Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

STW Integrated Care Board

MEETING
28 September 2022 14:00

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AGENDA

Meeting Title	Integrated Care Board	**Date**	28 September 2022
Chair	Sir Neil McKay	**Time**	2pm
Minute Taker	Corporate PA	**Venue/ Location**	The Mercure Telford Centre Hotel, Forge Gate, Telford Centre, Telford TF3 4NA

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

Reference	Agenda Item	Presenter	Purpose	Paper	Time
ICB 28-09.014	Apologies and Introductory comments by the Chair	Sir Neil McKay	I	Verbal	2.00
ICB 28-09.015	Declarations of Interests To declare any new interests or interests that conflict with an agenda item Register of Board members interests can be found at: Register of Interests - NHS Shropshire Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)	Sir Neil McKay	S	Verbal	
ICB 28-09.016	Minutes from the previous meetings held on 29 June, 1 July, and 27 July 2022	Sir Neil McKay	A	Enclosure	2.10
ICB 28-09.017	Matters arising and action list from previous meetings	Sir Neil McKay	A	Enclosure	
ICB 28-09.018	Questions from Members of the Public Guidelines on submitting questions can be found at: https://stwics.org.uk/get-involved/board-meetings	Sir Neil McKay		Verbal	2.15
ICB 28-09.019	Residents Story: Musculoskeletal pathway	Stacey Keegan	I	Verbal	2.20
	Strategic System Oversight				
ICB 28-09.020	Interim CEO update • Integrated Care Strategy Development • MoU between the ICB and NHS England • HTP SOC approval • Elective Hub • Shrewsbury Health and Wellbeing Hub • National oversight framework including exit criteria • Delegation of Primary Care Services	Simon Whitehouse	I	Enclosure	2.40

ICB 28-09.021	ICB delegation to sign off the SaTH submission of the 10 Maternity Safety Actions of the Clinical Negligence Scheme for Trusts (CNST) reporting to NHS Resolution.	Vanessa Whatley	R	Enclosure	3.00
ICB 28-09.022	West Midlands ICB CEO Collaboration	Simon Whitehouse	I	Enclosure	3.10
ICB 28-09.023	People Services and Functions • Chief People Officer role • STW NHS People Team • Progress with People Plan and Workforce Big Ticket programme • Integrated People Services	Tracy Hill	S	Enclosure	3.20
	System Governance and Performance				
ICB 28-09.024	ICS Performance Update including People and Finance • Finance • Ambulance handover performance • 104 and 78 week waits • Cancer	Claire Skidmore Nicola Dymond Gareth Robinson	I	Enclosure	3.40
ICB 28-09.025	UEC Improvement plan • Winter planning • Ambulance Handover	Gareth Robinson	A	Enclosure	4.00
ICB 28-09.026	**Committee Reports** • Finance Committee Chairs report for the meetings held on 28th July 2022 • Quality and Performance Committee Chairs report for meetings held on 25th May 22nd June 2022 and 27th July 2022. • Audit Committee Chair's report for the meeting held on 21st September 2022 • System People Committee Chair's report for the meeting held on 14th September 2022 • Primary Care Commissioning Committee Chair's report for meeting held on 6 July 2022 • Remuneration Committee Chair's report for meeting held on 26th August 2022	Claire Skidmore Meredith Vivian Roger Dunshea Dr Catriona McMahon Dr Niti Pall Tracy Hill	S S S S S S	Enclosure Enclosure Verbal Verbal Enclosure Enclosure	4.15
	Information Only – For Noting				
ICB 28-09.027	Publication of the Independent Inquiry into Child Sexual Exploitation in Telford	Vanessa Whatley	I	Enclosure	
ICB 28-09.028	NHS Shropshire Telford and Wrekin CCG Annual Report and Accounts 2021/22	Claire Skidmore	I	Enclosure	
ICB 28-09.029	Transition from CCG to ICB Due Diligence Assurance – Final Update Report	Nicola Dymond	I	Enclosure	

ICB 28-09.030	Update on Policy Alignment	Nicola Dymond	I	Enclosure	
ICB 28-09.031	22/23 NHS Operational Plan	Claire Skidmore Gareth Robinson	I	Enclosure	
ICB 28-09.032	Any other business – notified to the chair in advance	Sir Neil McKay	D	Verbal	4.45
	Date and time of next meeting: **Wednesday 30th November, 2pm-5pm** ***Shrewsbury Town Football Ground, Montgomery Waters Meadow, Oteley Rd, Shrewsbury SY2 6ST***				

Sir Neil McKay
Chair of
NHS Shropshire Telford, and Wrekin

Mr Simon Whitehouse
Interim Chief Executive Officer of
NHS Shropshire Telford, and Wrekin

STW ICS Board
29 June 2022 - 2pm
Minutes of Meeting – held via Microsoft Teams

Present:

Sir Neil McKay	Chair STW ICS Board
Simon Whitehouse	Interim ICB CEO STW ICS
Trevor McMillan	Non-Executive Director, STW ICS
Roger Dunshea	Non-Executive Director, STW ICS
Nicholas White	Chief Medical Officer STW ICS
Gareth Robinson	ICB Director of Delivery and Transformation STW ICS
Meredith Vivian	Deputy Chair/Lay Member, Patient and Public Involvement STW CCG
Claire Skidmore	Executive Director of Finance STW CCG
Alison Bussey	Chief Nurse Midlands Partnership Foundation NHS Trust
Harry Turner	Chair Robert Jones and Agnes Hunt Foundation Trust
Stacey Lea-Keegan	Interim Chief Executive Robert Jones and Agnes Hunt Hospital NHS Foundation Trust
Neil Carr	Chief Executive, Midlands Partnership Foundation NHS Trust.
Patricia Davies	Chief Executive Shropshire Community Health NHS Trust.
Dr Ian Chan	Primary Care Network Clinical Director.

In Attendance

Dr John Pepper	Chair NHS Shropshire, Telford and Wrekin CCG (STW CCG)
Mark Brandreth	Interim AO of STW CCG
Terry Gee	Chief Executive Officer STAY Telford
Cllr Simon P Jones	Portfolio Holder for Adult Social Care and Public Health Shropshire Council
Dr Catriona McMahon	Vice Chair STW ICS and Chair Shrewsbury and Telford Hospital NHS Trust
Nicky OConnor	ICS Programme Director, STW ICS
Nicola Dymond	ICB Director of Strategy and Integration
Alison Smith	Director of Governance STW CCG
Nigel Lee	Interim Director of Strategy and Partnerships SaTH
Hayley Flavell	Director of Nursing Shrewsbury and Telford Hospital NHS Trust
Jonathan Rowe	Executive Director, Adult Social Care, Health Integration and Wellbeing Telford & Wrekin Council
Rachel Robinson	Executive Director of Health, Wellbeing and Prevention Health, Wellbeing and Prevention Directorate Shropshire Council
Steve Redfern	Assistant Director Strategic Transformation NHSEI
Melissa Asbury	Business Manager, STW ICS
Georgina Groom	Senior Digital Communications Officer STW ICS
Jayne Knott	ICS Programme Support

Apologies:	
Andy Begley	Chief Executive, Shropshire Council
David Sidaway	Chief Executive, Telford and Wrekin Council.
Cllr. Andy Burford	Cabinet Member for Health and Social Care, Telford and Wrekin Council
Niti Pall	Non-Executive Director, STW ICS
Louise Barnett	Chief Executive Shrewsbury and Telford Hospital NHS Trust
Cathy Riley	Managing Director Midlands Partnership Foundation NHS Trust
Megan Nurse	Vice Chair, Midlands Partnership Foundation NHS Trust
Heather Osborne	Chief Executive Officer AGE UK
Fran Steele	Director Strategic Transformation NHSE/I
Lynn Cawley	Chief Officer Healthwatch Shropshire
Barry Parnaby	Chair Healthwatch Telford and Wrekin

Minute No	Title
ICS 29-06.001	**Introduction and Apologies** Apologies were noted as outlined above. The Chair welcomed everyone and reminded Board members that this was a meeting held in public and welcomed the members of the public to this Board meeting. The Chair mentioned that from the next meeting in July the Board will meet face to face in public. He also gave thanks to Ms Megan Nurse as a Non-Executive Director of MPFT who has contributed extensively to the work of our ICS board, and he wished her well for her future. The Chair welcomed the following new attendees to the Board meeting: • Mrs Nicola Dymond as Director of strategy and integration • Mr Mark Docherty from West Midlands Ambulance Service. WMAS have agreed that Mr Docherty should be a contributing participant at future meetings The Chair also mentioned that Ms Tracy Hill has been appointed as our interim Chief People Officer. The Chair commented that this was the last meeting of the shadow ICS Board, which was set up a few years ago by a group of Executives within the NHS and was named the STP which was the precursor of the ICS. He went on to say that he was grateful for the important and good work that had been done as a shadow board. The Chair apologised that one of the papers for the Operational plan had a significant typing error on one of the pages and this would be drawn to the Boards attention later on in the agenda, under item 29-07.013. He commented that we continue to make good progress and we are continuing to ensure all arrangements are in place to enable a smooth transition to the ICB from 1 July.
ICS 29-06.002	**Declarations of Interest** It was agreed that the Declarations of Interest paper will not be included on the agenda each month, but instead these would be available on our website for people to access on the new NHS Shropshire, Telford and Wrekin website

	from 1st July onwards. Board members were asked to notify any amendments as soon as they became aware going forward.
ICS 29-06.003	**ICS Chairs report** The Chair started by congratulating Mr Trevor McMillan for his OBE. Also, Mr Frank Collins who until recently, was the chair of Robert Jones and Agnes Hunt, and Chair of the Sustainability Committee was also awarded an OBE. He went on to pay tribute to several people who have worked in the face of significant odds, Covid and the pressures of running health services and also the reorganisation of the two CCGs, the establishment of the ICS/ICB and the transition from the CCG to where we will be on Friday when we become a statutory body for the first time. The Chair paid tribute to: Dr John Pepper for his leadership as Chair of the CCG, and as an exemplary colleague. Dr Pepper has taken up post as a Non-Executive Director at Robert Jones and Agnes Hunt Hospital. The Chair thanked Mr Mark Brandreth who is the interim Accountable Officer for the CCG, for his leadership with the changes and operational pressures that he has managed, he went on to say that Mr Brandreth's leadership qualities had shone through. He said that we had been very fortunate having both Mr Brandreth and Dr Pepper helping us over the past 18 months. The Chair thanked all the staff within the CCG who have been through a lot of change recently e.g., the merger of two CCGs into one, and managing Covid. He said that the contribution and the sheer professionalism of the CCG staff has been something to behold as they have put aside any personal uncertainties that they might have had and focused on helping us get ready for the establishment of the ICS and the ICB. He went on to thank Mr Simon Whitehouse for his leadership and Ms Nicky OConnor who came in to help us with the establishment of the ICS and ICB, he went on to say that Ms OConnor had worked tirelessly, often behind the scenes but without her contribution our job would have been a lot harder. The Chair has had conversations with the independent Non-Executive Directors about working closely together and begin to contact partners to arrange visits to their establishments in a coordinated way. It has also been suggested by Mr Harry Turner that we may be interested in having some Board-to-Board meetings between members of the ICB and Boards of the providers. The Chair said he was keen to do this and would give it some thought. He commented that as we move into the new ICS world, we should feel a strong sense of optimism about our ability to resolve many long-standing problems that have existed within this system and our ability to create an environment within which innovation and thinking about how to develop an exciting future for health, tackling the problems of health inequalities, health service and care. Dr John Pepper thanked the Chair on behalf of Mr Mark Brandreth, the CCG Board Directors and CCG staff for his leadership within the ICS and said it had been a genuine pleasure working together. He wanted to wish the Chair and

	his team all the very best for the future and gave a warm welcome to all those that were new to the system. Mr Terry Gee from the VCSE sector also wanted to congratulate the Chair and his team, he also wanted to extend an invite for systems leads to visit the voluntary sector.
ICS 29-06.004	**Minutes and Actions from Previous Meeting – 25/05/2022** Minutes of the last meeting were approved as a true and accurate record.
ICS 29-06.005	**Matters arising and action list from previous meetings** Two outstanding actions on today's agenda for discussion.
ICS 29-06.006	**Questions from Members of the Public** No questions submitted this month. Responses to questions from the last CCG board on 8 June and the ICS Board 25 May have now been uploaded onto the ICS website.
ICS 29-06.007	**Resident's story/experience - Access and referrals for children into learning disability and autism services.** Mrs Rachel Robinson introduced the video which was provided by Zara Bowden who is the Communications and Engagement lead for Shropshire Parent and Carers Council known as PACC. PACC is a local parent and carer forum. It supports and empowers Shropshire parents and carers of children with a disability or additional need to enable them to be actively involved in the design and delivery of services that they use through the sharing of their experiences and needs. In the video, Zara highlights some of the key findings of PACC recent MAD, SAD and GLAD survey, and that captures families' experiences and feelings about being a carer and accessing neural developmental pathways, diagnosis and support for children. Mr Neil Carr commented that the video demonstrated the impacts on all aspects of family life. He was due to meet with Mr Simon Whitehouse in the very near future to determine what some of the priorities might be. He mentioned that there on average 25 new referrals per week to give a child a diagnosis of Autism with a waiting list of around 60 individuals. It is a lengthy process that requires all key agencies within health and education working in close partnership. Two Consultants from MPFT (Staffordshire) are working in Shropshire with teams. Mrs Patricia Davies said that there is a lot more that we can do as an integrated system. There is an opportunity to make that process smoother for the individuals and their parents. Workforce challenges, however, remain an acute issue. Dr John Pepper added that that there is specific work currently being done. There is a specific commissioner put in place, specific working groups on this area andthere is currently coproduction along the neurodevelopment pathway involving parents and carers. He thought that waiting times were starting to improve. He went onto comment that there is a paper being produced on the subject of the learning disability and autism going to the ICB Quality and Performance

	Committee in July. Mr Roger Dunshea commented that it would be useful for members of this Board to understand the data behind the residents' stories; what the current provision looks like, what the referral patterns are, and to have some context to understand some of the numbers behind the patient's story which would help inform the discussion further. Action: The Chair asked for the Quality and Performance Committee to give some thought to this suggestion when it meets as a precursor to bringing something back to this board at an appropriate time. The Chair asked Mrs Robinson to thank Zara Bowden for highlighting the concerns, the worries, and the frustrations that people have experienced. **The Board noted the presentation**.

ICS 29-06.008	**Interim ICB CEO Designate update**
	
	Mr Simon Whitehouse presented the item and highlighted the following:
	
	• On the 22 May 2022, system colleagues took part in the Quarterly System Review Meeting (QSRM) with colleagues at NHSE/I. This was a constructive session with recognition of partners across STW working well together, and an acknowledgement of the challenging circumstances under which we are currently operating.
	
	• The first face to face gathering of CCG staff since the pandemic for the CCG away day on 8 June. This was a transition event for staff, which was well attended.
	
	• There have been a number of visits and wider system conversations that have taken place since the last Board meeting:
	
	  ○ An afternoon was spent at the Redwoods facility speaking to staff regarding the current mental health service provision
	
	  ○ 22 June a planned trip to SaTH, specifically Princess Royal Hospital Emergency Department team
	
	  ○ A meeting with the principle of Telford College where the link between the 3 Further Education colleges in the area and the future health and care workforce was discussed.
	
	  ○ Mr Whitehouse was asked by the NHS Confederation to chair a recent meeting of ICB CEO's and the Minister of State for Health (Edward Agar MP)
	
	• Tracy Hill has been appointed as interim Chief People Officer (CPO) and to offer a further update for the ICS People Team. As well as fulfilling the interim CPO role, Tracy will manage the ICS People Team and continue to lead the Workforce BTI Programme.
	
	• On the 8 June 2022 the Messenger report was published. The report demonstrates the important role leaders play in delivery of high-quality care and setting the tone for cultural change across the NHS. The report concludes with seven recommendations:
	1. Targeted interventions on collaborative leadership and organisational values

	2. Positive equality, diversity, and inclusion (EDI) action 3. Consistent management standards delivered through accredited training 4. A simplified, standard appraisal system for the NHS 5. A new career and talent management function for managers 6. More effective recruitment and development of Non-Executive directors 7. Encouraging top talent into challenged parts of the system Within STW several actions to support Leadership Development are in place and will meet the recommendations made by the Messenger review. We acknowledge and note the Fuller report which is published and that details a future model of care and integration for general practice. It has been presented to the Health Select Committee, all 42 ICB chief execs signed a letter in support of the recommendations that were contained within it. Mr Whitehouse proposed to the Chair and Board members that he would bring a paper back to this Board that links the Fuller report to the local work around general practice and for discussion around what does the future for general practice look like in our system and where are we working on that and what does that look like? Dr Catriona McMahon asked what the opportunity is when the work is going forward with the Fuller report to include people from elsewhere within the system? Mr Whitehouse responding by saying that he was due to have a meeting with Claire Fuller tomorrow and that 70-80 people had registered to attend which indicated the level of interest of the system. She will be having conversations with general practice and community services. Ms Fuller has also offered to return in the near future as work is developed, this would potentially be a broader session and be face to face. Mr Whitehouse suggested that Board members join the session tomorrow if they can, the link will be circulated. Ms Nicky OConnor updated the Board on the ICS/ICP ROS submission - NHSEI are satisfied with the preparations that have been made for the legal establishment of the Shropshire, Telford and Wrekin Integrated Care Board with effect from 1 July 2022. However, there was further work in the following areas: • Further development needed for Clinical and care professional leadership. • Further Memorandum of understanding to be developed between the system and NHSEI but waiting for national template to be sent through. • We have a score of amber in the ROS on planning and finance. The inaugural meeting of the ICB board has been arranged for 1 July. Expected outcomes of the inaugural meeting as set out in the ICS Establishment timeline are: NHSE will have brought the ICS constitution into effect with standing orders through the Establishment Order. The following business will need to be transacted:

	• agree standing financial instructions • agree SoRD (and functions and decisions map) • establish committees, appoint the chairs of committees, and agree the terms of reference. Appoint the memberships of ICB committees (as a minimum this must include the remuneration committee) • adopt suite of policies, including at least all those mentioned in the constitution and any that statutory bodies are required to have in place • appoint to special/lead roles on the board (eg conflicts of interest guardian) • appoint the ICB founder member of the ICP whilst not a legal requirement, the constitution, appointments, and delegation arrangements are also likely to be noted. Next steps • Preparations for a managed project closure of the ICS transition programme have commenced. • Activities will include archiving and record management of key documents and evidence, legacy handover and capturing lessons identified throughout the programme to facilitate continuous improvement. • Recommendations will also be made for on-going ICS development based on the outcomes of the ROS. Integrated Care Partnership: It is an integral part of any integrated care system. It is a key forum that brings together NHS leaders, local authorities, and other partners together in one place. Its main purpose is to generate the integrated care strategy for the system, which is designed to improve health and care outcomes. Discussions are progressing around the governance and resourcing aspects of this with a view to finalising the terms of reference and bringing them back to the Integrated Care Board at the end of July. The paper also describes the appointments to the ICB, including the partner appointments which have been through process around and it also describes the committee chairs, vice chairs and new meeting schedule so that everybody is clear about those. **The Board is asked to-** • **Note the detail provided in part one of the report** • **Note that following the final submission of the ROS, NHS England are satisfied that adequate preparations are in place for the 1 July and that STW ICB will be ready to fulfil its statutory functions from that point** • **Agree that the NHS Shropshire, Telford, and Wrekin response to the Fuller Review come back to the September Board** • **Note that ICP terms of reference will be brought to the ICB at the end of July and that the first meeting of the ICP will be held in September** • **Ratify the emergency decision made by the Chair and Chief Executive to approve submission of the ICS Operational Plan to NHSE/I to meet the deadline set.** Mrs Rachel Robinson and Mr Johnathan Rowe assured the Board that both Local Authorities and Political Leadership were content with the timelines of the ICP and are targeting the first meeting for September. Clinical Care and Professional Leadership

	Following discussions with the Midlands region a revised CCMPL was submitted. The final framework shows: • how the system has involved leaders from all clinical and care professions in this work to date. • confirmed arrangements to be in place for day 1 of the ICS and how this explicitly aligns to the 5 principles set out in national guidance. • a plan for how to take CCMPL forward (including a clear route map for further development and implementation of the framework beyond day 1 arrangements). • a high-level plan for how the model will be socialised with system stakeholders. • how/where the ICS will focus efforts of these arrangements to tackle and support system challenges The revised CCMPL framework was accepted by the Region and consequently the ROS rating was upgraded from Amber to Green. Mrs Alison Bussey commented that there is a meeting scheduled for tomorrow with the AHP leads, Chief Nurses and the Chief Medical Officers across the system. Mrs Bussey said that people are keen to see what it is that we can achieve across the system. Mr Nick White commented that it was about giving all our clinicians, not just our clinical leaders, a voice at the table because all we want to achieve regarded transformation and integration has got to be clinically led and has got to be across the entire spectrum of all the organisations and all the professions which make up an ICS. Mr Simon Whitehouse outlined that the system has been developing its Operational System Plan for some time. Due to last minute changes to the submission date of the plan to NHSE/I to 12 noon on 20 June and the inability to call a meeting of the shadow ICB in enough time to make this decision, Mr Whitehouse the ICB Chair made an emergency decision under the ICB Constitution – section 4.9.5 of Standing Orders on Friday 17 June to approve submission of the Operational Plan. Dr McMahon asked for reassurance around the ICS operational plan being signed off under the ICB Constitution, standing orders, and were they valid at the point of sign off? Mr Whitehouse responded by saying we have complied with the national request. We have used the best status of the Constitution that we have got that has been shared previously. Recognising that the ICB had not been formally established but thought that would align us to the best governance we have got available, given the situation we were asked to comply with. **The Board ratified the emergency decision made by the Chair and Chief Executive to approve submission of the ICS Operational Plan to NHSE/I to meet the deadline set. Please note that the detailed submission has been fully shared with all partners and the summary positions is detailed later in the pack of papers.** The Chair asked the Board to note that there is a revised table of Board meetings included in the paper, meetings will be held in public with exception of Board development sessions and meetings will be live streamed. The Chair asked the Board members to email him with views on Board meetings being

	held in one place which is centrally located or travel across STW.
ICS 29-06.009	**Final Ockenden Report Update:** **SaTH assurance on action plan** Mr Nigel Lee firstly reiterated his sincere apologies for all the families affected by the report and the review. He emphasised that SaTH is absolutely committed to learning the lessons to improve the care and both support the families and the people involved in that. Mr Nigel Lee and Mrs Hayley Flavell presented the report and highlighted the following: First Ockenden report was published in December 2020. From that report there were 52 actions for the Trust to deliver which were split up through local actions for learning, and there were 27 of those. And the IEA's, which were the immediate and essential actions. Final Ockenden report was published on 30 March which outlined 158 additional actions. Those actions there were 66 local actions for learning, and there were 15 themes which resulted in 92 sub actions for those immediate and essential actions which all organisations had to deliver. In totality, as an organisation, we have 210 actions that we need to deliver from the Ockenden report perspective. Significant work has been undertaken already to undertake a preliminary review of all the actions from the final report. This work is complex but will continue at pace, and with the due diligence required to deliver them all fully and properly. There is a great deal of work arising from these new actions, which include prioritising them and, also, undertaking assessments to determine the resource and time requirements to deliver them. On receipt of the final report, the Women and Children's Division commenced work to review all the new actions to determine how best to address them fully. As of 10 May 2022, the anticipated delivery and completion dates have been set for 101/158 actions, which leaves fifty-seven yet to be dated. These actions will require more detailed consideration, negotiation, and discussion with various stakeholders (e.g., Local Maternity and Neonatal System (LMNS), specialist networks, the Anaesthetics Division, etc.) before the delivery and completion dates can be determined for them. This work is being planned for. Significant work has been undertaken already to undertake a preliminary review of all the actions from the final report. This work is complex but will continue at pace, and with the due diligence required to deliver them all fully and properly. There is a great deal of work arising from these new actions, which include prioritising them and, also, undertaking assessments to determine the resource and time requirements to deliver them. There are six outstanding actions of the first report which are externally

	dependant, SaTH are working with other agencies to support delivery. There is a Maternity Transformation Assurance committee which Mrs Flavell chairs and it is a meeting that feeds directly into the Quality, Safety and Assurance Committee which is chaired by one of SaTHs non-executive directors and it also feeds directly into the Ockendon Report Assurance Committee (ORAC) this is chaired by SaTHs chair Dr Catriona McMahon, and co-chaired with Mrs Jane Garvey. Dr McMahon commented that one of the original report's outstanding actions is related to a single LMS (section 3.6.1 of the paper) this is an inherited ICS outstanding piece of work, and work will need to be undertaken with the new ICB to achieve this. Dr McMahon also mentioned that ORAC is attended by the CCG and the LMS and as from July this position will be vacant, Dr McMahon asked for assurance on who would be joining that committee going forward. Dr McMahon invited the Board to consider what detail they wanted to see at Board and what frequency. Dr McMahon also asked if an ICB non-executive director would like to participate and assist in ORAC from an ICB scrutiny perspective over and above LMS. **The Board:** • **Noted the update on outstanding actions from the first Ockenden Report (2020)** • **Acknowledged the current position in relation to the actions from the final Ockenden Report (2022), as of 10 May 2022** • **Noted the Next steps being taken to progress this work** **CCG Governing Body Paper** Mr Mark Brandreth updated the Board and highlighted the following: The minutes were being finalised from the CCG Governing Board meeting on 8 June. Once these are finalised they will be received by the ICB. An independent investigation into Maternity Services at Shrewsbury and Telford Hospital NHS Trust (the Trust) was commissioned by the Secretary of State for Health in 2017 following the concerns raised by 23 families. Donna Ockenden led the review resulting in two published reports, the first report in December 2020 and the final report in March 2022. During the Ockenden Review many more families came forward. Their experiences, published in the reports, contain truly shocking accounts of poor care resulting in harm or death to women and babies. Amongst other external reviews, Shropshire Clinical Commissioning Group (CCG) and Telford and Wrekin CCG jointly commissioned a review into maternity service at the Trust in 2013. This report has subsequently been found to be fundamentally flawed. Shropshire Telford and Wrekin Clinical Commissioning Group (the CCG) is extremely sorry for the role of its predecessor bodies and its own role in these failings to ensure high quality in standards of care for these families. There is a substantial governance process in place with public and staff involvement, however further work is needed to ensure the CCG supports the

	refinement of the governance processes for the emerging Integrated Care Board. Mr Brandreth asked what could be done to conduct more frequent staff surveys than the normal annual ones and he commented that there was a continuing concern around the SaTH staff survey results. The Chair asked what could be done to help measure improvement? Dr McMahon responded saying that SaTH did quarterly pulse checks and go back to the staff with a staff survey like process and do quarterly staff surveys and those give the quantitative data. Also, there is work being done with the triangulation with the freedom to speak up process. Dr McMahon requested that when the ICB visits are planned that we put the Maternity unit at the top of the list and take the opportunity to speak to the staff. The Chair said it would be useful to have the staff survey reports at this Board, so we are all clear about the impact that that degree of work is having. He also commended the suggestion of offering ICB members a briefing about the background, the context, what we are trying to achieve and how we are proposing to do it is good and this will be picked up outside of the meeting. The Chair also highlighted that the handover process between the CCG and the ICB needs to be seamless. Dr McMahon asked where SOAG fits into the new model, which has been another mechanism by which our stakeholders have overseen significant parts of our quality improvement, including the maternity side, and we need to intermesh with the SOAG programme. Dr McMahon went on to say that she would support an educational session, as there were auditors reports on Ockenden, as the Ockenden processes were audited as part of the annual external audit process. In addition to this there has been the CQC and family voices survey done and SaTH were one of the trusts in the country receiving enhanced feedback received from families. **The Board noted the papers**
ICS 29-06.010	**Pledge 3 Population Health Management and Outcome Framework** Mrs Rachel Robinson presented the paper and highlighted the following: During 2021 a number of key activities have been delivered including delivery of a work programme on key deliverables, recruitment of an interim lead (until September 2022) recruitment of two joint analysts, re-establishment of analysts' network, capacity review which showed significant gaps, initiation of outcome and key metrics development. However, despite progress even during a challenging background of COVID and NHS pressures, to develop key infrastructure projects including the "engine room" and to deliver a population health management approach across the ICS, greater prioritisation of this programme and resources to support this is required to maintain momentum and deliver the ask. Mr Simon Whitehouse informed the Board that the paper had been presented to Chief Executives and was supported in principle but need to understand what we have currently got committed and what have we got committed to the

	CSU. How might we pull some of this together, so it is supporting and continue to work with the board to get to the right place. Mr Terry Gee asked how VCSE can share data at a place level to help steer the narrative and guide priorities. Mrs Robinson responded by saying that we are trying to work together, mostly done at place, and we need to bring it together so we can see that pattern across the system. Mr Roger Dunshea asked about data integration and data quality from the various systems and what the risks are around that? Mrs Robinson responded saying that is a challenge trying to bring some of this together and we are flooded with data across the system, but we have to have the right IG information governance and IT systems in place to be able to join that up. After further discussions it was noted that: £5.8 million of SPF funds have been allocated to Telford and Wrekin, Mr Trevor McMillan asked if some of this could be diverted towards a population health activity. Mr Whitehouse commented that this would be followed up. **The Board were asked to** • **Recognise and endorse the importance of PHM and a PHM approach to the system.** • **Champion and support the PHM approach outlined in this paper to allow STW to move forward and achieve the priorities and requirements outlined in the paper.** • **Fully commit to and support the cultural change needed across business intelligence and insight team functions within partner agencies in the system to develop a shared system resource.** • **Ensure that all system programmes define their PHM requirements and for these to be monitored and reported via the work programme. The current work programme is attached (appendix A).** • **Agree for the system Chief Executive leads to secure the resource requirements needed to deliver the programme; commencing with mapping current resource against the infrastructure requirements set out in the paper to quantify any residual gap to be addressed.** **The Board resolved to approve and note the paper as set out above.**
	Break
ICS 29-06.011	**Place Based Governance arrangements** Mr Gareth Robinson presented to paper and highlighted the following: The paper provides briefing information to Integrated Care Board members on the place-based partnership work and next steps for the integrated place partnerships, Telford and Wrekin Integrated Place Partnership (TWIPP) and Shropshire Integrated Place Partnership (SHIPP). Current and next steps: • A detailed draft paper jointly developed by the CCG with senior officers in

	each of the Local Authorities was presented to a workshop of system chief executives for discussion and onward development. It is proposed after further refinement this paper will be presented to the ICB. • An NHSE/I sponsored programme on development of place-based working is currently underway in Telford and Wrekin. The programme has several modules to develop thinking around leadership, governance, resources, delegation, and engagement/co-production. • A review of the function mapping work previously undertaken is to be considered in the wider context of delivering at place. • An informal place oversight group, of senior decision makers, has been established for the next few weeks to develop the role of neighbourhoods at place and discuss the recommendations of the integration white paper. • A nomination process and job description for a lead chief executive officer for each of the places is being developed. • The development of the governance structure that sits beneath the integrated partnerships is to be discussed by each of the places. • Development of the comms and engagement work for co-production and place narratives needs to be strengthened. • The oversight group will ensure the Local Care programme and the place development work are closely aligned. • A primary care development programme is underway through the PCN development group (transferring from the CCG to ICB) including leadership. Wider primary care needs to be considered that is out with the PCN's alone. Mr Jonathan Rowe mentioned that there is also a national NHSEI sponsored place development program that TWIPP and Telford and Wrekin partners are involved in and that's been going well looking at various things which is around the development of place, partnerships around leadership, governance, resources, engagement, co-production There are a number of workshops and both TWIPP and SHIPP are in the process of revising the terms of reference and their priorities. Mr Whitehouse commented that the draft of this paper had been to Chief Executives development session to work through the recommendations and the approach that the papers set out. He went onto confirm that the system needs to get the governance right, the focus needs to be about how do we drive the delivery of integrated care in the two places and, and make sure we are focused on changing the way we deliver care to benefit local people. Mr Roger Dunshea said it would be useful to have a Gantt chart or timeline of when key steps are going to be achieved. And not to underestimate the risks around communication with our population. Mr Robinson responded that a further document that sets out the program of work in more detail as it progresses will be presented at a future Board. Mr Harry Turner commented that another factor is to be clear on the clinical case and offered to share his best practice and learnings at any forum that was appropriate. Mr Trevor McMillan asked why there were two place partnerships as there is a

	replication? Mr Whitehouse responded that it is to align our work with the local communities and to fit with the two local authorities which is the predetermining factor across much of the country. Mr Robinson also commented that it is important we have two place boards within Shropshire, Telford and Wrekin as those two communities have very different needs and therefore allows us to focus our resources where those communities need the most in a focused way. The Chair suggested that the timelines for the appointment of the two Place leaders were brought to Chief Executives group as soon as practicable as this would help accelerate progress. There are discussions taking place within SHIPP and TWIPP about Integrated Care teams and how they can be set up and organised. He suggested that SHIPP and TWIPP have something tangible to focus on which will help us deliver the ICS objectives and outcomes. **The Board were asked to-** • **Note the progress update provided on the Place development** • **Comment on this progress and explore the linkage with the PHM approach detailed elsewhere in this pack of papers** • **Agree to support the appointment process for the 2 place leaders.** • **Confirm that the ICB and the 2 Local Authorities should work in partnership to agree the job description for the place leaders and set out the timeframe for these appointments to be made** • **Task the system CEO group and strategy leads to map out the various strategic plans and set out in one place. Form this collation of work to bring back an update to the Board that shows an alignment of the strategic plan for the system** • **Confirm support for the progression of the work to identify the strategic commissioning functions that will remain at system level and the tactical commission functions that will sit at the place level – building on the work that was previously completed with the support of Deloitte's** • **Sponsor the next steps of the governance work that will be required to enable a clear road map setting out how the two place partnerships can develop the governance arrangements to enable them to become formal joint committees of the ICB as per the agreed governance framework** • **Support the need for an OD and cultural change programme to underpin our shift to place based working.** • **Request a future update that will set out the financial flows at the place level and how that will be actioned through the joint committee arrangements** • **Note the importance of a safe transition and evolution to place based working arrangements.** **The Board resolved to approve the recommendations as set out above and noted the paper**.

ICS 29-06.012	**ICS Performance Update inc. People and Finance** Mrs Julie Garside presented the report and highlighted the following: Overall A&E performance has remained stable with a deteriorating position in decision to admit performance. Continued concern remains around the initial assessment of patient upon their arrival in the Emergency Department Ambulance service have confirmed that we are seeing a rapid rise in Covid cases across the wider region Ambulance handover time greater than 60 minutes continues to increase at both PRH and RSH. Urgent and Emergency care improvement plan has been finalised. Also finalising the detail of the metrics and dashboard over the next couple of weeks and that is going to be agreed through the urgent and emergency care operational group, then will go through the board. Action - Mr Robinson to bring an update of UEC Improvement plan to a future ICB meeting. The development of a new system wide approach to operational management which will increase grip within the system. Evidence from other systems is clear that full transparency on operational position, the plan for the next 24 hours, and the closing down of specific actions has a material impact on flow and reducing ambulance handovers Elective and cancer recovery 104-week waits are continually being tracked daily. Working closely with all our providers and the independent sector and the opportunities for mutual aid. Continuing to push NHSEI colleagues regarding the decision for the elective hub, as this is the action that will improve our rate of recovery and the resilience and sustainability of our elective recovery as a system. Mrs Garside assured the Chair that the requirements NHSEI placed upon us for end of June deadline for the 104 weeks, have been complied with. Elective Hub - Mrs Garside informed new members of this Board that we were asked for an urgent response to see how we could improve, and ring fence some additional active capacity that would help with our elective recovery and all systems were asked to submit bids in very short time frame to NHSEI. We did that on behalf of the system, one for Robert Jones and one for Shrewsbury and Telford. the elective hub Region prioritised this and we had the go ahead to proceed with working on the business case for the Shrewsbury and Telford option and that has gone through various templates and documentations. We have now been able to finalise our short form business case. Mr Nigel Lee is the SRO for this programme of work and commented that we do not yet have the financial approval to go ahead. We have done work internally within the system and SaTH to make sure the preparatory work is

	ready and trying to minimise any time lost. He went onto emphasise that we will need to work closely with NHSEI colleagues to get approval soon to meet the end of March delivery timescale for capacity. The first scheme we are asking for £10 million, and it is a ring fenced two theatres with appropriate recovery space. There is a second subsequent scheme which is £14 million. The scheme that we have with Robert Jones and Agnes Hunt was placed formally on a short list, but nothing more has been reported. Mr Steven Redfern commented that he has been asked to review the short form business case by this Friday close of play, and understands it goes to the national team next week, and if possible, will confirm timelines if known Mr Robinson informed the Board that the Urgent and Emergency Care program has slipped slightly from where we expected it to be. We expected yesterday the delivery board and the programs within the broader portfolio to come back with trajectories and KPIs, that was delayed, and we have agreed a final deadline of Friday this week, Mr Robinson assured the Board that they would be back on track for the submission for the Ambulance summit with the local MPs. SaTH was successful in opening ward 36 at PRH 2 weeks ago, and it is important for the citizens of our system, that they now have access to the Orthopaedic activity in Telford Hospital. Vast amount of work is being done and on improvement plans by tumor site, they are now being reviewed weekly in terms of progress on that, but there is still a significant impact of diagnostics on our cancer recovery, but this is continuing to be monitored. There are still issues around workforce. Although the planned reduction in the STW 62-day backlog is in line with regional national expectations due to the current level of our backlog at >500 there has been a recommendation to place the system in Tier 1 for intensive support to aide recovery from the National/regional resource. The system is already meeting with NHSE region on a weekly basis to ensure any support is timely and effective. Also included as Appendices 1 & 2 are the annual reports from SHIPP and TWIPP including the development of the place-based dashboards. They remain work in progress and the places are both working on high level quarterly updates which will come to the ICB board via this integrated performance report from September 22. Action: Mrs Garside to bring a quarterly place-based dashboard back to this Board going forward with high level metrics included. People Performance - Agency WTE and staff group steadily increased to the end of the financial year but is now in an improving position with a reduction to 30% for support to clinical, and an increase across GP, Medical and Dental to 18% and 45% for Nursing and Midwifery. Vacancies, SATH continues to have the highest vacancy rate of 7.9% with an overall increase in vacancies across the system, partly this is due to new budgets. The system turnover of staff has decreased from M1 to M2, with the highest turnover being Care Workers at 32%.

	Finance - A forecast position has not been provided due to the on-going discussions around the full year plan submission. As part of the plan resubmission in June an opportunity will be taken to correct any phasing issues. The current YTD position illustrates a £3.2m overall adverse variance to plan at Month 2. There is some rapid work to turn around at delivery plans for making good the figures that we have built into our efficiency and cost reduction plans for the end of the year. STW remains a challenged system but has seen some movement away from the bottom quartile for its urgent care performance. There remains a significant impact upon the ability to respond to 999 calls promptly due to unacceptable Ambulance waits which remains a major risk for the system. Despite recent COVID and non-elective pressures, the system continues to plan improvement in its pace of elective and cancer recovery with diagnostic capacity and theatre staff its main constraints. There remains a relentless drive to reduce the 104-week waiters and eliminate these for the system as soon as possible. Mr Whitehouse commented that we need to be careful as a Board that we do not fall into the trap of trying to operationally manage what is taking place and what is happening in our providers and through our committee structure, we need as a Board to be challenging and making sure that we get our committee structure to be functioning effectively, whether that be the urgent care board, finance, quality and performance, so that the level of detail conversation is able to take place. As a Board we need to work to drive for the assurance piece of are all the actions being taken do providers understand what is being delivered and what they are doing in response to those challenges. And do we have the confidence that that is being delivered, and we can see that translating through. **The Board is asked to note the current integrated performance of the system in this summary, and the on-going challenges with our systems operational performance and associated risks with our financial performance and workforce.** **The Board resolved to approve the recommendation as outlined above.** Action: Mrs Claire Skidmore, Mrs Julie Garside, Mrs Tracy Hill, and Mr Gareth Robinson to work together on developing the performance reporting through to the Board based upon the assurance received from its committee structure.
ICS 29-06.013	**22/23 NHS Operational Plan** **Mr Gareth Robinson presented the paper and highlighted the following key issues:** The Chair commented that there has been an important correction to the plan that was originally published with the agenda. Mr Robinson apologised for the error and confusion this may have caused but stressed that the error had now been rectified and the paper had been re-issued. The suggestion that was in the earlier plan, that we were planning to lose

nursing staff numbers was incorrect and has now been adjusted and amended and is the accurate figure.

As part of the NHSE national planning process a system operational plan was submitted on 28 April 2022
.
Feedback was received from NHSEI, and a decision was made nationally for a resubmission of all operational plans, to be completed 20 June 2022.
As a result of the timing of the submission not coinciding with the sitting of the ICS Board the emergency decision making process under the ICB constitution was utilised to ensure approval of the plan before submission.

Dr McMahon pointed out that the paper circulated remained incorrect.

Mr Whitehouse commented that it is not a proposal to reduce whole time equivalent or to reduce staff. It is a change in a growth number and that goes from a higher percent to a lower percent. So that is a reduction in people from that higher growth figure that was the first submission of the plan.

The baseline staffing number is 6997 projected to go up to 7233 which gives a percentage growth of staffing of 3.4%.

Action: The Chair asked for the correct paper to be issued as soon as practicable.

Mrs Claire Skidmore updated the Board on the following:

- The previous system plan submission on 28th April delivered an in-year system plan carrying a £38.1m deficit (with a £69.3m underlying deficit).
- The 20 June plan submission shows an overall in year system deficit plan of £19.0m (with a £61.0m underlying deficit).
- There are a number of key movements to highlight:

Additional Allocation

  - Additional recurring funding had been made available to systems to support increased costs due to pressures outside of System control of £9.1m with in additional costs of £1.6m resulting in an improvement to the overall position of £7.5m.
  - Additional non-recurring regional allocation of £2.8m.

- Review of current expenditure at Month 2, review of SDF and the delay in the Elective Hub project has resulted in an improvement to the position of £1.5m.
- Review of the CHC uplift requirements has improved the position by £1.2m (although has added a corresponding value within the system's identified risks).
- The inclusion of an additional efficiency stretch of £6m, above the original stretch of £7.9m, (with a corresponding 75% of the value added to the system's identified risks

The outcome of the emergency decision making process on the 17 June 2022 was to approve the plan for submission to NHSE, noting the further work needed to implement the plan and to continue the focus on performance improvement

The Board was asked to ratify the submission, noting:

	The areas of non-compliance against the national planning guidance
	The specific risk attached to the delivery of activity levels at 104% of 19/20 levels and reliance on independent sector activity / additional funding
	The revised financial position and the associated assumptions to reach this point
	
	The Board is further asked to:
	• Comment on the system partner requirements to achieve the planning and financial submission as detailed and as shared with providers this week
	• Ask each NHS Board to play a role in the monitoring and delivery of the stretch targets and move beyond the tracking the current individual provider plans
	• Develop (over the next 2 weeks) a list of the areas where further difficult decisions (not a wish list) could be made to address the unmitigated risks contained in the plan
	• Consider, at Board level, what else can be done to support the system improving its compliance with the planning guidance expectations – noting that, in the main, the targets are set in a way to support local people being able to access timely and high-quality healthcare in their local system
	• Reinforce the need for a twin track approach that creates the capacity to focus on the delivery of some of the medium- and longer-term solutions –
	  ○ Sustainable and high-quality GP services – tackling workforce, workload, estate, and access issues
	  ○ Delivery of the local care programme with resilient community-based teams wrapped around local communities and aligned with PCN footprints
	  ○ Delivery of the Hospital Transformation Programme
	  ○ Fundamentally different partnerships between health and local authorities to drive the prevention agenda and to start to work upstream
	
	The Board ratified the submission and resolved to approve the recommendations set out in the paper presented.

ICS 29-06.014	**Committee Reports** • Sustainability Chair's report for meeting held on 25th May • Sustainability Chair's report for meeting held on 21st June • Quality & Performance Committee Chair's report for meeting held on 25th May **The Board noted the reports as read.** Mr Whitehouse commented that from September there will be longer on the agenda for the Chairs of the sub committees to bring their updates through and provide assurance to the Board.
	The Chair updated the Board on the next Board meeting which will be the Inaugural ICB meeting is scheduled for 1 July at 4pm. The Chair closed the meeting and thanked members for their contribution and patience. The Chair also thanked Dr Catrina McMahon for being a capable vice chair of the shadow ICS Board for the last couple of years. The Vice Chair now passes onto Mr Trevor McMillan with effect from the 1 July. **The meeting closed at 17:20hrs**

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

NHS Shropshire Telford and Wrekin Integrated Care Board

Minutes of Inaugural Meeting held in public on Friday 1st July 2022 at 4pm

Via Microsoft Teams

Present:	
Sir Neil McKay	Chair, NHS STW
Simon Whitehouse	Interim Chief Executive, NHS STW
Trevor McMillan	Deputy Chair and Non-Executive Director, NHS STW
Dr Niti Pall	Non-Executive Director, NHS STW
Roger Dunshea	Non-Executive Director, NHS STW
Meredith Vivian	Non-Executive Director, NHS STW
Alison Bussey	Chief Nursing Officer, NHS STW
Gareth Robinson	Executive Director of Delivery and Transformation, NHS STW
Claire Skidmore	Chief Finance Officer, NHS STW
Mr Nicholas White	Chief Medical Officer, NHS STW
Louise Barnett	Trust Partner Member and Chief Executive Shrewsbury and Telford Hospital NHS Trust
Neil Carr	Foundation Trust Partner Member and Chief Executive, Midlands Partnership Foundation NHS Trust.
Patricia Davies	Trust Partner Member and Chief Executive Shropshire Community Health NHS Trust.
Stacey Keegan	Foundation Trust Partner Member and Interim Chief Executive Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Andy Begley	Local Authority Partner Member and Chief Executive, Shropshire Council
David Sidaway	Local Authority Partner Member and Chief Executive, Telford and Wrekin Council.
Dr Ian Chan	Primary Care Partner Member for Telford and Wrekin
Dr Julian Povey	Primary Care Partner Member for Shropshire

In Attendance:	
Nicola Dymond	Director of Strategy and Integration NHS STW
Cllr. Lezley Picton	Leader of Shropshire Council
Cllr. Shaun Davies	Leader of Telford and Wrekin Council
Harry Turner	Chair Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Dr Catriona McMahon	Chair Shrewsbury and Telford Hospital NHS Trust
Nuala O'Kane	Chair, Shropshire Community Health NHS Trust
Pauline Gibson	Non-Executive Director, Midlands Partnership Foundation NHS Trust

Mark Docherty	Director of Nursing and Clinical Commissioning, West Midlands Ambulance Service University NHS Foundation Trust
Barry Parnaby	Chair, Healthwatch Telford and Wrekin
Terry Gee	Chief Executive Officer, STAY Telford
Lynn Cawley	Chief Officer, HealthWatch Shropshire
Heather Osbourne	Chief Officer, Age UK Shropshire Telford and Wrekin
Alison Smith	Director of Corporate Affairs, NHS STW
Melissa Asbury	Business Manager to the Chief Executive, NHS STW
Jayne Knott	ICB Programme Support, NHS STW

Minute No. ICB-01.07.001 – Introduction and Apologies

1.1 Sir Neil McKay welcomed Board members and members of the public to the Inaugural meeting of the STW ICB and reminded Board members that this was a meeting held in public.

1.2 The following apologies were noted:

Nuala O'Kane	Chair Shropshire Community Health NHS Trust
Louise Barnett	Chief Executive Shrewsbury and Telford Hospital NHS Trust
Cathy Riley	Managing Director Midlands Partnership Foundation NHS Trust
Councillor Shaun Davies	Leader of Telford and Wrekin Council
Heather Osborne	Chief Officer AGE UK
Lynn Cawley	Chief Officer Healthwatch Shropshire

1.3 The Chair gave a warm welcome to:

Dr Julian Povey and Dr Ian Chan as Primary Care Partner Members on the Board.
Mr Mark Docherty, West Midlands Ambulance Service representative who will be attending Board meetings on behalf of WMAS

1.4 The Chair highlighted that as from July the intention was for this Board to meet face to face.

1.5 The Chair went onto note that NHS Shropshire Telford and Wrekin had been officially established as a legal entity. At the same time, NHS Shropshire Telford and Wrekin CCG has been abolished and with the establishment order CCG staff and property outlined in the transfer schemes have now transferred to the ICB.

1.6 The Chair went on to say that this was a real opportunity for Shropshire Telford and Wrekin to have a statutory board with partners sitting around the table focusing their collective efforts on how we are going to improve the health of the population, tackle the problems of health inequalities and work together to improve health and care services. There are lot of challenges, but we have got some exciting priorities and some exciting work to pursue.

1.7 Drawing Board members attention to the agenda, it was noted that the Board was being asked to agree a number of CCG policies, the Governance Handbook for adoption by the ICB and to ratify a number of recommendations that the shadow Board has made over the past months, this is to give us a legal footing and the framework within which we can operate.

1.8 The Chair highlighted that members of the public were unable to ask questions due to the limited timescale we were operating within for this meeting, but at his own discretion invited any members of the public who wished to comment on the content of the papers via the website by Friday of next week 8 July, and these will be responded to in the usual way.

Minute No. ICB-01.07.002 – Members' Declarations of Interests

2.1 At the suggestion of the Chair it was agreed that the Declarations of Interest registers would not form part of the papers for further meetings, but the agenda would instead include a weblink to the registers on the website for reference.

2.2 Members had previously declared their interests, which were listed on the ICB's Register of Interests and was available to view on the website at:

Register of Interests - NHS Shropshire Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

Members were asked to confirm any new interests that needed declaring or any existing conflicts of interest that they had relating specifically to the agenda items.

2.3 There were no conflicts raised for any agenda items and no new declarations that needed to be brought to the Board's attention.

Minute No. ICB-01.07.003 – NHS Shropshire Telford, and Wrekin Confirmation of Appointments

3.1 The Chair asked members of the Board to note the following appointments stated in the paper.

3.2 The Board of NHS Shropshire Telford and Wrekin is made up of a number of statutory roles, as defined in the Constitution. The post-holders for these roles are outlined below. The Chair confirmed that his appointment had been confirmed by NHS England and that he had ratified the appointment of the individuals listed below on 1st July and the Board is asked to note these appointments:

- Interim Chief Executive Officer - Simon Whitehouse
- Four Partner member(s) NHS and Foundation Trusts:
  - Mrs Louise Barnett – CEO Shrewsbury and Telford Hospital NHS Trust
  - Ms Stacey Keegan – CEO Robert Jones Agnes Hunt Orthopaedic NHS Foundation Trust
  - Mr Neil Carr – CEO Midlands Partnership NHS Foundation Trust

- Mrs Patricia Davies – CEO Shropshire Community Health NHS Trust

- Two Partner member(s) Primary medical services:
  - Dr Ian Chan – GP Telford and Wrekin
  - Dr Julian Povey – GP Shropshire

- Two Partner member(s) Local Authorities:
  - Mr Andy Begley – Chief Executive Shropshire Council
  - Mr David Sidaway – Chief Executive Telford and Wrekin Council

- Four Non-executive members:
  - Mr Roger Dunshea
  - Professor Trevor McMillan
  - Dr Niti Pall
  - Mr Meredith Vivian

- ICB Chief Finance Officer – Mrs Claire Skidmore

- ICB Chief Medical Officer – Mr Nicholas White

- ICB Chief Nursing Officer – Mrs Alison Bussey

- ICB Executive Director for Delivery and Transformation – Mr Gareth Robinson

3.3 The work of the Board relies greatly on the involvement and expertise of other senior individuals from the Integrated Care System, who are identified as regular attendees at the Board when it meets in public, and the Board was asked to note the following. However, the Chair confirmed that Ms Fran Steele, Director of Strategic Transformation, NHS England North Midlands had been incorrectly included in this list as NHS England representatives are not formal attendees to the Board.

- Mrs Nicola Dymond, ICB Director of Strategy and Integration
- Chair or Deputy, The Midlands Partnership NHS Foundation Trust – to be confirmed
- Mr Harry Turner - Chair, The Robert Jones, and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Dr Catriona McMahon - Chair, Shrewsbury, and Telford Hospital NHS Trust
- Ms Nuala O'Kane - Chair, Shropshire Community Health NHS Trust
- Councillor Lezley Picton - Leader Shropshire Council
- Councillor Shaun Davies - Leader Telford and Wrekin Council
- Mr Mark Docherty – Executive Director of Nursing and Clinical Commissioning, West Midlands Ambulance Service University NHS Foundation Trust.
- Miss Lynn Cawley - Chief Officer, Shropshire Healthwatch
- Mr Barry Parnaby - Chair, Telford, and Wrekin Healthwatch
- Ms Heather Osbourne - Representative from local VCS Shropshire
- Mr Terry Gee - Representative from local VCS Telford and Wrekin

3.4 Finally the Chair asked the Board to approve a number of specialist roles that the Board is required to appoint to as follows:

- Deputy Chair – Professor Trevor McMillan
- Role: to chair Board meetings in the absence of the Chair of NHS Shropshire Telford and Wrekin
- Freedom to Speak up Guardian (FTSU) – Mr Meredith Vivian
- Role: To support staff to speak up when they feel they are unable to do so by other routes, without the fear of negative consequences.
- Conflicts of Interest Guardian – Mr Roger Dunshea
- Role: To act as a conduit for anyone with concerns or to provide advice around how conflicts of interest are being or should be managed.
- Senior Independent Director (SID) – Professor Trevor McMillan
- Role: To oversee the appraisal process of the Chair on behalf of NHS England
- Accountable Emergency Officer (AEO) – Mr Simon Whitehouse
- Role: Responsible for Emergency Preparedness, Resilience and Response (EPRR).

- And three specialist information governance roles will be fulfilled as follows:
  - Caldicott Guardian – Mr Nicholas White
  - Role: Responsible for protecting the confidentiality of people's health and care information held by the organisation and ensuring that it is used in line with legislation.
  - Senior Information Risk Owner – Mrs Claire Skidmore
  - Role: To implement and lead the information governance risk assessment and management processes for the organisation and advise on the effectiveness of information risk management across the organisation.
  - Data Protection Officer – Hayley Gidman (Midlands and Lancashire CSU)

3.5 There were no questions raised and the Board was asked to

1) note the appointment of the Board members.
2) note the additional attendees to the Board meetings.
3) approve the appointments to the specialist roles outlined in the report.

RESOLVE: NHS Shropshire Telford and Wrekin Board Members NOTED the content of the report and APPROVED the recommendations as stated above.

Minute No.ICB-01.07.004 NHS Shropshire, Telford, and Wrekin Governance Handbook

4.1 Mrs Nicola Dymond presented the paper and highlighted that it provided an overview of the proposed Governance Handbook for NHS Shropshire Telford, and Wrekin, which consolidated the key documents that form the governance structure for approval by the Board.

4.2 Mrs Dymond went onto confirm that each committee will be asked to review its respective terms of reference, which are contained with the handbook at their first meeting with a view to any required amendments being consolidated in a report that will be brought back to the September Board meeting for approval. The Board is asked to approve adoption of the Governance Handbook as a whole and specifically approve the establishment, terms of reference, chairing arrangements, and membership of the Committees of the Board.

4.3 Dr Catriona McMahon commented that she would value the opportunity to review the terms of reference in relation to the committees and added that the Board would need to make sure that over time the language used around the relationship between the committees at ICS level and the committee within the providers is refined to reflect the maturing relationship.

4.4 NHS Shropshire Telford and Wrekin is asked to:

- approve adoption of the Governance Handbook as a whole; and
- specifically approve the establishment, terms of reference, chairing arrangements and membership of the Committees of the Board.

RESOLVE: NHS Shropshire Telford and Wrekin Board Members NOTED the content of the report and APPROVED the recommendations as stated above

ACTIONS - ICB 01-07.004 - NHS Shropshire Telford, and Wrekin Governance Handbook

Mrs Dymond confirmed a report collating any proposed changes to the Committee terms of reference in the Governance Handbook would be brought back to the September Board meeting for approval

Minute No.ICB-01.07.005 – Transition from CCG to ICB – Adoption of NHS Shropshire Telford and Wrekin CCG Policies

5.1 Mrs Nicola Dymond presented the paper and highlighted that following the merger of the former legacy CCGs (NHS Shropshire CCG and NHS Telford and Wrekin CCG) a significant amount of work has been undertaken by the newly merged NHS Shropshire Telford and Wrekin CCG during 2021/22, to align the clinical and non-clinical policies to create one policy for the single CCG and also in preparation for the transition to NHS Shropshire Telford and Wrekin.

5.2 All policies have been assured through the CCG's governance processes with some approved by the CCG's Governing Body and the remainder approved by the relevant

committee. Oversight of the alignment process has been undertaken by the CCG's Audit Committee which has received multiple progress reports.

5.3 With the establishment of NHS Shropshire Telford and Wrekin on the 1 July 2022, there is a requirement for the Board to formally adopt the policies of the former NHS Shropshire Telford and Wrekin CCG to ensure a seamless transition and to ensure that it retains a policy framework in which to discharge its statutory duties.

5.4 Mrs Dymond asked the Board to note that further work is required to update each policy with non-material changes that include adding the new ICB branding/logo, changes to job titles to reflect the new ICB structure and contact details where applicable. This work has already been started and should be completed by the end of July following release of new branding and logos. Updating of the policies will be monitored through two policy trackers, one held by the Corporate Affairs Manager for all non-clinical policies and Medicines Management Team for the clinical policies. Assurance on progress will be presented to NHS Shropshire Telford and Wrekin Audit Committee.

The ICB Board is asked to:

- adopt the policies of NHS Shropshire Telford and Wrekin CCG as outlined in appendices 1 and 2.
- noting that further work was required to update them with non-material changes that included new ICB branding/logo once available, changes to job titles and contact details where applicable to reflect the structure of NHS Shropshire Telford and Wrekin.

RESOLVE: NHS Shropshire Telford and Wrekin Board Members NOTED the content of the report and APPROVED the recommendations as stated above.

Minute No.ICB-01.07.006 - Primary Care Delegation from NHSE/I

6.1 Mr Gareth Robinson presented the paper and highlighted that: this paper asked the Integrated Care Board to approve the signing of the delegation agreement in relation to the following NHS England services.

Primary Medical Services

- Primary medical services were delegated to CCGs. As the ICB is now a legal entity from 1st July 2022 and CCGs dissolved, ICBs automatically take on Primary Medical services.

- The ICB delegation agreement is a new agreement, now including the delegation of liabilities, signed by NHSE Regional Director.

- As with previous CCG arrangements, an MoU will cover the support arrangements (known as GMAST) until the agreed transfer in line with Pharmacy, Optometry and Dental services in April 2023.

- The delegation agreement for ICB signature was attached as Appendix A to the report and is signed by NHSE England.

- The paper will be kept under review and any proposed adjustments will come back to this Board in due course

6.2 The Board is asked to approve and accept the delegation agreement and approve signing of the delegation of primary medical services from 1st July 2022.

RESOLVE: NHS Shropshire Telford and Wrekin Board Members NOTED the content of the report and APPROVED the recommendations as stated above.

Minute No.ICB-01.07.007 - NHS Shropshire Telford, and Wrekin Constitution

7.1 Mrs Dymond presented the final version of the NHS Shropshire Telford and Wrekin's Constitution for information. The Constitution had been developed over the last 6 months and has now been formally approved by NHS England and the Board is asked to note its contents.

7.2 The Board was asked to note the final version of the Constitution of NHS Shropshire Telford and Wrekin.

RESOLVE: NHS Shropshire Telford and Wrekin Board Members NOTED the content of the report and APPROVED the recommendations as stated above.

Minute No.ICB-01.07.008 - Transition from CCG to ICB – Due Diligence Assurance Report

8.1 Mrs Nicola Dymond introduced the paper and explained that it presented a consolidated oversight of the due diligence process followed by NHS Shropshire Telford and Wrekin CCG in preparation for the CCG's dissolution and the creation of NHS Shropshire Telford and Wrekin on 1st July 2022.

8.2 The Audit Committee of NHS Shropshire Telford and Wrekin CCG, meeting with representatives from the shadow ICB Audit and Risk Committee on 20th May 2022, reviewed the evidence presented and were assured by the process undertaken.

8.3 This report is presented to the Board of NHS Shropshire Telford and Wrekin to provide assurance on the process followed for close down and transition of CCG functions, property, liabilities and assets to the ICB.

8.4 The report has been shared with the CCG Interim Accountable Officer to provide assurance to the Interim Designate ICB Chief Executive on 1st June 2022 as required by the due diligence guidance issued by NHSEI and has been presented to the CCG's Governing Body on 8th June. An updated section 5 of the report that outlines those risks that will be inherited by the ICB on 1st July that remain at an amber or red level will be presented at the September Board meeting.

8.5 NHS Shropshire Telford and Wrekin CCG Governing Body is asked to note the report

RESOLVE: NHS Shropshire Telford and Wrekin Board Members NOTED the content of the report and APPROVED the recommendations as stated above.

8.6 ACTIONS – ICB 01-07.008 - **Transition from CCG to ICB – Due Diligence Assurance Report**

Mrs Dymond confirmed that a progress report on the level of risks at amber and red rag rating, inherited by the ICB from the CCG would be presented at the Board meeting in September.

The Chair closed the meeting by paying tribute to the team who have been working incredibly hard over the last few months to develop the ICB's governance framework and to establish the ICB's readiness to operate evidence for approval by NHS England which has culminated in the ICB holding its inaugural meeting.

He gave particular thanks to Miss Alison Smith on behalf of the Board for her hard work and her endeavour over the last few months.

The Chair informed the Board that the next official Board is scheduled for 28 September, but there would be a Board development session on the 27 July with a short business meeting beforehand. Final details to be confirmed.

5.00pm – Meeting Closed

Date and Time of Next Meeting

Wednesday 27 July 2022 – 2pm, The Sovereign Suite, Shrewsbury Town Football Ground, Montgomery Waters Meadow, Oteley Rd, Shrewsbury SY2 6ST

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

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

NHS Shropshire Telford and Wrekin Integrated Care Board

Minutes of Extraordinary Meeting held in public on Friday 27th July 2022 at 2pm

Sovereign Suite, Shrewsbury Town Football Ground, Montgomery Waters Meadow, Oteley Rd, Shrewsbury

Present:	
Sir Neil McKay	Chair, NHS STW
Trevor McMillan	Deputy Chair and Non-Executive Director, NHS STW
Dr Niti Pall	Non-Executive Director, NHS STW
Roger Dunshea	Non-Executive Director, NHS STW
Meredith Vivian	Non-Executive Director, NHS STW
Alison Bussey	Chief Nursing Officer, NHS STW
Gareth Robinson	Executive Director of Delivery and Transformation, NHS STW
Claire Skidmore	Chief Finance Officer, NHS STW
Louise Barnett	Trust Partner Member and Chief Executive Shrewsbury and Telford Hospital NHS Trust
Patricia Davies	Trust Partner Member and Chief Executive Shropshire Community Health NHS Trust.
Stacey Keegan	Foundation Trust Partner Member and Interim Chief Executive Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Andy Begley	Local Authority Partner Member and Chief Executive, Shropshire Council
Dr Ian Chan	Primary Care Partner Member for Telford and Wrekin
Dr Julian Povey	Primary Care Partner Member for Shropshire

In Attendance:	
Nicola Dymond	Director of Strategy and Integration NHS STW
Nicky OConnor	ICS Programme Director
Harry Turner	Chair Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Dr Catriona McMahon	Chair Shrewsbury and Telford Hospital NHS Trust
Nuala O'Kane	Chair, Shropshire Community Health NHS Trust
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Alison Smith	Director of Corporate Affairs, NHS STW
Melissa Asbury	Business Manager to the Chief Executive, NHS STW
Jayne Knott	ICB Programme Support, NHS STW

Minute No. ICB-27.07.009 - Introduction and Apologies:

9.1 The Chair welcomed everyone to this the extraordinary meeting of the STW ICB and reminded Board members that this was a meeting held in public.

9.2 The following apologies were noted

Simon Whitehouse	Interim Chief Executive, NHS STW
Mr Nicholas White	Chief Medical Officer, NHS STW
Neil Carr	Foundation Trust Partner Member and Chief Executive, Midlands Partnership Foundation NHS Trust.
Cllr. Lezley Picton	Leader of Shropshire Council
Cllr. Shaun Davies	Leader of Telford and Wrekin Council
David Sidaway	Local Authority Partner Member and Chief Executive, Telford, and Wrekin Council.
Pauline Gibson	Non-Executive Director, Midlands Partnership Foundation NHS Trust
Mark Docherty	Director of Nursing and Clinical Commissioning, West Midlands Ambulance Service University NHS Foundation Trust
Barry Parnaby	Chair, Healthwatch Telford and Wrekin
Terry Gee	Chief Executive Officer, STAY Telford
Heather Osbourne	Chief Officer, Age UK Shropshire Telford, and Wrekin

9.3 The Chair gave a warm welcome to Board members and commented that this was the first time that we had met face to face for some time. Some members were unable to join in person, so this is being held as a hybrid meeting with some colleagues joining us via a Microsoft Teams link on the TV screen in the room. The chair welcomed colleagues Ms Nicky OConnor, Dr Niti Pall, Professor Trevor McMillan, and Mrs Nicola Dymond.

9.4 The Chair mentioned that letters had been circulated to all Board members and others formalising different categorisations of appointments - full voting members, partner members and observers. Responses have been received from third sector representatives who are concerned that their observer position will give them less opportunity to influence the discussions as they had previously done in the ICS and shadow ICB meeting arrangements. The Chair explained that the letters are formal because we are bound by statute in terms of the membership of the Board and who can contribute and who can vote. The Chair confirmed that in the spirit of the Shadow ICB he would draw people into discussions and encourage contributions to the meetings wherever possible which will likely blur the distinction between those that have and those that don't have a vote.

9.5 There have been no questions submitted by members of the public this month.

9.6 Minutes from the Inaugural meeting on 1 July are being prepared and will be published with the September Board papers.

9.7 The Inaugural meeting took place so there could be agreement to sign off various policies, constitutions and standing orders. These have been published on the website that any queries could be answered but no queries have been submitted.

9.8 The Chair encouraged any members of the public listening to the live stream to contact us with any queries or questions.

Minute No. ICB-27.07.010 – Members' Declarations of Interests

10.1 At the suggestion of the Chair at the Inaugural Board meeting, it was agreed that the Declarations of Interest registers would not form part of the papers for further meetings, but the agenda would instead include a weblink to the registers on the website for reference.

10.2 There were no conflicts raised for any agenda items and no new conflicts that needed to be brought to the Board's attention.

Minute No. ICB-27.07.011 – NHS Shropshire Telford and Wrekin - Integrated Care Partnership

11.1 Ms Nicky OConnor presented the paper and highlighted that the paper describes the importance of the Integrated Care Partnership within the ICS. It is a key part of every ICS and is a formally partnership agreement between the Local Authorities in any ICS area and the Integrated Care Board.

11.2 Its role is to bring together key stakeholders that are concerned with the wider determinants of health to produce an Integrated Care Strategy.

11.3 The Voluntary sector and Healthwatch are recognised as voting members of the Integrated Care Partnership membership.

11.4 National guidance is due out this week on the preparation of the Integrated Care Strategy. This will recognise that this is a transition year. The Integrated Care Strategy will need to be produced by December 2022.

11.5 There will be draft guidance out in the autumn on the important role of the Health and Wellbeing Boards and how they will link together with the Integrated Care Partnership. Guidance will also be produced in September on the role of the Integrated Care Board and its development of the five-year plan.

11.6 The Chair asked for comments from Board members.

11.7 Mr Andy Begley commented that it was important to recognise the developmental nature of the ICP terms of reference document and that this is likely to be incremental as we work through the guidance and implement our interpretation of this.

11.8 Dr Catriona McMahon commented that there was limited provider presence at the ICP albeit recognising it was developmental at this stage.

11.9 Ms Nicky OConnor explained the first meeting of the ICP would take place in the middle of September and will be hosted by Telford and Wrekin Council, any gaps in the membership would be evaluated, and potentially other members would be bought in from the second meeting onwards. The agenda for the first meeting will include a review of the terms of reference and taking the important parts of population health data that we have and looking at the two respective health and wellbeing boards strategies.

The Chair asked members of the Board to note the following recommendations:

- **Note the role and place of the Integrated Care Partnership (ICP) within the Integrated Care System (ICS)**
- **Note the statutory requirements for ICBs and ICPs to produce strategies and plans for health and social care**
- **Approve the appointment of Sir Neil McKay as founder member from the ICB for the ICP**
- **Note the Terms of Reference of the Shropshire Telford and Wrekin ICP**

RESOLVE: NHS Shropshire Telford and Wrekin Board Members NOTED the content of the report and APPROVED the recommendations as stated above.

Minute No. ICB-27.07.012 – NHS Oversight Framework: Significance for NHS Shropshire Telford and Wrekin, including exit criteria from SOF level 4 and assurance processes

Ms Nicky OConnor presented the paper and highlighted the following:

12.1 The NHS oversight framework has recently been updated from last year, it applies to Integrated Care Boards, NHS Trusts, and Foundation Trusts in 22/23. It is a single consistent NHS monitoring framework. It is a framework that describes flexibility of support arrangements depending on the challenges that Trusts, and Integrated Care Boards have.

12.2 The Shropshire Telford and Wrekin system is currently placed at the highest level of oversight which is oversight level 4 (SOF4) which is consistent with 21/22 position. Although this means there is a high level of oversight on the system, it also means that we are in the recovery support programme which brings considerable resources into the system from NHSEI to support key programmes of work.

12.3 The paper also states that Shrewsbury and Telford Hospital Trust are also at level 4 within the framework, and Robert Jones and Agnes Hunt Foundation Trust at level 3. Shropshire Community Trust are at level 2. Midlands Partnership Foundation Trust are also at level 2.

12.4 The exit criteria outlined in the paper were agreed in the last financial year, it had been agreed that further refinement of these is needed around the measures and metrics to assess progress. It is anticipated that this work will be completed in August.

12.5 A Memorandum of Understanding, setting out the principles which underpin how the ICB and NHSE will work together to discharge their duties to ensure that people across the system have access to high quality, equitable health, and care services is being developed.
The timetable for completion of this in final draft will be developed by mid-September, which can be circulated to Board members to have sight of.

12.6 Ms OConnor stated that this would be a mutually developed document that reflects ways of working that work for both partners.

12.7 The Chair commented that there would be another opportunity to think about this is more detail before and at the September Board meeting.

The Chair asked members of the Board to note the following recommendations:

- Note the requirements of the NHS Oversight Framework
- Note the agreed exit criteria
- Note the approach to the development of the MOU
- Once the MOU is complete, delegate sign off to the Chair and Chief Executive of the ICB

RESOLVE: NHS Shropshire Telford and Wrekin Board Members NOTED the content of the report and APPROVED the recommendations as stated above.

Minute No. ICB-27.07.013 – Appointment of External Audit Services

Mrs Claire Skidmore presented the paper and highlighted the following points:

13.1 STWCCG's External Audit Contract expired on the 30 June 2022. In compliance with the CCG's Standing Financial Instructions and the Public Contract Regulations 2015, the CCG were required to re-procure the service.

13.2 The re-procurement of services has now taken place, and it was approved through the mechanism in the CCG.

13.3 Auditor Panel for the ICB has been established. This panel reports directly to this Board to make the recommendation for appointment.

13.4 The panel is made up of the Audit Committee members. The Panel has now met and reviewed the terms of reference for the panel for adoption by the Board and have also made the recommendation to adopt the contract outlined in the paper.

The Chair asked members of the Board to note the following recommendations:

- Note the content of this report and the recommendations from the ICB auditor panel.
- Approve the outcome of the procurement and the award of the contract to Grant Thornton UK LLP
- Approve the use of the Terms of Reference for the Auditor panel for the ICB

RESOLVE: NHS Shropshire Telford and Wrekin Board Members NOTED the content of the report and APPROVED the recommendations as stated above.

The Chair closed the meeting by informing Board members that this was Ms Nicky OConnor's last Board meeting, and she will be leaving the system on 29 July.

The Chair wanted it noting on record his immense gratitude to Ms OConnor for all the work she has done during the past 18 months. He wished her well for the future and said she would be greatly missed.

2:30pm - Meeting Closed

Date and Time of Next Meeting
Wednesday 28th September 2022
2 – 5pm – venue to be confirmed

SIGNED ..... DATE .....

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

NHS Shropshire Telford and Wrekin

ACTIONS FROM THE INTEGRATED CARE BOARD MEETINGS HELD IN PUBLIC

	Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
1.	1 July 2022 ICB 01-07.004 NHS Shropshire Telford, and Wrekin Governance Handbook	Governance Handbook - Review terms of reference and membership at first committee meetings. Look to consolidate that information in committee terms of reference that require amendment for approval by the Board.	Nicola Dymond	28th September 2022	This is on the agenda for 28th September Recommend action closed
2.	1 July 2022 ICB 01-07.005 Transition from CCG to ICB – Adoption of NHS Shropshire Telford and Wrekin CCG Policies	Transition from CCG to ICB – Adoption of NHS Shropshire, Telford, and Wrekin CCG Policies – Updated report for Septembers board	Nicola Dymond	28th September 2022	This is on the agenda for 28th September Recommend action closed
3.	1 July 2022 ICB 01-07.008 Transition from CCG to ICB – Due Diligence Assurance Report	Transition from CCG to ICB – Due Diligence Assurance Report An update will be presented at Septembers Board	Nicola Dymond	28th September 2022	This is on the agenda for 28th September Recommend action closed

	Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
4.	29 June 2022 – Shadow ICB Meeting ICS 29-06.007 - Access and referrals for children into learning disability and autism services.	The Chair asked for the Quality and Performance Committee to give some thought to this suggestion when it meets as a precursor to bringing something back to this board at an appropriate time.	Meredith Vivian Alison Bussey	28th September 2022	This will be reported back into the ICB via the Chair of the QGC report in Oct 22.
5.	29 June 2022 – Shadow ICB meeting ICS 29-06.012 - ICS Performance Update inc. People and Finance.	• Mr Gareth Robinson to bring an update of UEC Improvement plan to a future ICB Meeting. • Mrs Garside to bring a quarterly place-based dashboard back to this Board going forward with high level metrics included. Mrs Claire Skidmore, Mrs Julie Garside, Mrs Tracy Hill, and Mr Gareth Robinson to work together on developing the performance reporting through to the Board based upon the assurance received from its committee structure.	Gareth Robinson Julie Garside Claire Skidmore	28th September 2022	This is on the agenda for 28th September
6.	29 June 2022 – Shadow ICB meeting ICS 29-06.013 - 22/23 NHS Operational Plan	The Chair asked for the correct paper about the Operational Plan to be issued as soon as practicable.	Gareth Robinson	29th June 2022	Completed following meeting held on 27th July 2022
7.	30 March 2022 – Shadow ICB meeting ICS 30-03.011	Mrs Garside to present a summary dashboard for the system containing 19 key metrics and CQC compliancy reports for each local authority is being finalised and it is expected that these will be reported to the ICS Board from April	Julie Garside	27th July 2022	Summary dashboards have not yet been signed off by both place partnerships in June. Will be presented to 27th July Board meeting.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	28-09.020
Meeting date:	28th September 2022
Paper title	ICB CEO Update Report
Paper presented by:	Simon Whitehouse
Paper approved by:	Simon Whitehouse
Paper prepared by:	Simon Whitehouse
Signature:	
Committee/Advisory Group paper previously presented:	Not applicable

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

Previous considerations:	Not applicable

1. Executive summary and points for discussion

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

The first part of the paper provides a generic update on activities at both a national and local level – CEO Business Update and this is set out in full in the main body of the report.

The second part then provides a detailed progress report on the ongoing development of the ICS and its services. This second section is broken down into six parts:

A. Integrated Care Strategy Development
B. MoU between the ICB and NHS England
C. HTP SOC approval
D. Elective Hub
E. Shrewsbury Health and Wellbeing Hub
F. National oversight framework including exit criteria
G. Delegation of Primary Care Services

A. Integrated Care Strategy Development

This section provides an update on the progress made on the establishment of statutory functions of the ICS, specifically the creation of the Integrated Care Partnership (ICP) and the development of the integration strategy for Shropshire, Telford and Wrekin.

B. **MoU between the ICB and NHS England**
This section provides an update as to the Memorandum of Understanding signed between Shropshire, Telford and Wrekin ICB and NHS England including a copy of the document in **Appendix A.**

C. **HTP SOC approval**

This section provides a progress report as to the Hospital Transformation Programme work and the next stages in the development process.

D. **Elective Hub**

This section provides an update to the Elective Hub Scheme, including details of the approval of the first phase of delivery.

E. **Shrewsbury Health and Wellbeing Hub**

This section as to the plans for the Health and Wellbeing Hub in Shrewsbury including stakeholder engagement and the planning process.

F. **National oversight framework including exit criteria**

This section details the ongoing work with NHS England with the system and providers including a review of provider ratings and the development of metrics for the exit criteria from NOF4.

G. **Delegation of Primary Care Services**

This section details the submission by Shropshire, Telford and Wrekin and the timescales for progression of this work.

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

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

3. Recommendation(s)

The Board is asked to-

- **Note the detail provided in part one of this report**

- Note the detail and progression of the Integrated Care Strategy Development and the establishment of the ICP
- Ratify the MoU agreed between the ICB and NHS England
- Note the approval for progression from SOC to OBC for the Hospital Transformation Programme
- Note the progression with the Elective Hub at the Princess Royal site
- Note the update on planning for the Shrewsbury Health and Wellbeing Hub
- Approve the Provider NOF ratings as agreed by the ICB Executive team and approve the draft metrics for the system exit criteria from SOF4
- Note the submission made by the system with regard to the transfer of delegation of Primary Care services and the agreed timescales for progression

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

5. Appendices

Appendix A – MoU between the ICB and NHS England

Appendix B – Metrics identified for NOF Exit Criteria

6. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	Section 3
Quality and Safety	Section 3
Equality, Diversity, and Inclusion	-
Finances and Use of Resources	Section 3
Regulation and Legal Requirements	Section 3
Conflicts of Interest	-
Data Protection	-
Transformation and Innovation	-
Environmental and Climate Change	-
Future Decisions and Policy Making	Section 3
Citizen and Stakeholder Engagement	

Request of Paper:	To note the recommendations identified	**Action approved at Board:**	

	To ratify the MoU agreed between the ICB and NHS England To approve the Provider NOF ratings as agreed by the ICB Executive team and approve the draft metrics for the system exit criteria from SOF4 .		
		If unable to approve, action required:	
Signature:		**Date:**	

ICB CHIEF EXECUTIVE OFFICER UPDATE REPORT

1. INTRODUCTION

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

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

The second part then provides a detailed progress report on the ongoing development of the ICS and its services. This second section is broken down into six parts:

A. Integrated Care Strategy Development
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E. Shrewsbury Health and Wellbeing Hub
F. National oversight framework including exit criteria
G. Delegation of Primary Care Services

2. CEO BUSINESS UPDATE

2.1 It is with great sadness that, at the point of writing this report, we are in a period of national mourning following the news of the death of Her Majesty Queen Elizabeth II. Her Majesty will be remembered for the lifetime of service she has given to this country and The Commonwealth, as our longest reigning Monarch. Her Majesty was a shining beacon of public service and inspired many of us through her love and support for the National Health Service and those who work in it. For over 70 years, our Queen has served this country with compassion, kindness, and honour. The service that Her Majesty gave will never be forgotten, and her legacy will live on. I would extend my sincere condolences to Her Majesty's family on behalf of us all in NHS STW.

As a result of this sad news, there have been several system meetings stood down including the planned Quarterly System Review meeting (QSRM) with regional NHS England colleagues. This will be reinstated as soon as possible, with the feedback from this meeting being provided at the November Board meeting.

2.2 There have been a number of visits and wider system conversations that have taken place since the last Board meeting-

- As part of the NHS Birthday celebrations on 5th July, I was pleased to be able to visit Bridgnorth Medical Practice to speak with Dude Newell, Practice Manager and her team to discuss current challenges and opportunities for General Practice and Primary Care Networks. As part of the same visit, it was also insightful to be able to be shown around the Bridgnorth Community Hospital by

Gemma McIver and Rachel Mole from Shropshire Community Healthcare NHS Trust. It was helpful to speak to several team members who were engaged and focused in delivering excellent quality care to their patients. Thank you to Dude, Gemma, Rachel and the extended teams for their generous hospitality and time.

- In response to an invite from NHS Provider and NHS Confederation I spoke at a webinar on the ICB's view of provider collaboration. This was a useful conversation with shared learning and an opportunity to explore how we can build on the positive work already undertaken.
- On Friday 15th July 2022 I spent a Friday late (midday to midnight) shift with a West Midlands Ambulance Service crew, across the Shropshire Telford and Wrekin area. Given our current challenges on ambulance handover delays, this provided a direct opportunity to observe the work of our paramedic crews and the urgent care pathway in full effect. There was a significant amount of learning from the observation shift, and this has been fed back into our work in this area. My thanks to Anthony Marsh (CEO WMAS) and Mark Docherty (DoN WMAS) for enabling this to happen. My main thanks go to Chris Lynch (Mentor) and Jonathon Nettleton (Paramedic) both based out of the Shrewsbury Hub for allowing me to spend 12 hours with them.
- Following the appointment of our Interim Chief People Officer, Tracy Hill, I spent an afternoon with the People Team discussing our workforce challenges and discussing future steps forward for supporting the teams that work within our system. Further details of these are contained in the People Services report later in the agenda.
- On the 26th August I visited Telford College and enjoyed meeting Carol Bagnall and her team. This was a great opportunity to speak to our Social and Healthcare Partnership Training Academy students. The cohort were genuinely excited to get started as HCSW's and had clearly gained great benefit from the course. There was discussion of new ideas which could be developed and reinforced the value that is shared across the STW system of an engaged workforce.
- Sir Neil McKay and I joined a group of local GPs in early September to discuss plans for the Shrewsbury Health and Wellbeing Hub and its development. The key to a strong Integrated Care System must be a healthy and proactive General Practice and the opportunity to gain valuable insight and knowledge was appreciated by myself and Neil. My thanks to the team for their time and ongoing support with the development opportunities within our system.

2.3 On behalf of NHS Shropshire Telford and Wrekin, I would like to extend my formal thanks to Nicky OConnor, Programme Director for Shropshire Telford and Wrekin Integrated Care System, for her work within the system following her departure from the organisation in August. Nicky was instrumental in supporting a smooth and organised transition, and her work supporting the establishment of the Integrated Care Board and Integrated Care Partnerships.

2.4 There were round table events to support joint working with ambulance handover delays held with WMAS, local MPs and all system partners on 1st June and 17th July. These meetings helped to underline the improvement trajectories that result from the UEC Improvement Programme in advance of winter, as well as the need for the long-term Hospital Transformation Programme to support the overall system. An additional clinical risk summit was also carried out on 17th August building on the proposed NHSE support resulting from being in Tier 2 of the UEC Support Programme. The work to improve this area of focus is ongoing with more detailed reports in the operational update later in the agenda.

2.5 It is positive that the launch of the High Potential Scheme across NHS STW has progressed, and the launch event is scheduled for the 23rd November. Ongoing recruitment to the second cohort is underway for candidates within Shropshire Telford and Wrekin alongside colleagues in Staffordshire and Stoke on Trent. The High Potential Scheme, delivered in partnership with SSOT ICS and the National Leadership Academy, is a 2-year development programme and a building block of development for Director, Executive, Senior Manager and Board roles. The programme is designed to increase the diversity of senior leaders and retain leaders with high potential to accelerate their careers into Executive Director roles.

2.6 The COVID-19 Autumn Booster programme has begun in Shropshire Telford and Wrekin. This booster is currently being offered to all those aged over 65 along with Frontline Health and Social Care workers, Care home residents and staff, everyone at increased risk of Covid and carers. It will also be offered to those aged 50-64 later in the autumn. The whole system is once again working together on this programme led by Shropshire Community Health Trust with our Primary Care colleagues (both GP Practices and Community Pharmacies) being at the forefront of delivery. Vaccination remains our best defence against Covid and we encourage all those eligible for a vaccination to book an appointment via the National Booking Service (https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/), calling 119 or responding to an invitation from your GP. All of the care homes in our system are being visited either by their GP Practice/PCN or by the system led roving team and are planned to be completed well ahead of the national target of 23rd October.

3. INTEGRATED CARE SYSTEM DEVELOPMENT

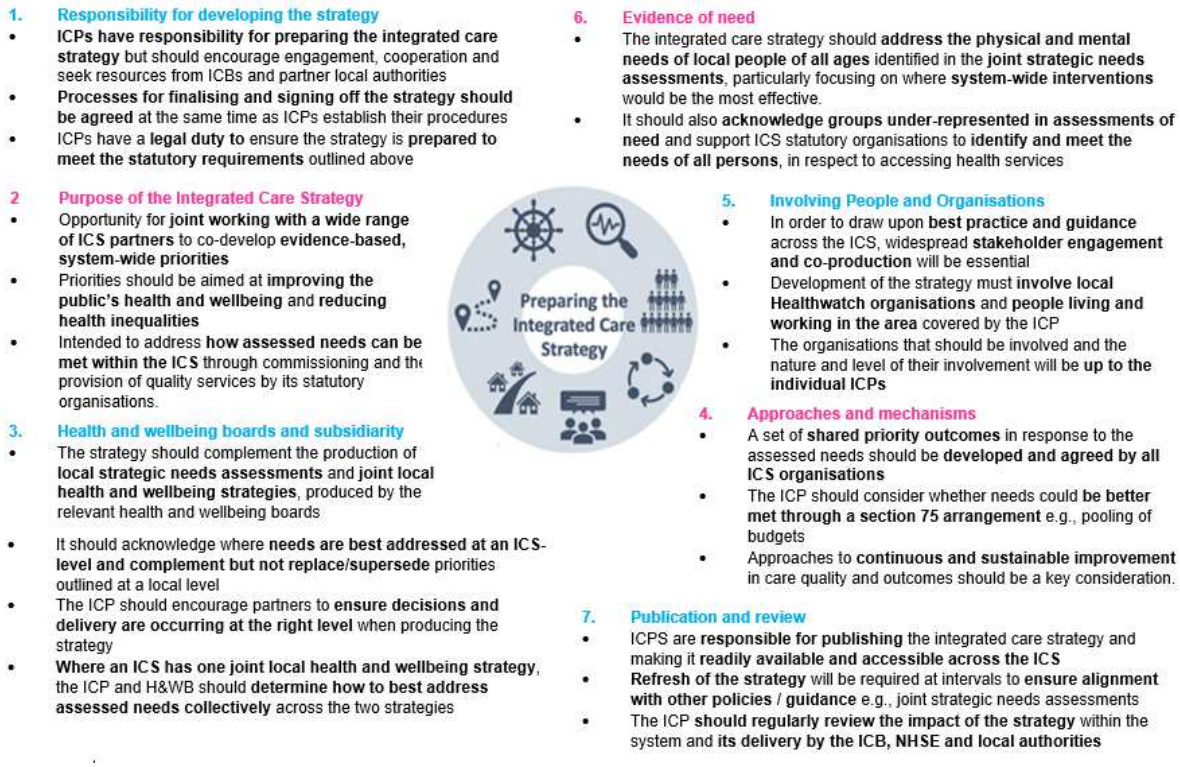
A. Integrated Care Strategy Development

The Integrated Care Partnership (ICP) establishment is a core requirement for the ICS and the journey towards better health and care outcomes for the people we collectively serve. For Shropshire Telford and Wrekin ICS then the ICP covers both the Local Authority geographies and, as a result, the two Health and Well Being Boards.

The ICP needs to consider how it involves stakeholders and partners across the system in the development of the integrated care strategy. The place level knowledge of HWBs will be essential in the ICP development. The ICP will generate an integrated care strategy to improve health and care outcomes and experiences for their populations, for which all partners will be accountable. Equally, statutory partners such as the Integrated Care Board and the Local Authorities will need to take into consideration the system wide integration strategy when developing their own plans.

Statutory requirements of the Integrated Care Partnership in relation to preparation of the integrated care strategy:

1. Must set out how the **'assessed needs' from the joint strategic needs assessments are to be met** by the functions of the ICB, NHSE or partner local authorities
2. Must consider whether needs could be **more effectively met with a section 75 arrangement**
3. May include a statement **on better integration of health or social care services** with "health-related" services
4. Must have **regard to the NHS mandate** (unless compelling or exceptional reasons not to do so)
5. Must involve **local Healthwatch organisations** whose areas coincide with or fall wholly/partly in the ICPs area; and **people who live and work in the area**
6. Must **publish the strategy and distribute copies to each partner local authority and each ICB** that is partner to one of those local authorities
7. Must consider **revising the ICS** whenever they receive a **new joint strategic needs assessment**

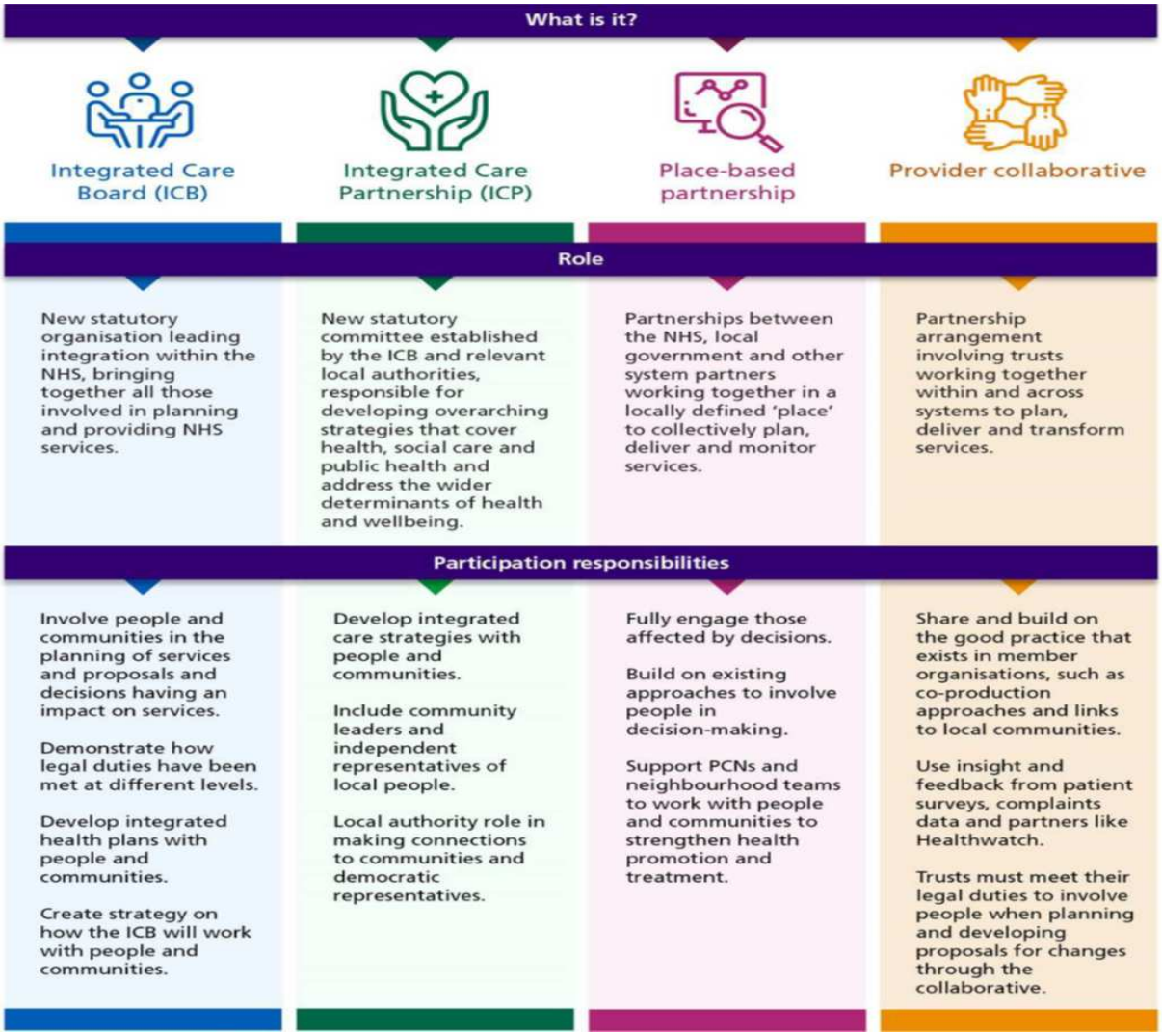


Discussions remain ongoing with local partners to progress the working arrangements for the first meetings for STW. However, the principles of working are agreed and in line with the legislative requirements. The ICP will be chaired by our local authority leaders – the chair arrangements rotating between the two.

The agreement to start the ICP as a small meeting including statutory partners, Healthwatch and the VCSE sector as members was confirmed at the July meeting of the Integrated Care Board. This was based on the requirements of the 2022 Health and Care Act, the needs of the residents of Shropshire Telford and Wrekin, the current challenges in the system and the fact that this is a new part of the system architecture. In order to evolve and learn from the initial meetings and to allow for any amendments, the operation of the ICP will be reviewed after 6 months.

The statutory guidance "Working in Partnership with People and Communities" states that ICPs, place-based partnerships and provider collaboratives have specific responsibilities towards participation, summarised below. As described, there are statutory requirements for strategy, alongside minimum requirements for how people and communities should be involved. The ICP will work in partnership with the two Health and Wellbeing Boards and both Place Based Partnerships (ShIPP and TWIPP)

whilst complementing their work. There will need to be effective collaborative working to maximise the value and effectiveness of the groups, and to ensure that there are clear mechanisms to enable clarity of decision making.



The Department of Health and Social Care published the statutory guidance on the integrated care strategy in July 2022 with the expectation that by the end of September the ICPs will be able to build on their membership and agenda so that by December 2022 each ICP will be able to publish an interim Integrated Care Strategy.

ICPs will play a crucial role within the system to bring together partners and look beyond traditional organisational boundaries to address population health, health inequalities and the wider determinants of health. ICPs will also need to set out how they will involve, engage, and listen to local people. This is the most important aspect of the ICS in terms of the difference that this can make for local people.

B. MoU between the ICB and NHS England

The development of the Memorandum of Understanding (MoU) between NHS STW ICB and NHSE is a key step in supporting the development of the Integrated Care

System in Shropshire Telford and Wrekin. It sets out the principles that underpin how the ICB and NHSE will work together to discharge their duties to ensure that people across the system have access to high quality, equitable health, and care services. The MoU also outlines detailed delivery and governance arrangements across the ICB and partner organisations.

The MoU was signed and agreed between the NHS STW ICB and NHSE and is effective from 1st September with a 3-month review built into the agreement. It supports the key work being undertaken by the system regarding Health Inequalities and partnership working. In addition, it confirms the ICB obligations regarding escalation and assurance processes, and further supports the 10 pledges made by NHS STW. The MoU is attached to this report as **Appendix A.**

C. HTP SOC approval

Colleagues will be sighted on the fact that the Strategic Outline Case (SOC) for the Hospitals Transformation Programme was reviewed by the national DHSC / NHSE Joint Investment Committee on Friday, 29th July and has been approved for transition to the next stage of development. The SOC was the first stage of the business case process and provided an overview of the vision for the programme and the plans for the hospital redevelopment. Now that the SOC has been approved at national level, the programme can move to the Outline Business Case (OBC) stage and then through to the Full Business Case stage (FBC). This will involve a more in-depth review of the options developed for the SOC.

The priorities for the Hospital Transformation Programme included wider ambition associated with public consultation, new national standards, addressing estates risks, and delivering within allocated capital funding. The reframed Strategic Outline Case (SOC) reiterated the HTP case for change and objectives and included an option that aligned with the allocated quantum of funding and an overview of the enhanced urgent care services (the 'A&E Local model') that will be provided at the Princess Royal (PRH). This model includes 24/7 access via walk-ins, direct bookings (111), GPs and ambulances. It is positive for our system that this has been able to progress to the next stage, and it is testament to hard work across the system that we have been able to deliver this critical milestone in the development of the Integrated Care System.

D Elective Hub

I am delighted to share the news that the Elective Hub Scheme (Phase 1) at PRH has been approved. This £10 million funding will allow delivery of the first phase, which will deliver an eight-bedded recovery area plus consulting room, alongside two ring-fenced elective surgery theatres in order to support the elective recovery programme. The first phase is expected to be operational in June 2023 and progression of the second phase to deliver two additional theatres, with 15 further day beds and additional consulting rooms is progressing with further updates expected by early 2023.

E Shrewsbury Health and Wellbeing Hub

The Shrewsbury Hub is one of 6 national pilot sites for NHS Cavell Programme which are integrated health and wellbeing buildings, offering a range of joined-up health and social care services, closer to home designed around a core primary care offering. There are 6 practices wishing to relocate to the hub. They will co-locate

and retain their own identity, have separate reception and waiting rooms and clearly defined areas that their practice works from to maintain their community focus. This is not a merger of practices.

The 6 general practices face significant premises challenges which mean they are not sustainable and fit for purpose. The Cavell programme represents a significant investment to modernise primary care premises in the South of Shrewsbury which there is currently no other stream of funding for.

The focus of the proposed Hub is on health prevention and bringing together a range of health, social care, community, and voluntary services, to shape the development around the health and wellbeing needs of the local population. Feedback received from patients and a range of stakeholders will inform the services that will be included such as social prescribing. In this way it will be a centre built around the needs of the local community and would help us to address the many issues that General Practice is facing, both locally and nationally.

These plans for a Shrewsbury Health and Wellbeing Hub are still in the early stages of development and we are engaging with patients, practices, voluntary and statutory organisations, and a range of local stakeholders through each stage of our planning. In our initial engagement phase, we held a listening exercise to better understand people's experiences of general practice. The findings from this formed the basis of our next stage of engagement which involved face-to-face and online focus groups to discuss why change is needed and which services could be beneficial to the local community.

Through our engagement so far it is clear that there is concern for local people and politicians regarding the location of the development. The next step, which is where we currently are in the process, is to determine the set of options for the proposed hub locations. Patients, members of the public, general practice staff and local stakeholders will have the opportunity to assess and influence these options, and once this process is complete, we will launch a full public consultation.

The Shrewsbury Health and Wellbeing Hub would bring significant investment for local healthcare and would allow us to retain and recruit our dedicated workforce. Funding like this does not become available often and cannot be used to extend or enhance current GP buildings. This could be part of the way in which we pragmatically address some of the problems we are facing in general practice, and we look forward to sharing more details as our work develops.

F National oversight framework including exit criteria

As requested by NHS England, the ICB Director team has worked in partnership with our providers to set out and complete the process in order to review the National Oversight Framework across our providers.

In terms of context and process, we adopted the following approach:

- Strong and robust CEO discussion regarding the process and provider CEOs asked to undertake a self-assessment process with their executive teams.

- Provider CEO's to then report this self-assessment through their own Board governance routes for sign off prior to submission to the ICB
- A written submission from each of our providers, made to the ICB CEO, set out the process undertaken internally, supporting evidence to underpin the self-assessment outcome and then their proposed self-assessment rating
- The provider CEOs have also agreed to full transparency and have fully shared their own submissions with each other and with our LA CEO colleagues
- A separate arrangement with SaTH was already in place given that the process of agreeing their undertakings with NHS England. This has taken place directly and has subsequently signed off their undertaking via their own processes and in full partnership with the ICB
- ICB Executive Director internal review then took place led by the Chief Medical Officer and the Chief Nursing Officer. This approach would cover SaTH, Shropshire Community Trust and RJAH. It was agreed that MPFT would undertake their reporting through to the Staffs ICB. MPFT have shared their proposed outcome and have talked through the process and the evidence base used.
- Feedback from provider CEOs has been overwhelmingly positive about the approach adopted, the conversations that it enabled them to have internally and the high trust approach that we have adopted collectively.

Based on the submissions and our internal review, the following ***ratings are proposed***:

- SaTH – **remain** at **NoF 4** with the undertakings agreed directly with NHSE
- Shropshire Community Trust – **remain** at **NoF 2**
- RJAH – change their rating and **improve from NoF 3 to NoF 2**. This is based on the improvements that they have put in place re IPC, their full compliance and delivery of the agreed action plan, and their ongoing improvement work. There is clear evidence of Chair, CEO and Board ownership of the improvement agenda and full transparency of actions. Alison Bussey as CNO of the ICB has worked closely with their Director of Nursing and has been involved in all the improvement meetings. She is very satisfied with the approach being taken and the improvements that have already been delivered. She is in full support of this improved rating. Please note that whilst we have made the submission to NHSE re this proposed change in rating, there is a process and timeline in place with NHSE that is due to complete in October. Once this process has completed then NHSE will review

As a system, NHS STW remains at NoF 4 and continues to be part of the Recovery Support Programme. As part of the recent discussions relating to NoF4 there have now been a set of metrics drafted that will be used to support our exit from NoF4. These metrics have been agreed with NHS England and are attached as **Appendix B** to this report. These metrics are designed to help the system demonstrate improvement against the key drivers that have placed the system in NoF 4 with responsible directors of the ICB identified as SROs against the five RSP exit criteria.

G. Delegation of Primary Care Services

In May 2022, NHS England set out its intention to delegate responsibility to all ICBs for all pharmaceutical services, general ophthalmic services, and dental services (primary, secondary and community) (known collectively as 'POD services') in April 2023. As part of the preparatory work for this, a national pre-delegation assessment framework (PDAF) was developed to support ICBs to prepare to take on POD

services from April 2023. The POD PDAF for the 2023 delegations is based on the Framework that was used to assess ICSs that wished to take on these functions in 2022. The Framework is structured around four domains with underpinning criteria that set out the minimum standards which should be met by ICBs prior to delegation in April 2023. Alongside the PDAF, ICBs will also work through a Safe Delegation Checklist which sets out key actions to be completed to support a safe and smooth transition to new delivery arrangements.

The Regional NHSE PODS management team have led a collaborative approach across the region with all ICBS to developing a road map to deliver the necessary systems and process around the four domains of

- Transformation and Quality
- Governance and Leadership
- Finance
- Workforce and Capability

There is senior level involvement from NHS STW into the workstreams for the domains including the Chief Executive Officer co-chairing the governance workstream.

NHS STW has submitted the completed PDAF to the regional team on 15th September via the agreed process of Chief Executive Sign off with an indication of current RAG ratings relating to these domains and the necessary actions to move these ratings to a predicting position of GREEN ahead of delegation in April 23.

Regional teams will now moderate and approve each ICB's submission and assessment of risk before the completed proforma is submitted nationally. These submissions will be reviewed by a National Moderation Panel in October 2022 which will provide a recommendation to the NHS England Board for formal approval on 1 December 2022.

4. CONCLUSION

The Board is asked to-

- **Note the detail provided in part one of this report**
- **Note the detail and progression of the Integrated Care Strategy Development and the establishment of the ICP**
- **Ratify the MoU agreed between the ICB and NHS England**
- **Note the approval for progression from SOC to OBC for the Hospital Transformation Programme**
- **Note the progression with the Elective Hub at the Princess Royal site**
- **Note the update on planning for the Shrewsbury Health and Wellbeing Hub**
- **Approve the Provider NOF ratings as agreed by the ICB Executive team and approve the draft metrics for the system exit criteria from SOF4**
- **Note the submission made by the system with regard to the transfer of delegation of Primary Care services and the agreed timescales for progression**

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

INTEGRATED CARE BOARD

Agenda item no.	28-09.021
Meeting date:	28th September
Paper title	Clinical Negligence Scheme for Trusts (CNST) and ICB sign off
Paper presented by:	Vanessa Whatley, Deputy Chief Nurse
Paper approved by:	Alison Bussey, Chief Nurse
Paper prepared by:	Sharon Fletcher, Senior Quality Lead and Patient Safety Specialist
Signature:	
Committee/Advisory Group paper previously presented:	Local Maternity and Neonatal System (LMNS) Board 23rd September 2022
Action Required (please select):	

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

Previous considerations:	

1. Executive summary and points for discussion

SaTH is a member of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS), which is regulated by NHS Resolution (NHSR) and is designed to support the delivery of safer maternity care. The scheme incentivises ten maternity safety actions. Trusts that can demonstrate they have achieved all ten safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.

The purpose of this paper is to provide the Local Maternity and Neonatal System and Integrated Care Board with:

Assurance that SaTH is compliant with the standards it is obligated to have attained by now. Details of the standards that must be evidenced between now and the reporting deadline of 5 January 2023.

Which of the ICB Pledges does this report align with?

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

Enhanced engagement and accountability	x
Creating system sustainability	x
Workforce	x

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board meeting is asked to:

Review and accept the contents of the report
Commit to confirmation of an Accountable Officer
Be aware that there are specific submission and oversight timescales as outlined in the paper

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

4. Appendices

Appendix A – SaTH submission

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	
Quality and Safety	
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	

Action Request of Paper:	To approve the Chief Medical Officer as the Accountable Officer to ensure System sign off of Clinical Negligence Scheme for Trusts (CNST) 10 Maternity Safety Actions
Action approved at Board:	
If unable to approve, action required:	

Signature:		Date:	

Meeting:	Integrated Care Board meeting
Meeting date:	28th September 2022
Agenda item no.	
Paper title	Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) Year 4 Progress Update – as at August 2022

1. Background

NHS Resolution operates year four of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care. The maternity incentive scheme applies to all acute Trusts that deliver maternity services and are members of the CNST. As in previous years, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund. As in year three, the scheme incentivises ten maternity safety actions.

Trusts that can demonstrate they have achieved all the ten safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds. Trusts that do not meet the ten-out-of-ten threshold will not recover their contribution to the CNST maternity incentive fund but may be eligible for a small discretionary payment from the scheme to help them to make progress against actions they have not achieved. Such a payment would be at a much lower level than the 10% contribution to the incentive fund.

Maternity incentive scheme year four conditions

To be eligible for payment under the scheme, Trusts must submit their completed Board declaration form to NHS Resolution (MIS@resolution.nhs.uk) and must comply with the following conditions:

- Trusts must achieve all ten maternity safety actions.
- The Board declaration form must be signed three times and dated by the Trust's Chief Executive Officer (CEO) to confirm that:

  - The Trust Board are satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required safety actions' sub-requirements as set out in the safety actions and technical guidance document included in this document. - The content of the Board declaration form has been discussed with the commissioner(s) of the Trust's maternity services.

  - There are no reports covering either this year (2021/22) or 2022/23 that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration (e.g. Care Quality Commission (CQC) inspection report, Healthcare Safety Investigation Branch (HSIB) investigation reports etc.).

- The Board are asked to approve the ICB CMO is authorised to sign the Board declaration form prior to submission to NHS Resolution. Trust Board declaration form

must be signed by the Trust's CEO. If the form is signed by another Trust member this will not be considered.

- Trust submissions will be subject to a range of external validation points, these include cross checking with: MBRRACE-UK data (safety action 1 standard a, b and c), NHS England & Improvement regarding submission to the Maternity 5 Services Data Set (safety action 2, standard 2 and 3), and against the National Neonatal Research Database (NNRD) and HSIB for the number of qualifying incidents reportable (safety action 10, standard a)). Trust submissions will also be sense checked with the CQC, and for any CQC visits undertaken within the time period, the CQC will cross-reference to the maternity incentive scheme via the key lines of enquiry.
- The regional chief midwives will provide support and oversight to Trusts when receiving Trusts' update at Local Maternity System (LMS) and regional meetings, focusing on themes highlighted when Trusts have incorrectly declared MIS compliance in previous years of MIS.
- NHS Resolution will continue to investigate any concerns raised about a Trust's performance either during or after the confirmation of the maternity incentive scheme results. Trusts will be asked to consider their previous MIS submission and reconfirm if they deem themselves to be compliant. If a Trust re-confirm compliance with all of the ten safety actions then the evidence submitted to Trust Board will be requested by NHS Resolution for review. If the Trust is found to be non-compliant (self-declared non-compliant or declared non-compliant by NHS Resolution), it will be required to repay any funding received and asked to review previous years' MIS submissions.
- NHS Resolution will publish the outcomes of the maternity incentive scheme verification process, Trust by Trust, for each year of the scheme (updated on the NHS Resolution Website).

<u>Assessment of Progress for 2022/23 MIS submission</u>

- Most of the Safety Actions should be fully evidenced before **December 2022.**
- Therefore, it is feasible to provide the evidence presentation to the Trust Board Seminar scheduled for **1 December 2022**, with a formal report of the outcome to be presented to the Board of Directors' Meeting on **8 December 2022**. **The ICB accountable officer should be nominated beforehand and should be present at both events.**
- However, some of the safety actions which focus on external reporting (SA 1 and SA 10) must be evidenced up to **5 December 2022**, and others must be evidenced as at **5 January 2023** (SA 2, SA 7 and SA 8), though in practice these can be satisfactorily evidenced up to a week before.
- Therefore, the Trust Board of Directors will require a brief, final assurance update as close as practicable to 5 January 2023. It is proposed that SaTH's QSAC meeting scheduled for **28 December 2022** can be used for this. Declaration can be made from the following day (**29 December**) up until the deadline of noon on Thursday 5 January 2029.

<u>Summary of submission status</u>

Safety Action #	Completion Status
1	On Track
2	At Risk
3	On Track
4	On Track
5	Complete
6	At Risk
7	Complete
8	On Track
9	Complete
10	On Track

2. Conclusions

The Trust are confident that all 10 safety actions will be achieved and will form a complete submission in line with the Maternity Incentive Scheme guidance.
A suitable date between 29 December 2022 and 4 January 2023 for the CEO and ICB accountable officer to meet and sign the declaration needs to be identified and agreed to.

3. Recommendations

Date	Event	Action required
1 December 2022	Board Seminar	• DoM and CD to deliver a presentation detailing level of CNST compliance with supporting evidence.
8 December 2022	Board of Directors' Meeting in Public	• Board of Directors to receive summary of discussion from the Development Session • Board of Directors to grant authority for CEO to sign the declaration (ICB Accountable Officer must also be duly authorised) • Board of Directors to authorise QSAC to validate any remaining evidence between this date and 5 January 2023.
28 December 2022	QSAC Meeting	• QSAC to receive assurance that any remaining evidence requirements have been satisfied.
Suitable date between 29 December 2022 and 4 January 2023	CEO and ICB Accountable Officer meet to sign self-declaration	• Women and Children's Deputy Director of Ops to prepare the document in advance • Any final administration, assurance and confirmation provided to CEO and ICB Accountable Officer • Sign the self-declaration, submit to NHSR and archive a copy.

Integrated Care Board

Agenda item no.	28-09.022
Meeting date:	28th September 2022
Paper title	West Midlands ICB CEO Collaboration
Paper presented by:	Simon Whitehouse
Paper approved by:	Simon Whitehouse
Paper prepared by:	Simon Whitehouse
Signature:	
Committee/Advisory Group paper previously presented:	Not applicable

Action Required (please select):											
A=Approval	x	R=Ratification		S=Assurance		D=Discussion		I=Information	x		
Previous considerations:	Not applicable										

1. Executive summary and points for discussion

1.1 This paper sets out the proposals for the initial joint committee arrangements between the six West Midlands ICBs.

1.2 There are a number of areas where it will either be beneficial, or necessary, for the six ICBs to collaborate and make joint decisions. It is the intention for this committee to provide this mechanism.

1.3 This proposal is to enable the six ICBs to put in place an initial arrangement with immediate effect, at the inception of the ICBs but it is anticipated that these arrangements will develop and be reviewed and revised by the ICBs together over time as circumstances and opportunities evolve.

1.4 The proposed Terms of Reference for the Committee is included as Appendix A.

1.5 The proposed initial commissioning framework against which the committee will operate, and delegated activities will be conducted, is enclosed as Appendix B.

2. Key Principles for joint working:

2.1 The ICBs start from a shared principle of subsidiarity – so that joint arrangements will only be put in place where there is a clear demonstration of the added value that is being derived from the joint arrangement.

2.2 Consequently, the ICBs will expect to undertake a SWOT analysis comparing the pros and cons of undertaking functions on a West Midlands basis vs retaining those functions within their respective ICBs as a prerequisite.

2.3 The joint arrangements will be expected to support the delivery of the NHS constitution, the triple aim, as well as the four purposes of the ICBs, namely:

2.3.1 improving health outcomes.
2.3.2 improving health inequalities.
2.3.3 improving clinical effectiveness and/or value for money.
2.3.4 supporting the wider economic impact of the ICBs.

2.4 Any joint functions overseen by the joint committee will be organised in such a way that it both:

2.4.1 enables the delivery of expert capabilities at scale which would otherwise not be possible for the ICBs individually to undertake individually.
2.4.2 operates efficiently and effectively.
2.4.3 uses the best possible available (clinically led) intelligence to inform decision-making.
2.4.4 Is mindful of the ICBs public accountabilities and public opinion.
2.4.5 has clear governance and lines of accountability back to the ICBs (and to NHSEI for delegated functions).

3. Potential areas of joint working:

3.1.1 The ICBs will be expected to take on the delegation of all primary care from NHSEI from April 2023. So there needs to be a mechanism for join decision-making on both any areas of these services where the ICBs may decide to commission jointly, but also particularly in the coordination and oversight of any joint functions that are needed to discharge the ICBs' responsibilities in these areas. The delegation agreement between NHSEI and the ICBs specifically states that: '*The ICB must give due consideration to whether any of the Delegated Functions should be exercised collaboratively with other NHS bodies…'* and that '*The ICB must develop an operational scheme of delegation defining those individuals or groups of individuals, including committees, who may discharge aspects of the Delegated Functions.'*

3.2 The ICBs will also be expected to take on the delegation of some specialised services (likely from April 2023). So similarly, there needs to be a mechanism in place both for the joint commissioning, and in the joint oversight, of shared support functions to enable the commissioning of these services.

3.3 The ICBs therefore need a shared mechanism in place in order to coordinate the joint preparation for these delegation arrangements.

3.4 The ICBs' are inheriting from their predecessor CCGs existing joint commissioning arrangements for 111/999 services which can therefore be incorporated into this new arrangement.

3.5 There are pre-existing cross-ICS collaborative arrangements in place which would most likely benefit from being repositioned to be aligned to this new joint ICB collaboration. So that there are clear lines of responsibility and accountability for

such arrangements and to provide a clear mechanism for them to be reviewed (eg: joint clinical networks and alliances).

3.6 The ICB CEOs have begun to identify in joint discussions some areas which may benefit from shared collaborative efforts in the future and so a joint committee arrangement has the potential to provide any joint future oversight of such work. The areas that have been identified (in addition to primary care and specialised services delegation) are as follows:

- 3.6.1 Liaison with the West Midlands Combined Authority.
- 3.6.2 Review of future CSU arrangements / contract renewal / efficiency opportunities.
- 3.6.3 Shared arrangements for building intelligence capabilities and analysis – maximising the benefits of the existing Decision Support Network, working with East Midlands ICBs
- 3.6.4 Mutual aid on elective and cancer recovery and waiting lists, collaboration between systems.
- 3.6.5 Urgent and Emergency Care: looking at the interface with 111/999 arrangements, ambulance handover delays and the strategy on where people go/ conveyancing/ capacity distribution.
- 3.6.6 Provider productivity and provider collaboration arrangements – sharing intelligence, capabilities, and oversight.
- 3.6.7 Workforce strategy: engagement on the HEE changes and new ways of working, standardising approaches across ICBs where appropriate.
- 3.6.8 Overall oversight of creating a new relationship with NHSEI on performance functions, transfer of functions, NHSEI/ICS collaboration.

3.7 There may also be opportunities in the future to receive NHSEI support / capacity / or bid proposals; or to work in partnership with other agencies (such as the West Midlands Combined Authority); which would require the ICBs to have collaborative arrangements in place (and which otherwise either would not be possible or available at an individual ICB level). This joint committee can therefore provide the mechanism for coordinating any such joint arrangements where this is mutually beneficial to the ICBs.

3.8 Most of these activities are areas which are either work-in-progress or which require further work to be done to clarify both existing and potential best-fit future arrangements. A joint committee will provide the mechanism to enable the ICBs to both oversee, set objectives for, and review this work together.

4. Terms of reference

4.1 Appendix A sets out the proposed initial terms of reference for the joint committee.

4.2 The Joint Committee is a joint committee of the six ICBs (not of the six ICSs) and is therefore equally accountable to the six ICB Boards. As such the committee will report all decisions, actions and progress to the six ICBs.

4.3 The TOR of the joint committee is intended to be delegation-light at this stage, setting a direction of intent that can be built upon over time and as the new delegation requirements from NHSEI develop. Therefore, it should be noted that

the TOR will need to be updated and reviewed on a regular basis initially – particularly once NHSEI have confirmed precisely how they expected the delegation of their services to be conducted and which services might be delegated.

4.4 The committee is intended to be an executive committee. However joint meetings will be held with ICB chairs when appropriate (potentially 3 times per year) to review strategic priorities and overall development of the ICB collaboration agenda.

4.5 Further consideration will also need to be given as to how this joint committee engages with and/or incorporates involvement of NHSEI (from a commissioning and development capacity) and other partners.

5. Commissioning Framework

5.1 There are a number of ways in which the activities that are overseen by the joint committee can be conducted. Appendix B sets out the possible options and how governance and accountability arrangements would work in each instance.

5.2 It is proposed that whilst the ICB will determine the activities and functions that are delegated to the joint committee; it should be for the joint committee to determine the most appropriate arrangements for each activities/function.

5.3 It is also important to be clear that, by virtue of this being a joint committee, all of the ICBs will need to agree the same delegation of functions and services

6. ICB Decisions

6.1 The ICB is asked to **approve** the TOR and **to confirm** the expectation that the TOR will be reviewed as delegation arrangements progress through into 2023/24.

6.2 The ICB is asked to note the commissioning framework and to confirm (as part of the TOR for the committee) that it is for the committee to determine the most appropriate arrangements for each activity and/or function.

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

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

3. Recommendation(s)

The Board is asked:

- to **approve** the TOR and **to confirm** the expectation that the TOR will be reviewed as delegation arrangements progress through into 2023/24.
- to **note** the commissioning framework and to confirm (as part of the TOR for the committee) that it is for the committee to determine the most appropriate arrangements for each activity and/or function.

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

5. Appendices

Appendix A – West Midlands ICBs Joint Committee – Terms of Reference

Appendix B – Joint Commissioning Framework

6. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	Section 1
Quality and Safety	
Equality, Diversity, and Inclusion	-
Finances and Use of Resources	Section 1
Regulation and Legal Requirements	Section 1
Conflicts of Interest	
Data Protection	-
Transformation and Innovation	-
Environmental and Climate Change	-
Future Decisions and Policy Making	Section 1
Citizen and Stakeholder Engagement	

Request of Paper:	to **approve** the TOR and **to confirm** the expectation that the TOR will be reviewed as delegation arrangements progress through into 2023/24.	**Action approved at Board:**	

	to **note** the commissioning framework and to confirm (as part of the TOR for the committee) that it is for the committee to determine the most appropriate arrangements for each activity and/or function.		
		If unable to approve, action required:	
Signature:		**Date:**	

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

INTEGRATED CARE BOARD

Agenda item no.	ICB 28-09.024
Meeting date:	28TH September 2022
Paper title	People Services and Function
Paper presented by:	Tracy Hill Interim Chief People Officer
Paper approved by:	
Paper prepared by:	Tracy Hill Interim Chief People Officer
Signature:	Tracy Hill
Committee/Advisory Group paper previously presented:	N/A
Action Required (please select):	

A=Approval		R=Ratification		S=Assurance		D=Discussion		I=Information	X
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Previous considerations:	N/A

1. Executive summary and points for discussion

This paper provides an updated position relating to:

1. The Chief People Officer role
2. Integrated People Services
3. NHS STW People Team
4. Progress with NHS STW People Plan, ICB People Function requirements, System Transformation and Workforce Big Ticket programme

The Board is asked to discuss the matters raised within the Paper and support and/or direct further actions as deemed appropriate.

Which of the ICB Pledges does this report align with?

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

Enhanced engagement and accountability	
Creating system sustainability	
Workforce	X

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin ICB Board is asked to:

2.1 Note the content of the paper

2.2 Support and direct further actions as appropriate

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

No

4. Appendices

N/A

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	
Quality and Safety	
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	

Action Request of Paper:	To note and direct actions accordingly		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Meeting:	Integrated Care Board
Meeting date:	28th September 2022
Agenda item no.	ICB 28-09.024
Paper title	People Services and Function

1. Background

This paper is presented as an update on all matters relating to People Services across NHS STW. On the 1st of July 2022 the ICS was formed as a partnership of NHS and local government organisations with independent and voluntary sector groups. The overall aim of the ICS is,

"Together *as one, we want to transform the health and care across Shropshire, Telford & Wrekin*".

This need for transformation is set against the backdrop of rapid and widespread change and transition across health and care services, and in the working lives of our people more generally. To support the level of change needed in the way we deliver health services, the NHS People Profession must respond to the changing nature of work, including people's expectations from their employment. Key changing trends based on academic research and international trends include:

- **Demographics within the workforce are changing** – Working lives are lengthening. By 2030 the number of economically active people aged 65 and over is projected to increase by one third. The UK is now seeing the emergence of a four-generational workforce.
- **There is more competition for workforce** – The UK faces a labour shortage, linked to the aging population which results in more people leaving the jobs market than entering it. Alongside this demand for our services is growing.
- **People's expectations of work are changing** – What people value in a job is changing. People increasingly want "good work" (a term used in the Taylor review referring to meaningful work where people have autonomy, feel their work contributes and feel listened to). They also want to be able to balance their work more easily with other areas of their lives.
- **There is an increase in non-linear careers, rather than, "careers for life" –** With people working later in life, this leads to having more stages in their career, requiring employers to make it easier to move in and out of roles and to create more opportunities for non-linear progression.
- **Technological change is likely to reshape job and skills demands –** advances in technology are likely to take over routine and repetitive tasks allowing workers to reallocate their time to higher productivity task that machines cannot do. This means many roles will be configured rather than eliminated and most occupations will need to reshape job roles.
- **A continuous and agile approach to development and training is needed to keep pace with innovation and changing expectations –** This may include the need for a more flexible training offer (such as modular training, apprenticeships or, "earn whilst you learn" approaches), as well as increasing training in new areas such as digital.
- **More is expected of employers on issues of inequalities and social justice –** Public sector organisations will be expected to lead the way in tackling injustice and inequalities and demonstrably provide equal opportunities for all.

By changing the way, we work, the NHS and our care partners have a chance to genuinely improve the lives of our local populations. Those trends outlined above, must affect the way our People Profession leads and acts. Managers across the sector, at every level will need to play their part too, to respond to these changes and use them as an opportunity to transform the experience that our people have at work.

2. The Chief People Officer role

This role has not previously featured substantively in the ICB structure and is currently fulfilled on a part time, interim basis, funded by the National Support Team.

In view of the considerable workforce demands experienced at National, System and local level, alongside expectations of the ICB in leading the workforce development agenda, the System Chief Executives gave consideration to the future arrangements for this role.

Following an options appraisal, it has been agreed that, in order to confidently progress workforce matters at a strategic level, an NHS STW Chief People Officer role is required. Consideration was given to this being a joint position with another Provider Trust, and/or another ICB. Following further consideration and discussions with both providers and a neighbouring ICB, it was decided that NHS STW would need to appoint its own CPO. CEOs remain committed to finding ways to collaborate on this agenda. Work will now focus on the possibility of collaborating with neighbouring ICB's in regard to people functions and system support.

The support of a recruitment agency is currently being secured with the expectation for processes to be completed by the end of November. It is anticipated thereafter that the successful candidate may be subject to a period of notice with any current employer before they are able to commence employment in our System.

3. Integrated People Services

Significant consideration was also given by the System Chief Executive group to the future development of integrated People Services across health and social care providers. It was readily agreed that, due to the size of Shropshire, Telford and Wrekin, such development would afford the opportunity to create sustainable high quality People services for the future. Furthermore, the opportunity to develop a career structure from entry level upwards would present itself as a highly desirable characteristic relating to both the attraction and retention of high-quality People professionals, who in turn would support a great employee experience in the System.

4. NHS STW People Team

This team, which leads and supports, delivery of the NHS STW People Plan, the ten ICB People function requirements, System level People Transformational Programmes, and the Workforce Big Ticket requirements has historically been funded by monies received from Health Education England. This approach has only afforded short term employment contracts to be available to team members as the money is non recurrent. Most recently this, along with uncertainty of the Chief People Officer role, has contributed to a number of team members finding alternative employment. The remaining team member have unfunded employment contracts until 31.3.2023.

The short-term funding arrangements for this team places successful delivery of the System People work programmes at significant risk. To improve these short-term arrangements, a business case proposing recurrent funding for three years is to be considered at the STW Investment Panel in September. It is anticipated the risks of not supporting this case will be acknowledged and a decision on the future resourcing of this team be reached.

More positively in the last month, six hundred thousand pounds has been committed from Health Education England to progress designated work programmes addressing the workforce challenges across STW. This will place the System in a healthy position once funding decisions relating to the People Team have been reached as resources will be available to invest and support transformation programmes of work relating to our workforce.

5. Progress with NHS STW People Plan, ICB People Function requirements, System Transformation and Workforce Big Ticket programme

Despite depleting resources, progress is being maintained in those programmes of work which have been determined as priority. Significant emphasis has been placed on the effective recruitment and retention of our employees. A regionally funded 12-month Retention Lead role has been successfully recruited to and commenced in post. It is expected this role will engage with health and care partners developing and implementing retention plans following a recent audit on why employees leave our services.
Recruitment to health care support workers through our Academy continues to be successful and emphasis is currently on engaging with social care colleagues and working across the System to secure graduates of the Academy into substantive roles.
A Programme to bolster our Reservist workforce is about to commence due to regional funding being secured, and a further cohort of 144 International Nurses is currently being progressed with System Providers.

Considerable commitment continues in managing our use of Agency staff. Emphasis is on supporting effective staff rostering across all Providers, with a business case to bring all Providers onto electronic rostering being considered by the STW Investment Panel in September. This will then support the further development of a System wide Collaborative Staff Bank.

Other Programmes continue to progress in line with plan but, due to resource limitations at a slower pace than forecast. This includes matters in the areas of employee health and wellbeing, leadership and organisational cultural development and strategic workforce planning.

The outcome of discussions at the Investment Panel in September will inform future plans, and a re-forecast of anticipated capacity and capability to deliver successfully. It is expected these re-forecasted plans will be duly considered, challenged and/or supported at the NHS STW Integrated Delivery Committee.

6. Conclusions

Whilst it is disappointing that the recent high level of staff turnover has been experienced by the People Team, progress continues to be made with the priority Programmes of work they lead and/or support.

Successful appointment to the Chief People Officer role, alongside decisions on the future funding of the Team will serve to provide the basis on which longer term plans and commitments can be made.

7. Recommendations

The Board are asked to:

a. Note the content of this paper and
b. Support and/or direct further actions as appropriate.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	**28-09.024**
Meeting date:	**28th September**
Paper title	**Integrated Performance Report**
Paper presented by:	**Gareth Robinson and Nicola Dymond**
Paper approved by:	**Gareth Robinson**
Paper prepared by:	**Julie Garside**
Signature:	
Committee/Advisory Group paper previously presented:	**N/A**

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

Previous considerations:	**Not applicable**

1. Executive summary and points for discussion

Operational Performance

Urgent & Emergency Care (UEC)

The system's performance is shown in detail (slide 3-13 of Appendix A) against 8 of the 10 national core metrics that can currently be reported. Despite seasonal reductions in activity in July and August, performance in many areas has deteriorated. This data should be viewed in conjunction with the board paper on urgent care.

Some improvement has been seen in ambulances delays of over an hour in August, from a low in July, but performance remains 20% below the planned target. Further improvement is expected from October, when investment received from NHSE for reverse queuing takes effect. The percentage of handovers below 15 minutes remains low and remains less than half of the regional average performance. There has been a relative improvement in the number of ambulances conveyed, which implies ongoing effectiveness of the single point of access service. As a result, STW is now below the regional average for the first time this year. The reduction in activity has also resulted in an increase in our Cat 2 ambulance mean response times which is encouraging.

Within ED, the percentage of patients triaged within 15 minutes is gradually increasing – however patients who have been waiting in the department for over 12

hours, and the overall mean time in the department, have continued to rise. This will no doubt be in part due to ongoing staffing issues and the impact of annual leave over the summer period. The use of Same Day Emergency Care (SDEC) pathways is above the national average for surgery, and the system has set itself a local stretch target above that. Medical SDEC did achieve the national target in July and despite falling back in August, is expected to recover and get back to target in September.

Length of Stay remains a challenge but recent initiative of MADE (Multi Agency Discharge) events, and new ways of working in the Integrated Discharge team, are starting to show improvement in the number of discharges achieved and the time at which patients are discharged. This is a continued area of focus of the UEC Improvement plan. Length of Stay on the Medically Fit for Discharge (MFFD) list rose again in July and August following improvements during Q1. There remain ongoing challenges accessing domiciliary and nursing care despite huge efforts of both local authorities. The data showing the rate of increase in the volume of complex discharges is being worked on by the ICB with both councils and will be reported through the UEC Operations group during October and will feature in this report from November onwards. In addition, work is also in progress regarding reporting access to primary data and that will go to the Quality & Performance Committee within the monthly performance report.

Elective Recovery

At the end of August, STW had 67 patients waiting over 104wks compared to the planned figure of 53. This is all due to complex spinal cases and some patients choosing to wait. The system is working with NHSE on its regional mutual aid hub to try and bring this backlog down more quickly, and with independent sector providers in London for spinal cases. However, it should be noted that the number of patients willing to travel that far for treatment is low, so the overall impact is limited. There will however be continued efforts in this area to ~~to~~ treat patients as quickly as possible. It should be noted that the system is delivering close to its planned trajectory for 104-week waiters, but the national ask of elimination by the end of October is unlikely to be met due to the combination of patient choice and spinal capacity. The ICB can be assured that all operational actions that can be done are being done in this regard. The volume of patients waiting over 78 weeks remains above plan, but that gap is now reducing. Providers are now focusing on booking all non-admitted long waiters by the end of October to minimise our >78-week waiters at the end of March.

The system is struggling to achieve the 104% elective activity recovery target, achieving 87%, mainly due to urgent care pressures at SaTH and theatre workforce issues across both main providers. Further theatre posts are expected to be filled from October onwards to improve delivery. The ring-fenced elective hub, which is due to be operational from June 23, is the key action to improve our position to the required level.

Cancer

At the end of August, the system is behind its planned reduction of >~~62 day~~62-day backlog. This is due to a combination of capacity and demand issues in three main tumour sites of urology, gynae and colorectal. The system has taken ~~a number of~~several actions to understand the issues and improve its position by the year end:

- Full analysis of the cancer backlog, to understand where each patient is in their journey with the development of the associated action plans which are being monitored weekly.
- Reviewing and improving pathways, including utilising a 'Best Practice Pathways Project Manager' for challenged pathways.
- Plan in place with radiology team to get extra capacity from outsourcing.
- Fully utilising breast community pain clinics to reduce pressure on 2 week wait appointments.
- Fully utilise current FIT process whilst planning to tender new service for April 23.

The system is working closely with the West Midlands Cancer Alliance to identify areas of best practice and replicate these locally where possible and using non recurrent funding to help source additional capacity to improve the reduction of the backlog.

Diagnostics

Overall Diagnostic waits have increased over the last 18 months, and recovery has been challenged due to staffing pressures, infection prevention (IPC) restrictions due to Covid and lack of capacity. IPC restrictions have now been largely removed, which will improve the rate of recovery going forwards. For 22/23 although the plan and recovery baseline (target 120% of 19/20 baseline by March 23) is being met in most modalities, the demand levels have significantly increased and consequently there has been no reduction in the backlog despite performance being above plan in large volume areas such as CT and MRI. August performance was impacted across all modalities due to staff annual leave with recovery expected in September.

Non-Obstetric Ultrasound activity has not met the baseline for 4 out of the last 5 months despite doing better than 22/23 plan. There is a planned increase in capacity, which is expected during March, because of recruitment and improved Independent Sector provider working relationships. Gastroscopy activity is below baseline, but work is ongoing with waiting list initiatives in place to provide weekend and out of hours sessions. In ~~addition~~addition, for overall endoscopy recovery, an additional 3 rooms have been allocated and a business case is in progress at SaTH for the additional staffing required. It should be noted that Flexible Sigmoidoscopy requires a new baseline to be calculated due to pathway changes since 19/20.

The Integrated Care Board is asked to endorse an action for the Director of Elective Recovery to work with the Chief Operating Officers of both providers to urgently complete the work on the combined demand and capacity modelling which will inform the system recovery plan

Finance

The System holds a £19m deficit plan for 2022/23 and carries a significant underlying deficit. Local challenges that impact on expenditure include those associated with geography, configuration of estate and availability of substantive workforce.
The M5 system financial position shows an overall £8.1m adverse variance to the plan submitted. The current forecast outturn (FOT) position shows a £4.1m adverse variance to plan in line with the forecast reported at M4. Much of this variance relates

to the unrecoverable year to date COVID overspend, and escalation areas remaining open, and includes assumptions about mitigations to current overspends which will be tested as part of an exercise to review the forecast at Month 6. These mitigations are currently flagged as high risk.

People

Agency WTE has continued to rise steadily since January 2022, with a large increase since May of 52 wte. This is counter to the operational workforce plan, where agency wte was planned to reduce month on month. SCHT have the highest vacancy rate of 13.4% which has risen significantly since March 2022 from a stable position of 4-6%, this is compared to SATH 8.2% and RJAH 8.4%. Turnover of staff since March 2022 has risen significantly in RJAH from 9% to 12% and SCHT from 14% to 17%. The turnover in SATH has remained steady around 14%-15% but this is still higher than usual. The highest turnover continues to be Care Workers at 32%.

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

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

3. Recommendation(s)

The Board is asked to:

- **note** the current integrated performance of the system in this summary, and the on-going challenges with our systems operational performance and associated risks with our financial performance and workforce.
- **receive assurance** that all operational actions that can be done are being done.
- **endorse** an action for the Director of Elective Recovery to work with the Chief Operating Officers of both providers to urgently complete the work on the combined demand and capacity modelling which will inform the system recovery plan.

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

The report provides limited assurance against the risks of urgent & emergency care delivery, elective/cancer & diagnostics recovery and our financial recovery.

5. Appendices

Appendix A is the summary data pack for the key system performance metrics for Urgent and Emergency Care, Elective/Cancer/Diagnostics recovery combined with a summary of the financial position and key workforce metrics for Month 5.

6. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	See below
Quality and Safety	Section on operational performance summarises the position regarding improvement underway in UEC and elective/cancer/diagnostics recovery for patients access to services
Equality, Diversity, and Inclusion	All operational recovery is being delivered to maximise equity of access
Finances and Use of Resources	Risks highlighted to the delivery of the financial plan
Regulation and Legal Requirements	-
Conflicts of Interest	-
Data Protection	-
Transformation and Innovation	-
Environmental and Climate Change	-
Future Decisions and Policy Making	-
Citizen and Stakeholder Engagement	-

Request of Paper:	The Board is asked to: • **note** the current integrated performance of the system in this summary, and the on-going challenges with our systems operational performance and associated risks with	**Action approved at Board:**	

	our financial performance and workforce. • **receive assurance** that all operational actions that can be done are being done. • **endorse** an action for the Director of Elective Recovery to work with the Chief Operating Officers of both providers to urgently complete the work on the combined demand and capacity modelling which will inform the system recovery plan.		
		If unable to approve, action required:	
Signature:		**Date:**	

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 28-09.25
Meeting date:	28th September, 2022
Paper title	Urgent & Emergency Care Improvement Plan Status Paper
Paper presented by:	Gareth Robinson, Director of Delivery & Transformation
Paper approved by:	Gareth Robinson, Director of Delivery & Transformation
Paper prepared by:	Sam Tilley. Director of Urgent and Emergency Care and EPRR
Signature:	
Committee/Advisory Group paper previously presented:	n/a
Action Required (please select):	
A=Approval	R=Ratification / S=Assurance / D=Discussion / I=Information
Previous considerations:	

1. Executive summary and points for discussion

Following the development of an initial Shropshire Telford & Wrekin (STW) Urgent and Emergency Care Improvement Plan (UEC IP) in 2021/22, work has been completed on a refreshed plan for the 2022/23 period. The plan sets out to ensure an agreed set of improvement priorities, developed by the system, are in place to identify and tackle areas of service improvement, transformation, and redesign to ensure that we are providing the best services for our residents and addressing areas where performance is below the standard we would want. The plan, previously approved by the ICS Shadow Board, has recently moved from the development stage to the implementation stage and this report provides a position on progress against targets.

Which of the ICB Pledges does this report align with?

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

2. Recommendation(s)

NHS Shropshire Telford and Wrekin INTEGRATED CARE BOARD is asked to:

- To **note** the deteriorating position of the UEC Improvement Programme and **request an update** from the UEC Delivery Board in October on the recovery plan in place to ensure that the Programme is back on plan and resources are made available to support these improvements

- Individual organisation officers are requested to identify resource from within their organisations to support the remedial activity. Where recovery is not outlined, a detailed appraisal of each project will be required

- Note the steps being taken to better address areas where performance is not as expected and to improve processes for gaining assurance.

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

The paper sets out progress against areas of improvement in the delivery of Urgent and Emergency Care services to the local population

4. Appendices

Not applicable

5. What are the implications for:

Shropshire Telford and Wrekin's Residents and Communities	
Quality and Safety	The paper sets out progress on the improvement of Urgent and emergency care services in Shropshire Telford & Wrekin
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	

Action Request of Paper:	**The ICB is asked to:** - To **note** the deteriorating position of the UEC Improvement Programme and **request an update** from the UEC Delivery Board in October on the recovery plan in place to ensure that the Programme is back on plan and resources are made available to support these improvements. - Individual organisation officers are requested to identify resource from within their organisations to support the remedial activity. Where recovery is not outlined, a detailed appraisal of each project will be required - Note the steps being taken to better address areas where performance is not as expected and to improve processes for gaining assurance.		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Meeting:	
Meeting date:	
Agenda item no.	
Paper title	

1. Background

Following the development of an initial Shropshire Telford & Wrekin (STW) Urgent and Emergency Care Improvement Plan (UEC IP) in 2021/22, work has been completed on a refreshed plan for the 2022/23 period. The plan sets out to ensure an agreed set of improvement priorities, developed by the system, are in place to identify and tackle areas of service improvement, transformation, and redesign to ensure that we are providing the best services for our residents and addressing areas where performance is below the standard we would want. The plan, previously approved by the ICS Shadow Board, has recently moved from the development stage to the implementation stage and this report provides a position on progress against targets.

2. Report

Context

The Shropshire Telford & Wrekin system has experienced a number of challenges over a period of time in relation to the delivery of Urgent and Emergency Care. This has been exacerbated recently by unprecedented levels of demand, not only in UEC but across the health and care sector during Q1, we have seen the highest level of Covid19 patients in our hospitals, the highest numbers of care homes closed to admissions and the highest numbers of staff sickness absence than at any other time during the pandemic. This has exacerbated some of our underlying challenges and whilst this has informed the development of our UEC Improvement Plan the baselines used for that planning have changed considerably over recent months The impact of the changed baselines from those included in the plan are having a material impact on the overall UEC performance position

The latest performance data is included in the Integrated Performance Report to the Board. Key contextual performance data is summarised below:

- Type 1-3 A&E attendances up to 8% above average up to July. Dropping to below average in July
- WMAS conveyances peaked in April, May, and June. Dropped in July
- Mean time in ED ahead of plan in April, May, and June. Deteriorated in July
- Bed occupancy >90% since April
- 7-day, 14 day and 21-day LOS all consistently deteriorated since May
- 60m+ ambulance delays significantly behind trajectory in July
- Discharge by midday and 5pm improving
- Primary care F2F appointments increasing
- MFFD position deteriorating

The interconnectedness of all elements of the UEC pathway means that pressures and blockages in any part of the pathway will inevitably cause an impact throughout and this often manifests in long ambulance handover delays. It is for this reason that a focused approach to improvement across the whole pathway is likely to give us the best outcomes.

Governance

Progress against the Improvement Plan milestones and trajectories is monitored twice a month at the UEC Operations Group which oversees delivery and in turn reports monthly to the UEC Delivery Board, Within the new ICS Governance Structure the UEC Delivery Board reports progress into the Integrated Delivery Committee

Performance Against Plan

The first UEC IP monitoring report was presented to the UEC Delivery Board in August 2022. The UEC Operations Group was not able to report assurance on delivery of the schemes at this time and in turn the UEC Delivery Board is not currently able to provide full assurance on delivery to the ICB.

As this is the first cycle of reporting there is some learning regarding the collection templates and refining information required to improve the quality of the reporting information as well as the clear need for PMO support for the programme. In addition, for the purposes of reporting clarity a distinction has now been made between those schemes that are in implementation and should be delivering against improvement metrics and those that are in development with metrics yet to be set.

The following information sets out progress against each scheme, its current RAG rating and mitigating actions now underway to rectify this situation.

The Improvement Plan currently has 9 schemes of work in the implementation stage and two schemes in the development stage

Implementation Stage

Work Stream	Work Programme	Milestone RAG	Impact RAG	Comment
Pre Hospital	Single Point of Access			Able to demonstrate that the project is meeting its milestones but unable to share performance data to verify impact due to Adastra Cyber-attack outage.
	Primary Care			Currently unable to verify milestones and impact. Further triangulation to overall Primary Care/ PCN plans needed to allow full triangulation of delivery plans and alignment of milestones and trajectories as they are intrinsic to delivery of specific UEC related targets
	ED Redirection			All infrastructure is in place but set up has taken considerably longer than anticipated. Go live is currently set for 1 October 2022. However, staffing and funding issues are still to be resolved via further meetings to agree specific next steps
In Hospital	Improving Patient Flow			Milestones on tack but further work needed to provide required level of assurance on impact and the appropriate level of detail for assurance to be achieved
	Learning from MADE Events			Milestones on tack but further work needed to provide required

				level of assurance on impact and the appropriate level of detail for assurance to be achieved
	Acute Floor			Milestones on track however, final steps for go live to be agreed with system in order for impact to be realised
	Failed Discharges			Milestones on tack but further work needed to provide required level of assurance on impact and the appropriate level of detail for assurance to be achieved
	ED Reconfiguration			Project complete
Discharge	Urgent Care Discharge Priorities -Joint Commissioning Strategy - Review of Enablement Care - Enhancing Integrated Discharge - Improving flow			Project able to show progress against milestones but further work is needed for individual elements to better quantify impact and the timescales for this via the creation of individual project plans for each of the specific sections of work within the overall Discharge envelope

Development Stage

Work Stream	Work Programme	
Pre Hospital	High Intensity Service Users (Positive Lives)	Service has recently been re-procured and is due to go live with a new provider on 1 October 2022 (currently on track) Milestones and metrics for delivery are currently being set as part of the mobilisation work. The scheme will commence reporting from October 2022.
	Pre-Hospital Integrated Urgent Care	In the Case for Change development stage. Outputs and Milestones for this phase to be presented to the UEC Delivery Board in October 2022

Further to the assessment of progress set out above, the UEC Operational Working Group (OWG) has been asked to work up a response, specifically including the additional programme management resource required to bring the programme back on track and present this back to the UEC Delivery Board in September. This will now also include a summary of progress against plan for each individual project so that the UEC Delivery Board can be assured on the individual detail of the projects. Further to this the OWG has developed a number of mitigating actions set out below

Mitigating actions

This is the first step in utilising a new approach to UEC improvement and this first round of reporting has highlighted a range of learning to mitigate issues encountered and to drive improvements forwards:

- Quality of reporting needs improvement - Individual meetings have been scheduled to work with programme leads to ensure they are clear in relation to the reporting requirements and the quality of information expected
- Adjustments to the reporting template to make it more user friendly and focused on the right information following the feedback received from this first round of reporting
- Annual leave impacting on absence of programme leads - Reinforcement of the requirement for a clear deputy to ensure consistency when a programme lead is unavailable in order to prevent some of the disruption to progress and reporting that we have experienced during August
- Changes to reporting and oversight cycle. To date the UEC Operational Group has been meeting twice a month. Following the August reporting cycle, the rhythm will be adjusted to one full Operational Group each month with full programme reporting on each workstream and full documentation completed. The second meeting of the month will be used to meet with project leads individually in timed slots to work through progress in more detail and set clear actions and timescales where they are needed.

It is anticipated that these steps will assist in providing more sound assurance going forwards and ensure further grip, appropriate scrutiny and early remedial intervention as required.

Additional Programmes of work
In addition to the UEC Improvement Plan, and in order to improve overall performance in the UEC pathway, NHS STW has recently been successful in securing funding from NHS England for further schemes specifically focused on ensuring improvements to ambulance handover delays has been. These are set out below

Ambulance Handover funding
Funding has been secured to support a programme of work focused on improving ambulance handover delays through developing reverse queueing options. SaTH is currently working through the recruitment of a cohort of paramedic staff, to be supplemented by SaTH staff, to deploy a cohorting approach within ED that will increase the ability to offload ambulances immediately on arrival. Implementation is anticipated in October
This funding is also being deployed into social care in a targeted fashion to bring in additional overall capacity and support the implementation of changes in the acute floor reconfiguration. This is being deployed in September.

Further to this an additional set of work programmes have been identified from which the system could benefit if funding can be secured:

- Two Carers in a Car
- UEC Communications Programme
- Expansion of PRH Emergency department footprint
- GP streaming in the Emergency Department
- Occupational Therapist Admission Avoidance scheme
- Hospital Avoidance for older people with Mental Health Issues

North Bristol Model

This model which has shown good results in improving ambulance handover delays in Bristol has been implemented at Princess Royal Hospital (PRH) as a pilot and is based on the principle of:

- Early discharge (home or discharge lounge) before midday for pathway 0 patients (patients who do not require any package of care or assessment on the date of discharge should not be occupying a ward bed after midday).
- Ambulances must not queue for longer than 120 minutes in any circumstance.
- One patient will be moved from ED to AMU every hour continuously over any 4-hour period (irrespective of bed availability).
- Every hour between 0800 and 2000, a patient will be transferred to the wards. These patients will be transferred against that ward's known discharge patterns.

This has been supported by extending the capacity of the discharge lounge and increasing opening hours by opening the lounge at 7am
Implementation commenced on the 14th September within SaTH, with supporting approaches from system partners being determined at a Clinical Risk Summit on 21st September.

3. Conclusions

There continues to be significant challenges in the delivery of Urgent and Emergency Care for Shropshire Telford and Wrekin and the UEC Improvement Plan has not yet been able to demonstrate the impact that was anticipated at this stage. There have been challenges in implementing the new reporting arrangements for the UEC Improvement plan.

A set of steps, outlined above, have been identified and are being implemented to improve reporting and initiate remedial actions for programmes of work quickly, where they are needed. It is anticipated that this will assist in progressing the plan but will also mitigate against an inability to gain assurance impacting on progress.

4. Recommendations

The ICB is asked to:

- To **note** the deteriorating position of the UEC Improvement Programme and **request an update** from the UEC Delivery Board in October on the recovery plan in place to ensure that the Programme is back on plan and resources are made available to support these improvements.

- Individual organisation officers are requested to identify resource from within their organisations to support the remedial activity. Where recovery is not outlined, a detailed appraisal of each project will be required

- Note the steps being taken to better address areas where performance is not as expected and to improve processes for gaining assurance.

Integrated Care System
Shropshire, Telford and Wrekin

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Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 28-09.025
Meeting date:	28th September, 2022
Paper title	Winter Plan Approval, Winter 2022
Paper presented by:	Gareth Robinson, Director of Delivery & Transformation
Paper approved by:	
Paper prepared by:	Gareth Robinson, Director of Delivery & Transformation
Signature:	
Committee/Advisory Group paper previously presented:	n/a
Action Required (please select):	
A=Approval	R=Ratification | S=Assurance | D=Discussion | I=Information
Previous considerations:	

1. Executive summary and points for discussion

The Shropshire Telford & Wrekin Winter Plan sets out the NHS STW system wide plan for responding to the operational pressures and delivering safe and effective care for all of our patients through Winter 2022/23 (specifically October 2022 to March 2023)

It sets out the demands the system is likely to face, how additional capacity is being brought on stream with specific interventions, the residual bed gap that remains, and the approach the system will take to managing the impact of a bed shortfall.

Key points for discussion:

- The capacity and demand modelling, including the impact of winter interventions, shows a shortfall of acute beds of between 41 (most likely scenario) and 81 beds (worst case scenario) during the period of peak demand
- A range of interventions have been developed within each partner organisation to reduce the shortfall of beds and are set out within the paper
- Following the final production of this Winter Plan and the final position of a shortfall of acute capacity, the system is developing a "**surge response" plan** which will set out the additional actions that can be taken to prepare for this situation. This will include (but not be limited to) a focus on length of stay reduction (see planning assumptions), development of an escalation process for temporarily redeploying staff, acceptance of higher bed occupancy, the full roll out of the "your patient first" approach within

SaTH and across the system and a range of additional actions that will improve ambulance handover times. This surge response plan will be finalised during October

The Winter Plan also includes specific areas relating to vaccination, critical care, workforce and service areas as detailed in the attached document

Which of the ICB Pledges does this report align with?

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

2. Recommendation(s)

NHS Shropshire Telford and Wrekin INTEGRATED CARE BOARD is asked to:

- **Approve** the NHS STW Winter plan, noting the request from CEOs for a tracking tool for the Capacity and Demand model and the need for the completion of the Surge Response Plan
- **Request** completion of the Surge Response Plan by October 12th with subsequent approval of the Surge Response Plan by System CEOs to ensure a set of actions is available for the system to deploy at peak activity levels

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

The paper sets out the approach to the system in mitigating risks to patient safety due to peak activity levels during the winter period.

4. Appendices

NHS Winter Plan 2022/23

5. What are the implications for:

Shropshire Telford and Wrekin's Residents and Communities	
Quality and Safety	The paper sets out the operational response to the winter system pressures

Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	

Action Request of Paper:	The ICB is asked to: - **Approve** the NHS STW Winter plan, noting the request from CEOs for a tracking tool for the Capacity and Demand model and the need for the completion of the Surge Response Plan - **Request** completion of the Surge Response Plan by October 12th with subsequent approval of the Surge Response Plan by System CEOs to ensure a set of actions is available for the system to deploy at peak activity levels		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Meeting:	
Meeting date:	
Agenda item no.	
Paper title	

1. Background

The Shropshire Telford & Wrekin Winter Plan sets out the NHS STW system wide plan for responding to the operational pressures and delivering safe and effective care for all of our patients through Winter 2022/23 (specifically October 2022 to March 2023)

It sets out the demands the system is likely to face, how additional capacity is being brought on stream with specific interventions, the residual bed gap that remains, and the approach the system will take to managing the impact of a bed shortfall.

2. Report

The attached document sets out the full detail of the plan. There are a small number of areas worth highlighting:

System-wide working

The NHS STW Winter Plan is a system wide document that reflects the capacity and demand modelling and plans across all health and social care partners. Planning commenced in June with a system workshop involving all partners which has then led into an engagement process culminating in final review by all system operational leads and Chief Executive Officers. CEO Approval was provided on 21st September with a small number of conditions:

- Clarity to be provided on how the tracking and monitoring of the actual position against the capacity & demand model would be carried out
- Development of a Surge Response Plan – to be brought back to CEOs for approval. This Surge Response Plan will set out the specific actions the system can take to deal with the potential acute bed shortfall

The ICB Board is therefore asked to approve this Winter Plan on the basis of those conditions being completed during October

Assumptions in Demand & Capacity Modelling

The assumptions in the model are crucial to confidence in its delivery. Below is a list of the key assumptions for review:

- Forecast demand is based on the historic trend from January 2019 excluding period March 2020 to April 2021
- Additional covid, flu and norovirus demand included from October to January to account for disproportionately high winter season
- Length of stay calculated from forecasted change in bed days and discharges. This is 22% higher than the 19/20 position
- MFFD is based on the current baseline of 145. The additional impact of the 38 extra winter pressure funded reablement beds accounted for within model.
- Elective demand is included in line with the system operational plan for 22/23
- Bed base changes year on year based on improvement and developments. The acute floor development through autumn means there are significant ward changes through this period
- 50% of expected virtual ward beds to be in place each month. This conservative modelling has been made to account for concerns around recruitment and clinical engagement
- Virtual bed impact based on expected length of stay follows a ratio of 1.6 virtual beds being equivalent to 1 acute bed

- The impact of reablement beds follows a ratio of 4 reablement beds to 1 acute bed due to differences in length of stay

Outstanding areas to be completed

There are four areas still to be completed within the Winter Plan, recognising that the Plan is a document that will evolve through the winter period. These are:

The inclusion of the impact of the "your patient first" trial across PRH, RSH and the system	This is a known intervention that is currently in development. Once the model is finalised, the winter plan will be updated to reflect the impact of the operational changes. It is likely this will be completed as part of the "Surge Response Plan"
Vaccination detail	Further detail around the vaccination programme may develop and will be captured within the plan
Critical Care Overview	Final sign off is required from the clinical lead (unavailable due to leave) which will be completed on September 30th
Surge Response Plan	This is a subsequent piece of work that is required to provide assurance that there is a system response to the acute bed shortfall. This will be completed by October 12th for CEO approval

3. Recommendations

The ICB is asked to:

- **Approve** the NHS STW Winter plan, noting the request from CEOs for a tracking tool for the Capacity and Demand model and the need for the Surge Response Plan
- **Request** completion of the Surge Response Plan by October 12th with subsequent approval of the Surge Response Plan by System CEOs to ensure a set of actions is available for the system to deploy at peak activity levels

Integrated Care System
Shropshire, Telford and Wrekin

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INTEGRATED CARE BOARD

Agenda item no.	ICB 22-09.026
Meeting date:	28th September 2022
Paper title	Finance Committee Chair's Report 28th July 2022 Meeting
Paper presented by:	Trevor Mcmillan; Finance Committee Chair
Paper approved by:	Trevor Mcmillan; Finance Committee Chair
Paper prepared by:	Claire Skidmore; Chief Finance Officer

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

1. Executive summary and points for discussion

This paper summarises the key areas of discussion and consideration for the Finance Committee at its inaugural meetings held on 28th July 2022.

1.1. The STW Finance Committee held its inaugural meeting on 28th July 2022. It has been established to be a meeting held in two parts, the first being for consideration of the ICB position and the second including a wider membership in order to oversee the overall System position.

Report

1.2. Both meetings had similar agendas with items to consider the Terms of Reference, Annual Work Plan and to review the Month 3 finance position.

1.3. Some amendments to the Terms of Reference were suggested which have been passed to the Director of Corporate Affairs, and the proposed Terms of Reference are attached as Appendix A to this report for approval by the Board.

1.4. The workplan for both part 1 and part 2 meetings was agreed.

1.5. The Committee noted the finance position presented for month 3 and discussed the associated financial risks. Further information on the finance position is provided separately on today's Board agenda.

Conclusions

1.6. The Finance Committee has recommended some changes to its existing Terms of Reference (which are appended to this paper).

1.7. The financial position and associated risks considered by the Committee are the subject of a separate report to this Board. There is nothing in addition to what is reported there that the Committee wish to escalate to this meeting.

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to:

- **Note** that the Finance Committee is now established and operating. This is through a 'part 1' Integrated Care Board meeting and a 'part 2' Integrated Care System meeting.
- **Approve** the amendments to the Terms of Reference that the Committee have recommended and are included as Appendix A to this paper.
- **Note** that the Committee were presented with the month 3 finance position and have no further issues to escalate above what is reported for finance on this Board agenda.

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

The Finance Committee is established to provide oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan.

The significant underlying financial deficit of the system features in the Board Assurance Framework and therefore this report presents the work of the committee in overseeing financial recovery and presents any conclusions that it may draw about risks to the delivery of the financial plan.

4. Appendices

Appendix A – Draft Terms of Reference for the Finance Committee

Action Request of Paper:	NHS Shropshire, Telford and Wrekin Board is asked to: **Note** that the Finance Committee is now established and operating. This is through a 'part 1' Integrated Care Board meeting and a 'part 2' Integrated Care System meeting. **Approve** the amendments to the Terms of Reference that the Committee have recommended and are included as Appendix A to this paper. **Note** that the Committee were presented with the month 3 finance position and have no further issues to escalate above what is reported for finance on this Board agenda.		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	28th September 2022

Integrated Care Board

Agenda item no.	ICB 28-09.026
Meeting date:	28th September 2022
Paper title	Quality and Performance Committee Chair's Report
Paper presented by:	Meredith Vivian, Chair and Non-Executive Director
Paper approved by:	Meredith Vivian, Chair and Non-Executive Director
Paper prepared by:	Alison Smith, Director of Corporate Affairs

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Quality and Performance Committee meeting held on 25th May 2022 for noting.

1.2 The meeting was quorate, and no conflicts of interest were declared.

1.3 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:

Performance Exception Report

Covid: The disruption and pressure continue, despite the reduction in numbers, constraints still exist across system wide capacity. The Demand and Capacity Group are looking at Bed Modelling, a retrospective and forecasted position using Population Health data.

Primary Care: Primary care appointments remain broadly in line with the annual mean, the % of those attended is above target in particular those seen face to face at c.63% and home visits remain double the target. Workforce remains a constraint and risk for the system, mitigations are in place.

Shropshire Doctors: Key Performance Indicators remain green, concerns continue with staffing which have actions to mitigate. The Single Point of Access/Referral is working really well with c.3250 patients through the combined (CCC & SPA) service since January with a 94% non-referral to the Emergency Department outcome.

Shropshire Community Services: No update supplied this month.

Ambulance and 111: WMAS hear and treat remains c.16% and see and treat is 34%. Category 1 and Category 2 call response times area significant risk for the system but have

shown some improvement as the pressures ease with managing COVID-19 and the surge of planned care recovery. Long ambulance waits remain a concern, St Johns Ambulance have started at PRH to cohort and release ambulances, but this time have had little impact.

Urgent and Emergency Care (UEC): All operational standards remain relatively stable (still below standard), concerns regarding the percentage of total time spent in the emergency department >2% some mitigating actions exist to address Acute Medical flow which should have an impact.

Cancer Care: The majority of the metrics remain stable but below current targets. There has been a slight improvement in Breast symptom referral c.2% on last month, some evidence that the new pathways are starting to work, and demand has reduced slightly from recent highs. Urgent referral and screening 62 day has significantly improved on last month c.25%. Key risks still exist in two week waits, 28-day Faster Diagnosis and Tumour Pathways, all of which have actions to mitigate the current position but are dependent on Diagnostic capacity/workforce.

Planned Care: UEC pressures are still impacting upon planned care recovery, but they are finally starting to ease, albeit slowly. No significant change in overall RTT performance, which remains at around 60% against a national target of 92%. The total number of waits therefore continues to increase, particularly in key specialties such as orthopaedics and general surgery. There are continued signs of recovery in ophthalmology, in which numbers are now starting to fall. The admitted waiting list continues to be clinically prioritised. The STW system is managing its P2 and P2C clearance times to levels better than the regional averages but due to capacity constraints and UEC pressures little progress has been made with P3 and P4 waits. Key risks remain in Referral to Treatment (RTT), long waiters (>104wks) and diagnostics, all of which have actions to improve but are workforce capacity dependent.

Mental Health: Children with an Urgent Eating Disorder are waiting for longer than 1 week, and whilst the CCG and provider agreed funding for a remedial plan to reduce the number of children waiting, the mental health trust have as yet been unable to successfully recruit to the roles. This is also having an impact on the wider system especially in acute services as well as in the place of safety suite at Redwoods which is normally used for adults at risk but is increasing being used by a child, and therefore cannot hold any adults. IAPT access continues to be lower than targets, and physical Health checks for patients with an SMI (Serious Mental Illness) levels remain below national targets, although there have been small improvements made in Q4.

Shropshire (SHIPP) and Telford and Wrekin Integrated Place Partnership (TWIPP): Both partnerships now have a suite of metrics and have agreed the reporting schedule. Both SHIPP and TWIPP will report on a group of measures quarterly as a standard starting April 2022 (June report), then annually with the inequalities framework as an appendix. (NB This was incorrectly reported last month)

Elective Recovery Framework (ERF): No Report, as not in place for Month 1 due to the planning timetable.

Year End position against planned trajectories: The system has started to gather key metrics to review, year-end performance is not yet ready for publication/review by the wider system, the Performance, Contracting and Transformation team have taken an action to review the position as soon as the data becomes available and submit findings/plans to the next meeting.

Escalation Report – System Quality Group Chairs Update

- The virtual ward implementation plan is in place led by SCHT. A trajectory to get to 149 virtual ward beds by March 2024 is in place with 100 of those beds in place by March 2023. This is a new nurse/AHP led model with digital being key to development to remotely monitor patients in the community. The stipulated requirements to meet the NHSE funding are being met currently and recruitment has commenced.
- IPC metrics were largely below set objectives. The only exception was RJAH who had 3 cases of *C difficile* over an objective of 1. Current environmental actions including ward refurbishments are underway and appropriate to address.
- The plan for the introduction of LPS is in progress. The LPS consultation began on 17th March 2022 and will close on 7th July. Key areas of consultation are changes to the existing code of practice for the MCA, where the Mental Capacity Act and liberty protection safeguards interact, and how the liability protection safeguards will look based on the legislation. The Local Authority as the sole "Supervisory Body" is now replaced by 3 "Responsible Bodies;" namely the LA, NHS Trusts and CCGs. Local Authorities still retain some exclusive duties to train and approve (but not fund) Approved Mental Capacity Professionals. All provider organisations have been asked to look at their workforce tools that were included in the consultation documents and to start planning the impact on staffing levels in terms of DOLS numbers.
- The RJAH action plan is in place. There are signs of early progress however, more time is needed to fully assure of outcomes. The group agreed to have monthly updates.
- The draft system quality strategy was presented for comment and has since been circulated to QPC as well as QSG members as a draft.
- System Quality Metrics continue to be developed.
- Healthwatch are currently drafting a report on IAPT services, when complete it will be sent to MPFT and the CCG for comment.
- Healthwatch have undertaken their first face to face public event in relation to end of life on 10th May. The STW PEoLC strategy was launched there.
- Healthwatch has plans to undertake work around the accessible information standard this year.

SOAG Update

Dr Shepherd provided a verbal update following the SOAG meeting, and the following key points were highlighted.

- In 2018 SaTH had been placed in special measures and the Group discussed the exit criteria to leave that level of intense scrutiny and support any progress made to date. There are various separate work programmes and SaTH have tried to align them all to ensure that things are not being done more than once or reporting them more than once.
- It was noted that urgent and emergency care remains an area of concern and progress is still rag rated red. Work is ongoing on how to improve, and the Trust is looking at site management, attendance avoidance, ambulatory care pathways,

discharge pathways. The Trust is putting in an increased dedicated program support to follow the patient journey to see what else can be done.

- There are actions against a sustainable workforce, productivity and efficiency, digital transformation. Program Management and governance are rag rated as amber and where it was noted that good progress is being made. Emergency pressures and the publication of the Ockenden report have delayed progress, however, the Trust are getting back on track.
- The Trust's quality improvement plan work and maternity improvement in transformation work are both rated green which is encouraging.
- Evidence of progress against outcomes and improvement was not seen and an action for the future is that there will be a monthly report of progress including how the Trust can demonstrate progress and the impact of it.
- The Trust provided a presentation at the meeting about their work on leveling up clinical standards and one of the Trust's acute physicians is leading a piece of work to improve clinical standards so that they have a cross organisational consistent approach to clinical standards to ensure that they have agreed standards for each specialty which are implemented and maintained.
- A discussion took place regarding urgent and emergency care, considering the safety oversight in the emergency department in the context of demand which has returned to pre pandemic levels, the increase in numbers of medically fit for transfer patients and the impact that has on the flow. Measures are being put in place to ensure that they have oversight of safety in the emergency department, particularly oversight of the waiting room and walk in patients. The possibility of patients not using ambulances due to ambulance delays was discussed which may be the cause of more patients in the waiting rooms which SATH have recognised and they have put specific measures in place to ensure that they are also monitoring people in the waiting room.
- It was recognised that auditing performance against their standard operating procedures and protocols can be a challenge due to lack of data and IT support.
- An update was provided by the Trust regarding their monitoring procedures, harm reviews and how they extract themes and triangulate from those.

System IPC Quarterly Report

The Committee received the quarterly report and key points have been highlighted in the earlier escalation report.

LeDer Annual Report

The Committee received the LeDer Annual Report, and the following points were raised:

- From 1st of April 2022 all reviews in accordance with the LeDeR changes and the LeDeR will be reviewed by South Central and West CSU which will enable a standardised approach.
- The CCG are working closely with South Central and West CSU to ensure that all reviews are quality assured. As part of the new LeDeR process a newly formed governance panel has been established which will enable the scrutiny of the reviews and the reviewers will attend that meeting.

- Provider organisations have contributed to the LeDeR report, such as Telford and Wrekin Local Authority and MPFT. Shropshire Council have now provided a response, and this will be added to the report.
- The report outlines progress made with the Oliver McGowan recommendations and training being carried out as part of these recommendations.
- There is a number of varied causes of death which have been themed in the report with the top three themes being respiratory conditions which there were five deaths out of the 20 followed by 4 cancer deaths and three patients who had dementia. In 2022 the age of deaths has risen with age 60 being the average age compared to 55 years in 2021 and 50 years in 2020 resulting in an increase of five years over one year and 10 years over a 2-year period.
- Recommendations included in the report are examples of good practice which have been taken from discussions held with family, friends, and carers.

Patient Safety Strategy Progress Report

The NHS Patient Safety Strategy: "Safer culture, safer systems, safer patients" was published by NHSE/I in July 2019. This report provided an update on progress made against the ambitions of the Strategy and details training plan achievement. The published update to the Patient Safety Strategy in February 2021 continued to focus on the principles and high-level strategic objectives. This report was an update on progress over the last 3 months.

Key updates are:

- The CCG have a Patient Safety Specialist in post since August 2021 who is leading our system work.
- There is an Implementation Tool kit for PSIRF document that is being reviewed by the Quality team and action plans being formulated.
- There is a risk that through phased implementation across the system inequalities and reduced quality across the system could result. However, the aim of the PSIRF and the accompanying Plan and Policy is to improve the quality in relation to investigation, engagement and opportunities learning. This is being mitigated through regular meetings of patient safety specialists and coordination of plans.
- The recently published Final Ockenden report into Maternity services at SaTH, March 2022, references implementation of PSIRF and supports the approach of the new framework. We await the learning from PSIRF early adopter sites to establish if there are any additional changes which may be required during implementation.

Healthwatch Shropshire Update

Positive feedback has been received following Healthwatch's annual event regarding end of life on 10th May 2022.

Healthwatch Shropshire are carrying out a piece of work around the NHS accessible information standard which also relates to social care. Healthwatch are looking at how GP practices were implementing this standard, but it also relates to all NHS Services and social care. This is part of the national campaign to raise awareness of the standard, particularly for

people with communication needs, such as visual impairment, hearing impairment, disability including learning disability and how easily they can access information and also whether or not their communication needs are being acted upon. This event will involve face to face engagement with those groups particularly affected.

Pharmacy Leadership Group

The minutes of the Pharmacy Leadership Group were provided for information purposes only. This is a interim arrangement as the Char of this group was not able to attend this meeting. A full report will be provided to the Committee at a meeting to be determined.

Healthwatch Telford & Wrekin Update

Due to technical issues, Healthwatch Telford & Wrekin were unable to provide QPC with a verbal update.

2. Recommendation(s)

NHS Shropshire Telford and Wrekin Board is asked to consider the following recommendations arising from the meeting which require a decision:

2.1 To note the Report.

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

None specifically to highlight.

4. Appendices

None

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

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 28-09.026
Meeting date:	28th September 2022
Paper title	Quality and Performance Committee Chair's Report
Paper presented by:	Meredith Vivian, Chair of the Committee and Non-Executive Director
Paper approved by:	Meredith Vivian, Chair of the Committee and Non-Executive Director
Paper prepared by:	Alison Smith, Director of Corporate Affairs

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Quality and Safety Committee meeting held on 22nd June 2022 as meetings in common with the CCG Quality and Performance Committee for noting.

1.2 The meeting was quorate, and no conflicts of interest were declared.

1.3 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:

Performance Exception Report

Covid: Although Covid numbers did drop noticeably in early June and plateau in the 13-20 cases, the disruption and pressure continues, as although staff absence has reduced a little, Amber/Green pathways are continuing to impact upon the front door and there remains an increased length of stay, in particular with discharges of a complex need. SATH have been running at high escalation for several weeks. Overall system pressure is high and consistent.

Primary Care: Primary care appointments have started to track above the 2019/20 position c.3500. Regionally STW are still above the regional and national average with face to face and telephone consultations.

Shropshire Doctors: Key Performance Indicators remain strong, despite activity increases. Staffing remains a concern and plans are in place to mitigate. The Single Point of Access/Referral is working well with over c.4100 patients through the combined (CCC & SPA) service since January with a 94.8% non-referral to the Emergency Department outcome.

Shropshire Community: Two-hour Urgent Community Response (UCR) remains busy with activity double the target for the region. Staffing remains a challenge, in particular for the Local authority element, mitigations are in place at present but will need some financial support to bridge the gap.

Ambulance and 111: WMAS are doing exceptionally well given the amount of lost hours associated to ambulance waits increased significantly for April. Hear and Treat remains strong and is above the regional position trending @ 15-20%

Urgent and Emergency Care (UEC): All operational standards remain challenged and reflect the position reported in the last quarter. Significant operational site pressures continue due to conflicting pressures across planned care and infection control. A UEC/Ambulance handover summit the first of 2 has occurred and the system is now working with the region to develop a robust/tangible plan to offer system/region support to improve the pathways for patients. The refreshed UEC improvement plan is due to be signed off at the UEC board at the end of June.

Cancer Care: The first month's performance for 2022/23 shows that all CWT standards were again missed and there were 11 patients with confirmed cancer whose treatment began after 104 days. Performance against the 2w standard, the 62-day RTT and 28 FDS are still key risks, and recovery plans to deliver the national targets do not deliver during22/23 except for the 62-day backlog. The risk has been highlighted nationally with the expectation that STW will be in Tier 1 of the National recovery programme for 2022/23.

Cancer targets are mainly affected by access to diagnostics and diagnostic workforce. There are also some specific consultant capacity issues in a number of specialties such as urology, hematology, upper GI and respiratory however, the single biggest underlying issue across all of the improvement is access to diagnostics. There is a lot of scanning capacity currently within the system in terms of MRI and CT including the pod at SaTH. However, the Trust are still unable to staff more than a couple of days a week at the moment. There are plans around the Community diagnostic center that is destined for later this year however, staffing remains an issue.

Planned Care: UEC pressures are still impacting upon planned care recovery. No significant change in overall RTT performance, which remains at around 60% against a national target of 92%. The total number of waits therefore continues to increase, particularly in key specialties such as orthopaedics and general surgery. By exception the 104 week wait list will have reduced to 102 by the end of June 93 at RJAH of which 87 are complex spinal and 6 patient choice, SATH have the remaining 9. Weekly calls are in place with the region for 104-week, 78 week and cancer recovery. The trajectory for the end of July is more favourable, SATH have started elective orthopaedic lists again which has stabilised the position and shows a predicted position of 61 at RJAH (52 complex spinal and 9 patient choice) and 1 at SATH (patient choice).

Mental Health: Children with an Urgent Eating Disorder are waiting for longer than 1-week, additional funding in place to address some long waits however the provider is struggling to recruit the staff. This is impacting on children going into crisis & admissions into an adult inpatient setting. Business case for increased capacity for a place of safety is being considered. IAPT access continues to be lower than targets for both first contact and for in-treatment waits (new IAPT specification has been approved to be implemented). Physical Health checks for patients with an SMI (Serious Mental Illness) levels remain below national targets, although there was improvement in Q4, April figures are lower than expected. PICU and Acute Out of area placements have increased, demand is exceeding capacity in area. This is a national issue and is continually under review.

Shropshire (SHIPP) and Telford and Wrekin Integrated Place Partnership (TWIPP): Both partnerships now have a suite of metrics and have agreed the reporting schedule.

Cancer strategy
The new Cancer Strategy was presented to the Committee for information and only a query regarding CQUIN for cancer was raised.

System Quality Metrics
This is the first presentation of this paper at QPC, the purpose being to provide the system quality metrics as currently developed in order to inform knowledge of quality of services in STW and noting that these will continue to evolve and strengthen month on month as more are identified, and trends develop. A number of comments were raised around presentation of the information.

System Quality Group Chairs Report

The following issues were raised in the feedback to the Committee:

- SaTH are experiencing an increased number of mixed sex accommodation breaches, this due to challenges with transfers out of ICU exceeding 4 hours in the current climate of high demand on beds, as well as the temporary assignment of one ward to care for patient with COVID-19. Both are expected to be temporary issues.
- SaTH has VTE assessment under the expected 85% at 91.8% further assurances were discussed around the number of VTE incidents (actual thrombus related to a hospital stay) and the inclusion of this in the System Metrics in due course. There is medical executive oversight of this at SaTH. This group needs expanding to include other relevant partners.
- Falls at SaTH are reducing but remain at a rate over 4.5/1000 bed days, as well as focus in SaTH there is a system CQI project (provider collaborative) underway to support this area of practice.
- The System Quality Risk Register is expected next month.
- The 2018-2020 suicide rate has been published and shows Shropshire has overtaken the national average. Committee members are seeking further information on this and the actions of the Suicide Prevention Groups.
- RJAH presented the exit criteria and Improvement Director Undertakings required to return to SOF 2 from SOF3. These are expected to be complete by September.
- RJAH are moving forward in their improvement plan. A fully updated version of the plan was requested for July 2022 meeting of SQG.
- SaTH presented their assurance following the CQC prosecution against the Trust on 18th May 2022. The SOAG Group was assured that measures to address this were embedded in SaTHs internal quality metrics and systems and processes. The Director of Nursing assured the Group that she was assured that actions were sustained and monitored.

SOAG Update

- Leadership development framework around training where milestones have not been met and this has mainly due to COVID and has gone from green to amber.
- Theatre Recovery – the Trust has appointed around 30 staff that are all due to start in July 2022, the new staff will require a 6-month induction process.
- There are plans in place to increase staffing utilizing overseas nurses and new roles in particular. There were numbers provided of new staff but not what the vacancy

position would look like afterwards or what the turnover position was. This was challenged and the Trust were asked to provide an update for the next SOAG meeting.

- Learning from Deaths – this continues to be a challenge and the Trust is struggling to identify patients that die within 30 days of discharge.
- The Trust are carrying out a deep dives into children and young people's mental health. There have been a number of forums held including safeguarding over the last month and that was represented by Mrs Vanessa Whatley for the system, Hayley Flavell for the Trust and Cathy Riley for MPFT.
- It was acknowledged that there are various actions being undertaken by MPFT and the systems to improve crisis management.

Ockenden Update
The Ockenden paper that was submitted to the CCG governing body recently and discussed in detail and there were specific actions that arose from the meeting for information and to evaluate what lessons can be learnt to ensure the Committee is fulfilling is assurance role. The Committee acknowledged the focus of both SaTH and the LMNS on these issues but agreed the Committee needed to take an oversight of the system approach, but there needs to be some oversight through Quality and Safety Committees and Maternity Oversight committees with respect to overall progress.

2. Recommendation(s)

NHS Shropshire Telford and Wrekin Board is asked to consider the following recommendations arising from the meeting which require a decision:

2.1 To note the areas highlighted in the report.

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

Assurances around the quality issues already contribute to the management of risk within these areas.

4. Appendices

None attached.

Request of Paper:	Note the report	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 28-09.026
Meeting date:	28th September 2022
Paper title	Quality and Performance Committee Chair's Report July 22
Paper presented by:	Meredith Vivian, Chair and Non-Executive Director
Paper approved by:	Meredith Vivian, Chair and Non-Executive Director
Paper prepared by:	Vanessa Whatley Deputy Director of Nursing & Quality Julie Garside, Director of Planning and Performance

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

1. Purpose of Paper

The purpose of the paper is to provide a summary of NHS STW Quality and Safety Committee meeting held on 27th July 2022.

2. Executive Summary

2.1. Context

The Quality and Performance Committee meets to assure the ICB that Quality Governance and regulatory elements of quality are being met in line with the Health and Care Act 2022 and The National Quality Board Shared Commitment to Quality. That services are safe, well-led, effective, caring sustainable, and equitable and risk are effectively managed in line with STW Pledge 1 – Improving safety and quality.

The Committee assures the Board that performance is reported in line with the national standards, there is intelligence with forecasting against demand across the providers and appropriate plans to meet that demand and risks are managed appropriately in line with Pledge 1 and pledge 3 – Delivering improvements in mental health and learning disability / autism provision.

2.2. Link to Pledges

Pledge 1- Improving safety and quality
Pledge 3 - Delivering improvements in mental health and learning disability / autism provision.

3. Exception Report

Alert

Highly Medical Practice was rated inadequate by the CQC following inspection in November 2021. This is now showing improvement and is reassessed as required Improvement. It's sister practice, in Staffordshire, has however been rated as Requires Improvement by the CQC in March 22. Key areas of concern remain around responding to complaints, high staff turnover, sustaining monitoring of high-risk medication reviews. NHS STW maintain support, but improvement is slow.

WMAS have had significant challenges in maintaining timely reporting and investigation of Serious Incidents (SI). There have been a total of 20 SI reported from April 21 to June 22 (15 months) for STW. Concerns have been raised with the Trust though NHS Black Country who are lead commissioners. RCA's are now themed and 17 are unexpected deaths and 3 categorised as potentially avoidable injury causing serious harm. The sub-categories identify 5 as suboptimal care of the deteriorating patient and 15 treatment delay meeting SI criteria. There are a range of locally agreed actions including education, clinical validation and human factors training which NHS BC are monitoring. The timeliness of reporting is being addressed through monthly quality meetings and NHS STW in monitoring the length of time this themed agreement is in place.

Data from 2021/22 has shown that care homes are the most likely place for safeguarding concerns followed by the person's own home. There is system work underway with the local authorities to improve this and some individual care home actions plans.

A paper dedicated to work on the services provided for children and young people (CYP) with an urgent eating disorder was presented due to the concerns regarding urgent cases waiting for longer than 1 week raised by both the Committee and the Board. Increased funding has been made available to the service, and posts are being recruited to. Once this additional capacity is in place, the ICB will request a commitment regarding the timescales by which the waiting time targets for eating disorders will be achieved for our CYP. There is also an impact on acute MH services due to CYP requiring a bed and the place of safety being used as a temporary bed for children.

The system remains under considerable pressure in relation to staffing in Primary Care e.g. STW has 35 fewer GPs and 61 fewer GP Partners in 2022 than in 2015 and also in Shropshire Doctors Cooperative.

Physical Health checks for patients with an SMI (Serious Mental Illness) levels remain below national targets (39.6% vs national target of 60%). This will improve as the year progresses as the largest volume of checks is always scheduled in quarter 4. Improving Access to Psychological Therapy (IAPT) access target is also below national requirements (2765 new patients starting treatment vs target of 4621, 60% achievement) this reflects a national issue and is being monitored closely. Recovery trajectories for these important targets have been requested from MPFT so that they can be presented to the QPC in September. Dementia diagnosis target is also not being met (59.1% vs target of 66.7%), but an action plan is in place to improve this and progress against the associated recovery trajectory will be monitored via the monthly performance report from September.

<u>Assurance</u>

There is a plan to significantly reduce the maximum CYP mental health waiting list by eighteen weeks by January 2023. To achieve this, six to seven hundred patients will need to be seen within the next six months. An improvement trajectory is to be shared with the Performance Team and will be monitored monthly from September via the monthly performance report. Progress on this and the waits in the eating disorder service is to be presented at the January QPC meeting.

Since January 2022 the STW single point of access service has received circa 4400 referrals, of which 93.9% have avoided ED. 44 alternative pathways to ED have been used.

There is a project initiation document for each of the three priority areas of the Urgent and Emergency Care plan which had been approved by the UEC Board. This fits with the external NHSE action plan and supports delivery of this.

Two CQI projects are underway as a result of discussion at System Quality Group on inpatient falls and fast track (end of life) discharge.

The RJAH Infection Prevention and Control Improvement Plan is progressing with 32 actions complete, an increase of 9 since last report. 26 actions are in progress, 2 are behind plan and 7 yet to start. The Trust has been moved from red to amber on the NHSE IPC risk matrix. This is largely due to the estates work undertaken and improved observed practice.

Progress is ongoing to reduce the number of hospital admissions in patient with Learning Disabilities. At the end of Quarter 1 there was a significant reduction in inpatients from April's number of 13 down to 8 inpatients against a plan of 7.

Advise

The Committee received a report on the Independent Inquiry Report into Child Sexual Exploitation (CSE) in Telford, a follow up report is likely in 2 years when Tom Crowther QC, the author of the report returns to review progress. Five actions were specific to the ICB and action planning is in progress. The outcome of Operation Chalice, the police investigation, remains awaited.

Healthwatch Shropshire is progressing work regarding peoples experience of using the complaints process.

3. Recommendation

To note the areas highlighted in the report.

Integrated Care Board

Agenda item no.	ICB 28-09.026
Meeting date:	28 September 2022
Paper title	Audit Committee Chair's Report
Paper presented by:	Roger Dunshea
Paper approved by:	
Paper prepared by:	

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Audit Committee meeting held on 21 September 2022 for noting.

1.2 The minutes of the CCG previous meetings held in May and June are attached for information.

1.3 The meeting was quorate, and no conflicts of interest were declared.

1.4 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:

ALERT: Matters of concerns, gaps in assurance or key risks to escalate to the Board	**The risk management framework** for the delivery of the ICS' strategic objectives is at an early stage. A process to establish how this will work and be organised, has commenced. It is important this is given a high priority, with the full engagement of stakeholders across the ICS, in a timely manner.
ADVISE: Area's that continue to be reported on and/or where some assurance has been noted/further assurance sought.	**The internal audit plan 2022-23** agreed by the predecessor CCG audit committee is in progress. The committee was concerned about delays in completing previous audit report recommendations. It was requested these be expedited for completion in 2022-23.
ASSURE: Positive assurances and highlights of note for the Board	**The April to June internal audit opinion** for the last quarter of the CCG transition to ICS gave a "Moderate opinion". This recognised the major challenges and risks faced by the system and strengthened governance .

Changes to the BAF Risk(s) and Directorate Risk Register Risk(s) agreed	**The BAF and Strategic Risk Register** are in development.
ACTIONS: Significant follow up action commissioned (including discussions with other Board Committees, changes to Work Plan)	**People and related policies**. The committee requested a review by the executive of where People and related policies fit best within the Executive's and Board's subcommittee arrangements.
ACTIVITY SUMMARY: Presentations/reports / items of note received including those approved.	The committee approved the: • **Emergency Preparedness, Resilience and Response policy.** • **HR policies** covering leave etc. • **Audit Committee** Terms of Reference The committee received updates on: • **Information Governance** • **Audit of April to June three months accounts**: • **Financial sustainability audit** • **Counter fraud** • **Losses and waivers etc**
Matters presented for information or noting	External and Internal audit professional briefings.
Committee self evaluation of effectiveness/ Terms of Reference Review/ Future Work Plan	The committee reviewed its first meeting; feedback was positive regarding engagement of all present and quality of papers.

2. Recommendation(s)

NHS Shropshire Telford and Wrekin Board is asked to consider the following recommendations arising from the meeting which require a decision:

None

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

Not yet applicable

Appendices: May and June 2022 audit committee minutes.

Request of Paper:	To note	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:	*RM Dunshea*	**Date:**	21.09.2022

Integrated Care Board

Agenda item no.	ICB 28-09.026
Meeting date:	28th September 2022
Paper title	Primary Care Commissioning Committee Chair's Report
Paper presented by:	Niti Pall, Non-executive Director (Chair)
Paper approved by:	Nick White, Chief Medical Officer (Deputy Chair)
Paper prepared by:	Emma Pyrah, Associate Director of Primary Care

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Primary Care Commissioning Committee meeting held on 6th July 2022 for noting.

1.2 The minutes of the meeting held on 6 July 2022 have not yet been approved.by the Committee and are not attached.

1.3 The meeting was not quorate and therefore any approvals referred to below were made subsequent to the meeting via the Committee Chair. No conflicts of interest were declared.

1.4 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:

- **Terms of Reference:** This was the first meeting of the Primary Care Commissioning Committee since the transition to ICB status. The membership and terms of reference have been reviewed and revised as a result. The Committee reviewed the proposed terms of reference, and it was agreed that further work was required particularly in relation to membership and quoracy.

- **Delegation Agreement:** The Committee were made aware that the new General Medical Services Delegation Agreement to the ICB effective 1st July 2022 had been signed and submitted to NHSEI.

- **GP Access:** The Committee received a report on the latest position in relation to GP Access. This indicated that primary care is providing more appointments now than before the pandemic, however, levels of demand are unprecedented as the impact of the backlog in elective care is most felt in primary care as patients whose treatment is delayed turn to the GP for support. The committee noted that 6 out of 10 appointments are face to face which is less than pre pandemic, but this capacity is more than offset by increases in telephone and other digital

modalities. The Committee acknowledged that some patients continue to have difficulties accessing their practice including getting through on the telephone.

- Assurance was given that where access issues are identified, the Primary Care Team alongside Quality Team, work with the practices to support with an improvement plan. It was agreed that the issues surrounding GP access and monitoring would be added to the Risk Register.

- The Committee received an update on the General Practice Nurse Strategy which has been written in conjunction with Practice Nurses, General Practice Nurse Facilitators, and the Training Hub. The Strategy is a two-year plan to identify key deliverables in developing Practice Nurses, other Practice Nurse roles, and healthcare support workers within Primary Care and the actions required to utilise the available funding. The Strategy is now available on the Training Hub Delivery Group website. The Committee noted that there had been a decline in Practice Nurse numbers across the ICB which is the reason why programmes to support healthcare support workers to become Nursing Associates have been developed. The work of the Training Hub was also noted to support new-to-Practice Nurses entering Primary Care by sign up to the Fellowship Scheme.

- **Support to Ukrainian Refugees:** PCCC approved the introduction of a Local Enhanced Service for initial health checks for Ukrainian Refugees delivered through General Practice. This is in line with NHSEI guidance. Since the end of March 2022, STW ICS has been a key partner in the local response to supporting refugees from Ukraine and their host families. This work is being led by the two Local Authorities via focused working groups with membership from key departments across various organisations including the Shropshire Supports Refugees Charity. The Primary Care team has led on ensuring that there is appropriate and structured health and wellbeing support for the refugees and their host families with a focus on Primary Care as the main point of access

2. Recommendation(s)

NHS Shropshire Telford and Wrekin Board is asked to consider the following recommendations arising from the meeting which require a decision:

2.1 Note this report.

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

3.1 Not applicable.

4. Appendices

4.1 Not applicable.

Request of Paper:		Action approved at Board:	

		If unable to approve, action required:	
Signature:		Date:	

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 28-09.026
Meeting date:	28th September 2022
Paper title	Remuneration Committee Chair's Report
Paper presented by:	Tracy Hill
Paper approved by:	Trevor McMillan
Paper prepared by:	Lisa Rigby/Tracy Hill

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Remuneration Committee meeting held on 26th August 2022 for noting.

1.2 The meeting was quorate, and no conflicts of interest were declared.

A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:
Terms of Reference – no comments or questions, Terms of Reference approved by the committee.
Remuneration Policy and Framework – approved in principle with the request for further review in 3 months' time to provide the opportunity to reflect, and for the Policy and Framework to support the desired style and culture of the ICB.
ICB CEO Substantive Appointment – this had been previously approved by the shadow committee in June. It outlined a process for recruiting to the position on a substantive basis, including the flexibility to offer other benefits in line with those proposed by the Messenger report. The paper was approved.
Redundancy application. The committee approved the completion and submission to NHSEI of a business case proposing the redundancy of a CCG Director where, due to organisational change, a suitable alternative role had not been secured.
Retire and Return Application from Individual Commissioning (CHC) – the current retirement policy stipulates that all applications for retire, and return are required to be reviewed by the Executive Team followed by the Remuneration Committee. The application was approved. It was noted Executive approval is the right level of oversight for these applications and therefore the need for applications to be further reviewed by the Remuneration Committee is to be removed when this Policy is reviewed.

Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to consider the summary provided and note the content.

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

No

3. Appendices

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

Integrated Care Board

Agenda item no.	**ICB 28-09.27**
Meeting date:	**28 September 2022**
Paper title	**Publication of the Independent Inquiry into Child Sexual Exploitation in Telford**
Paper presented by:	**Alison Bussey, CNO**
Paper approved by:	**Alison Bussey, CNO**
Paper prepared by:	**Zena Young**
Signature:	
Committee/Advisory Group paper previously presented:	**Quality and Performance Committee 27 July 2022**

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

Previous considerations:	**Not applicable**

1. Executive summary and points for discussion

The Independent Inquiry report into Child Sexual Exploitation (CSE) in Telford was published 12 July 2022; this paper provides a synopsis of the report, particularly through a health lens.

The report was commissioned in 2018 by Telford & Wrekin Council following a high-profile police investigation (Operation Chalice) leading to criminal convictions in 2013 when seven men were imprisoned for offences relating to children. A number of these children were known to local authorities and had been deemed to be vulnerable.

The Inquiry found areas of good practice, including that health commissioning strategic leadership is strong, however it identified where public services have failed and is notably critical of West Mercia Police (WMP) and Telford & Wrekin Council (the Council) Children's Social Care and Education in their insufficient actions to recognise and tackle CSE over time. It also reports on insufficiencies in the health response to CSE, particularly relating to primary care and sexual health services whereby opportunity to recognise and refer young people as a safeguarding concern or to clinical services were missed. Lack of records contributed to uncertainty on this. The Inquiry makes it clear that commissioners, including CCGs, had a legal duty to ensure staff and those delivering services were trained and competent and there were sufficient quality standards and assurances.

We cannot be complacent as a statutory organisation, but there is also a role for community awareness as well as the professional inquisitiveness. Other national reports (Rotherham, Oldham) highlight that at strategic level Safeguarding Partnership arrangements have not changed sufficiently, and this is an opportunity to review our local arrangements to enable us to be assured we are delivering a real difference to our population.

Whilst improvements have been made over time, it is important that we recognise past failings and we apologise unreservedly for those, as well as welcoming the 47 recommendations in the report that will help drive further improvements. Of these, 5 recommendations relate to specific actions for the ICB and a further 7 are joint agency. The remaining recommendations relate to partner agencies specifically.

STW Safeguarding Assurance and ICB Quality Governance infrastructures will be working in alignment to ensure the delivery of improvements and to review our local system arrangements. A consideration of the resource required for health to deliver sustained improvements is made separately, however the ICB is recommended to note this point and support the appropriate allocation of resource.

CSE has not ended with the conclusion of Operation Chalice in 2013 and remains an on-going concern; the Inquiry report seeks to ensure that CSE is seen as a continuing priority in our local health economy and there is intent for the Inquiry report author to publish **a follow up report within 2 years**, which will detail progress made by all agencies in addressing the recommendations.

Which of the ICB Pledges does this report align with?

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

2. Recommendation(s)

The ICB is invited to note and debate the contents of this report.
The ICB is further recommended to note that a separate consideration of the resource required for health to deliver on its recommendations will be made and to support the allocation of resources accordingly.
The ICB is invited to note that a second, follow up, report will be published in 2 years and approve an internal review of the recommendations within 12 months to ensure the ICB are on track when the Chair requests further information to support this follow-up review.

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

Report identifies risk round evidencing CCG BAF risk 6: Quality and Safety

Without a robust quality governance framework in place, the system will not be able to monitor quality and safety and mitigate risks in a timely manner. Patients may experience poorer outcomes and experience.

The quality governance approach to receive and consider the Inquiry Report includes strengthening our local approach to CSE assurance both within the system and safeguarding arenas.

4. Appendices

Appendix 1: TIICSE Report Recommendations

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	
Quality and Safety	Full implementation of recommendations will improve the quality and safety of services for STW residents
Equality, Diversity, and Inclusion	
Finances and Use of Resources	There may be a resource implication to ensure full implementation and sustainability of recommendations
Regulation and Legal Requirements	STW ICB are a statutory partner within local safeguarding arrangements and have a duty to act where quality and safety improvements need to be made
Conflicts of Interest	
Data Protection	The Inquiry recommendations detail improved data sharing agreements between partners in order to better protect our population are required
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	

Citizen and Stakeholder Engagement	

Request of Paper:	• Note the content of the paper • Note potential for resource implications • Note intent for a second independent report publication	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

Publication of the Independent Inquiry into Child Sexual Exploitation in Telford

1.0 Introduction

The Independent Inquiry Report into Child Sexual Exploitation (CSE) in Telford was published 12 July 2022 and has attracted considerable national, local and social media interest. This paper provides a synopsis of the above Report, particularly through a health lens and comments on the role of the ICB (previously the CCG) as the statutory health partner on the Telford & Wrekin Family Safeguarding Partnership Board (previously named as the Local Child Safeguarding Board).

The Inquiry Report it identifies where public services have failed and is notably critical of West Mercia Police (WMP) and Telford & Wrekin Council (the Council) Children's Social Care and Education in their actions to recognise and tackle CSE over time. It also reports on insufficiencies in the health response to CSE, particularly relating to primary care and sexual health services whereby opportunity to recognise and refer young people as a safeguarding concern or to clinical services were missed. Lack of records contributed to uncertainty on this. We cannot be complacent as a statutory organisation, but there is also a role for community awareness as well as the professional inquisitiveness. Other national reports (Rotherham, Oldham) highlight that at strategic level Safeguarding Partnership arrangements have not changed sufficiently, and this is an opportunity to review our local arrangements to enable us to be assured we are delivering a real difference to our population.

It is important that we recognise past failings and we apologise unreservedly for those, as well as welcoming recommendations in the Report that will help drive further improvements. The Inquiry Report's author pays tribute to victims and survivors whose experiences informed the work of the Inquiry and to those who felt able to come forward to give evidence. Of particular note is the inclusion of the victim/survivor voice throughout the Report and their accounts remind us all of their devastating experiences and how we could have collectively done more to safeguard them.

Much has already changed, and we have confidence that safeguarding procedures and multi-agency working are now far stronger than they have been historically. Steps that have been taken include: increased staff awareness; improving information sharing across agencies; recognition and response, training; and shared learning; as well as better partnership working across the system at all levels. The upward trend in referrals to the CSE panel offers some assurance that victims are being identified and receiving an appropriate response.

2.0 Background

The Report was commissioned in 2018 by Telford & Wrekin Council following a high-profile police investigation (Operation Chalice) and prosecutions leading to a number of criminal convictions, most notably in 2013 when seven men were imprisoned for offences relating to young people between the ages of 13 and 16. A number of children were known to local authorities and had been deemed to be vulnerable.

The purpose of the Inquiry was to fully investigate and establish the facts of child sexual exploitation from 1989 to date, where there is a link to Telford. This includes the time period prior to the formation of Telford & Wrekin Council, whereby Shropshire County Council were the responsible body.

The successful prosecution of a small number of offenders for CSE raised awareness across the board and at all levels within partner agencies and with the public and media. CSE has not ended with the conclusion of Operation Chalice in 2013 and remains an on-going concern; the Inquiry Report, through its recommendations and intent to publish a follow-on report in 2 years' time, seeks to ensure that CSE is seen as a continuing priority in our local health economy.

3.0 NHS STW CCG role

To assist the inquiry, in November 2019 NHS Telford & Wrekin CCG, later NHS Shropshire, Telford & Wrekin CCG (collectively 'the CCG'), were asked to retain and provide any relevant documents and senior officers met directly with the Inquiry team as part of their information gathering. A legal hold was in place barring the destruction of any records held by the CCG to assist with the Inquiry. The CCG further assisted the Inquiry through meetings with GP practices/practice managers and other local NHS providers to elicit the required information submissions. Legal advice to the CCG was received from Mills and Reeve LLP.

4.0 Inquiry Findings

The four-volume Report is very detailed and runs to 1249 pages. The full Report can be accessed via: https://www.iitcse.com/

Volume 4, Chapter 7 (pp 998 – 1036) deals with Health Agencies specifically, however it should not be read in isolation. The Inquiry makes it clear that commissioners, including CCGs, had a legal duty to ensure staff and those delivering services were trained and competent and there were sufficient quality standards and assurances.

4.1 Areas of good practice

- The Inquiry Report noted that health services at commissioning level has real commitment to meet safeguarding obligations. The health contribution at strategic leadership level is strong and health is well represented by Named Nurses and safeguarding professionals who have been active, engaged and motivated.
- A number of independent inspections and reports (including CQC, Ofsted) over the period of the Inquiry gave positive assurance on the effectiveness of 'health' safeguarding arrangements, albeit with limited reference to CSE, and the Inquiry Report did not contradict these, nor comment that any recommendations arising from those reports were insufficiently acted upon.
- The Report also recognised areas where there have been improvements relating to CSE, for example, since 2015, specific training with an increase in health professional awareness of CSE; better referral pathways, policy and procedures and commissioning sexual health services have all improved.
- Whilst there is commentary that some provider services let victims down, the professionalism and tenacity of certain health professionals was recognised.

4.2 Areas of concern

- Although there was a recognition at strategic level this did not translate as quickly as it should have done into knowledge and action at delivery level was did not translate to services being received by those accessing them.
- Professionals across all agencies lacked recognition of a young person as a potential or actual victim of CSE, with adverse mention of some front line health services, specifically GP and sexual health services. The Report noted some of this was in part reflective of the legal language and framework of the time eg 'child prostitute' v child exploited. Examples of concerning attitudes towards children included: use of derogatory language in clinical records; references to 'lifestyle choices' and normalising of sexualised behaviour and pregnancy in under 16 year olds; and criminalizing behaviour (via the justice system).
- Lack of professional curiosity (no questions asked) when a young person presented to the GP for contraception, including repeated presentation for emergency contraception (a number of presentations in the same week) or when they accessed sexual health services, or displayed harmful or risky behaviour such as going missing and other indicators. Victims/survivors expressed dismay that professionals focused on behaviour rather than probing sensitively to elicit the underlying cause.
- In not recognising CSE, there was a consequent lack of counselling and emotional support offered to victims/survivors. [Authors note - this emotional impact stays with many today and indeed over an individuals lifetime; as a consequence, demand for CAMHs and adult mental health services (for example) may be seen].
- Specific CSE training was lacking initially and although did improve over time, there was a lack of real evidence to demonstrate translation of training into practice and thus making a difference to outcomes. The strategic focus was strong, but awareness of CSE at delivery level was slow to engage and implement changes.
- The numerous re-organisations of health services and complexity of commissioning arrangements was noted as contributing to lack of clarity when holding partners to account with a loss of documentation and corporate memory. Particularly noted was fragmented commissioning and delivery of sexual health services, with: no cohesive oversight; excessive workloads; absence of clinical supervision. This situation improved with the recommissioning of sexual health services in 2016. In light of the recent health re-organisation it is important to ensure that there is no corporate memory loss or loss of documentation on this occasion.
- Insufficient information sharing between health professionals, especially between the Council's CATE team (Children Abused Through Exploitation) and GP's, poor recording of CSE concerns on GP records and lack of a robust process for sharing information about concerns when a child moves GP practice.
- The insufficiency of information sharing was a theme running through the Report, which further commented on unacceptable delays of 9 months in offering screening to victims/survivors when a perpetrator was known to be HIV positive. Professional bodies and agencies differing views and legal advice on information sharing was a barrier, with no consensus for action, however health championed this and achieved resolution, albeit late. The Inquiry concluded there was nervousness and confusion about when information could be shared.

5.0 Inquiry Recommendations

The 47 recommendations are detailed in Volume 1, pp 124 – 136 and are included as an appendix to this briefing. Of these, **5 are specifically intended for NHS STW to action** (abridged):

- Rec 42. Improve the quality of CSE training delivered to NHS providers and practitioners to increase the likelihood of this translating into practice.
- Rec 43. (With NHSE - as commissioners of Tier 4 CAMHS) secure increased funding for improvements to trauma-related mental health services for victims and survivors.
- Rec 45. (With NHSE - as commissioners of Sexual Assault Referral Centres and PHE as commissioners of Sexual Health services) Review and keep under review guidance for sexual health clinics/all health providers responsible for giving sexual health advice.
- Rec 46. Consult with GP's to improve CSE data collection through an IT solution for flagging on health records.
- Rec 47. GP's to implement a review system to enable CSE notification between practices when a child moves GP.

A further **7 are joint agency recommendations which involve NHS STW** [authors commentary included].

- Rec 1. Establish a joint CSE Review Group (health to be an invited partner).
- Rec 6. Implement training on information sharing protocols and responsibilities [health partners should participate in this training].
- Rec 10. Children Abused Through Exploitation (CATE) pathway to be reviewed [the interface with GP's to be considered here].
- Rec 11. Implementation of an Adult Transition meeting where a CATE child transitions to adulthood [health providers should participate in these meetings; health commissioners should monitor attendance and escalations].
- Rec 18. Review CSE therapeutic services [directed at council commissioning responsibilities, but references commissioning MH services for victims/survivors].
- Rec 20. Review processes for information sharing relating to HIV risk.
- Rec 44. Increase capacity for health services to sexually exploited children [directed at council commissioning responsibilities, but an example of the complexity of commissioning arrangements].

The remaining recommendations are directed at other agencies, notably WMP and the Council (including education), relating in the main to arrangements for the joint CSE Review Group; CATE service arrangements; budgets for CSE and for counselling; licensing premises and taxi services; CSE processes in schools; training; complaints handling; processes for reporting concerns; and treating parents as partners.

Appendix 1 details the full TIICSE Report Recommendations.

6.0 Next Steps

NHS STW ICB will consider the Report in full and review the recommendations with safeguarding partners locally and regionally and also in association with partner commissioners of services in health and social care. We also have to look beyond the recommendations to elicit further learning that is not set in the recommendations themselves.

As stated, the ICB are the statutory health partner on the Telford & Wrekin Family Safeguarding Partnership Board and this is an opportunity to review our local system arrangements, looking wider than the Inquiry Report recommendations, to enable us to be assured we are delivering a real difference to our population.

The CNO, as ICB accountable executive, will lead the response to health recommendations, ensuring the delivery of all actions within the integrated plan, holding partners to account for robust and sustainable delivery of these. The Family Safeguarding Partnership Board and the newly recommended joint CSE subgroup hold multi-agency system safeguarding oversight and will approve the integrated action plan and provide progress assurance.

The above approach to governance aligns to STW Quality Governance via both the System Quality Group and the Quality & Performance Committee (which include both health and social care membership) and provides the formal assurance route to the ICB.

The Inquiry Report requires the new joint CSE group to publish an annual report within 18 months, including comparative performance data, and **there is intent for the independent author to publish a follow up report within 2 years**, which will detail progress made by all agencies in addressing the recommendations and will draw on the proposed CSE annual report as evidence of progress.

The necessary resources to ensure sustainable delivery of improvements of 'health' actions, and in discharging our safeguarding statutory responsibilities will be considered and presented separately for discussion and approval.

7.0 Support for victims/survivors and staff

We anticipate that more victims will come forward following publication of the Report and the details of how they can seek support have been shared in our staff briefing. Professionals are reminded that should the publication of this Report spark any professional concerns a safeguarding referral can be made in the usual way.

People who are currently employed by statutory safeguarding services will be able to access their employer's confidential support services.

Anyone else who may be affected by the contents of the Report, Telford & Wrekin Council has funded a confidential and independent support service which is publicised at the beginning of the Inquiry Report.

8.0 Recommendations

- The ICB is invited to note and debate the contents of this report and when available, agree an action plan and timeline for delivery of the recommendations.
- The ICB is further invited to note that a separate consideration of the resource required for health to deliver on its recommendations will be made and is recommended to support the allocation of resources accordingly.
- The ICB is invited to note that a second independent follow up report will be published in 2 years and approve an internal review of the recommendations within 12 months to ensure the ICB are on track when the Chair requests further information to support this follow-up review.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 28-09.028
Meeting date:	28 September 2022
Paper title	NHS Shropshire, Telford and Wrekin CCG Annual Report and Accounts 2021/22
Paper presented by:	Claire Skidmore Chief Finance Officer Nicola Dymond Director of Strategy and Integration
Paper approved by:	Claire Skidmore Chief Finance Officer Nicola Dymond Director of Strategy and Integration
Paper prepared by:	Alison Smith Director of Corporate Affairs
Signature:	C Skidmore .
Committee/Advisory Group paper previously presented:	The Annual Report and Accounts 2021/22 of NHS Shropshire, Telford and Wrekin CCG were presented to the Governing Body of the CCG on 8th June 2022, which subsequently delegated final approval of the content to the CCG's Audit Committee at it's meeting held on 15th June 2022.

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

Previous considerations:	None identified.

1. Executive summary and points for discussion

NHS England guidance on final annual reports and accounts for CCGs dissolved on 30th June 2022, requires the final version of the Annual Report and Accounts to be presented for noting to the respective Integrated Care Board that covers the area that the CCG was situated within.

This paper presents the final version of the CCG's Annual report and Accounts for 2021/22 and the Auditors Annual Report 2021/22 which can be accessed via the following link to NHS Shropshire. Telford and Wrekin's website:

https://www.shropshiretelfordandwrekin.nhs.uk/about-us/how-we-are-run/annual-reports-and-annual-accounts/

The Annual Report and Accounts were prepared using the NHS Manual for accounts 2021/22 which set out the minimum content requirement. However, the CCG provided additional information in its Annual Report to give an overview of the NHS body and to facilitate local accountability.

The Annual Report and Accounts 2021/22 of NHS Shropshire, Telford and Wrekin CCG were presented to the Governing Body of the CCG at its meeting held in public on 8th June 2022, which subsequently delegated final approval of the content to the CCG's Audit Committee on 15th June 2022.

Which of the ICB Pledges does this report align with?

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

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin is asked to note the final Annual Report and Accounts for 2021/22 of NHS Shropshire, Telford and Wrekin Clinical Commissioning Group, which was dissolved on 30th June 2022.

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

The report seeks to provide assurance that NHS Shropshire, Telford and Wrekin CCG had approved its final Annual Report and Accounts 2021/22 prior to its dissolution.

4. Appendices

Link to full Annual Report and Accounts for 2021/22 and Auditor's Annual Report 2021/22 for NHS Shropshire, Telford and Wrekin CCG:

https://www.shropshiretelfordandwrekin.nhs.uk/about-us/how-we-are-run/annual-reports-and-annual-accounts/

5. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	No implications
Quality and Safety	No implications
Equality, Diversity, and Inclusion	No implications
Finances and Use of Resources	No implications
Regulation and Legal Requirements	Under Section 14Z15 of the NHS Act 2006 (as amended) NHS Shropshire, Telford and Wrekin CCG was required to produce an annual report and accounts.
Conflicts of Interest	No implications
Data Protection	No implications
Transformation and Innovation	No implications
Environmental and Climate Change	No implications
Future Decisions and Policy Making	No implications
Citizen and Stakeholder Engagement	No implications

Request of Paper:	To note the contents of NHS Shropshire, Telford and Wrekin CCG's Annual Report and Accounts	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

Integrated Care Board

Agenda item no.	**ICB 28-09.029**
Meeting date:	**28 September 2022**
Paper title	**Transition from NHS Shropshire, Telford and Wrekin CCG to NHS Shropshire, Telford and Wrekin – Final Due Diligence Assurance Report**
Paper presented by:	**Nicola Dymond Executive Director of Strategy and Integration**
Paper approved by:	**Nicola Dymond Executive Director of Strategy and Integration**
Paper prepared by:	**Alison Smith Director of Corporate Affairs**
Signature:	
Committee/Advisory Group paper previously presented:	**Not applicable**

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

Previous considerations:	**Not applicable**

1. Executive summary and points for discussion

At its meeting on 1st July the Board it was agreed that a report to provide a further update on the progress with closing those due diligence actions that remained outstanding post 1st July.

This paper presents the final consolidated due diligence checklist followed by NHS Shropshire, Telford and Wrekin CCG in preparation for the CCG's dissolution and the creation of NHS Shropshire, Telford and Wrekin on 1st July 2022. The final version of the checklist is attached as **appendix 1**. The Board is asked to note the majority of actions on the checklist have now been completed and rag rated Green.

However, following completion of the due diligence process, there remain some issues that carry a level of risk that cannot be mitigated further. These are listed separately in **appendix 2** by exception with additional information provided by risk owners.

The Board is asked to note the final list of amber and red risks (appendix 2) highlighted from the due diligence checklist (appendix 1).

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

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

3. Recommendation(s)

NHS Shropshire, Telford and Wrekin CCG Governing Body is asked to note the report for information only.

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

The report outlines in detail the risks associated with the key areas outlined in the due diligence checklist and the associated mitigating actions being taken.

5. Appendices

Appendix 1 – Due Diligence Checklist

Appendix 2 – Due Diligence Checklist- Risk and Issues (Amber and Red) Exception Report

6. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	No implications
Quality and Safety	No implications
Equality, Diversity, and Inclusion	The CCG undertook Equality Risk Assessment on its employed staff, to quantify the impact of the creation of the ICB.
Finances and Use of Resources	There remain some key red/amber risks associated with financial planning outlined in appendix 1.
Regulation and Legal Requirements	Under the Health and Social Care Act 2022, the CCG was dissolved on 30th June 2022 and NHS Shropshire, Telford and Wrekin created from 1st July 2022.

Conflicts of Interest	Some elements of due diligence relate to HR, however the HR function of the CCG and the new ICB is provided by Midlands and Lancashire CSU and therefore any perceived conflict of CCG employees signing off on any of the HR activities was mitigated.
Data Protection	No implications
Transformation and Innovation	No implications
Environmental and Climate Change	No implications
Future Decisions and Policy Making	No implications
Citizen and Stakeholder Engagement	No implications

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

Integrated Care System
Shropshire, Telford and Wrekin

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Shropshire, Telford and Wrekin

INTEGRATED CARE BOARD

Agenda item no.	ICB 28-09.030
Meeting date:	28 September 2022
Paper title	Update on Policy Alignment
Paper presented by:	Nicola Dymond ICB Director of Strategy and Integration
Paper approved by:	Alison Smith Director of Corporate Affairs
Paper prepared by:	Tracy Eggby-Jones Corporate Affairs Manager
Signature:	
Committee/Advisory Group paper previously presented:	Integrated Care Board – 1 July 2022

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

Previous considerations:	The ICB Board formally adopted the policies of the former NHS Shropshire, Telford and Wrekin CCG at its meeting held on 1 July 2022, noting that further work was required to update them with the new ICB branding/logo and make changes to job titles and contact details where applicable.

1. Executive summary and points for discussion

Following the merger of the former legacy CCGs (NHS Shropshire CCG and NHS Telford and Wrekin CCG) a significant amount of work was undertaken during 2021/22 to align the clinical and non-clinical policies so that they were aligned as one policy for NHS Shropshire, Telford and Wrekin CCG (STW CCG).

On 1 July 2022, at its inaugural Board meeting, the NHS Shropshire, Telford and Wrekin formally adopted the policies of the former NHS Shropshire, Telford and Wrekin CCG. However, noting that further work was required to update them with the new ICB branding/logo, make changes to job titles and contact details where applicable.

Where a policy or procedure required material changes (i.e. to the content of the policy) or a new policy was being introduced then normal governance processes apply in that they would require formal approval by the respective committee.

The purpose of this report is to provide the Board with an update on progress to date with the non-material amendment of policies with NHS Shropshire, Telford and Wrekin branding and narrative changes to align with an ICB instead of a CCG and the timeline for completion for those policies which have yet to be reviewed.

The review of policies is monitored through two policy trackers, one held by the Corporate Affairs Manager for all non-clinical policies and Medicines Management Team for the clinical policies.

Which of the ICB Pledges does this report align with?

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

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to receive and note for assurance the update on the non-material amendments of policies as outlined for clinical and non-clinical policies following the creation of the ICB on 1 July 2022.

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

None identified.

4. Appendices

None

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	
Quality and Safety	Having patient engagement, involvement and feedback in the development and implementation of policies and procedures helps organisations involved in care to learn and improve quality of care.
Equality, Diversity, and Inclusion	Having clear policies in place, and process for monitoring implementation, and

	adherence to national guidance reduces health inequalities.
Finances and Use of Resources	Ensuring that policies and procedures are in line with the ICB's Scheme of Reservation and Delegation and Standing Financial Instructions (SFIs).
Regulation and Legal Requirements	Ensuring that policies and procedures are in line with the regulatory and legal requirements.
Conflicts of Interest	None identified
Data Protection	None identified
Transformation and Innovation	None identified
Environmental and Climate Change	None identified
Future Decisions and Policy Making	None identified

Action Request of Paper:	To receive and note for assurance the update on the non material amendments of policies as outlined for clinical and non-clinical policies following the creation of the ICB on 1st July 2022.		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Update on Policy Alignment

1. Background

Following the merger of the former legacy CCGs (NHS Shropshire CCG and NHS Telford and Wrekin CCG) a significant amount of work was undertaken during 2021/22 to align the clinical and non-clinical policies so that they were aligned as one policy for NHS Shropshire, Telford and Wrekin CCG (STW CCG).

On 1 July 2022, at its inaugural Board meeting, the NHS Shropshire, Telford and Wrekin (NHS STW) Board formally adopted the clinical and non-clinical policies of the former STW CCG. However, noting that further work was required to update them with the new ICB branding/logo, make changes to job titles and contact details where applicable.

2. Purpose

The purpose of this report is to provide the Board with an update on progress to date with the non-material amendment of policies with NHS STW branding, narrative changes to align with an ICB instead of a CCG and the timeline for completion for those policies which have yet to be reviewed.

3. Material Changes to Existing Policies & New Policies

Where a policy or procedure requires material changes (i.e. to the content of the policy) or a new policy was being introduced then normal governance processes apply, in that they will require formal approval by the respective ICB committee.

4. Documentation Control

The Corporate Affairs Manager and Medicines Management Team have put in place a system of documentation control to ensure all documents are reviewed, updated and approved for NHS STW.

All documents are saved on the shared drive and/or website and intranet, and have been recorded on a master tracker. One held by the Corporate Affairs Manager for all non-clinical policies and Medicines Management Team for the clinical policies.

Lead Directors and Senior Managers have been asked to undertake a review all their existing non-clinical policies and procedures to ensure they are fit for purpose for the ICB.

The clinical policies have been reviewed and prioritised by the Information Asset Owners (IAO's) within the Medicines Management Team and have been ranked as High, Medium or Low priority for update.

A document owner has been assigned for each policy, who is responsible for reviewing, updating the policy, and ensuring it is approved at the relevant committee, if necessary. The policy tracker is then updated with the new review date, policy reference number and uploaded to the website/intranet.

5. Documentation Control Process for 2022-2023

All policies have either been reviewed/updated or are currently in the process of being reviewed/updated following the transition to the Integrated Care Board (ICB).

Progress to date with the amendment of policies with NHS STW branding, narrative changes to align with an ICB instead of a CCG and the timeline for completion for those policies which have yet to be reviewed or updated, is outlined below:

- **Clinical Policies**

  The Medicines Management team currently have 82 documents in total requiring either rebranding or rewriting.

  Rebranding of Clinical Polices

  There are 38 High, Medium and Low priority documents in need of rebranding. To date:

  - 21 High, Medium and Low Priority documents have been rebranded.
  - 17 High, Medium and Low priority documents still to be rebranded by the end of September.

  Target date for all High, Medium and Low priority documents to be rebranded is 30 September 2022. It is expected that this target date will be achieved.

  Rewriting of Clinical Polices

  There are 30 High and Medium priority documents that require rewriting. These documents will be rewritten following the transition to ICB and guidance changes. To date:

  - 9 High or Medium priority documents have been rewritten.
  - 21 High or Medium priority documents in the process of being rewritten.

  The target date for all High and Medium priority documents to be completed by is 30 September 2022.

  There are 4 Low priority documents requiring rewriting. The target date for all Low priority documents to be completed by is 30 December 2022.

  New, Outstanding & Archived Clinical Polices

  There are 4 new documents which have yet to be attributed a High, Medium or Low priority. This will be completed by the Asset Owner and once a decision has been made the tracker will be updated to reflect their allotted priority.

  4 documents which were previously low priority have now been archived.

- **Non-Clinical Policies**

  There are currently 92 non-clinical policies in total that either require rebranding or rewriting.

Rebranding of Non-Clinical Polices

There are 88 non-clinical policies in need of rebranding. To date:

- 35 polices have been rebranded.
- 53 policies are in the process of being rebranded by the end of October.

Target date for all policies to be rebranded is 31 October 2022. It is expected that this target date will be achieved.

Rewriting of Non-Clinical Polices

There are 4 non-clinical policies that require rewriting due to a number of material changes. These are due to be presented to the Audit Committee on 21 September 2022 for approval.

6. Monitoring & Assurance

The review of policies is monitored through two policy trackers, one held by the Corporate Affairs Manager for all non-clinical policies and Medicines Management Team for the clinical policies.

A further update will be provided to the Audit Committee on progress of policy alignment for assurance in January 2023.

7. Conclusion

The clinical policies which require rebranding or rewriting are currently either completed or in the process of being rebranded. The target date for completion is 31 December 2022. It is expected that all documents will be completed by the target date.

The non-clinical policies which require rebranding or rewriting are currently either completed or in the process of being completed. The target date for completion is 31 October 2022. It is expected that all documents will be completed by the target date.

8. Recommendation

NHS Shropshire, Telford and Wrekin Board is asked to receive and note for assurance the update on the non-material amendments of policies as outlined for clinical and non-clinical policies following the creation of the ICB on 1 July 2022.

Integrated Care System
Shropshire, Telford and Wrekin

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0. Integrated Care Board

Agenda item no.	**28-09.031**
Meeting date:	**28th September 2022**
Paper title	**22/23 NHS Operational Plan**
Paper presented by:	**Gareth Robinson, Director of Delivery & Transformation**
Paper approved by:	**Claire Skidmore**
Paper prepared by:	**Gareth Robinson, Director of Delivery & Transformation Laura Clare, Deputy Director of Finance**
Signature:	
Committee/Advisory Group paper previously presented:	**Not applicable**

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

Previous considerations:	**Not applicable**

1. Purpose of Paper

The purpose of the report is to summarise for the Board the re-submission of the Operational Plan following its ratification at the Emergency Board meeting that took place on 17th June to allow Board Approval of the resubmitted plan

The paper sets out the key operational and financial elements of the plan

Executive Summary

1.1. Context

As part of the NHSE national planning process a system operational plan was submitted on 28 April 2022. Feedback was received from NHSE, and a decision was made nationally for a resubmission of operational plans, to be completed 20 June 2022.

The information presented sets out the key areas of the approved resubmission relating to activity, performance and finance

2.1.1 Activity

The table below summarises the activity plan contained within the overall System Operating Plan submission

Area	**Target**	**20.6.22**	
Elective activity	104% of 19/20	104%	See section 2.1.1a at base of table

	activity levels		
78 week waits	0 by March 2023	458	Submission remains non-compliant. Delay to PRH elective hub contributes to this non-compliance
62-day cancer	Feb 2022 levels (173)	169	Position has deteriorated but remains compliant with planning assumption
Faster diagnostic standard	75% by March 2024	RJAH 77.8% SaTH 57.0%	Key constraint: MRI capacity at SaTH
Diagnostics	120% of 19/20 levels	No change	The delivery of diagnostics will not meet the target due to workforce shortfalls.

2.1.1a. Elective activity target

The system has a clear plan to achieve 102.8%. The system has increased this position further to achieve the required 104% by committing to pursue a plan to enhance activity through use of the Independent Sector. This will require the commissioning of 100-day cases and 529 inpatient spells from the Independent Sector.

This effectively replaces the capacity lost as a result of the delay to the implementation of the PRH Elective Hub which had been a major component of the initial system plan for 22/23.

This final independent sector component of the plan is assessed as having significant risk and is predicated on:

- The availability of sufficient Independent Sector capacity. The system will work with all local providers across Wales, STW and the broader West Midlands to maximise this capacity
- The availability of sufficient numbers of patients willing to be transferred to this provider along with the availability of system resource to manage a resource-heavy process
- Additional financial resource being made available to support this course of action

2.1. 2 Finance

The national context around financial planning for 22/23 includes the following key principles:

- Statutory requirement to break even and hold no underlying deficit
- Expected to fully restore core services and make significant inroads into the elective backlog and NHS Long Term Plan commitments
- Significant additional efficiencies are expected to be delivered in order to address the excess costs of the pandemic and move back to and beyond previous levels of productivity
- Resource allocation based on current costs (21/22) and requires a 'convergence' improvement back to fair share allocations over time

Deficit

The 20th June plan submission shows an overall in year system deficit plan of £19.0m (with a £61.0m underlying deficit).

Efficiency

In order to deliver the position, 4.2% of overall efficiency/savings have been assumed being 1.6% cost improvement in individual organisations (c£18m), an additional £12m of transformation savings and a £11m non-recurring efficiency stretch target. The Integrated Delivery Committee remains in place to oversee delivery of the efficiency /transformation programmes across the system.

Risk

£23.2m of expenditure sits outside of the plan and is held in a 'to be prioritised' list. These are important areas of investment across the system that cannot proceed until we can unlock sufficient funds to pay for them. Approximately £69m gross financial risk has also been identified which includes risks in relation to:

- Elective recovery – failure to meet activity trajectory could mean clawback of non-recurrent funds (up to 75% of the £16m that is available)
- Urgent and Emergency Care pressures – impacting from the front door of the hospital through to discharge. We have included funding in our plan in areas such as the ambulance service and community discharge support but there is a significant risk that these costs could be far exceeded
- Risk remains around delivery of some of the efficiency and transformation programmes due to delays in implementation as a result of operational pressures
- Individual commissioning volume and pricing.
- We have currently identified £15.9m of mitigations against this risk and continue to work to identify further mitigations.

2.2. Link to Pledges

The plan contributes to delivering the following pledges:

- Improving safety and quality
- Integrating services at place and neighbourhood level
- Tackling problems of ill health, health inequalities and access to health care
- Delivering improvements in mental health and learning disability/autism provision
- Leadership and governance
- Creating system sustainability
- Workforce

2.3. Conclusion and Recommendations

Following the approval of the system operating plan on the 17th June 2022, the ICS Board is asked to note this summary of finance and activity aspects of the plan along with the current risks attached to delivery of:

- **The revised financial position**
- **Delivery of the elective activity levels at 104%of the 2019/20 levels**