

# STW ICS Board v.2

MEETING  
26 January 2022 15:00

PUBLISHED  
21 January 2022

## AGENDA

<b>Meeting Title</b>	STW ICS Board	<b>Date</b>	Wednesday 26 January 2022
<b>Chair</b>	Sir Neil McKay	<b>Time</b>	3:00pm
<b>Minute Taker</b>	Jayne Knott	<b>Venue/ Location</b>	Via Microsoft Teams

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

Reference	Agenda Item	Presenter	Purpose	Paper	Time
26-01.001	Introduction and Apologies	Neil McKay	I	Verbal	3.00
26-01.002	Minutes and actions arising from previous meeting held on 24 <sup>th</sup> November 2021	Neil McKay	I	Paper	
26-01.003	Members' Declarations of Interest	Neil McKay	I	Paper	
26-01.004	Questions from Members of the Public  Guidelines on submitting questions can be found at: <a href="https://stwics.org.uk/get-involved/board-meetings">https://stwics.org.uk/get-involved/board-meetings</a>	Neil McKay	I	Verbal	
26-01.005	Resident's story / experience Tackling Health Inequalities through the Covid19 Vaccination Bus	David Sidaway	I	Verbal	3.10
26-01.006	ICB Designate Chairs report	Neil McKay	I	Verbal	3.20
26-01.007	Interim ICB Designate Chief Executive update	Simon Whitehouse	S&D	Paper	3.25
26-01.008	Update on System response to Covid 19	Mark Brandreth	S&D	Verbal	3.50
	<b>For Information</b>				
26-01.009	<b>Committee Reports</b> <ul style="list-style-type: none"> <li>Sustainability</li> <li>People</li> <li>Quality and Safety</li> </ul>	Frank Collins Catriona McMahon Meredith Vivian	S S S	Paper Paper to follow Paper	4.15
26-01.010	Any other business	Neil McKay		Verbal	4.30
	Date and time of next meeting: <b>23 February 2022 at 3pm</b>				



**STW ICS BOARD**  
**24 NOVEMBER 2021 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
Dr John Pepper	Chair NHS Shropshire, Telford and Wrekin CCG (STW CCG)
Mark Brandreth	Executive Lead ICS & 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
Cathy Riley	Managing Director Midlands Partnership 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 O'Connor	ICS Programme Director- STW ICS
David Stout	Director of System Sustainability – STW ICS
Victoria Rankin	Executive Lead for People – STW ICS
Rachel Hardy	Financial Consultant STW ICS
Edna Boampong	Director of Communications and Engagement STW ICS
Dr Ian Rummens	Shropshire Local Medical Committee
Chris Preston	Deputy Chief Executive Shrewsbury and Telford Hospital NHS Trust
Meredith Vivian	Deputy Chair/Lay Member, Patient and Public Involvement STW CCG
Dr Julie Davies	Director of Performance STW CCG
Sam Tilley	Director of Planning STW CCG
Alison Smith	Director of Corporate Affairs STW CCG
Zena Young	Executive Director of Nursing and Quality 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
Tracy Hill	Workforce Programme Director STW ICS
Fran Steele	Director Strategic Transformation NHSE/I
Steven Redfern	Assistant Director Strategic Transformation NHSEI
Jayne Knott	ICS Programme Support

## Apologies:

Claire Skidmore  
Dr Tim Lyttle  
Louise Barnett  
Frank Collins

Dr Jane Povey

Cllr. Andy Burford

Executive Director of Finance STW CCG  
Primary Care Network Clinical Director  
Chief Executive Shrewsbury and Telford Hospital NHS Trust  
Chair Robert Jones and Agnes Hunt Hospital NHS Foundation  
Trust  
Clinical Lead STW ICS/Medical Director Shropshire  
Community Health NHS Trust  
Cabinet Member for Health and Social Care, Telford and  
Wrekin Council

Introducti

**Minutes**

Members'

Questions

Resident's

ICB

Interim

Update on

For

Any other

Minute No	Title
24/11/1.0	<p><b>Introduction and Apologies</b> Apologies were noted as outlined above.</p> <ul style="list-style-type: none"> <li>The Chair welcomed everyone to the meeting and reminded them that this was the second meeting held in public and that the papers had been circulated in advance, and also welcomed feedback from any members of the public in due course.</li> <li>The Chair went on to welcome Mr Meredith Vivian who is a Lay Member of the CCG Governing Body and he will take over from Dr John Pepper as Chair the Quality and Safety Committee until the 31 March 2022.</li> <li>The Chair alerted Board members of the announcement of the by-election in North Shropshire on the 16 December and asked the Board to bear in mind that Purdah applies.</li> </ul>
24/11/2.0	<p><b>ICS Chairs report</b> The Chair highlighted the following issues:</p> <ul style="list-style-type: none"> <li>The health and care system continue to experience significant pressure in terms of service delivery and the Chair went on to pay tribute to front line staff for the exceptional effort and dedication to the services they are continuing to deliver despite the challenges they are facing.</li> <li>Primary Care continues to attract criticism and the Chair stated that they are important partners in the system who are working extremely hard along with all the other frontline, healthcare and social care providers, and we need to take every opportunity to make it clear that we unreservedly support our Primary Care colleagues.</li> <li>CQC report relating to Shrewsbury and Telford Hospital NHS Trust (SaTH) was published last week which shows progress in a number of areas, but there is still further work to be undertaken.</li> </ul> <p>Dr Catriona McMahon commented that whilst the SaTH remains inadequate overall, the underlying picture is considerably improved. Two of the three elements rated in 2020 were considered inadequate. Now two of the three elements rated, are considered to require improvement or good.</p> <p>Dr McMahon went on to say how pleased staff were when they read the report to note the positive messages that were contained within the CQC report, especially the recognition of the way staff had risen to the challenge and started to deliver on some of the ambition regarding quality and safety across the Trust.</p> <p>Mr Mark Brandreth added that there was an agreement at the Safety Oversight and Assurance Group that SaTH would be supported by the system with work to develop an action plan.</p> <p><b>Action: Dr McMahon to circulate CQC briefing from SOAG to Board members after this meeting.</b></p> <p>The Chair went on to mention that planning for the recruitment of the ICS Chief Executive continues and as this is not likely to start until the new year, it has been decided to appoint an interim Chief Executive for the next few months and was hopeful that an announcement on a successful candidate could be made in the next few weeks. Mr Mark Brandreth will continue in post supporting the CCG until the end of March.</p>

	<ul style="list-style-type: none"> <li>An appointment process for three Non-Executive Directors for the Integrated Care Board is due to start shortly, Board members were asked to encourage interest in these appointments, so we have a strong field to appoint from.</li> <li>The new Chair for Robert Jones and Agnes Hunt Foundation Trust will be announced at their Board tomorrow.</li> <li>Mr Frank Collins has been asked to stay on as Sustainability Chair for the ICS until 31 March to provide continuity.</li> <li>The Chair announced that this would be Mr David Stouts last Board meeting, as he is moving on to a new role. Mr Stout has been with us for 2 ¾ years as interim AO for the CCG, Interim CEO for Shropcom and also as our Sustainability Programme Director. The Chair went on to pay tribute to Mr Stout for the significant contribution he has made to the system as a whole and wished him all the very best for the future.</li> <li>The Chair announced that Mrs Cherry West would be joining the ICS and taking over from Mr Stout as the ICS System Improvement Director</li> </ul>
24/11/3.0	<p><b>Minutes and Actions from Previous Meeting – 27/10/2021</b></p> <p>The minutes were approved as an accurate record.</p> <p>It was noted that actions had been completed with the exception of action reference 27/10.004 - declarations of interest, Mrs Louise Barnett is still to complete a declaration of interest form and send to Mrs Jayne Knott to update the register.</p>
24/11/4.0	<p><b>Patient Story – Janet’s Story</b></p> <p>Mr Mark Brandreth introduced the video the link can be found here <a href="https://www.youtube.com/watch?v=XYgHR2MraVg">https://www.youtube.com/watch?v=XYgHR2MraVg</a></p> <p>The patient featured in the video has Parkinson’s, asthma and chronic obstructive pulmonary disease, and has had several broken bones over the last few years. She is a member of a Parkinson’s support group in Shropshire. In the video the patient describes the following issues:</p> <ul style="list-style-type: none"> <li>access to neurology services.</li> <li>local support from professionals to local groups and individuals.</li> <li>access and information about neuro-physiotherapy, speech and language; therapies as well as consultant/nurse lead help; and</li> <li>possible improvements to the services.</li> </ul> <p>Mr Brandreth asked Dr Julie Davies to comment from a commissioning perspective on the issues raised.</p> <p>Dr Julie Davies commented that 2-3 years ago we were informed that Shrewsbury and Telford Hospital NHS Trust (SaTH) could no longer provide access for new patients to their neurology service due to being unable to recruit Consultant Neurologists, which is also a regional and national issue.</p> <p>Dr Davies went on to say that we tried hard to facilitate some strategic partnership arrangement to help support the service. However, although progress was put on hold due to the pandemic. New Cross Hospital in Wolverhampton was identified to provide a service for Shropshire Telford and Wrekin patients that could be commissioned directly for them. This service went live in May of this year. New Cross have also been asked to extend the nurse specialist and the Community support provision, but this was proving challenging.</p> <p>Dr Davies apologised for the gap in service provision for patients and assured the Board that the CCG were addressing this issue as a priority and as soon as</p>

	<p>we were able to locate appropriate capacity, this has been commissioned and that is now there for all of our population.</p> <p>Mr Brandreth added that due to workforce reasons we are not able to offer the comprehensive service that we would like to but that this is a shared problem across the country.</p> <p>Mrs Lynn Cawley also highlighted that communication was a key factor and knowing who to contact other than a Consultant for information and advice especially for those newly diagnosed.</p> <p>The Chair queried next steps and Mr Brandreth responded by saying that there is the courtesy of a specific letter back to the patient which he will draft with Dr Davies to thank her for her contribution and to provide assurances for the issues she has raised. In addition, Mr Brandreth suggested that there should be a conversation with the Parkinson's support group and others to address the broader points raised.</p> <p>The Chair suggested having further discussions about this issue in a few months' time once we have had time to think about how to reshape the way we operate and try to deal with the challenges that the patient's story has raised.</p> <p>The Chair went on to thank the patient (Janet) on behalf of the Board for sharing her experiences.</p> <p><a href="#">Action: Mr Brandreth and Dr Davies to draft a response letter to patient.</a></p> <p><b>Following discussion, the Board noted the content of the video.</b></p>
24/11/5.0	<p><b>Questions from Members of the Public:</b></p> <p>No questions received this month, however the Chair welcomed questions and asked members of the public watching this meeting to raise any questions through the contact details outlined on the ICS website.</p>
24/11/6.0 24/11/7.0	<p><b>ICS Integrated Performance update including System Improvements and Interventions</b></p> <p>Dr Julie Davies presented the paper and highlighted the following key points on:</p> <p><i>Urgent Care:</i></p> <ul style="list-style-type: none"> <li>• Draft Improvement trajectories will be presented at the Urgent and Emergency Care (UEC) operational group and UEC Board, and then at the ICS Board from January.</li> <li>• Dr Davies wanted to assure this Board that balancing metrics are being looked at to ensure that any unintentional consequences can be identified. i.e. re-admissions would be a balancing metric for looking at improvements in discharge.</li> <li>• Ambulance handovers over 1 hour have peaked in terms of levels in October. There is a draft trajectory that would see these coming down.</li> <li>• A particular focus on directing patients brought in via Ambulance directly to Same Day Emergency Care (SDEC) and to Acute Medical Unit (AMU) and the Frailty service, trying to decongest the front door and the Emergency department.</li> <li>• Funds received from NHSEI to help develop further the single point of access for urgent care.</li> </ul>

	<p><i>Cancer Services:</i></p> <ul style="list-style-type: none"> <li>• These remain on trajectory for our improvement for the two-week breast symptoms.</li> <li>• Community breast symptoms clinic has now gone live, which is important for patients to have access to a clinic more locally, and to take the pressure off the query cancer pathway, so patients with symptoms are managed at the earliest opportunity.</li> <li>• A reasonable level of diagnostics has been maintained throughout the pandemic within Shropshire, Telford and Wrekin.</li> <li>• Dr Davies was pleased to report that the additional modular CT capacity that was secured from October combines with the mutual aid received from Robert Jones and Agnes Hunt to the end of November has helped to support our cancer position but has also helped with the over 62-day cancer backlog.</li> </ul> <p><i>Mental Health:</i></p> <ul style="list-style-type: none"> <li>• Continues to have challenges within the children and young people's services area especially with eating disorders. Positive work has been done with MPFT colleagues and we are able to direct more investment into eating disorders and capacity which will hopefully see improvements going forward. Further updates will be brought to this Board in the future.</li> </ul> <p><i>Current Covid position:</i></p> <ul style="list-style-type: none"> <li>• For Covid 19, STW system is still under significant pressure, Telford and Shrewsbury rank 1st and 2nd highest for the 7-day rate of COVID cases per 100k population.</li> </ul> <p><i>Place Based Boards:</i></p> <ul style="list-style-type: none"> <li>• There is now a dashboard reporting through to the Telford and Wrekin integrated place partnership and a draft will go to the Shropshire equivalent in January.</li> <li>• A joint report on the SHIPP and TWIPP place based metrics to be brought to the ICS Board in February.</li> </ul> <p><i>People:</i></p> <p>Still challenges around workforce in terms of vacancies and recruitment but we have also seen an increase in staff sickness and in issues with retention.</p> <p><i>Finance:</i></p> <ul style="list-style-type: none"> <li>• The financial position remains challenging, we are looking to maintain our position.</li> <li>• Additional funding and financial support has been received from NHSEI to help with elective recovery.</li> <li>• The elective recovery overall is performing at the regional average in almost all measures but is an outlier in its elective inpatient recovery due to theatre staffing shortages and the limited number of ring-fenced elective beds.</li> <li>• 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.</li> </ul> <p>The Chair asked the Board collectively what could be done to help improve the situation. Mr Brandreth responded by saying that the system does not have the people with the skills that are needed, but that collectively the system is working hard on this. There needs to be a focus on ensuring that urgent and emergency care does not obstruct our elective recovery. Mr Brandreth asked the Board to note that there are two wards at SaTH that are occupied with covid patients and so</p>
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	<p>there is an even greater need for the public to help us contain the spread of Covid in our local community by getting vaccinated and following guidance on wearing masks, washing hands and keeping a safe distance.</p> <p>Mrs Patricia Davies added that there are issues in the domiciliary care market associated with staffing and they are experiencing significant difficulties recruiting staff in the face of competition from the retail industry. Mrs Davies went on to describe that delayed discharges over 7 days are coming down, but those over 21 days are going up. Shropshire Community Health NHS Trust is now actively pulling patients out of SaTH which is resulting in community beds now having a 95% occupancy rate.</p> <p>Mrs Davies noted that the system needs good data quality to ensure that all partners are joined up across the ICS to inform decisions on focussed care.</p> <p>Mrs Davies also reiterated Mr Brandreth's earlier point that people need to get their flu jab and covid booster to help the NHS help them.</p> <p><b>Following discussion, the Board noted the current integrated performance of the system in the summary provided, and the on-going challenges with our systems operational performance and the associated risks with our financial performance and our workforce. The Board also noted the continuing work to develop the integrated report to include place-based metrics from February 2022.</b></p>
24/11/8.0	<p><b>ICS Exec Lead update:</b></p> <p>Mr Mark Brandreth gave a verbal update and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Acknowledgment of the recently published SaTH CQC report, and congratulated Mrs Louise Barnett, Dr Catriona McMahon and their teams for their hard work. Mr Brandreth confirmed that the CCG will work with SaTH to produce the action plan in response to the report and asked for some system reflection in the new year.</li> <li>• A Veterans conference was well attended yesterday, and the CCG was able to sign the Armed Forces Covenant.</li> <li>• Mr Brandreth went on to thank Mr David Stout for pulling together the first meeting of the new ICS Delivery Board this month, ensuring that the operational side of the ICS has robust oversight of delivery against the six big ticket items.</li> </ul> <p>Mr Brandreth also thanked Ms Nicky OConnor for her continuing hard work on the development of the ICS/ICB in preparation for the creation of the ICB on 1<sup>st</sup> April 2022.</p> <p><b>The Board noted the verbal update from Mr Brandreth.</b></p> <p><b>ICP/ICB Composition:</b></p> <p>Ms Nicky OConnor presented the paper and highlighted the following to the Board:</p> <ul style="list-style-type: none"> <li>• Original proposals for the Integrated Care Board (ICB) were discussed and approved at the September ICS Board meeting.</li> <li>• Initial proposals for the Integrated Care Partnership (ICP) were brought to the October ICS Board.</li> <li>• Work has continued to refine both proposals, taking account of learning from other ICS areas, national guidance, and legal opinion.</li> <li>• As part of the statutory framework for each Integrated Care system, each ICS is required to have an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). This paper describes the further thinking, informed by specialist advice, on both.</li> <li>• The key functions and roles of the Integrated Care Partnership are:</li> </ul>

	<ul style="list-style-type: none"> <li>○ To drive the direction and priorities of the ICB</li> <li>○ Are rooted in the needs of people, communities, and places</li> <li>○ Create space to develop and oversee population health strategies</li> <li>○ Support integrated approaches</li> <li>○ To develop an open and inclusive approach involving communities and partners</li> <li>○ To utilise local data and insights</li> </ul> <ul style="list-style-type: none"> <li>● The ICS is also required to determine its legal and public names. Proposals are put forward that; recognise the national guidance, need to have names that are meaningful for the public, and describe our geographical footprint.</li> </ul> <p>Ms Megan Nurse asked for an explanation around the Non-Executive roles and chairing Board sub committees. Ms OConnor confirmed the following:</p> <ul style="list-style-type: none"> <li>● NED portfolios - an additional set of expertise had been asked for on top of what had been described in the national roles.</li> <li>● We will be recruiting against the three areas set out in the paper, 3 non-executive roles – each with an area of special interest covering inequalities, sustainability and digital, but will pick up remuneration committee and audit roles that are described in the national job descriptions.</li> <li>● The chairs of sub committees still need to be worked through, however once new NEDs are in place, we will look at skills and experience across the system.</li> </ul> <p>Dr Catriona McMahon raised concerns that the way ICBs are being structured, may distract from the real sense of joint partnership working between organisations and as we move forward, we will need to maintain the mutual accountability and joint responsibility.</p> <p>The Chair agreed that this was an important point and commented that the Board have a shared responsibility and welcome mutual challenge and we need to set an example for other people within our system that this is how we intend to operate.</p> <p>Ms O'Connor went onto outline the next section of the paper regarding the Integrated Care Partnership (ICP)</p> <p>The ICP is a formal part of the ICS construct:</p> <ul style="list-style-type: none"> <li>● At the first meeting of the ICP a conversation will be held to discuss additional representatives in addition to the described core membership.</li> <li>● It is proposed that the ICP will be jointly chaired by the leaders of both Shropshire Council and Telford and Wrekin Council with the meeting held twice a year and scheduled not to clash with the Health and Wellbeing Board(s) meetings. To ensure the meetings are managed effectively it is proposed that the co-ordination and management of the meeting is led by the local authorities utilising existing resources and expertise.</li> <li>● A small steering group will be established to progress meeting planning, agendas, and actions from meetings with lead officers from the two local authorities and the ICB.</li> </ul> <p>Mr Andy Begley commented that he was happy to note the paper because it encapsulates all the comments and conversations to date about how we fit this in with the other Boards and arrangements already in place.</p> <p>Mr Sidaway confirmed that he was in agreement with the proposal in the paper.</p>
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	<p>Action: Ms OConnor to add both Health and Wellbeing Boards to the initial membership.</p> <p><b>Following discussion, the Board:</b></p> <ul style="list-style-type: none"> <li>approved the revised membership of the Integrated Care Board.</li> <li>noted the progress made on the Integrated Care Partnership and approved the proposals outlined on the paper and next steps</li> </ul>
24/11/9.0	<p><b>ICS Strategy update:</b></p> <p>Ms Nicky OConnor presented the paper and highlighted the following:</p> <p><b>Naming convention</b> NHS England has developed a naming convention for Integrated Care Boards (ICBs), Integrated Care Systems (ICSs) and Integrated Care Partnerships (ICPs) that are subject to passage of the Health and Care Bill.</p> <p>Shropshire, Telford, and Wrekin Integrated Care System is required to confirm the legal name of the ICB as well as the proposed names for the ICS and ICP, all of which must comply with the naming convention.</p> <p><b>Proposal</b></p> <p><b>ICB Name</b></p> <ul style="list-style-type: none"> <li>Legal Name: NHS Shropshire, Telford, and Wrekin Integrated Care Board</li> <li>Public Name: NHS Shropshire, Telford, and Wrekin</li> </ul> <p><b>ICS Name</b></p> <ul style="list-style-type: none"> <li>Shropshire, Telford, and Wrekin Integrated Care System</li> </ul> <p><b>ICP Name</b></p> <ul style="list-style-type: none"> <li>The Integrated Care Partnership for Shropshire, Telford, and Wrekin</li> </ul> <p>Names have been submitted to NHSEI and we are awaiting feedback.</p> <p><b>There were no queries raised and the Board agreed and accepted the recommendations of the Naming convention.</b></p> <p>Ms O'Connor then outlined the final part of her report on the progress on the system development plan.</p> <p>Ms O'Connor drew the Board's attention to the highlight report which included milestones and activities undertaken.</p> <p>Report on the Readiness to Operate statement will be a regular feature for this Board, and another submission of this statement is required at the end of December. The Readiness to Operate statement is the minimum set of operating standards that have to be in place for the 1st of April.</p> <p>The system Development plan also outlined next steps and key risks which are being managed which are essentially our capacity to deal with operational pressures and the level of oversight that we have around finance and quality and appointments to key roles.</p> <p><b>The Board noted the paper.</b></p>
24/11/010	<p><b>Pledge's update</b> <b>Pledge 10 – Workforce - Big 6 ticket items</b></p> <p>Mrs Tracy Hill presented the paper and highlighted the following:</p>

	<ul style="list-style-type: none"> <li>Progress has been made in matters relating to the workforce issues identified as part of the six Big Ticket items since March 2021.</li> <li>For the remainder of this financial year, a focussed emphasis will be on those essential workforce priority actions to be achieved by March 2022.</li> <li>These will be those actions needed to prepare for the successful further delivery of the full year plan 2022/2023 and thereafter.</li> <li>The detailed objectives of this full year plan will be finalised in the next three months, with monthly reports to the Integrated Delivery Board.</li> <li>We will be looking at the utilisation of our workforce, and particularly an emphasis on the use of agency workforce and focussing on three areas: <ul style="list-style-type: none"> <li>Looking at actions that are going to be taken in order to reduce the demand for temporary workforce.</li> <li>Focusing on actions that will enable us to utilise our existing workforce more effectively.</li> <li>If we have to procure temporary workforce, we do that in an effective and standardised way.</li> </ul> </li> </ul> <p>There is an expectation of a financial efficiency of £3 million for the forthcoming financial year. There will be a detailed plan for the end of this financial year which will be available early December. This Board will be provided with regular reports.</p> <p>From December there will be a people Delivery Board that will feed into the Integrated Delivery Board that will feed into this Board</p> <p>Ms Stacey Lea-Keegan updated the Board that work is being done with Glyndwr University to try and retain our Orthopaedic nurses.</p> <p>Mr David Sidaway updated the Board that working with the ICS and Telford and Wrekin Council, Telford College has secured over £2.5 million of funding to bring through support for the NHS Trust and wider parts of the system to initially deliver 350 health care assistants through the skills development fund which is a national initiative driven through the Marches local enterprise partnerships.</p> <p><b>The Board noted the paper.</b></p>
24/11/011	<p><b>Committee Reports</b></p> <p>The Chair suggested that due to time constraints the committee reports were taken as read and any issues that need to be raised to be done via email</p>
24/11/012	<p><b>Developing Joint Committee and Joint Working</b></p> <p><b>The Chair drew the Board's attention to this information only item which was noted.</b></p>
24/11/013	<p><b>Any other business</b></p> <p>No other business was noted</p>
	<p><b>The Meeting closed at 17:00hrs</b></p> <p><b>The next meeting is scheduled for 26<sup>th</sup> January 2022 at 3pm</b></p>

## Action Log – Open

Date & Ref No	Action	Owner	Date Due	Update	Completed date
<b>27/10/2021</b>					
27/10.004	It was noted that some declarations of interest were missing. This will be revised and finalised and circulated	TEJ/JK	24/11/21	Complete	14/1/22
<b>24/11/2021</b>					
24/11.4.0	Mr Brandreth and Dr Davies to draft response letter to patient	MB JD	asap	Complete	13/1/22
24/11.8.0	Ms OConnor to add both Health and Wellbeing Boards to the initial ICB membership	NOc	asap	Complete	13/1/22

## Decision Log

Ref	Discussion	Decision
<b>24/11/2021</b>		
24/11/21.9.0	The Board agreed and accepted the recommendations of the Naming convention.	Agreed
<b>27/10/2021</b>		
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



Members of Shropshire, Telford and Wrekin Integrated Care System (STW ICS) Board											Introduction and Apologies
Register of Interests - 17 January 2022											Minutes from previous meetings 24/11/21
Surname	Forename	Position/Job Title	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk	Members' Declarations of Interest
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect?		From (ie review date form completed)	To		
Barnett	Louise	Member, ICS Shadow Board	X			Indirect	Husband is Chair of QEH Kings Lynn NHS Trust	Feb-20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
		Chief Executive, Shrewsbury & Telford Hospital NHS Trust	X			Indirect	Husband is Chair and Client Partner of SSG Health Ltd	Feb-20	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
					X	Indirect	Husband is visiting Chair of Cranfield University	Feb-20	ongoing	Level 1 - Note on Register	
Begley	Andrew	Member, ICS Shadow Board  Chief Executive, Shropshire Council					None declared	8.7.21			
Brandreth	Mark	Member, ICS Shadow Board  ICS Executive Lead					None declared	21.6.21			
Collins	Frank	Member, ICS Shadow Board	X			Direct	Chairman of Vernacare Ltd (Supplier of medical consumables to healthcare systems)	6.7.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
		Chairman - ICS Sustainability Committee									
		Chairman, Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	X			Direct	Chairman of Therapy Equipment Ltd (Manufacturer and supplier of suction and oxygen equipment to hospitals and healthcare settings)	6.7.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
Davies	Patricia	Member, ICS Shadow Board									
		Chief Executive, Shropshire Community Health NHS Trust									
Keegan	Stacey	Member, ICS Shadow Board  Chief Nurse and Patient Safety Officer, Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust					None declared	6.7.21			Questions from Members of the Public
Lyttle	Tim	Member, ICS Shadow Board	X			Direct	GP Partner, Churchmere Medical Group	2012	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
		Clinical Director, North Shropshire Primary Care Network	X			Direct	Clinical Director, North Shropshire Primary Care Network	1.4.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
			X			Indirect	Wife employed as Pharmacist at Churchmere Medical Group	2015	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
Mckay	Neil	Independent Chair, ICS Shadow Board	X			Direct	Director of Neil McKay Associates Ltd	22.11.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	Resident's story/experience - Tackling ICB Designate Chairs report
			X			Indirect	Wife Director of Neil McKay Associates	22.11.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
			X			Direct	Associate with GE Healthcare	22.11.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
			X			Direct	Associate with PA Consulting	22.11.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
			X			Direct	Senior Adviser to ZPB Associates	22.11.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
			X			Direct	Strategic Adviser and Health Strategy Board Chair , Browne Jacobson LLP	22.11.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
			X			Direct	Adviser to Harvey Nash, Executive Search	22.11.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
McMahon	Catriona	Member, ICS Shadow Board	X			Direct	Shareholdings and other ownership interests: Holder of small number of shares in AstraZeneca	13.9.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	Interim ICB Designate Chief Executive - Update on System response to Covid 19
		Chair, Shrewsbury & Telford Hospital NHS Trust	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	Level 2 - Restrict involvement in any relevant commissioning decisions	
			X			Direct	Shareholdings and other ownership interests: Owner TAC Ltd, an executive coaching business, proving services to wide range of organisations, including healthcare (Co. number 11437635)	2017	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
			X			Direct	Non-Executive Director, University Hospitals Birmingham NHS Foundation Trust	2014	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
Nurse	Megan	Member, ICS Shadow Board					None declared	15.7.21			
O'Connor	Nicky	Member, ICS Shadow Board  ICS Programme Director					None declared	Jul-21			
O'Kane	Nuala	Member, ICS Shadow Board	X			Direct	Chair, Shropshire Community Health NHS Trust	Feb-19	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	For Information - Committee Reports
			X			Indirect	Husband is Chief Executive of Small Woods Association (Provider of mental health and well being support, and may benefit from Social Prescribing)	Jul-21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	
Povey	Jane	Member, ICS Shadow Board  Clinical Lead		X		Direct	Member of University Centre Shrewsbury ( University of Chester) Consultative Board	2017	ongoing	Level 1 - Note on Register	Any other business
Riley	Catherine	Member, ICS Shadow Board  SRO for Mental Health, Learning Difficulties & Autism			X	Indirect	Wife of CCG Officer in Medicines Management team	12.7.21	ongoing	Level 1 - Note on Register	
Sidaway	David	Member, ICS Shadow Board  Chief Executive, Telford and Wrekin Council					None declared	12.7.21			
Skidmore	Claire	Member, ICS Shadow Board  Interim Accountable Officer, NHS Shropshire, Telford and Wrekin CCG					None declared	23.6.21			
Whitehouse	Simon	Member, ICS Shadow Board			X	Direct	Trustee for the Port Vale Football Club Foundation Trust	01.01.22	ongoing	Level 1 - Note on Register	
		Interim CEO Designate for the ICB			X	Indirect	Spouse is a senior staff nurse at University Hospital of North Midlands	01.01.22	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions	





## STW ICS Board

<b>Author:</b>	<b>Nicky O'Connor</b> ICS Programme Director <b>Sam Tilley</b> Director of Urgent Care and Planning <b>Alison Smith</b> Director of Corporate Affairs	<b>Paper date:</b>	26 January 2022
<b>ICS Board Member Sponsor:</b>	<b>Sir Neil McKay</b>	<b>Paper Category:</b>	Information
<b>Paper Reviewed by:</b>		<b>Paper FOIA Status:</b>	Releasable
<b>Action Required (please select):</b>			
A=Approval	R=Ratification	S=Assurance	X D=Discussion X I=Information

### 1. Purpose of Paper

1.1 This report provides a progress report on ICS transition in three sections:

- A. Update on progress against the Readiness to Operate Statement (ROS) and the change in timetable for the ICB establishment.
- B. Priority areas from December NHS planning guidance and process for progressing
- C. CCG Issues and Decisions

### 2. Executive Summary

#### 2.1. Context

Due to the need to allow sufficient time for the remaining parliamentary stages of the Health and Care Bill, which will establish ICSs as statutory bodies, NHSE announced a new target date of 1 July 2022 for ICBs to be legally and operationally established and also issued an updated NHSE Planning Guidance for the 2022/23 period.

In the context of these changes this paper sets out the implications for the ICS transition planning and information on how STW ICS is intending to address the priorities listed in the planning guidance through its system plan.

Furthermore, the CCG Governing Body received a proposal to temporarily centralise Cardiology services in SaTH due to the continued staffing pressures in medical and nursing staff and the ICS board is asked to note the CCG issues and decisions

#### 2.2. Link to Pledges

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

#### 2.3. Summary

**Section A** of this paper provides information on the new target date of 1 July 2022 for ICS establishment (listing implications and risks for STW ICS) as well as an update on Readiness to Operate statement (ROS) submission.

**Section B** sets out the priorities from the NHS 2022/23 operations and planning guidance and information on how STW ICS is planning to address those urgencies in its system plan.



**Section C** asks the ICS board to note the CCG issues and decisions on Temporary centralisation of inpatient cardiology services at SaTH and the Ockenden Review

#### 2.4. Conclusion

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.

Introducti	Minutes	Members'	Questions	Resident's	ICB	Interim	Update on	For	Any other
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## ICS UPDATE

### 1. INTRODUCTION

This report provides a progress report on ICS transition in three sections:

- 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

### SECTION A – ICS PLANNING TIMETABLE AND UPDATE ON READINESS TO OPERATE STATEMENT (ROS) SUBMISSION

#### Update on ICS planning timetable

Effective partnership is critical to achieving the priorities set out in the planning guidance. ICSs have been established across England with four strategic purposes:

- improving outcomes in population health and healthcare
- tackling inequalities in outcomes, experience, and access
- enhancing productivity and value for money
- supporting broader social and economic development.

To allow sufficient time for the remaining parliamentary stages of the Health and Care Bill which will establish ICSs as statutory bodies, a new target date of 1 July 2022 has been agreed for ICBs to be legally and operationally established. This replaces the previously stated target date of 1 April 2022. This new target date will provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining our momentum towards more effective system working.

#### Relevant details from the planning guidance:

- Current statutory arrangements will remain in place until 1 July 2022
- CCGs will remain in place as statutory organisations.
- The NHS's financial arrangements for 2022/23 will continue to support a system-based approach to planning and delivery. One-year revenue allocations for 2022/23 and three-year capital allocations to 2024/25 will be issued shortly.
- NHS England and NHS Improvement will retain all direct commissioning responsibilities not already delegated to CCGs.
- ICB designate chairs and chief executives should continue to progress recruitment to their designate leadership teams.
- Regional teams will work with CCG leaders to agree arrangements that ensure that
  - CCGs remains legally constituted and able to operate effectively
  - individuals' roles and circumstances are clear during the extended preparatory phase.
- The due date for the next submission of the ICB Readiness to Operate and System Development Plan is 31 March 2022

- Designate ICB leaders, CCG accountable officers and NHS England and NHS Improvement regional teams will be asked to agree ways of working for 2022/23 before the end of March 2022.

## Implications and Risks for STW ICS

The change in national timetable has been broadly welcomed by STW ICS. The additional time allows the system to focus on the on-going pressures of the Omicron variant of COVID. It also gives us time to fully establish the new governance arrangements for the ICB, to further the development of our system strategy and to engage with our public and partners. It allows the recruitment to the new ICB executive roles to take place before taking on full statutory responsibilities – this being a risk that had previously been acknowledged.

There are however some concerns about the new timetable. Two sets of accounts will need to be produced for 2022/23 – a quarter of accounts for the CCG and three quarters for the ICB. There are also potentially increased running costs over the additional three months while the CCG remains a statutory organisation and new ICB arrangements commence in shadow form. Arrangements have been made to ensure the quoracy of the CCG Governing body and sub committees for the additional transition period, and the system is taking a pragmatic approach to managing risk, minimising nonessential meetings, and ensuring CCG decisions are also fed through to this meeting and the subsequent ICB. To decrease risks over this period, it is intended that the ICB commence in shadow form from 1<sup>st</sup> April, enabling the new board to have a 3-month period to test new working arrangements.

## Update and feedback on the Readiness to Operate Statement (ROS) submission in December 2021

A further iteration of the ROS was submitted to the Regional Team in December 2021. All areas were rated as either Green ('On target, no concerns') or Amber ('Progress made, minor concerns'). A full list of ratings and comparator to previous submissions is attached as Appendix A.

The ROS ratings were agreed within the system prior to submission and submission was followed by an informal feedback meeting with representatives of the Regional Team. There were no challenges to the self-assessment of the RAG ratings within the ROS. Significant development since the previous submission was acknowledged, as was the fact that all areas remain work in progress. In addition, the impact of the changes to the timeline were acknowledged. RAG ratings were updated from amber to green in the following areas: Development of ICP arrangements, Appointments to Chief Executive roles, ICB Constitution, EPRR responsibilities and Finance planning. Progress in these areas was as a result of the availability of further guidance and further development within the ICS systems and processes.

In a number of areas, improvement was noted but these remain work in progress, specifically Governance Arrangements, Joint Commissioning arrangements, Provider Partnership Arrangements and Data, Digital and Information. These have retained their amber rating.



Quality and Safety, Clinical and care professional leadership, and the Chief Executive appointment were all rated as red in the previous submission but have been upgraded to amber in the December submission. In the case of the Chief Executive appointment, had the submission happened later than 22nd December, this, and other rating in relation to appointments would have instead been rated as green considering the changes to the timeline which allows more time for these appointments to be made.

➤ **Clinical and Care Professional Leadership**

Clinical and care professional leadership has been upgraded considering the progress made in the development of a framework, although it is acknowledged that more work to develop and socialise this is required.

➤ **Quality and Safety**

Following debate with the Regional Team after the submission of the ROS in October, the system was advised that the rating for Quality and Safety should be red. This was felt to give a fair reflection of the status of the system with regard to progress on quality issues.

The Quality rating has now been upgraded to amber as the system has developed the quality governance framework in accordance with NHSEI and NQB published guidance and SaTH CQC inspection report demonstrated an improved narrative and improvements overall on the services inspected. In addition, comparisons with other Midlands's systems had demonstrated comparable progress and consistency. No feedback has been received on Quality from the regional lead, but informal feedback has suggested that this system assessed rating will be not be challenged by the Regional Team.

## SECTION B – PRIORITIES FROM NHS PLANNING GUIDANCE AND PROCESS FOR PROGRESSING

NHSE Planning Guidance for the 2022/23 period was issued on 24 December. This planning guidance sets out the headline requirements and an outline timetable. However, further detailed information, including submission templates and technical guidance is still awaited

The Guidance sets out the following priorities which systems will need to address this in their submission:

- a) 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.
- b) Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.
- c) Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
- d) Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity– keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, in particular through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments (EDs) and minimising ambulance handover delays.
- e) Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.
- f) Improve mental health services and services for people with a learning disability and/or autistic people – maintaining continued growth in mental health investment to transform and expand community health services and improve access.
- g) Continue to develop our approach to population health management, prevent ill-health and address health inequalities – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.
- h) Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.
- i) Make the most effective use of our resources – moving back to and beyond pre-pandemic levels of productivity when the context allows this.



- j) Establish ICBs and collaborative system working – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places.

The Guidance outlines the current timetable for submissions as requiring a first draft by mid-March and a final submission by the end of April. We anticipate further clarification on these dates in due course

In order to develop our system plan we will utilise the tried and tested arrangements used for our H1 and H2 submissions and the process will be overseen by the system Planning and Performance Group.

Currently, all available guidance has been reviewed by system planning leads and a local timetable and section authors and contributors have been agreed. As previously, the system CEO's group will be utilised for any interim approvals required, with the ICS Board receiving the final submission for approval at its April meeting (subject to the NHSE timetable remaining unchanged.) As previously individual organisations will remain responsible for ensuring that any organisational governance requirements are addressed within this timetable.



## SECTION C – CCG ISSUES AND DECISIONS

The ICS Board is asked to note the following CCG issues and decisions:

### 1) Temporary centralisation of inpatient cardiology services at SaTH

At its meeting held on 8<sup>th</sup> December the CCG Governing Body received a proposal to temporarily centralise Cardiology services in SaTH due to the continued staffing pressures in medical and nursing staff, exacerbated by maintaining 2 inpatients bed bases.

The proposal had been subject to public engagement and supported by a QIA and EQIA. The plan is to achieve the change in Q3 subject to specialist equipment lead times for delivery and installation. This plan has recently been approved by the SaTH Trust Board.

The CCG Governing Body agreed to support the proposal with a number of caveats:

- 1) That the Clinical Director of the service undertakes a clinical review of the centralised service 6 months after it is commissioned to ensure that the benefits outlined in the proposal are being delivered for patients and staff.
- 2) That a review of the timescales for relocation back to Royal Shrewsbury Hospital and the workforce situation, linked to the temporary nature of the move is undertaken by the Integrated Care Board no later than 18 months after the service has been centralised.
- 3) That the Equality Impact Assessment and Quality Impact Assessment which were dated prior to the conclusion of the patient engagement exercise are updated now that this has been concluded.
- 4) That the Trust undertake a staffing review following implementation to; determine if the one site model is alleviating staffing and recruitment issues, what plans the Trust have to grow the service and to ensure an appropriate skill mix across the clinical disciplines.
- 5) That the Trust clarifies its plans to review patient and public involvement after 6 months which was outlined in the papers presented to the CCG Governing Body.

### 2) Ockenden Review

The Ockenden review is due to publish a second report on 24<sup>th</sup> March 2022. It is suggested that the response to the report recommendations will be developed by the system as a whole, rather than individual organisations.



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

### Introduction to the Readiness to Operate Statement (ROS) Checklist v2

**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 (ICSs) and other stakeholders.

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.

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. ICSs 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).

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.

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

#### Date of current version

V2  
10/14/2021

#### 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

V2

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

Readiness to Operate Statement (ROS) Checklist - to prepare for legal establishment on 1 April 2022

Please refer to the ROS Guidance before using this checklist

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:

Name of ICB:	Shropshire Telford and Wrekin
Date:	
Completed by:	Nicky O'Connor, Alison Smith, Sarah Walker
Contact details:	

Hierarchy	Ref	Description	RAG Rating October 2021	RAG Rating December 2021	Projected RAG Rating at March 2022	Comments / Evidence provided
High Level Summary	1	Integrated care partnership (ICP): Initial ICP arrangements and principles agreed (set out in part 4.1 of the SDP)	Progress made, minor concerns	On target, no concerns	On target for delivery by March 2022	
Supporting elements	1.1	Initial Integrated Care Partnership (ICP) arrangements agreed, including principles for operation from 1 April 2022, in line with relevant guidance	Progress made, minor concerns	On target, no concerns	On target for delivery by March 2022	Principles for ICP are agreed; steering group is picking up the detailed planning and delivery for the ICP starting in January 2022 <b>Evidence:</b> Initial paper on ICP set up presented to the ICS board in the November 2021 meeting (see Appendix 1.1 in the evidence log)
High Level Summary	2	Integrated care board (ICB): Designate appointments to the Board of the ICB made and Board quorate in line with relevant guidance (set out in part 4.2 of the SDP)	Progress made, minor concerns	On target, no concerns	On target for delivery by March 2022	
Supporting elements	2.1	Designate Chair appointed and ready to take up post on 1 April 2022	Completed	Completed	Completed	
Supporting elements	2.2	Designate Chief Executive appointed and ready to take up post on 1 April 2022	Not on target, significant concerns	Progress made, minor concerns	Delivery by March 2022 is at risk but mitigation plan in place	Interim Chief Executive has been appointed and will commence in post from 1 January 2022;
Supporting elements	2.3	Designate Non-Executive Directors (minimum of two) appointed and ready to take up post on 1 April 2022	Changed to green	On target, no concerns	On target for delivery by March 2022	All three NED posts have been approved by the region <b>Evidence:</b> Recruitment timeline (see Appendix 2.3 in the evidence log)
Supporting elements	2.4	Designate Partner members appointed and ready to take up post on 1 April 2022	Changed to green	On target, no concerns	On target for delivery by March 2022	Nomination and appointment process described in Constitution;
Supporting elements	2.5	Other designate appointments made and postholders ready to take up post on 1 April 2022 (minimum additional Executive roles: finance; medical; nursing) to ensure quoracy of the ICB Board, according to its Constitution	Progress made, minor concerns	On target, no concerns	On target for delivery by March 2022	Job descriptions agreed; Draft organisation structure under discussion; plan is to advertise in 2nd week of January 2022 <b>Evidence:</b> Recruitment timeline has been agreed (see Appendix 2.5 in the evidence log)
High Level Summary	3	System development plan, ICB constitution and governance arrangements: System Development Plan, ICB constitution and governance arrangements in place (Section 4.4 of the SDP sets out: Governance and Management Arrangements)	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	
Supporting elements	3.1	System development plan (SDP) in place indicating how the ICB will work with its partners in the ICP from April 2022 to meet the needs of the population, with a focus on reducing health inequalities	On target, no concerns	On target, no concerns	On target for delivery by March 2022	SDP in place; on target to submit refreshed SDP for February checkpoint
Supporting elements	3.2	ICB Constitution, including the Standing Orders and agreed ICB name, approved by NHS England before 1 April 2022, ready to be adopted on 1 April 2022 - in line with relevant guidance	Progress made, minor concerns	On target, no concerns	On target for delivery by March 2022	Draft constitution submitted and feedback received; further minor amendments are being drafted; system has already agreed a independent review on constitution after one year of operation; <b>Evidence:</b> (see Appendix 3.2 in the evidence log)
Supporting elements	3.3	ICB Scheme of Reservation and Delegation (SoRD) prepared and ready to be adopted on 1 April 2022	Changed to green	On target, no concerns	On target for delivery by March 2022	Will be completed alongside development of governance handbook; on target for 14 February 2022 deadline.
Supporting elements	3.4	ICB Standing Financial Instructions (SFIs) prepared and ready to be adopted on 1 April 2022	Changed to green	On target, no concerns	On target for delivery by March 2022	Will be completed alongside development of governance handbook; on target for 14 February 2022 deadline
Supporting elements	3.5	ICB Governance Handbook (setting out the governance arrangements) prepared and ready to be adopted on 1 April 2022	Changed to green	On target, no concerns	On target for delivery by March 2022	Will be completed alongside development of governance handbook; on target for 14 February 2022 deadline
Supporting elements	3.6	ICB functions and decision map prepared and ready to be adopted on 1 April 2022 - including (where applicable) place boundaries, place-based leadership, and place-based governance arrangements (e.g. with Health and Wellbeing Boards); delegations (where appropriate); and any supra-ICB governance arrangements	Changed to amber	On target, no concerns	Delivery by March 2022 is not achievable	STW ICS operating model is in development, taking account of draft models distributed by regional team; <b>Evidence:</b> draft model paper (see Appendix 3.6 in the evidence log)
Supporting elements	3.7	Any joint commissioning arrangements for 2022/23 (including joint committees with local authorities, trusts / foundation trusts, other ICBs and NHS England and NHS Improvement) documented, ready to take effect on 1 April 2022	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	The System is not taking on any further delegation until 2023. <b>Evidence:</b> Update on the Commissioning Arrangements in Shropshire, Telford & Wrekin (see Appendix 3.7) in the evidence log
Supporting elements	3.8	Schedules of delegation to be in place for 1 April 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	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	The System is not taking on any further delegation until 2023. <b>Evidence:</b> Update on the Commissioning Arrangements in Shropshire, Telford & Wrekin (see Appendix 3.8) in the evidence log
Supporting elements	3.9	Standards of business conduct policy prepared and ready to be adopted on 1 April 2022	Changed to green	On target, no concerns	On target for delivery by March 2022	Draft will be submitted along with February 14 <sup>th</sup> submission of ROS and SDP. Work is ongoing and will build on policy in place in CCG.
Supporting elements	3.10	Conflicts of interest policy prepared and ready to be adopted on 1 April 2022	Changed to green	On target, no concerns	On target for delivery by March 2022	Work ongoing to determine requirements with regard to conflicts of interest in the context of the new ICS. A draft will be available for submission for Feb 14 <sup>th</sup> submission of ROS and SDP following agreement of the new system operating model
Supporting elements	3.11	Essential policies identified through risk assessment (eg commissioning [eg IVF commissioning], safeguarding, HR) and prepared	Changed to green	On target, no concerns	On target for delivery by March 2022	A programme of work is ongoing within the current CCG to refresh the policies that are currently in place. This has been risk assessed and prioritised. The programme will extend beyond 1st April 2022. Critical policies will be in place and work will be undertaken to ensure naming and other information is changed to reflect the move from CCG to ICS.
High Level Summary	4	Provider partnerships: Provider partnership arrangements agreed (section 4.5 of the SDP sets The Role of our System and Providers)	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	
Supporting elements	4.1	Provider partnership arrangements which will apply from 1 April 2022 agreed in line with relevant guidance. These include provider collaboratives, primary care networks and other collaborative arrangements	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	Principles of provider collaboration have been agreed; provider collaboration within the system reflects the small number of providers and therefore most provider collaborative discussions will occur at place; supra ICS collaborations already in existence <b>Evidence:</b> Paper on provider collaborative approach (see Appendix 4.1 in the evidence log)
High Level Summary	5	People and culture: People function ready for operation (section 4.3 of the SDP sets out details on People and Culture)	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	
Supporting elements	5.1	Governance and delivery arrangements for people function agreed and ready for operation as set out in line with relevant guidance, and workforce and organisational development priorities identified in the system development plan	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	OD plan agreed by ICS People Board on 17th November; workshop to determine future function of system people committee held in November 2021; output currently being agreed by system with intent to ensure system compliance with the guidance 'Building strong integrated care systems everywhere: guidance on the ICS people function' <b>Evidence:</b> OD framework (see Appendix 5.1 in the evidence log)
High Level Summary	6	Quality, safety and EPRR: Quality, safety and EPRR systems and functions ready for operation (section 4.4 of the SDP sets out Governance and Management Arrangements)	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	
Supporting elements	6.1	Quality and safety systems and function ready to take effect from 1 April 2022, including implementation of System Quality Groups in line with the National Quality Board's guidance	Changed to red	Progress made, minor concerns	On target for delivery by March 2022	SaTH CQC inspection report demonstrated an improved narrative and improvements overall on the services inspected.  The recommendations relating to establishing a perinatal QSG arising from the Ockenden report are fully implemented and embedded in practice. The ToR of the LMNS regarding taking on additional quality and safety oversight duties are fully implemented and embedded.  During Q3, the system has transitioned from a CCG commissioning approach to a shared accountability for quality improvements. A Quality Committee which provides assurance to the ICB has been established; A System Quality Group (SOG) to undertake quality surveillance and improvement; underpinned by a Quality Strategy is also in place. All of this is being refreshed in light of our learning over the last few months and is being further refined in conjunction with system partners and leaders for quality. In common with many other systems, we are developing our approach to placed-based quality oversight and improvement, proportionate to the scale of our needs.  Plans and milestones to demonstrate that the system is working towards full implementation of the quality governance requirements have been set out: 1. Routinely and systematically share and triangulate intelligence, insight and learning on quality matters across the system 2. Identify system quality concerns/ risks and opportunities for improvement and learning, including addressing inequalities. This includes escalating to the ICB, local authority assurance (e.g. Safeguarding Assurance Boards) and Regional NHSEI teams as appropriate 3. Develop system responses and actions to enable improvement, mitigate risks (respecting statutory responsibilities) and demonstrate evidence that these plans have had the desired effect. This includes commissioning other agencies / use system resources to deliver improvement programmes/ solutions to the intelligence identified above (e.g. AHSN / provider collaboratives / clinical networks) 4. Test new ideas, sharing learning and celebrating best practice.
Supporting elements	6.2	EPRR responsibilities clear and systems and function ready to operate from 1 April 2022 in line with relevant guidance	Progress made, minor concerns	On target, no concerns	On target for delivery by March 2022	Current CCG EPRR responsibilities, systems and functions are clear; further development is dependent on the work that is required to move towards the. Director level responsibilities will sit under the Chief planning and Deliverer ICS becoming a category 1 responder. This will include a review of responsibilities. Director level responsibility will sit under the Chief Planning and Delivery Officer in the new organisational charts.
High Level Summary	7	Clinical and care professional leadership: Model / arrangements prepared (section 4.6 of the SDP sets out details on Clinical, Care and Professional Leadership)	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	
Supporting elements	7.1	ICB leadership model / arrangements prepared in line with relevant guidance	Changed to red	Progress made, minor concerns	On target for delivery by March 2022	Further work on CPL framework had been undertaken; new draft being discussed in the system; continuation of current system clinical leadership arrangements secured until end of March 2022; additional programme management to support the clinical leadership has been secured until end of March 2022 <b>Evidence:</b> (see Appendix 7.1 in the evidence log)
High Level Summary	8	Working with people and communities: Public involvement and engagement strategy / policy (section 4.7 of the SDP sets out details on Working with People and Communities)	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	
Supporting elements	8.1	ICB public involvement and engagement strategy / policy prepared in line with relevant guidance	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	Draft communication and engagement plan is in development with the intention of being taken to the ICS board in February 2022 <b>Evidence:</b> (see Appendix 8.1 in the evidence log)
High Level Summary	9	System oversight: System oversight arrangements between NHS England and NHS Improvement regional team and ICB (section 4.8 of the SDP sets out details on)	Changed to green	On target, no concerns	On target for delivery by March 2022	
Supporting elements	9.1	Arrangements for system oversight in 2022/23 between the NHS England and NHS Improvement regional team and the ICB prepared, ready to take effect from 1 April 2022	Changed to green	On target, no concerns	On target for delivery by March 2022	Arrangements for system oversight have been outlined in SDP and the system MOU; Recent Recovery Support Program letter from Sue Holden outlines changes to the support at national and regional level and system agreement to changes in RSP leadership; <b>Evidence:</b> letter from Sue Holden to Sir Neil McKay (see Appendix 9.1 in the evidence log)
High Level Summary	10	Finance and planning: Planning for 2022/23 developed in line with national requirements and finance function and systems ready for operation (set out in section 4.9 of the SDP)	Progress made, minor concerns	On target, no concerns	On target for delivery by March 2022	
Supporting elements	10.1	Planning for 2022/23 has been carried out in line with relevant guidance	Progress made, minor concerns	On target, no concerns	On target for delivery by March 2022	Planning guidance is expected before Christmas, initial preparation work pre-guidance complete
Supporting elements	10.2	Activities as outlined in the NHS SBS finance / ledger reconfiguration programme plan as due by 1 April 2022 have been delivered e.g. new bank account in place for the ICB, ICB able to make payments for goods and services, finance function ready to operate, etc.	Progress made, minor concerns	On target, no concerns	On target for delivery by March 2022	Full due diligence plan has been developed and reviewed by the Due Diligence panel; Monthly project boards with SBS have been established. No significant risks currently identified
Supporting elements	10.3	Plan for ESR changes in place (if using IBM for a technical merge of ESR systems, technical sd booklet)	Progress made, minor concerns	On target, no concerns	On target for delivery by March 2022	Plan for ESR changes covered in detailed due diligence plan. Minimal action required as STW ICS does not require a technical merge
High Level Summary	11	Data, digital and information governance: Systems ready to operate and information governance activities on target (details are set out in section 4.10 of the SDP under Data and Digital Standards and Requirements)	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	
Supporting elements	11.1	Activities outlined in the Organisation Data Service (ODS) reconfiguration toolkit as due by 1 April 2022 have been delivered	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	Integrated care record project is under development <b>Evidence:</b> Briefing on progress of the ICR project (see Appendix 11 in the evidence log)
Supporting elements	11.2	Activities outlined in the Information governance / data security and protection toolkit (DPST) (e.g. Caldicott Guardian, Information Asset Owner, Senior Information Risk Owner, records retention, etc.) as due by 1 April 2022 have been delivered	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	Confirmed by region for October ROS submission and due diligence checkpoint in November that this action is not required for STW ICS  DPST actions are underway and will be complete by 31/3/22.
High Level Summary	12	Transition from CCGs to ICBs: Equalities duties complied with, due diligence of people and property complete, consultation completed in line with TUPE requirements / COSoP guidance, staffing and property lists prepared and first day arrangements confirmed (details are set out in section 5. of the SDP under Our Next Steps)	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	
Supporting elements	12.1	Equalities duties	Progress made, minor concerns	Progress made, minor concerns	On target for delivery by March 2022	
Supporting elements	12.1.1	Evidence of compliance with the Public Sector Equalities Duty, and wider equalities duties, in the transfer and establishment process	Changed to green	On target, no concerns	On target for delivery by March 2022	Work on equalities assessment is underway to assure compliance; <b>Evidence:</b> EDI plan (see Appendix 12.1.1 in the evidence log)
Supporting elements	12.2	People transfer	Changed to green	On target, no concerns	On target for delivery by March 2022	
Supporting elements	12.2.1	Consultation completed in line with TUPE requirements / COSoP guidance and staff list shared by sending CCG(s) to receiving ICB(s) (designate Chief Executive) - in line with relevant guidance (HR Framework and Due Diligence Guidance [tab 2.2 of the Due Diligence Checklist])	Changed to green	On target, no concerns	On target for delivery by March 2022	A full DD plan is in place that is tracked through due diligence checkpoints including independent review panels. Work stream leads are in place and leading on the appropriate sections of the due diligence plan. Progress against the plan is regular reported back to both the Audit Committee of the CCG and the Audit and Risk Committee of the ICS. The checklist is updated in line with the checkpoints and any risks have been identified and mitigated. The most recent checklist has been included in the evidence pack for this submission. <b>Evidence:</b> Due Diligence checklist (see Appendix 12.2.1 in the evidence log)
Supporting elements	12.2.2	CCG(s) staff due diligence completed and written assurance provided by the CCG's AO to the ICB's designate CE, with a copy to NHSEI's RD (where the AO and CE are the same person the written assurance should be provided to the NHSEI RD) - in line with relevant guidance (HR Framework and Due Diligence Guidance [tab 2.2 of the Due Diligence Checklist])	Changed to green	On target, no concerns	On target for delivery by March 2022	A full DD plan is in place that is tracked through due diligence checkpoints including independent review panels. Work stream leads are in place and leading on the appropriate sections of the due diligence plan. Progress against the plan is regular reported back to both the Audit Committee of the CCG and the Audit and Risk Committee of the ICS. The checklist is updated in line with the checkpoints and any risks have been identified and mitigated. The most recent checklist has been included in the evidence pack for this submission. <b>Evidence:</b> Due Diligence checklist (see Appendix 12.2.2 in the evidence log)
Supporting elements	12.3	Property transfer	Changed to green	On target, no concerns	On target for delivery by March 2022	
Supporting elements	12.3.1	CCG(s) due diligence completed on all property (assets and liabilities, including contracts e.g. with CUs) in line with guidance and written assurance provided by the CCG's AO to the ICB's designate CE, with a copy to NHSEI's RD (where the AO and CE are the same person the written assurance should be provided to the NHSEI RD). List of property and liabilities from sending CCG(s) to receiving ICB(s) produced - in line with relevant guidance (Due Diligence Guidance [tab 2.2 of the Due Diligence Checklist])	Changed to green	On target, no concerns	On target for delivery by March 2022	A full DD plan is in place that is tracked through due diligence checkpoints including independent review panels. Work stream leads are in place and leading on the appropriate sections of the due diligence plan. Progress against the plan is regular reported back to both the Audit Committee of the CCG and the Audit and Risk Committee of the ICS. The checklist is updated in line with the checkpoints and any risks have been identified and mitigated. The most recent checklist has been included in the evidence pack for this submission. <b>Evidence:</b> Due Diligence checklist (see Appendix 12.3.1 in the evidence log)
Supporting elements	12.4	First day arrangements	No possible to start	Progress made, minor concerns	On target for delivery by March 2022	
Supporting elements	12.4.1	Appropriate arrangements made in relation to NHS Resolution schemes (Clinical Negligence Scheme for Trusts, Liabilities to Third Parties Scheme and the Property Expenses Scheme) to provide indemnity in line with NHS Resolution guidance (when available)	No possible to start	Progress made, minor concerns	On target for delivery by March 2022	Included in transition programme plan; Will be in place for 1st April <b>Evidence:</b> Transition Programme Plan (see Appendix 12.4.1 in the evidence log)
Supporting elements	12.4.2	First ICB Board meeting to note / approve (as appropriate): Constitution, governance handbook, appointments, key strategies, policies and delegation arrangements (covering both joint commissioning and formal delegations)	No possible to start	On target, no concerns	On target for delivery by March 2022	Included in transition programme plan; Will be in place for 1st April <b>Evidence:</b> Transition Programme Plan (see Appendix 12.4.2 in the evidence log)
Supporting elements	12.4.3	First day communications plan in place	No possible to start	On target, no concerns	On target for delivery by March 2022	To be included in the action plan for the comms and engagement strategy
Supporting elements	12.4.4	ICB website in place	No possible to start	On target, no concerns	On target for delivery by March 2022	To be included in the action plan for the comms and engagement strategy; resources have been identified for new website and intranet

## RAG Rating Guidance

**Current RAG rating (minimum requirement: Q2, Q3 2021/22, mid-February 2022 and final in March 2022)**

<b>R</b>	Not on target, significant concerns
<b>A</b>	Progress made, minor concerns
<b>G</b>	On target, no concerns
<b>NS</b>	Not possible to start
<b>C</b>	Completed

V2

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.

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

<b>R</b>	Delivery by March 2022 is not achievable
<b>A</b>	Delivery by March 2022 is at risk but mitigation plan in place
<b>G</b>	On target for delivery by March 2022
<b>C</b>	Completed

Minutes from	Member	Question from	Resident	ICB Designated	Update on	For Informant	Any other
				<b>Interim ICB</b>			

Minutes from	Member	Question from	Resident	ICB Designated	Update on	For Informant	Any other
				<b>Interim ICB</b>			

## Chair's Assurance Report Sustainability Committee – 29 November 2021

### 0. Reference Information

Author:	Gayle Murphy, Executive PA at RJA	Paper date:	26 January 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 29<sup>th</sup> November 2021 and is provided for assurance purposes.

### 2. Executive Summary

#### 2.1 Summary

- The meeting was well attended
- The agenda items included:
  - Month 7 finance report
  - H2 Plan
  - Maternity services investments and risks
  - Report from Integrated Delivery Board
  - Radical options group report
  - NHSEI oversight

#### 2.2. Conclusion

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

## Chair's Assurance Report

### Sustainability Committee – 29 November 2021

### 3. Main Report

#### 3.1 Introduction

This report has been prepared to provide assurance to the Board from the Sustainability Committee which met on 29 November 2021. The meeting was quorate with 3 Non-Executive Directors and 5 Chief Finance Officers present. A full list of the attendance is outlined below:

Chair/ Attendance:	
Frank Collins	Chair, RJA
Clive Deadman	Non-Executive Director, SaTH
Debbie Nixon	Non-Executive Director, MPFT
Harmesh Darbhanga	Non-Executive Director, SCHT
Jonathon Gould	Deputy Director of Finance, SCHT
Laura Clare	Deputy Chief Finance Officer, STW CCG
Mark Salisbury	Operational Finance Director, RJA
Chris Sands (part)	Director of Finance and Performance, MPFT
Helen Trolaen	Director of Finance, SaTH
Kerry Robinson	Chief Performance, Improvement & OD Officer, RJA
Caroline Kurzeja	Improvement Director, NHSE/I
Adrian Roberts (part)	Chief Finance Officer, 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 (part)	ICS Executive Lead/STW CCG Interim Accountable Officer
Sam Tilley	Director of Planning, STW CCG
Chris Preston	Director of Strategy and Planning, SaTH
Nicky O'Connor	Programme Director, STW ICS
David Stout	Director of System Sustainability, 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
Claudette Elliot	SRO, SCHT
Apologies:	
Craig Macbeth, Alison Tumilty, Claire Skidmore, Jill Robinson Sarah Lloyd, Geoff Braden, Claire Spencer, Steve Trenchard, Steve Grange, Victoria Rankin and David Gilbert.	

#### 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 position		
<b>3.1 Month 7 Report</b>	Y	
The report was presented to the Committee. Given the		

## Chair's Assurance Report

### Sustainability Committee – 29 November 2021

timing of the H2 plan submission, the Month 7 financial update is a brief summary with key observations from the Month 7 System organisations reports.		
The Committee noted the report.		
<b>H2 Plan</b> The plan was presented, the Committee were advised that as part of the H2 planning process the integrated finance plan for the system had been submitted on the 28 November 2021. The report summarises the financial position submitted and describes the process followed and highlights the identified risks within the plan.  The Committee <b>noted</b> the H2 plan.	Y	
<b>4.0 Maternity services investments and risks</b>		
The report was presented, the Committee were assured that the quality and safety risk of not investing in the MTP is being managed. Expenditure this year will be within the agreed funding.  It was noted by the Chair, that the paper provides the clarity and assurance required.  The Committee <b>noted</b> the report and assurance received.	Y	
<b>5.0 Report from Integrated Delivery Board</b>		
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 inaugural Integrated Delivery Board which met on 16 November 2021.  The Committee <b>noted</b> the role of the IDB and assurance provided.	Y	
<b>6.0 Radical options group report</b>		
The Committee was provided with an update from the Radical Options Group and asked the Committee to endorse the recommendations in the report and the proposed next steps.  With the support of the National Support Team, Mike Farrar had been commissioned to facilitate the work on creating an agenda of next-phase and potentially radical initiatives which might contribute towards a Sustainable financial plan and also deliver quality and service improvements. He had done this with leaders from different disciplines and organizations drawn from across the System.  The group produced a report which was considered by the System Chief Executives group on 10th November 2021 who supported the recommendations in the report.	Y	



## Chair's Assurance Report

### Sustainability Committee – 29 November 2021

The Committee <b>endorsed</b> the recommendations and the proposed next steps.		
<b>7.0 NHSEI Oversight</b>		
<p>A verbal update was provided to the Committee and in particular focused on the letter sent to the Shadow ICS Chair from Sue Holden, National Director for Intensive Support.</p> <p>CK again emphasized that technical expertise support is available including the individuals referenced in the letter. Whilst this cannot and will not be open-ended, it is important that the System leaders make best use of the resource which is available.</p> <p>The Committee <b>noted</b> the discussion that took place and FC again thanked CK for her continued guidance and support.</p>	Y	
<b>8.0 Any Other Business</b>		
FC undertook to speak with the Chair of the Shadow ICS to schedule a review of the MSK Big-Ticket item by way of a case study, exploring what has worked well, what has been less effective and what might the next steps be.	n/a	

### 3.4 Approvals

Approval Sought	Outcome
N/A	

### 3.5 Risks to be escalated

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

### 3.6 Conclusion

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





# Chair's Assurance Report for the Quality and Safety Committee

## 0. Reference Information

Author:	Mr Meredith Vivian	Paper date:	10 <sup>th</sup> January 2021
Executive Sponsor:	Mark Brandreth	Paper Category:	Governance
Paper Reviewed by:	n/a	Paper Ref:	Paper
Forum submitted to:	ICS Board	Paper FOIA Status:	Full

## 1. Purpose of Paper

Provide summary of the ICS Quality and Safety Committee meeting held on 17<sup>th</sup> November 2021 for noting and consideration of a recommendation outlined below.

## 2. Executive Summary

Unfortunately due to the number of apologies the meeting was not quorate but was held for discussion and debate on the issues not requiring decisions. It was also disappointing that not all organisations were represented. A summary of the discussion and decisions are outlined below:

1) Telford and Wrekin Safeguarding Partnership Annual Report – the Chair of the Partnership attended to present the annual report which in following years would focus more on the outcomes of the actions of the partnership. The following points were noted:

- The Executive had undertaken two assurance exercises during lockdown to assure itself that the service was still being provided effectively.
- The Telford and Wrekin Safeguarding Partnership (TWSP) structure was reviewed during 2020 and it was recognised that there needed to be the capacity within the Partnership to focus on specific children and adult safeguarding matters. It was therefore agreed that while the joint arrangements would remain at an executive level, beneath this the Safeguarding Children Board and Safeguarding Adult Board would be re-established during 2021/22.
- The voluntary perpetrator of domestic abuse programme is now in place.
- Supported Telford and Wrekin Council Children's Social Care services are moving from 'needs improvement' to 'outstanding'.

2) Quality and Safety Committee – review of terms of reference – 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 this would include a greater focus on social care quality and safety. In conjunction with this work a review of both the performance mechanisms for quality and safety and the ICS pledge is also being undertaken and will be brought back to the January committee meeting.

3) System Board Assurance Framework update was provided to the Committee with work to date. The Committee noted that this was work in development and discussion centred around the quality and safety risks outlined on the Board Assurance Framework and whether the risks were both sufficiently strategic and whether they articulated the fundamental quality and safety risks to the system. The Committee supported the development of a risk register for shared ICS risks below the BAF and discussed how this could be taken forward.

3) Maternity Governance – the Committee received an update on the next planned Ockenden report which is due for publication in spring 2022. It received a sufficient level of assurance on the assurance process for responding to the original report recommendations but noted that some actions have not yet been completed as SaTH remain reliant on paper records, although they are implementing an electronic solution to address this issue.

## Chair's Assurance Report for the Quality and Safety Committee

5) Update on Pledge – Improving Quality and Safety – The Committee noted that work is currently being undertaken to redraft the ICS Pledge 1 around quality and Safety and will be shared in draft form at its meeting in January.

6) System Quality Group Assurance Report – there were a number of issues that were escalated to the Committee from the Group which the Committee wishes to highlight to the ICS Board and these included:

- The CQC assessment of detention and admissions under S120 of the Mental Health Act took place during November 2021. A draft report to the system is expected imminently.
- The midwifery staffing shortage which continues to impact on availability of MLU intrapartum care provision, however recruitment to midwifery positions is positive.
- The continued delay to the Niche update report due to lack of resource within all parties in the system to progress the recommendations, however the update report has now been completed and remains under active management and monitoring.
- Safety concerns and lack of therapeutic environment for a young person with complex needs awaiting a Tier 4 bed. Immediate assurance on patient safety in such circumstances was received, and it is noted that the commissioned model for services upstream of Tier 4 is being revised.
- Lack of confirmed timeline and plans for increasing Renal Dialysis capacity. Since since the meeting investment in additional dialysis capacity has been agreed.
- Guidance regarding implementing Liberty Protection safeguards has not yet been published, however the system is in a strong position to implement this when available and subject to an appropriate funding allocation. The financial impacts are as yet unquantified across the system.
- Interim arrangements are now secured to support quality governance development within the system which will take place during Q3 and Q4.
- ICS QSC to review Pledge 1 – Quality & Safety - and report to ICS Board in January 2022.

7) Assurance reports – the Committee noted the minutes from the SOAG meeting and the LMNS Chairs report from the meetings held in October 2021.

### Attendance:

Meredith Vivian (Chair)	Deputy Chair, Shropshire Telford and Wrekin CCG and Lay Member – Patient & Public Involvement
Christopher Beacock	Non-Executive Director, RJA
Ruth Longfellow	Medical Director, RJA
Zena Young	Executive Director of Nursing & Quality Shropshire Telford and Wrekin CCG
Clair Hobbs	Director of Nursing, Quality & Operations, Shropshire Community Health NHS Trust
Liz Lockett	Executive Director of Quality & Clinical Performance,



## Chair's Assurance Report for the Quality and Safety Committee

Midlands Partnership Foundation Trust

Rachel Robinson

Director of Public Health, Shropshire Council

### In Attendance

Lynn Cawley

Chief Officer, Healthwatch Shropshire

Alison Smith

Director of Corporate Affairs, STW CCG

Caroline Farnworth-Newman

Deputy Director of Nursing, STW CCG

Chris Billingham

Corporate PA; Note Taker

### 3.1 Approval

**1) The ICS Board is asked to note the report.**

**2) The meeting terms of reference, frequency and timing of meetings is being reviewed in line with other quality meetings and ICS Partners are asked to review their representative's ability and capacity to attend the meetings in the future to ensure that the meeting is quorate.**