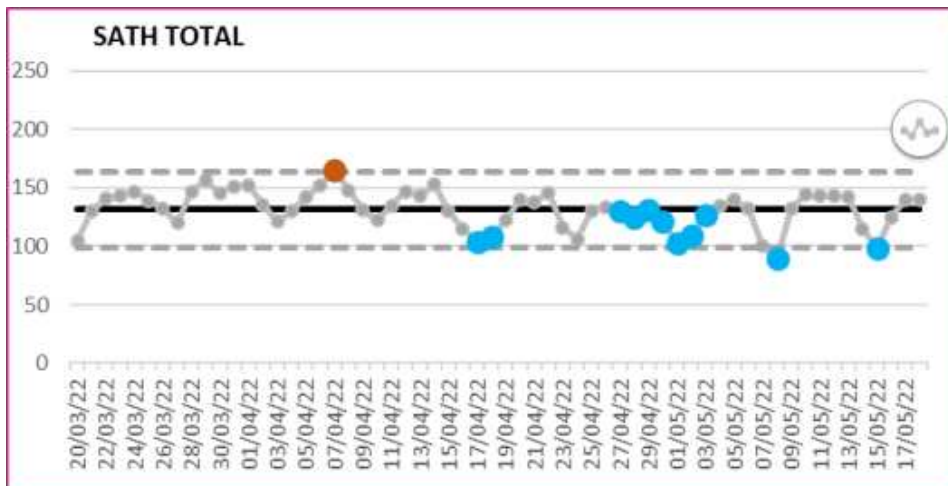
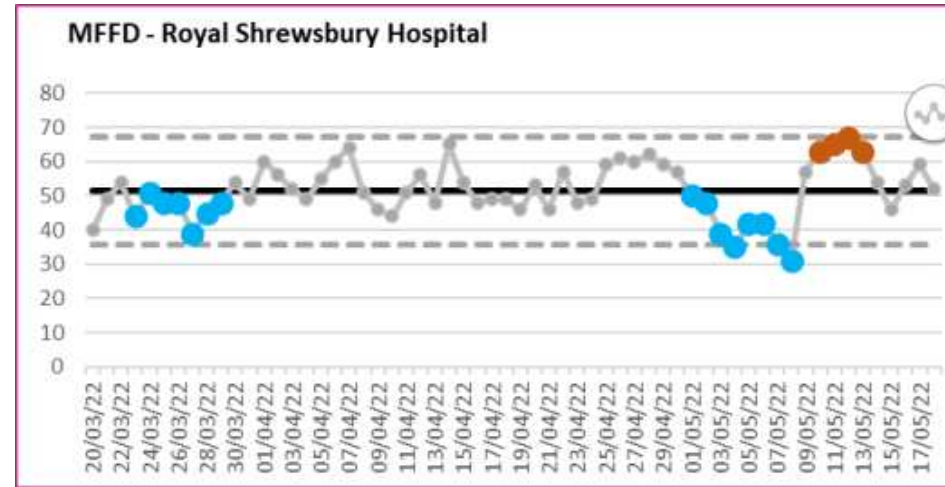
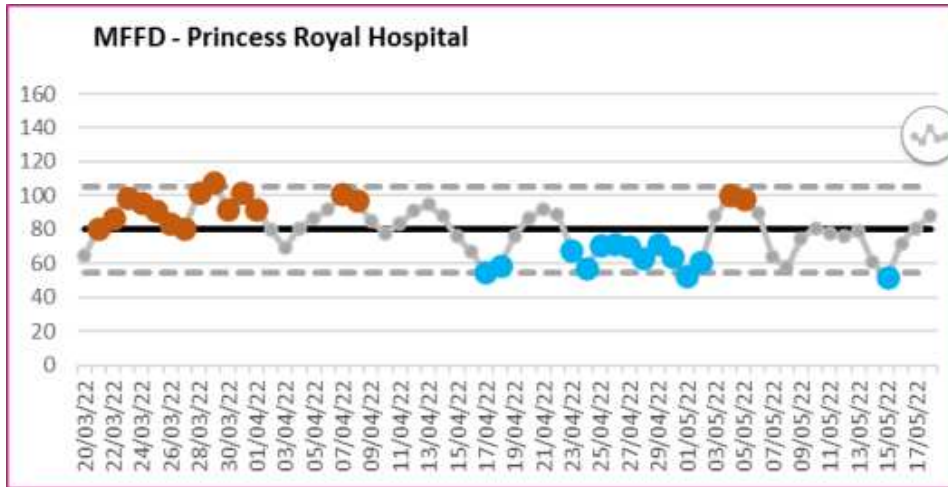
KPI	Latest date	Measure	National target	Variation	Assurance	Mean	Lower process limit	Upper process limit
MFFD - Princess Royal Hospital	18/05/2022	88	0			80	55	105
MFFD - Royal Shrewsbury Hospital	18/05/2022	52	0			51	36	67
SATH TOTAL	18/05/2022	140	0			131	99	164

- ◆ The data flows directly from SaTH for patients who have been identified as Medically Fit for Discharge.
- ◆ The data shown is for the latest 60 days.
- ◆ The number of patients medically fit for discharge as at 18th May 2022 is Special cause concerning variation over the 60 day period for both sites.



Medically Fit for Discharge

Metric Performance



◆ Actions:

Following some successful MADE events across Community and Local Authority surrounding the Bank Holidays there has been a surge in the number of patients no longer meeting the criteria to reside for the system. Actions are on-going with oversight in UEC group. The data does show 'special cause variation' where there has been system focus with MADE events.

◆ Assurance:

UEC operations group, reporting to UEC Board



Cancer Waiting Times

Metric Summary

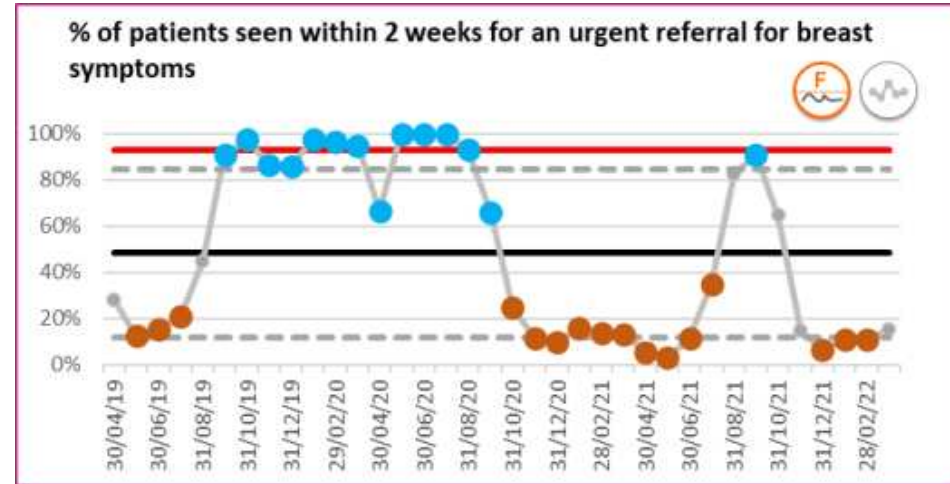
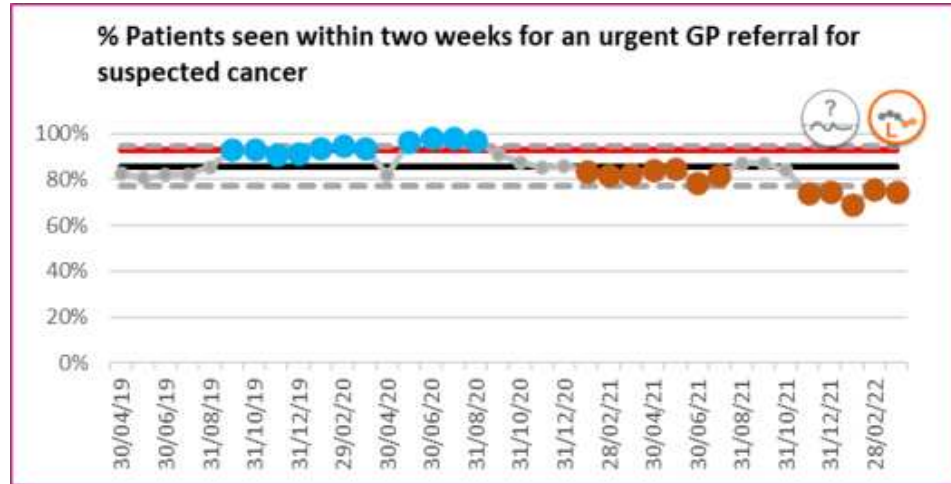
KPI	Latest month	Measure	National target	Variation	Assurance	Mean	Lower process limit	Upper process limit
% Patients seen within two weeks for an urgent GP referral for suspected cancer	Mar 22	74.7%	93.0%			85.7%	77.2%	94.2%
% of patients seen within 2 weeks for an urgent referral for breast symptoms	Mar 22	15.5%	93.0%			48.3%	11.9%	84.6%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis	Mar 22	92.1%	96.0%			97.0%	92.0%	100.0%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments)	Mar 22	68.0%	94.0%			96.1%	88.2%	100.0%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery)	Mar 22	80.0%	94.0%			90.8%	76.5%	100.0%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments)	Mar 22	90.5%	98.0%			98.9%	95.2%	100.0%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days)	Mar 22	64.0%	85.0%			70.7%	55.0%	86.4%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service	Mar 22	67.9%	90.0%			74.3%	28.8%	100.0%
% of patients receiving treatment for cancer within 62 days upgrade their priority	Mar 22	74.1%	0.0%			84.1%	72.9%	95.2%

- ◆ Includes Shrewsbury and Telford Hospitals and Robert Jones and Agnes Hunt Trusts (whole provider data). Nuffield Trust data is not published at individual hospital level.
- ◆ The percentage of patients seen within two weeks for an urgent GP referral for suspected cancer is showing a downward trend and monthly performance is expected to remain below the target.
- ◆ The percentage of patients seen within two weeks for an urgent referral (breast symptoms) performance is still low compared to November 2021 and is not expected to achieve the target.
- ◆ The percentage of patients receiving definitive treatment within 1 month has improved significantly, returning to levels seen prior to January.
- ◆ The percentage of patients receiving definitive treatment within 2 months is showing deteriorating performance.



Cancer Waiting Times

Metric Performance



◆ Actions:

There has been a slight improvement in Breast symptom referral c.2% on last month, some evidence that the new pathways are starting to work as demand reduces from recent highs.

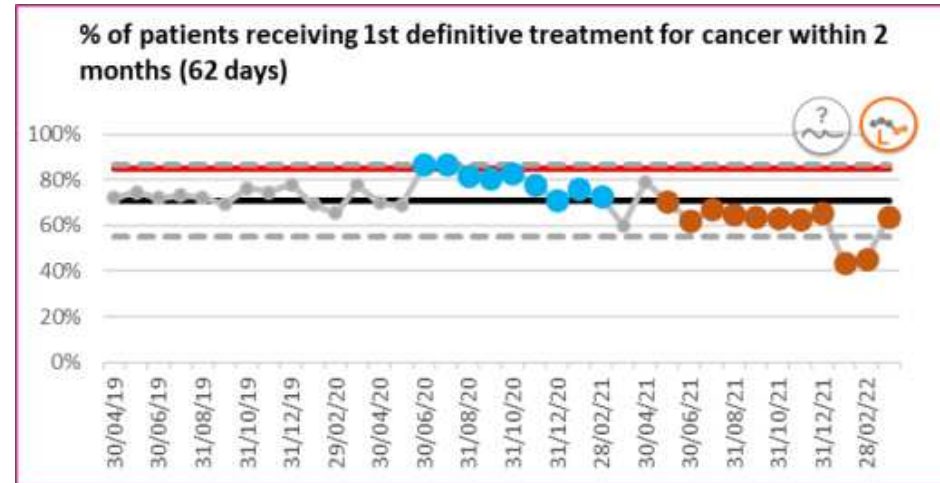
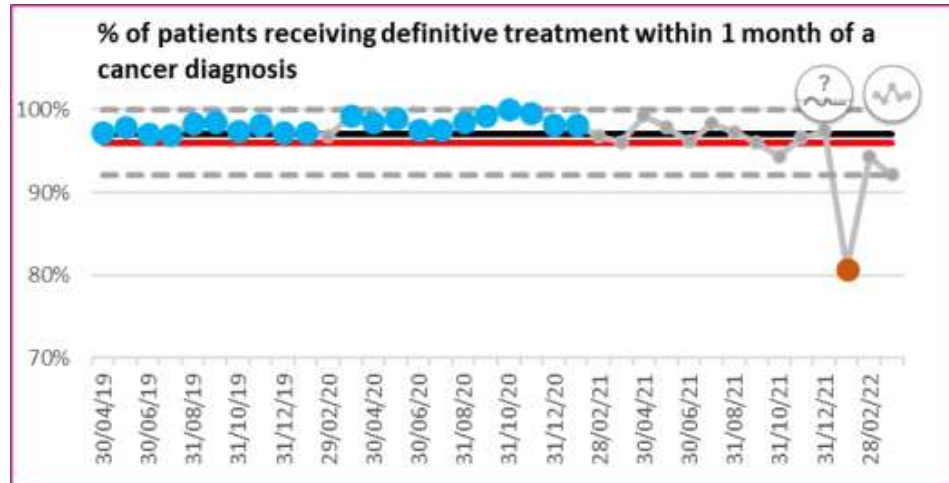
◆ Assurance

System Elective & Cancer Recovery Group now overseeing delivery of improvement and reporting to System Planned Care Board



Cancer Waiting Times

Metric Performance



◆ Actions continue from last month:

Increasing diagnostic capacity (Workforce) which will reduce the time to diagnosis for urgent suspected cancer patients, each team is developing improvement plans to improve pathways and increase productivity with staffing, there is an interdependency relating to diagnostic workforce which SATH are actively recruiting to including overseas with some success Urgent referral and screening 62d has significantly improved on last month c.25%.

◆ Assurance:

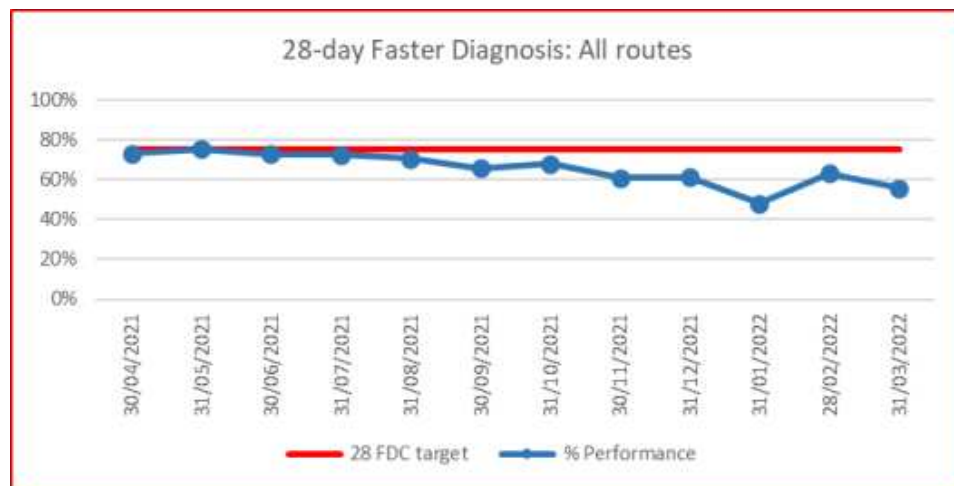
31 day waits remain in standard and stable

System Elective & Cancer Recovery Group now overseeing delivery of improvement and reporting to System Planned Care Board



Cancer Waiting Times

Metric Performance



The 28-Day Faster Diagnosis Standard

Systems will be expected to meet the new Faster Diagnosis Standard of 75% (for all routes urgent suspected cancer, urgent breast symptomatic, and urgent screening referrals in aggregate) from Q3 2021/22.

◆ Actions:

Following publication of the elective guidance the 75% target now has to be delivered by March 2024. This is a Cancer transformation programme of work. The STW Cancer Strategy has a focus on a number of themes including: Healthy Lifestyles; Awareness; Screening; Early Presentation; Diagnosis; Treatment; Living with and Beyond Cancer.

STW trajectory for 2022/23 is to achieve 63%, all plans are currently under review.







◆ Assurance:

System Elective & Cancer Recovery Group now overseeing delivery of improvement and reporting to System Planned Care Board



Elective Care

Metric Summary

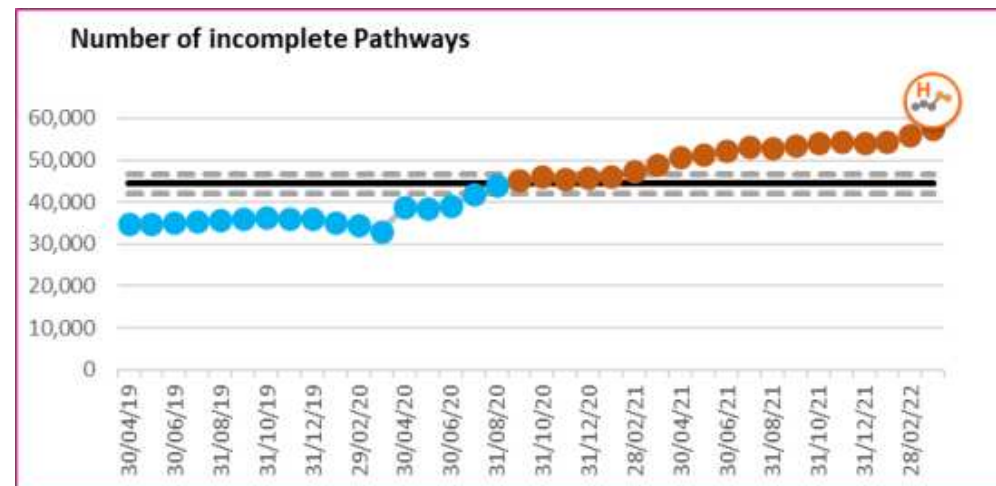
KPI	Latest month	Measure	National target	Variation	Assurance	Mean	Lower process limit	Upper process limit
% RTT Incomplete Pathways < 18 weeks	Mar 22	57.3%	92.0%			66.5%	61.3%	71.8%
Number of incomplete Pathways	Mar 22	57489				44334	41940	46727
Number waiting longer than 52 weeks	Mar 22	5143	0			2381	1712	3049
% Diagnostics > 6 weeks	Mar 22	39.6%	1.0%			29.2%	16.4%	42.0%
Average Diagnostics Activity	Mar 22	732				601	470	732

- ◆ RTT Data is for Shrewsbury and Telford Hospitals, Robert Jones and Agnes Hunt Hospital, Shropshire Community and Nuffield Health Shrewsbury Trust.
- ◆ Diagnostics activity has been standardised by calculating average activity per number of days in the month.
- ◆ The SPC for <18 week RTT target is indicating special cause of a concerning nature where the performance is significantly low and monthly performance is expected to remain below the target.
- ◆ The SPC for percentage of Diagnostic waits > 6 weeks is indicating special cause concerning variation and monthly performance is not expected to achieve the 1% target.



Elective Care

Metric Performance



◆ Actions:

System Demand and Capacity group for Elective/planned has been care re-formed

Waiting list movement and available capacity is being monitored at system and Trust level

Independent sector provision including ophthalmology, orthopaedics, urology, general surgery, vascular, pain management and gynaecology has been sourced. 104 weeks trajectory is 117 (including 96 spinal) by June 2022, further mutual aid is being sourced and SATH are restoring planned care services to help reduce the list.

Continued use of virtual clinics and expanded advice and guidance helping to manage outpatient demand

Continued roll out of patient initiated follow up is helping manage the volume of patient reviews

Investment in CT capacity and opening of MRI/CT POD to improve time to diagnosis and shorten the RTT pathway

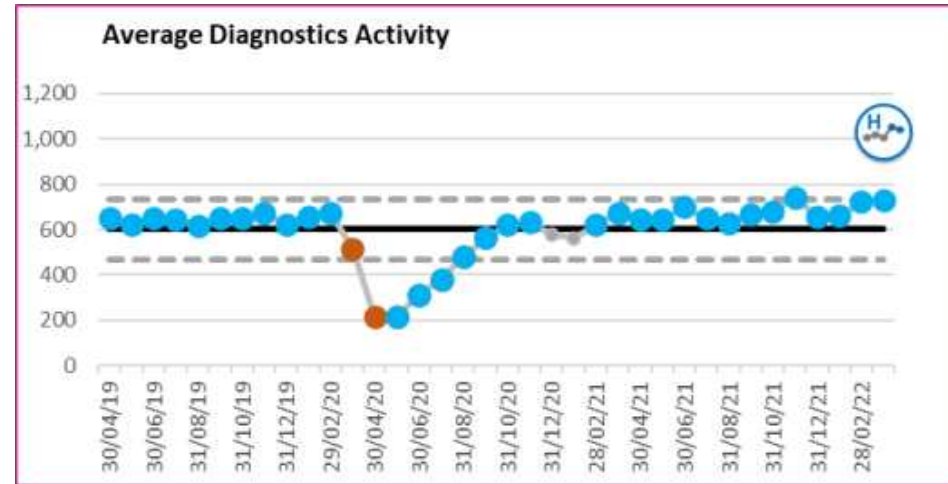
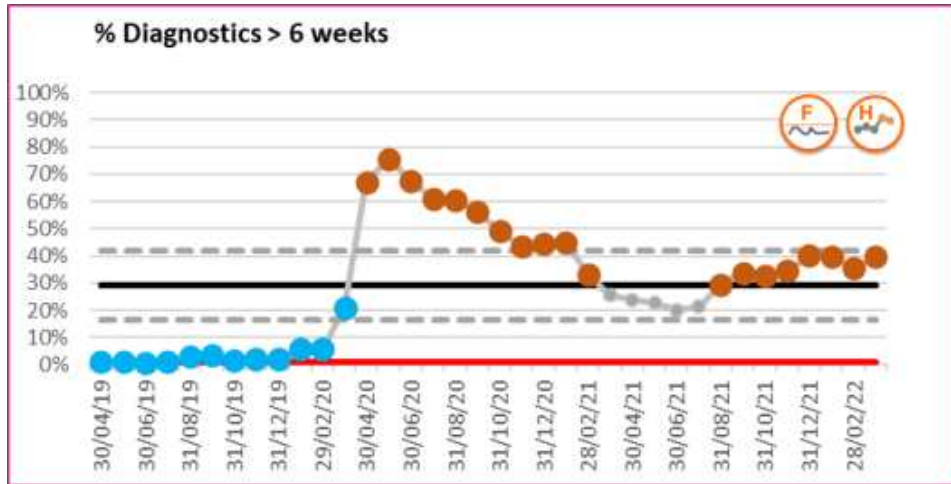
◆ Assurance:

System Elective & Cancer Recovery Group overseeing delivery of H1 plan now reporting to system planned care board



Elective Care

Metric Performance



◆ Actions:

Radiology/diagnostics continue to perform well overall, despite an uplift in demand

Radiographer shortages continue to be a risk to the ICS recovery, escalated Regionally/Nationally

The modular CT unit to increase capacity & reduce the current backlog and aide overall rate of elective recovery is now in operation

Recruitment across the diagnostic pathway continues

◆ Assurance:

System Elective & Cancer Recovery Group overseeing delivery of plan now reporting to system planned care board

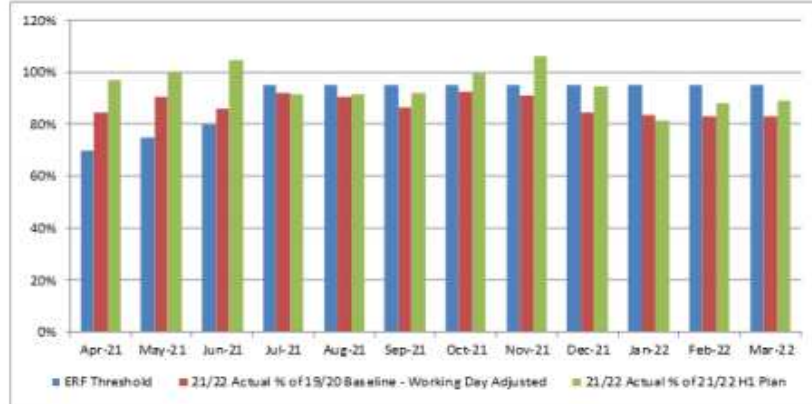


SATH and RJAH Elective Activity Recovery against H1/H2 Plan and 19/20 Working Day Adjusted Baseline

Actual figures supplied by SATH and RJAH. January is un-validated data and may be subject to change.

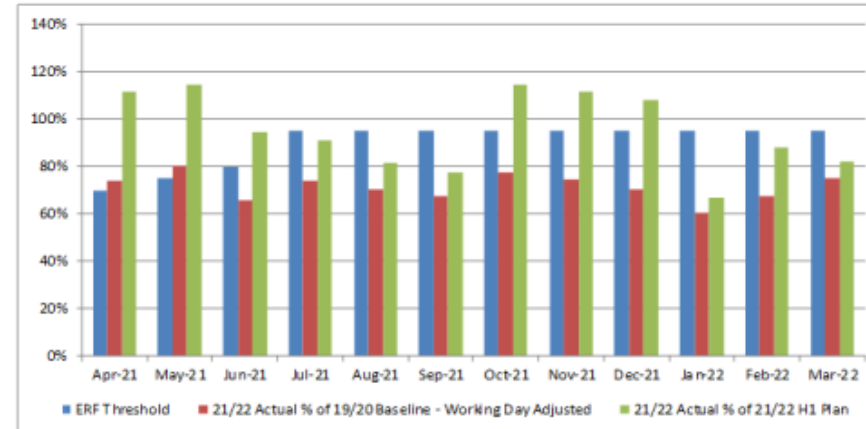
Daycases

Month	19/20 Baseline - Working Day Adjusted	21/22 H1 Plan	21/22 Actual	ERF Threshold	21/22 Actual % of 19/20 Baseline - Working Day Adjusted	21/22 Actual % of 21/22 H1 Plan
Apr-21	5911	5138	4991	70%	84%	97%
May-21	5807	5251	5247	75%	90%	100%
Jun-21	6456	5307	5546	80%	86%	105%
Jul-21	6065	6100	5587	95%	92%	92%
Aug-21	5861	5783	5310	95%	91%	92%
Sep-21	6202	5829	5378	95%	87%	92%
Oct-21	5844	5428	5407	95%	93%	100%
Nov-21	6367	5459	5802	95%	91%	106%
Dec-21	5937	5307	5021	95%	85%	95%
Jan-22	5861	5981	4882	95%	83%	82%
Feb-22	5930	5577	4915	95%	83%	88%
Mar-22	5922	5512	4919	95%	83%	89%



Elective

Month	19/20 Baseline - Working Day Adjusted	21/22 H1 Plan	21/22 Actual	ERF Threshold	21/22 Actual % of 19/20 Baseline - Working Day Adjusted	21/22 Actual % of 21/22 H1 Plan
Apr-21	868	576	642	70%	74%	111%
May-21	906	636	730	75%	81%	115%
Jun-21	1115	775	734	80%	66%	95%
Jul-21	1028	831	758	95%	74%	91%
Aug-21	973	842	685	95%	70%	81%
Sep-21	1089	949	733	95%	67%	77%
Oct-21	1037	700	801	95%	77%	114%
Nov-21	1096	735	818	95%	75%	111%
Dec-21	963	630	680	95%	71%	108%
Jan-22	816	734	492	95%	60%	67%
Feb-22	953	732	644	95%	68%	88%
Mar-22	930	856	701	95%	75%	82%



From November 21 SATH and RJAH Daycases performance against plan and 19/20 baseline has deteriorated. In the last 4 months they are below plan and not achieving 95% of the 19/20 baseline

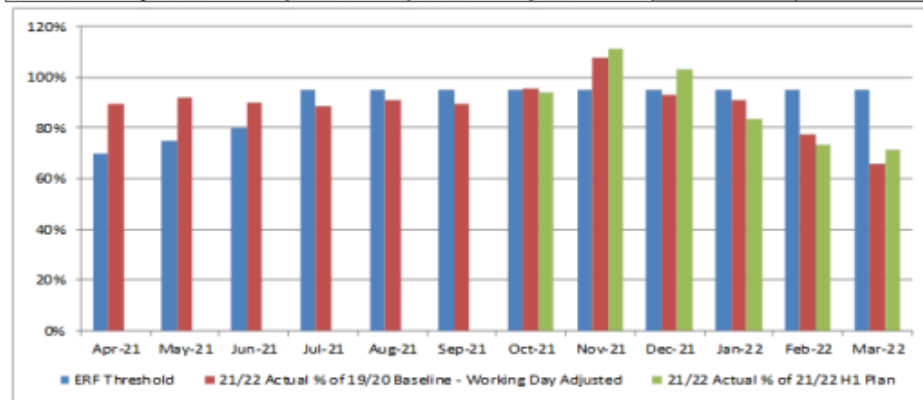
SATH and RJAH Elective are still considerably lower (25-30%) than the 19/20 baseline. However March 22 is higher than the last 3 months

SATH and RJAH Elective Activity Recovery against H1/H2 Plan and 19/20 Working Day Adjusted Baseline

Actual figures supplied by SATH and RJAH. January is un-validated data and may be subject to change.

1st Outpatients

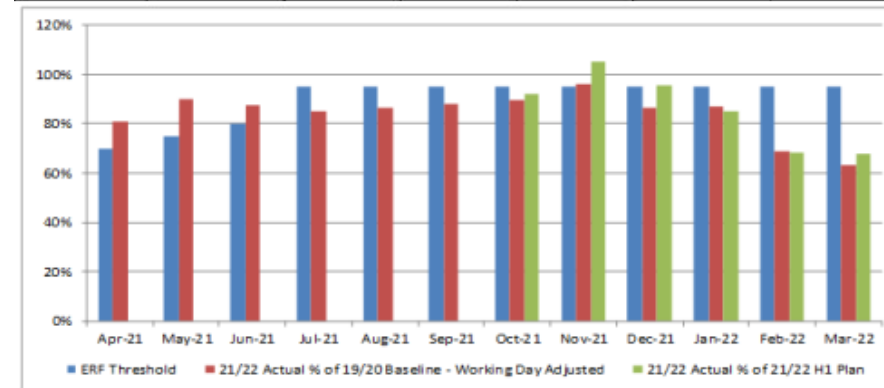
Month	19/20 Baseline - Working Day Adjusted	21/22 H1 Plan	21/22 Actual	ERF Threshold	21/22 Actual % of 19/20 Baseline - Working Day Adjusted	21/22 Actual % of 21/22 H1 Plan
Apr-21	20173	0	18047	70%	89%	0%
May-21	19644	0	18126	75%	92%	0%
Jun-21	22477	0	20251	80%	90%	0%
Jul-21	22160	0	19587	95%	88%	0%
Aug-21	22025	0	18390	95%	91%	0%
Sep-21	22244	0	19943	95%	90%	0%
Oct-21	21087	21376	20143	95%	96%	94%
Nov-21	20920	20209	22506	95%	108%	111%
Dec-21	19454	17584	18117	95%	93%	103%
Jan-22	20569	22448	18780	95%	91%	84%
Feb-22	20066	21221	15568	95%	78%	73%
Mar-22	23032	21194	15160	95%	66%	72%



In the last 4 months SATH and RJAH 1st Outpatients are not achieving 95% of 19/20 baseline. Actuals have noticeably deteriorated in the last 2 months. A change in criteria in H2 to not include unbundled radiology means H1 plans and H2 plans are not comparable

FU Outpatients

Month	19/20 Baseline - Working Day Adjusted	21/22 H1 Plan	21/22 Actual	ERF Threshold	21/22 Actual % of 19/20 Baseline - Working Day Adjusted	21/22 Actual % of 21/22 H1 Plan
Apr-21	42478	0	34484	70%	81%	0%
May-21	39304	0	35429	75%	90%	0%
Jun-21	44133	0	38605	80%	87%	0%
Jul-21	43345	0	36887	95%	85%	0%
Aug-21	38703	0	33560	95%	87%	0%
Sep-21	41772	0	36735	95%	88%	0%
Oct-21	40496	39302	36258	95%	90%	92%
Nov-21	42950	39170	41308	95%	96%	105%
Dec-21	37820	34237	32793	95%	87%	96%
Jan-22	40240	41233	35048	95%	87%	85%
Feb-22	38456	38770	26564	95%	69%	69%
Mar-22	43968	41105	27932	95%	64%	68%



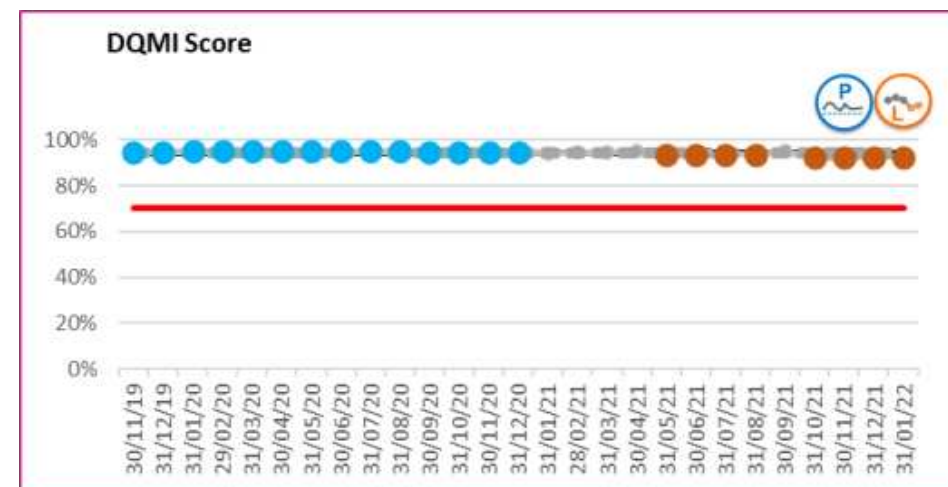
In the last 4 months SATH and RJAH FU Outpatients are not achieving 95% of 19/20 baseline. Actuals have noticeably deteriorated in the last 2 months. A change in criteria in H2 to not include unbundled radiology means H1 plans and H2 plans are not comparable



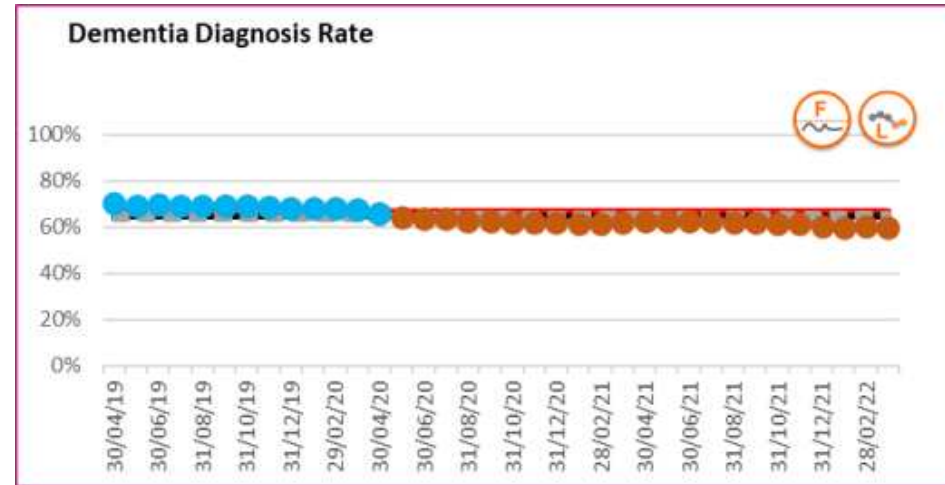
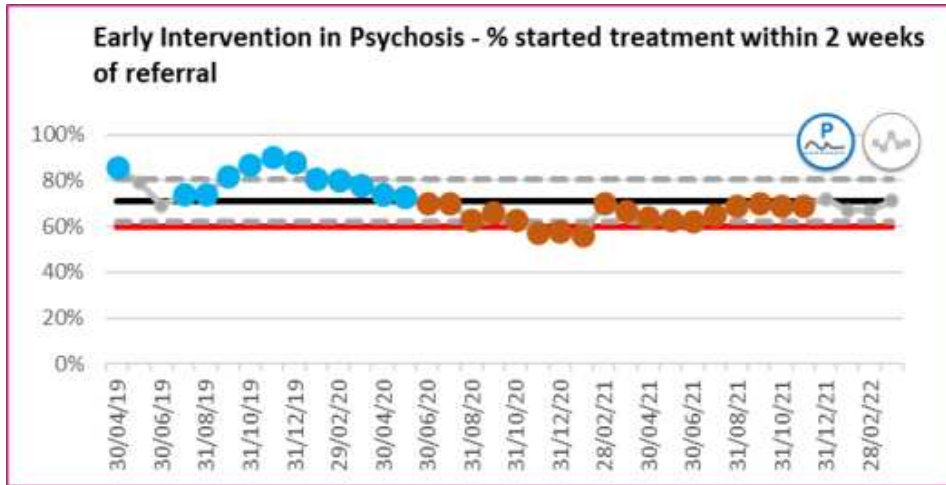
Mental Health - Monthly Metric Summary

KPI	Latest month	Measure	National target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Early Intervention in Psychosis - % started treatment within 2 weeks of referral	Mar 22	71.0%	60.0%			71.2%	61.8%	80.5%
Dementia Diagnosis Rate	Mar 22	60.0%	66.7%			64.5%	63.4%	65.6%

- ◆ The Data Quality Maturity Index (DQMI) for the Mental Health Data Set (MHSDS) for Midlands Partnership NHS Foundation Trust is consistently achieving the target (see chart on the right).
- ◆ Dementia Diagnosis Rate – NHS Digital has advised that the outbreak of Coronavirus (COVID-19) has led to unprecedented changes in the work and behaviour of General Practices and subsequently the data in the national publication will be impacted.



Mental Health - Monthly Metric Performance



◆ Actions:





Plans underway to bring together Shropshire and Telford & Wrekin services into IAPT One – revised service specification and strategy has been approved at SCC (May 2022), new Clinical lead now commissioning an audit of current internal waits & developing options to manage all internal patient waits for core and complex. Achieving access targets will remain challenging for 2022/23 until the new model is fully in place and working. Recovery rates must also be closely monitored to ensure these are not adversely affected.

◆ Assurance:

Q&P committee & MH & LD partnership board



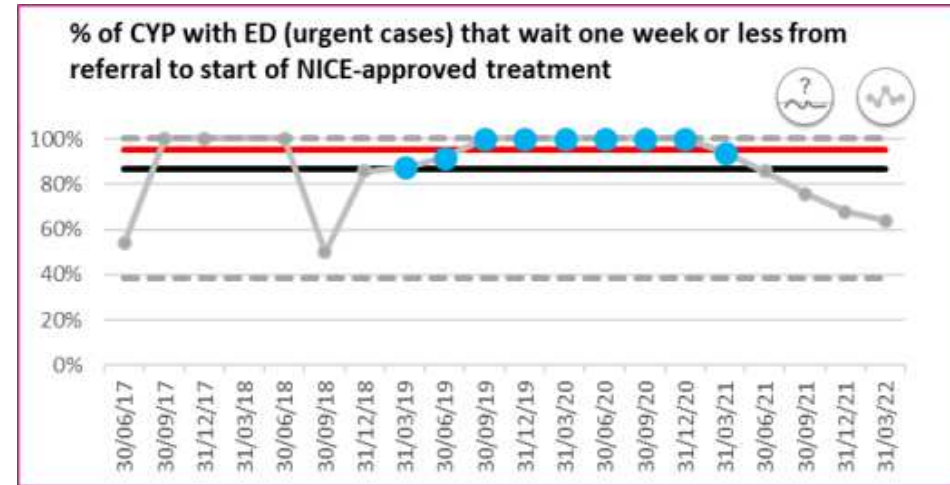
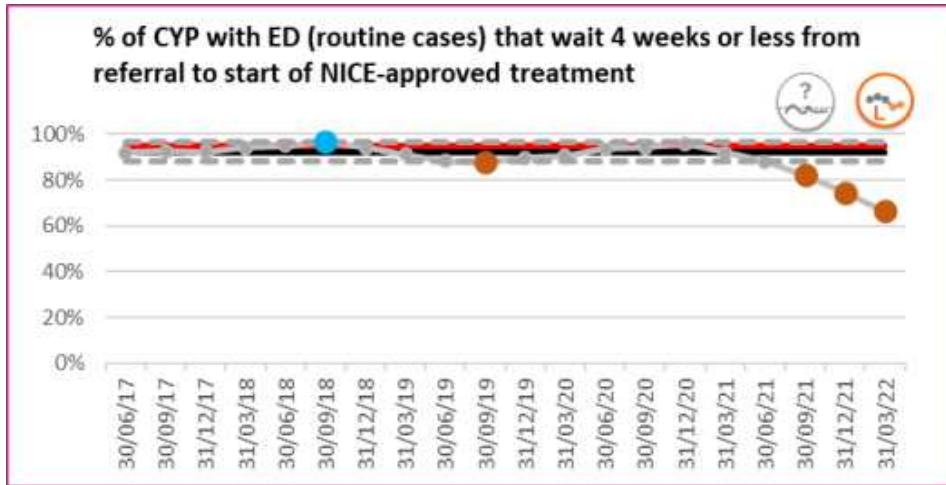
Mental Health – Quarterly Metric Summary

KPI	Latest month	Measure	National target	Variation	Assurance	Mean	Lower process limit	Upper process limit
% of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment	Mar 22	66.4%	95.0%			92.1%	87.8%	96.4%
% of CYP with ED (urgent cases) that wait one week or less from referral to start of NICE-approved treatment	Mar 22	64.0%	95.0%			86.9%	38.3%	100.0%

- ◆ Both metrics above have been hit and miss with achieving the national target since reporting began in 2016.
- ◆ The percentage of urgent cases of Children & Young People (CYP) with Eating Disorders (ED) that wait one week or less from referral to start of NICE-approved treatment remained above the target between September 2019 until December 2020. The SPC indicates that there is no significant change and that the metric will not consistently meet the monthly target.
- ◆ For percentage of routine cases that wait 4 weeks, the SPC indicates a Special Cause of a concerning nature with performance showing a downward trend and the system will not consistently meet the monthly target.



Mental Health - Quarterly Metric Performance



◆ Actions:

Despite the performance overall above target for routine referrals there are children in the system awaiting Tier 4 beds, some of whom for an Eating Disorder. Business case from MPFT & funding for remedial action plan approved late 2021 but recruitment progress has stalled. This is a national issue around recruitment of specialist roles. There is also a wider business case including avoidant/restrictive food intake disorder (ARFID) – which is currently with the provider and awaiting approval to increased access for Children waiting.






◆ Assurance:

Q&P committee & MH & LD partnership board



Improving Access to Psychological Therapies (IAPT)

Metric Summary

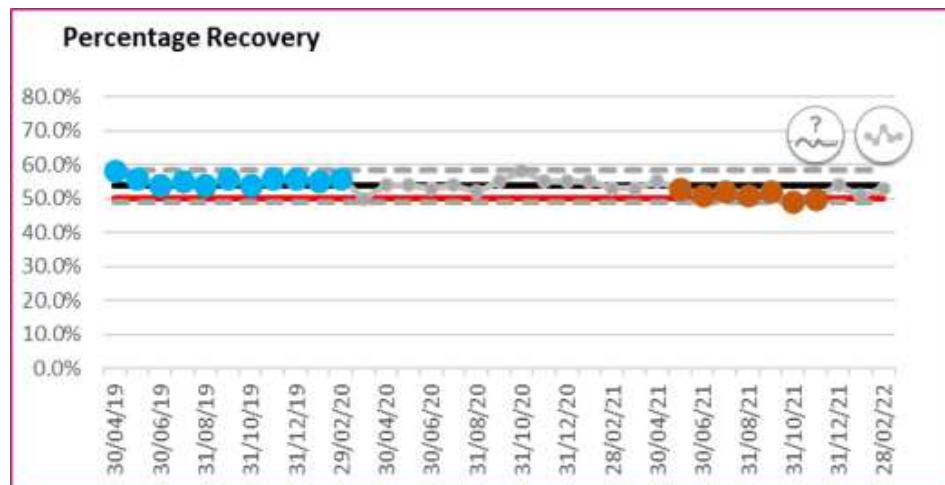
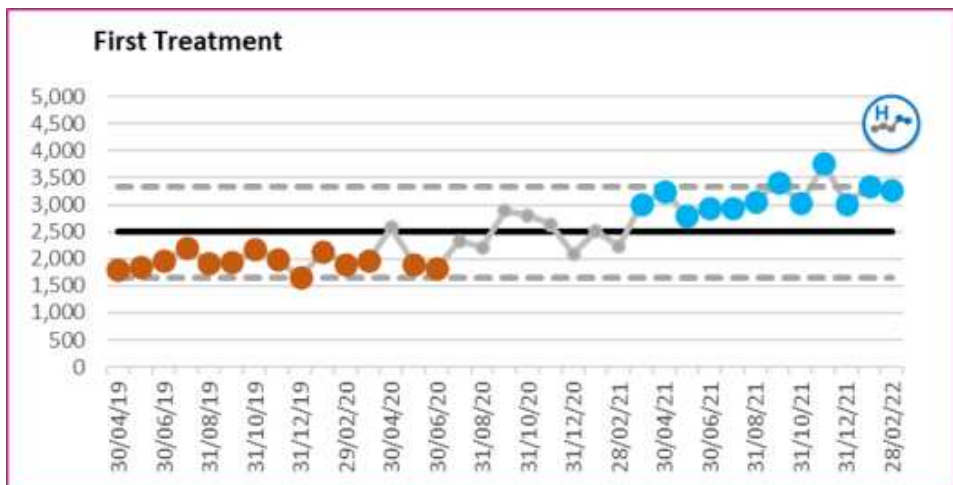
KPI	Latest month	Measure	National target	Variation	Assurance	Mean	Lower process limit	Upper process limit
First Treatment	Feb 22	3270				2498	1658	3337
Percentage Recovery	Feb 22	53.0%	50.0%			53.8%	49.0%	58.5%
Percentage First Treatment 6 Weeks Finished Course Treatment	Feb 22	92.0%				92.2%	88.8%	95.5%
Percentage First Treatment 18 Weeks Finished Course Treatment	Feb 22	99.0%				98.4%	96.6%	100.0%

- ◆ Includes all activity at Midlands Partnership NHS Foundation Trust.
- ◆ Patients receiving their first IAPT treatment are on a steady increase with numbers significantly higher than the beginning of report time period.
- ◆ IAPT recovery is showing no significant change and will not consistently meet the target. Percentage recovery is on target for February.
- ◆ Percentage First Treatment within 6 weeks is showing no significant change.
- ◆ Percentage First Treatment within 18 weeks is showing no significant change.



IAPT

Metric Performance



◆ Actions:

National target numbers increased in 21/22, although local commissioned targets are lower due to insufficient funding this year. Although national targets are expressed in numbers accessing IAPT, the figure and percentage is shown in this report. Indicative performance to March shows 9145 patients accessed IAPT services in the last 12 months. Plans underway to bring together Shropshire and Telford & Wrekin services into IAPT One.

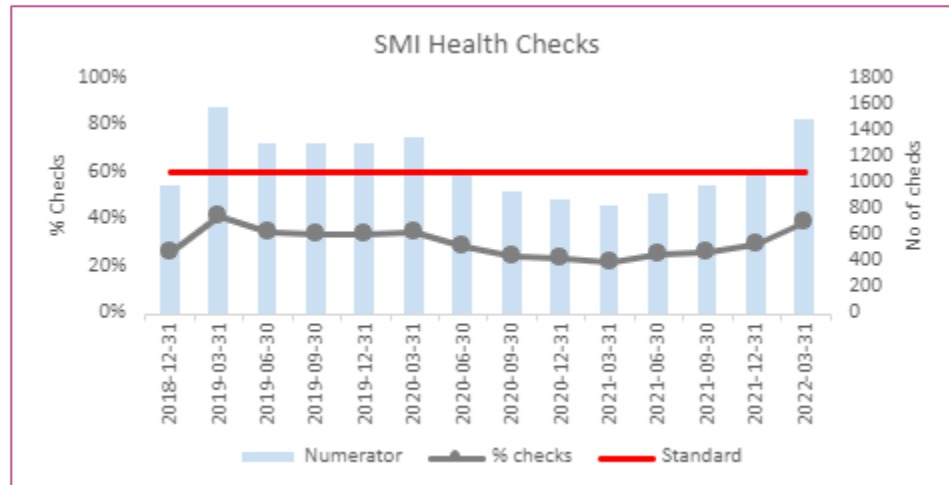
◆ Assurance:

Q&P committee & MH & LD partnership board



Health Checks

Metric Performance



- ◆ Actions:
- ◆ Work is underway to implement both accurate recording of health checks by MPFT staff working in Primary care setting and an IT solution to allow data to flow from secondary care system (RIO) to Primary care (EMIS). Progress is being monitored through the Community MH transformation steering group. Once in place this will enable greater visibility of where checks are taking place, and importantly to identify areas across PCNs where there is inequality of access as well as opportunities for improvement and to target additional resource. Additional devices have also been secured across general practices to assist with near-patient testing which gives much quicker test results and reduces the reliance on pathology tests via SaTH/other providers.

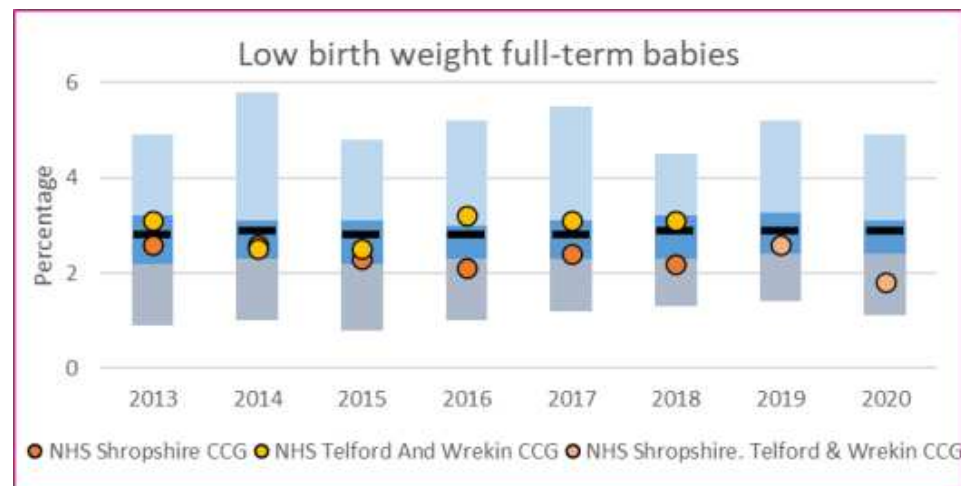
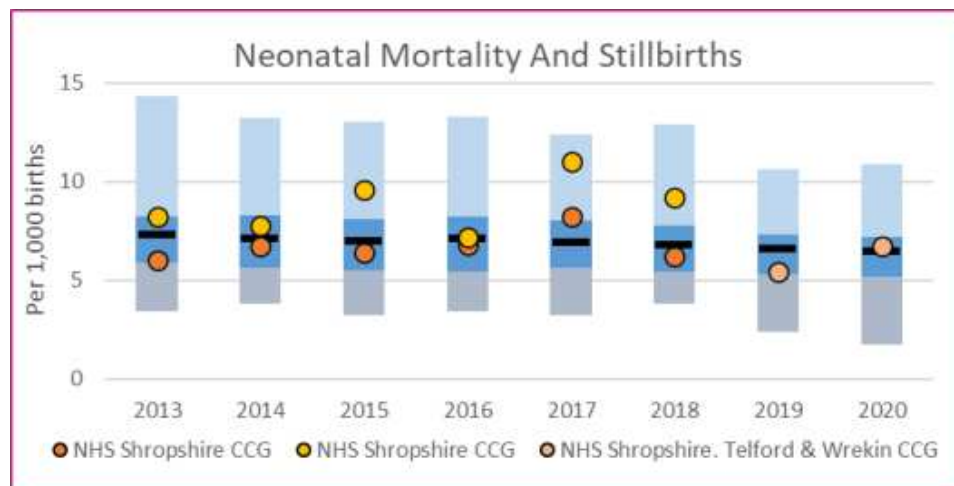
- ◆ Assurance:

Q&P committee & MH & LD partnership board



Neonatal and Maternity

Metric Performance



■ Best quartile
■ Worst Quartile
■ Interquartile
— England

- ◆ CCG Outcome Indicator Set (OIS) Indicator 1.25 - Neonatal mortality and stillbirths: The rate of stillbirths and deaths within 28 days of birth per 1,000 live births and stillbirths
- ◆ CCG Outcome Indicator Set (OIS) Indicator 1.26 - Low birth weight full-term babies: Percentage of full-term live births with a recorded birth weight that were born with a low birth weight in a calendar year
- ◆ The charts above illustrate where the CCG lies within the range of rates for all CCGs in England. This shows whether the CCG has performed better or worse than nationally. As from 2019 the rates are reported for Shropshire, Telford and Wrekin CCG.



0. Reference Information

Author:	Claire Skidmore, ICB CFO Gareth Robinson, ICB Director of Delivery and Transformation	Paper date:	25 th May 2022
ICS Board Member Sponsor:	Simon Whitehouse, Interim Chief Executive Designate	Paper Category:	Information
Paper Reviewed by:	-	Paper FOIA Status:	Full
Action Required (please select):			
A=Approval	R=Ratification	S=Assurance	D=Discussion X I=Information X

1. Purpose of Paper

To brief the Board on the 22/23 plan after its submission to NHSEI.

2. Executive Summary

2.1. Context

At its last meeting on 27th April the Board was briefed on the headlines of the system activity, workforce, finance plans and associated narrative. These were submitted to NHSEI on 28th April 2022. This paper provides a short briefing on activity since the submission and highlights risks associated with delivery of the plan where these have evolved since the Plan Submission.

2.2 Key Headlines from the Submission

Workforce

Workforce constraints continue to be a challenge. Agency usage has increased to 412 wte equivalent in March 2022, exceeding rates during 2021. Turnover has increased during the pandemic from 11.1% in 2020 to 14% in March 2022. Staff vacancies are currently at 7.4% with sickness absence at 4.9%.

The Workforce Delivery Board has been established to reduce demand on agency workforce, improve utilisation and grow internal workforce. The HCSW Academy, in partnership with Telford College has now completed onboarding delivering a 33% reduction in HCSW vacancies and 40% increase in HCSW bank.

Key Performance Highlights

Elective Recovery

The plan was submitted with an anticipated delivery of **102% against the national 104% target**. The lower delivery level is based on the reduced level of follow ups which materially impacts the headline level due to the relative high volume of follow up activity. Work continues to improve this anticipated level including the relaunch of the outpatient transformation programme during

May. In addition, external support via PwC has been extended into May to develop new system planning process for 23/24 onwards.

Anticipated levels of 104 wk waits have been mitigated by the recruitment of a locum paediatric ophthalmologist and the potential for SaTH orthopaedic restart in June. The impact of reduced private sector capacity has impacted on the overall plan to eradicate 104 week waits by the end of July. The system plan currently anticipates **93 patients remaining with waits longer than 104 week waits.** We continue to seek mutual aid with potential for additional capacity from partner organisations to further reduce this number.

Cancer performance is currently being monitored through weekly delivery reviews at tumour site level within SaTH.

Urgent Care

Covid 19 prevalence rates continue to reduce. This is reducing the number of care homes closed to admissions, improving sickness absence levels and improving ambulance handover rates. However, flow continues to be a challenge for the system demonstrated by the short-term internal critical incident implemented w.c. 9.5.22 at PRH.

Although improvements in ambulance handover rates are being seen, performance remains challenged. The UEC programme continues to take a collaborative multi-agency approach to addressing these issues with the overall programme for 2022/23 expected to be approved at the UEC Board in May. The UEC programme will then seek to rapidly accelerate to implementation.

Ambulance handover delays highlight the overall system challenge across the entire pathway and are the focus of significant external scrutiny. A round table discussion reviewing the risk in the system was jointly convened between system CEOs and the 5 MPs from Shropshire with the Minister of State for Health in attendance. Two further summits, chaired by the Neil McKay and Anthony Marsh (CEO of WMAS for June and July)

Diagnostics

Diagnostics activity and actions remain in line with the plan. Non-obstetric ultrasound commenced with a third party provider in April which will support the delivery of 100% activity levels by the end of year (107% for RJAH). Workforce (particularly retention) remains the single biggest issue, with NHSEI support being requested to help manage the radiography workforce challenges

Finance

The finance plan was submitted with a £38m deficit. There is likely to be further work required on this and at the time of writing this report we are awaiting guidance from NHSEI. In the meantime, a number of next steps have been agreed across the system which include:

- Working through 4 areas of review (action plan held by System CFO)
 - Plan build (ie testing the run rate, understanding the cost and income base)

- Assumptions (ie testing assumptions for income, Elective Recovery Fund (ERF) earnings/clawback, impact of IPC guidance etc)
- Investments (ie clarity about what level of cost pressure/investment we accept in our plan up front)
- Efficiency and Productivity (ie have we maximised our opportunities here and are we confident in delivery plans?)
- Establishment of in-year monitoring to closely track performance against plan and allow early identification of any deviation. Areas of focus to include (but not limited to):
 - Covid costs
 - ERF/UEC impact on system
 - Efficiency and
 - Transformation programme delivery
- Rapid identification of SROs and programmes of work to concentrate on the £7.9m unallocated savings target.

2.2. Link to Pledges

The operating plan for the year touches all of our ICB pledges.

2.3. Summary

22/23 plans were submitted at the end of April and focus has turned to delivery of the work described within them. The System faces material challenges this year, as highlighted in our plans, and requires partners to work together to deliver an ambitious plan.

2.4. Conclusion

The ICS Board is asked to:

- **note the contents of this report,**
- **comment on the actions described within it and the associated risks**
- **note and be aware that the system is not currently planning to meet the 104% activity target or the 104 week wait target**
- **that the current financial plan contains significant risk and that there will be a need for organisations to revisit their own financial plans as a result of these risks.**

Chair's Assurance Report Sustainability Committee – 25 April 2022

0. Reference Information

Author:	Gayle Murphy, Executive EA at RJAH	Paper date:	25 May 2022
Executive Sponsor:	Frank Collins, Chair of the Sustainability Committee	Paper Category:	Governance
Paper Reviewed by:	N/A	Paper Ref:	Paper
Forum submitted to:	STW ICS Board	Paper FOIA Status:	Full

1. Purpose of Paper

1.1. Why is this paper going to the Board and what input is required?

This paper presents an overview of the Sustainability Committee Meeting held on 25th April 2022 and is provided for assurance purposes.

2. Executive Summary

2.1 Summary

- The meeting was well attended
- The agenda items included:
 - 2021/22 Month 12 Financial Update
 - 2022/23 Finance Plan
 - 2022/23 Operational Plan
 - BTI Summary Update from April IDB
 - Deep Dive – Hospital Transformation Programme

2.2. Conclusion

The Board is asked to *note* the meeting that took place and the assurances obtained.

Chair's Assurance Report

Sustainability Committee – 25 April 2022

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Board from the Sustainability Committee which met on 25 April 2022. The meeting was quorate with 3 Non-Executive Directors and 3 Chief Finance Officers present. A full list of the attendance is outlined below:

Chair/ Attendance:

Frank Collins	Chair, External Advisor
Clive Deadman	Non-Executive Director, SaTH
Debbie Nixon	Non-Executive Director, MPFT
David Gilburt	Associate Non-Executive Director, RJA
Claire Skidmore	Chief Finance Officer, STW CCG
Helen Trolaen	Director of Finance, SaTH
Sarah Lloyd	Director of Finance, SHT
Gareth Robinson	Director of Transformation, STW CCG
Julie Garside	Director of Performance, STW CCG
Sam Tilley	Director of Planning, STW CCG
Cllr Andy Burford (part)	Telford Council Cabinet Member for Adult Social Care
Jonathan Rowe	Telford Council Director Adults Social Care, Health, Integration & Wellbeing
Mark Brandreth	STW CCG Interim Accountable Officer
Simon Whitehouse	Interim ICB CEO Designate
Rachel Hardy	Financial Consultant, STW ICS
Cherry West	Executive Chief Transformation Officer, UHB
Adrian Roberts	Chief Finance Officer, NHSE/I
Jan Heath	Programme Manager, Midlands and Lancashire CSU
Tracy Hill	Workforce SRO, STW ICS
Claudette Elliot	Programme Director – Local Care Programme, SHT
Chris Preston (part)	HTP Executive Lead
Andrew Tapp (part)	HTP Medical Director, SaTH
Richard Steyn (part)	HTP Co-Medical Director, SaTH

Apologies:

Nicky O'Connor, Harmesh Darbhanga, Harry Turner, Caroline Kurzeja, Peter Featherstone, Kerry Robinson, Claudette Elliott, Oliver Newbould, Claire Spencer, Chris Sands, Geoff Braden, Steve Grange, Stacey Keegan and Craig Macbeth.

3.2 Actions from the Previous Meeting

It was agreed that the minutes from the previous meeting were an accurate reflection of the meeting. It was noted that actions 33, 34 and 35 are ongoing; action 36 is complete.

Chair's Assurance Report

Sustainability Committee – 25 April 2022

3.3 Key Agenda

The Committee received the following items with an outline provided below for each:

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
3.0 System Sustainability		
<p>3.1 2021/22 Month 12 Financial update</p> <p>The report was presented to the Committee which included a summary of the key points.</p> <p>The Chair acknowledged that a great deal of work has taken place since the last meeting and thanked those involved. He highlighted there have been many conversations and peer to peer meetings with the System organisations, which have been very valuable. SW added his thanks for the commitments made during the conversations and the work that has followed.</p> <p>The Committee noted the report.</p>	Y	
<p>3.2 2022/23 Finance Plan</p> <p>The plan was presented to the Committee and a discussion followed. The Committee asked if the information in the Plan could be provided in a short summary document, including the expectations and risks involved, to enable the Committee members to articulate it to their Boards. This was taken as an action.</p> <p>The Committee noted the report and the interlinked triangulation points made during the presentation.</p>	Y	
<p>3.3 2022/23 Operational Plan</p> <p>The Committee were guided through the 2022/23 Operational Plan. A discussion took place regarding the national timetable driving the content and delivery of the Plan, but when planning for the future it would be helpful for each organizations Board to have time to discuss the plan and sign it off ahead of the System submitting the Plan to the Centre. It was highlighted that the template does not provide an easy read and the process has been too tight. It was agreed to broach this in the lessons learnt meeting but the real challenge is for all of the providers to commit to submissions earlier than the national time frame and for the first draft to be correct, to enable a final document to be pulled together ahead of the schedule. In conclusion, it will mean making the commitment now, to plan for early preparation for planning submissions and deadlines in future rounds.</p> <p>The Committee noted and approved the report for submission to the next Shadow Board.</p>	Y	

Chair's Assurance Report

Sustainability Committee – 25 April 2022

4.0 BTI Updates and Deep dive		
4.1 BTI Summary Update from April IDB The report was presented to the Committee to provide assurance on the progress made on the Sustainability Transformation Programmes ('big-ticket items') and provide an overview of the Integrated Delivery Board which met in April. The following points were highlighted: <ul style="list-style-type: none"> • The weekly Operational Delivery Group has now been established to drive delivery of the BTI programmes and ensure achievement of expected benefits. • It has been identified that there needs to be a standardized way of reporting • It is important that key operational milestones are identified and their alignment with financials • A nominated AO/CEO from has been identified for all projects • A business case for recovery support monies has been written and submitted to the national team • A separate business case for recovery support funding for SaTH has been submitted The Committee <i>noted</i> the report.	Y	
4.2 Deep Dive – Hospital Transformation Programme A very comprehensive verbal update was provided for the Committee. FC thanked CP and RS for the presentation and commented that the System should never forget nor underestimate the enormity and importance of this major project. The Committee <i>noted</i> the update.	Y	
5.0 Any Other Business		
None raised	n/a	

3.4 Approvals

Approval Sought	Outcome
N/A	

3.5 Risks to be escalated

In the course of its business the Committee did not identify any risks to be escalated to the ICS Board.

3.6 Conclusion

The Board is asked to **note** the meeting that took place and the assurances obtained.

Chair's Assurance Report

Quality and Performance Committee

0. Reference Information

Author:	Meredith Vivian – Chair and Lay Member PPI STW CCG	Paper date:	25 th May 2022
Executive Sponsor:	N/A	Paper Category:	Assurance
Paper Reviewed by:	N/A	Paper Ref:	
Forum submitted to:	Shadow ICB	Paper FOIA Status:	Disclosable

1. Purpose of Paper

The purpose of the paper is to provide a summary by exception of the ICS Quality and Performance Committee meeting held on 23rd March 2022 as a meetings in common with the Quality and Performance Committee of STW CCG for noting.

The meeting was quorate, no conflicts of interest were declared and a summary of the discussion and decisions are outlined below

2. Executive Summary

2.1 Performance exception reporting:

- **Covid:** Covid and the added UEC seasonal pressures with demand and increased length of stay impacted upon planned care recovery over the festivities and into the new year, the winter plans mitigated risk to a degree. Encouragingly numbers of hospital admissions have been falling throughout January, the position does remain unstable.
- **Shropshire Community Services:** Recruitment remains a focus and the Trust were on target to go live with the rapid response teams as per plan, pressures continue for community provision, in both available bed stock for step down/up care, constraints directly related to IP&C governance (COVID related) and the response/in-reach model. Respiratory and virtual wards are being planned using lessons learned from previous attempts to utilise them and these will help resolve some of the current capacity constraints by utilising a virtual response.
- **Urgent and Emergency Care (UEC):** Remains very challenged and does not currently meet Constitutional/National standards; There has been a National trend/uplift in the length of stay <7days and complex discharges, this has impacted upon the ability to move patients quickly through the Emergency Department and onto the wards. IP&C governance regarding the management of COVID has seen a number of system bed closures, this has severely impacted upon the ability to manage the back door and is reflected in this month's performance. Trajectories for improvement have now been set with the provider and can be seen in the UEC dashboard
- **Planned Care:** Elective recovery remains under pressure. Reduced activity due to workforce constraints and the pandemic continues. SaTH has been focusing purely on cancer pathways alongside the most urgent surgery (Emergency/ very urgent Priority 1 and Priority 2). Total list size continues to increase because of the inability

Chair's Assurance Report

to treat clinically routine patients and close RTT pathways. As much activity as clinically appropriate is still being delivered virtually, however, overall numbers of waiters have increased, in particular across Orthopaedics and General Surgery.

- **Cancer Performance:** The two-week wait metrics are deteriorating again directly relating to diagnostics and access to diagnostics which is linked to workforce issues. Other metrics are inconsistent (meeting target in one month and failing the next), with the exception of 31-day subsequent drug treatment which usually meets the required standard.
- **Mental Health:** IAPT recovery rates; Following a high number of patients being discharged from the service in September, performance has now stabilised in December and is showing achievement of the 50% standard. Performance of this important metric, particularly for minority and more at risk groups, will continue to be closely monitored and any variations of note will be investigated

2.2 System Quality Group

- The minutes of the SQG meeting were shared with the Committee but for future reporting, a dashboard metric approach is being developed for quality and will ensure that mortality outlier alerts are included.
- An update on SI's falls action plan has been received and progress has been noted.
- Children's and Young person's mental health service improvements is work in progress and this in part is due to the need to recruit to some key positions to help support that work. Commissioners and providers have been working together closely appear to be working well against the backdrop of shortage of Tier 4 services
- Highley Medical Practice has been inspected by CQC and the report issued rated them as inadequate. The main areas of concern related to medicine safety and the monitoring of long-term conditions. The CCG have supported the practice with weekly and now fortnightly meetings to help them with their improvement plan.
- The Committee was provided with an update of the SaTH's CQC's review of conditions following the publication of the CQC report. There were 30 conditions across both sites and following the review there are now five, one condition has been counted twice as this is counted under two regulatory activities.
- The Committee was provided with an update from Shropcom on health visiting face to face contacts and advised that this remains a concern for the trust particularly for Shropshire. Data from January 2022 shows that the Telford team managed 92.6% and Shropshire only managed 55.4% of face to face visits.

2.3 LMNS Chairs Report

- Updated national guidance around community services, visiting and patient access during the Covid-19 pandemic, were released in early 2022. SaTH are currently meeting the guidelines associated with testing, supporting staff and the women that use the Maternity Services. However, as previously highlighted there is an ongoing concern around support partners being unable to accompany women when they attend the Maternity Triage Assessment Unit. This decision is guided by regular IPC assessments and support partners are only able to be present by exception with special consideration being given for the women to be seen away from the unit.
- There is ongoing concern over the intermittent closures of the Wrekin Midwife Led Unit. The intermittent closures are related to high levels of staffing absence and at present, SaTH are unable to provide assurance as to when the unit will reopen on a 24/7 basis. SaTH do feel that by April 2022, their staffing levels will improve significantly and the unit will be open more often than it is closed. SaTH are currently using the OPEL Escalation Tool to provide daily visibility to region and to the LMNS, regarding the services they are able to open and their capacity to accept. The LMNS

Chair's Assurance Report

will continue to request visibility of the MLU status and this will be discussed at each LMNS Programme Board.

2.4 Serious Incidents

- During Q3 2021/2022 there were a total of 63 Serious Incidents (SIs) including one Never Event, reported by the 4 main providers for Shropshire, Telford and Wrekin patients. This is an increase from 2021/2022 Q2 where there were 54 incidents reported. There were also 11 out of area SIs reported in Q3 2021/2022 compared to 6 in Q2 2021/2022. At the time of writing the CCG gave assurance to the Committee that all submitted SIs are tracked and monitored to completion.
- **MPFT** - reported a total of 24 SIs during Q3 compared to 18 in Q2 of 2021/2022. Unexpected deaths remain the most reported category accounting for 67% during Q3. The CCG have worked collaboratively with the Trust around the deep dive regarding unexpected deaths, the findings of the deep dive are currently with MPFT for the factual accuracy and additional actions.
- **RJAH** – reported no SIs or Never Events during Q3 compared to 3 during Q2 of 2021/2022.
- **SaTH** – reported a total of 23 during Q3 SIs which is lower than the 29 reported during Q2 of 2021/2022. Slips/trips/falls were the most reported incidents during Q3 with 10 in total. Pressure ulcers and diagnostic incidents were the second highest reported categories with 3 incidents each.
- **SCHT** – reported a total of 16 SIs during Q3 which is an increase from the 4 reported during Q2 of 2021/2022. Pressure Ulcers accounted for 94% of those reported during Q3. A thematic review will be undertaken in relation to pressure ulcers and the learning from which will be shared.
- During Q3 2021/2022 all SIs (including Never Events) were within the SPC limits.
- To note that with effect from February 2022 all CQRM meetings have been stood down in accordance with transition to ICB. All SIs are discussed at SI review meetings with all providers on a monthly basis (RJAH bi-monthly) and SIs are discussed at provider internal Quality meetings that the CCG are now present at.
- The Committee also noted that MPFT are experiencing an increase in completed suicides against the national average. This has been lower in Shropshire. However in Telford and Wrekin the Trust's completed suicide incidence is rising and it has been noted that there has been an increase in female suicides across all age categories, this has also been noted in Staffordshire. There has also been a rise in the factors of drug and alcohol with alcohol related deaths rising by 40% in Shropshire, Telford and Wrekin.

2.5 Primary Care

- More detail was provided on the CQC report on Highley Medical Practice.
- The Committee received information on patient feedback on primary care.

2.6 Quality Governance

- The Committee noted that the draft terms of reference for the new ICB Quality and Performance Committee which will operate from 1st July have been developed.

2.7 Healthwatch

The Committee received an update from Healthwatch Shropshire:

Chair's Assurance Report

- Healthwatch Shropshire had published their children and young people's crisis mental health services report which has been picked up by the Safeguarding Partnership Board. An annual event on 10th May which will follow on from Dying Matters week to enable engagement with the public.

2.8 LeDER 3 Year Strategy

The Committee received the strategy which has received positive comments from colleagues in NHSE/I. It was agreed that in future individual assurance reports against quality will be collated into one report and presented to both the Mental Health Board and to this Committee.

3. Main Report

3.1 Attendance

Chair/ Attendance:

Members:

Meredith Vivian (Chair) Lay Member PPI STW CCG
 Dr Anne MacLachlan Clinical and Care Director MPFT
 Sara Ellis Interim Chief Nurse RJAH
 Zena Young Executive Director Nursing and Quality STW CCG
 Clair Hobbs Director of Nursing, Quality and Operations, Shropcom
 Laura Tyler attending on behalf of Tanya Miles, Executive Director of People Shropshire Council
 Dr David Lee Non Executive Director SaTH
 Tina Long Non Executive Director Shropcom
 Dr Deborah Shepherd Medical Director STW CCG
 Kara Blackwell attending for Hayley Flavell Director of Nursing SaTH

In attendance:

Ali Sangster Wall Healthwatch Shropshire
 Janet O'Loughin Healthwatch Telford and Wrekin
 Alison Smith Director of Corporate Affairs STW CCG
 Julie Garside Director of Performance STW CCG
 Caroline Farnworth Newman Interim Deputy Director of Quality STW CCG
 Claire Parker Director of Partnerships STW CCG
 Vanessa Whatley Deputy Director of Nursing and Quality STW CCG
 Dave Ashford Deputy Director of Performance
 Alison Massey Interim Transformation and System Commissioning Partner – Community STW CCG
 Lisa Rowley, Notetaker and PA to the Executive Director for Nursing and Quality STW CCG

Chair's Assurance Report

Apologies:

Hayley Flavell SaTH
 Dr Jane Povey Shropcom
 Cllr Paul Watling Telford and Wrekin Council
 Angie Wallace Shropcom
 Lynn Cawley Healthwatch Shropshire
 Jo Britton Telford and Wrekin Council
 Liz Noakes Telford and Wrekin Council
 Barry Parnaby Healthwatch Telford and Wrekin

3.2 Approvals

Approval Sought	Outcome
Summary report for noting.	