

STW ICS Board v.1

MEETING
30 March 2022 15:00

PUBLISHED
25 March 2022

ICS BOARD AGENDA

Meeting Title	STW ICS Board	Date	Wednesday 30 March 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
30-03.001	Introduction and Apologies	Neil McKay	I	Verbal	3.00
30-03.002	ICS Chairs report <ul style="list-style-type: none"> To note the publication of the 2nd Ockenden report with full discussion scheduled for April ICB 	Neil McKay	I	Verbal	
30-03.003	Declarations of Interest	Neil McKay	S	Paper	
30-03.004	Minutes from the previous meeting held on 26 January 2022	Neil McKay	I	Paper	
30-03.005	Matters arising and action list from previous meetings	Neil McKay	I	Paper	
30-03.006	Questions from Members of the Public Guidelines on submitting questions can be found at: https://stwics.org.uk/get-involved/board-meetings	Neil McKay	I	Verbal	3.20
30-03.007	Residents Story	TBC	I	Verbal	3.25
30-03.008	Interim ICB CEO Designate update <ul style="list-style-type: none"> System Development Plan - Final Readiness to Operate update Transition to Shadow Integrated Care Board from April 2022 Governance report 	Simon Whitehouse	I & D	Verbal Paper Paper Paper	3.40
30-03.009	Pledge 9: Creating System Sustainability – System Finance Plan 2022/23	Claire Skidmore	S & D	Paper	4.05
30-03.010	Pledge 1. Improving Safety and Quality – revision of Pledge 1	Zena Young	A & D	Paper	4.30
For Information Only					
30-03.011	ICS Performance Update including vaccination progress and finance update	Julie Garside	S & I	Paper	
30-03.012	Committee Reports <ul style="list-style-type: none"> Sustainability Committee Chairs Report for meetings held on 24 January and 28 February People Committee Chairs Report for meeting held in January 2022 Quality and Safety Committee Chairs Report for meeting held on 19 January 2022 	Frank Collins Catriona McMahon Meredith Vivian	S & I	Paper Paper Paper	
30-03.013	Any other business	Neil McKay		Verbal	4.55
	Date and time of next meeting: 27 April 2022 – 3:00pm				

Members of Shropshire, Telford and Wrekin Integrated Care System (STW ICS) Board

Register of Interests - 10 March 2022

Surname	Forename	Position/Job Title	Type of Interest				Nature of Interest	Date of Interest		Date Declaration Reviewed	Action taken to mitigate risk
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect?		From	To		
Barnett	Louise	Member, ICS Board Chief Executive, Shrewsbury & Telford Hospital NHS Trust	X			Direct	Chief Executive, Shrewsbury & Telford NHS Trust	Feb-20	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Indirect	Husband is Chair of QEH Kings Lynn NHS Trust	Feb-20	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Indirect	Husband is Chair and Client Partner of SSG Health Ltd	Feb-20	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X		X	Indirect	Husband is visiting Chair of Cranfield University	Feb-20	ongoing	17.2.22	Level 1 - Note on Register
Begley	Andrew	Member, ICS Board Chief Executive, Shropshire Council	X			Direct	Chief Executive, Shropshire Council	1.9.20	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
Brandreth	Mark	Member, ICS Board Interim Accountable Officer - Shropshire, Telford and Wrekin CCG	X			Direct	Interim Accountable Officer - Shropshire, Telford and Wrekin CCG	1.8.21	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
					X	Indirect	Close friends with Director of Innermost Consulting	2013	ongoing	17.2.22	Level 1 - Note on Register
					X	Indirect	Close friends with Corporate Team at Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	2012	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
					X	Indirect	Partner is an employee of RJAH and also works with Shropshire Community Health NHS Trust (SCHT)	2022	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
Burford	Andy	Member, ICS Board Cabinet Member for Adult Social Care and Health Integration, Telford & Wrekin Council	X			Direct	Cabinet Member for Adult Social Care and Health Integration, Telford & Wrekin Council	May-19	ongoing	18.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
Carr	Neil	Member, ICS Board Chief Executive, Midlands Partnership NHS Foundation Trust	X			Direct	Chief Executive, Midlands Partnership NHS Foundation Trust	22.2.22	ongoing	22.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
Chan	Ian	Member, ICS Board	X			Direct	GP Partner, Teldoc	5.4.17	ongoing	22.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
				X		Direct	Telford & Wrekin Locality Chair	1.7.20	ongoing	22.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
				X		Direct	Place based care clinical lead	1.8.20	ongoing	22.2.22	Level 1 - Note on Register
			X			Direct	Teldoc PCN Clinical director	1.7.19	ongoing	22.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Direct	Acupuncturist	10.9.19	ongoing	22.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Direct	In receipt of Keele University fees for Medical Student	1.7.19	ongoing	22.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
Davies	Patricia	Member, ICS Board Chief Executive, Shropshire Community Health NHS Trust	X			Direct	Chief Executive, Shropshire Community Health NHS Trust	1.4.21	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
Jones	Simon	Member, ICS Board Shropshire Council Councillor & Cabinet Member with portfolio for Adult Social Care and Public Health	X			Direct	Shropshire Council Councillor & Cabinet Member with portfolio for Adult Social Care and Public Health	24.9.21	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
Keegan	Stacey	Member, ICS Board Chief Executive, Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	X			Direct	Chief Executive, Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	Aug-21	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
McKay	Neil	Independent Chair, ICS Board	X			Direct	Independent Chair, ICS Board	17.2.22	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Direct	Director of Neil McKay Associates Ltd	17.2.22	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Indirect	Wife Director of Neil McKay Associates	17.2.22	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Direct	Associate with GE Healthcare	17.2.22	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Direct	Associate with PA Consulting	17.2.22	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Direct	Senior Adviser to ZPB Associates	17.2.22	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Direct	Strategic Adviser and Health Strategy Board Chair, Browne Jacobson LLP	17.2.22	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Direct	Adviser to Harvey Nash, Executive Search	17.2.22	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
McMahon	Catriona	Member, ICS Board Chair, Shrewsbury & Telford Hospital NHS Trust	X			Direct	Chair, Shrewsbury & Telford Hospital NHS Trust	2020	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Direct	Shareholdings and other ownership interests: Holder of small number of shares in AstraZeneca	2000	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Direct	Shareholdings and other ownership interests: Owner, CMMK Ltd, a pharmaceutical medical consultancy working with ABPI and NHS Scotland (Co. number 9150498)	2014	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Direct	Shareholdings and other ownership interests: Owner TAC Ltd, an executive coaching business, providing services to wide range of organisations, including healthcare (Co. number 11437635)	2017	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Direct	Non-Executive Director, University Hospitals Birmingham NHS Foundation Trust	2014	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
Nurse	Megan	Member, ICS Board Vice Chair, Midlands Partnership NHS Foundation Trust	X			Direct	Vice Chair, Midlands Partnership NHS Foundation Trust	14.06.16	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
O'Kane	Nuala	Member, ICS Board	X			Direct	Chair, Shropshire Community Health NHS Trust	Feb-19	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Indirect	Husband is Chief Executive of Small Woods Association (Provider of mental health and well being support, and may benefit from Social Prescribing)	Jan-16	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
Pepper	John	Member, ICS Board Chair, NHS Shropshire, Telford and Wrekin CCG	X			Direct	Chair, NHS Shropshire, Telford and Wrekin CCG	1.4.21	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Direct	Salaried General Practitioner at Belvidere Medical Practice (part of Darwin Group)	19.1.21	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Direct	Belvidere Medical Practice is a member of Darwin Group of practices and Shrewsbury Primary Care Network	19.1.21	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X			Direct	NHS England GP Appraiser	19.1.21	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
			X		X	Indirect	Family member provided evidence to Ockenden Review	1.4.21	ongoing	17.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions or discussions on historical issues raised within the scope of the Ockenden Review. This does not exclude from commissioning decisions or discussions on current maternity and neonatal services or any service provided by SaTH more generally.
Sidaway	David	Member, ICS Board Chief Executive, Telford and Wrekin Council	X			Direct	Chief Executive, Telford and Wrekin Council	To be advised	ongoing	To be advised	Level 2 - Restrict involvement in any relevant commissioning decisions
Turner	Harry	Member, ICS Board Chair, Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	X			Direct	Chair, Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	1.2.22	ongoing	8.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
					X	Direct	Chair, Hospice Charity Partnership	Oct-16	ongoing	8.2.22	Level 1 - Note on Register
					X	Direct	Chair, Dudley Integrated Care NHS Trust	Jul-19	ongoing	8.2.22	Level 1 - Note on Register
					X	Direct	Presiding Justice, West Mercia Judiciary	Oct-06	ongoing	8.2.22	Level 1 - Note on Register
Whitehouse	Simon	Member, ICS Board Interim CEO Designate for the ICB	X			Direct	Interim CEO Designate for the ICB	01.01.22	ongoing	01.01.22	Level 2 - Restrict involvement in any relevant commissioning decisions
					X	Direct	Trustee for the Port Vale Football Club Foundation Trust	01.01.22	ongoing	01.01.22	Level 1 - Note on Register
					X	Indirect	Spouse is a senior staff nurse at University Hospital of North Midlands	01.01.22	ongoing	01.01.22	Level 2 - Restrict involvement in any relevant commissioning decisions

**Attendees of Shropshire, Telford and Wrekin Integrated Care System (STW ICS) Board
Register of Interests - 10 March 2022**

Surname	Forename	Position/Job Title	Type of Interest				Nature of Interest	Date of Interest		Date Declaration Reviewed	Action taken to mitigate risk
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect?		From	To		
Garside	Julie	Attendee, ICS Board Director of Performance NHS Shropshire, Telford and Wrekin CCG	X			Direct	Director of Performance NHS Shropshire, Telford and Wrekin CCG	1.4.21	ongoing	23.2.22	Level 2 - Restrict involvement in any relevant commissioning decisions
O'Connor	Nicky	Attendee, ICS Board ICS Programme Director					None declared	Jul-21			
Parnaby	Bary	Attendee, ICS Board					Chair, Healthwatch Telford and Wrekin	23.2.22	ongoing	23.2.22	Level 1 - Note on Register
		Chair, Healthwatch Telford and Wrekin					Councillor, Great Dawley Town Council	23.2.22	ongoing	23.2.22	Level 1 - Note on Register
Povey	Jane	Attendee, ICS Board Clinical Lead		X		Direct	Member of University Centre Shrewsbury (University of Chester) Consultative Board	2017	ongoing		Level 1 - Note on Register
Redfern	Steven	Attendee, ICS Board Assistant Director of Strategic Transformation with NHS England and NHS Improvement (Midlands Region)		X		Direct		23.2.22	ongoing	23.2.22	Level 1 - Note on Register
Riley	Catherine	Attendee, ICS Board SRO for Mental Health, Learning Difficulties & Autism	X			Direct	Managing Director, Midlands Partnership NHS Foundation Trust	Jun-18	ongoing	18.2.22	Level 1 - Note on Register

1
2
3
4
5
6
7
8
9
10
11
12
13
4

STW ICS BOARD
26 JANUARY 2022 - 3PM
MINUTES OF MEETING

Present:

Sir Neil McKay	Chair STW ICS Board
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
Simon Whitehouse	Interim ICB CEO Designate STW ICS
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
Megan Nurse	Vice Chair, Midlands Partnership NHS Foundation Trust
Neil Carr	Chief Executive Midlands Partnership NHS Foundation Trust.
Frank Collins	Chair Robert Jones and Agnes Hunt Hospital NHS Foundation Trust
Stacey Lea-Keegan	Interim Chief Executive Robert Jones and Agnes Hunt Hospital NHS Foundation Trust
Andy Begley	Chief Executive, Shropshire Council
Cllr Simon Jones	Portfolio Holder for Adult Social Care and Public Health Shropshire Council.
David Sidaway	Chief Executive, Telford and Wrekin Council
Dr Ian Chan	Primary Care Network Clinical Director

In Attendance

Nicky OConnor	ICS Programme Director- STW ICS
Victoria Rankin	Executive Lead for People – STW ICS
Cherry West	Executive Lead for the UHB-SaTH-NHSEI Improvement Alliance and Improvement Director SaTH
Harry Turner	Vice Chair (Chair from 1 February) Robert Jones and Agnes Hunt Foundation Trust
Meredith Vivian	Deputy Chair/Lay Member, Patient and Public Involvement STW CCG
Sam Tilley	Director of Planning STW CCG
Alison Smith	Director of Corporate Affairs STW CCG
Terry Gee	Chief Officer STAY Telford
Heather Osborne	Chief Officer AGE UK
Lynn Cawley	Chief Officer Healthwatch Shropshire
Barry Parnaby	Chair Healthwatch Telford and Wrekin
Jonathan Rowe	Director of Adult Social Care, Telford and Wrekin Council
Fran Steele	Director Strategic Transformation NHSE/I
Claire Skidmore	Executive Director of Finance STW CCG

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

Rachel Hardy
Jayne Knott

Financial Consultant STW ICS
ICS Programme Support

Apologies:

Dr Tim Lyttle
Cllr. Andy Burford

Primary Care Network Clinical Director
Cabinet Member for Health and Social Care, Telford and
Wrekin Council

Edna Boampong
Dr Ian Rummens
Zena Young

Director of Communications and Engagement STW ICS
Shropshire Local Medical Committee
Executive Director of Nursing and Quality STW CCG

Minute No	Title
26/01/1.0	<p>Introduction and Apologies Apologies were noted as outlined above.</p> <ul style="list-style-type: none">The Chair welcomed everyone to the meeting and reminded everyone that this was a briefer meeting this month due to the need to focus system capacity on the significant pressures the system is currently experiencing.The Chair welcomed Mr Simon Whitehouse who joined the ICS on 1st January as the interim Designate ICB Chief Executive. Simon has been working latterly in Staffordshire and Stoke-on-Trent doing ICS system work there. The Chair also welcomed Mr Harry Turner who has been appointed as the Chair of Robert Jones and Agnes Hunt Foundation Trust.
26/01/2.0	<p>Minutes and Actions from Previous Meeting – 24/11/2021</p> <p>The minutes were approved as accurate but with the following amendments to page 5:</p> <p><i>'Dr Catriona McMahon commented that whilst the SaTH remains inadequate overall, the underlying picture is considerably improved. Two thirds of the elements were rated inadequate in 2020, whereas in the latest inspection two thirds of the elements rated, are considered to either require improvement or are good.'</i></p> <p>All actions were declared as completed.</p>
26/01/3.0	<p>Members' Declarations of Interest Mr Harry Turner gave a verbal declaration of interest:</p> <ul style="list-style-type: none">Vice Chair of Robert Jones and Agnes Hunt Foundation TrustChair of Dudley Integrated Health and Care NHS TrustChair of the Hospice Charity Partnership in Birmingham.Presiding Justice in Worcestershire <p>Action: It was agreed for Mrs Jayne Knott to send declaration of interest form to Mr Turner to complete and return to Mrs Knott to update the register of interests.</p> <p>Mr Mark Brandreth requested that his declaration of Interest was updated, and he suggested that declarations of interest for the ICS/ICB should be consistent with organisational declaration of interests.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

	<p>Action: It was agreed that Mrs Jayne Knott to liaise with Mrs Tracy Eggby Jones of the CCG to review the formatting and make required amendments ahead of next Board meeting.</p>
26/01/4.0	<p>Questions from Members of the Public</p> <p>No questions submitted this month.</p> <p>The Chair asked if we are advertising to members of the public they are permitted to contribute to the Board meetings by submitting questions.</p> <p>Action: Mrs Edna Boampong to review the communications that advertise Board meetings and the invitation to submit questions.</p>
26/01/5.0	<p>Resident's story/experience Tackling Health Inequalities through the Covid19 Vaccination Bus</p> <p>Mr Simon Whitehouse asked the Board to note that he had suggested that the title of this item should be changed from 'patients' story to 'residents' story as he was keen that resident stories come through the broad range of ICS partner organisations; local authorities, Healthwatch and NHS organisations.</p> <p>Mr David Sidaway presented the item by reminding the Board that the ICS had undertaken a significant piece of work during the height of the Covid pandemic to increase the uptake of vaccinations in those groups who suffered from health inequalities. He went onto say that the ICS had asked the two local authorities to head on this work as they were best placed to understand their communities in the detail required. The following information was highlighted:</p> <ul style="list-style-type: none"> • Access to data - nine out of thirteen GPs/PCNs in Telford provided all their data and which covered the areas with concerns. • Limited data available from Shropshire GPs. • Invitations either directly through the GP data or through our customer management system, played out both in Shropshire, Telford and Wrekin, over 29,000 text messages to local residents were sent. • Over 3000 outbound phone calls to residents to encourage uptake, to offer transport if needed • Targeted Facebook and Instagram process and adverts and paid for, both councils paid for this provision and adverts were shown more than 300,000 times and viewed by 63,000 residents. • Two buses were named - Betty for Telford and Wrekin and Bob for Shropshire <ul style="list-style-type: none"> ○ driving the first dose challenges in our most deprived areas where there were diverse communities also with the homeless focus. ○ pop-up clinic Interfaith Council in areas around Telford and Wrekin. ○ outcomes of the first dose uptake as of the 12th of December was 80.7% and on the 19th of January is 82.2%. ○ over 2,500 additional first doses mostly at a Betty the bus and the Interfaith Council is what is being delivered in a short period of time.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

	<ul style="list-style-type: none"> ○ first dose in terms of deprivation gap, this has narrowed from 15.1% to 15.7% ○ first dose uptake increased by 2% in all BAME groups across Telford and Wrekin. ○ placed in various locations in Shropshire ○ pop up clinics at the fire station and bus station. ○ outcomes in Shropshire the first dose uptake as of the 12th of December is 89%, and as of the 23rd of January is 90%. <p>Mr Sidaway paid tribute to the team and that he was personally delighted with the way the team had collaborated and was very proud of their achievements. He went onto highlight the distinct gap between the two places of Shropshire, Telford and Wrekin when inequalities is considered and thanked ICS Board members for their support in terms of the continuation with this programme.</p> <p>Dr John Pepper commented that this is a success for our local system and that the delivery to the homeless population has been important in the work that Dr Nicola Roberts and the ARK have done in Shrewsbury.</p> <p>Dr Patricia Davies commented that this model of care, has a huge potential in terms of scalability, around other aspects of public health delivery, as well as how we plan to deliver care in the future.</p> <p>Mr Whitehouse said that this is how we use population health data to better manage the way that we deliver services to meet the needs of the population. We should be held to account if we do not use this platform and the work that that local authorities and partners have delivered on, to get into the health inequalities remit of what an ICS and ICB is about.</p> <p>The Chair commented that it is important that the essence of the story that has been told is retained and he went on to thank Mr Sidaway and thanked him for his leadership in this area.</p> <p>Mr Andy Begley said we should reflect on a level of confidence that central government may have now within system working and local authorities. Not to lose the learning around that as all these things stack up to demonstrate real capability and confidence.</p> <p>The Board noted the presentation.</p>
26/01/6.0	<p>ICB Designate Chairs report The Chair highlighted the following:</p> <ul style="list-style-type: none"> ● We have been busy managing our response to the pandemic and the vaccination program, and booster jabs. ● The Chair wanted to pay tribute to some of the unsung heroes and heroines in this effort, people who work as Chief Executives of NHS organisations, local authorities, their executive teams, and many of their managerial colleagues. and wanted to put on record his immense gratitude to that group of people as well as frontline clinical staff.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

	<ul style="list-style-type: none"> • The implementation of the ICS has been deferred to 1st July 2022, due to a number of factors, including ensuring that there was enough parliamentary time to see the Bill pass through the Commons. • There is a potential risk from this deferral that work will slow down. We need to measure it against the operational response for COVID and recovery, and make sure that the operational responses have the utmost priority. the chair reiterated that there is a need to push forward as if the 1st April was the operative date. We should do all we can to get the necessary preparatory work underway and established for then. • The CCG will remain as a statutory body until the 30th of June. Mr Mark Brandreth will work as the Accountable officer with Dr John Pepper leading the CCG during that period. There is a clear understanding between the CCG and the ICS about who should be responsible for what during the transition. • The Non-Executive ICB Director posts have been advertised with the closing date 24th January, shortlisting to take place on 27th January with interviews will take place imminently. ICB Directors posts have been advertised with various closing dates. • Position of the substantive Chief Executive will be advertised in due course but will be kept under review for the next few months. • The initial strategic outline case (SOC) for the Hospital Transformation Programme (HTP) was submitted in October, this is the case that has to be approved and supported with regional and national regulators as an important step towards getting the capital we need to implement HTP. These plans have not been rejected by regulators or deadlines missed but are subject to negotiations. We are going through a normal process of iteration with the region to revise the SOC to have it ready to submit to a national committee in the spring. We have been asked to consider an option which looks at what we can achieve for the original allocation of £321 million whilst ensuring that we remain compliant with the consultation that the CCG undertook for the system.
26/01/7.0	<p>Interim ICB Designate Chief Executive update</p> <p>Mr Whitehouse thanked all colleagues for the warm welcome he has received since being appointed to this ICS and said he recognised the hard work that is happening and that the continued focus and effort to do the very best for the residents and population across Shropshire, Telford and Wrekin across the system with all partners.</p> <p>Mr Simon Whitehouse gave a verbal update and highlighted the following:</p> <p>The report provides a progress report on ICS transition in three sections:</p> <ul style="list-style-type: none"> • Update on progress against the Readiness to Operate Statement (ROS) and the change in timetable for the ICB establishment. • Priority areas from December NHS planning guidance and process for progressing. • CCG Issues and Decisions. <ul style="list-style-type: none"> • Mr Whitehouse confirmed that there are two different closing dates for the five Director posts, 7th February, and 14th February. He asked colleagues on this Board to promote these jobs as widely as possible through their networks and

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

	<p>through colleagues to enable us to get a strong field coming forward and looking to work with us in Shropshire Telford and Wrekin. Recognising the impact on individuals in the CCG.</p> <ul style="list-style-type: none"> • It is crucial that we recognise the importance of managing people well through the transition. • Recognised the important work that Mr David Stout has completed and delivered on behalf of the system. • The system has a number of priorities and we have an opportunity with the planning round to refine and focus on the things that we really need to get moving on in 22/23. Part of this will be linked to the level of scrutiny that we are going to be under for things that have been previously promised in terms of a financial trajectory or quality improvement trajectory. • There is a need to ensure that we maintain and continue to build on the confidence with national colleagues and regional colleagues to get to the right place. • More importantly though, we must absolutely deliver on our promises to the residents of Shropshire, Telford, and Wrekin so that we have high quality sustainable health and care, that that looks after people in their usual place of residence and keeps them fit and well for as long as we possibly can. <p>Ms Nicky OConnor updated the Board on ICS timetable and highlighted the following:</p> <ul style="list-style-type: none"> • We have now received the new national timetable and that there are a lot of things still scheduled for the end of March in terms of bringing the new Integrated Care Board (ICB) together with the governance and recruitment. • There are some issues about dual running of the year end accounts process and people issues that need to be considered. • The assurance process around the readiness to operate assessment that we did in December has provided good feedback from the regional team. Three areas that need to be focused on in the next period: <ul style="list-style-type: none"> ○ Further development of our quality governance. ○ Clinical and professional leadership. ○ Recruitment. • The next assurance staging post is at the end of March, this will be another iteration of our system development plan, along with another readiness to operate assessment plan. <p>Dr Catriona McMahon commented that absolute need at this point in time for integrated medical/clinical professional to be involved in these discussions, and showing leadership through several of the different critical projects that we currently.</p> <p>Dr McMahon asked what work is being done to support the work that we need to be doing now whilst the professional/clinical leadership framework is being developed?</p>
--	--

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

	<p>Mr Whitehouse responded by saying that there are conversations that are happening with Dr Deborah Shepherd in the CCG, Dr Jane Povey in Shropshire Community Trust and Dr John Pepper and GP colleagues, talking about how do we do some of this differently? And where is the clinical and professional focus on the programmes of work?</p> <p>The Chair commented that clinical and professional leadership is an important issue for every one of our NHS organisations who participate within the Board, and that it is important that clinical leaders take action to represent particular issues.</p> <p>Mr Meredith Vivian asked about the workforce section of the paper. <i>Invest in our workforce – with more people and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.</i></p> <p>He asked whether the requirement that this priority represents is a new expectation or is it just a maintenance of the existing drive around workforce?</p> <p>Mr Whitehouse responded by saying that the planning guidance is a fairly long list of national asks. It is summarised as the 10 things that are there which reinforces the importance of the people plan, the people focus and the people agenda. We have also been able to secure some national funding to be able to bring in a colleague to work with us in partnership for the next six months, who will take a lead on the system side of things and the development of and working through what those proposals might look like?</p> <p>The Chair also responded that unless we get to a position where we can implement HTP, our workforce challenges will continue.</p> <p>Mrs Heather Osborne also commented that mental health services and services for people with learning disabilities should be improved across the voluntary sector as this is having a significant impact in the community, and this should be one of the priorities.</p> <p>Mrs Sam Tilley updated the Board on the planning guidance and highlighted the following:</p> <ul style="list-style-type: none"> • In terms of the planning guidance, we have now got dates, the first draft is due on the 17th March and the final submission is due on the 28th April. • The guidance is emerging, so we are starting to get more detail in terms of what is required. • Identifying leads to populate sections. • During the process of creating our submission, we will be trying to galvanise our local priorities. • Focus down on our key system priorities • To develop our system plan, we will utilise the tried and tested arrangements. <p>Mr Whitehouse said it was important to get a Local Authority narrative and asked Chairs and Chief Executives to take the ownership to make sure that we do not end up with several organisational iterations of chapters.</p>
--	---

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

	<p>Action: Mr Whitehouse to discuss with Mrs Tilley and colleagues about the processes to go through and contributions from this Board towards the development of our plans and build this into the timeline.</p> <p>Miss Alison Smith updated the Board on CCG issues and decisions and highlighted the following:</p> <ul style="list-style-type: none"> • The CCG Governing Body took an extraordinary paper in December on the temporary centralisation of SaTH inpatient cardiology services at the Princess Royal site. The CCG Governing Body agreed to support the proposal with several caveats. • The second Ockenden report is due out in March, and that there is an expectation that there will be a system response to that across all of the organisations involved. <p>The Board is asked to note the changes to the ICB establishment timeline, the approach taken to making the appropriate adjustments to the programme of work for ICB development and establishment and the decisions on CCG issues.</p> <p>The Board noted the paper.</p>	1.	2.	3.	4.	5.			
26/01/8.0	<p>Update on System response to Covid 19</p> <p>Mr Mark Brandreth gave a verbal update and highlighted the following:</p> <ul style="list-style-type: none"> • There is an opportunity to look at developing our vaccination service. However, there are not enough registered professionals, either locally, regionally, or nationally. • Our service has delivered 1.1 million vaccinations in just over a year. We are top in boosters in care homes. boosters with housebound residents. We are top in the top two in the country around immunosuppressed patients. • We are also the top performing system in the region around pregnancy uptake and also 12–15-year-olds. We are second overall in the region for our booster program at 85%. This week, 678 of our residents have had a first dose of the vaccine. • The data is valuable, and we need to support our PCN and GP colleagues to be more comfortable to share data so that we have a system in place when needed. • Any member of staff in health or care that is involved in a CQC regulated activity needs to have had two doses of the vaccine by 1st of April. This is government policy and the law so we will need to work through redeployment with some of those people where we can away from clinical areas and possibly with a very small number, termination of their contract. • Telford and Wrekin are the second highest borough nationally in terms of Covid prevalence. This is being driven by high transmission of Covid through primary schools. • Covid is impacting on our ability to run a more normal services e.g., for the system to reduce the elected backlog. 	6.	7.	8.	9.	10.	11.	12.	13.

	<ul style="list-style-type: none"> • Shrewsbury and Telford Hospital have around 70 patients in hospital with a small number in ITU. This number has not reduced in the last two weeks. The ability to look after patients is compromised due to staff sickness levels being high around 8-10%, this is across both Health and Care. • Up to 3/4 of our care homes in Shropshire, Telford and Wrekin have been closed to admissions due to Covid in the residents/Staff. No high numbers of care home admissions, due to majority of care home residents being vaccinated and had boosters. • MPFT in the last two weeks, have had Wards closed due to outbreaks amongst patients, but also significant high levels of sickness among staff. • Ambulance conveyances are slightly lower than usual, but still seeing long ambulance waits, which are being focused on and we are trying to minimise. <p>Mrs Louise Barnett, Ms Nuala O’Kane and Mr Whitehouse agreed with the comments made by the Chair and Mr Brandreth about how this underscores the absolute necessity of HTP being implemented, and there is a need to get the communications right and this has to be about our health and care transformation program, not a building programme.</p> <p>The Board noted the verbal update from Mr Brandreth</p> <p>Action: Mr Whitehouse and Mrs Barnett to meet and discuss HTP and bring update back next month.</p>
26/01/9.0	<p>Committee Reports</p> <p>Mr Frank Collins gave a verbal update on Sustainability Committee:</p> <ul style="list-style-type: none"> • On track to deliver stabilisation with financial goals and aspirations for this year. • The evolving context around SOF 4, big ticket items, NHS operational plan, the radical thinking, and our own pledges we just need to be assured through the respective organisational subgroups that the right things are being done and focussing on the right priorities. • NHSEI said that the system has made good progress in terms of financial oversight, financial management, and financial integration in the last 12 months and credibility has increased. <p>Dr Catriona McMahon gave a verbal update from the most recent People Committee:</p> <p>3 principal topics were discussed:</p> <ul style="list-style-type: none"> • Mutual support to make sure that all areas across the system were willing to support each other, there was strong willingness but not the capacity to do so to the level that may have been required at some points in time. • Vaccination update and the risk around the 3rd February and 1st April. Data and data reliability and how important the one-to-one contact with every individual who we believe is unvaccinated is, as in some of those cases they are vaccinated because the data has not been consistently robust. A risk

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

	<p>assessment has been done, areas that might be more at risk and the ongoing work, including the national reporting that started last week with regards to potential impact.</p> <ul style="list-style-type: none"> The impact of the change of timelines for the ICS, and the impact on CCG staff. How CCG Staff are being supported through this period of uncertainty. <p>Dr McMahon commented that staff are exhausted across all areas of health and care and everyone has gone the extra distance, and consistently because of lack of availability because of sickness across the system, there has been short-staffed areas and people have been stepping up and doing additional shifts and additional work to meet the additional demand.</p> <p>Mr Meredith Vivian introduced the Quality and Safety Committee Chair's report and highlighted the following:</p> <ul style="list-style-type: none"> Terms of reference being redefined for the committee and the system quality group that feeds into it. There is dedicated resource to support that piece of work and will be presented at the next Board, this will include updating pledge 1. Performance to be added to the terms of reference of the Quality and Safety Committee. There is a need to share each partner's risks with the Committee, and the Board assurance framework across the system. All partners have been asked to share their risks and their risks on their BAF related to quality and safety. <p>Mr Vivian mentioned that there was a lack of attendance at the Quality and Safety Committee meetings, with December's meeting not being quorate.</p> <p>Mrs Nuala O'Kane commented that the Audit and Risk Committee meeting had been cancelled due to sickness and will update at the next Board.</p> <p>Dr McMahon suggested that we have a system risk rather than multiples. Miss Smith assured the Board that a meeting was being convened to pull this all together.</p> <p>The Board noted the verbal updates.</p>	1.
		2.
		3.
		4.
		5.
		6.
		7.
		8.
		9.
26/01/010	Any other business	10.
	The Chair asked Mr Brandreth to keep this Board up to date via email with the progress on staff vaccinations as we get nearer to the 1 st April.	11.
	The Meeting closed at 16:45hrs	12.
	The next meeting is scheduled for 23rd February 2022 at 3pm	13.

Action Log – Open

Date & Ref No	Action	Owner	Date Due	Update	Completed date
26/01/2022					
26/01/22.0.3	<p>It was agreed that Jayne Knott to send declaration of interest form to Mr Turner to complete and return to Mrs Knott to update the register of interests.</p> <p>Mrs Jayne Knott to liaise with Mrs Tracy Eggby Jones of the CCG to tidy the formatting and make amendments ahead of next Board meeting</p>	JK	23/2/22		Completed 26/01/22
26/01/22.0.4	Mrs Edna Boampong to review the communications that advertise Board meetings and the invitation to submit questions.	EB	23/2/22		
26/01/22.0.7	Mr Whitehouse to discuss with Mrs Tilley and colleagues about the processes to go through and contributions from this Board towards the development of our plans and build into the timeline	SW ST	23/2/22		
26/01/22.0.8	Mr Whitehouse and Mrs Barnett to meet and discuss HTP and bring update back next month.	SW LB	23/2/22		

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

Decision Log

Ref	Discussion	Decision
24/11/2021		
24/11/21.9.0	The Board agreed and accepted the recommendations of the Naming convention.	Agreed
27/10/2021		
27/10/21.001	Patient stories will be included early on the agenda going forward	Agreed
27/10/21.012	The Board is asked to note this report and discuss the progress being made against Pledge 1. Board is also invited to note the challenge in recruiting to a key governance position. This is now being escalated to the system CEO group and a discussion will be held in the next few weeks to consider next steps. A further update will be provided the ICS Board at a future meeting.	Noted
27/10/21.014	The Chair commented about the timings of the Board meetings for next year as at present they do not allow sufficient time for data to be produced in time for papers. Mrs OConnor said that a revised schedule was being worked on.	Noted
29/9/21.001	Integrated Care Board (ICB): The Board approved the membership proposal.	Approved
29/9/21.002	ROS - The statement outlines the minimum level the ICS must achieve in its development prior to 1st April 2022, and NHSE/I require a first checkpoint on progress in mid-November and the Board was asked to note that the SDP will require a further update.	Noted
29/9/21.003	Financial strategy & financial improvement framework - A register of decisions is being made for items not prioritised or waiting for funding. Mr Stout confirmed that a register is being kept which is presented at Sustainability Committee.	Noted
29/9/21.004	Following discussion, the Board: 1. Reviewed the financial strategy for the system and organisation and approved the approach of one model, one consistent set of assumptions and the current impacts on your organisation, recognising that the position of each organisation will transparently evolve and change. 2. Agreed the recommendations to Mobilise and Deliver the Plan (Section 4) to enable the development and delivery of the financial strategy and Financial Improvement Framework as part of an Integrated System Strategy. 3. Approved the approach set out in this document to ensure the transparent and agile approach to financial	Agreed and Approved

	<p>planning and management continues across the system.</p> <p>4. Recognised the financial control totals in the financial Improvement Framework with a commitment to agree organisational control totals once operational planning has commenced. Organisations to use the financial Improvement trajectories to commence planning for 2022/23 to aim to deliver the recovery trajectory. This will evolve and change as the year develops; however, this will be transparently managed through the approach outlined</p>	
29/9/21.005	VCSE MOU - The ICS Board noted the content of the report and the requirement for the Board to sign off the arrangements for joint committees for 2022/23 following completion of the due diligence process in November 2021.	Noted
29/9/21.006	ICS Performance update including vaccination progress - The Board noted the current integrated performance of the system in the summary, most notably the achievement of the national vaccination target and the ongoing challenges and risks associated with our financial performance and our workforce. The Board is also noted the continuing work to develop this report including the inclusion of additional programmes e.g, people/workforce and finance this month.	Noted
29/9/21.007	The Board approved the Winter Plan, noting that it is iterative and that it provides a comprehensive platform from which the system can evolve and refine its response as real time information emerges	Approved

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

STW ICS Board

Author:	Nicky O'Connor ICS Programme Director Alison Smith Director of Corporate Affairs Julie Garside	Paper date:	23 March 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	<input checked="" type="checkbox"/>	R=Ratification	<input type="checkbox"/>
S=Assurance	<input checked="" type="checkbox"/>	D=Discussion	<input checked="" type="checkbox"/>
I=Information	<input type="checkbox"/>		

1. Purpose of Paper

1.1 This report provides a progress report on ICS transition in four parts:

- A. Update – Executive and Non-Executive Director appointments
- B. Update – Getting it Right First Time (GIRFT) and Elective Hub, Health & Wellbeing – Men’s Health
- C. ICS transition - update to the Readiness to Operate Statement (ROS)
- D. ICS transition - update on the System Development Plan (SDP)
- E. ICS transition - overview of the transition plan being prepared for the change from the ICS Partnership Board to the Shadow Integrated Care Board (ICB)

2. Executive Summary

2.1. Context

Following the recently confirmed appointments to both Executive and Non-Executive roles, confirmation of the appointees is documented in section A.

An update has been provided on GIRFT following a recent positive national visit. In addition, an update has been provided on the Elective Hub bid.

Following the ‘ICS implementation to 1 July 2022: Next Steps’ letter from NHS England and Improvement on 3 March 2022 a regional process for ROS review and regional sign off was agreed. Whilst there is a national ICB establishment timeline, the regional process supports systems to seek sign-off of ROS components when they are ready, enabling further development and a focus on delivery ahead of establishment by July 1st.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

Three of the key milestones to support this approach are

- submission of the ROS (including evidence to provide assurance that the activities listed will be met at the agreed dates)
- submission and delivery of the SDP
- a path for transition from the ICS Partnership Board to the Shadow Integrated Care Board (ICB)

2.2. Link to Pledges

The STW System Development Plan and supporting ICS transition planning documentation has been linked to the system pledges.

The clarification of the ICB's governance structure supports accountability and assurance for the delivery of all the ICS Pledges.

2.3. Summary

Section A of this paper provides an update on GIRFT following a recent national visit. In addition, an update has been provided on the Elective Hub.

Section B, C and D are providing updates and are asking for approval of key stages of the ICS transition process.

2.4. Conclusion

The Board is asked

1. **To note** section A of this paper on the update on Executive and Non-Executive Director appointments
2. **To note** section B of this paper on the update on GIRFT and the Election Hub, Health & Wellbeing – Men's Health
3. **To note the update and approve** the submission to Midlands Regional Team of the updated Readiness to Operate Statement.
4. **To note the update and approve** the submission to Midlands Regional Team of the System Development Plan.
5. **To discuss and approve** the change on 1st April 2022 from the ICS Partnership Board to the Shadow Integrated Care Board (ICB).

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

ICS UPDATE

1. INTRODUCTION

The purpose of this paper is to provides a progress report in five parts:

- A. Update – Executive and Non-Executive Director appointments
- B. Update – GIRFT (Getting it right first time) and Elective Hub and Health & Wellbeing – Men’s Health.
- C. ICS transition - update to the Readiness to Operate Statement (ROS)
- D. ICS transition - update on the System Development Plan (SDP)
- E. ICS transition - overview of the transition plan being prepared for the change from the ICS Partnership Board to the Shadow Integrated Care Board (ICB)

SECTION A – Update on Executive and Non-Executive appointments

Four new appointments to the Shropshire, Telford and Wrekin Integrated Care Board (ICB) have been confirmed.

- **Chief Finance Officer** – Claire Skidmore
- **Chief Medical Officer** - Mr Nick White
- **Director of Delivery and Transformation** - Gareth Robinson
- **Director of Strategy and Integration** - Nicola Dymond

It is expected that the appointment of the Chief Nursing Officer will be announced in April. At that point the recruitment process for the new Shropshire, Telford and Wrekin Integrated Care Board (ICB) will be complete, both for non- executive and executive posts.

Regarding Non-Executive Director appointments, the Regional Director has supported the appointment of the proposed candidates and that you are able to proceed with their appointment on the following basis:

- **Chair of the Digital Committee**– Dr Niti Pall
- **Chair of the Audit Committee** - Roger Dunshea
- **Chair of the Remuneration Committee** – Professor Trevor McMillan

SECTION B – Update on Getting it right first time (GIRFT) Elective Hub, Health & Wellbeing – Men’s Health.

Elective Hub

TIF funding of up to £24m has been provisionally reserved for Shropshire, Telford and Wrekin for their Phase 1&2 of an elective hub at Princess Royal Hospital in Telford, a further bid by Robert Jones and Agnes Hunt has been put on the reserved list. PWC have been commissioned to support the system in completing the Short Form Business case in line with regional /national timelines. The hub will provide much needed ring-fenced elective capacity to support over elective recovery. Part of the hub will provide Orthopaedic

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

capacity, but this will be run in conjunction with Robert Jones and Agnes Hunt as the orthopaedic delivery is being brought together under their management.

Getting It Right First Time (GIRFT) national visit

Getting It Right First Time (GIRFT) is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change.

Professor Tim Briggs and the national team made their virtual visit to Shropshire, Telford and Wrekin on 11th March. The feedback for the system was very encouraging – most areas were doing very well against the Getting It Right First Time (GIRFT) standard and in a few metrics the system is the best in the country. The team are keen for the good practices to be shared with other systems. Improvements could be made in Gynae and Urology and they offered support in those areas. In Urgent and Emergency Care (UEC), some areas are performing well but there is need to do more work around weekend discharge which is already a focus for the system.

The system is the best in the country for some Ear, Nose and Throat metrics linked to adult tonsillectomies and upper quartile for paediatrics. Orthopaedics is also upper decile for hip and knees patient PROMs (Patient recorded outcome measures) though improvement is needed on length of stay. The system was shown to be in the upper decile for trauma and orthopaedic theatre utilisation, and spinal %admissions without procedure were also upper decile performance. Finally, the system is in the upper quartile for Ophthalmology and General Surgery.

Health & Wellbeing – Men’s Health

I had the pleasure of attending the launch of the systems Men’s Health Forum on 17 March 2022, the forum is part of the system’s Health and Wellbeing offer. The launch comprised of myself in conversation with a local GP talking about my own health and wellbeing and the actions that I take to look after myself physically and mentally. This forum is really important as it has been designed by our local GPs to provide a safe space for men to discuss their health and access support, something that we know can be difficult for men. The forum will provide staff with resources including digital manuals and interactive training/webinar sessions and a Staff Wellman Clinic delivered by an NHS Occupational Health Service

Further information can be found at <https://stwwellbeingfestival.co.uk/>

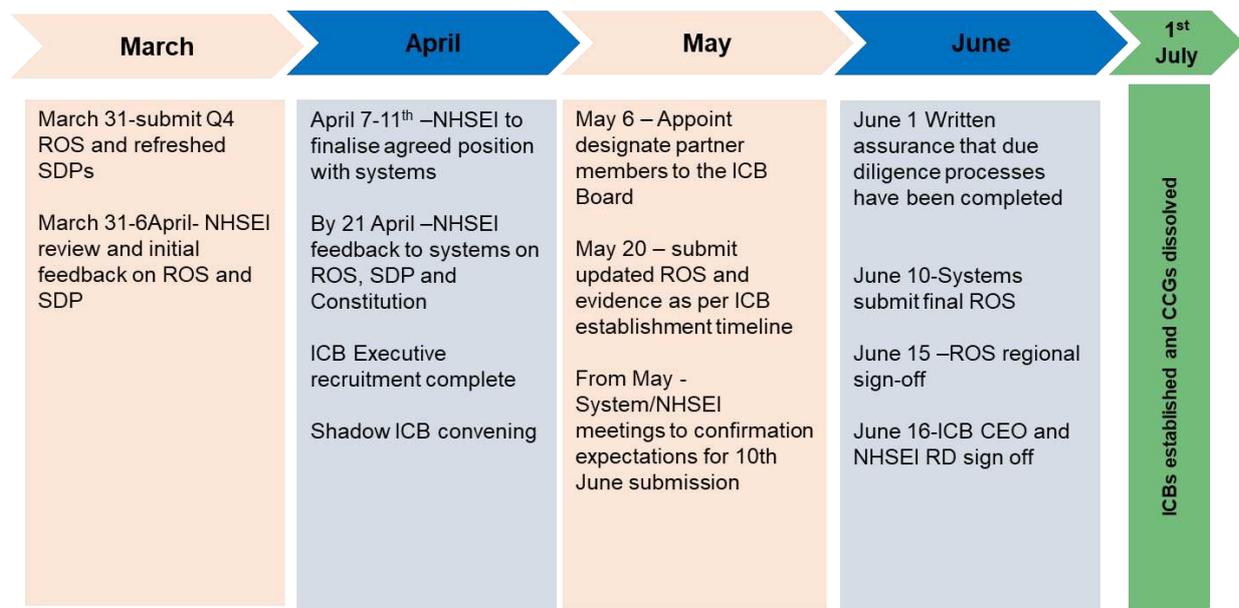
SECTION C – UPDATE ON THE READINESS TO OPERATE STATEMENT (ROS)

In accordance with the NHSEI establishment timeline, systems have been asked to share evidence of progress against the Readiness to Operate Statement (ROS) checklist at Q4 2021/22. The purpose is to provide confidence that all is on track for system and regional director sign off in June.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

The review of 31 March submissions by NHSE/I will result in an agreed joint position between systems and NHSEI including sign-off of specific Readiness to Operate Statement (ROS) components where possible.

The timeline and key activities for the Readiness to Operate Statement (ROS) have been laid out below:



Good progress has been made on the areas marked as “minor concerns” in the December 2021 submission regarding the confirmed appointments of Non-Executive Directors (NED) and Integrated Care System (ICS) Executive roles.

A full statement showing progress and RAG ratings is included as annex A.

SECTION D – UPDATE ON THE SYSTEM DEVELOPMENT PLAN (SDP)

In order to meet the requirement for Integrated Care Systems (ICSs) to submit a System Development Plan (SDP) alongside the Readiness to Operate Statement (ROS) at the end of Q4 on 31 March 2022 a thorough refresh exercise was undertaken.

For the refresh it was considered how Shropshire, Telford and Wrekin, Integrated Care System (STW ICS) is progressing with the statutory requirements to be in place from July 2022 (aligned to their Readiness to Operate Checklist submission), as well as wider longer-term development needs.

Key priorities for Shropshire, Telford and Wrekin, Integrated Care System (STW ICS) and critical areas identified in the 2022/23 planning were discussed with leads who provided input into the respective areas of the plan.

To ensure consistency, NHSEI directions were considered, and the plan was aligned to the ICS Design Framework, the Integrated Care System guidance publications, the Readiness to

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

Operate Statement and other plans e.g., 2022/23 operational plans and initial Integrated Care Partnership (ICP) strategies.

Following the previous submission in October 2021, the System Development Plan (SDP) has been updated as detailed below:

- To include progress updates from across Shropshire, Telford and Wrekin (STW) as advised by system leads.
- To reflect SDP guidance received from NHSEI regional team.
- To align the key priorities for 2022/23 with Integrated Care System Design Framework, Integrated Care System Guidance publications, Readiness to Operate and other plans including 2022/23 Operational Plans and initial Integrated Care Partnership strategies.
- In particular:
 - Reference has been made to the NHS 2022/23 Priorities and Operational Planning Guidance throughout the System Development Plan.
 - The Our Population section of the System Development Plan has been updated, including an overview of the Health and Wellbeing strategies from both Shropshire Telford and Wrekin, and the equalities plan framework.
 - Progress in appointing to key leadership roles is described, as are key governance developments including the revised Terms of Reference for the Integrated Care Partnership.
 - Progress in the Getting to Good and the Hospital Transformation Programmes is reflected.
 - An update is included on progress against the exit criteria for SOF4 and the Recovery Support Programme.
 - We have updated the progress in the Shropshire, Telford and Wrekin Place development, informed by the Deloitte Integrated Care System function mapping work.
 - The People and Culture section reflects the alignment of the Workforce Transformation Programme and the People Plan into a single Shropshire Telford and Wrekin Local People Plan 2022-23.
 - Progress in developing digital and engagement strategies is reflected in the System Development Plan.

SECTION E – OVERVIEW OF THE TRANSITION PLAN FOR THE CHANGE FROM THE INTEGRATED CARE SYSTEM PARTNERSHIP TO THE SHADOW INTEGRATED CARE BOARD

A document, providing an overview of the transition plan being prepared for the change on 1st April 2022 from the Integrated Care System Partnership Board to the Shadow Integrated Care Board (ICB) which will exist in shadow format until 30th June, prior to it becoming a statutory body on 1st July 2022, is being attached as annex B.

This document outlines the key governance changes proposed, including the revised board subcommittee structure.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

2. CONCLUSION

The Board is asked

1. **To note section A** of this paper on the update on Executive and Non-Executive appointments
2. **To note section B** of this paper on the update on Getting it Right First Time (GIRFT) the Elective Hub and Health & Wellbeing – Men’s Health.
3. **To note the update and approve** the submission to Midlands Regional Team of the updated Readiness to Operate Statement.
4. **To note the update and approve** the submission to Midlands Regional Team of the System Development Plan.
5. **To discuss and approve** the change on 1st April 2022 from the Integrated Care System Partnership Board to the Shadow Integrated Care Board (ICB).

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

SUBJECT TO THE PASSAGE OF THE HEALTH AND CARE BILL THROUGH PARLIAMENT

Introduction to the Readiness to Operate Statement (ROS) Checklist V4

IMPORTANT - THIS CHECKLIST SHOULD ONLY BE USED ONCE YOU HAVE READ THE ICS ESTABLISHMENT GUIDANCE ENTITLED: 'ICB READINESS TO OPERATE STATEMENT (ROS) AND CHECKLIST' AND THE CONTENT OF THIS TAB.

The ROS checklist has been co-produced by NHS England and NHS Improvement teams, including the legal team, Integrated Care Systems (ICs) and other stakeholders. It was published via FutureNHS on 18 August 2021. It has been released as appendix B of the guidance document and also as a working Excel document with RAG rating drop-down options to enable systems to self-assess. The Excel document was revised and re-published on 14 October 2021 (V2) to take account of feedback that the RAG ratings needed to include options for 'not started' and 'completed', on 3 November 2021 (V3) to remove 'not started' and provide a 'N/A' option for prompt 3.8 and again on 2 March 2022 to reflect the change in the target date for ICB establishment.

The ROS checklist is a national tool for regional implementation. It indicates that arrangements should be 'in line with relevant guidance' and thus sets a national minimum standard where applicable. However, it does not specify the level or type of evidence required, nor in detail the assessment process to be adopted. Within parameters, there is flexibility, and regional teams have determined and documented their approaches to assessment, with differentiation between ICs where appropriate to take account of local circumstances.

The ROS checklist is the key mechanism for reporting and assuring progress towards ICB establishment. System colleagues can download the checklist to undertake a self-assessment, RAG rating their current and projected (June 2022) positions against the different elements, and supplying a supporting commentary. Individual system self-assessments should be submitted to regional teams.

In June 2022 (see ICB Establishment Timeline for dates) each designate ICB chief executive and their relevant NHS England & NHS Improvement regional director will be asked to co-sign a 'Readiness to Operate Statement' (ROS). This will be a high-level statement to confirm that:

- all legally required and operationally critical elements are in place ready for the establishment of the Integrated Care Board (ICB) as a statutory body on 1 July 2022; and
- arrangements are in place for the ICB to fulfil its role within the wider ICS, including establishing the Integrated Care Partnership (ICP) with the relevant local authority/ies.

Once completed in June 2022, the checklist should be appended to the signed ROS.

The ROS checklist will be the key mechanism for reporting and assuring progress towards ICB establishment.

There will be a joint assessment of progress against each element of the checklist between all systems and the relevant NHS England and NHS Improvement regional team. Assessments at the end of Q2 and Q3 have been completed, and the assessment for Q4 2021/22 will take place in March / April.

There will be a final assessment and each ICB's ROS will need to be signed off in June 2022.

Precise dates for submission of the ROS assessments are all outlined in the ICB Establishment Timeline.

Tab 2 includes the full checklist and the key points to note are as follows:

- column B provides an optional hierarchy allowing presentation as a high level summary (ie 12 core areas) or with all supporting elements
- the date of completion should be included at line 6 and as outlined above, and assessments at Q2, Q3, Q4 2021/22, with a final submission in June (noting that no projected position will be required for the final submission)
- column F seeks a current RAG rating based on the descriptions on the drop down list
- column G seeks a projected RAG rating based on the description on the drop down list
- column H provides a commentary column

Guidance in relation to the subjects covered in the ROS checklist is / will be available on the dedicated workspace for ICS Guidance on the FuturesNHS Platform: <https://future.nhs.uk/ICSGuidance/group/home> on the FutureNHS Collaboration Platform

Version Control

The final draft of the ROS Checklist is contained in the guidance document and this working version is accessible via the Hub. Changes are not anticipated but if deemed necessary, strict version control will be applied. The version number and date of issue will be included below and any changes clearly identified

Current version number

V4

Date of current version

3/2/2022

Comments Regarding Versions Released

V1 was released on 18.08.21

V2 was released on 14.10.21 - no changes made to the content, the only change is in relation to the RAG rating methodology as outlined on the version control log

V3 was released on 03.12.21 - no changes made to the content, the only change is in relation to the RAG rating methodology as outlined on the version control log

V4 was released on 02.03.22 - most changes relate to the change in date for ICB establishment and a change in the narrative re prompt 9.1 - see changes in the version control log

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

RAG Rating Guidance

RAG RATING FOR ALL LINES EXCLUDING 3.8

Current RAG rating (minimum requirement: 31 October 2021, 31 December 2021, 14 February 2022 and final in March 2022)

R	Not on target, significant concerns
A	Progress made, minor concerns
G	On target, no concerns
C	Completed

V2 V3 To guide assessment of what 'on target' means, refer to the systems' transition programme plans, which should be based on the NHSE ICB Establishment Timeline.

Projected RAG rating at March 2022 (date to be confirmed and is likely to be between mid-March and 31/3/22)

R	Delivery by June 2022 is not achievable
A	Delivery by June 2022 is at risk but mitigation plan in place
G	On target for delivery by June 2022
C	Completed

RAG RATING FOR LINE 3.8 ONLY

Current RAG rating (minimum requirement: 31 October 2021, 31 December 2021, 14 February 2022 and final in March 2022)

R	Not on target, significant concerns
A	Progress made, minor concerns
G	On target, no concerns
NA	Not applicable - applies to 3.8 only
C	Completed

V2 V3 To guide assessment of what 'on target' means, refer to the systems' transition programme plans, which should be based on the NHSE ICB Establishment Timeline.

Projected RAG rating at March 2022 (date to be confirmed and is likely to be between mid-March and 31/3/22)

R	Delivery by March 2022 is not achievable
A	Delivery by March 2022 is at risk but mitigation plan in place
G	On target for delivery by March 2022
NA	Not applicable - applies to 3.8 only
C	Completed

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

VERSION CONTROL - LOG OF CHANGES

Date of Change	Version Change	Tab	Ref	Original Drafting	Revised Drafting	Comment Regarding Change
Version 1 released 18 August 2021						
Version 2 released 14 October 2021 - Changes shown below						
10/14/2021	V2	Introduction	Line 19	N/a	Comments Regarding Versions Released V1 was released on 18.08.21 V2 was released on 14.10.21 - no changes have been made to the content, the only change is in relation to the RAG rating methodology as outlined on the version control log	Added to provide confirmation of all versions released
10/14/2021	V2	ROS checklist	Current RAG rating	Current RAG rating (minimum requirement: Q2, Q3 2021/22, mid-February 2022 and final in March 2022) R - Not in place, not started or position unknown A - Progress made G - Completed and in place	Current RAG rating (minimum requirement: Q2, Q3 2021/22, mid-February 2022 and final in March 2022) R - Not on target, significant concerns A - Progress made, minor concerns G - On target, no concerns NS - Not possible to start C - Completed To guide assessment of what 'on target' means, refer to the systems' transition programme plans, which should be based on the NHSEI ICB Establishment Timeline.	Change to RAG rating options
10/14/2021	V2	ROS checklist	Projected RAG rating	Projected RAG rating at March 2022 (date to be confirmed and is likely to be between mid-March and 31/3/22) R - Delivery by March 2022 is not achievable or significant risk to delivery A - Delivery by March 2022 is at risk but mitigation plan in place G - On target for delivery by March 2022	Projected RAG rating at March 2022 (date to be confirmed and is likely to be between mid-March and 31/3/22) R - Delivery by March 2022 is not achievable A - Delivery by March 2022 is at risk but mitigation plan in place G - On target for delivery by March 2022 C - Completed	Change to RAG rating options
Version 3 released 3 December 2021 - Changes shown below						
12/3/2021	V3	Introduction	Line 19	Comments Regarding Versions Released V1 was released on 18.08.21 V2 was released on 14.10.21 - no changes have been made to the content, the only change is in relation to the RAG rating methodology as outlined on the version control log	Comments Regarding Versions Released V1 was released on 18.08.21 V2 was released on 14.10.21 - no changes made to the content, the only change is in relation to the RAG rating methodology as outlined on the version control log V3 was released on 03.12.21 - no changes made to the content, the only change is in relation to the RAG rating methodology as outlined on the version control log	Updated to reflect version control
12/3/2021	V3	ROS checklist	Current RAG rating	Current RAG rating (minimum requirement: Q2, Q3 2021/22, mid-February 2022 and final in March 2022) R - Not on target, significant concerns A - Progress made, minor concerns G - On target, no concerns NS - Not possible to start C - Completed To guide assessment of what 'on target' means, refer to the systems' transition programme plans, which should be based on the NHSEI ICB Establishment Timeline.	Current RAG rating (minimum requirement: 31 October 2021, 31 December 2021, 14 February 2022 and final in March 2022) R - Not on target, significant concerns A - Progress made, minor concerns G - On target, no concerns NA - Not applicable - applies to 3.8 only C - Completed To guide assessment of what 'on target' means, refer to the systems' transition programme plans, which should be based on the NHSEI ICB Establishment Timeline.	Change to RAG rating options. Not possible start has now been removed as work will now have started for all areas of the ROS. N/A option introduced for prompt 3.8 only.
12/3/2021	V3	ROS checklist	Projected RAG rating	Projected RAG rating at March 2022 (date to be confirmed and is likely to be between mid-March and 31/3/22) R - Delivery by March 2022 is not achievable or significant risk to delivery A - Delivery by March 2022 is at risk but mitigation plan in place G - On target for delivery by March 2022	Projected RAG rating at March 2022 (date to be confirmed and is likely to be between mid-March and 31/3/22) R - Delivery by March 2022 is not achievable A - Delivery by March 2022 is at risk but mitigation plan in place G - On target for delivery by March 2022 NA - Not applicable - applies to 3.8 only C - Completed	Change to RAG rating options. N/A option introduced for prompt 3.8 only.
Version 4 was prepared on 16 February 2022 (approved by the C&TSG) but not released and updated again on 2 March 2022 - Changes shown below						
2/16/2022	V4 16.02.22	Introduction	Line 7	The ROS checklist has been co-produced by NHS England and NHS Improvement teams, including the legal team, Integrated Care Systems (ICs) and other stakeholders.	The ROS checklist has been co-produced by NHS England and NHS Improvement teams, including the legal team, Integrated Care Systems (ICs) and other stakeholders. It was published via FutureNHS on 18 August 2021. It has been released as appendix B of the guidance document and also as a working Excel document with RAG rating drop-down options to enable systems to self-assess. The Excel document was revised and re-published on 14 October 2021 (V2) to take account of feedback that the RAG ratings needed to include options for 'not started' and 'completed', on 3 November 2021 (V3) to remove 'not started' and provide a 'N/A' option for prompt 3.8 and again on 16 February 2022 to reflect the change in the target date for ICB establishment. The ROS checklist is a national tool for regional implementation. It indicates that arrangements should be 'in line with relevant guidance' and thus sets a national minimum standard where applicable. However, it does not specify the level or type of evidence required, nor in detail the assessment process to be adopted. Within parameters, there is flexibility, and regional teams have determined and documented their approaches to assessment, with differentiation between ICs where appropriate to take account of local circumstances. The ROS checklist is the key mechanism for reporting and assuring progress towards ICB establishment. System colleagues can download the checklist to undertake a self-assessment, RAG rating their current and projected (June 2022) positions against the different elements, and supplying a supporting commentary. Individual system self-assessments should be submitted to regional teams.	Extended description
2/16/2022	V4 16.02.22	Introduction	Line 8	In March 2022 (exact date TBC) each ICB chief executive designate and their relevant NHS England & NHS Improvement regional director will be asked to co-sign a 'Readiness to Operate Statement' (ROS). This will be a high-level statement to confirm that: • all legally required and operationally critical elements are in place ready for the establishment of the Integrated Care Board (ICB) as a statutory body on 1 April 2022; and • arrangements are in place for the ICB to fulfil its role within the wider ICS, including establishing the Integrated Care Partnership (ICP) with the relevant local authority/ies. Once completed in March 2022, the checklist should be appended to the signed ROS.	In June 2022 (see ICB Establishment Timeline for dates) each designate ICB chief executive and their relevant NHS England & NHS Improvement regional director will be asked to co-sign a 'Readiness to Operate Statement' (ROS). This will be a high-level statement to confirm that: • all legally required and operationally critical elements are in place ready for the establishment of the Integrated Care Board (ICB) as a statutory body on 1 July 2022; and • arrangements are in place for the ICB to fulfil its role within the wider ICS, including establishing the Integrated Care Partnership (ICP) with the relevant local authority/ies. Once completed in June 2022, the checklist should be appended to the signed ROS.	Changed date to respond to the new target date of 1 July 2022
2/16/2022	V4 16.02.22	Introduction	Line 9	The ROS checklist will be the key mechanism for reporting and assuring progress towards ICB establishment. There will be a joint review of progress against each element of the checklist between all systems and the relevant NHS England and NHS Improvement regional team at the end of Q2 and Q3 2021/22. ICs will be asked to share their checklist with the regional team at these points, alongside their updated system development plans. There will be a final progress review in mid-February 2022 and each ICB's ROS will need to be signed off in March 2022 (deadline date to be confirmed).	The ROS checklist will be the key mechanism for reporting and assuring progress towards ICB establishment. There will be a joint assessment of progress against each element of the checklist between all systems and the relevant NHS England and NHS Improvement regional team. Assessments at the end of Q2 and Q3 have been completed, and the assessment for Q4 2021/22 will take place in March / April. There will be a final assessment and each ICB's ROS will need to be signed off in June 2022. Precise dates for submission of the ROS assessments are all outlined in the ICB Establishment Timeline.	Changed date to respond to the new target date of 1 July 2022
2/16/2022	V4 16.02.22	Introduction	Line 10	Tab 2 includes the full checklist and the key points to note are as follows: • column B provides an optional hierarchy allowing presentation as a high level summary (ie 12 core areas) or with all supporting elements • the date of completion should be included at line 8 and as outlined above, it is expected that an assessment will be completed at Q2, Q3 2021/22, mid-February 2022, with a final submission in March (noting that no projected position will be required for the final submission) • column F seeks a current RAG rating based on the descriptions on the drop down list. • column G seeks a projected RAG rating based on the description on the drop down list. • column H provides a commentary column.	Tab 2 includes the full checklist and the key points to note are as follows: • column B provides an optional hierarchy allowing presentation as a high level summary (ie 12 core areas) or with all supporting elements • the date of completion should be included at line 8 and as outlined above, and assessments at Q2, Q3, Q4 2021/22, with a final submission in June (noting that no projected position will be required for the final submission) • column F seeks a current RAG rating based on the descriptions on the drop down list • column G seeks a projected RAG rating based on the description on the drop down list • column H provides a commentary column	Changed date to respond to the new target date of 1 July 2022
2/16/2022	V4 16.02.22	ROS checklist	Cell G10	Projected RAG Rating at March 2022	Projected RAG Rating at June 2022	Changed date to respond to the new target date of 1 July 2022
2/16/2022	V4 16.02.22	ROS checklist	1.1, 3.2-3.10 incl, 4.1, 6.1, 6.2, 10.2, 11.1, 11.2	Date previously referred to 1 April 2022	Date now refers to 1 July 2022	Changed date to respond to the new target date of 1 July 2022 - for all prompts shown [note line 24 below which later included prompt 9.1]
2/16/2022	V4 16.02.22	ROS checklist	3.8	Schedules of delegation to be in place for 1 July 2022 where the ICB has agreed with NHS England and NHS Improvement to assume delegated responsibility for NHSEI commissioning functions in line with relevant guidance	Schedules of delegation to be in place for 1 July 2022 where the ICB has agreed with NHS England and NHS Improvement to assume delegated responsibility for NHSEI commissioning functions in line with relevant guidance [For clarification purposes this relates to Pharmacy, Optometry and Dental commissioning function only]	Clarified that this prompt relates to POD services only

ICS BOARD

Author:	Alison Smith, Director of Corporate Affairs NHS Shropshire, Telford and Wrekin CCG	Paper date:	30 th March 2022
ICS Board Member Sponsor:	Simon Whitehouse, Interim ICB Chief Executive Designate	Paper Category:	Governance
Paper Reviewed by:	Simon Whitehouse	Paper FOIA Status:	Disclosable
Action Required (please select):			
A=Approval	<input checked="" type="checkbox"/>	R=Ratification	<input type="checkbox"/>
S=Assurance	<input checked="" type="checkbox"/>	D=Discussion	<input checked="" type="checkbox"/>
I=Information	<input type="checkbox"/>		

1. Purpose of Paper

The purpose of the paper is to provide an overview of the transition plan being prepared for the change on 1st April 2022 from the ICS Partnership Board to the Shadow Integrated Care Board (ICB) which will exist in shadow format until 30th June, prior to it becoming a statutory body on 1st July 2022.

2. Executive Summary

2.1. Context

The ICS has been developing its governance structure over the last few months as part of the preparation of a draft Constitution which has been submitted to NHS England. The draft composition of the Integrated Care Board (ICB) was shared with the ICS Board in September 2021 and was supported by ICS partner members.

The paper outlines in more detail:

- the changes to the membership that will occur from 1st April as the ICB starts to operate in shadow format;
- a proposed schedule of both formal meetings to be held in public and development sessions for the ICB as a new unitary board;
- an overview of the developing ICB committee structure and proposed Non Executive chairing arrangements; and
- a proposal on the timescale for the ICB formal meetings in public to move from virtual meetings currently held on Microsoft teams to face to face meetings.

2.2. Link to Pledges

The clarification of the ICB's governance structure supports accountability and assurance for the delivery of all of the ICS Pledges.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

2.3. Summary

2.3.1 Membership

Some changes to the membership will be required from 1st April 2022 as the ICB starts to operate in shadow format and these are outlined in the table below. For those roles marked in the table with an asterix (*), these will require the Health and Social Care Bill to acquire royal assent and secondary legislation to be published, prior to the nomination and selection processes beginning which is likely to be April 2022 earliest. Therefore it is proposed that the current incumbents of these roles on the ICS Board (highlighted in blue shading) will fill these roles during the transition period or until the nomination and appointment processes have been completed.

Transition period 1 April – 30 June 2022	From 1st July 2022
Shadow ICB voting members:	ICB Board voting members:
ICB Chair	ICB Chair
ICB Interim Chief Executive Designate	ICB Interim Chief Executive
NED - Digital	NED - Digital
NED – Audit	NED – Audit
NED - People	NED - Remuneration Committee
Chief Finance Officer	Chief Finance Officer
Chief Medical Officer	Chief Medical Officer
Chief Nursing Officer	Chief Nursing Officer
Midlands Partnership NHS Foundation Trust - Chief Executive Rep	Mental Health Partner Member *
Shropshire Community NHS Trust - Chief Executive	Community Services Partner Member *
Robert Jones and Agnes Hunt NHS Foundation Trust – Chief Executive	Specialist Acute Partner Member *
Shrewsbury and Telford Hospitals NHS Trust - Chief Executive	Acute Partner Member *
Shropshire Council – Chief Executive	Local Authority Partner Member *
Telford and Wrekin Council – Chief Executive	Local Authority Partner Member *
Primary Care Network (PCN) Representative - Shropshire	Primary Care Services Partner Member (Shropshire Place) *

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

Primary Care Network (PCN) Representative – Telford and Wrekin	Primary Care Services Partner Member (Telford and Wrekin Place) *
Shadow ICB Attendees:	ICB Attendees:
Healthwatch Shropshire - CEO	Healthwatch Shropshire – CEO
Healthwatch Telford and Wrekin - Chair	Healthwatch Telford and Wrekin - Chair
Representative of Shropshire Community and Voluntary Sector	Representative of Shropshire Community and Voluntary Sector
Representative of Telford Community and Voluntary Sector	Representative of Telford Community and Voluntary Sector
Shropshire Council – Cabinet Member Social Care	Shropshire Council – Leader
Telford and Wrekin Council – Cabinet Member Social Care	Telford and Wrekin Council – Leader
Midlands Partnership NHS Foundation Trust - NED	Midlands Partnership NHS Foundation Trust - Chair/NED
Shropshire Community NHS Trust - Chair	Shropshire Community NHS Trust - Chair
Robert Jones and Agnes Hunt NHS Foundation Trust - Chair	Robert Jones and Agnes Hunt NHS Foundation Trust - Chair
Shrewsbury and Telford Hospitals NHS Trust - Chair	Shrewsbury and Telford Hospitals NHS Trust – Chair
ICB Executive Director of Strategy and Integration	ICB Director of Strategy and Integration
ICB Executive Director of Delivery and Transformation	ICB Director of Delivery and Transformation
NHS Shropshire CCG & NHS Telford and Wrekin CCG - Chair	
NHS Shropshire CCG & NHS Telford and Wrekin CCG – Accountable Officer	

Those employees of ICS partner organisations that currently attend the ICS Board, post 1st April 2022, will no longer receive a standing invitation to the Shadow ICB Board unless they are presenting a report to the Board. However, they will be welcome to attend as a member of the public at both virtual and face to face meetings.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

2.3.2 Meeting schedule

The current schedule of monthly meetings taking place on the last Wednesday of the month for 2 hours is proposed to continue during the transition period for the ICB from 1st April to 30th June.

However, in order for the ICB to both transact business in public and to develop as a unitary Board it is proposed that from 1st July 222 formal meetings in public will take place bi-monthly throughout the year. For those months where a formal meeting does not take place, an informal development session will be held. We are also proposing that meetings are not held in August and December, recognising these are popular times of the year for annual holidays. The proposed schedule of ICB formal meetings to be held in public and Board development sessions from 1st July is outlined below. These will take place on the last Wednesday of the month for 3 hours from 2pm – 5pm.

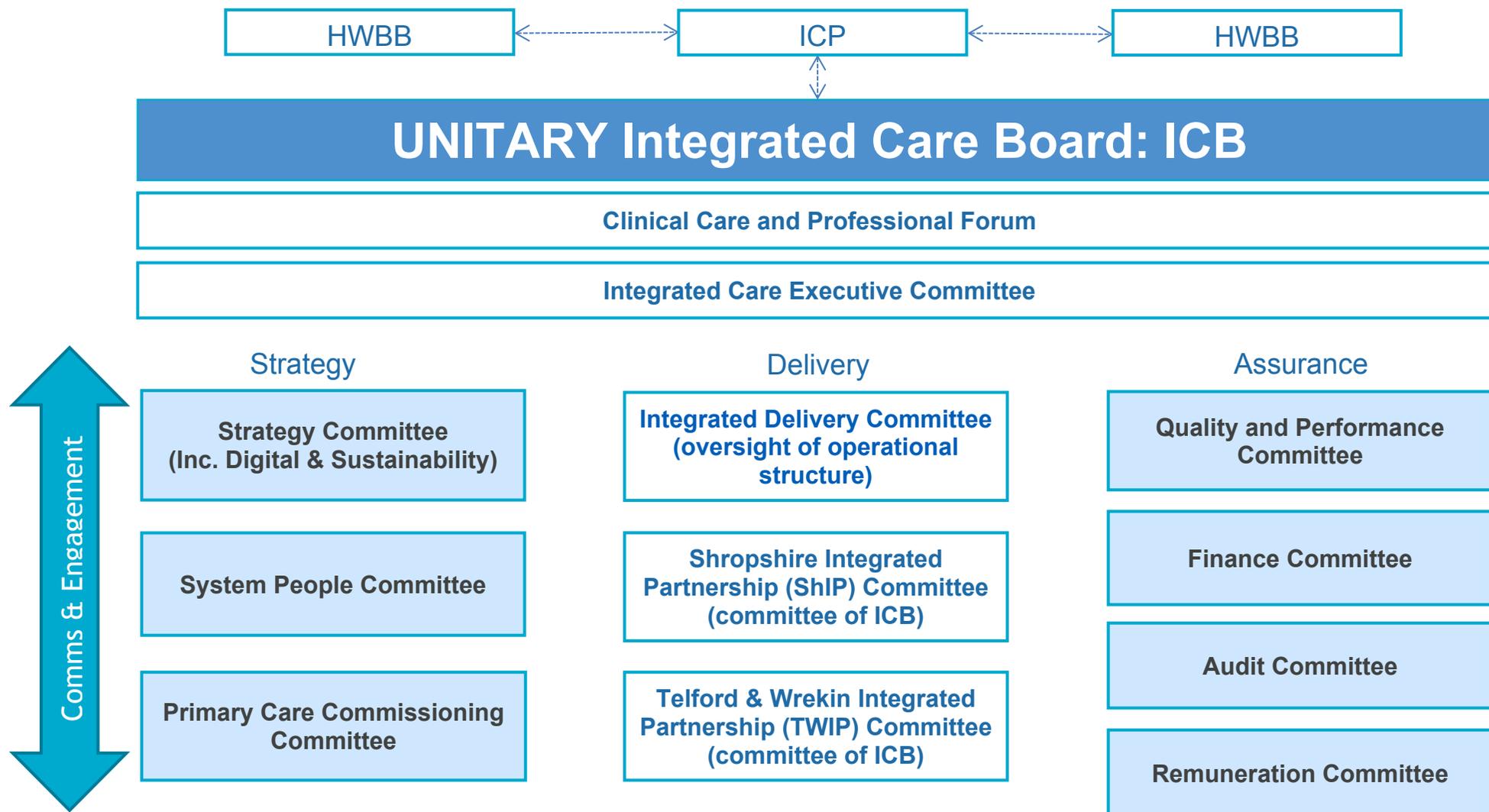
The ICS Board is asked to note that it is highly likely that, in July 2022, the ICB will be expected to hold its first inaugural meeting in addition to the scheduled meeting below, on the 1st July. This is in order for the ICB to make a number of governance related decisions; i.e. ratify appointments to the Board, note the ICB Constitution, approve the ICB Governance handbook and Primary Care medical Services delegation from NHSE/I and adopt key policies.

Month	Formal meeting held in public on last Wednesday of the month 2 – 5pm	Development session On last Wednesday of the month 2 – 5pm	No meeting to be held
July 2022	1 st July (inaugural meeting to be held once only – time to be confirmed) X		
August 2022			X
September 2022	X		
October 2022		X	
November 2022	X		
December 2022			X
January 2023	X		
February 2023		X	
March 2023	X		
April 2023		X	
May 2023	X		

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

2.3.3 Overview of ICB Committee Structure

The governance structure of the ICB is outlined in the diagram below and is sub-divided into three distinct strands: strategy, delivery and assurance, with respective committees shown under each strand:



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

2.3.4 Committee Arrangements and Chairing Proposal

Work is currently underway to populate the committee structure outlined above and to determine chair and vice chair arrangements, and regularity of meetings, taking into account respective guidance from NHSE/I and professional bodies. It is proposed that the current ICS committee structure and meetings continue as planned during the transition period 1st April to 30th June, with the committee structure outlined above coming into effect on 1st July. During this transitional period there will be a process of moving towards the new structure for the system. The table below seeks to set out the detail currently agreed for each committee:

Committee	Regularity	Role	Guidance
Strategy:			
Sustainability/Strategy Committee	Monthly	Oversees the development of the ICS Strategic Plan in line with the ICP recommendations and delivery against it.	For local determination
System People Committee	Monthly	Oversees planning and delivery of the ICS People Plan	NHSE/I - ICS People Function should be established and delivered as part of the overall governance.
Primary Care Commissioning Committee	Bi-monthly Must be held in public	Oversees planning and commissioning of primary care and approves primary care strategy and decisions delegated by NHSE/I	NHSE/I – as per current delegation agreement: <ul style="list-style-type: none"> Chair must be NED Vice Chair must be a NED Must have a “lay” (NED) and executive majority

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

			<ul style="list-style-type: none"> • May include GPs but must not be in the majority (CCG currently have GP reps in the minority and non voting) • Must include HWBB rep and Healthwatch as non voting attendees
Delivery:			
Integrated Delivery Committee	Monthly	Oversees operational delivery across the system programmes of work	For local determination
ShIP Committee	Monthly	Oversees delivery and implementation of the ICS Strategic Plan at a place level	For local determination Assumption is that ICB Executives and Non Executives will be members
TWIP Committee	Monthly	Oversees delivery and implementation of the ICS Strategic Plan at a place level	For local determination Assumption is that ICB Executives and Non Executives will be members
Assurance:			
Quality and Performance	Bi monthly at moment but suggested	To provide assurance to the ICB, that there is an effective system of quality governance and internal	NHSE/I Guidance:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

	this goes to monthly	control that supports it to effectively deliver its strategic objectives and provide sustainable, high quality care	<p>The Committee is a non-executive chaired committee of the Board</p> <p>Expect that the Deputy Chair is a ICB Board NED</p> <p>Must have at least 2 Non-Executive Members of the ICB Board.</p> <p>Other attendees of the Committee need not be members of the Board, but they may be.</p>
Finance	Monthly at moment	Provides assurance on delivery of ICB and system financial plan	<p>HFMA guidance:</p> <p>Chair is NED of ICB to avoid conflicts</p> <p>The chair of the committee should not chair any other meetings, although it may be of value for them to be a member of Audit Committee.</p>
Audit	quarterly	Provides independent and objective view of the ICB's internal control system	<p>NHSE/I guidance:</p> <p>At least two ICB NEDs</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

			<p>One with specific knowledge and skills will chair.</p> <p>The Chair of the Committee shall be independent and therefore it is not good practice for them to chair other committees. In so far as it is possible they will not be a member of any other committee.</p> <p>Other members of the committee need not be members of the Board but may be.</p> <p>Neither Chair of the Board nor employees of the ICB will be members of the committee</p> <p>Committee members may appoint a vice Chair.</p>
Remuneration	Ad hoc – at least two per year	Makes decisions on ICB Pay Policy including adoption of any pay frameworks for all employees including senior Managers/directors (including Board members	<p>NHSE/I Guidance:</p> <p>Must have at least 2 ICB NEDs</p> <p>Other members need not be members of the Board, but they may be.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

		and non executive directors except the ICB Chair)	<p>The Chair of Audit Committee may not be a member of the Remuneration Committee</p> <p>The Chair of the Board may be a member of the committee but may not be appointed as the Chair.</p>
Clinical Care and Professional Forum			For local determination
Integrated Care Executive Committee			For local determination

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

2.3.5 Proposal for ICB meetings held in public to be conducted face to face

Given the continuing surge in Covid 19 cases and the need to protect our patients and colleagues, it is proposed that the ICB will begin to meet face to face from **July 2022**.

2.4. Conclusion

The ICS Board is asked to:

- 1) note the content of the report;
- 2) consider and support the proposed committee structure, meeting schedule and chairing arrangements; and
- 3) consider and approve the proposal to adopt face to face meetings for the ICB formal meetings to be held in public from July 2022 onwards.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

Pledge 9: Creating System Sustainability – System Finance Plan 2022/23

Author:	Claire Skidmore	Paper date:	28 th March 2022
ICS Board Member Sponsor::	Simon Whitehouse	Paper Category:	Finance
Paper Reviewed by:	Claire Skidmore	Paper FOIA Status:	Full

Purpose of Paper

To brief the Board on progress with development of the 2022/23 system finance plan.

Executive Summary

Context

Draft NHS plans for finance, activity and workforce were submitted to NHSEI on 17th March. This paper has been written to specifically describe progress to date with the development of the finance plan and articulates the System’s next steps for production of a final plan for submission on 28th April.

Link to Pledges

Pledge 9 – Creating System Sustainability.

Summary

There is still work to be done to produce a finance plan for the system for 2022/23 that provides an acceptable balance between financial recovery, service improvement and the operational delivery requirements of the NHS Operating Plan. This paper describes actions taken to date as well as planned action for the coming weeks to ensure that the System submits a stretching but deliverable finance plan.

2.4. Conclusion

The Board are asked to note the content of this paper.

[Note that work to refine the model is currently moving at pace and therefore any additional updates relevant to the Board will be provided verbally].

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

Briefing

1. NHS system partners have been working together to develop the financial plan for 2022/23. This model sits alongside activity and workforce plans and all are supported by an overarching narrative.
2. We recognise the need to deliver a financially balanced plan as requested in national NHS planning guidance and which also addresses our aspiration to reduce our cost base over time, as set out in the System's Financial Framework. Unfortunately, this position was not achieved for the draft submission deadline of 17th March and a worst case in-year (and underlying) deficit was submitted.
3. Chief Executives are clear that we do not see this as an acceptable position and whilst there is still some work to be done on refining our estimates and testing the levels of activity to be delivered through this position, we are also in the midst of our own internal 'confirm and challenge' process to prioritise our ambitions and manage our cost base.

Financial Recovery So Far

2021/22

4. Per the System Financial Framework, this was the year of expenditure stabilisation which we have achieved. The exit underlying expenditure of £1.147bn is in line with opening underlying expenditure. This included delivery of an efficiency target of £18.4m (1.6%) which we are on track to achieve.

2022/23

5. Per the System Financial Framework, this is the first year of our move towards a break even position (therefore requiring expenditure reduction).
6. Our previous financial model assumed a fair shares allocation with an annual reduction in expenditure until breakeven was achieved (over 3-4 years). The new allocative regime however allocates funds based on this year's plan and then applies a convergence adjustment over time back to 'fair shares.' (Hence rather than overspending for the next few years, the requirement is to break even each year against what will be a reducing recurrent budget). The convergence 'ask' of STW ICS is £3.9m for 22/23 and we assume this will be greater in future years in order to reset budget back to 'fair shares'.
7. Regardless of allocative methodology, our main focus for system finances must not deviate from our plan for expenditure reduction.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

'Route to Balance' – Actions Taken

8. The figures submitted as part of the draft plan represent a worst case presentation of the system position at a point in time. This is deemed unacceptable by system partners and is currently subject to challenge and refinement.
9. Actions taken to date/ongoing include:
 - Twice weekly DoF/Deputy DoF scrutiny
 - DoF to DoF peer review
 - Integrated Delivery Board oversight of efficiency programme and transformation delivery plans
 - CEO scrutiny (weekly meeting updates)
 - Sustainability Committee oversight.
10. Work in Progress:
 - Deputy DoFs retesting all working assumptions
 - Further individual scrutiny of each position (Simon Whitehouse wrote to CEOs post draft submission to encourage further work to reduce our expenditure estimates)
 - 'Peer to peer' review of modelling assumptions with neighbouring system (Staffordshire)
 - System Summit (Led by System Chair, AO and CFO; with partner CEO and DoFs)
 - System to Organisation 'confirm and challenge' meetings
 - Continued DoF and CEO scrutiny of changes leading up to Sustainability Committee on 25th April and ICS Shadow Board on 27th April; prior to submission on 28th April.
11. Note that expenditure removed from the plan through this exercise that is deemed to still be a requirement for the System will be captured and taken through the Triple Lock process to ensure that any further investment is prioritised ready for when funding becomes available.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.



Agenda item	30-03.010
Enclosure No	Enc.
Committee:	Quality & Safety Committee
Date:	30.03.22

Title of report:	Update on Pledge 1: 'Improving Quality & Safety'
Responsible Director:	Zena Young
Author of report:	Caroline Farnworth-Newman/ Zena Young
Presenter:	Zena Young

Purpose of the report:

This report is twofold:

Section 1:

Pledge 1: Quality and Safety has been updated to ensure it is relevant and fit for purpose and this revision is recommended to ICB for approval.

The paper describes the changes and rationale for these and the following wording is recommended for adoption:

Pledge 1: Improving quality – making sure our services are safe, effective, caring, responsive and well-led.

Specifically this pledge commits to delivering the System Development Plan:

- focusing on aligning quality improvement and partnership working across the health and social care system
- help SaTH deliver high quality services for all
- tackling the backlog of elective procedures as a system
- implementing the Ockenden Review findings, and
- listening to, and learning from, the views of people who use our services.

Section 2:

This report also includes an update against achievement of the discrete elements specified as part of the current Pledge 1 wording.

Quality governance - Good progress is being made to transition our quality governance oversight and assurance arrangements, in readiness for authorisation 01 July 2022. A 'Pathway to Embedding ICS Quality Governance is appended for information.

The ICS Board has agreed that quality will be reported to the Board through a Quality and Performance Committee. The Terms of Reference for this assurance committee are currently being re-drafted in partnership with the Performance directorate and are aligned to the recently issued National Quality Board guidance on Quality Committees. This committee will replace the ICS Quality and Safety Committee. Until the CCG is disestablished as of 30 June 2022, a Committees-in Common approach for CCG Quality & Performance Committee and ICS Quality (and Performance) Committee is adopted from March 2022.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12.
13.

A number of other quality improvement or surveillance meetings are established or developing.

- The System Quality Group – with a mandated quality surveillance and quality improvement function.
- Local Maternity and Neonatal System Programme Board – again mandated and received updates on both transformation and safety of maternity services.
- A PeriNatal Quality Surveillance Group – mandated and bespoke to birthing women and newborns.

Elective procedures -The backlog of elective procedures is starting to improve, but in line with the national picture, this will take time to resolve. Whilst the elective position was improving, the pandemic is continuing to put significant pressure on all elements of the system, most notably emergency and urgent care and cancer services. A separate report on performance is presented to both QPC and ICB.

SaTH CQC- CQC conducted a limited inspection of SaTH in November 2021. They inspected urgent and emergency services, medical care, end-of-life and maternity services. CQC also conducted the well led inspection. The narrative was encouraging and made clear that the trust has made good progress, despite the enormous pressure it faces. The assessed rating for EoLC deteriorated to inadequate and the system is engaging with NHSEI expertise to progress local actions for EoLC. CQC have significantly reduced the number of regulatory notices (conditions) placed on SaTH.

Ockenden Reports - Good progress continues to be made in delivering the recommendations arising from the first Ockenden report; as at March 2022 over 80% of actions are completed; a small number are off track or not started due to interdependencies at regional and/or national level

The second and final Ockenden report is due to publish in March 2022, with further recommendations likely for the system.

Actions required by Quality & Safety Committee:

The proposal to update Pledge 1 is presented ICB for adoption.

The committee is invited to note and debate the content of this report. In particular:

- a further area for development is the system quality metrics dashboard and resource and capacity to progress this is yet to be determined.
- Note the content of the 'Pathway to ICS Quality Governance' appendix.
- The improved SaTH CQC report narrative and reduced regulatory notices.
- Achievement of actions arising from the first Ockenden report.
- Delays to the publication of the second Ockenden report and the likelihood of additional recommendations for our system.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12.
13.

Monitoring Form
Agenda item: 7

Does this report and its recommendations have implications and impact with regards to the following:

1	Additional staffing or financial resources implications	Yes
	To date is achieved through slippage on existing pay budget, however would be a cost pressure if CCG quality team fully established.	
2	Health inequalities	Yes
	Positive impact when pledge is delivered.	
3	Human Rights, equality and diversity requirements	No
4	Clinical engagement	Yes
	System engagement to progress quality governance plans at pace. Achieved via Quality & Performance Committee discussions and other engagement activities.	
5	Patient and public engagement	Yes
	System engagement to progress quality governance plans at pace. Achieved via Quality & Performance Committee discussions and other engagement activities.	
6	Risk to financial and clinical sustainability	Yes
	Positive impact when pledge fully delivered	

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12.
13.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12.
13.

Section 1 Updating Pledge 1 Improving Safety and Quality

1.1 Introduction

STW has previously worked with health and social care providers across the area, to develop a list of 10 pledges. The pledges aim to provide focus, unify commitment and develop better partnership working at all levels in the Integrated Care System (ICS), which in turn, will better enable the system to meet its key objectives of:

1. improving outcomes in population health and care
2. tackling inequalities in outcomes, experience and access
3. enhancing productivity and value for money and
4. helping the NHS support broader social and economic development.

Whilst the concept of having a series of pledges, which all parties commit to, remains valid, it is important to note that as thinking has evolved (nationally and more locally), context has changed. Since the pledges were issued, STW CCG Quality directorate has continued to work in partnership with providers, to evolve and develop the quality agenda, in line with this changing context. The quality directorate and agenda will deliver against Pledge 1 – improving safety and quality. It is therefore imperative that Pledge 1 remains clear, current and meaningful to patients / clients, providers and the Board, but it was noted that the wording of the pledge is now dated.

1.2 Current Pledge 1

Improving safety and quality – making sure our services are clinically safe throughout the system, delivering the System Improvement Plan and tackling the backlog of elective procedures as a system. Specifically, this pledge commits us to ensure SATH is rated ‘Good’ by CQC and that the Ockenden Review’s findings are implemented. Across all of our services we aim to use digital innovation and data to enable our workforce to drive improvements in quality and safety and improve outcomes.

1.3 Reasons for Change

- i) National guidance has been updated
- ii) As the system evolves, the Pledge terminology and content needs to remain current
- iii) The system pledge should reflect system deliverables
- iv) The commitments included in each Pledge should be relevant to that Pledge.

1.4 Proposed Updated Pledge 1

Improving quality – making sure our services are safe, effective, caring, responsive and well-led. Specifically this pledge commits to delivering the System Development Plan:

- focusing on aligning quality improvement and partnership working across the health and social care system
- help SaTH deliver high quality services for all
- tackling the backlog of elective procedures as a system
- implementing the Ockenden Review findings, and
- listening to, and learning from, the views of people who use our services.

1.5 The Changes

- i) Pledge name – ‘safety’ has been removed as it is one element of quality
- ii) Safety is captured in how quality is defined in the Pledge; this definition is in line with National Quality Board guidance
- iii) System Improvement Plan is now the System Development Plan

- iv) Reference to digital innovation and workforce have been removed as these better align with Pledge 7 Governance, and Pledge 10 Workforce.

1.6 Next Steps

Providers are being asked to provide their quality priorities for 2022/23. These will be incorporated in the revision of the ICS Quality Strategy and will confirm alignment to the revised Pledge 1.

Once the wording of this pledge has been agreed, the ICS BAF will need to be revisited to ensure the quality risks and assurance is current and accurate.

1.7 Potential Risks

In the process of updating Pledge 1 work was undertaken to strengthen system partners understanding and engagement with the pledges. Consideration should be given as to whether it would be timely to review and update the remaining Pledges with a similar exercise.

Section 2 Update Against Current Pledge 1 Elements

1. Making sure our services are clinically safe across the system

The ICS Board has agreed that quality will be reported to the Board through a Quality and Performance Committee. The Terms of Reference for this assurance committee are currently being re-drafted in partnership with the Performance directorate and are aligned to the recently issued National Quality Board guidance on Quality Committees. This committee will replace the ICS Quality and Safety Committee. Until the CCG is disestablished as of 30 June 2022, a Committees-in Common approach for CCG Quality & Performance Committee and ICS Quality (and Performance) Committee is adopted from March 2022. [Appendix A](#) provides details of the next steps to further develop and embed our quality governance within the ICS, for example, a further area for development is the system quality metrics dashboard which will be presented to ICB as a regular dashboard report with exception reporting.

The System Quality Group as a quality surveillance and quality improvement function is continuing to evolve and is working well. It brings together partners in health and social care, Healthwatch, NHSE/I, CQC, HEE and Public Health. The Terms of Reference have been refreshed in line with national guidance.

The ICS Perinatal Quality Surveillance Group (PNQSG) is established and working well and has recently had increased membership (including neonatal clinicians), reporting to the LMNS as the maternity assurance forum on behalf of the ICS. Terms of Reference for both PNQSG and LMNS have been updated during 2021/22 and are concordant with the national guidances issued following the first Ockenden Report publication.

A Continuous Improvement Group has been formed and is focusing on changing the system quality improvement culture through the delivery of Quality Improvement (QI) training, developing QI resources at Place and engaging with providers to prioritise QI schemes. Current schemes include:

- UTIs
- End of Life and
- Pressure Ulcers.

The work with Children and Young People with Mental Health needs has been subsumed into Commissioning Governance, with revised pathways being formulated.

Discussions have commenced with providers around how to strengthen system commitment to QI, ensure QI initiatives are managed and delivered efficiently and that learning is effective.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12.
13.

Discussions with health and social care providers together with Healthwatch partners have started to explore how the system will work together to ensure that trends in patient and client feedback are captured, understood and used to inform both QI programmes and wider system learning. There is also an expectation that individual patient and client experience will be shared with the Board. This will enable the Board to 'hear first-hand experiences of what really matters to our communities and how recipients of care, feel about the service offered.

2. Delivering the System Development Plan

The Quality component of the System Development Plan has recently been updated to ensure consistency and alignment with our quality governance approach.

3. Tackling the backlog of elective procedures as a system

The backlog of elective procedures is starting to improve, but in line with the national picture, this will take time to resolve. Whilst the elective position is improving, the pandemic is continuing to put significant pressure on all elements of the system, most notably emergency and urgent care and cancer services. A separate report on performance is presented to both QPC and ICB.

There is a medically driven clinical process in place to ensure elective care is prioritized in line with clinical need. This reduces the risk of patients suffering harm as a result of the delays to treatment.

4. Ensure SaTH is rated good by CQC

CQC conducted a limited inspection in November 2021. They inspected urgent and emergency services, medical care, end-of-life and maternity services. CQC also conducted the well led inspection. The narrative was encouraging and made clear that the trust has made good progress, despite the enormous pressure it faces. The largest shift was from inadequate to requires improvement where the Trust made noticeable progress against the following domains - safe, effective, responsive and well-led. Caring continued to rate better across the Trust with the majority of services now rated good. Outstanding areas were noted in maternity services in relation to staff engagement and resilience in the face of sustained service scrutiny.

Despite the improved score, the overall rating remains unchanged and is reflective of the limited inspection undertaken and the scale of improvement needed.

CQC have significantly reduced the number of regulatory notices (conditions) placed on SaTH, with just 6 remaining across both sites.

5. Ockenden's review findings are implemented

Work continues to support the delivering the Ockenden Actions as well as delivery of the Maternity Transformation plan, System Improvement Plans and conducting quality assurance.

Good progress is being made; as at March 2022 over 80% of actions are completed; a small number are off track or not started due to interdependencies at regional and/or national level.

Assurance is monitored within the Trust with focused meetings to track quality and progress and an externally facing publically held meeting (ORAC). The Local Maternity and Neonatal System (LMNS) reports compliance and provides assurance through the ICS Quality and Performance Committee and also to the Regional Perinatal Quality Surveillance Meetings chaired by the Regional Chief Midwifery Officer (RCMO). These groups report both to the Regional Joint Strategic Oversight Group (RJSOG) which includes NHSEI and CQC as participants amongst others.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12.
13.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12.
13.

At a regional level, there are plans for individual site-based visits to undertake quality assurance of implementation using an appreciative enquiry approach, with the LMNS/ICS arranging and leading each visit and the regional team/ MVP forming part of the team.

The second and final Ockenden report is due to publish in March 2022, with further information on the experience of women and families over an extended time period and additional recommendations likely for the system.

Actions required by Quality & Safety Committee:

The proposal to update Pledge 1 is presented to ICB for adoption.

The committee is invited to note and debate the content of this report. In particular:

- A further area for development is the system quality metrics dashboard and resource and capacity to progress this is yet to be determined.
- Note the content of the ‘Pathway to ICS Quality Governance’ appendix.
- The improved SaTH CQC report narrative and reduced regulatory notices.
- Achievement of actions arising from the first Ockenden report.
- Delays to the publication of the second Ockenden report and the likelihood of additional recommendations for our system.

Pathway to Embedding ICS Quality Governance

Version 2 updated 23 March 2022

Governance	Task	Comment	Complete / In progress / Not started / External	Date for completion
Governance	1.0 ICS Board			
	1. Agree final operating model and governance framework identifying how quality will report to Board		In progress	Jul-22
	2. Reporting to ICB To be defined in content and format and schedule agreed		In progress	Jul-22
	3. Revised Pledge 1 agreed at ICB		In progress	Mar-22
	4. Confirm all independent providers link in to the quality governance framework either via Commissioning, Trust, SHIPP, TWIPP or other linkages		In progress	Jul-22
	5. Keep abreast of how CQC intends to review ICS - representation at CQC Coproduction workshop 21.03.22	Systems maybe asked to produce quality accounts.	External	
	6. Following CQC Coproduction workshop - actions to be determined		External	
	Housekeeping			
	1. Ensure Quality has an input in Digital strategy		Not started	Mar-23
	2. Intranet with shared quality space		Not started	Dec-22
	3. Assess requirement for digital nurse or AHP specialist	CNO appointment	Not started	Dec-22
Governance	2.0 Quality Committee			
	1. Terms of reference of Quality Committee to be ratified by Board	Once ICB have agreed governance framework. Confirm MH and CYP governance reporting	In progress	Jul-22
	2. CCG and ICS Quality 'Committees in Common' to be complete 1.07.2022		In progress	Jun-22
	3. Confirm membership	Dependent upon final form of committee	In progress	Jun-22
	4. Confirm business cycle for reporting from sub-groups and other reports	eg LeDeR, Quality Accounts, annual safeguarding.	In progress	Jun-22
	5. Agree Quality Strategy V2 for Board approval	Revised strategy in production	In progress	May-22
Governance	2.1 Risk Register			
	1. SRO owner of ICS quality risk register to be agreed	CNO appointment	In progress	Jul-22
	2. In the absence of corporate system risk management strategy, the SQG will operate a risk register in line with CCG current policy		In progress	Jun-22
	3. Providers to submit their quality priorities for 2022/ 23 in line with their quality accounts		In progress	Jun-22
	4. Risk register to be a standing agenda item - frequency to be agreed		In progress	Apr-22
	5. Implement risk management/escalation processes	Awaiting national guidance, including risk summit criteria/process A Smith drafting risk strategy - to include agreed quality risk appetite	External	Aug-22
Audit/assurance	2.2 System Quality Governance Audit			
	1. ICS Internal Audit of quality governance	Dependent upon agreement of internal audit plan 2022/23 (Q4 suggested)	Not started	Mar-23
	2. Explore with other systems if there is any appetite to develop an audit in line with changes to regulators assessment framework		External	
Quality subgroup	2.3 Clinical Prioritisation (not yet established group)			
	1. Confirm Medical Lead	MD appointment	Complete	Jun-22
	2. Understand which committee is responsible for ratifying ToR, confirm in place and reflective of agreed governance framework		Not started	
	3. Develop ToR for group and key deliverables		Not started	
	4. Confirm business cycle for reporting		Not started	
Quality subgroup	2.4 Health Protection Board (Board established)			
	1. Confirm Director lead	Liz Noakes (for STW system)	Complete	
	2. Confirm ToR in place		In progress	Apr-22
	3. Confirm business cycle for reporting	Quarterly	Complete	
Quality subgroup	2.5 LMNS Programme Board (Board established)			
	1. Confirm SRO and Chair	CNO/MD appointments	In progress	Jun-22
	2. Establish a Perinatal Quality surveillance group (ToR membership and reporting cycle)		Complete	
	3. Ensure the PNQSG reports to LMNS as an assurance group of ICB (ToR membership and reporting cycle)		Complete	
	4. Agree business cycle of reporting	Recommend annual maternity/perinatal report to ICS to include transformation, patient experience and safety	Complete	
	5. Undertake Data Quality validation processes		In progress	Jun-22
	6. Ensure a robust assurance process for implementing Ockenden 1 and 2 recommendations.		Complete	
	7. Identify actions for learning relating to publication of Ockenden 2		External	Apr-22
	8. Implement peer review process	Funding allocated	Not started	Sep-22
	9. Implement process for annual peer review of maternity	Initially NHSE/I led	External	Sep-22
Quality subgroup	2.6 Pharmacy Leadership Group (In set up phase of establishment)			
	1. Confirm Director lead	Deputy Director Medicines Management - Liz Walker	In progress	Jul-22
	2. Agree ToR and objectives		In progress	Jul-22
	3. Agree business cycle for reporting		In progress	Apr-22
Quality subgroup	2.6 Quality Improvement Committee (Not yet established - explore need for this group)			
	1. Agree QI Lead Director	? Liz Lockett	Not started	Jun-22
	2. Review QI strategy and plans		In progress	Sep-22
	3. Write and ratify Terms of Reference		In progress	Sep-22
	4. Agree business cycle of reporting		In progress	Sep-22
Policy	2.7 System Quality Policies			
	1. Develop a list of quality policies which could be applied across the system	e.g. risk management, quality improvement, incident management, duty of candour, discharge, IPC etc	Not started	Mar-23
	2. Prioritise importance		Not started	
	3. Identify policy leads and resource from across the system		Not started	
Governance	3.0 System Quality Group (SQG) (Established group)			
	1. Confirm Director responsible	CNO appointment	In progress	Jun-22
	2. Terms of reference to be ratified by Quality Committee	ToR comply with NQB guidance	In progress	Mar-22
	3. Agree format of report to Quality Committee	Dashboard metrics TBC	In progress	May-22
	4. Finalise business cycle of reporting		In progress	May-22
	5. Other quality task and finish groups to be set up as required		Not started	
Governance/ reporting	3.1 Quality Oversight and Outcomes Reporting: (Newly established task & finish group)			
	1. Identify core quality metrics collected in each sector of health and social care		In progress	Jun-22
	2. Map data flows against report requirements; confirm data quality	Continue to impress on providers this is their data and they are accountable for the timeliness and accuracy of reporting and explanations of variance	In progress	May-22
	3. Develop reports		In progress	Jun-22
	4. Develop an overarching document that defines metrics (numerator and denominators), benchmark and target		Not started	Jun-22
	5. Develop system to create additional metrics as required for specific need and agreed time period		Not started	Jun-22
SQG subgroup	3.2 Client and Patient Experience: (Not yet established)			
	1. Confirm Director responsible		Not started	Jun-22
	2. Core group identified	Have agreement with JB / SF / comms & engagement / MV/HW	In progress	Dec-22
	3. Strategic aims to be agreed		Not started	
	4. Group Terms of Reference to be agreed at SQG		Not started	
	5. Agree business cycle of reporting		Not started	
SQG subgroup	3.3 Continuous Improvement Group: (Established group)			
	1. Confirm Director responsible	Liz Lockett	Complete	
	2. Refresh Terms of Reference	once SQG Terms of Reference have been ratified	Not started	
	3. Agree business cycle of reporting		In progress	Jul-22
	4. Create log of schemes and project management approach		Not started	
	5. Consider how to scale up activity and keep a log of resource, progress and learning		In progress	Aug-22
	6. Undertake skills and training audit		Complete	
	7. Develop plan for upskilling system		Not started	
SQG subgroup	3.4 Infection Prevention and Control: (Established group)			
	1. Confirm Director responsible	CNO appointment	In progress	Jun-22
	2. Write IPC system strategy		In progress	Jul-22
	3. Group Terms of Reference to be agreed at SQG		In progress	Apr-22
	4. Confirm the ICS has IPC leadership in all areas of the system		Not started	May-22
	5. Undertake IPC skills and training audit for system		Not started	May-22
	6. Confirm IPC metrics are in place across the system and ensure consistency of reporting		In progress	May-22
	7. Agree business cycle of reporting		In progress	Apr-22
SQG subgroup	3.5 Learning from Deaths Collaboration: (Not yet established group - requirements TBC)			
	1. Confirm medical lead	MD appointment	Complete	Jun-22
	2. Extend scope beyond the acute sector, in line with NQB guidance		Not started	
	3. Terms of Reference to be agreed at SQG		Not started	
	4. Complete actions arising from system Niche report		In progress	Dec-22
	5. Agree business cycle of reporting		Not started	
SQG subgroup	3.6 Palliative and End of Life Collaboration: (Established group)			
	1. Confirm Director responsible	Medical Director - Severn Hospice Prof Willis	Complete	
	2. Write strategy & approve at Quality Committee		In progress	May-22
	3. Group Terms of Reference to be agreed at SQG		In progress	Jun-22
	4. Agree business cycle of reporting		In progress	Jun-22
SQG subgroup	3.7 Medicines Safety: (Newly established group)			
	1. Confirm Director responsible	Deputy Director Medicines Management - Liz Walker	In progress	Jun-22
	2. ToR approved	ToR agreed via Medicines Management governance route	In progress	Apr-22
	3. Include Vaccinations Governance at business as usual		In progress	Apr-22
	4. Agree business cycle of reporting		In progress	Apr-22
Reporting	3.8 Safeguarding Adult / Child / LAC (Established LA's Partnership governance infrastructure)			
	1. Agree Director Lead	CNO appointment	In progress	Jun-22
	2. Confirm SG/LAC quality governance arrangements for SQG/Place/Q Committee		In progress	Jul-22
	3. To agree business cycle of reporting		In progress	Jun-22
SQG subgroup/ reporting	3.9 Patient and Client Safety Strategies (Established Patient Safety Group/ not yet established LA reporting)			
	1. Confirm SRO for Patient Safety	CNO appointment. SRO Sharon Fletcher	In progress	Jun-22
	2. Implement NHSE Patient Safety Incident Management System in line with national guidance	Awaiting National Directive	External	
	3. NHS Patient Safety Strategy in place		In progress	Mar-23
	4. Confirm SRO(s) for client safety strategies	SF following up with LA colleagues	In progress	May-22
	5. Confirm LA client safety strategy in place		Not started	
	6. Agree business cycle of reporting		In progress	Jun-22

System Level Integrated Performance Report

Author:	Julie Davies & Dave Ashford	Paper date:	24/03/21
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
- Financial summary

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 but remains stable. 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. The UEC improvement plan is currently being refreshed (including trajectories for 2022/23), however the new UEC bundle of metrics have not yet been agreed nationally. It is understood that the clinical quality indicators (CQI'S) will remain and the total time in department (% >12hrs in dept) has been written into a number of strategic documents for 2022/23.

Twelve hour trolley breaches peaked at the end of 2019 and beginning of 2020 (Pre-pandemic) and remained consistently low from April 2020 onwards, until a rise between November 2021 and January 2022. This measure is now showing a further increase in numbers, mirroring the system position with increased non elective pressures, COVID incidence and associated staffing challenges.

Ambulance Handover time greater than 60 minutes completely mirrors the system position with COVID numbers and staffing restrictions. There has been a downward trend more recently relating to the implementation of the Single Point of Access, this is currently somewhat masked due to the current pressures.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

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. The SPC indicates that these are areas with deteriorating performance. The 31-day Standard monthly performance has shown a significant drop in performance for January 2022 and will not consistently meet the target. The 62-day standard also remains consistently below the target and showing deteriorating performance. The system is currently finalising cancer improvement plans and recovery trajectories by tumour site as part of the planning for 22/23. The key issue underlying the deteriorating performance is mainly related to access to diagnostics which is limited due to workforce limitations. Recruitment has been ongoing and some recent success has been achieved with overseas appointments.

Elective Care includes 18 weeks RTT, RTT 52 week waits and Diagnostics Waiting times. The percentage of incomplete pathways treated within 18 weeks remains consistently below the target of 92% with a deterioration coinciding with the onset of COVID. Consequently, the number of people on the incomplete pathways continues to rise and indicates a high pressure in the system. From the onset of COVID the number of people waiting 52 weeks has shown a steady increase until April 2021, with the numbers remaining significantly higher than the end of 2020 but which has now plateaued. The measure of patients waiting more than 6 weeks for a diagnostic test has also failed to achieve the target and although this is showing a reduction from the peak in May 2020, it remains high due to increases in demand. Continued use of virtual clinics, enhanced Advice & Guidance and the ongoing roll out of patient initiated follow up has been successful in offering some efficiencies back to help manage the current position and outpatient activity is now almost fully recovered to pre COVID levels. The system continues to investment in modular CT/MRI capacity and the opening of SaTH's MRI/CT POD in April will help improve time to diagnosis and shorten the RTT pathway, subject to staffing being secured.

Mental Health includes Early Intervention in Psychosis (EIP) 2 week waits, Dementia Diagnosis Rates, CYP Eating Disorders and IAPT. The EIP waiting times have consistently achieved the target of 60% with deteriorating performance from November 2020. Dementia Diagnosis rates also have a deteriorating performance, however numbers referred into the services have increased. CYP Eating Disorders 4 week waits for routine is showing deteriorating performance and is expected to fail the target. CYP Eating Disorders 1 week wait for urgent cases, although not achieving the national target is showing no significant change, MPFT are working to resolve this. IAPT Recovery rate has consistently achieved the target with a slight drop in October 2021. However, there are no significant changes in trends for the Recovery rate. The existing two services are currently being brought together into a single system wide service/ model, the benefits of which are currently being quantified.

Elective Recovery – Outpatients has now virtually recovered to pre-COVID levels. Day case rates were on track for full recovery but recent escalation into both day surgery units at SaTH has impacted that performance. Elective IP remains well below pre-COVID levels but both providers are working on recovery plans for 22/23. The system is forecasting a much improved position for its 104wk waiters at the end of March (~180) compared to the original plan of 241. This has come down from a peak of 1098 in October 21. The system has been given regional recommended priority status for two SaTH schemes submitted as part of the NHSEI Elective Hub process and this is now with the National team for final approval. A third scheme based for RJAH is at the top of the reserve list. The SaTH schemes will deliver ring

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

fenced elective capacity at PRH which will help improve the rate of recovery for the system and provide dedicated capacity from January 2023 to avoid the annual loss of elective provision during future periods of non-elective pressures.

COVID – The demand and capacity group monitor and escalate where appropriate ‘special cause variation’, the current position regarding in-patient activity has put the group on escalation level 3, this requires the system to be in a state of readiness with regard to system bed stock, workforce management and system/regional escalation as demand for services is currently predicted to outstrip resource in the forthcoming weeks.

The vaccination programme has been recognised regionally and nationally as one of the best performing with over 1.1million vaccine doses administered to date.

People Performance

Agency WTE and Staff Group, agency usage has steadily increased since April 2020 when it was 234wte, with a new peak usage of 374wte exceeding previous peak of 363wte in Jul21 & Oct21- currently at 374wte, 91% of agency is acute NHS. Bank usage also increased to 626wte from low of 506wte in Dec21 and high of 799wte Feb21.

SaTH continues to have the highest vacancy rate which has increased 0.7% to 9.7%, however vacancy rates have remained stable for the last 20 months. Turnover of staff has remained stable between 20 & 21.5% with the highest risk amongst care workers at 32% (September 36%).

Current NHS system absence has increased from 3.2% (28.02.22) to 7.2% (23.03.22 data), SaTH has the highest absence of 5.2% Covid and 8.8% Total. NHS Covid-19 absence trends have increased from 1.7% (28.02.22) to 3.6%.

Month 11 financial position

The current YTD position illustrates a £2.6m favourable variance to plan, (£6.5m adverse variance from H1 and a £9.2m favourable variance in Month 7-11)

There has been an improvement in the Forecast Outturn since M10 (shift from £7.3m deficit to £6.4m deficit)

SATH – financial position remains stable and there is no change to the forecast outturn position

CCG – £0.8m improvement is due to the release of the rest of the system non recurrent allocation for the Community Diagnostic Centre (CDC) following discussions with NSHEI and the return of the CDC capital funding.

RJAH – financial position remains stable and there is no change to the forecast outturn position

SCHT - forecast outturn position assumes additional receipt of £800k non-recurring income from NHSEI

The system remains on plan to deliver the efficiency requirements for both the in year plan and sustainability plan

Capital Forecast - Providers need to expend and account for £16.7m at month 12 to hit that position, a detailed review has taken place by each organisation; ensuring required orders are in place to deliver the capital forecast.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

System partners continue to work with NHSEI on the development of the system sustainability plan and in particular the 22/23 financial plan submission. As part of this submission a full review of the system’s underlying expenditure has been undertaken to ensure that this is in line with the latest guidance and assumptions.

2.1. Context

STW remains a challenged system and is the bottom quartile of the region for its urgent care performance, this in turn is impacting upon the ability to respond to 999 calls promptly due to Ambulance waits.

With continued pressure resulting from managing the pandemic and winter pressures, the cancer performance has started to see a decline. Elective care is facing similar challenges, the system is working hard to maximise its delivery in H2 and with the use of additional independent sector capacity and third party insourcing to improve its elective rate of recovery. Despite this, STW is one of the few systems regionally to be forecasting its number of long waiters >104wks at the end of March to be below that originally planned in October. This is a great achievement and our providers who have worked incredibly hard, in very challenging circumstances, to get our patients treated.

Further progress has been made with placed based metrics; TWIPP and SHIPP now have internal operating dashboards that reflect both local and national targets, with system level key metrics and reporting in final stages of development. 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.

2.2. 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.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.



Shropshire, Telford & Wrekin

Integrated Care System

System Level Integrated Performance Report Shadow ICS Board

Julie Davies
30 March 2022

Provider Level Metrics
Analytical Support from Midlands & Lancashire CSU

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

Regular Contents/Reports

- ◆ System Overview (metrics summary)
- ◆ Urgent and Emergency Care
- ◆ Cancer Waiting Times
- ◆ Planned/Elective Care
- ◆ SATH and RJAH Elective Activity Recovery (ERF)
- ◆ Mental Health
- ◆ Neonatal and Maternity (Due April 2022)
- ◆ Covid-19 update
- ◆ STW People Performance
- ◆ Integrated Finance Report



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

Overview

Metrics Consistently Failing	Metrics Consistently Passing
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 104 week waits	
Diagnostics	
Dementia Diagnosis Rate	
CYP Eating Disorders	
Smoking at Time of Delivery	
COVID 19 – showing special cause variation	



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.

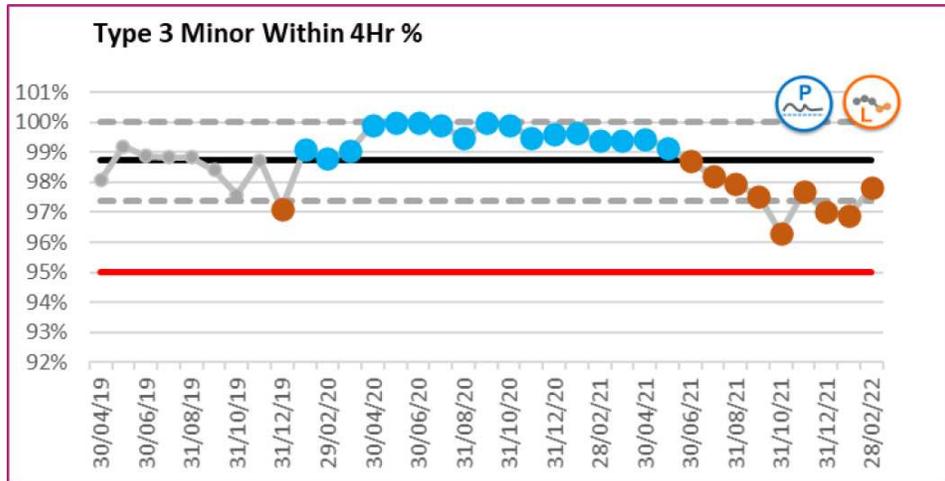
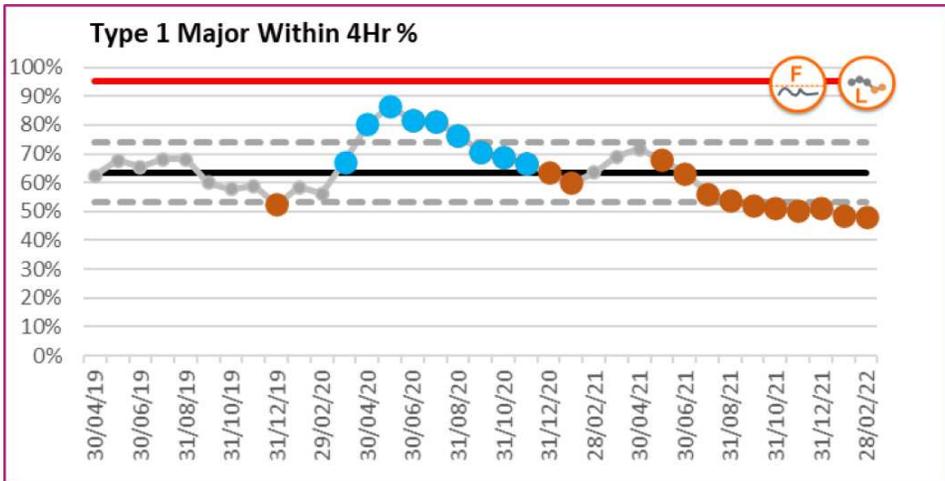
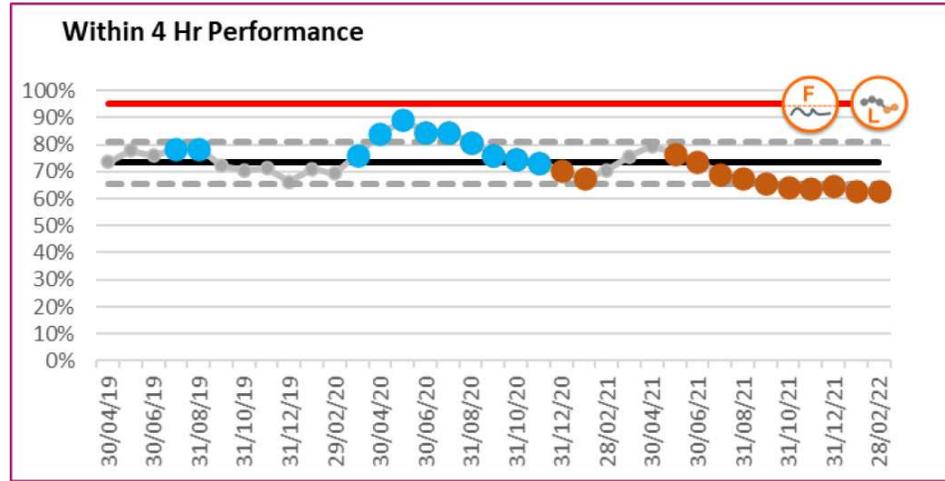
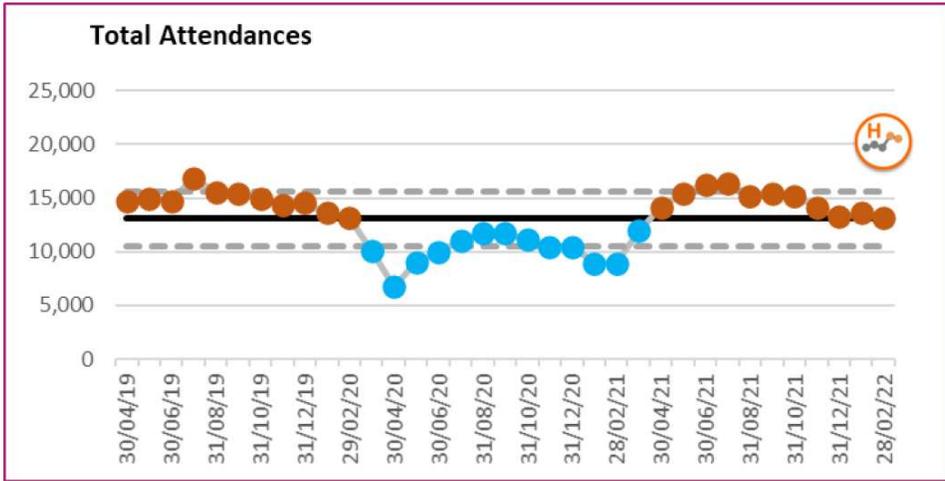
Urgent & Emergency Care Metric Summary

KPI	Latest month	Measure	National target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Total Attendances	Feb 22	13130	0			13063	10490	15636
Within 4 Hr Performance	Feb 22	62.9%	95.0%			73.2%	65.4%	81.0%
Type 1 Major Within 4Hr %	Feb 22	48.4%	95.0%			63.6%	53.4%	73.8%
Type 3 Minor Within 4Hr %	Feb 22	97.8%	95.0%			98.7%	97.4%	100.0%
Trolley Breaches	Feb 22	336	0			100	0	243
Handover time Greater than 60mins	Feb 22	801	0			371	78	664
Patient brought in by ambulance%	Feb 22	26.2%	0.0%			31.2%	27.0%	35.3%

- ◆ 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 standard has been consistently failing 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, however it does remain stable despite increases in activity (COVID/Non-COVID)
- ◆ 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.

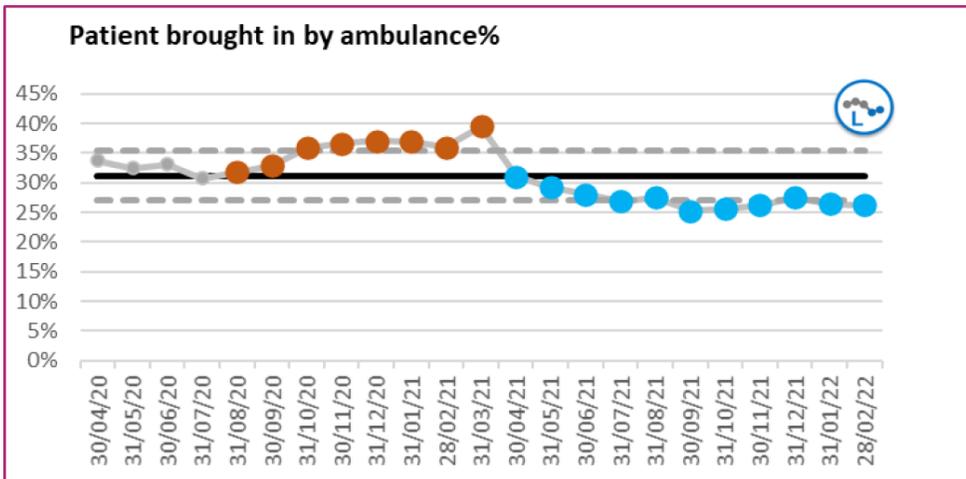
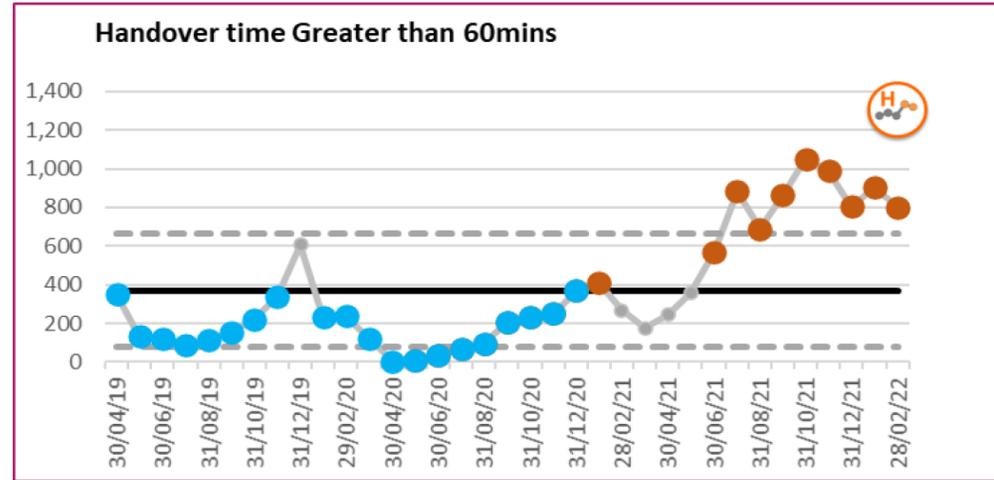
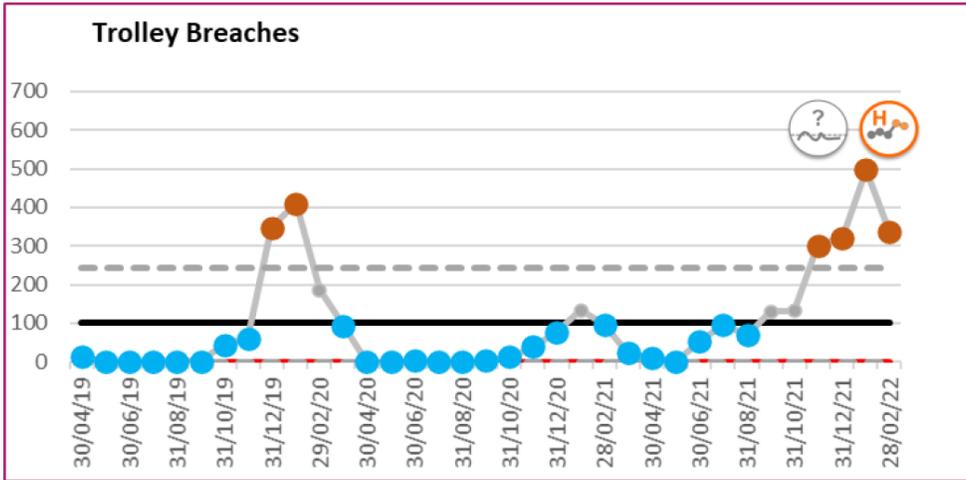


Urgent & Emergency Care Metric Performance



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.

Urgent & Emergency Care Metric Performance



◆ **Actions:**
Introduction of the system Single Point of Access, aim to reduce conveyance/attendances, reduce crowding and improve on flow through the emergency department, started C.2000 cases have been dealt with by the SPA since January with a 94% non-ED attendance.

Non-emergency patient transport services have started to convey the 6% (where appropriate) of cases directed to SATH, focusing WMAS toward 999 response, preventing delays

Transformation Tuesday (Improvement/transformation group), has a continued focus on UEC improvements

SATH have introduced additional cohorting areas to ease front door pressures and improve 999 Category 2 responses

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



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

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

Metric Summary

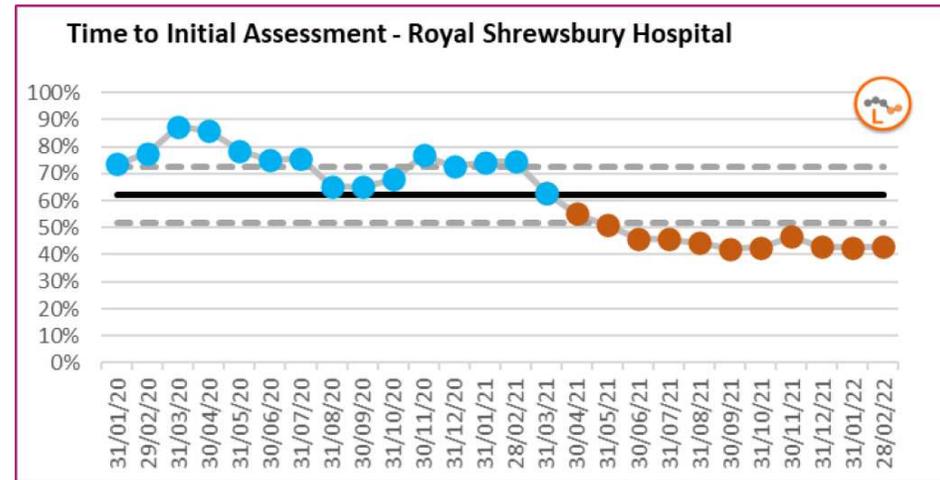
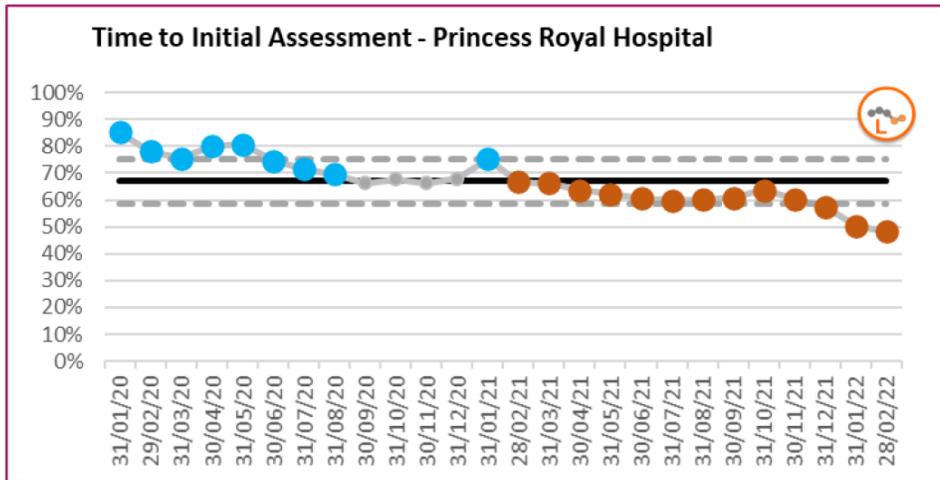
KPI	Latest month	Measure	National target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Time to Initial Assessment - Princess Royal Hospital	Feb 22	48.3%				66.9%	58.8%	75.0%
Time to Initial Assessment - Royal Shrewsbury Hospital	Feb 22	43.1%				62.1%	51.9%	72.3%

- ◆ 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



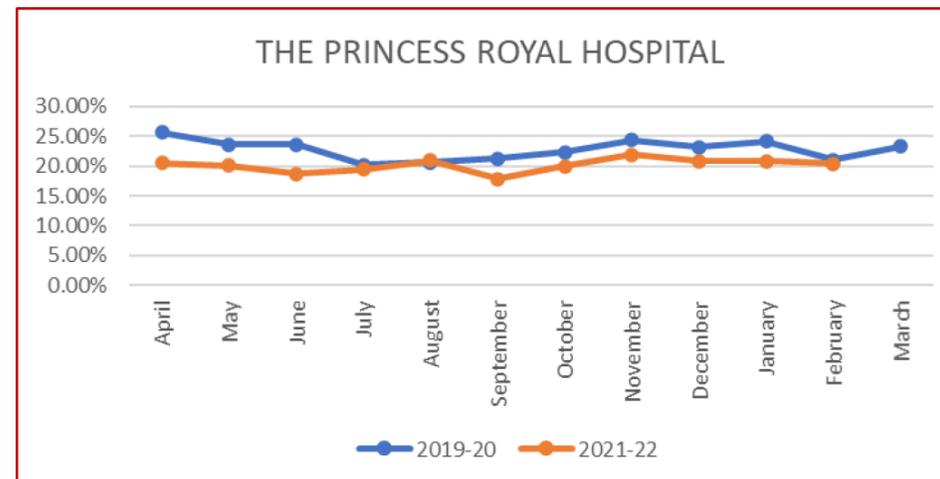
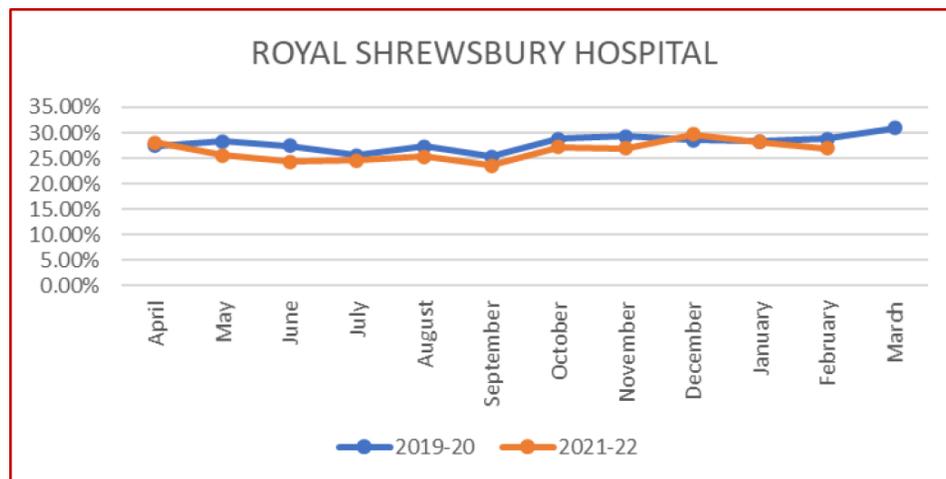
- ◆ Action:
 - Data consistency and compliancy remains a challenge, the national position is trending around the same, the regional position is c.30% above where SATH is, the new operating system will help resolve the IT issues
 - A recent trial of ECP at RSH for re-direction did give the opportunity to lean up processes, learning from this to be reported to UEC group
- ◆ Assurance;
 - UEC operations group, reporting to UEC Board



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

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
- ◆ The ECDS dataset also proves that the correct pathway decision is being made with re-admissions over 7 days at 8%av, which is marginally lower than the regional position



Medically Fit for Discharge

Metric Summary

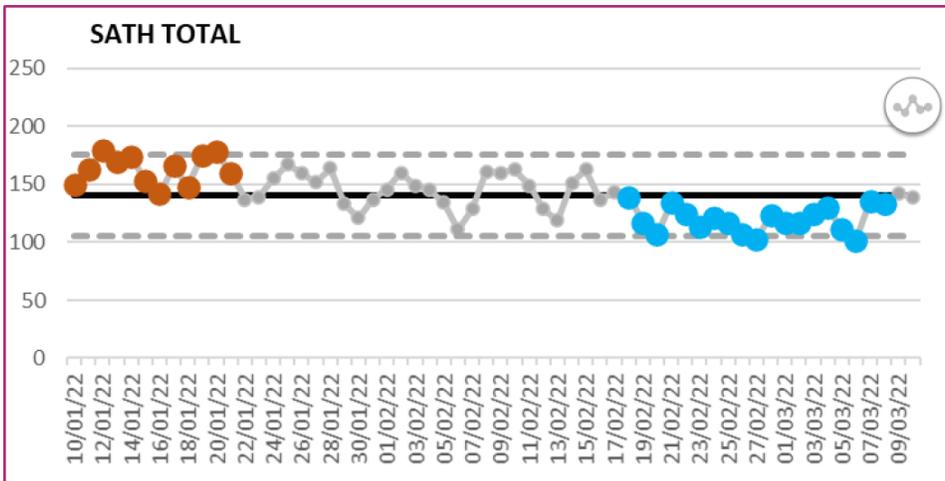
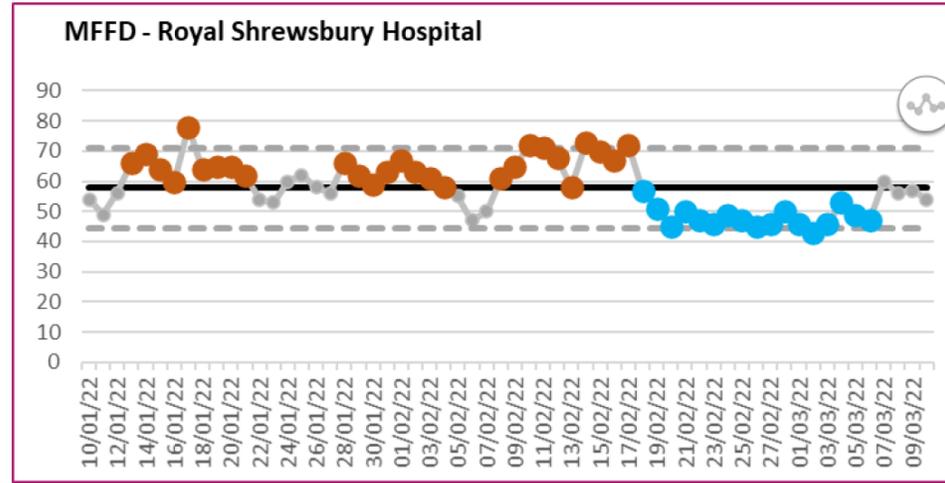
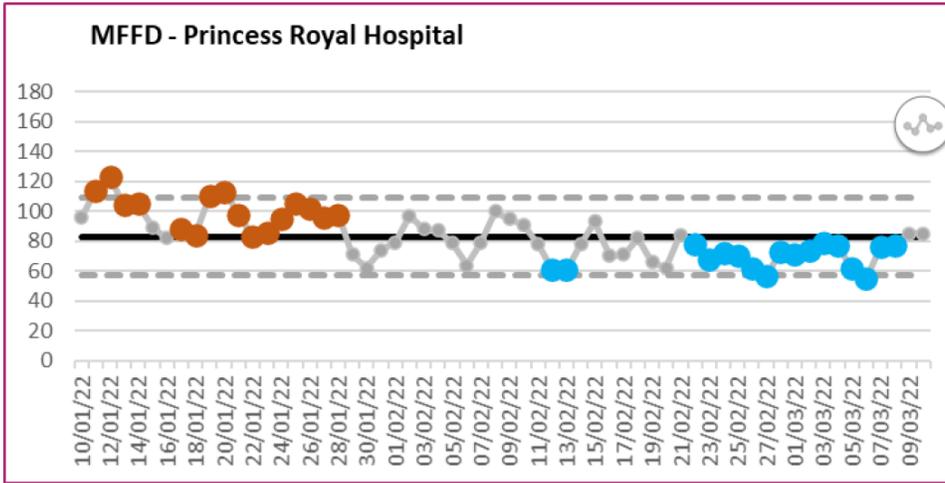
KPI	Latest date	Measure	National target	Variation	Assurance	Mean	Lower process limit	Upper process limit
MFFD - Princess Royal Hospital	10/03/2022	85	0			83	57	109
MFFD - Royal Shrewsbury Hospital	10/03/2022	54	0			58	44	71
SATH TOTAL	10/03/2022	139	0			141	106	175

- ◆ 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 10th March 2022 is variable over the 60 day period for both sites.



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.

Medically Fit for Discharge Metric Performance



◆ **Actions:**

There is a daily focus (Silver level) on numbers of MFFD and reasons for delay

The demand and capacity group modelling has been the main driver for the reduction in numbers, identifying/predicting bed/resource models across the discharge pathway

Local Authorities have been using the Demand and Capacity modelling to manage the market with some success

◆ **Assurance:**

UEC operations group, reporting to UEC Board



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.

Cancer Waiting Times

Metric Summary

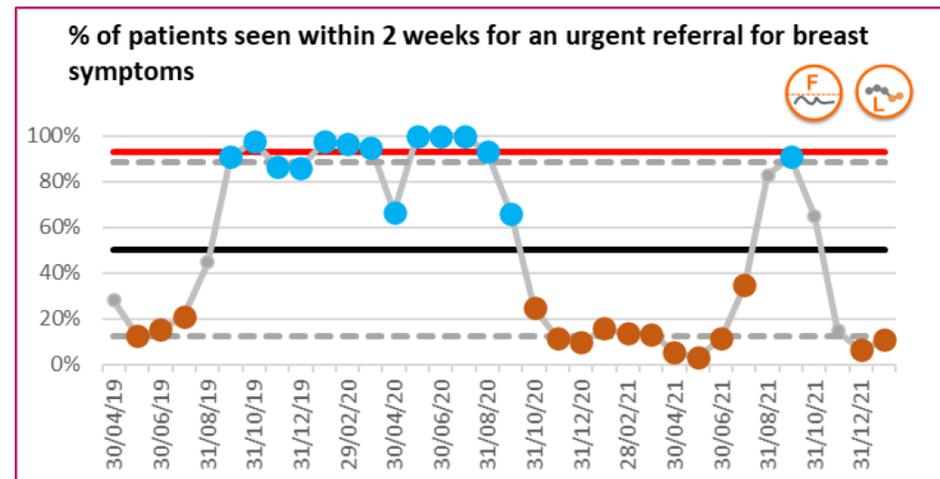
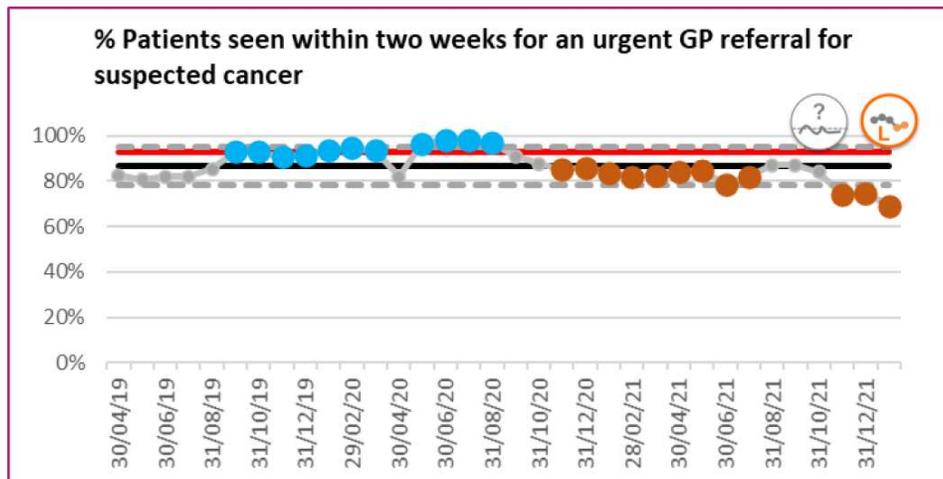
KPI	Latest month	Measure	National target	Variation	Assurance	Mean	Lower process limit	Upper process limit
% Patients seen within two weeks for an urgent GP referral for suspected cancer	Jan 22	69.0%	93.0%			86.4%	78.0%	94.7%
% of patients seen within 2 weeks for an urgent referral for breast symptoms	Jan 22	10.8%	93.0%			50.3%	12.1%	88.5%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis	Jan 22	80.8%	96.0%			97.2%	93.2%	100.0%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments)	Jan 22	89.9%	94.0%			97.4%	90.9%	100.0%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery)	Jan 22	74.3%	94.0%			91.0%	78.5%	100.0%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments)	Jan 22	82.0%	98.0%			99.2%	96.7%	100.0%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days)	Jan 22	43.6%	85.0%			71.6%	56.6%	86.6%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service	Jan 22	38.7%	90.0%			75.7%	30.3%	100.0%
% of patients receiving treatment for cancer within 62 days upgrade their priority	Jan 22	79.9%	0.0%			84.6%	73.3%	95.9%

- ◆ 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 has shown a significant drop in December and is not expected to achieve the target.
- ◆ The percentage of patients receiving definitive treatment within 31 days is significantly lower in January.
- ◆ The percentage of patients receiving definitive treatment within 62 days is also showing deteriorating performance.



Cancer Waiting Times

Metric Performance



◆ Actions:

Community breast clinics that started in November are now seeing 100+ cases per month, however the number of breast referrals increased for November and December and now remain higher c.10% above pre covid levels so the true benefits aren't yet being realised

Assurance:

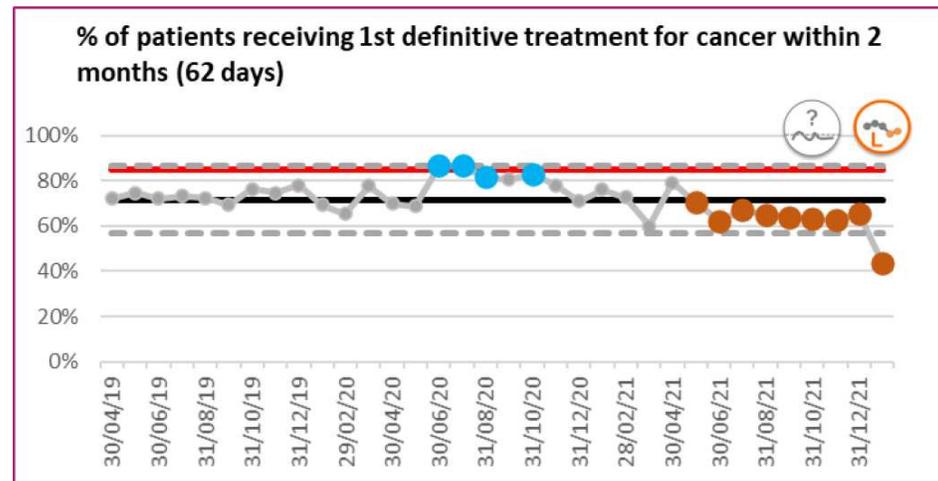
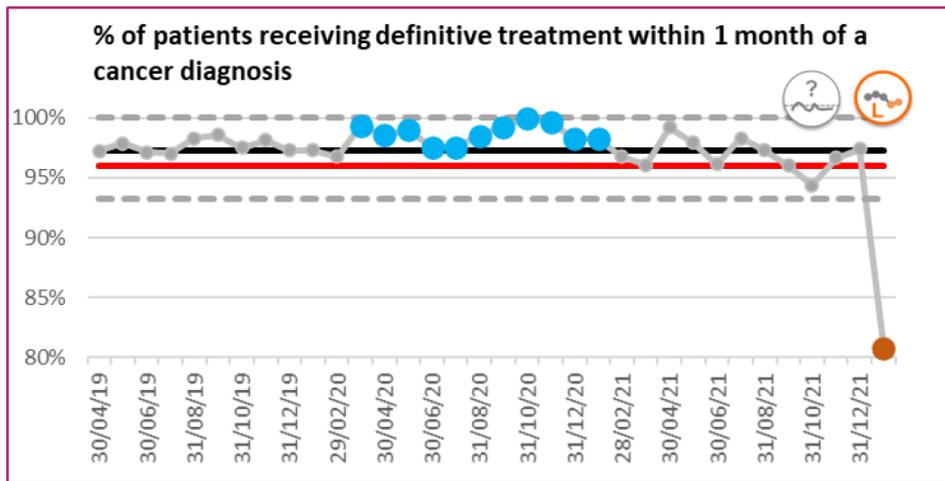
- ◆ System Elective & Cancer Recovery Group now overseeing delivery of improvement and reporting to System Planned Care Board



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

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

◆ 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



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

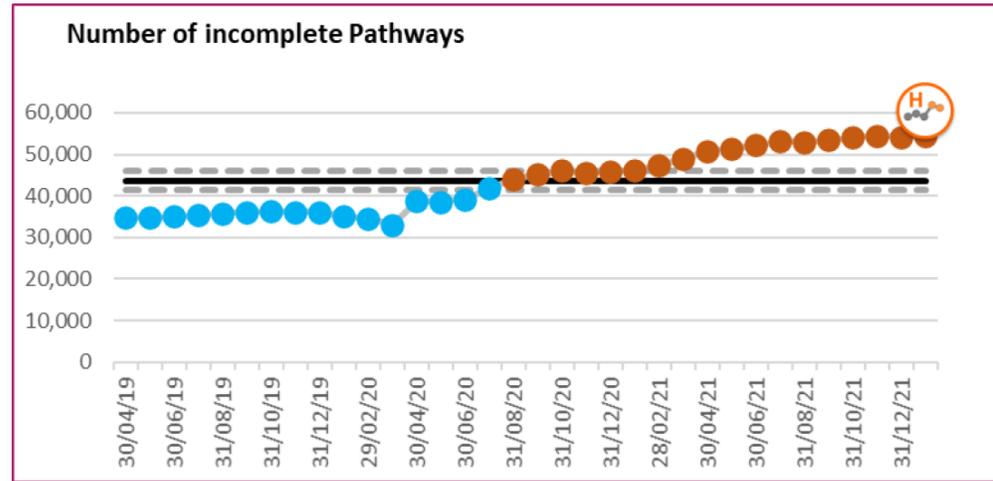
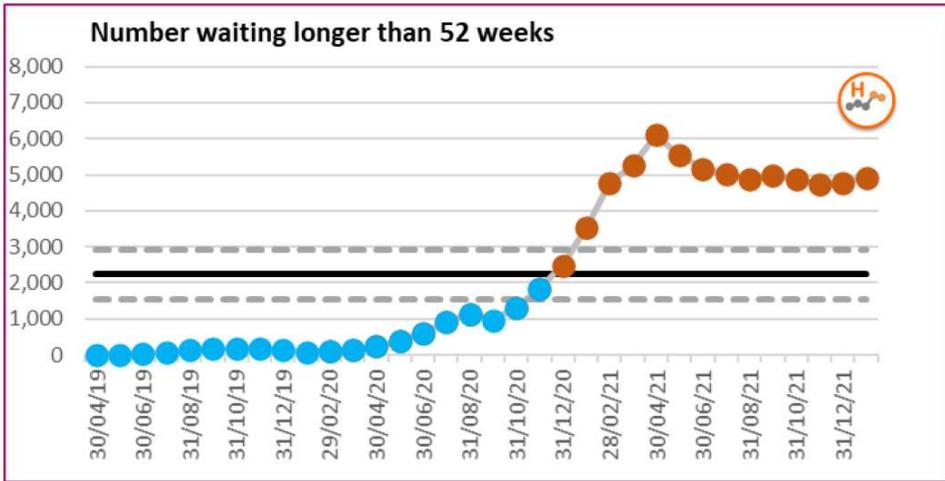
Elective Care Metric Summary

KPI	Latest month	Measure	National target	Variation	Assurance	Mean	Lower process limit	Upper process limit
% RTT Incomplete Pathways < 18 weeks	Jan 22	57.1%	92.0%			67.1%	61.5%	72.6%
Number of incomplete Pathways	Jan 22	54406				43605	41315	45895
Number waiting longer than 52 weeks	Jan 22	4924	0			2227	1550	2904
% Diagnostics > 6 weeks	Jan 22	39.6%	1.0%			28.7%	15.8%	41.6%
Average Diagnostics Activity	Jan 22	661				594	460	727

- ◆ 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 common cause variation with no significant change 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. Most recently RJAH has secured some spinal independent sector capacity

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:**

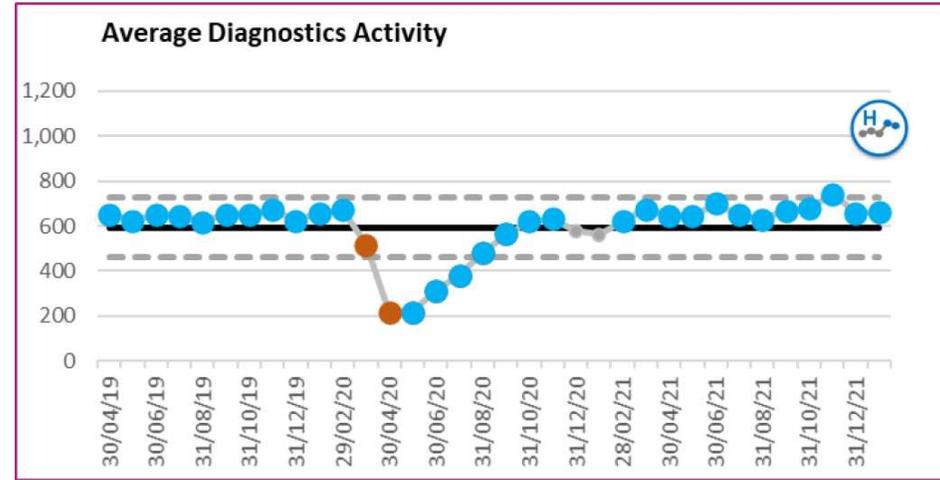
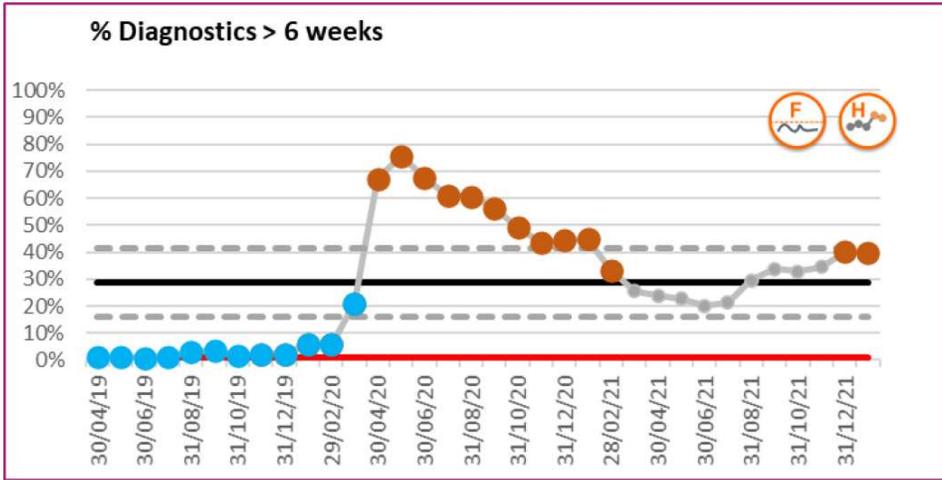
104 weeks original system plan/trjectory was to have 241 patients waiting by the end of March, this currently stands at 144 STW is one of the only systems in the region under plan

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



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.

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 aid 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



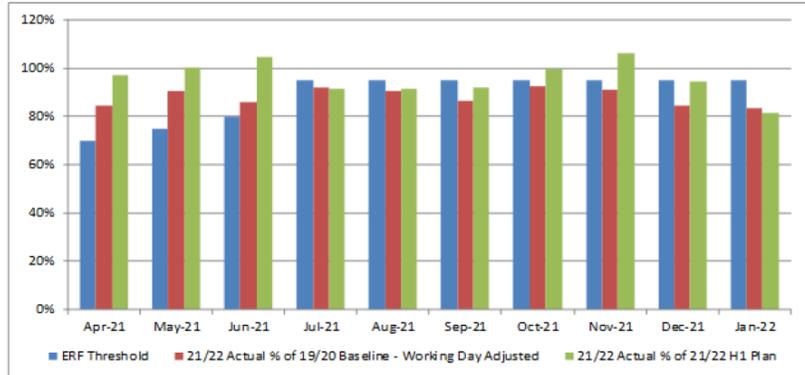
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

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

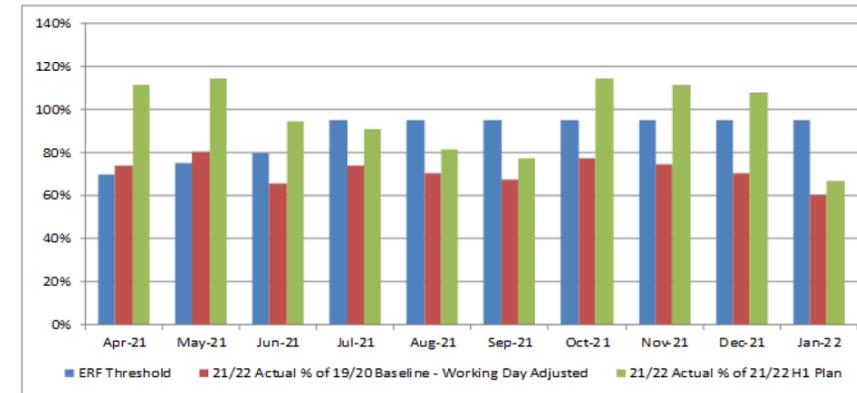
Month	19/20 Baseline - Working Day Adjusted	21/22 H1 Plan	21/22 Actual	ERF Threshold	21/22 Actual % of 19/20 Baseline - Working Day Adjusted	21/22 Actual % of 21/22 H1 Plan
Apr-21	5911	5138	4991	70%	84%	97%
May-21	5807	5251	5247	75%	90%	100%
Jun-21	6456	5307	5546	80%	86%	105%
Jul-21	6065	6100	5587	95%	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%



From October 21 SATH and RJAH Daycases are very close to H2 plan and just below 95% of 19/20 Baseline. There was a noticeable increase seen in November 21 but performance has deteriorated in the Dec 21 and Jan 22

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%



From October 21 SATH and RJAH Elective are well achieving the H2 plan but are still considerably lower (@-25%) than the 19/20 baseline. There was a noticeable drop in Jan 22

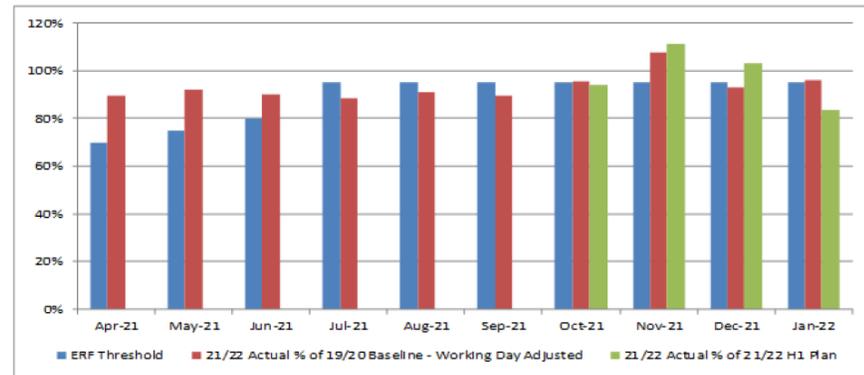


SATH and RJAH Elective Activity Recovery against H1/H2 Plan and 19/20 Working Day Adjusted Baseline

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

1st Outpatients

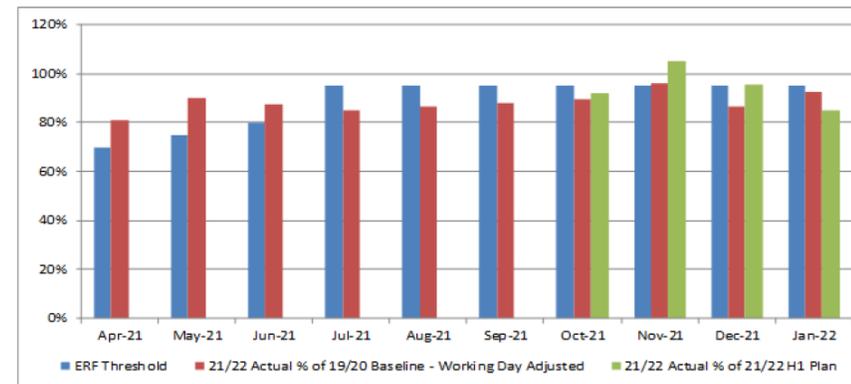
Month	19/20 Baseline - Working Day Adjusted	21/22 H1 Plan	21/22 Actual	ERF Threshold	21/22 Actual % of 19/20 Baseline - Working Day Adjusted	21/22 Actual % of 21/22 H1 Plan
Apr-21	20173		18047	70%	89%	83%
May-21	19644		18126	75%	92%	92%
Jun-21	22477		20251	80%	90%	85%
Jul-21	22160		19587	95%	88%	88%
Aug-21	20205		18390	95%	91%	91%
Sep-21	22244		19943	95%	90%	89%
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	19502	22448	18761	95%	96%	84%



From October 21 SATH and RJAH 1st Outpatients are close to the H2 plan and with the exception of December achieving the 95% of the 19/20 baseline. November 21 shows a marked increase in monthly actuals. 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		34484	70%	81%	81%
May-21	39304		35429	75%	90%	90%
Jun-21	44133		38605	80%	87%	87%
Jul-21	43345		36887	95%	85%	84%
Aug-21	38703		33560	95%	87%	87%
Sep-21	41772		36735	95%	88%	88%
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	37820	41233	34991	95%	93%	85%



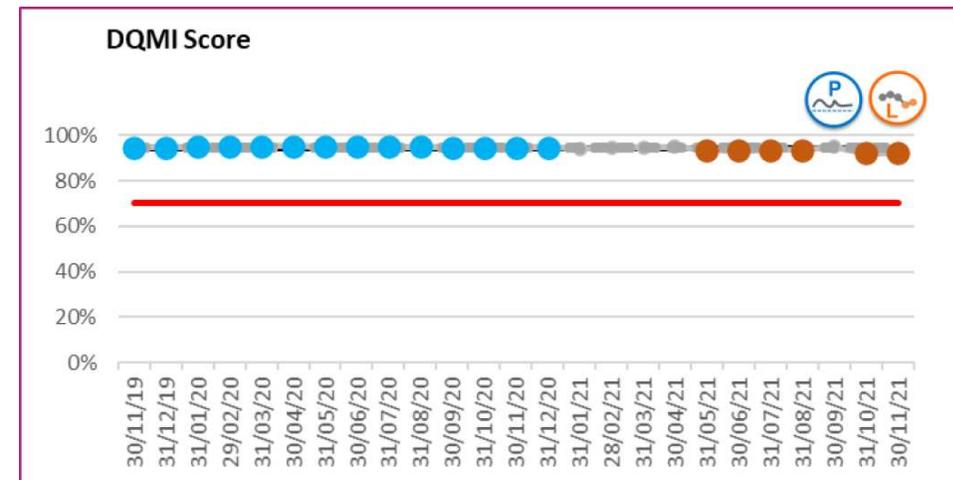
From October 21 SATH and RJAH FU Outpatients are close to the H2 plan and on average 6% below 95% of the 19/20 baseline. A change in criteria in H2 to not include unbundled radiology means H1 plans and H2 plans are not comparable



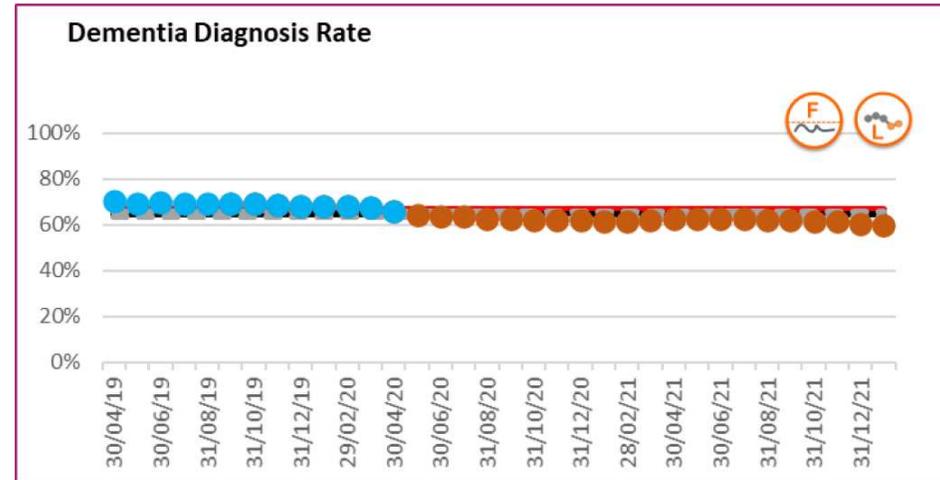
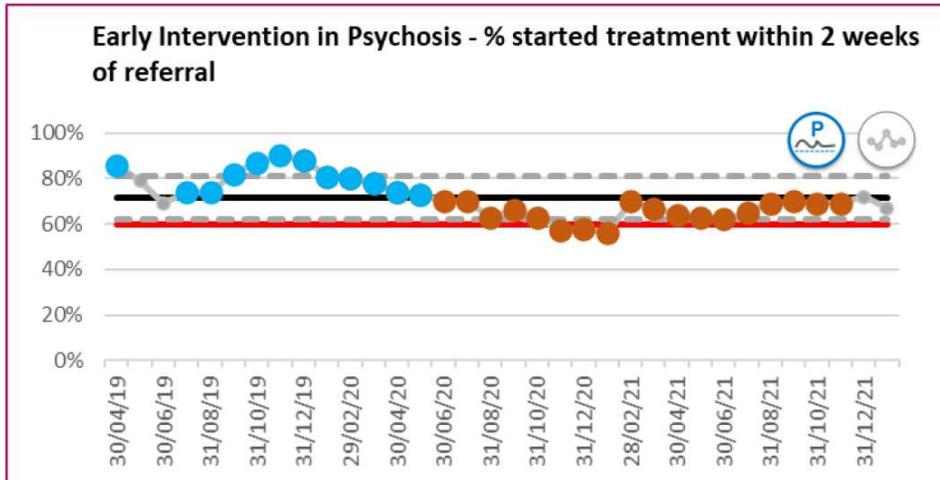
Mental Health - Monthly Metric Summary

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	Jan 22	67.0%	60.0%			71.3%	61.7%	80.9%
Dementia Diagnosis Rate	Jan 22	60.0%	66.7%			64.7%	63.7%	65.8%

- ◆ 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).
- ◆ Published data for the Total number of Inappropriate Out of Area Placements (OAP) days and Inappropriate OAPs started in the reporting period is rounded to the nearest 5 to prevent patient identification. The numbers are too low to apply SPC.
- ◆ 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:**

IAPT further to a rapid decline in the recovery rate performance earlier this year, performance has now stabilised, at 54% overall in December. IAPT recovery rates for BAME cohort of patients has also improved - 73% in December and 52% for the year to date. It is too early to say that this will be consistently achieving.

Plans are well underway to bring together Shropshire and Telford & Wrekin services into IAPT One – demand v capacity is being explored to understand any opportunities and how risks can be mitigated

Dementia diagnosis rates, number of referrals have increased into the service with performance remaining stable, additional ‘Admiral’ nurses are being recruited to drive improvement

◆ **Assurance:**

Q&P committee & MH & LD partnership board

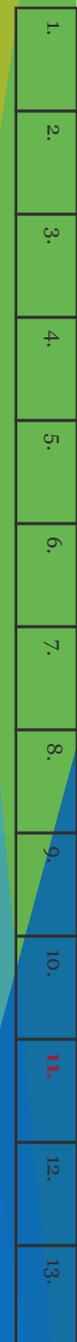


- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.

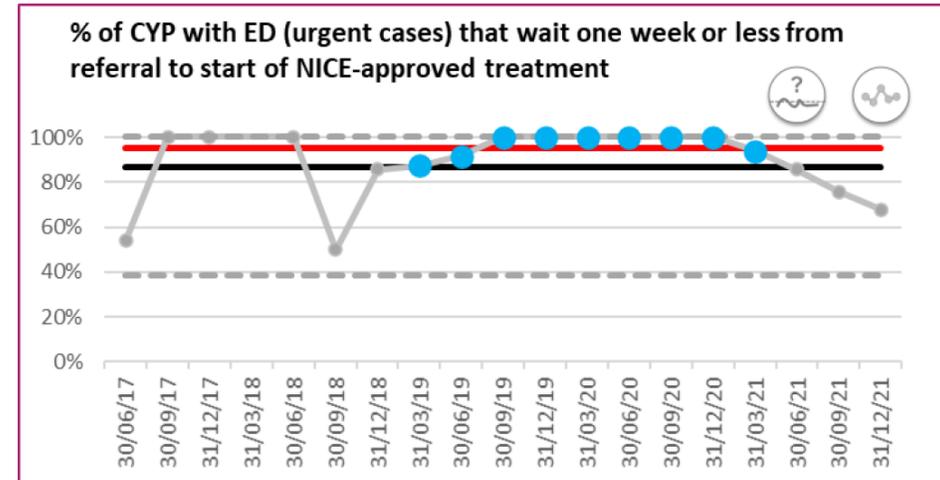
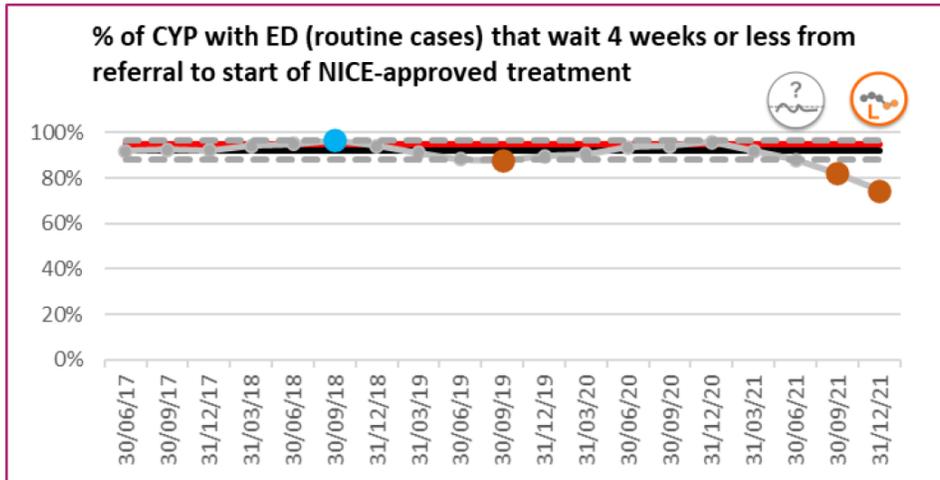
Mental Health – Quarterly Metric Summary

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	Dec 21	74.5%	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	Dec 21	67.9%	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:**
 - MPFT are recruiting staff to address the decline in waiting time performance (plan approved)
 - Working with Avoidant/Restrictive Food Intake Disorder (ARFID UK) to understand and benchmark for opportunities or developments
- ◆ **Assurance:**
 - Q&P committee & MH & LD partnership board



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.

Improving Access to Psychological Therapies (IAPT)

Metric Summary

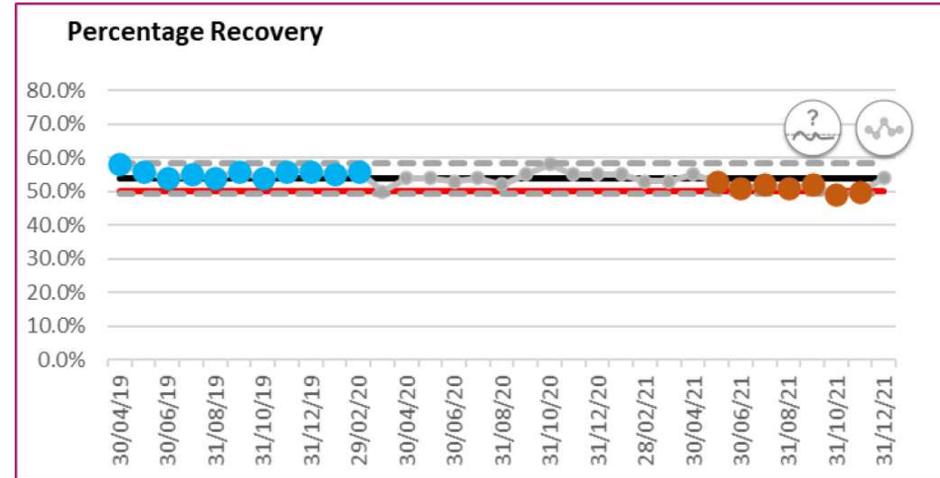
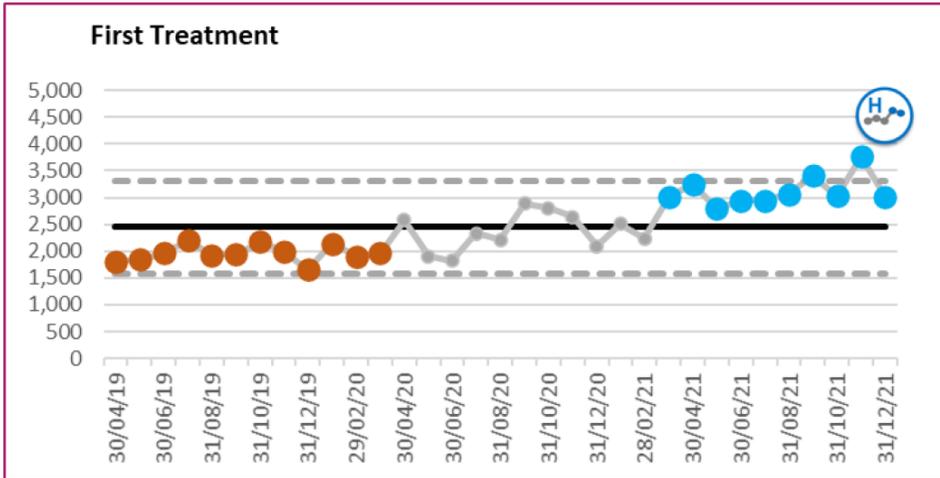
KPI	Latest month	Measure	National target	Variation	Assurance	Mean	Lower process limit	Upper process limit
First Treatment	Dec 21	3015				2449	1589	3309
Percentage Recovery	Dec 21	54.0%	50.0%			53.9%	49.2%	58.5%
Percentage First Treatment 6 Weeks Finished Course Treatment	Dec 21	92.0%				92.2%	88.8%	95.6%
Percentage First Treatment 18 Weeks Finished Course Treatment	Dec 21	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 December.
- ◆ Percentage First Treatment within 6 weeks is showing no significant change.
- ◆ Percentage First Treatment within 18 weeks is showing improving performance.



IAPT

Metric Performance



◆ Actions:

Referrals continued to increase throughout Q3.

Work is underway in the merging of services across Shrewsbury and Telford, part of this work is to understand opportunities or risks, this is to be reported next month

The measure is now in absolute expected numbers but performance is shown as a percentage for ease of reporting. The CCG will not achieve the national target overall in 21/22, **but it is still expected to achieve the locally commissioned levels.**

◆ Assurance:

Q&P committee & MH & LD partnership board



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.

STW COVID position

Covid +ve Forward forecast - New Normal

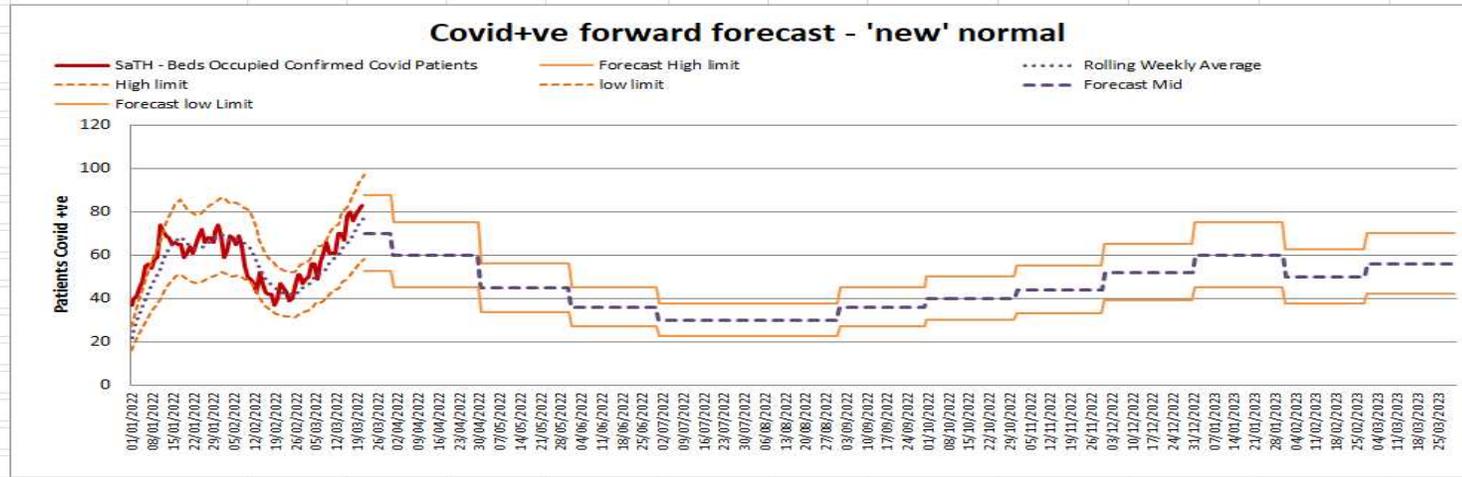
Suggested Status

83.00 Covid+ve

Level 3

Suggested Action

Enact plans for additional beds, conduct MADE across LA and Community + Prepare escalation



- ◆ The system adapted a new methodology of predicting COVID in-patient numbers at system level from January 2022
- ◆ The predicted/forecasted levels have been within a 10% tolerance level until the first week in March, and is now trending to the upper forecast limits predicting that demand will outstrip system level resources
- ◆ The demand and capacity group has moved to a state of escalation (Enact plans for additional beds, conduct MADE across LA, monitor sickness/absence levels and prepare the system for escalation)



COVID Vaccination - 17 March 2022

Overview

- ▶ The programme is recognised as one of the best performing in the region and nationally.
- ▶ **As of 17 March**, an impressive 85% of over 16-year-olds have come forward for their booster vaccination, and we're amongst the highest systems in the region for uptake.
- ▶ **5-11 year old at risk** – we have made a good start to vaccinating this cohort via our PCNs, RJAH vaccination centre and Turreff Hall. RJAH and Turreff Hall are now open for walk-in appointments. As we prepare to expand delivery of the vaccine to all 5 to 11 year olds, sites are being made child friendly with a large jungle mural (at RJAH), bravery certificates and age appropriate stickers.
- ▶ **12-15 year olds** - in STW we have done really well at vaccinating this cohort and are currently 1st nationally for giving this cohort their first dose and 3rd for the 2nd dose. Children in this cohort can now come forward for a booster if they are CEV.
- ▶ **16-17 year olds** – currently in STW we are pushing this cohort to come forward for their boosters.
- ▶ **Spring boosters (a 2nd booster) for those 75 and over, care home residents and 12 + who are CEV** will start to be delivered in STW from Monday, 21 March. This 2nd booster will be offered around 6 months since the last dose. Appointments will be available on the National Booking Service or by calling 119.
- ▶ **Reducing health inequalities** with a targeted approach to reach local communities, working with LA colleagues and utilising three vaccination buses – Bob, Basil and Betty to reach our communities. We currently have a particular focus on people with learning disability and autism and pregnant women.

Key Data

- ▶ As of 17 March 2022, over **1.1 MILLION vaccine doses** (including 1st, 2nd, 3rd and booster doses) had been given in the county.
- ▶ **Over 85% of those eligible (16+) have now received their booster jab across STW.**
- ▶ **Over 83.5% of our eligible (12+) population have now received 1st and 2nd doses.**
 - Second best in the country for vaccine uptake to the severely Immunosuppressed
 - Best in the region for delivering 1st and 2nd doses to pregnant women.
- ▶ **69.4% of 12-15 year olds having had a 1st dose** - this is above the national average (61.5%) and **38.7% have had their 2nd dose** (31.7% is the national average)
- ▶ **Over 93% of frontline provider staff** (SaTH, RJAH and ShropCom) have received 2 doses of the COVID vaccine. (No longer a legal requirement).

Next Steps

- ▶ **NHSEI letter on next steps for C-19 Vaccination programme.** Letter outlines 3 key priorities i) continued access to vaccines for healthy 5-11 yo from early April, a spring 4th dose for 75+, care home residents and 12+ who are CEV and the evergreen offer ii) delivery of the possible autumn covid-19 vaccination campaign iii) development of surge plans to increase capacity should a new variant come into circulation. The system has now submitted their operational plan for COVID vaccination for 2022/23.
- ▶ **The JCVI has updated its advice on vaccinations for 5 to 11 year olds (stwics.org.uk),** with a view to increase protection against potential future waves of coronavirus. The DSHC and NHSE will advise on plans for operationalising this guidance in due course. In the meantime, **parents are urged not to contact the NHS until further details have been set out.**





Shropshire, Telford & Wrekin

Integrated Care System

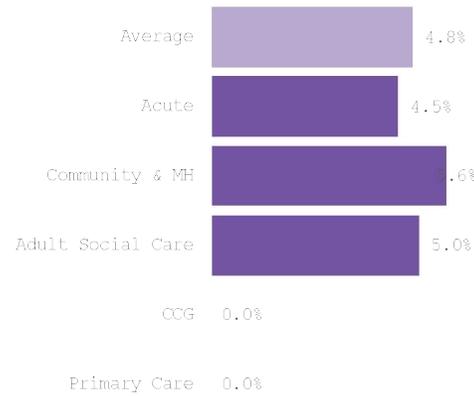
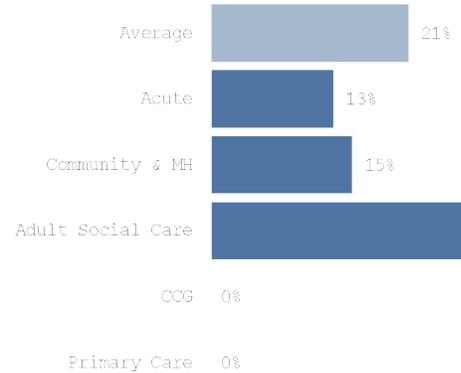
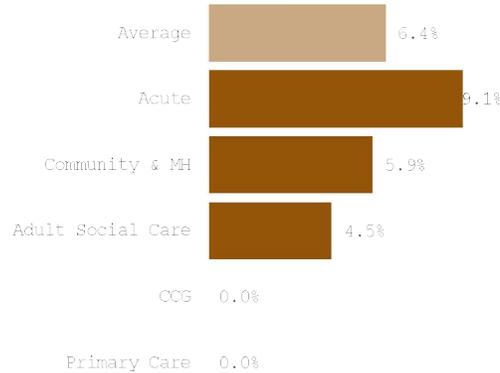
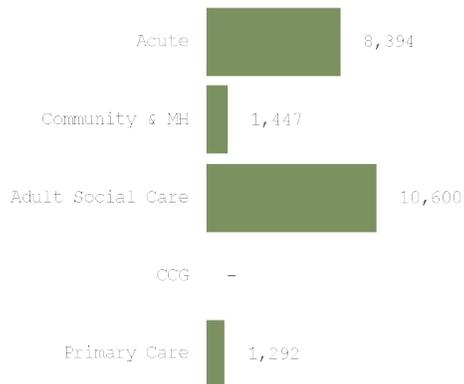
STW People Performance Report

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

ICS Workforce Dashboard – M11 February 2022



Summary - Feb 22



Year/Month	WTE	Vacancy	Turnover	Sickness
Feb-22	21732	6.40%	21%	4.80%
Jan-22	23109	6.20%	21%	5.10%
Dec-21	22784	6.20%	21%	5.10%
Nov-21	22874	6.00%	21%	5.10%
Oct-21	22785	6.50%	20%	8.50%
Sep-21	21283	7.50%	22%	5.70%
Aug-21	21232	7.60%	22%	5.60%

Data Sources:

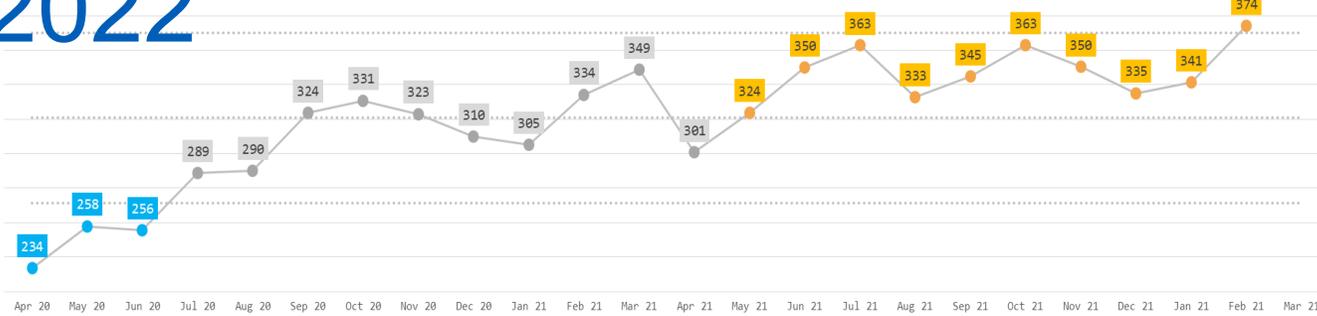
NHS Trust Monthly Provider Workforce Returns
 Skills for Care Sept 2019 and March 2020
 Primary Care NHS Digital June 2021



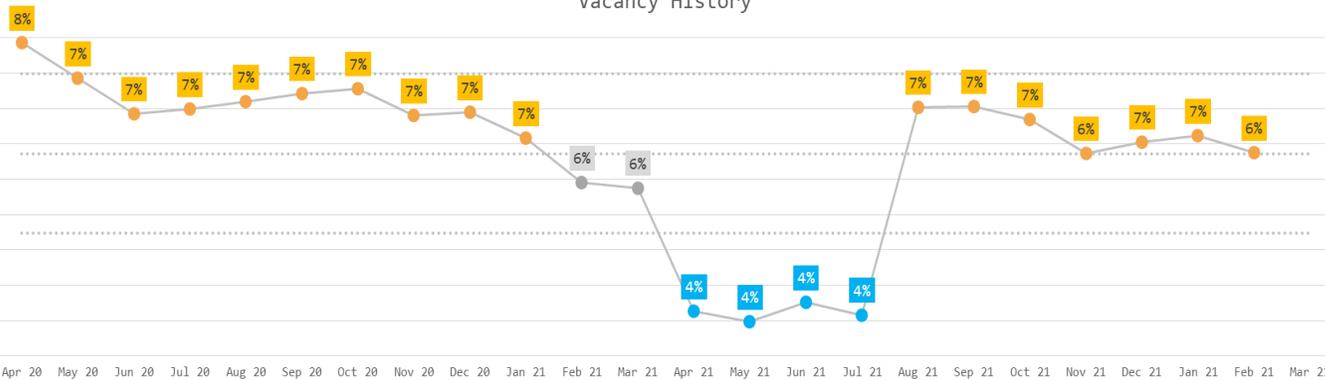
Pillar	Theme	Outcome Measure	Indicator	Data Source	Data Period	System	SaTH	RJAH	SCHT				
Looking After Our People	Health & Wellbeing	Sickness Absence	Monthly Sickness Absence Rate	PWR	Feb 22	4.7%		4.2%		5.8%		5.6%	
Growing for the future	Workforce Capacity	Staff in Post (WTE)	Total	PWR	Feb 22	8,846		6,095		1,433		1,318	
			Registered Nursing & Midwifery	PWR	Feb 22	2,544		1,783		291		470	
			HCSW	PWR	Feb 22	1,285		955		180		151	
			GPs in Primary Care	NHSDigital	Jan 22	317							
		Vacancies (WTE)	Total	PWR	Feb 22	647		490		81		77	
			Registered Nursing & Midwifery	PWR	Feb 22	226		169		23		34	
			HCSW	PWR	Feb 22	118		103		14		1	
		Vacancy Rate %	Total	PWR	Feb 22	7.3%		8.0%		5.7%		5.8%	
			Registered Nursing & Midwifery	PWR	Feb 22	8.9%		9.5%		7.8%		7.2%	
			HCSW	PWR	Feb 22	9.2%		10.8%		7.9%		0.8%	
		Temporary Staffing	Bank WTE	PWR	Feb 22	621		481		44		96	
			Agency WTE	PWR	Feb 22	374		319		22		33	
			HCSW Bank WTE	PWR	Feb 22	227		181		20		26	
			HCSW Agency WTE	PWR	Feb 22	110		92		8		9	
Turnover	In-month leavers rate	PWR	Feb 22	13.6%		14.4%		8.7%		15.4%			
	Leavers - All	PWR	Feb 22	1,205		878		125		202			

ICS Workforce Dashboard – M11 February 2022

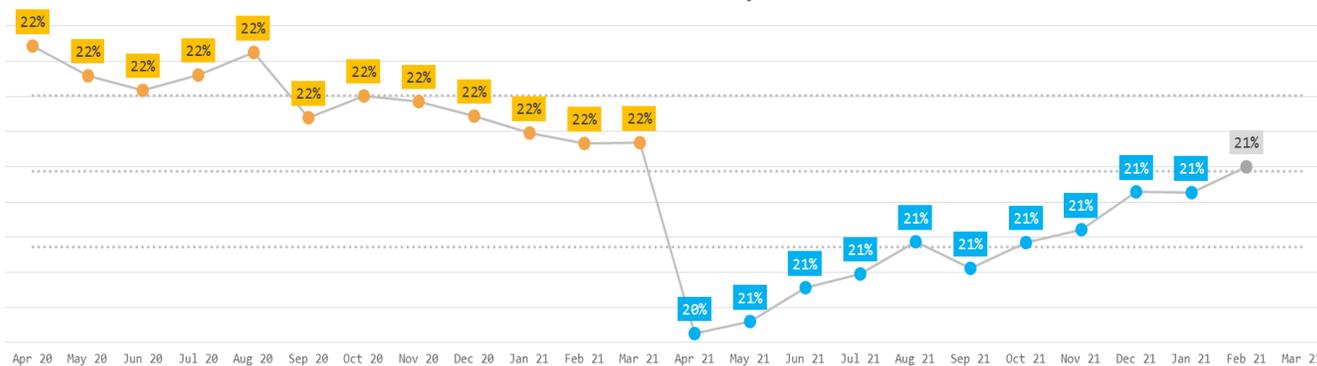
WTE History - Agency



Vacancy History



Turnover History



Agency WTE and Staff Group

- Steadily increased since lowest at April 2020 - 234wte
- New peak usage of 374wte exceeding previous peak of 363wte in Jul21 & Oct21
- Currently at 374wte, 91% of agency is acute NHS
- Bank usage also increased to 626wte from low of 506wte in Dec21 and high of 799wte Feb21
- 46% of agency is for nursing & midwifery (increased)
- 29% of agency is for support to clinical (increased)
- 14% of agency is for GP, medical & dental (stable)

Vacancies

- SaTH continues to have the highest vacancy rate which has increased 0.7% to 9.7%
- Vacancy rates have remained stable for the last 20 months
- 13.5% are medical & dental (stable)
- 12.3% are support to clinical staff (increased)
- 8.3% are nursing & midwifery (stable)
- 8.8% are social workers (stable)

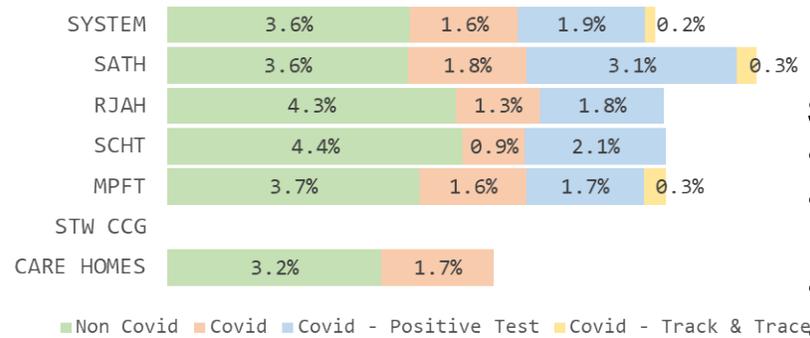
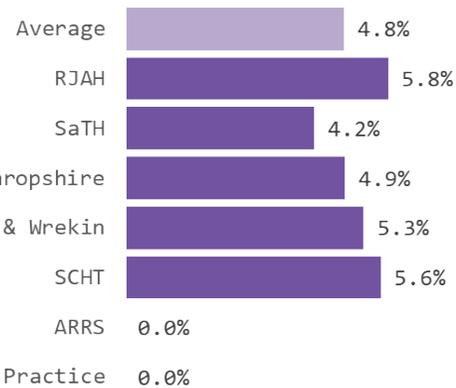
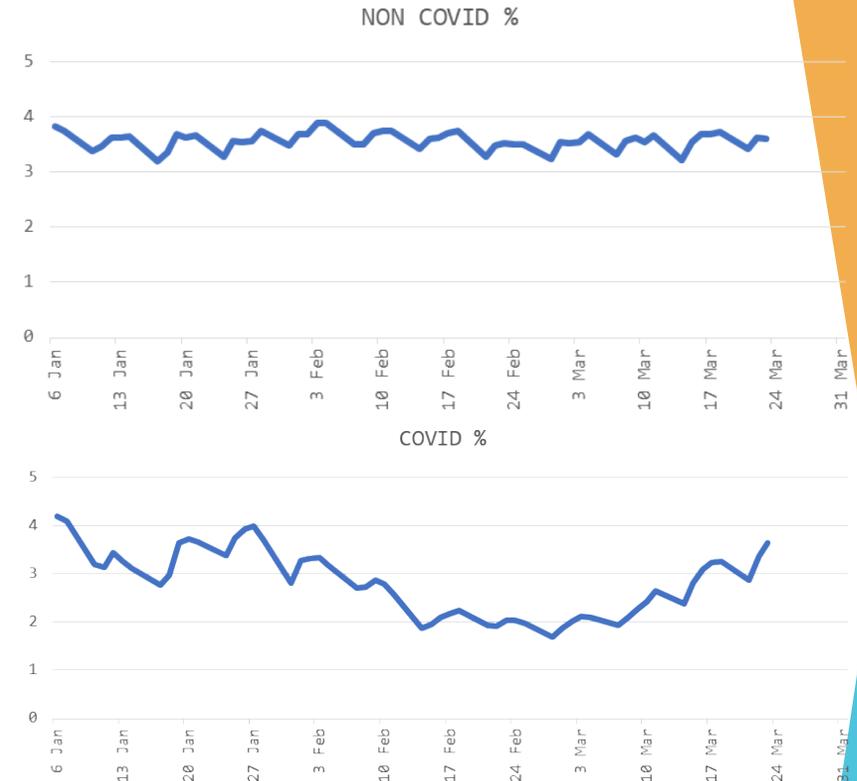
Turnover

- Turnover has remained stable between 20.0% & 21.5%
- Highest turnover is care workers at 32%
- Other staff group is at 21% (stable)
- Nursing turnover is at 17% (stable)
- Remaining staff groups are at 12-15%
- Adult Social Care Telford has the highest turnover at 32% and Adult Social Care Shropshire is at 26%

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

ICS Workforce Dashboard – M11 February

2022



Sickness Absence and Isolation

- Covid absence has increased from 1.7% (28.02.22) to 3.6%
- Current NHS system absence has increased from 3.2% (28.02.22) to 7.2% (23.03.22 data)
- SaTH has highest absence of 5.2% Covid and 8.8% Total NHS additional clinical services absence is 9.3%
- NHS Nursing & Midwifery absence 8.6% up from 5.8%, SaTH N&M absence is high at 9.7%
- Care worker sickness absence is 5.8%



Shropshire, Telford & Wrekin

Integrated Care System

Month 11

Integrated Finance Report

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

Key Headlines – Overall System I&E Position

Organisation	YTD Position H1 and H2			Previous Month Actual YTD £000	Direction of Travel	RAG	H1 and H2 Plan Forecast (Most likely)			Previous Month Forecast Actuals £000	Direction of Travel	RAG
	YTD In Year Plan Surplus/(Deficit) £000	YTD In Year Actual Surplus/(Deficit) £000	YTD In Year Surplus/(Deficit) Variance to Plan £000				In Year Plan Surplus/(Deficit) £000	Forecast Outturn Actuals £000	FOT In Year Surplus/Deficit Variance to Plan £000			
Commissioners												
Shropshire, Telford and Wrekin CCG (STWCCG)	(9,113)	(1,088)	8,025	(5,948)	↑	●	(9,984)	(4,257)	5,727	(5,082)	↑	●
System Affordability Gap	6,005	0	(6,005)	0	→	●	6,005	0	(6,005)	0	→	●
Total Commissioners	(3,108)	(1,088)	2,020	(5,948)	↑	●	(3,979)	(4,257)	(278)	(5,082)	↑	●
Providers												
The Shrewsbury and Telford Hospital NHS Trust (SaTH)	(6,210)	(9,309)	(3,099)	(8,841)	↓	●	(7,043)	(10,898)	(3,855)	(10,898)	→	●
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT (RIAH)	3,119	5,695	2,576	5,364	↑	●	3,229	5,865	2,636	5,803	↑	●
Shropshire Community Healthcare NHS Trust (SCHT)	1,207	2,353	1,146	1,857	↑	●	1,351	2,910	1,559	2,910	→	●
Total Providers	(1,884)	(1,261)	623	(1,620)	↑	●	(2,463)	(2,123)	340	(2,185)	↑	●
TOTAL SYSTEM Performance Financial Position Surplus/(Deficit)	(4,992)	(2,349)	2,643	(7,568)	↑	●	(6,442)	(6,380)	62	(7,267)	↑	●

Improving financial position	↑
Deteriorating financial position	↓
In line with previous month	→



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.

Key Headlines – Overall System Position

	H1 and H2 Plan			Direction of Travel £000	RAG £000	Full Year Sustainability			Direction of Travel £000	RAG £000
	YTD Plan	YTD Actuals	YTD Variance			FY Plan	FY forecast	FY Variance		
	£000	£000	£000			£000	£000	£000		
I&E Performance (H1 & H2 Plan) YTD	(4,992)	(2,349)	2,643	↑	●					
I&E Performance (H1 & H2 Plan) FOT	(6,442)	(6,380)	62	↑	●					
Efficiency	14,403	16,210	1,807	↑	●	18,431	18,439	8	↑	●
Capital Expenditure (System Envelope)	27,034	11,989	15,045	↑	●	32,591	28,759	3,832	↓	●
Capital Expenditure (outside system envelope)	8,269	8,073	196	↑	●	9,363	13,099	(3,736)	↑	●
Capital Expenditure TIF	0	3,760	(3,760)			0	9,290	(9,290)		
Cash Balances		77,741		↑	●					
Better Payment Practice Code (Value of Invoice)	95%	97%	2%	↑	●					



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.

Efficiencies

In Year efficiency delivery against H1 and H2 Plan

Organisation	YTD Position (h1 and H2)					FOT (H1 and H2)					Direction of Travel £000	RAG £000
	YTD In Year Plan	YTD In Year Actual	YTD In Year Variance to Plan	YTD In Year Plan %	YTD In Year Actual %	In Year Plan	FOT in Year	FOT In Year Variance to Plan	In Year Plan %	FOT in Year %		
	£000	£000	£000	%	%	£000	£000	£000	%	%		
Shropshire, Telford and Wrekin CCG	5,007	6,503	1,496	1.5%	1.9%	5,739	7,070	1,331	1.3%	1.6%	↑	●
The Shrewsbury and Telford Hospital NHS Trust (SaTH)	6,250	5,946	(304)	1.6%	1.5%	6,668	7,285	617	1.3%	1.4%	↑	●
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT (RJAH)	1,649	2,204	555	1.9%	2.5%	1,866	2,500	634	1.6%	2.1%	↑	●
Shropshire Community Healthcare NHS Trust (SCHT)	1,497	1,557	60	2.1%	2.2%	1,677	1,772	95	1.8%	1.9%	↑	●
TOTAL SYSTEM Efficiencies	14,403	16,210	1,807			15,950	18,627	2,677	1.4%	1.6%	↑	●

In Year efficiency delivery against Sustainability Plan

Organisation	YTD Position					Full Year Position					Direction of Travel £000	RAG £000
	YTD In Year Plan	YTD In Year Actual	YTD In Year Variance to Plan	YTD In Year Plan %	YTD In Year Actual %	In Year Plan	FOT in Year	FOT In Year Variance to Plan	In Year Plan %	FOT in Year %		
	£000	£000	£000	%	%	£000	£000	£000	%	%		
Shropshire, Telford and Wrekin CCG	6,395	6,503	108	1.8%	1.9%	7,077	7,070	(7)	1.5%	1.5%	↓	●
The Shrewsbury and Telford Hospital NHS Trust (SaTH)	6,692	5,945	(747)	1.9%	1.6%	7,550	7,550	0	1.6%	1.6%	→	●
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT (RJAH)	2,285	2,204	(81)	2.5%	2.5%	2,493	2,500	7	2.1%	2.1%	↑	●
Shropshire Community Healthcare NHS Trust (SCHT)	1,156	1,130	(26)	1.7%	1.7%	1,311	1,319	8	1.4%	1.5%	↑	●
TOTAL SYSTEM Efficiencies	16,528	15,782	(746)			18,431	18,439	8	1.6%	1.6%	↑	●



Summary of Position

- ◆ The current YTD position illustrates a £2.6m favourable variance to plan, (£6.5m adverse variance from H1 and a £9.2m favourable variance in Month 7-11)
- ◆ There has been an improvement in the Forecast Outturn since M10 (shift from £7.3m deficit to £6.4m deficit)
 - ◆ SATH – financial position remains stable and there is no change to the forecast outturn position
 - ◆ CCG – £0.8m improvement is due to the release of the rest of the system non recurrent allocation for the Community Diagnostic Centre (CDC) following discussions with NSHEI and the return of the CDC capital funding.
 - ◆ RJAH – financial position remains stable and there is no change to the forecast outturn position
 - ◆ SCHAT - forecast outturn position assumes additional receipt of £800k non recurring income from NHSEI
- ◆ The system remains on plan to deliver the efficiency requirements for both the in year plan and sustainability plan
- ◆ Capital Forecast - Providers need to expend and account for £16.7m at month 12 to hit that position, a detailed review has taken place by each organisation, ensuring required orders are in place to deliver the capital forecast.
- ◆ System partners continue to work with NHSEI on the development of the system sustainability plan and in particular the 22/23 financial plan submission. As part of this submission a full review of the system's underlying expenditure has been undertaken to ensure that this is in line with the latest guidance and assumptions.



Risks to Delivery of Forecast Outturn

Risk to delivery of the forecast outturn position reduces as we draw closer to the end of the year:

- ◆ CCG risks - Volatility of CHC expenditure (£0.25m) and a risk relating to the remaining efficiency for the year assumed within the forecast (£0.28m)
- ◆ SATH risks - legal fees, maternity income, welsh elective recovery fund and continuing workforce/COVID pressures, offset by potential benefit within elective recovery expenditure
- ◆ RJAH risks - casemix complexity, private patient and RTA income and workforce sickness
- ◆ SCHAT risks - lower levels of overperformance in Quarter 4



Chair's Assurance Report Sustainability Committee – 24 January 2022

0. Reference Information

Author:	Gayle Murphy, Executive PA at RJAH	Paper date:	23 February 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 24th January 2022 and is provided for assurance purposes.

2. Executive Summary

2.1 Summary

- The meeting was well attended
- The agenda items included:
 - Month 9 finance report
 - 2022/23 Planning
 - NHSEI oversight
 - Assurance Report from Integrated Delivery Board

2.2. Conclusion

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

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

Chair's Assurance Report Sustainability Committee – 24 January 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 24 January 2022. The meeting was quorate with 4 Non-Executive Directors and 5 Chief Finance Officers present. A full list of the attendance is outlined below:

Chair/ Attendance:	
Frank Collins	Chair, RJAH
Clive Deadman	Non-Executive Director, SaTH
Debbie Nixon	Non-Executive Director, MPFT
Harmesh Darbhanga	Non-Executive Director, SCHAT
Harry Turner	Non-Executive Director, RJAH
Alison Tumilty	Non-Executive Director, RJAH
Craig Macbeth	Chief Finance and Planning Officer, RJAH
Claire Skidmore	Chief Finance Officer, STW CCG
Chris Sands	Director of Finance and Performance, MPFT
Helen Trolaen	Director of Finance, SaTH
Sarah Lloyd	Director of Finance, SCHAT
Kerry Robinson	Chief Performance, Improvement & OD Officer, RJAH
Caroline Kurzeja	Improvement Director, NHSE/I
Adrian Roberts	Chief Finance Officer, NHSE/I
Cllr Andy Burford	Telford Council Cabinet Member for Adult Social Care
Mark Brandreth	STW CCG Interim Accountable Officer
Simon Whitehouse	Interim ICB CEO Designate
Sam Tilley	Director of Planning, STW CCG
Nicky O'Connor	Programme Director, STW ICS
Rachel Hardy	Financial Consultant, STW ICS
Jan Heath	Programme Manager, Midlands and Lancashire CSU
Tracy Hill	Workforce SRO, STW ICS
Julie Davies	Director of Performance, STW CCG
Cherry West	Executive Chief Transformation Officer, UHB
Apologies:	
Sarah Theaker, Jonathon Rowe, Jill Robinson, Geoff Braden, Claire Spencer, Steve Grange, Victoria Rankin and Claudette Elliot.	

3.2 Actions from the Previous Meeting

The action from the previous meeting was noted as being incomplete.

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 2021/22 plan		
3.1 Month 9 Finance Report	Y	
The report was presented to the Committee which included a summary of the key financial information for Month 9.		

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12
13.

Chair's Assurance Report Sustainability Committee – 24 January 2022

The Committee noted the report.		
<p>3.2 2022/23 Planning</p> <p>The plan was presented to the Committee; an in-depth discussion took place around the guidance, planning and implementation of the priorities and operational plan for 2022/23 for the STW ICS.</p> <p>A re-alignment of the direction of travel of the Committee was suggested to reflect the current environment the System now finds itself in, shaped by the National priorities and planning guidance.</p> <p>The constituent bodies represented in the Committee were asked to return to their respective organizations and validate the work the System has prioritized for the last period, ensuring it is still valid. The Committee agreed each constituent body needs to talk about the priorities but the pace of this is important. Clarity was sought on where the request should come from. It was confirmed the responsibility sat with of all ICB leaders, including Committee members. It is important for the organizations to avoid planning independently, thus initiating their own separate plans that may not align with the System, the plans need to be connected. Executives and non-executives have a responsibility to check and challenge within Board conversations to make sure the direction and clarity is followed, this conversation will be held at the weekly CEO group too.</p> <p>The Committee <i>noted</i> the presentation for consideration by the Committee.</p>	Y	
4.0 NHSEI Oversight		
<p>A verbal update was provided to the Committee and included reflections on the meeting.</p> <p>The Committee <i>noted</i> the discussion that took place and FC again thanked CK for her continued guidance and support.</p>	Y	
5.0 Any Other Business		
None raised.	n/a	
6.0 To Note		
<p>6.1 Assurance Report from Integrated Delivery Board</p> <p>The report was provided to the Committee members, prior to the meeting, to provide assurance on the progress made on the Sustainability Transformation Programmes ('big-ticket items') and provide an overview of the inaugural Integrated Delivery Board which met on 17 January 2022.</p> <p>The Committee <i>noted</i> the report and assurance provided.</p>	Y	

3.4 Approvals

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12
13.

Chair's Assurance Report
Sustainability Committee – 24 January 2022

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.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12
13.

Chair's Assurance Report Sustainability Committee – 28 February 2022

0. Reference Information

Author:	Gayle Murphy, Executive EA at RJAH	Paper date:	30 March 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 28th February 2022 and is provided for assurance purposes.

2. Executive Summary

2.1 Summary

- The meeting was well attended
- The agenda items included:
 - Month 10 financial update
 - Financial Plan 2022/23
 - Summary from February IDB
 - Workforce Update
 - Update following the Shadow ICB Seminar

2.2. Conclusion

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

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

Chair's Assurance Report

Sustainability Committee – 28 February 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 28 February 2022. The meeting was quorate with 4 Non-Executive Directors and 5 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
Peter Featherstone	Non-Executive Director, SCHAT
Harry Turner	Non-Executive Director, RJAHS
Claire Skidmore	Chief Finance Officer, STW CCG
Craig Macbeth	Chief Finance and Planning Officer, RJAHS
Glenn Head	Head of Financial Management, MPFT
Helen Trolaen	Director of Finance, SaTH
Kerry Robinson	Chief Performance, Improvement & OD Officer, RJAHS
Johnathan Gould	Head of Finance, SCHAT
Caroline Kurzeja	Improvement Director, NHSE/I
Sarah Theaker	Head of Intensive Support, NHSE/I
Cllr Andy Burford	Telford Council Cabinet Member for Adult Social Care
Jonathon Rowe	Telford Council Director Adults Social Care, Health, Integration & Wellbeing
Mark Brandreth	STW CCG Interim Accountable Officer
Simon Whitehouse	Interim ICB CEO Designate
Sam Tilley	Director of Planning, STW CCG
Nicky O'Connor	Programme Director, STW ICS
Cherry West	Executive Chief Transformation Officer, UHB
Rachel Hardy	Financial Consultant, STW ICS
Jan Heath	Programme Manager, Midlands and Lancashire CSU
Tracy Hill	Workforce SRO, STW ICS
Apologies:	
Chris Sands, Claudette Elliot, Harmesh Darbhanga, Alison Tumilty, Julie Garside, Victoria Rankin, Geoff Braden, Sarah Lloyd, Steve Grange, Adrian Roberts and Claire Spencer.	

3.2 Actions from the Previous Meeting

The action from the previous meeting were noted as being complete.

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 2021/22 plan		
3.1 Month 10 (Jan) Financial update – actual vs plan	Y	
The report was presented to the Committee which included a summary of the key financial information for Month 10 and an update on the West Midlands Ambulance Service		

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12
13.

Chair's Assurance Report Sustainability Committee – 28 February 2022

<p>and how this may impact on 2022/23</p> <p>A reduction to the deficit position in the forecast of £5m, which is a result of releasing non-recurring allocated finances which cannot be spent before year end, was highlighted.</p> <p>The Committee noted the report.</p>		
<p>3.2 Financial Plan 2022/23</p> <p>The plan was presented to the Committee; the Chair thanked CSk for the presentation and emphasised the fact that there is much work to be done on the plan before it could be submitted to NHSE as a viable financial framework for the year,</p> <p>He added the System should work to re-focus on the financial disciplines which were evident during the earlier months of FY22 and ensure that no cost pressures or developments were implemented at a provider or organisational level without System oversight and an identified funding source.</p> <p>An in-depth discussion took place between the Committee members.</p> <p>FC summarised the conclusion of the Committee that executives will work through the plan whilst recognising the emerging deadlines as it will be unhelpful to submit this version, to NHSE.</p> <p>The Committee <i>noted</i> the presentation for consideration by the Committee.</p>	N	
<p>4.0 BTI Updates and Deep dive</p>		
<p>4.1 Summary from February IDB</p> <p>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 on 14th February.</p> <p>The key point to note was that a review of the SROs for each BTI was to be undertaken, to ensure that they were the right individuals, with the right level of resource and bandwidth to fulfil these key roles.</p> <p>The Committee <i>noted</i> the report.</p>	Y	
<p>4.2 Workforce Update</p> <p>An update was provided for the Committee, which highlighted the HR and people-Plan work which took place in 2021/22. It was suggested that during the planning for 2022/23 a viable Workforce base line was set/included and financial support was offered to help this to take place.</p>	Y	

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12
13.

Chair's Assurance Report Sustainability Committee – 28 February 2022

The Committee <i>noted</i> the update.		
4.3 Update following the Shadow ICB Seminar A verbal update was provided, following the seminar held on 23rd February. The Committee asked for a timetable and the mapping across of the financial commitments made by the System. It was confirmed this will be included in the Plan, the detail that falls out of the 'Bridge' will allow a framework of programmes/projects and what they will deliver. 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. The Committee did ask for the ICS Risk Committee to review and assess the service, patient care, HR and financial risk of any developments or service changes not being supported (or being deferred) and which had been proposed by System organisations.

3.6 Conclusion

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

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12
13.

0. Reference Information

Author:	Catriona McMahon	Paper date:	March 2022
ICS Board Member Sponsor:	Catriona McMahon	Paper Category:	
Paper Reviewed by:	Catriona McMahon	Paper FOIA Status:	Full
Action Required (please select):			
A=Approval	R=Ratification	S=Assurance	x D=Discussion
			I=Information

1. Purpose of Paper

The purpose of this paper is to share with the Board the discussion and outcomes from the last People Committee.

2. Executive Summary

The People Committee last met in January 2022, it was agreed that this meeting would be shorter and concentrate on the following key areas.

- Mutual Aid
- Mandated Vaccination (Vaccination as a condition of deployment, (VCOD))
- Transition to ICS

This decision was taken in recognition of the significant operational pressures the system faced at the time.

Mutual Aid

The committee received a presentation from Rhia Boyode, People Director, SaTH and Chair of the system Workforce Cell. Rhia shared the current pressures being experienced; this includes high demand for services, rising Covid19 cases and increasing staff absence. The process for mutual aid was shared with the committee as was the numbers of staff that had been redeployed. It was highlighted that whilst some movement had occurred, the whole system was facing pressure meaning deployment was limited. The committee thanked Rhia and People teams from across the system for their hard work. The committee recognised that that whilst there was intent for mutual aid from all partners the reality was more in keeping with mutual support.

Mandated Vaccine

The committee received an update on progress which included who is deemed to be in scope for the VCOD and the percentage uptake of these groups. The overall position for the system was over 90% however further analysis had identified areas of risk; particular staff groups in services such as Urgent and Elective Care. The committee heard from all providers on approaches to increase uptake this included 121 conversations, additional clinics and Occupational Health support. The system was co-ordinating an expert panel session for staff to answer any questions they may have.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

The committee concluded that VOCD presented risk to an already fragile workforce; however it is an important piece of work to protect staff, patients and our communities.

The committee also noted that this requirement had been implemented in the care sector.

NB: Since the committee met the Government made the decision not to implement VOCD at this time.

Transition to ICS

The committee received an update on progress; this included the recent appointment of Simon Whitehouse, Interim CEO. The committee were advised on the active recruitment processes to appoint Board members (Executive and Non-Executive), the timeline and assessment process were shared. In addition the committee received an update regarding the transfer of CCG staff and the timeline associated with this.

The committee asked for a further update at the next meeting.

2.1. Context

The committee recognised the challenges facing the system at the time of the meeting and changed the approach to support all participants to manage conflicting demands.

2.2. Link to Pledges

Number 10 – Workforce

2.3. Summary

In summary the committee were pleased that the meeting had taken place and felt the focus has been appropriate. The committee felt progress was happening in all three areas, however recognised the fragility that existed and the challenges.

2.4. Conclusion

In conclusion holding the committee was appropriate as it provided an opportunity to better understand the challenges facing the system and the approaches being taken. The committee felt action was happening however it remained concerned regarding the level of workforce risk facing the system.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12
13.

Chair's Assurance Report

0. Reference Information

Author:	Vivian Meredith	Paper date:	8 th February 2022	
Executive Sponsor:	Simon Whitehouse	Paper Category:	Governance	
Paper Reviewed by:	n/a	Paper Ref:	Paper	
Forum submitted to:	ICS Board	Paper FOIA Status:	Full	
Action Required (please select):				
A=Approval	R=Ratification	S=Assurance	D=Discussion	I=Information

1. Purpose of Paper

- 1.1 Provide summary of the ICS Quality and Safety Committee meeting held on 19th January 2022 for noting.

2. Executive Summary

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

1) Readiness to Operate Statement Update

The Committee received the updated position in the Readiness to Operate Statement (ROS) which outlines the criteria that will need to be met for the transition to an ICB on 1st July 2022. It was noted that the Readiness to Operate Statement, which is a self-assessment tool submitted by the system to NHSE/I periodically that demonstrates the development of clear accountability arrangements for quality and with a managed handover of quality oversight in CCGs to the ICB is currently self-assessed as Amber Progress made, minor concerns'. Senior support had been brought in to rapidly develop the quality governance infrastructure and further support is now aligned to take forward the key deliverables in quarter 4. The Committee supported the reporting position that was proposed and also the further work still to be undertaken.

2) Update on Pledge 1: 'Improving Quality & Safety'

Pledge 1: Quality and Safety has been updated and refreshed to ensure it is relevant and fit for purpose and is recommended to ICB for approval.

The refresh of Pledge 1 was conducted through engagement with system partners within health and social care across STW and included reference to:

- new NQB guidance
- current STW system quality risks and improvement plans

The Committee was supportive of the proposed changes to Pledge 1 and noted that this will be presented to the ICS Board for approval at its March meeting.

3) Update on Committee Terms of Reference revision

The Committee received an update on the work currently being undertaken to review and amend the current committee terms of reference in preparation for becoming an ICB in July 2022. It was noted that the Committee will now include performance as well as quality and that work was still ongoing on the drafting with a view that these will be presented to the Quality and Safety Committee at its next meeting.

Chair's Assurance Report

Chair/ Attendance:

It is proposed that the ICS Quality and Safety Committee meets in common with the CCG Quality and Performance Committee from February onwards as committees in common so the two strands of system quality and performance can be brought together. The intention is to make the change as soon as possible, with meetings being held monthly to June 2022. Then the meetings would become a stand-alone ICB sub-Committee from July 2022. The Committee noted and approved the proposal.

5) ICS Quality Report – discussion on format/content

The Executive Director for Nursing and Quality at the CCG will be reviewing the format and content of the ICS Quality Report in light of guidance being issued by the National Quality Board that there should be some form of quality dashboard presented to the Committee at each meeting for discussion. The Committee was supportive of this approach which included both a dashboard and narrative information

6) Assurance reports – the Committee noted the minutes from the System Quality Group held on 21st December 2021 and SOAG meeting held on 27th October 2021.

2. Attendance:

Meredith Vivian (Chair)	Deputy Chair, Shropshire Telford and Wrekin CCG and Lay Member – Patient & Public Involvement
Christopher Beacock	Non-Executive Director, RJAH
Ruth Longfellow	Medical Director, RJAH
Zena Young	Executive Director of Nursing & Quality Shropshire Telford and Wrekin CCG
Sam Young	Attended on behalf of Clair Hobbs, Director of Nursing, Quality & Operations, Shropshire Community Health NHS Trust
Laura Tyler	Attended on behalf of Tanya Miles, Executive Director of People, Shropshire Council
Jacqueline Small	Non-Executive Director, Midlands Partnership Foundation Trust
Dr David Lee	Non-Executive Director, Shrewsbury & Telford Hospitals
Tina Long	Non-Executive Director, Shropshire Community Health NHS Trust
Dr Deborah Shepherd	Chair of LMNS Board and Medical Director, STW CCG

In Attendance

Lynn Cawley	Chief Officer, Health Watch Shropshire
Alison Smith	Director of Corporate Affairs, STW CCG
Caroline Farnworth-Newman	Deputy Director of Nursing, STW CCG
Cllr. Paul Watling	Cabinet Member for Co-Operative Communities / Engagement Partnerships, Telford & Wrekin Council
Vanessa Whatley	Deputy Director of Nursing and Quality, STW CCG
Cynthia Fearon	Corporate PA, STW CCG; Note Taker

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12
13.

Chair's Assurance Report

Apologies:

--

3.2 Actions from the Previous Meeting

3.3 Key Agenda

The Committee received all items required on the work plan with an outline provided below for each:

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
1. Declaration of Interest		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

3.4 Approvals

Approval Sought	Outcome
1) The ICS Board is asked to note the report and approve the recommendation for the ICS Quality and Performance Committee to meet as a committee-in-common with the CCG QPC for the remainder of the life of the CCG.	

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12
13.



Chair's Assurance Report

3.6 Risks to be Escalated

3.5 Conclusion

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12
13.