

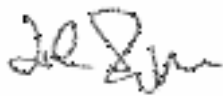
AGENDA

Meeting Title	Governing Body Part 1 Meeting	Date	Wednesday 9 March 2022
Chair	Dr John Pepper	Time	1.30pm
Minute Taker	Corporate PA	Venue/ Location	Via Microsoft Teams

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

Reference	Agenda Item	Presenter	Purpose	Paper	Time
GB-22-03.021	Introduction and Apologies	John Pepper	I	Verbal	1:30
GB-22-03.022	Members' Declarations of Interests	John Pepper	I	Enclosure	
GB-22-03.023	Minutes from previous meetings: <ul style="list-style-type: none">Shropshire, Telford and Wrekin CCG Governing Body Meeting – 12 January 2022	John Pepper	A	Enclosure	
GB-22-03.024	Action Tracker and Matters Arising from previous meeting	John Pepper	A	Enclosure	
GB-22-03.025	Questions from Members of the Public Guidelines on submitting questions can be found at: https://www.shropshiretelfordandwrekinccg.nhs.uk/about-us/governing-body/governing-body-meetings/	John Pepper	I	Verbal	1:40
GB-22-03.026	Accountable Officer's Report	Mark Brandreth	I	Verbal	1:45
Assurance Reports					
	<u>Quality and Performance</u>				
GB-22-03.027	Quality and Performance Report	Zena Young / Julie Garside	S	Enclosure	1:55
GB-22-03.028	Ambulance Handover Performance Report	Julie Garside	S	Enclosure	2:05
	<u>Finance</u>				
GB-22-03.029	2021/2022 Month 10 Financial Position	Claire Skidmore	S	Enclosure	2:15

GB-22-03.030	<u>Planning and Restoration</u> 2022/23 System Operational Plan Position Statement	Sam Tilley	S	Enclosure	2:25
GB-22-03.031	Elective Recovery Report	Julie Garside	S	Enclosure	2:35
GB-22-03.032	<u>Governance</u> Board Assurance Framework	Alison Smith	S	Enclosure	2:45
Strategic Transformation and other reports					
GB-22-03.033	The Shrewsbury and Telford Hospital NHS Trust CQC Inspection Report – Published 18 November 2021 Action Plan	Zena Young	S	Presentation	2:50
GB-22-03.034	Integrated Care System Progress Report	Simon Whitehouse	S	Verbal	3:10
Decision Making					
There are no items to report					
OTHER / COMMITTEE REPORTS FOR INFORMATION ONLY (Issues or key points to be raised by exception with the Chairs of the Committees or report authors outside of the Governing Body meetings)					
GB-22-03.035	Quality and Performance Committee – 24 November	Meredith Vivian	S	Enclosure	3:20
GB-22-03.036	Finance Committee – 26 January	Geoff Braden	S	Enclosure	
GB-22-03.037	Audit Committee – 19 January	Geoff Braden	S	Enclosure	
GB-22-03.038	Primary Care Commissioning Committee – 1 December	Donna MacArthur	S	Enclosure	
GB-22-03.039	Summary of CCG Locality Forum Meetings held in November 21 and February 22: Shrewsbury and Atcham North Shropshire South Shropshire Telford and Wrekin	Clare Parker	S	Enclosure	
GB-22-03.040	Assuring Involvement Committee – 25 November and 27 January	John Wardle	S	Enclosure	
GB-22.03.041	Any Other Business	John Pepper		Verbal	
	Date and Time of Next Meeting – Wednesday 8 June 2022 time to be confirmed				
RESOLVE: <i>To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted,</i>					



Dr John Pepper
Chair



Mr Mark Brandreth
Interim Accountable Officer

Members of NHS Shropshire, Telford and Wrekin CCG Governing Body
Register of Interests - 1 March 2022

Surname	Forename	Position/Job Title	Committee Attendance SCC = Strategic Commissioning Committee FC = Finance & Performance Committee Q&PC = Quality & Performance Committee PCCC = Primary Care Commissioning Committee AC = Audit Committee RC = Remuneration Committee AIC = Assuring Involvement Committee	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect?		From (ie review date form completed)	To	
Ahmed	Astakhar	Associate Lay Member for Patient and Public Involvement (PPI) - Equality, Diversity and Inclusion Attendee	SCC, F&PC, RC, AC					None declared	1.2.21		
Allen	Martin	Independent Secondary Care Doctor Governing Body Member	Q&PC, F&PC	X			Direct	Employed as a Consultant Physician by University Hospital of North Staffordshire NHS Trust, which is a contractor of the CCG	22.1.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
					X		Direct	Member of CRG (Respiratory Specialist Commissioning)	22.1.21	ongoing	Level 1 - Note on Register
					X		Direct	Chair of the Expert Working Group on coding (respiratory) for the National Casemix Office	22.1.21	ongoing	Level 1 - Note on Register
					X		Direct	Member of the Royal College of Physicians Expert Advisory Group on Commissioning	22.1.21	ongoing	Level 1 - Note on Register
				X			Indirect	Wife is a part-time Health Visitor in Shrewsbury and employed by the Shropshire Community Health Trust	22.1.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
					X		Direct	Board Executive member of the British Thoracic Society	22.1.21	ongoing	Level 1 - Note on Register
					X		Direct	NHSD. Member of CAB (Casemix Advisory Board)	22.1.21	ongoing	Level 1 - Note on Register
					X		Direct	National Clinical Respiratory Lead for GIRFT NHS Innovation (NHSI)	22.1.21	ongoing	Level 1 - Note on Register

Surname	Forename	Position/Job Title	Committee Attendance	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect?		From (ie review date form completed)	To	
			SCC = Strategic Commissioning Committee FC = Finance & Performance Committee Q&PC = Quality & Performance Committee PCCC = Primary Care Commissioning Committee AC = Audit Committee RC = Remuneration Committee AIC = Assuring Involvement Committee								
					X		Direct	Member of the Long Term Plan Delivery Board (respiratory) with responsibility for the pneumonia workstream	22.1.21	ongoing	Level 1 - Note on Register
					X		Direct	Member of National (regional reporting and program) and Regional Long Covid Boards	01.04.21	ongoing	Level 1 - Note on Register
					X		Direct	Advisory Board Member (at request of RCP) for assessing mechanisms for innovation payment under the aligned incentive scheme (NHSE/I)	01.04.21	ongoing	Level 1 - Note on Register
					X		Direct	Member of the RCP and HQIP NACAP Board, including the coding and QI improvement agendas	01.04.21	ongoing	Level 1 - Note on Register
					X		Direct	Undertakes work with the AHSN (Academic Health Science Networks) in the West Midlands supporting respiratory	14.7.21	ongoing	Level 1 - Note on Register
Braden	Geoff	Lay Member for Governance & Audit - Attendee	F&PC, RC, AC, Q&PC				Direct	None declared	20.1.21		

Surname	Forename	Position/Job Title	Committee Attendance SCC = Strategic Commissioning Committee FC = Finance & Performance Committee Q&PC = Quality & Performance Committee PCCC = Primary Care Commissioning Committee AC = Audit Committee RC = Remuneration Committee AIC = Assuring Involvement Committee	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect?		From (ie review date form completed)	To	
Brandreth	Mark	Interim Accountable Officer/ICS Executive Lead				X	Indirect	Close friends with Director of Innermost Consulting	2013	ongoing	Level 1 - Note on Register
						X	Indirect	Close friends with Corporate Team at Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	2012	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
						X	Indirect	Partner is an employee of RJAH and also works with Shropshire Community Health NHS Trust (SCHAT)	2022	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
Bryceland	Rachael	GP/Healthcare Professional Governing Body Member	Q&PC	X			Direct	Employee of Stirchley and Sutton Hill Medical Practice	26.1.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	Self employed agency work as an Advanced Nurse Practitioner (ANP) for Medical Staffing in the West Midlands region	26.1.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	Self employed agency work as an Advanced Nurse Practitioner (ANP) for Dream Medical in the West Midlands region	26.1.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Indirect	Husband is a provider of executive coaching and consultancy	26.1.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Indirect	Husband is CEO of Tipping Point Training, provider of Mental Health First Aid	26.1.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions

Surname	Forename	Position/Job Title	Committee Attendance SCC = Strategic Commissioning Committee FC = Finance & Performance Committee Q&PC = Quality & Performance Committee PCCC = Primary Care Commissioning Committee AC = Audit Committee RC = Remuneration Committee AIC = Assuring Involvement Committee	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect?		From (ie review date form completed)	To	
Cawley	Lynn	Representative of Healthwatch Shropshire - Attendee	Q&PC					None declared	1.2.21		
Clare	Laura	Interim Executive Director of Finance	F&PC			X	Indirect	Sister is a physiotherapist at Midlands Partnership	27.1.21		Level 2 - Restrict involvement in any relevant commissioning
Davies	Julie	Director of Performance - Attendee	PCCC, Q&PC					None declared	1.2.21		
Ilesanmi	Mary	GP/Healthcare Professional Governing Body Member	SCC	X			Direct	GP Partner of Church Stretton Medical Practice	16.2.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	Practice is a Member of the South West Shropshire PCN	16.2.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Indirect	Husband is a Locum Consultant in Obstetrics and Gynaecology at SaTH	16.2.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
James	Stephen	Chief Clinical Information Officer (CCIO)	SCC					None declared	20.1.21		
MacArthur	Donna	Lay Member for Primary Care	PCCC, RC, AC, SCC			X	Indirect	Son's partner is the daughter of a Director working at Wolverhampton CCG	20.1.21	ongoing	Level 1 - Note on Register
Matthee	Michael	GP/Healthcare Professional Governing Body Member	North Locality Forum, F&PC	X			Direct	GP Partner at Market Drayton Medical Practice	1.2.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	GP Member of North Shropshire PCN	1.2.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Indirect	Wife is Practice Manager at Market Drayton Medical Practice	1.2.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions

Surname	Forename	Position/Job Title	Committee Attendance	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect?		From (ie review date form completed)	To	
			SCC = Strategic Commissioning Committee FC = Finance & Performance Committee Q&PC = Quality & Performance Committee PCCC = Primary Care Commissioning Committee AC = Audit Committee RC = Remuneration Committee AIC = Assuring Involvement Committee								
Noakes	Liz	Director of Public Health for Telford and Wrekin - Attendee		X	X		Direct	Assistant Director, Telford and Wrekin Council	29.1.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
							Direct	Honorary Senior Lecturer, Chester University	29.1.21	ongoing	Level 1 - Note on Register
Parker	Claire	Director of Partnerships - Attendee	PCCC, Shropshire North, S&A, South Loc Forums, TW Membership Forum			X	Indirect	Daughter worked as student temp in POD - 15/8/21 to 15/9/21	5.10.21	ongoing	Level 1 - Note on Register
Pepper	John	Chair	PCCC, Shropshire North, S&A, South Loc Forums, TW Membership Forum	X			Direct	Salaried General Practitioner at Belvidere Medical Practice (part of Darwin Group)	9.11.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	Belvidere Medical Practice is a member of Darwin Group of practices and Shrewsbury Primary Care Network	9.11.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	NHS England GP Appraiser	9.11.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
						X	Indirect	Family member provided evidence to Ockenden Review	9.11.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions or discussions on historical issues raised within the scope of the Ockenden Review. This does not exclude from commissioning decisions or discussions on current maternity and neonatal services or any service provided by SaTH more generally.

Surname	Forename	Position/Job Title	Committee Attendance	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect?		From (ie review date form completed)	To	
			SCC = Strategic Commissioning Committee FC = Finance & Performance Committee Q&PC = Quality & Performance Committee PCCC = Primary Care Commissioning Committee AC = Audit Committee RC = Remuneration Committee AIC = Assuring Involvement Committee								
Pringle	Adam	Vice Clinical Chair and GP/Healthcare Professional Governing Body Member	PCCC, TW Membership Forum	X			Direct	GP Partner, Teldoc General Practice	2.2.21	4.8.21	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	Teldoc is a Member of Teldoc Primary Care Network	2.2.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	Work on a sessional basis for Shropshire Doctors Co-Operative Ltd (Shropdoc) an out of hours primary care services provider, which is a contractor of the CCG.	2.2.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	Partner at Churchmere Medical Practice	22.3.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	Property owner of Lawley Medical Practice site	2.2.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
Robinson	Rachel	Director of Public Health for Shropshire - Attendee		X			Direct	Director of Public Health for Shropshire	25.1.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
Shepherd	Deborah	Interim Medical Director - Attendee	PCCC, Q&PC					None declared	19.1.21		
Skidmore	Claire	Executive Director of Finance	F&PC, AC, PCCC					None declared	17.09.21		
Smith	Alison	Director of Corporate Affairs - Attendee	AC, AIC, Q&PC			X	Indirect	Related to a member of staff in my portfolio structure who is married to my cousin. The individual is not directly line managed by me.	25.1.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
Tilley	Samantha	Director of Planning - Attendee	SCC			X	Indirect	Brother in Law holds a position in Urgent Care Directorate at SATH	27.1.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions

Surname	Forename	Position/Job Title	Committee Attendance	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect?		From (ie review date form completed)	To	
			SCC = Strategic Commissioning Committee FC = Finance & Performance Committee Q&PC = Quality & Performance Committee PCCC = Primary Care Commissioning Committee AC = Audit Committee RC = Remuneration Committee AIC = Assuring Involvement Committee								
Vivian	Meredith	Deputy Chair and Lay Member for Patient & Public Involvement (PPI)	Q&PC, RC, AC, PCCC, AIC	X			Direct	Trustee of the Strettons Mayfair Trust (voluntary sector organisation that provides a range of health and care services to the population of Church Stretton and surrounding villages)	26.1.21	ongoing	Level 1 - Note on Register
							Indirect	Wife is a part-time staff nurse at Shrewsbury & Telford Hospital NHS Trust (SATH)	26.1.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
Warren	Audrey	Chief Nurse	SCC, Q&PC					None declared	1.4.21		
Young	Zena	Executive Director of Quality	SCC, F&PC, Q&PC, PCCC					None declared	22.1.21		

Surname	Forename	Position/Job Title	Committee Attendance	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
			SCC = Strategic Commissioning Committee FC = Finance & Performance Committee Q&PC = Quality & Performance Committee PCCC = Primary Care Commissioning Committee AC = Audit Committee RC = Remuneration Committee AIC = Assuring Involvement Committee	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct or Indirect?		From (ie review date form completed)	To	
MEMBERS WHOSE BOARD ROLE HAS CEASED OR WHO HAVE LEFT THE NHS SHROPSHIRE AND TELFORD AND WREKIN CCGs WITHIN THE LAST 6 MONTHS											
Evans	David	Joint Accountable Officer	PCCC, Shropshire North, S&A, South Loc Forums, TW Membership Forum, JSCC		X		Direct	Shared post - Joint Accountable Officer of Shropshire and Telford and Wrekin CCGs	2.2.21		Left SCCG and TWCCG on secondment on 31.3.21
					X		Direct	Member of the Telford and Wrekin Health and Wellbeing Board	2.2.21		
						X	Indirect	Wife is an employee of Tribal Education Ltd, which contracts with the NHS, but is not a contractor of the CCG	2.2.21		
Smith	Fiona	Joint GP/Healthcare Professional Governing Body Member	SCC	X			Direct	Advanced Nurse Practitioner at Shawburch Medical Practice	20.1.21		Left STWCCG on 31.7.21
				X			Direct	Shawburch Medical Practice is a Member of Newport/Central PCN	20.1.21		
					X		Indirect	Son-in-Law works as a technician for the Audiology Team at SaTH	17.2.21		
Trenchard	Steve	Interim Executive Director of Transformation	SCC, PCCC, F&PC					None declared	22.1.21		Left STWCCG on 30.11.21

NHS Shropshire, Telford and Wrekin CCG Governing Body Part 1 Meeting

Wednesday 12th January, 2022 at 13:00pm
Via Microsoft Teams

Present from NHS Shropshire, Telford and Wrekin CCG:

Dr John Pepper	Chair
Mr Mark Brandreth	Interim Accountable Officer
Mr Meredith Vivian	Deputy Chair and Lay Member for Patient and Public Involvement
	Governing Body Member
Mr Ash Ahmed	Lay Member for Patient and Public Involvement - Equality, Diversity and Inclusion Governing Body Member
Mrs Donna MacArthur	Lay member for Primary Care
Mr Geoff Braden	Lay member for Governance
Mrs Audrey Warren	Registered Nurse Governing Body Member
Dr Michael Matthee	GP/Healthcare Professional Governing Body Member
Dr Adam Pringle	Vice Clinical Chair and GP/Healthcare Professional Governing Body Member
Dr Mary Ilesanmi	GP Healthcare Professional Governing Body Member
Mrs Rachel Bryceland	GP Healthcare Professional Governing Body Member
Mrs Claire Skidmore	Executive Director of Finance
Mrs Zena Young	Executive Director of Nursing and Quality
Dr Julie Garside	Director of Performance

Attendees:

Dr Stephen James	Interim Chief Clinical Information Officer
Miss Alison Smith	Director of Corporate Affairs
Mrs Claire Parker	Director of Partnerships
Mrs Sam Tilley	Director of Planning
Dr Deborah Shepherd	Medical Director
Ms Rachel Robinson	Director of Public Health Shropshire Council
Miss Lynn Cawley	Chief Officer, Healthwatch Shropshire
Mr Barry Parnaby	Chair, Healthwatch Telford and Wrekin
Mrs Swarmeet Kapur	Personal Assistant – Transcription of minutes

Minute No. GB-22-01.001– Introduction and Apologies

- 1.1 Dr Pepper welcomed Governing Body members and members of the public to the NHS Shropshire, Telford and Wrekin CCG Governing Body meeting (taking place over Microsoft Teams and also being live-streamed via YouTube) a recording of which would also be available on the CCG's website following the meeting.
- 1.2 Dr Pepper welcomed Mr Simon Whitehouse, Interim Designate ICS Chief Executive for Shropshire, Telford and Wrekin CCG and also Dr David Sunday, GP trainee shadowing Dr Rachel Robinson – Director of Public Health Shropshire Council.
- 1.3 Apologies:

Dr Martin Allen will leave the meeting at 14:00pm
- 1.4 Dr Pepper requested members to avoid using the chat function for discussion/comments as this is not visible to members of the public who maybe observing the meeting. Dr Pepper reported that due to considerable pressures within the healthcare system the meeting would be running on a reduced

timescale to release staff and clinicians to support the immediate pressures within our health and care system. This course of action had been advised in the letter of 24th December from Sir David Dolman, Chief Operating Officer, NHSE and included in the agenda item GB-22-01.013 Constitution and Governance Handbook Annual Review 2021/22, which explains the reasons for the reduced duration of the meeting. Dr Pepper reminded the members that due to system pressures Mrs Sam Tilley might also be required to leave the meeting.

Minute No. GB-22-01.002– Members’ Declarations of Interests

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

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

- 2.2 Dr Pepper requested that all Governing Body members ensure that their conflicts of interest are updated and remain relevant.
- 2.5 There were no conflicts raised for any agenda item or additional conflicts of interest declared.

Minute No. GB-22-01.003 – Introductory Comments from the Chair

- 3.1 These were included during items 1.1, 1.2, 1.3 and 1.4 above.

Minute No. GB-22-01.003 – Minutes of the Previous Meetings – Shropshire, Telford and Wrekin CCG Governing Body Meeting – 10th November 2021

- 4.1 The minutes of the previous NHS Shropshire Telford and Wrekin CCG Governing Body meeting held on the 10th November 2021, were presented and approved as a true and accurate record of the meeting subject to the following amendments:
- 4.2 Reference to “Dr Deborah Shepherd”- “Interim Medical Director should” read “Medical Director”.

Minute No. GB-22-01.003 – Minutes of the Previous Meetings – Shropshire, Telford and Wrekin CCG Extra Ordinary Governing Body Meeting – 8th December 2021

- 5.1 The minutes of the previous NHS Shropshire Telford and Wrekin CCG Extra Ordinary Governing Body meeting held on the 8th December 2021, were presented and approved as a true and accurate record of the meeting.

Minute No. GB-22-01.004 – Action Tracker and Matters Arising from previous meetings held on 8th September 2021

- 6.1 Dr Pepper drew members’ attention to the action tracker circulated with the agenda and referred to the matters arising from the last meetings on 10th November and 8th December 2021. Members noted verbal updates detail shown below and accepted recommendations to close items 1, 4, 5, 6, 8, 9, 10 and 11 also noted below.

12th May 2021 - GB-21-05.015 - Niche Consultancy Report – agree a way forward to address recommendations

- 6.2 On agenda January 2022 meeting – Recommend action is closed. 12/01/2022

14th July 2021 - GB-21-07.044 – Quality and Performance Report – prevention of falls

- 6.3 Dr Pepper proposed to close the action given the favourable benchmark data of other trusts and Mrs Sam Tilley's internal target. The data continued to be reported to allow members the line of sight on the progress. **This action has been completed. 12/01/2022**

8th September 2021- GB-21-09-059 - Assurance Reports -Quality and Performance

- 6.4 A report on maternity and neonates data quality assurance is scheduled for the January LMNS Programme Board and an update will be included in the papers for March Governing Body meeting. **This action remains open and will be included in March Governing Body agenda.**

10th November 2021- GB-21-11.078 – Members' Declarations of Interests

- 6.5 Dr Michael Matthee noted that the declaration of interest should reflect Dr Matthee's presence at the Strategic Commissioning Committee. **This action has been complete and closed. 12/01/2022**

10th November 2021- GB-21-11.084 – Quality and Performance Exception Report

- 6.6 The Quality report to QPC received an update on serious incidents recorded by WMAS relating to STW patients experiencing delayed treatment or handover response as a contributory factor. This information will be included in future summary reports to the Governing Body. A region-wide thematic review of SI's reported, relating to treatment delays has taken place and the results are being considered locally. **Recommend action is closed.**

10th November 2021- GB-21-11.084 – Quality and Performance Exception Report

- 6.7 **Recommend action is closed.**

14th July 2021 - GB-21.07.046 – Governance – Proposed amendments to the Governance Handbook – delegation to the Governing Body Committee structure – development of the ICS

- 6.8 Ms Smith is actively working on the governance developments for the ICB in preparation for the transition and will flag any amendments required prior to transition and manage this through the governance structure accordingly. **It was AGREED that the recommendation to close and the action be accepted.**

8th September 2021 - GB-21-09-059 – Assurance Reports Quality and Performance Exception Report – Data Quality

- 6.9 An update on the data quality item will be shared at a future meeting of the CCG Board and will be included on the agenda at the appropriate time.

Minute No. GB-22-01.005 – Questions from Members of the Public

- 7.1 Dr Pepper advised that a member of the public has submitted a question which will be published on the CCG's website within 21 days together with the answers to the question.

Minute No. GB-22-01.006 – Accountable Officer's Report

- 8.1 Mr Mark Brandreth thanked Dr Pepper and reported that all CCG's dissolution had been extended till end of June 2022. Mr Brandreth mentioned that Miss Alison Smith will oversee the due diligence process to ensure the handover from the CCG to ICB is robust and comprehensive. Mr Brandreth informed the Governing Body that Mr Simon Whitehouse Interim ICS Chief Executive, has joined the meeting today to give more detailed system update.
- 8.2 Mr Brandreth reiterated that the delay in creating ICBs was not unhelpful and on the contrary it will give more time to the system to design and create its infrastructure. Mr Brandreth provided a further update on ICB recruitment, that five senior roles would be advertised in a week and Non-executive positions were already being advertised.

- 8.3 Mr Brandreth reported that whole of health and care system was currently experiencing a very challenging time. The CCG was working closely with local authority colleagues to focus on trying to keep patients safe, look after the staff, to manage Covid pressures and to keep the system flowing.
- 8.4 Mr Brandreth went on to mention the CCG staff who have been redeployment to support vaccination programme before and after Christmas. Mr Brandreth expressed his thanks to CCG Directors, all the staff including clinical colleagues working in the CCG for their support.
- 8.5 Mr Brandreth extended his thanks to Directors in the CCG who continue to work incredibly hard. Mr Brandreth conveyed that he could not be more impressed with the hard work and support they are providing. Mr Brandreth also mentioned that Shropshire, Telford and Wrekin vaccination Programme is considered the most successful in the country. The vaccination programme had been a huge effort from all the parties. Mr Brandreth extended his thanks to primary care colleagues for their flexibility and hard work and the Primary Health Care team, community pharmacy colleagues who all continue to support the vaccination programme.
- 8.6 Mr Brandreth reported that mass vaccination had been completed but there are still people to vaccinate. Both local authorities deployed significant numbers of staff to encourage their residents by calling, knocking on their doors, sending text messages and mobilising two mobile vaccination units 'Betty' and 'Bob' to deliver vaccinations in communities across the county. Mr Brandreth went on to mention that he was very pleased with the work around health inequalities and vaccinations and colleagues from local government will be sharing the work being done with the CCG at the ICCS Board next week.
- 8.7 Mr Brandreth cautioned Governing body members that the media are focussing their attention on London, however London has now passed the peak whereas locally the peak would probably be 10 days to 2 weeks away, which would be difficult to manage. The system had been on highest level 4 escalation and two of the hospitals are at level 3. Shrewsbury and Telford hospital has been routinely on level 3 and 4. Mr Brandreth has been attending 1-2 Gold incident management calls every day, including weekends, where as Mrs Sam Tilley, Director of Planning has been chairing silver calls every day and numerous bronze meetings.
- 8.8 Mr Brandreth reported that Covid continues to put pressure on the system with continued high prevalence rates in Telford and Wrekin and in Shropshire. Staff sickness levels had been really high across all pathways which was making it even more difficult to manage this challenging position. Mr Brandreth reported that lot of work was done on ambulance turnaround times; the whole system had been supportive including primary care. Mr Brandreth further updated on single point of access and the object of the service to achieve 'one' single point of referral for primary and emergency care workers when seeking alternative pathways for patients other than the "Front Door" of our emergency departments. Also to reduce the number of access points to services in Shropshire, Telford and Wrekin to enable ease of access for Healthcare Professionals. However, Mr Brandreth reiterated that ambulance turnaround times were still not acceptable.
- 8.9 Mr Brandreth apologised for patients waiting for operations for elective care, but wished to make it clear that the system was protecting cancer operations as much as possible. Mr Brandreth thanked Dr Julie Garside who has been leading the conversations with local private Nuffield Hospital based on guidance from NHS England this week to explore increasing elective capacity. Mr Brandreth further updated on Robert Jones Hospital, which has been trying to keep orthopaedic operations running, but they have been filling lots of gaps across the system in terms of supporting and redeploying staff so have not been able to do this consistently.
- 8.10 Mr Brandreth expressed his thanks to colleagues in the Primary Health Care team for their flexibility and level of commitment and hard work not only to support the vaccine programme but to support the whole system at this difficult time. Mr Brandreth concluded the verbal update report by requesting everyone to look after each other.

RESOLVED: Governing Body Members of NHS Shropshire, Telford and Wrekin CCG formally NOTED the Interim Accountable Officers verbal update report.

ASSURANCE REPORTS

Quality and Performance

Minute No. GB-22-01.007 – Quality and Performance Report

- 9.1 Dr Pepper asked that the Quality and Performance report is taken as read and asked members for any comments or questions.
- 9.2 Dr Pepper asked for clarity on the question around section 1.4 on mental health and learning disability and noticed that in the key risks there was the recovery rates deteriorated from Quarter 1 21/22 to Quarter 2, particularly notably for BAME service users in September and if there was reason why that group have deteriorated recovery rate.
- 9.3 In response to the question from Dr Pepper, Dr Julie Garside responded that this had been apparent recently and they were not sure on the recovery rate deterioration notably for BAME service users. Dr Garside reported that the team has been working with MPFT to find the reason behind it. Dr Garside will bring this back the finding and incorporate into the future paper.
- 9.4 Dr Adam Pringle raised concerns over access and different levels of telephone access, patient satisfaction, patient surveys and equity of access for STW population. Dr Pringle had been aware of that CCG is working on it and the reports come from PCCC, but perhaps felt that should come through in the Board paper and update on the progress. Dr Pringle was delighted with the improved maternity data, the implementation and roll out of Badgernet IT maternity record system was starting to improve data quality. Dr Pringle raised further concerns over suboptimal infection control at planned anticipated inspection in Ludlow and SATH. Dr Pringle asked for more details on background level of performance either now or on the next meeting.
- 9.5 In response to Dr Pringle's comments/concerns, Mrs Zena Young advised that she would pick up the points raised by Dr Pringle and certainly look at the Primary care paper and how the information could be enhanced with the additional information Dr Pringle had suggested. Mrs Young further stated that moving forward relevant points are captured for Governing Body meetings. Mrs Young informed the Governing Body that in terms of Infection prevention control this was a matter of assurance at the Quality Performance Committee which was held later than expected and for the reasons Mr Brandreth outlined around the emergency response and activities. December meeting was stood down and last week short term assurance meeting for quality and performance was held. So this paper was written in advance before the scrutiny and debate had taken place.
- 9.6 Mrs Young felt disappointed for the Community Trust for the repeated issues at Ludlow but assurance have been gained that those matters have now been put right. Mrs Young reported that there was certainly a gap in the transition arrangements for the change in leadership at senior nurse level in the Community Trust. This had been recognised and additional resources and additional senior support from CCG had been deployed to support both Shropshire Community Trust and Robert Jones. Mrs Young further added that with regard to SATH's infection prevention and control challenge, there had been additional leadership oversight and support for ward 25 which had been a matter of concern for some time.
- 9.7 Mrs Warren raised a question on safeguarding and children, Mrs Warren was not sure of the page number but there was an escalation to the CCG concerning health contribution to the single point of access multi safeguarding hub Mash. Mrs Warren sought assurance that CCG had resolved this short term and later in the report the arising of Covid-19 lockdown nationally and regionally showed increased number of child abuse concerns.
- 9.8 In response to Mrs Warren question Mrs Young reported that an escalation to the CCG concerning health contribution to the single point of access 'Compass' – Multi agency safeguarding Hub (MASH) had been made. Due to capacity/workload challenges; an immediate plan had been put in place. MPFT had put in immediate and temporary staffing arrangements to cover the safeguarding elements which will be ending in March. Mrs Young further explained that a working group has considered a long term

solution and the designated Nurse will be reviewing the quality metrics. A business plan was submitted and agreed to ensure adequate staffing to the Hub. Mrs Young confirmed that the funding had been allocated through a joint arrangement between Shropshire Council and Mrs Rachel Robinson. The next step was to recruit to the staffing plan substantively moving forward which has already been started.

9.9 Dr Pepper thanked everyone for their input and the comprehensive discussion.

RESOLVED: NHS Shropshire, Telford and Wrekin CCG NOTED receipt of the content of the Quality and Performance Exception report to note contents of report and actions being taken to address the issues identified for assurance and information.

Minute No. GB-22-01.008 – NHS Patient Safety Strategy Update

- 10.1 Mr Meredith Vivian requested clarification on 2 points. First point was regarding a bullet point on page 4 about PSS which refers to “just culture” and what the meaning of this phrase was in this context.
- 10.2 Mrs Zena Young clarified that “just culture” means that there is a confidence in addressing any safety issues for people.
- 10.3 Mr Vivian then asked what the 4th letter of NRLS acronym means. Mrs Young clarified the acronym stands for National Reporting and Learning System is the current arrange for the NHS serious incident framework and it is to with the CSI reporting system. Mr Vivian also questioned how the paper tied in with CQCs finding that safety in the south Shropshire region was scoring as inadequate.
- 10.4 Mrs Young responded and said that the current report was an update based on the recommendations of the initial report received by the Governing Body in 2020. The current update therefore provides details of the progress around the implementation of the response framework, online training, just culture etc.
- 10.5 Mr Vivian understood Mrs Young’s point but contended that it was important to include work which addresses CQC’s concerns. Mrs Young mentioned that they do expect improvements by patient safety specialist. The committee hope to receive an update on progress with implementing strategy but more importantly, key programmes within their specific work and whether they are improving. Mrs Young suggested that the CCG will be able to see some of the ICS work in due course.
- 10.6 Mrs Donna MacArthur began by stating that she was unaware that the update had a specific remit but questioned whether the team will take into account some of the information regarding safety which had been received in the recent report.
- 10.7 Mrs Young agreed and said this update is about any serious incident reports in line with activity and safety. The learning from the incidents applied across all systems for the various organisations. The report/update also assists with recognising patterns or emerging issues and whether to discuss it with managers i.e. medicines management.
- 10.8 Mrs MacArthur then questioned whether the new specialist had been involved in the recent discussions or reports since their appointment.
- 10.9 Mrs Young made the committee aware that the current specialist came into the CCG in September 2021 and also a part time peri-natal quality and safety which had been of paramount importance whereas the NHS patient strategy was nationally was put on hold. Therefore, the role has not been as effective but it is now being progressed. The preparation to implement the new Patient Safety Incident Response Framework (PSIRF) is underway and when it is launched in 2022 will be for roll out across systems during 2022/23.
- 10.10 Dr Pepper highlighted that there was no timescale mentioned in the paper for a training programme but he understands that this may not be the ideal time to be introducing such a programme a this present time.

- 10.12 Mrs Young further updated that an online training programme has been launched in the form of the Patient Safety Syllabus: Level 1 and 2 were available for all staff currently, including the Board. Monitoring of compliance will be provided, however training will be rolled out in phases. Mrs Young further explained that the training has been focused on the quality team members who are actively involved in dealing with serious incidents and similar protracted situations. Mrs Young also mentioned that they plan to follow the board's recommendation which was to train the ICB.

RESOLVED: NHS Shropshire, Telford and Wrekin CCG NOTED and discussed the local progress being made with implementing the NHS patient strategy. Also, to approve the recommendation that an update to the ICS board (ICB) will be brought on bi-monthly basis.

Minute No. GB-22-01.009 - Niche Recommendations

- 11.1 Dr Pepper reported that this paper was previously been presented to the Board. Dr Adam Pringle commented that the standards on medical records handling requirements in the niche report are in his opinion not satisfactory.
- 11.2 Dr Pepper clarified that the niche report is a summary of the recommendations/actions arising out of the previous niche report which apply across the system. Dr Pepper then asked whether Mrs Young wanted to respond to Dr Pringle's point.
- 11.3 Mrs Young agreed with Dr Pringle about the fact that the report was a commentary on the use of electronic medical records system. Mrs Young also mentioned that she did not feel the SATH A&E department was much different to the way other A&E departments operate in terms of trying to store medical records electronically in one place.
- 11.4 Mr Vivian stated he was surprised by the fact that the scheduled date for the work around diabetes was December 2022. It seemed that it was quite urgent and Mr Vivian questioned how long it might take for work which is non-urgent.
- 11.5 In response, Dr Deborah Shepherd highlighted the fact that diabetes requires a lot of work and it had many aspects which need review and there are also low levels of capacity. Therefore, it will take quite some time to carry out the work accurately.
- 11.6 Mr Vivian suggested whether it may be better to set some milestones in for e.g. June/July rather than leaving everything to the final deadline where the work may be rushed or date may be pushed back.
- 11.7 Dr Shepherd agreed and said that they could put Mr Vivian's recommendation forward to the local care operational programme handling the work on diabetes.
- 11.8 Dr Matthee thanked Mrs Young for the paper but said that he agreed with Mr Vivian in relation to the diabetes point. Dr Matthee mentioned particular issues he had been experiencing relating to respect forms, failed discharges/informational discharge. He also felt that certain aspects in the report were rated poorly and Dr Matthee provided some examples of failed discharges. However, he did not feel that the report was in its final form. Dr Matthee also suggested that report should be provided to the ICB to review now and should be brought back to the CCG for further updates.
- 11.9 Dr Pepper felt that issues around respect forms, failure to correctly discharge and general work around diabetes can be included as the "responses" to the report. Dr Pepper asked Mrs Young and Dr Shepherd whether they could include Dr Matthee's feedback in the discharge pathway and diabetes pathway. In terms of the report to the ICB, Dr Pepper mentioned that it was not within the Governing Body's remit to decide the work the ICB does but the Governing Body can contribute in whether the work is being handled appropriately.
- 11.10 Mr Brandreth clarified that the recommendations were slightly different to how Dr Matthee described it. Mr Brandreth further reported that the recommendation was a proposal to share the report with ICB but did not mean that the CCG does not have any responsibility for it. CCG will be accountable statutory body until midnight on 30th June and the ICB will be responsible from that point onwards. Mr Brandreth

also mentioned that ICB had not appointed ICB directors therefore the current report was being used as a “marker” to them. Mr Brandreth proposed to bring an update to the Governing Body post-March as it will be difficult to do that before March.

- 11.11 Mrs Warren felt that the paper was clear with good recommendations. Mrs Warren then asked for clarification on whether there were plan to link the action plan with the current Hospital standardisation Mortality Rates (HSMR).
- 11.12 Mrs Young responded that the report only does a case by case review and HSMR is a very acute facing metrics which would not be in place for all partners. However, HSMR could be highlighted if SaTh's HSMR was a significant outlier.
- 11.13 Dr Julie Garside assured the Governing Body that elements in relation to end of life had been picked up by Q&P Committee and the strategy was on track to be in effect by the end of March 2022.
- 11.14 Dr Pepper thanked Mrs Young and drew the discussion to a close.

RESOLVED: NHS Shropshire, Telford and Wrekin CCG PROPOSED to share Niche Recommendations report with Integrated Care Board to be considered and followed up after the dissolution of the CCG. Also, to approve the Shropshire Telford and Wrekin response detailed in section 4 of the paper.

ACTION:

11.15 A further update on the Niche Report will be brought back to the CCG Governing Body post March 2022.

Minute No. GB-22-01.010– Shrewsbury and Telford Hospital NHS Trust CQC Inspection Report – Published 18 November 2021

- 12.1 Dr Pepper reported that SATH CQC inspection report was published on 18th November 2021. Mrs Zena Young and Mr Brandreth gave a presentation on the content of the report.
- 12.2 Mr Mark Brandreth reported to the members that a full link has been provided to them for CQC inspection report. Mr Brandreth added that he tried to get a senior level colleague to join from Telford and Wrekin but they extended apologies from Mrs Louise Barnett, the Chief Executive from Shrewsbury and Telford Hospital. Mr Brandreth added that SATH have an end of January deadline to complete their action round which has to be submitted and approved by CQC, SATH and the board.
- 12.3 Mrs Young clarified that SOAG stands for “safety oversight and assurance group”. The group is concerned with ensuring that progress is being made against the CQC requirements for SATH. The SOAG came about due to concerns around safety and leadership of services at which point, the Trust was placed in quality measure improvement by NHS improvement. An alliance then formed between the university of Birmingham hospital partners’ and maternity support partners to support the leadership and quality governance of SATH. Mrs Young further explained that SOAG forum meets monthly and co-chaired by NHSEI Medical Director Dr Nigel Sturrock, co-chaired by former ICS lead Mr Mark Brandreth and now will be co-chaired by new ICB Interim Designate Chief Executive Mr Simon Whitehouse.
- 12.4 Mrs Young mentioned that it includes representation from all levels of SATH and CQC members to look over the work. Mrs Young pointed out information on slide 3 and said that the sample which has been inspected is only a small amount of the range of services which are provided. End of life services, medical care and maternity services were considered to require improvement. However, the rating has gone up from 11 to 24 which were encouraging. SATH will have to wait for a further inspection report to see what areas can be improved in order to increase the overall CQC rating.

- 12.5 Mrs Young mentioned that CQC provided good feedback suggesting that there was a good level of leadership and the right measures were being considered. Maternity services received an outstanding rating in services which are under a lot of scrutiny.
- 12.6 Mrs Young highlighted challenges around end of life care but mentioned that they are developing their strategies to improve the services; care planning and staffing remain ongoing issues.
- 12.7 Mrs Young highlighted slide 56 which showed significant improvement.
- 12.8 Mr Brandreth then pointed out the consolidated ratings of RSH for the various areas and suggested that it is difficult to show improvement as only some of the rating areas are looked at. Mr Brandreth also went through the consolidated rating and overall ratings for PRH and compared them to previous ratings as per the graphs on the PowerPoint slides.
- 12.9 Miss Lynn Crawley introduced herself and said that the issues at the point of end of life were very stark. Healthwatch have reviewed this and provided reports to SATH about it previously and feels that it needs to be revisited, so that they can plan on how to improve it.
- 12.10 Mrs Warren asked whether there needs to be a standardised timescales of when the 72 “must dos” have to be achieved. Mrs Warren also asked whether the CCG has any scrutiny on this work and timescales.
- 12.11 Mrs Young recommended that Mrs Warren should raise her issues in the System Quality Group where there can be more detailed discussions with the Trust. Mrs Young also mentioned that they are not currently considering sharing the systems. She also mentioned that CQC have reviewed the action plan which SATH was committed to produce and the team are now awaiting their comments on whether if the action plan is sufficient. Once confirmed, the plan will be released into the system.
- 12.12 Mr Brandreth added that Governing Body has 4 lines of assurance, first being the direct interaction between the CCG and the Trust, second line is the System Oversight Group (SOAG) and suggested that Mr Brandreth and Dr Pepper should be noting the action points of SOAG in to the Quality & Performance Committee to ensure that there was another line of assurance. The third level of assurance was the current Quality and Performance Committee and the fourth level being the Governing Body. In light of this, Mr Brandreth suggested that when the SATH action plan is approved, it should be put forward to SOAG for their input and then put forward to the Quality and Performance Committee.
- 12.13 Mr Vivian added that the Quality and Performance Committee and the SOAG minutes of the meeting are also provided to the ICS Quality and Safety committee. Both committees are going to be meeting jointly and streamlining the reviewing process in the near future.
- 12.14 Mr Barry Parnaby also agreed and recognised that senior members have put in significant efforts through the SOAG committee and there have been cultural changes too, he also felt that in the long term the organisation is on the right path.

RESOLVED: NHS Shropshire, Telford and Wrekin CCG NOTED the content of the CQC Report.

Finance

Minute No. GB-22.01.11 – 2021/2022 Month 8 Financial Position

- 13.1 Dr Pepper asked that the 2021/2022 month 8 financial position is taken as read and asked members for any comments or questions.

- 13.2 Mr Geoff Braden questioned Mrs Claire Skidmore about how the CCG is approaching the 1.6% challenge next year, particularly the increase in demand due to covid-19. He highlighted that it has been a challenge for the CCG in identifying efficiencies.
- 13.3 Mrs Skidmore confirmed that there was still a lot of work that needed to be carried out. The 1.6% equates to approximately £7million and they are currently at £3.5-£4million as per the last review. However, this was not unexpected due to the pressures the organisation has faced, in particular, colleagues being redeployed into other areas. Although, Mrs Skidmore has attempted to keep the momentum going by continuing the PMO pursuing any benchmark information and being involved in wider system discussions. Mrs Skidmore also mentioned that her and her team had a meeting with the Directors in December 2021 and the week before the meeting about prioritising areas of focus as well as staff and resources. Mr Braden will be bringing back some further work at the end of the month to continue the financial discussions.
- 13.4 Dr Pepper queried point 33(d) where it states a non-recurring solution for “2021”. He assumed that this was meant to state “2022”.
- 13.5 Mrs Skidmore agreed and said that it was a typing error. Mrs Skidmore added that the organisation currently has non-recurring cover until the end of March 2022 and then there will need to be discussions about continuing the cover further into 2022 and 2023.
- 13.6 Mrs Skidmore also acknowledged the hard work of her team who have managed to produce numbers closer to their initial financial target. Mrs Skidmore also highlighted that the team received partial guidance at the end of December in relation to the paper referencing guidance for 2022/23. The team were now working through the guidance and Mrs Skidmore intended to bring an update to the financial committee at the end of the month.

RESOLVED: NHS Shropshire, Telford and Wrekin CCG NOTED the M8 financial position against plan, noted the work in progress to develop the 22/23 financial plan and the risk around identification of efficiency plans.

Governance

Minute No. GB-22.01.12 – Board Assurance Framework

- 14.1 Mr Geoff Braden commented that the board assurance framework which is one of the key documents in identifying and mitigating risk to the CCG. Mr Braden asked when the Governing Body could expect to see more regular updates and mitigation as the Audit Committee is finding it difficult to give assurances to the Governing Body based upon some of the current content.
- 14.2 Dr Pepper questioned the timing of updates and suggested whether it may be better to have bi-monthly updates to ensure that the committee is handling risks efficiently.
- 14.3 Mr Brandreth asserted that the group that usually provide Miss Alison Smith with details and update in relation to board assurance framework are not doing their usual work due to the escalation level 4 the system is currently in. Therefore, Mr Brandreth suggested that perhaps the committee should take a different approach to BAF in upcoming weeks by working out timeline for future updates until the dissolution of the CCG.
- 14.4 Mr Brandreth responded to Mr Braden’s comments and stated that it might be useful to schedule a quick half hour meeting with the auditors in order to explain the assurance framework team’s position as well as to understand anything which they can improve. Mr Brandreth will forward this option to Mr Braden and Mrs Skidmore.

- 14.5 Miss Alison Smith reminded everyone about the linear nature of the report and that the BAF is updated on a bi-monthly basis which is then reported to the Audit Committee. The report provided to the Governing Body had actually also been presented first to the November Audit Committee with the next iteration of the BAF due to be reported to Audit Committee later this month.
- 14.6 Miss Lynn Cawley suggested whether Healthwatch could contribute to some of the work around assurance as they have done so previously for Shropshire CCG.
- 14.7 Mr Brandreth responded and said that he was reluctant to start new collaborations with just 5 months left until the dissolution of the CCG. He also felt that they would be unable to take assurance from Miss Cawley on the Board Assurance Framework. However, he was appreciative of Miss Cawley offer of help.
- 14.8 Mr Braden added that he felt the key strategic risks have been identified and there is a lot of strong mitigation for these risks. There were however issues about ensuring that the reports are updated etc.
- 14.9 Mr Brandreth reiterated that there are only 2-3 updates required before the dissolution and it may be good for Mr Brandreth and Miss Alison Smith to work together to see what they can update instead of every director contributing to it.
- 14.10 Mrs Skidmore also supported Mr Brandreth's suggestions and felt that there are sufficient internal channels to discuss the updating of the BAF. Mrs Skidmore highlighted that there will be a new audit partner as Mr Mark Stocks of Grant Thornton has reached the end of his tenure. Therefore, there is likely to be a more lengthy auditing of these types of processes and the comments/improvements will be incorporated.
- 14.11 Mr Vivian questioned Mr Simon Whitehouse on how the ICB has developed their framework in terms of assurance. Dr Pepper asked Mr Whitehouse to respond to Mr Vivian's point during his ICS update.

RESOLVED: NHS Shropshire, Telford and Wrekin CCG NOTED to

- Review the BAF and considered any additional assurances are necessary that the risks to the strategic objectives are being properly managed.
- Accept assurance from the CCG Audit Committee that the principal risks of the CCG not achieving its strategic and operational priorities and have been accurately identified and actions taken to manage them.
- Noted that further work is taking place to review risks associated with commissioning and transformation with a view to these being presented to the Audit Committee at its meeting in January 2022.

ACTION:

14.12 Mr Mark Brandreth to meet with Miss Alison Smith to review the content of the BAF and to update where required ready for the iteration of the BAF going to the March Audit Committee.

Minute No. GB-22.01.13 – Constitution and Governance Handbook Annual Review 2021/22

- 15.1 Miss Alison Smith presented the report and highlighted a proposal for a small amendment to the Governance Handbook in terms of chairing of the Strategic Commissioning Committee. In addition Miss Smith and Mr Brandreth have carried out a review of CCG governance processes and have made a proposal to streamline the process further to accommodate the need for staff capacity to be focussed on incident management .
- 15.2 Dr Pepper highlighted the key points from the letter received on 24th December.

Resolved: NHS Shropshire, Telford and Wrekin CCG

- NOTED the Trusts and CCGs should continue to hold board meetings but streamline papers and focus agendas. No sanctions for technical quorum breaches (e.g. because of self-isolation).
- NOTED for board committee meetings, trusts should continue quality committees, but consider streamlining other committees.
- NOTED that under normal circumstances the public can attend at least part of provider board meetings, government social isolation requirements constitute 'special reasons' to avoid face-to-face gatherings as permitted by legislation.
- NOTED that all system meetings to be virtual unless there is a specific business reason to meet face to face.
- Approved the amendment as per recommendation.

Strategic Transformation and other reports

Minute No. GB-22.01.14 – Integrated Care System Update

- 16.1 Dr Pepper requested Mr Simon Whitehouse to introduce himself.
- 16.2 Mr Simon Whitehouse thanked everyone for the warm welcome. In his short time with the ICS he has been impressed by the hard work carried out by team members to ensure that he settles into the new role. Mr Whitehouse mentioned that he was previously the ICS lead in Staffordshire and Stoke on Trent. He trained as a physiotherapist and qualified from the Robert Jones Orthopaedic Hospital.
- 16.3 Mr Whitehouse contended that his presentation will be more introductory and he would like the opportunity to have more time in a future meetings to discuss the agenda in detail about transitioning and how it will work from a CCG perspective. Mr Whitehouse felt that if the "send and receive" of staff from the CCG to the ICB was done well it therefore made processes easier. He highlighted that the transition needs to be done well in order to benefit the integrated care system.
- 16.4 Mr Whitehouse highlighted that they have started recruitment to the ICB, in particular the Executive five posts.
- 16.5 Mr Whitehouse also recognised that the scale of change will cause uncertainty and it could be difficult for colleagues. Therefore, there is a responsibility to undertake the transition well but to also do it efficiently and ensure that all the people involved understand their role.
- 16.6 Mr Whitehouse commented that good work has already been completed but now poses a question on how this can be continued and sustained with an emphasis on place and place boards and delivery of services to help tackle health inequalities.
- 16.7 Dr Pepper also agreed and said that the work was very encouraging and ICS had a unified desire for collaborative working.

OTHER / COMMITTEE REPORTS FOR INFORMATION ONLY

- 17.1 The following reports from the Chairs of the Governing Body Committees were received and noted for information only:

Minute No. GB-22-01.015 Quality and Performance Committee – 27 October, 2021 and 29 September, 2021

Minute No. GB-22-01.016 Audit Committee – 17th November 2021

Minute No. GB-22-01.017 Primary Care Commissioning Committee – 1st December, 2021

Minute No. GB-22-01.018 Strategic Commissioning Committee – 15th December 2021

Minute No. GB-22-01.019 Centralisation of Temporary Inpatient Cardiology Services – Letter of Support

RESOLVE: NHS Shropshire, Telford and Wrekin CCG RECEIVED and NOTED for information the

Committee Chairs' reports above.

Minute No. GB-22-01.020– Any Other Business

18.1 There were no further matters to report.

Date and Time of Next Meeting

It was confirmed that the date of the next scheduled Governing Body Part 1 meeting is: Wednesday 9 March 2022 – time, venue and modality of the meeting to be confirmed nearer the time.

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

Dr Pepper officially closed the meeting at 14:23pm.

SIGNED **DATE**

**Submitted Questions by Members of the Public
for the Governing Body meeting on 12th January 2022**

Name, Date and time	Submitted questions	CCG Summary Response
Julie Evans 10.01.22 at 11.55	1) Is it the intention that outpatient cardiology services will be retained at RSH? Travel to PRH for e.g. an echocardiogram is costly and time consuming for many Shropshire people, particularly those in South Shropshire, and particularly for people who do not drive.	Yes the intention is that outpatient cardiology services will be retained at RSH.
Julie Evans 10.01.22 at 11.55	2) November Board papers referenced 'revised governance arrangements for oversight of the HTP'. What are these revised governance arrangements? Are they believed by the CCG to be working well?	This reference was taken from the minutes of the Governing Body meeting held on 8 th September. The full paper can be found on the CCG website: https://www.shropshiretelfordandwrekinccg.nhs.uk/wp-content/uploads/STW-CCG-Governing-Body-Meeting-Part-1-Agenda-Papers-08.09.21.pdf The CCG believes these to be working well.
Julie Evans 10.01.22 at 11.55	3) The Summary Quality and Safety Report (P168) notes 'Work is being undertaken with Shropcom regarding End of Life care'. What was/is the nature of this work?	CCG Governing Body meeting 12 January agenda item GB-22-01.009 'Niche Recommendations' details this work. Shropcom is Shropshire Community Health NHS Trust (SCHT)
Marilyn Gaunt 10.01.22 at 9.32	Future Fit	

	<p>In 2014 and 2015, Future Fit included comprehensive proposals for boosting local care in rural areas. Community hospitals were to take on medium acuity patients who would otherwise need acute hospital admission. There was to be a network of five rural Urgent Care Centres, very heavily promoted during engagement events (and very popular). There were also proposals for Diagnostic and Treatment Centres and/or Local Planned Care Centres to avoid the need for people in rural Shropshire to travel to Shrewsbury or Telford for their care. Future Fit at the time was led by Shropshire CCG, and promoted and supported by both CCGs.</p> <p>1) When and why were the plans for enhanced care for rural areas dropped? There has never actually been a public explanation.</p>	<p>The plans for enhanced rural care services have not been dropped, there has been 'Care Closer to Home' which has now been superseded by the Local Care Programme as we develop as a system. We have extended the range of post acute pathways the community hospitals can support e.g. fractured neck of femur and stroke. Community hospitals also now take admission avoidance cases direct from either Emergency Department. We continue to look for any and every opportunity to develop our rural service offerings (where our workforce /funding allow) and the community diagnostic hub programme will also add to the county's capacity outside of our main acute hospital sites.</p>
<p>Marilyn Gaunt 10.01.22 at 9.32</p>	<p>Ludlow Hospital</p> <p>2) Could the CCG in its commissioning role find out when Shropshire Community Trust intends to consult on the closure of Stretton Ward at Ludlow Hospital? This closed on an interim basis in July 2015. A reduction of beds at Ludlow quietly preceded the ward closure.</p>	<p>This question should be directed to Shropshire Community Health NHS Trust.</p>

Marilyn Gaunt 10.01.22 at 9.32	Ludlow Hospital 3) A decade ago, Shropshire Community Trust believed that Ludlow Hospital was too small to meet local need and that the site lacked the space for future development of services. Considerable work took place in 2012 and early 2013 around plans for a larger hospital to be built at Ludlow's Eco-Park. This project was halted by Shropshire CCG on financial grounds, rather than clinical grounds, in August 2013. What has changed clinically?	This question should be directed to Shropshire Community Health NHS Trust.
Marilyn Gaunt 10.01.22 at 9.32	Ludlow Hospital 4) Current proposals are to sell the former Maternity building at Ludlow Hospital. Which organisation owns that building? What is the relationship with PropCo?	The CCG does not own this building. This question should be directed to Shropshire Community Health NHS Trust.
Marilyn Gaunt 10.01.22 at 9.32	Ludlow Hospital 5) Is there a risk that the sale of the building limits the potential to reinstate the Maternity Unit at Ludlow, despite consultation on MLU closure never having taken place? Is there a further risk that reducing the size of the site constrains future development at Ludlow Hospital (and does so in advance of the CCG's community beds review)?	This question should be directed to Shropshire Community Health NHS Trust. The CCG remains committed to the future of vibrant local health services in Ludlow.
Marilyn Gaunt 10.01.22 at 9.32	6) What happened to the large plot of land purchased at Ludlow's Eco-Park?	The CCG does not own this land. This question should be directed to Shropshire Community Health

		NHS Trust.
Marilyn Gaunt 10.01.22 at 9.32	Shrewsbury MLU 7) Shrewsbury's MLU was closed for six months on 10th June 2019 for essential building work to take place. Has the CCG asked SaTH why this work has taken five times longer than anticipated?	The CCG understands that the estates work required was more complicated than initially thought and relates to asbestos removal; there remains some outstanding remedial estates work to be completed.
Marilyn Gaunt 10.01.22 at 9.32	8) Is the CCG aware of any plans by SaTH to re-open Shrewsbury MLU? Could you find out?	Shrewsbury MLU remains open for ante natal and post natal care. SaTH have undertaken a risk assessed approach to the closure of Shrewsbury MLU intrapartum care for safety reasons, due to midwifery staff shortages. This position remains under regular review by the CCG.
Marilyn Gaunt 10.01.22 at 9.32	Rural MLUs The three rural MLUs – Oswestry, Bridgnorth and Ludlow – were closed by SaTH on an interim basis on 20th May 2018. (The 'safety grounds' cited by SaTH at the time were around the failure to provide 1:1 support to women giving birth at the PRH Consultant-Led Unit together with an incorrect belief that closing rural MLUs would solve the Consultant-Led Unit staffing problems). SaTH and predecessor CCGs have always taken the view that formal consultation on MLU closure has to await the completion of	There is no further update on NHS England's approval timeline to allow the CCG to commence public consultation on the plans for these services.

	<p>the CCG-led MLU Review. This started in May 2017 and was scheduled for completion in January 2018.</p> <p>9) Does the CCG have a timetable for public consultation on the future of MLUs? A completion date for its MLU Review?</p>	
<p>Marilyn Gaunt 10.01.22 at 9.32</p>	<p>Rural MLUs</p> <p>10) Is it the CCG view that it is acceptable for the interim closure of rural maternity units to continue indefinitely?</p>	<p>The CCG is committed to ensuring there are safe midwifery services across the county.</p>
<p>Sue Campbell 10.01.22 at 11.28</p>	<p>Hospitals Transformation Programme:</p> <p>1) When did the CCG write a letter of support for the latest Future Fit/HTP Strategic Outline Case? Was this agreed in a public Board meeting?</p>	<p>See attached letter.</p>
<p>Sue Campbell 10.01.22 at 11.28</p>	<p>Hospitals Transformation Programme:</p> <p>2) Were there any caveats in the CCG's support?</p>	<p>See attached letter.</p>
<p>Sue Campbell 10.01.22 at 11.28</p>	<p>Hospitals Transformation Programme:</p> <p>3) Is there a reason for the SOC and the letter of support</p>	<p>As soon as NHSEI approval is received, the CCG understands that the final agreed SOC document will</p>

Submitted Questions by Members of the Public for the NHS Shropshire, Telford and Wrekin CCG Governing Body meeting 12th January 2022

	apparently not being in the public domain? I know SaTH's view is that secrecy must be maintained until NHS England has approved the document but this has not been previous practice around Future Fit.	be released into the public domain in line with NHS process for such business cases (previous and current). The SOC is a SaTH document and not a CCG document. In line with this approach, the CCG has not published its letter of support, but in view of the content of the CCG letter, it is prepared to share this in response to the public questions raised.
Sue Campbell 10.01.22 at 11.28	Hospitals Transformation Programme: 4) Is the CCG 100% confident that current HTP proposals – whatever those may – are fully consistent with the model that was consulted on in 2018?	See attached letter.
Sue Campbell 10.01.22 at 11.28	Hospitals Transformation Programme: 5) What is the current estimated capital spend arising from Future Fit? What is the current proposed source of capital funding?	This question should be directed to Shrewsbury and Telford Hospital NHS Trust.
Sue Campbell 10.01.22 at 11.28	Hospitals Transformation Programme: 6) What is the likely annual revenue impact on SaTH and/or the local NHS system of this capital spend? (A range of possibilities is fine if a single figure is unavailable, but the CCG must have discussed this important issue).	This question should be directed to Shrewsbury and Telford Hospital NHS Trust. The CCG's position is set out in the letter attached.

<p>Gill George 10.01.22 at 11.55</p>	<p>Maternity</p> <p>1) The December Quality and Performance report (page 52) notes 4 BBAs (Births Before Arrival) in October, and that BBAs are reviewed. What themes have emerged to date from a review of BBAs? How many BBAs have there been year-to-date?</p>	<p>SaTH report 41 BBA's between April 2021 and November 2021 (the latest data period reported on).</p> <p>There is no national data to benchmark BBA levels against. All cases are reviewed and year to date there were no reported poorer outcomes for mother or baby for any of these cases.</p> <p>A minor theme of maternal choice was noted, including the labouring mother electing to delay attendance at birthing centres or choosing not to access Maternity services to deliver her baby.</p>
<p>Gill George 10.01.22 at 11.55</p>	<p>Maternity</p> <p>2) Glancing through SaTH Board papers suggests a concerning number of Serious Incidents in maternity and obstetric care. Is the CCG aware of any themes emerging from analysis of these? How confident is the CCG that SaTH's maternity services are currently safe?</p>	<p>SaTH continues to be supported by Sherwood Forest Hospital as their maternity improvement partner. The CCG are fully engaged with and can report confidence in SaTH's maternity governance processes. This includes the risk assessment process regarding safe staffing of Shrewsbury MLU.</p> <p>No discernible themes have been identified from the incidents reported.</p> <p>SaTH continue to report good progress with completing the actions required following the publication of the first Ockenden report.</p> <p>For more detail regarding content of the papers mentioned, it is suggested this question is directed to</p>

		SaTH.
Gill George 10.01.22 at 11.55	<p>Urgent and Emergency Care</p> <p>For local people, this is an area of overwhelming concern.</p> <p>3) The 'Actions' section of Board papers (Page 37) comments on 'serious incidents recorded by WMAS relating to STW patients experiencing delayed treatment or handover response as a contributory factor'.</p>	<p>This is a statement and is not phrased as a question to respond to.</p>
Gill George 10.01.22 at 11.55	<p>Urgent and Emergency Care</p> <p>4) How many serious incidents have there been? What steps are being taken to prevent harm to patients?</p>	<p>Between April and November 2021 the CCG were notified of 5 serious incidents (SIs) relating to STW patients experiencing delays to ambulance response and treatment as a contributory factor.</p> <p>Ambulance response times are continually monitored and actions taken when delays are deemed excessive, in accordance with the NHSEI 'Managing ambulance conveyances to hospitals policy'.</p> <p>Patient safety oversight measures are in place at both SaTH Emergency Departments, which adhere to NHSEI published guidance on 'Professional Standards of Care for patients waiting in Ambulances'.</p> <p>A review of all patients who have experienced delays in handover and treatment at SaTH is underway, which to date has not identified any harms to patients as a result of delays to off load at hospital.</p>

<p>Gill George 10.01.22 at 11.55</p>	<p>Urgent and Emergency Care</p> <p>5) How confident is the CCG that WMAS and SaTH are communicating well and collaborating effectively to reduce the impact on patients of the current crisis in ambulance response times and very long handover times? From the outside, there is a sense of tension between these organisations.</p>	<p>Both WMAS and SaTH are engaged in the system work around Urgent and Emergency Care improvements as part of a whole system approach overseen by the CCG. The CCG can report a positive, collaborative and supportive approach from all partners to addressing the challenges we are all currently facing</p>
--	--	--

Our Ref: JP/CAT

29 September 2021

Dr Catriona McMahon
Chair
Shrewsbury and Telford Hospital NHS Trust
Trust Headquarters
Royal Shrewsbury Hospital
SHREWSBURY
Shropshire
SY3 8XQ

Dear Catriona

Letter of Support to the Board of SATH in relation to the refreshed Strategic Outline Case (SOC) for the Hospital Transformation Programme

The Governing Body of Shropshire, Telford and Wrekin CCG met on Wednesday, 22 September to consider the refreshed SOC presented by your team with a view to establishing CCG support. It is recognised that a refresh at this point is absolutely necessary and the update provided was welcomed.

Since the previous version of the SOC was supported (November 2019), the Governing Body appreciates that we have experienced significant events that have required the need for the core planning assumptions used in the model to be reviewed. The global pandemic has materially impacted on demand for healthcare as well as how it is provided which has brought further challenges to an already challenged system. It is clear to see the pressures that our health and care system are facing on a daily basis and this is even before we move into winter. It is, therefore, an opportune time to review the SOC in light of these events. We are pleased to see that the refreshed case continues to deliver the fundamental model that was consulted on whilst taking into consideration a set of revised demand and capacity assumptions.

We recognise the importance of the Hospital Transformation Programme in contributing to improved care for our patients and are pleased to consider an addition to the previous case of a proposition to accelerate elements of the programme if funding can be secured to do so. That particular consideration was noted in our previous letter of support (November 2019) which Drs Julian Povey and Jo Leahy signed as the Chairs of the two CCGs at the time.

The Governing Body supports a proposition to do this given that it would result in earlier than originally planned improvements to the hospital environment and, through that, provide improved quality and safety of services to patients. We do however, also acknowledge that this model comes at a much increased cost compared to the original case for £312m and recognise that as a system we will need to work hard to secure the funding.

In our previous letter, the CCGs also noted at the time a requirement to do further work to scope the impact and risks of maintaining the programme within the original £312m capital envelope quoted. The addition of this information to the revised SOC has provided helpful context.

We accept that the document shared with the Governing Body is a working draft and will be subject to a rigorous process to finalise it. We do not expect this to result in any material changes to the substance of the case and would expect to be notified if this were to occur.

When overseeing the development of plans over recent years, the CCGs have asked for a number of things. Prior to the Decision Making Business Case (DMBC) for example, five mitigations were requested to be achieved prior to decision making. These focused on:

- A travel and transport report and mitigations. (Which were included in the DMBC and are the subject of ongoing work in the programme).
- An Equality Impact Assessment and mitigations. (Also included in the DMBC with appropriate updates through the SOC process).
- Progress on the Out of Hospital Care strategies for Shropshire, Telford and Wrekin. (Which has been seen and will continue to develop as our system work matures).
- A clear description of the services on each site. (This has been given in the SOC though we would ask that this is given further attention immediately in order to help our patients and the public better understand the proposals).
- Clarification on affordability. (Again, modelling presented in the SOC does give this clarification and will continue to be refined as the case is progressed).

In addition to this, in the previous letter of support, the CCGs noted a number of 'caveats' that were required to be addressed prior to the submission of an OBC. Work to address these through the refresh of the SOC is apparent however. In line with previous support, the CCG must insist that its agreement continues to be subject to a number of important things. These are:

- Alignment of the activity and other key assumptions within the SOC and the OBC with those set out within the NHS Long Term Plan (LTP), including the aspirations within the LTP around outpatients, elective and non-elective care. This will need to take into account any infection prevention measures assumed to be in place in the longer term as a result of the COVID19 pandemic and any learning taken from our experience of caring for patients safely during this time.
- Further work around the options for delivery of the scheme and the financial affordability for SATH and for the STW system recognising the need to achieve a balanced position across the system as a whole.
- Delivering robust and ambitious workforce transformation plans across the system and assurance around their deliverability and affordability, this needs to include where appropriate new or expanded roles.
- Continued alignment of the SOC/OBC with the system's Local Care model and SATH's engagement with our wider aspiration for Place Based Care.
- Active engagement, participation and leadership of SATH in STW ICS, in particular facilitating and encouraging the clinical body of SATH to be actively involved in the development of our care models.

- Further details that help the public understand what the care model will mean for patients in Shropshire, Telford and Wrekin. For example (but not limited to), how urgent and emergency services will operate for residents of Shropshire or Telford and Wrekin across both hospital sites. We think this work needs completing rapidly (three months maximum).

In addition to these points, the CCG Governing Body would like to make its own commitment to SATH. We will continue to ensure that we convene our partners (including Local Authority, community, mental health and primary care) to work together in delivery of the System's vision for care in the county. We recognise that the Hospital Transformation Programme is an important part of a much broader scope of work and we will continue to engage with partners (including those in Wales) and the public to maintain transparency and encourage support for progress. We will make sure that through this work, our partners continue to be heard.

To conclude, the CCG Governing Body supports the urgent need to progress with the proposed changes and the recommended way forward outlined in the draft Strategic Outline Case for STW's Hospitals Transformation Programme (accelerated delivery model). We are fully committed, along with our system partners, to working with regulators, the Department of Health and the Treasury to secure the required funding.

As the programme develops, the Governing Body will continue to seek assurance that delivery is in line with the model that was consulted on and that the points above are being addressed. This will be through continued Executive involvement in the HTP Programme Board as well as through drawing feedback from the CCG Chaired Implementation Oversight Group (IOG). Recognising that the CCG will be dissolved at the end of March 2022, we have put in place arrangements to ensure that the ICB will then pick up this responsibility.

We look forward to moving into the next phase of work for this programme.

Yours sincerely



Dr John Pepper
Chair
Shropshire Telford and Wrekin CCG

cc Mark Brandreth
Neil Mckay
Louise Barnett
Chris Preston

NHS Shropshire, Telford and Wrekin CCG

ACTIONS FROM THE GOVERNING BODY MEETINGS HELD IN PUBLIC

	Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
1.	08.09.21 Assurance Reports Quality and Performance Minute No. GB-21-09-059 – Quality and Performance Exception Report	Mrs Young advised members that in terms of data quality, there was a reliance on SaTH as the data owners for the quality of the data. Mrs Young advised that there was increasing line of sight and a capacity to triangulate data with a variety of sources of assurance to ensure quality. Mrs Young reported that Quality Governance is receiving support, and that insights which increase confidence and access to data, is available (which is being validated) that shows that the still birth rate is coming down. Further Information on this matter to be shared at a future meeting of the CCG Board.	Zena Young	Future Meeting	<p>This will be included on the agenda at the appropriate time.</p> <p>A report on maternity and neonates data quality assurance is scheduled planned for the January LMNS Programme Board and an update will be included in the papers for March Governing Body meeting.</p> <p>12/01/2022 – Action remains open until next update in March 2022 meeting.</p> <p>09/03/22 - A full report on data quality is not yet available for this meeting. CCG, trust and NHSEI working together to understand some of the data quality issues.</p> <p>A detailed update was received at SOAG 23/02/22 and NHSEI at system quarterly review 24/02 provided feedback on high level of assurance on progress made in terms of maternity governance and quality assurance.</p> <p>Action remains open until next update in June 2022 meeting.</p>

	Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
2.	12.01.22 Minute No. GB-22-01.009 - Niche Recommendations	<p>NHS Shropshire, Telford and Wrekin CCG PROPOSED to share Niche Recommendations report with Integrated Care Board to be considered and followed up after the dissolution of the CCG. Also, to approve the Shropshire Telford and Wrekin response detailed in section 4 of the paper.</p> <p>Mrs Zena Young to share Niche Recommendations with Integrated Care Board to be considered and followed up after the dissolution of the CCG – 30th June 2022.</p> <p>A further update on the Niche Report will be brought back to the CCG Governing Body post March 2022.</p>	Zena Young	After 30th June 2022	09/03/22 - Action remains open until next update after June 2022.
3.	12.01.22 Minute No. GB-22-01.010 - The Shrewsbury and Telford Hospital NHS Trust CQC Inspection Report – Published 18 November 2021	Dr Pepper recommended that the Governing Body note and confirm that they have received the CQC report. Board also noted that the lines of assurance described by Mr Mark Brandreth and the next steps proposed were that the Governing Body receives the action plan once it has been approved. Approved action plan will be presented at the next public meeting in March 2022.	Zena Young/Mr Simon Whitehouse	March 2022 Meeting	Agenda item meeting 09/03/22. Recommend action closed.
4.	09.02.22 Minute No. GB-22-01.012 – Board Assurance Framework	Mr Mark Brandreth to meet with Miss Alison Smith to review the content of the BAF and to update where required ready for the iteration of the BAF going to the March Audit Committee.	Mark Brandreth/ Alison Smith	March 2022 meeting	09/03/22 - Reviewed has taken place in February. Recommend action closed.

REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body meeting 12th January 2022

Item Number:	Agenda Item:
GB-22-03.027	Quality & Performance Report January & February 2022

Executive Lead (s):	Author(s):
<p>Julie Davies Director of Performance julie.davies47@nhs.net</p> <p>Zena Young Executive Director of Nursing & Quality Zena.young@nhs.net</p>	<p>David Ashford Deputy Director of Performance dashford@nhs.net</p> <p>Tracey Slater Assistant Director of Quality Tracey.slater4@nhs.net</p> <p>Sharon Fletcher Senior Quality Lead & Patient Safety Specialist Sharon.fletcher9@nhs.net</p>

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

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

Executive Summary (key points in the report):
<p>*Please note that due to QPC January and February meeting being stood down Governing Body are receiving this report in advance of QPC scrutiny and discussion.</p> <p>PERFORMANCE</p> <p>Covid: The disruption and pressure continues, the added UEC seasonal pressures with demand and increased length of stay has impacted upon planned care recovery over the festivities and well into the new year, the winter plans mitigated risk to a degree. Encouragingly numbers of hospital admissions have been falling throughout January, the position does remain unstable, forecasting does show further reductions and into single figures of COVID related hospital admissions in Q4.</p> <p>Primary Care: Primary Care activity is showing some noticeable changes since September 2021, in line with areas of investment (Winter and Access funds), Weekly appointments had hovered around the 50K level for some time, but are now nearer to 60K for this period, also the proportion of face-to-face appointments has increased in comparison to telephone appointments, particularly with clinicians who are not GPs.</p> <p>Shropshire Doctors: Excellent performance and a slight activity drop for November and December, the majority of the KPI's are green, the Single Point Of Access (SPOA) went live early December, extending operating hours of the CCC encompassing all referrals for avoidable attendance across STW footprint, an update and dashboard will be in next month's briefing.</p> <p>Shropshire Community Services: Recruitment remains a focus and on target to go live with the rapid response teams as per</p>

plan, pressures continue for community provision, in both available bed stock for step down/up care, constraints directly related to IP&C governance (COVID related) and the response/in-reach model. Respiratory and virtual wards are being planned using lessons learned from previous attempts to utilise them and these will help resolve some of the current capacity constraints by utilising a virtual response.

Urgent and Emergency Care (UEC): Remains very challenged and does not currently meet Constitutional/National standards; There has been a National trend/uplift in the length of stay <7days and delays in complex discharges due to challenges in the care market. This has impacted upon the ability to move patients quickly through the Emergency Department and onto the wards and SaTH is no exception. Bed occupancy remains exceptionally high c.96% across usable G&A beds, Multi Agency Discharge Events (MADE) events have proved valuable and system level Demand and Capacity meetings have mitigated some of the risk with forecasting the bed model required to achieve optimum flow. Outbreaks and staffing shortages due to COVID has seen a number of system bed closures, this has severely impacted upon the ability to manage the back door and is reflected in this month's performance. Trajectories for improvement have now been set with the provider and can be seen in the UEC dashboard.

Planned Care: Elective recovery remains under pressure. Reduced activity due to workforce constraints and the pandemic continues. SaTH has been focussing purely on cancer pathways alongside the most urgent surgery (Emergency/ very urgent Priority 1 and Priority 2). Emergency and cancer demand for imaging, both MRI and CT also remain very high. Despite the additional mobile capacity in place, radiology is also seeing waiting times higher than planned at SaTH, this is also impacting upon planned care delivery. Total list size continues to increase because of the inability to treat clinically routine patients and close RTT pathways. As much activity as clinically appropriate is still being delivered virtually, however, overall numbers of waiters have increased in particular across Orthopaedics and General Surgery.

Cancer Performance: The two-week wait metrics are deteriorating again. Other metrics are inconsistent (meeting target in one month and failing the next), with the exception of 31-day subsequent drug treatment which usually meets the required standard. The number of 62-day waits going beyond 104 days at SaTH appears to be increasing - largely demand driven - this has been noted as a key risk with the mitigation of additional CT capacity, but has been further impacted by radiology workforce issues and consultant vacancies.

Mental Health: IAPT recovery rates; Following a high number of patients being discharged from the service in September, performance has now stabilised in December and is showing achievement of the 50% standard. Performance of this important metric, particularly for minority and more at risk groups, will continue to be closely monitored and any variations of note will be investigated.

Shrewsbury (SHIPP) and Telford and Wrekin Integrated Place Partnership (TWIPP): SHIPP & TWIPP Boards have not met since October, meetings are in plan to be restored for February, and written reports/dashboards will follow.

QUALITY

SATH: Shrewsbury and Telford Hospitals NHS Trust (SATH) remains the most challenged provider and cause for concern within the STW healthcare system.

The CQC recently published their inspection report following a number of visits across both sites at the trust between July and August 2021. Overall the trust was rated as Inadequate; with both Safe and Responsive remaining as this, Effective had improved to Requires Improvement, Caring had stayed the same at Requires Improvement and Well-led had improved to Requires Improvement.

MATERNITY: There were no Maternity Serious Incidents reported in November for the Trust and there is a further breakdown on incidents in the main body of the report.

There is good timeliness of response from SaTH on RCA reports and action plans.

The Maternity and Neonatal Dashboard exceptions are included in the main body of the report.

- Data quality remains an issue as the Trust has previously advised that outmoded IT and hand held records approach to data capture is impacting on data quality, the implementation and roll out of Badgernet IT maternity record system is starting to improve data quality and there is on-going assurance work with the provider to review and improve data quality for the future, however there is ongoing improvement work both locally and Nationally to improve the quality of information reported and improve assurance.
- There were no neonatal exceptions reported however data is still limited at present. There is ongoing work to ensure that the Neonatal dashboard, SI's and incident reporting will be shared at PNQSG and LMNS as a combined report for assurance.
- Service user satisfaction remains good, with ongoing work being carried out to increase response rates. There is continued work with Maternity Voices Partnership (MVP) to ensure that patient experiences are captured and acted upon, with recruitment to the volunteers to ensure a targeted approach to the more hard to reach patients.

- All of the MLUs across the county are operational, however some are not providing intrapartum care in line with risk assessments which are reviewed regularly and PNQSG and LMNS have oversight.

MPFT: IAPT long waits have been discussed at CQRM. The CCG Transformation/Commissioning team are working with the trust on the model of care. The trust advised they are losing expertise in this workforce which will provide a further challenge. The Eating Disorders Service at the Trust is experiencing workforce difficulties with recruitment of staff with extended waiting times.

RJAH: The CCG Quality Team attended RJAH on 25/10/2021 to undertake a Serious Incidents Quality Assurance Visit to theatres following three Never Events since April 21. A number of emerging themes have been identified from CCG review of RJAH investigation reports.

SCHT: Staff survey: update on actions following concerns raised by BAME staff – a BAME network is now in place whose remit is to work on actions from the survey. They are also scrutinising the recruitment and application process for SCHT posts.

SAFEGUARDING

- Free prescriptions for Care Leavers commenced on the 1st November 2021.
- A backlog of review health assessments in Stafford continues to receive review.
- CCG Internal Safeguarding Audits have been completed.
- A business case has been agreed as part of the review of health contribution to the Multi-Agency Safeguarding Hub (MASH) Compass.
- A Quality / Safeguarding Visit took place at the Redwood Centre.
- Training continues to GPs across Shropshire, Telford and Wrekin.
- Partnership sub-group work continues.
- Liberty Protection Safeguards: DHSC have announced that the introduction is to be formerly delayed and have not identified a new date instead stating “it would be premature to set a new implementation date or confirm any funding to support implementation before we have been able to consider responses to the consultation. We will therefore update you on our

plans, including any associated funding, after the consultation.”

- Work has commenced to address the LPS/MCA: National CRG information about optimising the 2022 & 2023 1.25% baseline budget for LPS implementation (as an innovation) for the coming 18 months. Further information will be provided in the Adult Safeguarding report to the Systems Quality Group
- NHS Providers COVID 19 change deployment monitoring in safeguarding teams and safeguarding capacity face to face front line staff visiting.
- Local Safeguarding Datasets to be updated for STW
- Increased Sudden Unexpected Child Deaths in Infancy requiring urgent rapid responses and review.

IPC: RJAH reported a further increase in surgical site infections in December

A MRSA bacteraemia case has been reported by University Hospitals Birmingham NHS Foundation Trust relating to a Shropshire resident who tested positive within 48 hours of admission.

The CCG senior IPC lead undertook a visit to Ludlow Community Hospital as part of an announced quality assurance visit; Suboptimal IPC standards reported.

The CCG senior IPC lead joined an internal Exemplar assessment organised by SaTH at their RSH site in November; suboptimal standards of IPC were observed during the visit.

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest?	No
2.	Is there a financial or additional staffing resource implication?	No
3.	Is there a risk to financial and clinical sustainability?	No
4.	Is there a legal impact to the organisation?	No

5.	Are there human rights, equality and diversity requirements?	No
6.	Is there a clinical engagement requirement?	No
7.	Is there a patient and public engagement requirement?	No

Recommendations/Actions Required:	
Governing Body is asked to note the content of the report and the actions being taken to address the issues identified.	

1 Key Performance (December/January)

1.1 Primary Care

KPI	Latest Month	Measure	Target	Green	Amber	Red	2019/20 YTD	2021/22 YTD
Total Primary Care Appointments	Nov 21	265059	-				210777	237107
% of PC Appointments Attended	Nov 21	91.9%	91.1%				91.3%	91.4%
% of PC Appointments DNATD	Nov 21	4.3%	3.8%				4.1%	4.0%
% of PC Appointments Unknown	Nov 21	3.3%	5.2%				4.0%	3.7%
% of PC Appointments Seen a GP	Nov 21	49.6%	51.7%				49.4%	49.7%
% of PC Appointments Seen other medical staff	Nov 21	49.4%	48.2%				49.1%	49.0%
% of PC Appointments Seen Unknown	Nov 21	1.5%	3.1%				2.0%	1.3%
% of PC Appointments Seen Face-to-face	Nov 21	65.3%	63.7%				64.3%	63.7%
% of PC Appointments Seen Home Visit	Nov 21	1.3%	0.6%				1.3%	1.3%
% of PC Appointments Telephone	Nov 21	23.7%	41.7%				29.7%	17.7%
% of PC Appointments Video/Online	Nov 21	0.0%	0.4%				0.0%	0.0%
% of PC Appointments Unknown	Nov 21	4.2%	3.6%				4.1%	4.2%

Primary Care activity is showing some noticeable changes since September 2021, in line with areas of investment (Winter and Access funds):

- Weekly appointments had hovered around the 50K level for some time, but are now nearer to 60K.
- The proportion of face-to-face appointments has increased in comparison to telephone appointments, particularly with clinicians who are not GPs.
- The proportion of appointments where the patient Did Not Attend has also been higher in this period, although this was also a time of increased Covid-19 prevalence.

Primary Care is continuing with recruitment to the 2hour rapid response teams (North East Shropshire), with full establishment aimed for March 2023. Virtual wards has seen some challenges in its use, the implementation was done at pace and on reflection engagement with SaTH could have been better, it is on-going work with full system engagement.

1.2 Shropshire Doctors

November & December have seen some of the best performance since Jan 21 with nearly all KPI groups Green, performance dashboard to follow in the next meeting (awaiting an update)

1.3 Shropshire Community

December performance is showing an improving picture against the KPI's, winter schemes are starting to come into fruition and the new SPA is showing early signs of improving the number of referrals to the 2 hour community response, performance dashboard to follow in the next meeting (awaiting an update)

1.4 Urgent & Emergency Care

KPI	Latest month	Measure	Target	Direction	Performance	Score	2019/20 YTD	2021/22 YTD	Nov-21	Var on last period
Number of A&E Attendances (Type 1- Type 3)	Dec 21	11183	-	↓	10830	111205	113690	11868	-5.77%	
Number of Ambulance Arrivals	Dec 21	5110	-	↓	5049	49061	41406	5146	-11.60%	
Ambulance Delays > 15 minutes	Dec 21	2515	-	↓	2292	23046	22877	2689	-6.47%	
Ambulance Delays > 30 minutes %	Dec 21	91.2%		↓	69.2%	66.2%	72.2%	67%	-5.26%	
Ambulance Delays > 60 minutes %	Dec 21	25.9%	0.0%	↓	9.0%	5.9%	20.4%	32%	-5.91%	
A&E 4 Hour Performance (All SaTH Types) %	Dec 21	58.1%	55.0%	↑	68.8%	68.5%	63.7%	57%	1.04%	
A&E 4 Hour Performance (All Types) %	Dec 21	64.9%	55.0%	↑	73.2%	93.9%	90.0%	64%	0.40%	
A&E Minors Performance %	Dec 21	90.4%	95.0%	↓	94.6%	95.3%	91.0%	89%	1.03%	
Total Number of 12 hour D16 breaches	Dec 21	322	0	↓	81	671	1119	302	6.10%	
Number of Emergency Admissions via A&E	Dec 21	2785	-	↓	2756	26791	29051	3012	-11.98%	
% Patients seen within 15 minutes for initial assessment	Dec 21	96.9%	-	↑	94.6%	71.1%	65.0%	52%	-4.73%	
Mean Time in ED Non-Admitted (mins)	Dec 21	228.0	-	↓	185.3	189.6	211.1	231	-3.28	
Mean Time in ED Admitted (mins)	Dec 21	582.6		↓	468.9	477.7	468.4	614	-31.01	
No. Of Patients who spend more than 12 Hours in ED	Dec 21	1127		↓	512	5261	6479	1200	6.28%	
12 Hours in ED Performance %	Dec 21	10.1%	-	↓	4.6%	4.7%	5.7%	10%	0.03%	

Although the number of ED attendances appears to have recovered from the peak seen in the summer and autumn, 4-hour performance at SaTH continues to deteriorate.

The number of arrivals by ambulance has been reducing since April, but turnaround times have remained high over the same period.

The number of 12-hour “trolley waits” - patients awaiting admission from ED - has been greater than average since July of this year. In January there were 497 such waits; the target is zero.

Ambulance (Patient) handover is showing some early signs of recovery

Although the number of ED attendances appears to have recovered from the peak seen in the summer and autumn, 4-hour performance at SaTH continues to deteriorate.

The number of arrivals by ambulance has been reducing since April, but turnaround times have remained high over the same period.

The number of 12-hour “trolley waits” - patients awaiting admission from ED - has been greater than average since July of this year. In January there were 497 such waits; the target is zero.

Ambulance (Patient) handover is showing some early signs of recovery

Two areas of focus for improvement, the first to reduce crowding, very early signs of an improving picture regarding the number of ambulance attendances reducing and increasing alternatives to the Emergency Department being utilised. Some very early signs that the reduced ambulance activity has seen a direct impact upon ambulance (patient) handover delays exceeding 60 minutes. SaTH now have an agreed trajectory for performance improvement across all UEC front door metrics, Paediatric initial time to be seen has improved from earlier in the month. The second area/focus is patient flow and discharge, the system has been working exceptionally hard given the adversities this current wave of COVID has created with system bed losses, SaTH have performed a number of MADE events and are targeting ward processes on short stay and throughout the medical division.

1.5 Planned Care

KPI	Latest month	Measure	Target	Assurance	Variance	Mean	Lower process limit	Upper process limit
Total incomplete waits at month end	Dec 21	52126	0			43350	40654	46035
Incompletes at month end (ophthalmology)	Dec 21	6579	0			6363	5615	7172
Incompletes at month end (gen. surgery)	Dec 21	5716	0			4473	3981	4886
Incompletes at month end (T&O)	Dec 21	11087	0			9615	8801	10479
Clock stops in month (admitted)	Dec 21	1358	0			1137	511	1703
Clock stops in month (non-admitted)	Dec 21	8644	0			8518	5921	11115
New patients added to RTT waiting list	Dec 21	10145	0			10736	6979	14492
STW patients waiting (SaTH)	Dec 21	28909	0			24508	22566	26630
STW patients waiting (HUAH)	Dec 21	9601	0			7058	7370	8545
Incomplete waits < 18 weeks at month end	Dec 21	60%	92%			61%	53%	68%
Diagnostics more than 6 weeks after referral	Dec 21	38.6%	1.0%			41.8%	30.2%	53.4%

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 signs of recovery in ophthalmology, in which numbers waiting appear to have peaked in the summer.

Diagnostic waiting times increased nationwide in month 9: locally, there were 2338 waits of more than 13 weeks in December, of which 695 were waiting for CT.

Elective recovery has continued to be adversely affected due to the combination of prolonged COVID and winter pressures leading to significant escalation into the day surgery units across both RSH and PRH. Despite this the system has managed to maintain its clinically urgent and cancer surgery at SaTH and has also reduced its long wait cohort and is on track to have 172 >104wk waiters at the end of March which is an improvement of the original plan of 241. A high proportion of these (~60%) are spinal patients and the system continues to work with regional and national colleagues to further improve this. Mutual aid has been sought from RJA and the independent sector for imaging/diagnostics for SaTH whilst recruitment continues for the diagnostic POD. Additional planned care support continues from RJA and the independent sector where possible and the CCG has sourced capacity out of area where possible and where patients are willing to travel. Clinical prioritisation of the planned care waiting lists continues with ongoing clinical validation as appropriate. PWC have been appointed to support STW with its elective recovery planning for 22/23 as part of a national programme to support systems with the complex analytics and demand & capacity modelling required. The system is also planning a visit on 11th March from Professor Tim Briggs and the national GIRFT (Get It Right First Time) team to see the work the system is doing to improve its elective efficiency and thereby support its recovery and offer further advice and support where necessary.

1.6 Cancer Care

KPI	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
Urgent referral to first OPA (2WW)	Dec 21	76%	93%			87%	79%	95%
Breast symptom referral (2WW)	Dec 21	7%	93%			52%	14%	90%
28-day Faster Diagnosis Standard	Dec 21	61%	75%			73%	62%	84%
Diagnosis to first treatment (31d)	Dec 21	97%	96%			97%	92%	101%
Urgent referral to treatment (62d)	Dec 21	61%	85%			71%	54%	87%
Screening to treatment (62d)	Dec 21	84%	90%			73%	21%	125%
Consultant upgrade to treatment (62d)	Dec 21	78%	0%			83%	71%	96%
104-day breaches of 62-day pathway (SaTH)	Dec 21	9	0			10	-2	21
Subsequent treatment - surgery (31d)	Dec 21	87%	94%			87%	71%	103%
Subsequent treatment - drugs (31d)	Dec 21	100%	98%			100%	98%	101%
Subsequent treatment - radiotherapy (31d)	Dec 21	100%	94%			98%	92%	103%

Most metrics show inconsistent performance, with the exception of 31-day subsequent drug treatment which usually meets the required standard. The number of 62-day waits going beyond 104 days at SaTH remains in double figures.

The system is currently reviewing its cancer recovery plans for 2wk, 28day FDS (Faster Diagnosis Standard) and the 62day RTT. This is part of our overarching planning for 22/23. Key challenges are workforce related, both at tumour site level and diagnostics (most modalities) and these are combining to limit our recovery of the key targets at an overall system level. Work is underway to improve the plans for Gynae, Lung and Upper GI in the first instance as other tumour sites are either planning to achieve either for full year or during the year in 22/23. One exception to this is Haematology that has a unique set of challenges related to small numbers, a proportion of demand presenting as late referrals from other pathways and a consultant workforce shortage. Across the cancer pathway Consultants are being really pro-active in contacting patients to discuss plans and treatment where possible which is having a positive impact upon the lost time in preparation for surgery or other treatments.

1.7 Mental Health and Learning Disabilities

KPI	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit	
Dementia Diagnosis rate (STW)	Dec 21	60%	67%			55%	64%	60%	IAPT recovery rates have stabilised this month after a number of months of being under target.
Dementia Diagnosis rate (England)	Dec 21	62%	67%			55%	64%	65%	Waiting times for IAPT are being met for both initial treatment starting and for first to second appointment for most cohorts with the exception of step 2 and 3 waits
IAPT Recovery Rate (MPFT)	Dec 21	54%	60%			52%	47%	62%	Dementia diagnosis the Pre-pandemic target was met for STW as a whole, but has gradually declined every month since April 2020. Nationally rates have been below target, the pandemic impact has been widely recognised.
Finished IAPT first seen < 6 weeks (MPFT)	Dec 21	84%	75%			91%	94%	703%	SMI health checks – derived from monthly practice extracts – remain significantly short of target, but a slight improvement in December
Finished IAPT first seen < 18 weeks (MPFT)	Dec 21	99%	95%			100%	99%	101%	
IAPT starting treatment < 15 weeks (MPFT)	Dec 21	100%	0%			99%	91%	101%	
CYP Eating Disorder seen < 1 week (urgent, MPFT)	Dec 21	100%	95%			100%	100%	100%	
CYP Eating Disorder seen < 4 wks (routine, MPFT)	Dec 21	67%	95%			95%	88%	770%	
CPA patients followed up < 1wk after discharge (M)	Dec 21	93%	95%			97%	94%	100%	
SMI patients with Health Checks in past 12 months	Dec 21	1106	2229			919	827	1021	

IAPT, a regionally led piece of work has commenced to bring together the services of Shropshire and Telford, recruitment for a clinical lead has been advertised with recruitment aimed for Q4, this should stabilise the system as we go into 2022/2023. Dementia diagnosis the plans for improvement have now been agreed by the system and the first meetings have commenced, diagnosis rates did drop slightly in November but have stabilised (following seasonal trend) for December, updates on the progress against improvement plans will be included in future reports.

2 Quality

2.1 Shrewsbury and Telford Hospitals NHS Trust:

Shrewsbury and Telford Hospitals NHS Trust (SATH) remains the most challenged provider and cause for concern within the STW healthcare system.

Falls: The number of falls continues to remain an area of concern. The falls per 1000 bed days remains above the local stretch target for improvement, however the falls with harm per 1000 bed days is delivering at the national standard. System Quality Group has received an update of ongoing work for falls prevention and the CCG are confident the right actions are identified and the challenge remains with a small number of wards that are receiving additional management support and clinical supervision.

Pressure Ulcers: The Trust is on course to deliver the year end improvement target internally set.

Update in relation to the CQC Section 31 conditions imposed following the CQC inspections: A scheduled CCG led Quality Assurance visit to RSH ED due to take place on Wednesday 17th November has been deferred due to CQC also inspecting ED on the same date. A further arranged date has been stepped down due to C-19 redeployment workforce pressures. At the time of writing the report an alternative date is being sought.

Performance in October (04/10/2021 – 31/10/2021) for sepsis screening on admission across the Emergency Departments was 97% on average for both sites.

Performance in relation to patients screened as 'high risk' having had the appropriate action taken as per Sepsis 6 was 97% on average across both sites showing significant improvement.

Compliance against the 15 minute Paediatric triage standard has improved at RSH in October 2021 to an average of 53% (from 46%) at RSH and declined to 28% (from 29%) at PRH for the 4 week period up to the 31st October 2021. The trust continues to work with their teams in relation to ongoing actions to improve compliance. Triage staff are protected to ensure availability and access to triage for paediatric patients at all times. All paediatric patients' ED attendance records continue to be reviewed regardless of time to be triaged to ensure no harm occurred and all appropriate assessments and referrals have been made. Incident reporting occurs for every child not triaged within 15 minutes and

Governing Body Quality and Performance Report March 2022 Final

relevant staff are alerted so the circumstances around any breaches are recorded and mitigations immediately put in place. Further work is being undertaken to identify how triage times during surges in paediatric activity can be improved.

Serious Incidents:

Complaints: The response time for concerns remains unsatisfactory; the improvement trajectory for elimination of the overdue responses by December 2021 is showing the plan is on track at the end of September 2021.

Mortality: Mortality indices remain better than the reference level of 100 and are forecast to continue to perform better than peers. Both HMSR and RAMI exclude COVID-19 deaths from the indices. Recent data indicates that SATH is not an outlier for deaths associated with COVID-19 during the second wave of the pandemic; October 2020-March 2021.

Quality Assurance visits: The CCG continue to support SATH exemplar visits.

Maternity:

The following items are reported as exceptions from the Maternity & Neonatal Dashboard:

The table below identifies the parameters which are or have recently been outside of the expected target range when reviewed against either local or national expected figures /targets.

Indicator	Standard Figure	Oct 21	Action
Bookings less than 13 weeks	90%	83.5%	<p>Medway pulls data based on LMP (current dashboard figure)</p> <p>Screening/Booking data is based on accurate EDD.</p> <p>Booking data is manually validated by Specialist Screening lead midwife to ensure accuracy in data reported to Public Health England. This also captures imports and exports- OOA bookings.</p> <p>Data validated actual booking figures for:- July 21 = 89% August 21= 88% Sept 21= 86%</p>

			A report has been run by the Badgernet Lead, which has shown that 91.9% is the reported compliance for the month of October and further work is now underway with the performance team to move to reporting from Badgernet into the clinical dashboard.
Induction of labour (IOL)	29.2% (NMPA 2019)	34.3%	Nationally increasing rates. Increased comorbidities nationally recognised. Care bundles such as SBL and National ambition to reduce Still Birth and NeoNatal Death impacts IOL rate along with women's choice. The revised clinical dashboard is looking at standards that as a trust should be setting for IOL rates as the NMPA 2019 standard is now old data to benchmark against. HES (hospital episode statistics) data: rate in 2019-20 = 39% taken from recent GIRFT data report.
1:1 care in labour	100%	99.7%	An ongoing review of any case where the dashboard indicates that 1:1 care in labour does not look like it has been achieved and is ongoing. These results are reassuring that staffing is being managed with acuity tool to ensure 121 care in labour is achieved.
Smoking rate at delivery	Government Target 6% By 2022	9.8%	Smoking rates at delivery continue to decrease across the county, towards the current national average (9.5%) despite social deprivation and associated health inequalities/co-morbidities. Significant reduction on month noted for smoking at time of delivery. Scoping of carbon monoxide monitoring is ongoing. Booking data has improved, however some bookings are carried out remotely, mitigation for these service users to have monitoring at a later date with routine blood test. Working towards government target-smoking cessation team has expanded and progress being made for new HPSS service to address barriers and health inequality.
VBAC rate	20% Public View	13.8%	This is only women who are having their second baby and had a CS first time. It does not include women on baby number 3 or 4 who have had a CS and a VB previously.
Caesarean Section rate of Robson Group 1 deliveries.	3.5% Public View	12.2%	Group 1- Nulliparous, single cephalic, ≥37 weeks, in spontaneous labour. Primip term women. A recent study showed that groups 2, 5, and 1 were the major contributors to the overall CS rate. This can be influenced by maternal choice, which is nationally supported. September cases reviewed, as concerned high %, all were correctly categorised into this group. Further work ongoing to review Group 2 cases to review if these are correctly categorised and not impacting on group 1 underway. Also standard using is also being reviewed.
Caesarean Section rate of Robson Group 2 deliveries.	42% Public View	50%	Group 2 - Nulliparous, single cephalic, ≥37 weeks, induced or caesarean section (CS) before labour. Representative of higher IOL rate – corresponding with failed IOL.

Caesarean Section rate of Robson Group 5 deliveries	85% Public View	85.7%	Group 5 - Previous CS, single cephalic, ≥ 37 weeks. Performance consistent with standard, this group presented on dashboard on monthly basis.
Spontaneous birth rate	60% Public View	61.5%	Mean rate = 64.8%
PPH rate	2.5% Public View	3%	All individual PPH cases above 1500mls are reported via datix and are reviewed at local Noir meeting and learning shared in teams.
Still Birth		1	Un booked lady. Baby appeared to be 38-40 weeks gestation at birth. No Antenatal care provided as unaware of pregnancy. Baby taken for post-mortem. Referred to HSIB and triaged, based on no antenatal care and condition of baby at birth. Rejected as did not fit intrapartum criteria for referral. Reported to MRRACE
Born before arrival	3- Locally agreed.	4	All BBAs are being reviewed for any issues with care and levels monitored. All will be reviewed via NOIR or locally by ward managers for deeper understanding. Learning is shared with teams.
Breast Feeding- first feed	70% Public View	68%	Data remaining consistent. Communications are continuing from infant feeding lead locally regarding Importance of Breast feeding, also importance of correct data recording. Whilst first feed is noted to be slightly under national standard, discharge from hospital breast feeding rates are significantly higher at 68.5% when the standard figure is 60%.
Delivery Suite (DS) acuity	85% (Birth Rate Plus)	48.2 %	It is important to note that this acuity report is for DS only, the unit acuity data is assessed at the SMT huddle twice daily, where staff are deployed to areas with high acuity to manage safety within the unit. From July this acuity level is taken from a rolling 13 week period to reflect accurate data. 48.2 % DS have been in positive acuity. 32.4% DS have been in Amber acuity (up to 2 mws short) 10.6 % in Red acuity. (>2mws short) All have been appropriately escalated and managed to maintain safety across the unit. All aspects of the escalation policy have been followed and consideration to use of divert of services have been discussed at appropriate levels. The MLU service is on divert to consolidate staffing – which again is an appropriate measure to maintain safety. 10.2 WTE Band 5 midwives have now commenced with the service. Rosters are looking to improve from November in response to this. A further 2.8 WTE band 5s are due to commence in November 21.

DS red flags	No target range	61	<p>Red flags are indicators that staffing levels are not quite right in area. Also may reflect occupancy on delivery suite.</p> <p>Twice daily SMT huddles in place, increased to 3 when acuity and staffing needs closer monitoring. A review of October red flag data has revealed that 20 women accounted for 44 red flag events. These were affected by a delay of more than 8 hours for ARM/Augmentation, there were no negative safety implications due to these delays, and this has been triangulated with data from Datix and the MIS. The 6 red flags for delay in PROM IOL affected 3 women. Their care has been reviewed and there were no adverse outcomes because of the delay.</p> <p>1: 1 care in labour was not provided to 3 patients for a very limited time while staff were redeployed to assist from other areas. This was appropriately escalated and managed with no impact on outcome. 3 of the red flags for the co-ordinator being unable to maintain supernumerary status are during these episodes.</p> <p>On 2 other occasions the co-ordinator were not supernumerary for brief periods as they were caring for PN patients and one occasion for a PROM IOL that had yet to be commenced. In all cases the necessary clinical actions had been taken to maintain safety and the situation had been escalated to the managers.</p>
--------------	-----------------	----	---

Maternity Serious Incidents (SIs): There were no maternity related incidents reported during November.

Month of incident	January 21	February 21	March 21	April 21	May 21	June 21	July 21	August 21	September 21	October 21	November 21
Number reported	1	4	*2 (reported in June)	1	1	2*	6 Inc. 2* reported from prior period	2	2	0	0

The CCG attend the Review, Action and Learning from Incidents Group (RALIG). The purpose of RALIG is to review incidents and near misses in the trust in an objective, thematic and clinically focussed forum. To discuss and agree actions that improve safety and quality of clinical care for our patients and to agree, share and implement learning points and themes across all Divisions and the wider organisation and to provide assurance to the Quality, Safety and Assurance Committee (QSAC).

IPC: A number of concurrent Covid-19 outbreaks has been reported across both trust sites and these have been managed in accordance with the Incident Management process.

The CCG senior IPC lead joined an internal Exemplar assessment organised by SaTH at their RSH site in November; suboptimal standards of IPC were observed during the visit to ward 25 relating to environmental cleanliness, patient equipment cleanliness, adherence of staff to national guidance for wearing of personal protective equipment, lack of documentation for patients declining to wear a face mask and no documentation for a patient with a urinary catheter. The CCG IPC lead has discussed the finding with the IPC lead at SaTH who has arranged a meeting with ward and department managers and advised SaTH's IPC team will monitor IPC standards on the ward.

2.2 Robert Jones and Agnes Hunt Orthopaedic Hospital

Quality of care: Following the reporting of 3 Never Events, members of the CCG Quality Team attended RJAHS on 25/10/2021 to undertake a Serious Incidents Quality Assurance Visit to theatres. A number of emerging themes have been identified and RJAHS have action plans in place to address these. It is reported that The Trust is continuing to work to identify innovative ways of disseminating and embedding learning from incidents.

In advance of working towards an ICS by April 2022 and stepping down CQRM meetings, a member of the CCG Quality Team attended RJAHS Quality and Safety Committee on 18/11/2021. The scrutiny applied to those present was observed to be rigorous, and no significant concerns regarding the quality of care have been identified. The Never Events previously reported are progressing in accordance with the NHSE Serious Incident Framework. A number of immediate corrective actions have already been implemented.

IPC: Following the report of an increase in surgical site infections in quarter 1, the trust have reported a further increase for Quarter 2 a meeting between CCG and RJAHS IPC leads has been arranged. RJAHS are continuing with the 'One Together' assessment toolkit for reviewing IPC practice across the surgical pathway. Actions relating to the increased surgical site infections continue to be monitored through attendance at monthly IPC committee. The CCG Senior IPC Lead will be undertaking a visit to RJAHS during January.

2.3 Midlands Partnership FT

Quality of care: A CQC Mental Health Act review has been undertaken at MPFT during 15-19th November 2021. The inspectors gave positive feedback during this review regarding inpatient management of children and young people, the final report is awaited.

The Health & Safety Executive (HSE) re-inspected the trust during October 2021, this was a virtual review and the HSE gave positive feedback to the trust. There has been progress with regards to improvement notices served two years ago. The HSE were impressed overall and in particular with Covid measures in place for Shropshire, Wrekin, and Telford. The Eating Disorders Service at the Trust is experiencing workforce difficulties with recruitment of staff and extended waiting lists. The CCG are working with the trust and other provider partners to review this.

Improving access to psychological therapies (IAPT) long waits has been discussed at CQRM. The CCG Transformation/Commissioning team are working with the trust on the model of care. The trust advised they are losing expertise in the workforce which will provide a further challenge to delivering an improved performance.

A follow-up annual suicide report and a report on Female suicide rates were presented at October CQRM. Both reports considered robust national processes in learning from suicides, themes and trends. The report provided detail on the work ongoing within Shropshire Care Group in preventing suicide, the learning from recommendations and actions following the death of a service user.

The report concluded that the trust have seen an increase in suicides in Shropshire in particular over recent years but this is not statistically significant given the variation in suicide rates each year and the relatively small numbers recorded. Additionally, the increase itself has brought Shropshire in line with England rates overall per 100,000 populations, it does not indicate that Shropshire nor Telford and Wrekin are outliers in terms of rates. However, the trust have advised this does not mean they are complacent when it comes to understanding individual and general risk factors to suicide, they continue to proactively equip staff and service users with the means to reduce these.

IPC: A further Covid-19 outbreak was reported at Redwoods which resulted in a ward closure due to numerous contacts, none of which converted to being positive.

2.4 Shropshire Community Healthcare NHS Trust

Quality of care: SCHAT have identified that there was an increase in incidents of pressure ulcers of all grades in recent months, the trust are taking actions to address the issue to include a rapid improvement plan and this will be monitored via CQRM.

Quality Assurance Visit: CCG continue to support trust quality assurance visits.

IPC: A CCG quality assurance visit was undertaken at Ludlow Community Hospital, the CCG senior IPC lead observed suboptimal standards of IPC during the visit relating to: Not following trust process for cleaning and checking a bed space following discharge of a patient resulting in two mattresses being disposed of during the visit, one of the mattresses was a pressure relieving mattress and the hospital did not have a replacement on site. Missed quality checks; recordings of fridge and freezer temperatures in the ward kitchen and relatives room. Suboptimal cleanliness of patient clinical equipment. Feedback was given at the time of the visit to the ward sister and later the same day to the trusts Director of Nursing and Director of IPC. Development of an IPC action plan has been requested this will be monitored through attendance at the trust's IPC group.

One case of MRSA bacteraemia originally assigned to CCG was assigned to SCHAT following a post infection review of all care delivered by the patient's GP practice, The Queen Elizabeth Hospital, SaTH and SCHAT. The investigation was concluded and at a post infection review meeting the final assignment of the case was assigned to SCHAT. Areas of learning included nurse's indication to swab a wound, where a patient declines referral to GP due to concerns, use of ADDER Tool as framework for concordance conversation.

2.5 GP led Out of Hours Services (SCHAT leads on OOH contract, subcontracting Shropdoc since 1st Oct '18.)

There are no significant quality concerns to report by exception.

2.6 Primary Care: Shropshire, Telford and Wrekin (STW) CCG and partners are continuing work to improve the offer of and uptake of Annual Health Checks for people with a Learning Disability. A system wide approach through the 3 Year Road Map is in place to ensure buy-in to improve this area of work and to expand its reach. STW CCG are committed to the aspiration of offering 100% of people with a learning disability an annual health check with clear reasons recorded and reviewed if an individual chooses not to attend or DNAs. High performing practices are encouraged to share good practice across their Primary Care Network (PCN).

For 2021/22 the Learning Disability Annual Health Checks LDAHC focus is on the 14-18 year age group, working jointly with SEND Teams, specialist schools, the Local Authority and Parent & Carer groups to ensure LDAHCs are embedded within services i.e. Education Health Care Plans and that young people are captured on the GP LD register and offered a LDAHC.

2.7 West Midlands Ambulance Service (WMAS)

West Midlands Ambulance Service (WMAS): have identified via the SI process when delays in attending to a patient due to severe demand on service has resulted in serious harm or above. WMAS continue to report high demands for their service which in conjunction with delays in handover of patients at acute hospitals has caused significant delays in ambulance response times across the region. All are reviewed by local and regional CCGs and comments fed back to WMAS.

NHS 111: are continuing their recruitment campaign for advisors and clinicians to meet demand of number of calls. They are working to increase the number of category 3 and 4 ambulance validations following pathways dispositions which has reduced the number of ambulances requested.

2.8 Care Homes

Homes requiring increased monitoring/cause for concern: Concerns have been raised by Telford and Wrekin Council quality monitoring officer and other local healthcare professionals following visits to a nursing home in Telford. The CCG IPC team offered to support a joint visit to the home with the quality monitoring officer. The visit highlighted poor standards of IPC, suboptimal environmental and equipment cleanliness and non-adherence to IPC national guidance. An IPC report has been shared with the provider's senior management team and the home's manager; a service improvement plan has been requested. Due to the number of IPC concerns the report has been escalated to CQC. Support and monitoring will be undertaken by Telford and Wrekin council and CCG IPC.

2.9 Independent Providers

There are no significant quality concerns to report by exception.

3.0 Safeguarding

Looked After Children (LAC):

There are currently 980 LAC pan Shropshire, in addition the hosted LAC population is 786.

- The Free prescriptions for Care Leavers process has been launched on the 1st November 2021 and currently have purchased the first pre-payment certificate for one of our Care Leavers.
- Additional data has been requested in relation to face to face contacts for children and young people to complete Review Health Assessments; data has suggested the vast majority have been completed via video / telephone contact; comparatively other regional areas. This has received Executive to Executive escalation and is likely to need to receive scrutiny at Corporate Parenting Strategic Meetings.
- There is a historical backlog with the health team in Staffordshire; currently this is 8 LAC children pan-Shropshire. The Team in Staffordshire continue to keep the Designate Team updated on the current situation for STW young people and prioritise on the level of health need. This has been escalated to Staffordshire CCG and NHSE, and is on the risk register for MPFT and the Staffordshire CCG. We continue to monitor and liaise with colleagues in Staffordshire and will escalate further if needed.
- The Designate Nurses continue to quality assure review health assessments for children placed out of area; the vast majority of reviews are satisfactory. Any escalations in terms of additional information which may be required takes place at the time of review. This continues to be an electronic process.

Safeguarding Children:

- CCG Internal Safeguarding Audit has been completed for child and adult safeguarding; the reports have been submitted to Audit Committee with a further review / timelines added in January 2022.
- An escalation has occurred to the CCG concerning health contribution to the single point of access 'Compass' - Multi-agency Safeguarding Hub (MASH) due to capacity / workload challenges; an immediate plan is in place; a working group has considered a longer term solution; the Designate Nurse will be reviewing quality metrics. A business case was submitted and agreed to ensure adequate staffing of the Hub.

- Children G Serious Case Review neglect case has been published in September 2021; the Designated Nurse chaired a meeting to review some queries around the information shared as part of the review.
- There continues to be a notable increase in both referrals to MPFT and Child or Young Person presenting at Accident and Emergency (A&E) with mental health deterioration following the easing of lockdown. There has been additional access to crisis mental health hubs locally to prevent A&E attendance.
- A quality visit took place to MPFT Redwoods Centre to review provision due to a child being cared for on an adult ward. A report has been finalised which took account of some additional actions required around the child's care planning.
- Level 3 child safeguarding staff training in Adult ward areas has been a key focus of improvement in Shrewsbury and Telford NHS Hospital Trust (SaTH) and Robert Jones and Agnes Hunt NHS Hospital Trust (RJA).
- The easing of COVID-19 lockdown nationally, regionally and locally have showed increasing child abuse concerns and mental health issues in children and young people with an increased demand on services providers and number of children subjected to child protection plans.
- There has been a reported national rise in rape cases / sexual offences especially to women requiring Safeguarding Partnership's safer community actions across the UK. Shropshire and Telford and Wrekin Partnerships are exploring local priority areas to prevent crimes.
- The Telford Independent Inquiry Child Sexual Exploitation (IICSE) and Ockenden Maternity Inquiry have continued with case note information being requested from providers. The CCG continue to cooperate with the Inquiry and are awaiting any further requests for assistance based upon when the Inquiry announces the next phase of their work in terms of reviewing individual cases.
- Shropshire and Telford & Wrekin Safeguarding Children multi-agency case file audits in progress with multi-agency recommendations being acted upon to improve local practice.
- The monthly Maternity Supporting Women with Additional Needs (SWWAN) meeting is ongoing with rising case numbers across Shropshire and Telford and Wrekin Maternity. Safeguarding limited capacity has been escalated on SaTH risk register to deliver supervision and training in the summer of 2021. Consequently, the Named Midwife for SaTH is now full time and not a job share position; additionally a Band 6 safeguarding midwife post will be recruited to mitigate and lower the risk on SaTH risk register.

- The CCG risk register has been reviewed and updated for this quarter which now includes a review of health attendance at Compass Shropshire.
- A level 3 children safeguarding training course is being delivered by Dr Baines and Dr Wong. This is going well and one session has taken place, next session later this month.
- An adult safeguarding level 3 training course will be delivered by Dr Baines and Dr Wong in the new year.
- Domestic Abuse resource pack has been produced by Rachel Jones and is currently under review. This will be disseminated to all practice when finalised and will provide a wealth of information and guidance when primary care colleagues have concerns about a person
- The GP safeguarding forum continues and Domestic Abuse will be included again as a topic in the Spring. All practices are encouraged to suggest items for inclusion in a future forum learning session
- 7 practices responded to the safeguarding survey and the Named GPs for Safeguarding are leading the review of this information to see how the support offer to practices can be strengthened
- The CCG Designated Children Safeguarding Team and Named GPs continue to work with GP practices to complete Safeguarding Initial Scoping/ Child Safeguarding Practice Reviews (CSPRs) and Multi-Agency Safeguarding Case File Audits (MACFA) for both Shropshire and Telford and Wrekin Safeguarding Partnerships.
- The CCG Safeguarding team is reviewing with NHS providers health representation at Local Authority Multi-Agency Safeguarding Hubs (MASHs) child protection / strategy meetings.

Safeguarding Adults

- The Safeguarding Partnership arrangements continue to be strong both operationally and strategically; with activity taking place to support safeguarding strategic meetings. The TW Care Act compliance audit has been positive with no ongoing actions identified
- GP safeguarding Forum continues with suicide prevention being the subject of the latest meeting and addition MCA training has taken place for a specific GP practice.
- LPS remains a significant issue with essential implementation documents still not available. The CCG and ICS continue to work collaboratively to address

- There has been a high risk Channel case which the CCG have supported the chair with and the person in question is now detained under the Mental Health Act.
- The data analysis section at APPENDIX 2 indicates some ongoing challenges at SATH and these are being addressed via the Safeguarding Adult Operational Group and CQC action plan work.
- Support has been offered to assist Severn Hospice address the action plan from their CQC inspection. The CQC had contacted the CCG to see if assistance could be offered and were appreciative of the actions already in place

3.1 Infection Prevention and Control

The vacancy within the IPC team which in part is mitigated by temporary staffing solutions is currently out to advert.

The IPC team supported the care sector to take part in International Infection Prevention week, an event which takes place each year. The theme this year was 'Make your intention infection prevention' the IPC team chose different theme for each day of the event and sent out key messages and resources to care homes and domiciliary care providers within STW.

3.2 Patient Experience

Nothing to report by Exception

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG Governing Body**
Meeting held in public on 9th March 2022

Item Number:	Agenda Item:
GB-22-03.028	Ambulance Handover Performance Report

Executive Lead (s):	Author(s):
Julie Garside Director of Performance and Contracts julie.garside@nhs.net	David Ashford Deputy Director of Performance Dashford@nhs.net

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

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)
None		

Executive Summary (key points in the report):
<p>The purpose of this report is to highlight key risks that our 999 ambulance provider West Midlands Ambulance Service NHS University Trust currently hold for Shropshire Telford and Wrekin System and to provide assurance and awareness of the mitigating actions the whole system is taking to address these risks.</p> <p>Key points</p> <ul style="list-style-type: none"> • Excessive ambulance waits for patient handover, understanding the issue • Ambulance lost resource is impacting upon the ability to respond to patients in the Community, factors that affect ambulance performance • Patient experience and the reputation of the system with excessive delays

Recommendations/Actions Required:
<p>The Governing Body is asked to note the current position and the actions agreed to reduce unscheduled care activity, prevent crowding in ED and improve discharges, in turn, these actions will reduce ambulance waits as a result of the improved patient flow. Progress against these actions will be monitored by the UEC board on behalf of the system.</p>

Report Monitoring Form

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

Strategic Priorities – does this report address the CCG's strategic priorities, please provide details:		
1.	To reduce health inequalities by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities. <i>(If yes, please provide details of how health inequalities have been reduced)</i>	No
2.	To identify and improve health outcomes for our local population. <i>(If yes, please provide details of the improved health outcomes).</i> Supports improvements across the UEC pathway that positively impact upon ambulance response to our communities	Yes
3.	To ensure the health services we commission are high quality , safe, sustainable and value for money. <i>(If yes, please provide details of the effect on quality and safety of services).</i> <i>Enables the time and capacity to undertake full reviews whilst still services to users</i>	No
4.	To improve joint working with our local partners, leading the way as we become an Integrated Care System. <i>(If yes, please provide details of joint working).</i> Whole healthcare system issue, the solutions require joint working to develop integrated pathways that reduce conveyance to the local emergency department	Yes
5.	To achieve financial balance by working more efficiently. <i>(If yes, please provide details of how financial balance will be achieved)</i>	No

Ambulance Handover Performance Report

Background

The current context relating to ambulance waiting times in Shropshire, Telford and Wrekin (STW) remain challenging. The whole health and care system is of the view that the current position is not acceptable.

There is an understanding of the underlying risk in the ability to meet the nationally recognised 999 constitutional response standards in many rural health systems. This has been well documented in the past by the CCG but the system must strive for the best performance possible despite the geographic challenge, for the resources available.

STW contributes to a regional commissioning process for our 999 response with five other health systems and STW is one of two areas that pay a higher cost per incident tariff due to extended job cycle times. Funding one double crewed ambulance costs approximately £700,000 per annum. Ambulance waiting times >30 minutes, if eradicated could potentially give WMAS up to 30hrs of resource time per day, returning operational resource for 999 use, commissioners are in favour of this approach.

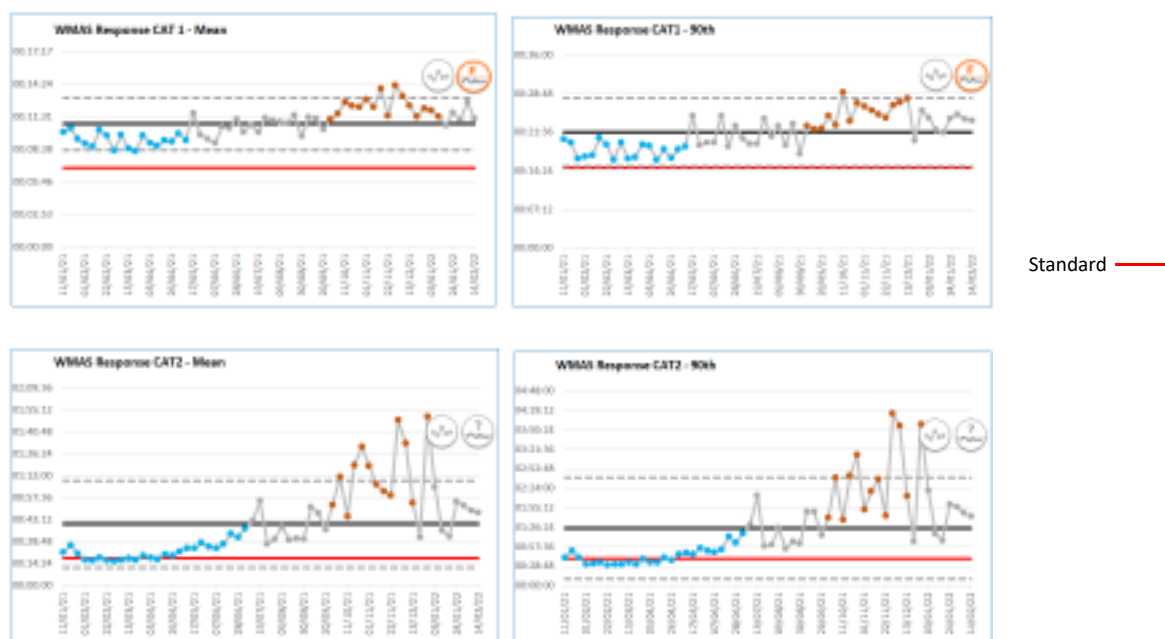
Reports, both internally and externally have continued to highlight Shrewsbury and Telford Hospitals NHS Trust (SATH) as a poor performer in relation to the lost emergency ambulance resource in patient handover, resulting in a delayed response to our communities. It is apparent that at times the delays are significant and will be contributing directly to patient safety risks.

This report aims to highlight the current position, to include sustainable solutions that the Urgent and Emergency Care Board are acting upon that do not add a burden of additional risk in other parts of the system.

The report recognises the excellent work undertaken despite operational pressures and workforce challenges, and demonstrates that the STW focus is to continue to reduce crowding within the emergency department thereby improving patient experience and increasing productivity.

Current position

WMAS STW system performance



The NHS commits to provide convenient, easy access to services within the waiting times set out in the handbook to the NHS Constitution.'

All patients should receive high-quality care without any unnecessary delay. There are a number of government pledges on waiting times, including all ambulance trusts to;

- respond to Category 1 calls in 7 minutes on average, and respond to 90% of Category 1 calls in 15 minutes
- respond to Category 2 calls in 18 minutes on average, and respond to 90% of Category 2 calls in 40 minutes
- respond to 90% of Category 3 calls in 120 minutes
- respond to 90% of Category 4 calls in 180 minutes

WMAS are not consistently achieving either Category 1 or Category 2 responses (serious life threatening calls), nor are they presently achieving the 90th centile for Shropshire, Telford and Wrekin. WMAS are regulated against a 'regional' position for the standards and have publically reported for January that they achieved Category 1 90th centile only, STW is not individually reported, the charts above do show that WMAS did not achieve the standards for Category 1 & 2 for the same time period.

It is nationally recognised that managing the lower category incidents (Category 3 & 4) does have the potential to reduce see and treat/hear and treat and ambulance transportations further by directing patient contacts to the most appropriate resource either from 999 or 111, releasing resource to manage life threatening emergencies. For STW we have developed a strong community 2 hour clinical response model across Shrewsbury and Telford, the multi-disciplinary teams aim to leave patients within their home setting and support recovery, this is now one of 30+ pathways working to reduce activity for operational WMAS crews.

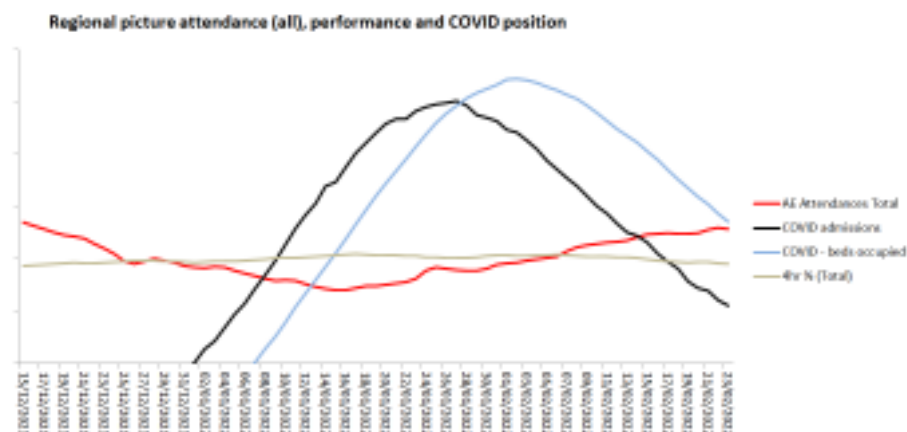
Factors that impact upon ambulance performance

There are a number of apparently contributory factors to not achieving the 999 standards;

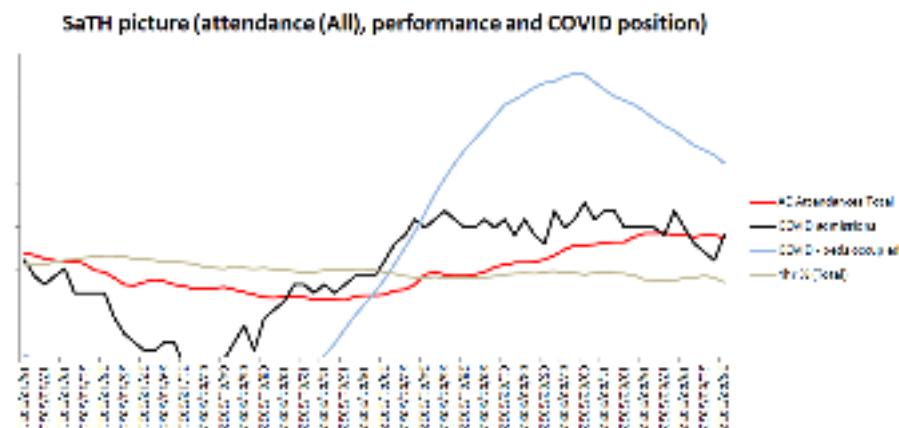
- Rural/Geographical challenge
- Resource management/dynamic deployment of 999 resource using predictive modelling
- Productivity losses that effect planning (Large scale incident, exceptionally high demand above forecast/prediction and/or patient handover delays at hospitals (loss of resource))

STW has these challenges daily.. In the STW system there is an inability to dynamically deploy resources to predicted areas of 999 activity, in the main this is due to lost resource with patient handover, WMAS have attempted to mitigate this by implementing a predictive deployment plan which the 999 centre manages should there be any available resources.

Managing the pandemic has continued to pose a challenge, not just with the restrictions applied to managing the spread of the virus but also in managing activity, workforce and overall capacity, this has lead to productivity losses across the system to include both emergency and urgent patient transport services.



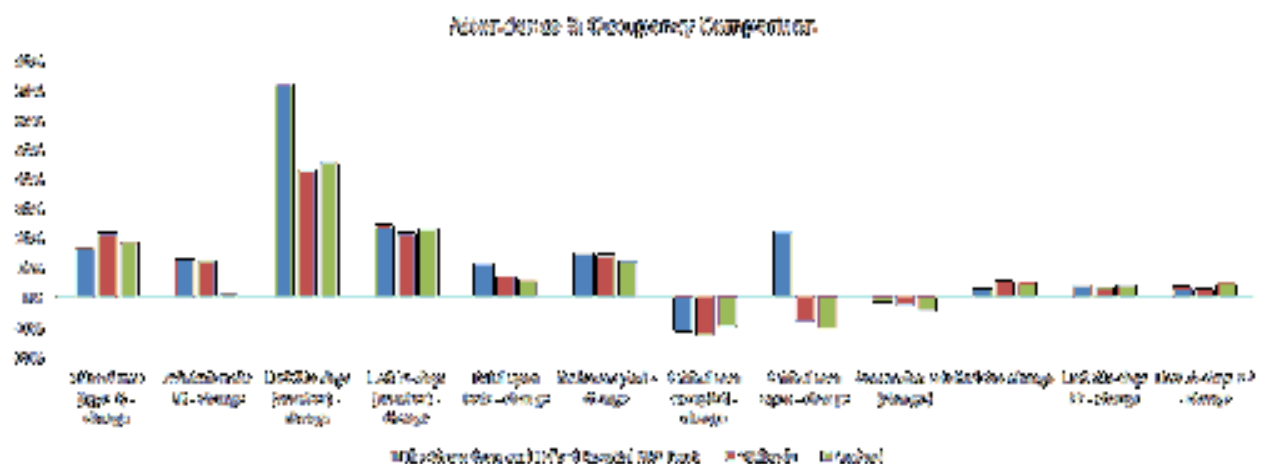
Regionally, overall attendances have been gradually rising from mid-January and the 4 hour standard goes hand-in-hand with the numbers attending, regionally there has been a steady decline c2-3%. The number of covid admissions versus attendance has followed a similar pattern showing a marginal growth in overall admissions.



In STW, overall attendances have shown an increase similar to the national picture, with the exception that attendances are now higher than in early December. Performance has followed a similar pattern to the national position. COVID attendances continued to drop from

November 21 but not at the same rate as the regional position and after a slight lull in activity early January then activity started to return to the present position.

COVID admissions are following a different trend and due to the acuity, an increased length of stay has been reported compared to some parts of the region. Combining this with the increase in activity is causing some of the issues relating to ambulance handover and the deteriorating performance against the 4 hour standard.



Another influence is the ability to discharge patients and maintain flow within the hospital. SaTH has seen increases in bed occupancy across patients with a 7, 14 and 21 day length of stay. Delays in the discharge of patients with complex needs have been an issue due to the care market availability, primarily due to the high number of care homes closed due to outbreaks and the high number of associated staff off with covid. A number of bed closures have been reported across both Community and Local Authority due to infection, prevention and control. However as COVID numbers decrease this position is beginning to improve.

The data further demonstrates that there is a trend to increases in ambulance handovers (as previously reported), in particular on Monday, Tuesday and Thursdays and then Monday to Thursdays after a public holiday. Operational Pressures Escalation Levels ((OPEL), A framework to maintain an effective and safe operational and clinical response for patients) reporting around this time suggests that General and Acute (G&A) usable bed stock has been outstripped with admissions trending above discharges for the time leading up to increased number of ambulance delays. The System Demand and Capacity group has identified that trends in a reduction in the number of discharges at weekends, with then a surge in the number of expected discharges in the working week, leading directly to increases in ambulance handover delays.

Pre-hospital (Avoidable attendances and admissions)

Changes to the response model in 2021 did see an improvement in the non-conveying metrics (Hear & Treat and See & Treat), Hear & Treat increased c.10% to today's model of c.16% of all calls now being dealt with over the phone or referred back into the system. What is not clear from the data is the productivity gains this has given to WMAS. Historically the system has explored 'See & Treat' and there was no gain in time spent back in the system to respond due to the length of time taken to manage a patient in their own home. By increasing Hear & Treat (virtual contact) the system should have seen an improvement in the response standards around the same time (April 21), unfortunately this has been masked by an increase in 999 calls in the same period.

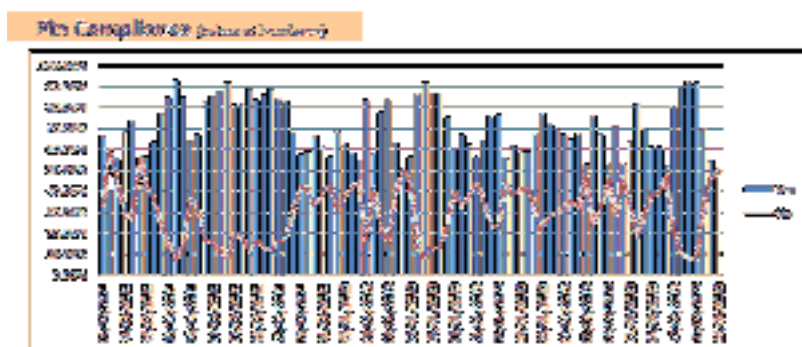


In recent weeks, the system has started to see an improvement trend (although unstable) in the 999 standards for category 1 and 2, this has been since the completion of the emergency department re-configuration works and the implementation of a Single Point of Access (SPA), both schemes have reduced crowding in the emergency departments. The SPA, is a clinically led advice service that has access to all the commissioned clinical pathways across the system, should a patient from primary, 999, community or local authority need clinical intervention then the advice line is called 17hrs per day. The SPA is showing early signs of success with over 1450 referrals since early January, 450 of which were from WMAS 90% of which did not result in a conveyance to an emergency department (Please see Appendix 1).

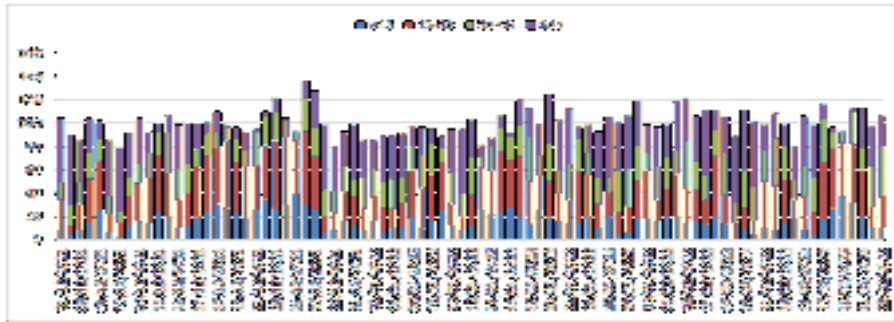
From the data collected in the STW Single Point of Access (SPA), referrals from WMAS suggest that the 450 contacts to date have been clinician to clinician with minimal virtual referrals. Therefore there may be further gains to be had from exploring any missed opportunities of calls dealt with by WMAS 999 clinical assessment service (CAS). The data has shown that conveyance has also reduced, following an audit of all transported cases to the Emergency Department (via SPA data) there is an opportunity to deal with a further 10 cases per day (average) of those conveyed by WMAS, this audit was completed using the code applied when attending the hospital showing no interactions/treatments or diagnostics (VB011z). This, if adapted could potentially reduce further the crowding of the emergency department, improving the timeliness of ambulance handovers and returning the resource to WMAS.

In recent weeks, another improvement has been in the provider and system commitment to improve both simple and timely discharges, with the system Demand and Capacity group focusing upon the modelling needed to identify the required capacity to facilitate the discharge of patients with complex needs. This work is paramount in providing the required capacity (both staff and beds) to free up assessment space, in order to process patients in under 4 hours from arrival.

Ambulance Handover

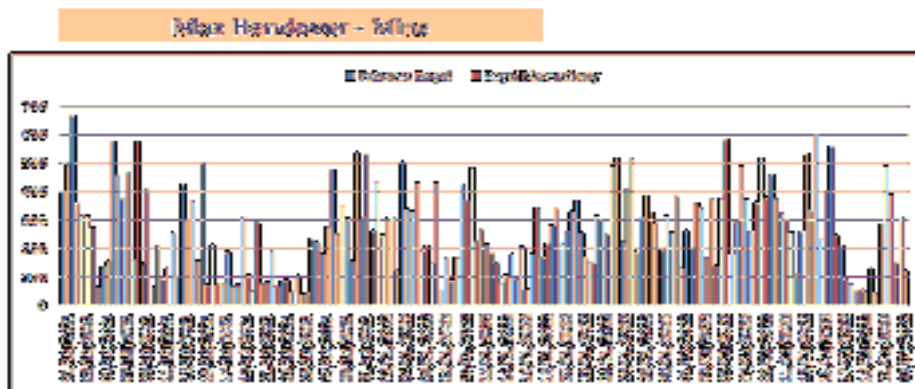


STW acknowledges that there are significant ambulance handover delays. However, the above chart is the data captured regarding 'pin compliancy' -the process that SaTH and WMAS use to capture the point of clinical handover- the mean for compliancy is c.70%, and therefore there is a degree of inaccuracy within the data captured.



The nationally required standard is for patient handover to occur in 15 minutes or less, STW patient handover position is currently; < 15 minutes c.20%, 15-30 c.35%, 30-60 c.15% and 60+ c.30% STW currently hold 40-50 Patients > 30 minutes each day.

In the last 3 months STW have achieved 19 days where patient handovers did not exceed 30minutes. On those days WMAS did not achieve the constitutional response standards, but there was marginal improvement in the mean time reported for Category 1 responses.



The charts above shows on two occasions' patients have waited in excess of 10hours. STW acknowledges that this is an unacceptable and poor experience for patients and the staff involved in their care. The system action is to reduce the resource lost to the communities of Shropshire, Telford and Wrekin as a result of such long delays. If aggregated, the lost hours above could potentially on average give WMAS back c.30-40 operational hours per day (patient handover exceeding 15minutes), this would help with the responses to time critical incidents, however as identified earlier in this report it would not provide enough resource to meet the Category 1 standards in our large and mainly rural system.

Conclusion

The System Urgent and Emergency Care Board have agreed the following proposals for improving handover and reducing system risks relating to ambulance response/performance:

- The integrated performance report is to include 111 and 999 data, this will include by site ambulance handover delays and operational lost hours
- Reduce crowding in the emergency department with the implementation of a fully operational single point of access (SPA)
- Reduce the number of ambulances that need to attend to access treatment for patients of the system by increasing direct pathways/clinics (Avoidable attendances/admissions)
- Improve further planning of patient journeys where complex discharges are anticipated to improve flow, reducing length of stay
- Improve productivity gains with simple and timely discharges, completely understand challenges in reasons to reside and address them

- Implement and review system escalation management processes for management of high activity (above predicted/forecast)
- Continue works with the 'Hospital Transformation Programme' this will allow expansion of assessment areas, emergency departments and enhancing urgent treatment centres to include same day care at Royal Shrewsbury and with further consultation an enhanced urgent treatment centre service at Princess Royal
- Continue work with direct admission pathways and the use of 'hot clinics' to avoid admission and emergency department attendances
- The system is looking into ways of staffing the cohorting function at times of escalation to release ambulance resource

These plans are not exhaustive and are to be read in conjunction with the response to NHSE/I 'System actions to improve Ambulance category 2 responses'. There are a number of system level admission avoidance initiatives which in turn are also having a measured impact upon improving the position for STW, reducing unscheduled activity;

- Community Admission Avoidance 1420 patients referred with over 3700 contacts (ShropCom)
- Advanced care planning for Care Home patients 30% reduction in 999/111 and Primary care activity since roll out (ShropCom)
- Respiratory virtual ward re-admission avoidance 988 patients ytd (ShropCom)
- Pulse Oximetry at home 50 units deployed (ShropDoc)

Recommendation

The Governing Body is asked to note the current position and the actions agreed to reduce unscheduled care activity, prevent crowding in ED and improve discharges, in turn, these actions will reduce ambulance waits as a result of the improved patient flow. Progress against these actions will be monitored by the UEC board on behalf of the system.



Programme Highlights

What is the data telling us?

- Interactive dashboard developed from 5th January (1 week after the start) note, only base data captured before this time
- The dashboard provides a retrospective validated position 1 week behind real time
- Data interrogation shows call entry to end disposition, by case level demographic
- 1280 cases (Validated) to date, the additional SPA funding has dealt with c.550 of these calls (after 2030 and weekends 0830-2230)
- 94% of all cases to date not directed to the Emergency Department
- WMAS were utilising Shropdoc and Shropcom from 111 & 999 c.10-15 cases per day, latest position 430 referrals to date with 10% ending up in ED
- All referrals are on an upward trend

How has this been achieved;

- Starting point was 11 single points of access with little/no activity, we now have 1, but this pathway has over 30 end dispositions (and the list is growing weekly) all of which have already been commissioned!

Hidden benefits that need developing;

- We are already managing regional key priorities II (UTI's, frailty etc), the data demonstrated that the 6% attending ED are of a younger demographic (40-60) 70+ & 80+ have a high non-attendance rate or go straight to speciality

Opportunities;

- VB09 & VB 11z audit has highlighted a further 10 patients per day from WMAS alone but this would need support/additional workforce
- Welsh Ambulance to adapt/refer (In development)
- Community nurses have started to use the service! Let's target domiciliary care, care homes and nursing homes for advice!
- Further accuracy in data capture, to understand the 'other' category in the end dispositions
- Development of a virtual CAS, accessing category 3 & 4 cases directly improving 'virtual' referrals from 111 and 999 (Staffordshire are about to go live with this)

Service directed to:



REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body
Meeting held in public on 9th March 2022

Item Number:	Agenda Item:
GB-22-03.029	Month 10 Financial Position

Executive Lead (s):	Author(s):
Claire Skidmore Director of Finance claire.skidmore@nhs.net	Laura Clare Deputy Director of Finance Laura.clare@nhs.net Angus Hughes Associate Director of Finance- Decision Support Angus.hughes1@nhs.net

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

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)
Month 10 position presented to Finance Committee	23.02.22	S,I

Executive Summary (key points in the report):
<p>The CCG control total for 21/22 is a £9.984m deficit, the current forecast actual position against this plan at M10 is a deficit of £5.082m and therefore there is a favourable variance of £4.902m.</p> <p>The significant improvement shown in the forecast position at M10 is due to the release of system non recurrent allocations that cannot be spent in year or carried forward and agreed return from Shropshire Community Trust of part of a block payment made as they have received late additional income from NHSEI which is not required. The non recurrent allocations were discussed with NHSEI regional team at Month 9 and an estimate of underspend was flagged in the 'best case' position in our Risk Adjusted Forecast Outturn return. The main unspent allocations are the CDC (Community Diagnostic Centre) revenue allocation for the system project led by SATH, the Ageing Well allocation which was agreed by the system to be invested in the Alternatives to Hospital Admission project led by Shropshire Community Trust and the Additional Roles Reimbursement allocation in primary care which hasn't been spent due to difficulty in recruiting the required workforce.</p> <p>The underspends on non recurrent allocations and the previously reported non recurrent prior year benefits are offsetting the running cost overspend and the individual commissioning overspend flagged as a risk in both the H1 and H2 plan submissions.</p> <p>The underlying position against the sustainability plan remains the key focus across the system. As at Month 10 reporting the CCG is reporting a £2.8m adverse variance against the underlying expenditure control total for 21/22 due to the regional cost pressure from WMAS and the overspend on running costs. Risk around the underlying position is highlighted in this report.</p> <p>Work continues to develop and refine the 22/23 financial plan following guidance that was published on</p>

24th December. A separate update to Finance committee was provided in February with regards to current progress for the March draft plan submission.

As part of the annual accounts process each CCG Governing Body member must make certain declarations and these are outlined in paragraph 37. We would usually take these declarations at Governing Body post 31st March but due to timings of meetings this year the next Governing Body meeting will be too late. If between the agreement of the declaration and the signing of the accounts anyone believes things to have changed, they are asked to please flag concerns directly with the Executive Director of Finance- Claire Skidmore or the chair of the Audit Committee- Geoff Braden.

Recommendations/Actions Required:

The committee is asked to :

- **Note** the M10 financial position against plan
- **Note** the work in progress to develop the 22/23 financial plan
- **Approve** the annual accounts declarations set out in paragraph 37

Report Monitoring Form

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

1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i> Yes, financial cost pressures to the CCG are described throughout the report. Overall financial risk is highlighted in the Governing Body Assurance Framework. Sufficient staff resources to identify and deliver the required efficiency plan is crucial to the achievement of the required financial position.	Yes
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i> Yes, implications to the financial position and longer term financial sustainability of the CCG are described throughout the report	Yes
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

Strategic Priorities – does this report address the CCG's strategic priorities, please provide details:

1.	To reduce health inequalities by making sure our services take a preventative approach	No
----	---	----

	and take account of different needs, experiences and expectations of our communities. <i>(If yes, please provide details of how health inequalities have been reduced).</i>	
2.	To identify and improve health outcomes for our local population. <i>(If yes, please provide details of the improved health outcomes).</i>	No
3.	To ensure the health services we commission are high quality , safe, sustainable and value for money. <i>(If yes, please provide details of the effect on quality and safety of services).</i>	No
4.	To improve joint working with our local partners, leading the way as we become an Integrated Care System. <i>(If yes, please provide details of joint working).</i>	No
5.	To achieve financial balance by working more efficiently. <i>(If yes, please provide details of how financial balance will be achieved).</i> <i>The CCG financial position contributes to the System wide performance discussions to ensure that the System sustainability financial plan is monitored. Key variances and risks to the System position are highlighted.</i>	Yes

Tables included in this report:

Table 1: 21/22 Financial Plan	4
Table 2: Financial Performance Dashboard - Key Indicators	4
Table 3: M10 Financial Position	5
Table 4: 21/22 Efficiency Forecast	7
Table 5: 21/22 M10 Risk Adjusted Forecast Out-turn Submission	8
Table 6; Risk and Mitigation on Underlying Position	10

Graphs included in this report:

No table of figures entries found.

Month 10 Financial Position

Introduction

1. The financial performance reported in this paper is for Month 10 – January 2022.

21/22 Financial Plan

2. Table 1 shows the CCG summary of both the H1 actual position against plan, the H2 plan submitted and the combined full year position.

Table 1: 21/22 Financial Plan

Plan	H1			H2			TOTAL		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Surplus/(Deficit)	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
CCG	(4,754)	(4,569)	185	(5,228)	(513)	(4,715)	(9,982)	(5,082)	4,900
System adj shown in CCG	6,005	0	(6,005)	0	0	0	6,005	0	(6,005)
CCG Total with System Adjustment	1,251	(4,569)	(5,820)	(5,228)	(513)	(4,715)	(3,977)	(5,082)	(1,105)

3. In H1 the system submitted a break even plan which required a £6m 'high risk adjustment' held with the CCG. After discussions with NSHEI the system has submitted a deficit plan for H2 and therefore the risk adjustment is no longer required.
4. The CCG only control total for 21/22 is therefore a £9.982m deficit, the current forecast actual position against this plan at M10 is a deficit of £5.082m and therefore there is a significant favourable variance of £4.900m.
5. When taking into account the £6m system adjustment in H1, the overall CCG control total for the year including the system adjustment is a £3.979m deficit, our actual position including the system adjustment is therefore a deficit of £5.082m which is a £1.105m variance to plan.

Summary Financial Performance

Financial Performance Dashboard

6. The CCG financial performance dashboard against its key targets is shown in Table 2.

Table 2: Financial Performance Dashboard - Key Indicators

Target/Duty	Target	Actual FOT	RAG
Statutory duty to break-even	Break-Even	£5.082m deficit	
Control Total (exc System adjs)	£9.984m deficit	£5.082m deficit	
Sustainability Plan			
Statutory duty to break-even	Break-Even	£56.7m	
Control Total (non-system expenditure total)	£461.5m	£464.4m	
Cash	<=1.25% of monthly drawdown	0.21%	G
Better Payment Practice within 30 days (Number of invoices)	>=95%	99.1%	G

7. The CCG is on track to deliver its element of the full year system plan but this does breach our statutory duty to break even.

8. The cash target is to have a cash balance at the end of the month which is below 1.25% of the monthly drawdown or £250k, whichever is greater. This was met for the CCG in Month 10.
9. The Better Payment Practice targets were also met in Month 10 as over 95% of invoices were paid within 30 days.

M9 Position

Table 3: M10 Financial Position

Category	YTD			FDT		
	M10 Budget	M10 Actual	M10 Variance	FY Budget	FY Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Allocations:						
Programme	723,595	723,595	0	865,178	865,178	0
Running Costs	7,650	7,650	0	9,585	9,585	0
Co-commissioning	64,020	64,020	0	78,805	78,805	0
HDP/LRP	5,236	5,236	0	20,116	20,116	0
Planned surplus	2,236	2,236	0	3,979	3,979	0
Retrospective MDP expected	2,812	2,812	0	5,493	5,493	0
	806,548	806,548	0	983,256	983,256	0
Expenditure:						
In system:						
SaTN	307,741	307,738	3	370,927	370,923	4
RAM	43,409	43,408	0	52,928	52,928	(1)
Shropshire	62,904	62,104	800	75,124	74,516	608
In system total	414,054	413,250	804	499,179	498,367	812
Out of system:						
Acute	61,132	61,348	785	79,147	77,877	1,270
Community	11,593	10,832	762	17,127	13,184	3,943
Individual Commissioning/ Mental Health	132,054	135,343	(4,289)	158,755	164,138	(5,383)
Primary Care (inc Co Commissioning)	154,668	151,485	3,183	189,528	184,704	4,824
Other	29,913	29,093	820	36,840	35,977	863
Running Costs	8,140	7,571	569	9,683	10,112	(429)
Unidentified QIPP	0	0	0	0	0	0
Out of system total	398,500	397,010	1,489	490,080	485,992	4,088
System Affordability Gap	(6,006)	0	(6,006)	(6,006)	0	(6,006)
TOTAL	806,548	810,261	(3,712)	983,256	984,358	(1,102)

10. Year to date financial performance is an overspend of £3.712m against the planned deficit of £2.236m, i.e. an overall £5.948m deficit. However, this includes the H1 system affordability gap of £6.005m meaning that CCG performance reflects a favourable position against plan year to date of £2.293m (£1.5m in non system spend and £0.8m SCHAT).
11. The forecast position is an overspend of £1.105m against the planned deficit of £3.979m, i.e. an overall £5.082m deficit. However, this includes the H1 system affordability gap of £6.005m meaning that CCG performance reflects an improved favourable position against plan of £4.900m (£4.1m in non system spend and £0.8m SCHAT).
12. The significant improvement shown in the forecast position at M10 is due to the release of system non recurrent allocations that cannot be spent in year or carried forward and agreed return from Shropshire Community Trust of part of a block payment made as they have received late additional income from NHSEI which is not required. The non recurrent allocations were discussed with NHSEI regional team at Month 9 and an estimate of underspend was flagged in the 'best case' position in our Risk Adjusted Forecast Outturn return.
13. The main favourable movements between M9 and M10 relate to the following underspends on system allocations:

- £1.7m on the Community Diagnostic Centre (CDC) revenue allocation for the system project being led by SATH due to delays in the project.
 - £1.6m on the Ageing Well allocation which was agreed by the system to be used in 2021/22 for investment in the Alternatives to Hospital Admission project led by Shropshire Community Trust and has not been spent due to difficulty in recruitment.
 - £0.8m of funding passed back to the system by Shropshire Community Trust due to receipt of late additional income received from NSHEI
 - £1.0m on the Additional Roles Reimbursement (ARR) allocation due to difficulty in recruiting the required workforce in Primary Care PCNs.
14. The underspends on non recurrent allocations and the previously reported non recurrent prior year benefits are offsetting the running cost overspend and the individual commissioning overspend flagged as a risk in both the H1 and H2 plan submissions.
15. This position includes anticipated year to date allocations in relation to the Hospital Discharge Programme, and Covid vaccination of £2,812k, £276k relates to HDP expenditure within individual commissioning and £2,435k relates to HDP expenditure repayable to the Local Authorities. The remaining £101k relates to Covid vaccination expenditure repayable to the Local Authorities. If this funding is not approved this would deteriorate the financial position. £3.706m of HDP income in relation to prior months was received in July and October.
16. The forecast position also includes ERF income to the CCG of £0.7m which is committed against independent sector activity. The system as a whole is in receipt of £13.7m ERF income in H2, resulting in total ERF income for the year of £16.51m. Elective recovery is being monitored on a monthly basis by NHSEI.
17. The year to date position holds the benefit of the release of prior year benefits that do not continue to accrue further as we progress through the year.
18. Acute expenditure currently shows a forecast underspend of £1.3m. An overspend in the acute NCA position is offset with an underspend due to the delay in the start date of the neurology transfer, prior year benefits and a current assumption of receipt of ERF income for independent sector activity. This has not yet been confirmed and is subject to delivered activity exceeding 2019/20 baseline targets. (Final activity performance is not confirmed until three months after the relevant period, and is therefore presented as a risk to the position).
19. Community expenditure shows a £4.7m forecast underspend at M10 mostly due to the underspend on non recurrent allocations from NHSEI highlighted above. The Ageing Well, CDC and Shropshire Community Trust contract underspends all sit in this section of expenditure. The rest of the balance is made up of small underspends on community contracts due to lower activity and small underspends on other non recurrent allocations.
20. Across Individual Commissioning and Mental Health expenditure there is a total forecast overspend for the year of £5.4m, with £4.3m of this showing in the year to date position. The overall cost pressure has been offset partially with prior year benefits. As previously described there was an increase in TCP (Transforming Care Partnerships) patients in Month 4 & 5 and increased activity within Broadcare across the year compared to the level of budget set in the plan. Pricing has also increased for packages of care throughout the year. Risk around this budget was flagged in both the H1 and H2 plan submissions.

21. Primary care expenditure overall is due to underspend by £3.8m. The majority of this underspend is non recurrent and relates to the release of prior year benefits in QoF (£0.6m), Prescribing (£1.2m) and PCN ARRS released in M8 (£1.4m). A £1m underspend in ARRS in year has been partially offset with other pressures around phlebotomy etc in primary care.
22. Although the November prescribing data reported an increase from prior month, there continues to be a year on year downward trend, with the average growth in prescribing this year down to 2.4%. This is below the planned level of growth of 3.3% and data will continue to be closely monitored in future months. The forecast for prescribing expenditure is based on a similar approach to that used last year, using the % growth between the last three months of the previous financial year.
23. Other expenditure shows a forecast £0.9m underspend. The majority of this underspend is in the COVID budget which is being used to offset some of the pressure within Individual Commissioning in relation to COVID patients no longer funded through HDP, there are also underspends in relation to vacancies earlier in the year in programme pay. The overspends in H1 in relation to ICS support to WMAS agreed regionally and a cost pressure in the BCF have been funded in the H2 plan budget.
24. The ring fenced running costs allocation is due to overspend by £0.4m. This is due to some non recurrent double running costs in 2021/22 (eg the cost of the AO Post), the fact that the allocation was not uplifted for the 3% pay award (the same for all CCGs) and other non recurrent agency costs in the position. The year to date position shows an underspend due to the prior year benefit in H1 around last year's redundancy provision being more than was required following the management of change process.
25. In year efficiency plans are currently delivering above the YTD plan with savings so far of £6.231m and forecast savings for the year of £7.071m. Table 4 details how savings are due to be delivered against each of the programme areas.

Table 4: 21/22 Efficiency Forecast

Programme Area	2021/22 Saving Forecast £000's
Medicines Management	1,812
Individual commissioning	4005
Primary Care	437
Estates	197
Contracts	537
Commissioning	0
Other	83
Total	7,071

Sustainability and Underlying Position

26. The CCG continues to work with system partners and NHSEI on the development of the system sustainability plan. Although the system as a whole is currently forecasting a deficit against the 2021/22 system envelope this position is recognised by NHSEI and remains in line with the system sustainability plan projected expenditure for 2021/22.

27. Internal and system reporting continues to focus on the underlying position of the CCG and system performance against the sustainability expenditure control totals to support our financial recovery work.
28. The full year CCG recurrent expenditure control total in the system sustainability plan is expenditure on non system providers of £461.558m. Based on the information that we currently have on recurrent expenditure the CCG is currently £2.8m away from delivering that control total. This is mainly due to:
- a £2.2m overspend due to the recurrent contribution required on a regional basis to support the WMAS contract and the cost pressure relating to the regionally commissioned NHS 111 and 999 services that has arisen in year (within Other).
 - A £0.5m recurrent cost pressure on Running Costs.

Risk and Mitigation

29. The forecasts in this report are based on the most up to date information available but risk remains in certain categories of expenditure.

In Year Risk

30. At Month 10 all systems have again been asked to show an in year best case and worst case position highlighting potential risks and mitigations between now and the end of the year. Our submission to NHSE at M10 is shown in Table 5 with a comparison to what was submitted in Month 9.

Table 5: 21/22 M10 Risk Adjusted Forecast Out-turn Submission

M10 RAFOT			
	M9	M10	Narrative
	£'000	£'000	
CCG Most Likely FOT (as reported in the ledger)	(9,906)	(5,082)	Significant improvement shown in position in M10 due to release of allocations that cannot be spent in year or carried forward (largest being ARR £1m, CDC £1.6m, Ageing Well £1.6m) and agreed receipt from SCHK of late additional income which will not be spent in year.
Best FOT: (Items that if realised will move most likely to best FOT)			
Balance Sheet Opportunity	1,500	1,500	Net position of balance sheet clearance with likely year end accruals required
Allocations	2,000	1,000	Full review of these allocations and discussions with system partners around their projects resulted in a much larger number for this which has now been released into the position. The remaining allocations have expenditure plans that are being reviewed with budget holders on a weekly basis by the finance team
ARRS	1,000	0	Now released into the position as recruitment unlikely
Individual commissioning	-	900	Remaining discussions with CHC re prior year balances
Best FOT	(5,406)	(1,682)	
Worst FOT: (Items that if realised will move most likely to worst FOT)			
MH S31 CYP Invoices	(1,000)	0	These invoices are now shown in the position and continue to be discussed with MPFT
IS Funding	(670)	(670)	Most likely position assumes ERF income for independent sector yet to be confirmed
Individual Commissioning	(1,000)	(500)	Risk around the CHC forecast due to volatility of Broadcare and staff capacity in CHC
QIPP Delivery	(600)	(400)	Remaining efficiency for the year assumed in forecast - risk around a proportion of this due to operational pressures
Worst FOT	(13,176)	(6,652)	

Best Case (£m)	Most Likely (£m)	Worst Case (£m)
£1.7m in year deficit	£5.1m in year deficit	£6.7m in year deficit

31. As reported last month some of the items at month 9 were very high level estimates while further work was carried out and system discussions were underway. At M10 we have incorporated the notified underspends on system projects with partners into the position as well as the underspend on recruitment in primary care. The finance team continue to review all remaining balance sheet items and remaining allocation expenditure plans with budget holders. In M10 we received a further £3.0m from NHSEI in non recurrent allocations and we have been notified of at least a further £1.1m for M11 in relation to revenue digital funding – it is anticipated that the majority of this will be passed across to in-System providers. These allocations all have to be spent by the end of March or declared as an underspend.
32. The worst case position includes a number of risks around anticipated income, volatility around the Individual Commissioning forecast and risk around remaining efficiency delivery due to operational pressures. The Mental Health S.31 risk flagged in Month 9 related to additional staffing at Redwoods to care for CYP (Children/Young People) patients awaiting Tier 4 beds. Invoices for the period April to October for £666k were received by the CCG in January and arrived too late to be added into the Month 9 position. We continue to discuss these invoices and the longer term implications for the system but these are now shown in the Month 10 most likely position.
33. The best and worst case values are presented as absolute extreme positions, if some of the risks materialise they are likely to be offset by the mitigation items which strengthens the assessment of the most likely position.

Underlying Risk

34. Known underlying risks identified are:

- a. Individual commissioning due to volatility around forecasting and staff shortages within the team.
- b. The acute NCA pressure being seen with private providers has been treated as non recurrent as it is assumed to be activity as a result of clearing the elective backlog. We are not yet in a position to see whether this working assumption will hold true and this is currently flagged as a potential non recurrent cost pressure in 22/23.
- c. A potential cost pressure in the Phlebotomy service is currently being discussed with the Primary Care Team. Non recurrent funding solutions are available in 21/22 and a number of routes are currently being explored at the Phlebotomy steering group in order to address the recurrent problem and assess long term service delivery options. It is likely that the service will remain a cost pressure in the early months of 22/23, whilst the overall Local Enhanced Services are re-designed for both the old CCGs, and after that they will be part of the normal service cost which will have been reviewed/agreed by Execs. Any recurrent pressure will need to be discussed at the system investment panel and go through the system triple lock process. This has been highlighted in the 2022/23 system plan.
- d. The full year effect of additional costs coming through on the Non Emergency patient transport contract is being flagged as a risk. An activity query notice is in place and the increase appears to be in case mix. It is assumed to be a non recurrent issue but the longer term impact is being reviewed.

Table 6; Risk and Mitigation on Underlying Position

	Full year/underlying Risk (£m)	Full year/underlying mitigation (£m)
Individual Commissioning	2.4	-
Acute NCA pressure	1.2	-
Phlebotomy	1.3	-
Non Emergency Patient Transport	0.4	-
	5.3	-

35. The CCG has very little mitigation to offset the risks outlined in Table 6 if they materialise as it does not hold a contingency reserve.

36. If all of the risks highlighted in Table 6 were to materialise the 'CCG only' underlying position would see a £5.3m additional hit to the current sustainability plan forecast adverse variance of £2.8m. (i.e. total adverse variance of £8.1m). This is demonstrated in the 'worst case' underlying position below.

Best Case (£m)	Most Likely (£m)	Worst Case (£m)
£2.8m adverse variance to current planned expenditure	£2.8m adverse variance to current planned expenditure	£8.1m adverse variance to current planned expenditure

Annual Accounts Process

37. As part of the accounts process each governing body member must:

- Declare that they know of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and; has taken "all the steps that he or she ought to have taken" to make himself/herself aware of any such information and to establish that the auditors are aware of it.
- Accept that the CCG is operating as a going concern.
- Accept that disclosures around pensions and salaries will occur for each governing board member.

38. We would usually take these declarations at Governing Body post 31st March but due to timings of meetings this year the next Governing Body meeting will be too late. If between the agreement of the declaration and the signing of the accounts anyone believes things to have changed, they are asked to please flag concerns directly with the Executive Director of Finance- Claire Skidmore or the chair of the Audit Committee- Geoff Braden.

Conclusion

39. For 2021/22 the CCG is forecasting a deficit of £5.082m which is £4.900m better than the CCG plan of £9.984m deficit.

40. The system overall (ie incorporating the provider positions as well as the CCG) is working to a £13m deficit control total for the year and is now likely to deliver an improved position due to the movement at M10.

41. M10 forecast expenditure is significantly lower than plan and the M9 forecast due to the release to the bottom line of unspent elements of system non recurrent allocations. Key variances at category level are explained throughout this report.
42. CCG underlying expenditure is currently £2.8m away from the expenditure control total set. The two main reasons for this are an overspend on running costs and the regional cost pressure around the NHS 111 and 999 services.

REPORT TO: **NHS Shropshire, Telford and Wrekin Governing Body**
Meeting held in public on 9 March 2022

Item Number:	Agenda Item:
GB-22-03.030	2022/23 System Operational Plan Position Statement

Executive Lead (s):	Author(s):
Sam Tilley Director of Urgent Care & Planning Sam.tilley2@nhs.net	Sam Tilley Director of Urgent Care & Planning Sam.tilley2@nhs.net

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

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)
The operational planning approach for STW was approved by the system CEO's Group and ratified by the ICS Board The development of the final draft plan is being overseen by the system Planning & Performance Group	January 2022	R

Executive Summary (key points in the report):
<p>The paper sets out the operational planning requirements for 2022/23 including key dates and how the process will be managed locally.</p>

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i> The plan sets out the system commitments for the first half of 22/23. Some of these commitments will have resource allocations attached	Yes
3.	Is there a risk to financial and clinical sustainability? As for item 2	Yes
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i> The plan will be required to ensure that known needs and health inequalities across the system are identified, understood and tackled.	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i> The plan requires full and active clinical involvement across all areas including processes to ensure clinical prioritisation of services being restored.	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i> When the plan is complete there will be a requirement to work in partnership with patient and public bodies to ensure services are fully coproduced and meet local needs.	No

Recommendations/Actions Required:	
<p>The Governing Body is asked to:</p> <ol style="list-style-type: none"> 1. To support the proposed operational planning approach for 2022/23 	

System Operational Plan Position Statement

Sam Tilley, Director of Urgent Care & Planning, Shropshire, Telford & Wrekin CCG

Introduction

Following a departure from the usual NHS England (NHSE) planning round in 2021/22, 2022/23 will see more familiar planning round arrangements. This paper sets out the key expectations in relation to this planning round, summarises the guidance, highlights key dates and sets out the local approach to delivering the system Operational Plan.

Report

Annually NHSE publish a set of planning guidance (usually at the end of Q3 or very early in Q4). This guidance sets out the expectations of organisations regarding the development of plans for the following 12 month period and the submission to and ratification of those plans by NHSE. The guidance comes with submission templates and a timetable.

As has been the norm, this planning round reverts to a single plan covering the 12 month period of 1 April 2022 to 31 March 2023. However, it continues the requirement adopted in 21/22 of a whole system planning submission.

The NHSE timetable for the 22/23 planning round is as follows:

Activity	Date
Planning guidance published (minus templates)	24 December 2021
Submission templates and technical definitions published	17 January 2022
First draft submission to NHSE of: <ul style="list-style-type: none">• Narrative,• Activity and Performance,• workforce• finance	17 March 2022
Final draft submission to NHSE of: <ul style="list-style-type: none">• Narrative• Activity and Performance• Workforce• Finance First draft submission: Mental Health Workforce	28 April 2022
Final Draft submission: Mental Health Workforce	23 June 2022

The drafting of the Operational Plan is guided by the sentiments set out in the suite of NHSE Planning Guidance and must be submitted on the prescribed templates supplied. The guidance sets out a number of key areas that 2022/23 Operational Plans should focus on, as follows:

- A. Invest in our workforce – with more people and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.
- B. Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.
- C. Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.

- D. Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity– keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, in particular through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments (EDs) and minimising ambulance handover delays.
- E. Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.
- F. Improve mental health services and services for people with a learning disability and/or autistic people – maintaining continued growth in mental health investment to transform and expand community health services and improve access.
- G. Continue to develop our approach to population health management, prevent ill-health and address health inequalities – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.
- H. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.
- I. Make the most effective use of our resources – moving back to and beyond pre-pandemic levels of productivity when the context allows this.
- J. Establish ICBs and collaborative system working – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places.

It should be noted that despite the breadth of the themes set out in the guidance, NHSE only require systems to submit narrative plans which cover the following areas:

- Health Inequalities
- Invest in our workforce
- Deliver significantly more elective care, including
 - Maximise elective activity and reduce long waits, taking full advantage of opportunities to transform the delivery of services
 - Complete recovery, improve performance against cancer waiting times standards
 - Diagnostics
- Improve the responsiveness of urgent and emergency care and build community capacity

In light of this the local decision has been taken that STW will complete a narrative plan covering all areas (A-J) in the guidance. This decision was taken on the basis that the STW system requires a comprehensive plan that covers all the key work that will be delivered in 2022/23 not just those items that NHSE require to be submitted and that in preparing a plan for the system it should start from the premise of all the things we wish to achieve, from which we can extract what is required for NHSE, rather than the other way round. Approaching the plan in this way also allows for full alignment of work programmes with financial allocations and allows a stronger grip in terms of system financial oversight.

To ensure the appropriate commissioning and financial triangulation is built in to our planning processes, particularly in light of the ongoing financial pressures and our commitment to take further steps in 2022/23 to address our financial deficit, a two week triangulation period has been built into our timetable from 18 February – 4 March.

Building on our arrangements for last year's planning submissions, the system Planning and Performance Group will continue to oversee the planning process in line with the agreed planning timetable. The full local timetable is set out below. We continue to have good engagement from all partners in developing the plan and NHSE have already held a pre-draft submission review session with us to work through our early preparations, the outputs of which are being collated to inform any refinements to our current drafting.

As a system plan the task of its final approval sits with the ICS Board. However, in the interests of time and the developing ICB governance structure, the first draft submission review and approval will be carried out by the system CEO's Group with the final draft presented to the ICS Sustainability Committee and ultimately the ICS Board.

To ensure organisations have also had the opportunity to appraise their own Boards of the plan, within the parameters of the short national timescales, system CEOs committed to ensuring any arrangements deemed necessary for internal governance and approval on an individual organisational basis would be completed within the necessary timescales.

Action	Completion Date
Planning guidance published (minus templates)	24 December 2021
Submission templates and technical definitions published	17 January 2022
First informal draft submissions for all narrative sections for financial commissioning implications	18 February 2022
Two week period for financial, clinical and commissioning triangulation.	21 February – 4 March 2022
Formal draft submission for all narrative sections to be submitted to System Planning and Performance Group	4 March 2022
drafts to be finalised at System Planning and Performance Group for submission to system CEO Group:	11 March 2022
Draft submissions to be approved at system CEO's Group	16 March 2022
First draft submission to NHSE of: <ul style="list-style-type: none"> • Narrative, • Activity and Performance, • workforce • finance 	17 March 2022
Final submission for all narrative sections to be submitted to System Planning and Performance Group for review	15 April 2022
Final submission drafts finalised by System Planning and Performance Group for submission to the ICS Sustainability Committee and ICS Board	22 April 2022
The following final templates to be signed off at Sustainability Committee : <ul style="list-style-type: none"> • Narrative (final) • Activity and Performance (final) • Workforce (final) • Finance (final) • Mental Health Workforce (first draft) 	25 April 2022
Final templates agreed through Sustainability Committee to be formally signed off at ICB System Board	27 April 2022
Final draft submission to NHSE of: <ul style="list-style-type: none"> • Narrative • Activity and Performance • Workforce • Finance 	28 April 2022
First draft submission: Mental Health Workforce	

Final template for Mental Health Workforce to be signed off at System CEO meeting	15 June 2022
Final Draft submission: Mental Health Workforce	23 June 2022

Recommendations

The Governing Body is asked to:

1. To support the proposed operational planning approach for 2022/23

**REPORT TO: NHS Shropshire, NHS Telford and Wrekin CCG Governing Body
meeting held in public on 9th March 2022**

Item Number:	Agenda Item:										
GB-22-03.031	Elective Recovery Report										
Executive Lead (s):					Author(s):						
Julie Garside Director of Performance Julie.davies47@nhs.net					Julie Garside Director of Performance Julie.davies47@nhs.net						
Action Required (please select):											
A=Approval		R=Ratification		S=Assurance	x	D=Discussion		I=Information	x		
History of the Report (where has the paper been presented):											
Committee						Date		Purpose (A,R,S,D,I)			
Executive Summary (key points in the report):											
<p>Elective recovery is continuing but has come under increasing pressure as Covid hospitalisation levels and other emergency pressures increased at the end of Q3 and into Q4. STW has delivered good elective recovery in outpatients, day cases and most diagnostic modalities compared to the original plan and but has struggled with elective inpatients due to a combination of theatre staffing levels and medical escalation into elective beds during the winter. The system has continued to maximise the use of Insourcing capacity, modular diagnostics units, the independent sector (both in and out of area) and the vanguard unit at SaTH but staffing absence due to the new Omicron variant has affected the rate of recovery across both our main acute providers.</p> <p>The system has continued to focus on patients with the highest clinical need and on the longest waits to minimise those waiting >104wk waits. Particular pressures there relate to spinal surgery and the system is working closely with the regional team in NHSEI on this. The system had an original forecast of having 241 >104wk waiters at the end of March 22 (139 of which were spinal). STW is now on track to have 172 >104wk waiters at the end of March 22 (98 of which are spinal).</p> <p>Further work is now underway across the system to develop the operational plan for 22/23. Alongside this in conjunction with the regional and national recovery teams detailed longer-term demand and capacity models are also being developed. All systems have also been asked to submit bids to NHSEI for dedicated elective hub capacity that could further improve the rate of recovery. STW submitted its bid as requested on the 18th February and is currently awaiting feedback from the region.</p> <p>In addition PWC have recently been appointed to provide additional consultancy support for STW as part of a national arrangement to the development of the system elective recovery plan initially for 22/23.</p>											

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>No longer as NHSEI have underwritten the planned spend on elective recovery for 21/22</i>	No
3.	Is there a risk to financial and clinical sustainability? <i>No longer as NHSEI have underwritten the planned spend on elective recovery for 21/22</i>	No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated?)</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No
Recommendations/Actions Required:		
The Governing Body is asked to note the content of the report and receive partial assurance regarding the STW system's ongoing delivery of its elective recovery plan in 21/22.		

1 Elective Recovery Framework (ERF)

H1, H2 Assurance Framework (Gateway Criteria)

Gateway reporting to NHSEI for H1 took place monthly between Apr 21 – Sept 21. Our system was rated against 5 key criteria and the system was given the following final ratings at the end of H1:

GATEWAY	RATING	COMMENTS
Clinical validation, waiting list and long waits	Met	
Addressing health inequalities	Partially Met	There was no formal regional NHSEI framework for assessment in place for STW to be measured against however for H2 and beyond the requirements for health inequalities is as follows: 1. Owned by the decision-making bodies within the developing ICS, 2. Is built upon a process that is sustainable not only for the immediate future, but for the next 3-5 years, 3. Is built into continuous quality improvement processes for all services, 4. Makes full use of local quality assured data, 5. Draws upon the national and international evidence base to inform locally agreed interventions/ quality improvement approaches.
Transforming outpatients	Met	
System-led recovery	Met	
People recovery	Met	

Addressing health inequalities - Health Inequalities is a regular agenda item at both trusts Quality and Safety (Q&S) committees. Waiting list analysis on IMD20 (Index of Multiple Deprivation) and ethnicity has been established and monitored by both trusts to observe any movements on a regular basis. Our system recovery plans ensure patients are listed according to clinical priority.

The specific health inequalities recommendations from the H1 reporting have been taken forward by each of our main providers and will feature as part of the future ICS board performance report in the future.

For H2, there has been another return required for NHSEI which does not have any links to ERF funding or associated financial processes. The new template comprised of two sections:

- Elective Transformation: To allow systems to better understand progress and best practice around system and local waiting list management.

- Outpatient Transformation: Compliments H2 planning returns to illustrate progress and best practice for Specialist Advice & Guidance, PIFU (Patient Initiated Follow-up) and Virtual attendances.

To date STW has only completed the template for one month (November 2021) and have had no issues highlighted by the regulator. To date, there had been no further requirement for the template to be completed due to the operational pressures of the Omicron variant experienced since December.

H1, H2 Activity

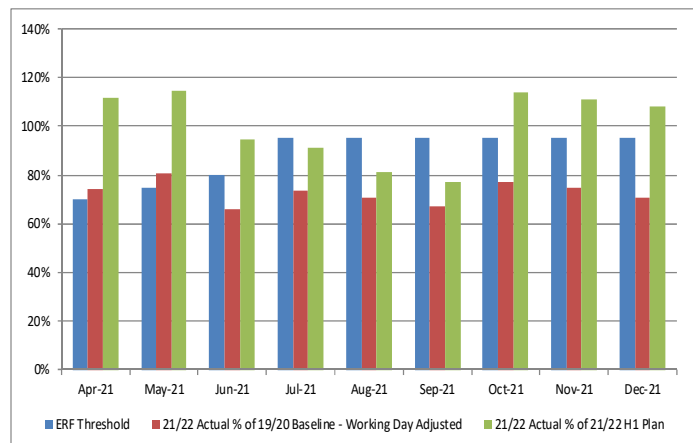
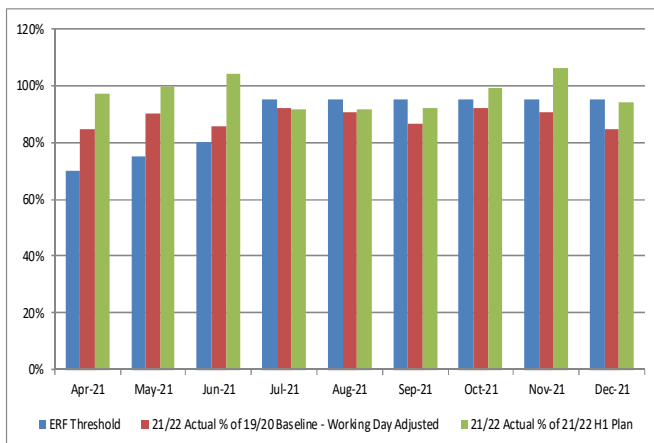
As part of ERF, systems were asked to meet set thresholds for day case, elective and outpatient activity by NHSEI. Below is the analysis of the STW position for H1 & H2 to date:

Daycase

Month	19/20 Baseline - Working Day Adjusted	21/22 H1 Plan	21/22 Actual	ERF Threshold	21/22 Actual % of 19/20 Baseline - Working Day Adjusted	21/22 Actual % of 21/22 H1 Plan
Apr-21	5911	5138	4991	70%	84%	97%
May-21	5807	5251	5247	75%	90%	100%
Jun-21	6456	5307	5546	80%	86%	105%
Jul-21	6065	6100	5587	95%	92%	92%
Aug-21	5861	5783	5310	95%	91%	92%
Sep-21	6202	5829	5378	95%	87%	92%
Oct-21	5844	5428	5399	95%	92%	99%
Nov-21	6367	5459	5790	95%	91%	106%
Dec-21	5937	5307	5013	95%	84%	94%

Elective

Month	19/20 Baseline - Working Day Adjusted	21/22 H1 Plan	21/22 Actual	ERF Threshold	21/22 Actual % of 19/20 Baseline - Working Day Adjusted	21/22 Actual % of 21/22 H1 Plan
Apr-21	868	576	642	70%	74%	111%
May-21	906	636	730	75%	81%	115%
Jun-21	1115	775	734	80%	66%	95%
Jul-21	1028	831	758	95%	74%	91%
Aug-21	973	842	685	95%	70%	81%
Sep-21	1089	949	733	95%	67%	77%
Oct-21	1037	700	799	95%	77%	114%
Nov-21	1096	735	817	95%	75%	111%
Dec-21	963	630	681	95%	71%	108%



H1 Activity Analysis

Daycases

- Daycases were above plan for Q1 for H1 and exceeded the monthly ERF threshold for the same period. However, between July and September they were 8-9% below the revised ERF threshold and H1 plan (Note threshold change by NHSEI)
- Throughout H1 the key issues to note were staffing constraints due to Covid-19 absence at both providers and staff retention (high number of vacancies) which reduced provider theatre utilisation. Escalation into DSU at SaTH reduced Day surgery capacity at periods during H1 as

well as patient reluctance to attend the hospitals due to a high prevalence of Covid-19 in the population also impacted delivery against plan.

Ordinary Elective

- Elective activity was well above the H1 plan and exceeded the monthly ERF thresholds in April and May. From June to September elective activity was greatly reduced and did not meet the H1 plan or the ERF thresholds for that period.
- Both trusts clinically prioritised patients through H1 to ensure the most urgent activity was being completed. Throughout H1 SaTH continued to maximise elective activities through the Vanguard, Insourcing and Outsourcing (via the Independent Sector as well as RJAH) and increased diagnostic capacity (Modular CT & MRI). However key challenges with staffing (covid-19), short notice cancellations by patients and the inability to backfill due to swabbing requirements impacted throughput at both providers. Staffing vacancies in theatres reduced the number of lists available and bed capacity at SaTH was affected due to non-elective pressures.

H2 Activity Analysis

Daycases

- Daycases – Since October day case activity has been very close to the H2 plan and just below ERF threshold.
- Similar issues highlighted in H1 were still occurring in H2, however December was increasingly challenged due to the escalation of non-elective medical patients into DSU (Day-surgery Unit) at both Royal Shrewsbury and Princess Royal sites.
- Ongoing challenges with staffing and associated Covid-19 impact reduced activity in this period at both providers.

Elective

- Since October STW has been meeting and exceeding the system H2 plan, however the system plan did not meet the ERF threshold.
- Challenges as per H1 remained in the early part of H2, however November and December performance was significantly impacted due to non-elective care pressures with limited capacity at SaTH available for elective activity. In addition, the impact of the Omicron variant reduced activity due to staffing challenges across both providers. Both trusts continued focusing on clinical prioritisation of waitlists as well as IS utilisation, mutual aid from RJAH (diagnostics and orthopaedics) and maximising throughput into the Vanguard to meet the H2 plan deliverables as much as possible.

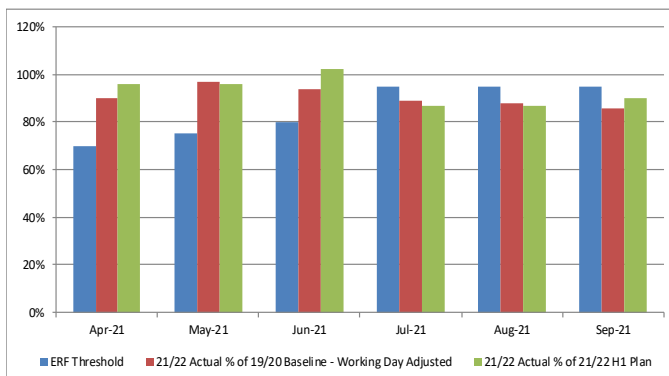
1st Outpatients H1

Month	19/20 Baseline - Working Day Adjusted	21/22 H1 Plan	21/22 Actual	ERF Threshold	21/22 Actual % of 19/20 Baseline - Working Day Adjusted	21/22 Actual % of 21/22 H1 Plan
Apr-21	15215	13813	14654	70%	96%	106%
May-21	14760	14935	15166	75%	103%	102%
Jun-21	16712	15392	16874	80%	101%	110%
Jul-21	16701	17195	15751	95%	94%	92%
Aug-21	15153	15442	14452	95%	95%	94%
Sep-21	16836	15954	16050	95%	95%	101%



Follow Up Outpatients H1

Month	19/20 Baseline - Working Day Adjusted	21/22 H1 Plan	21/22 Actual	ERF Threshold	21/22 Actual % of 19/20 Baseline - Working Day Adjusted	21/22 Actual % of 21/22 H1 Plan
Apr-21	30351	28485	27319	70%	90%	96%
May-21	27755	28004	26848	75%	97%	96%
Jun-21	32226	29516	30211	80%	94%	102%
Jul-21	31100	31888	27723	95%	89%	87%
Aug-21	28753	29017	25267	95%	88%	87%
Sep-21	32376	30878	27859	95%	86%	90%



H1 Activity Analysis

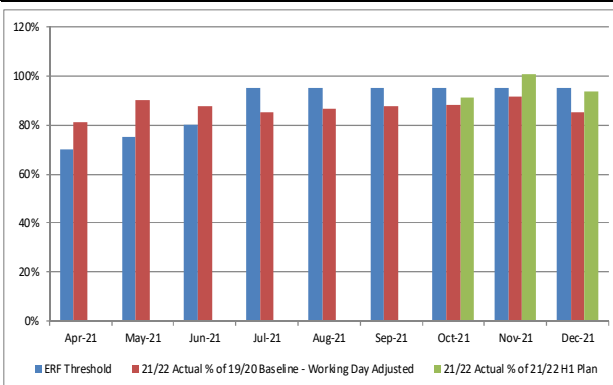
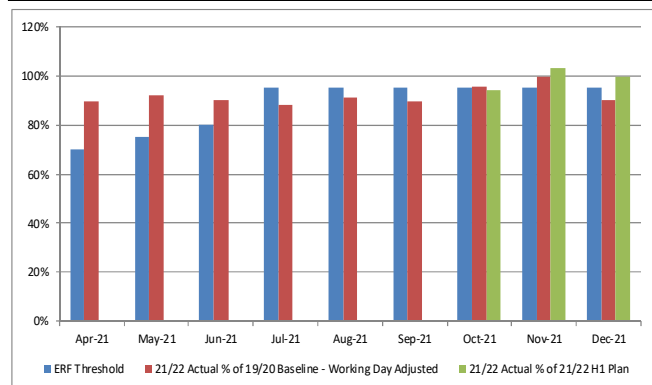
Outpatients

- First – Good system progress throughout H1 with meeting the ERF threshold and exceeding the H1 plan for 4 out the 6 months.
- Follow-up – Remained challenged with only the first 3 months of H1 meeting the ERF threshold and H1 plan for 5 out 6 months.
- Key challenges to note were the availability of outpatient capacity due to staff leave and COVID-19 isolation which had some impact on lists running. There was some good progress in H1 with the Outpatients transformation agenda which improved levels of activity going into H2.

1st Outpatients H2*

Follow Up Outpatients H2*

Month	19/20 Baseline - Working Day Adjusted	21/22 H1 Plan	21/22 Actual	ERF Threshold	21/22 Actual % of 19/20 Baseline - Working Day Adjusted	21/22 Actual % of 21/22 H1 Plan	Month	19/20 Baseline - Working Day Adjusted	21/22 H1 Plan	21/22 Actual	ERF Threshold	21/22 Actual % of 19/20 Baseline - Working Day Adjusted	21/22 Actual % of 21/22 H1 Plan
Apr-21	20173		18047	70%	89%		Apr-21	42478		34484	70%	81%	
May-21	19644		18126	75%	92%		May-21	39304		35429	75%	90%	
Jun-21	22477		20251	80%	90%		Jun-21	44133		38605	80%	87%	
Jul-21	22160		19587	95%	88%		Jul-21	43345		36887	95%	85%	
Aug-21	20205		18390	95%	91%		Aug-21	38703		33560	95%	87%	
Sep-21	22244		19943	95%	90%		Sep-21	41772		36735	95%	88%	
Oct-21	21087	21376	20143	95%	96%	94%	Oct-21	40496	39302	35766	95%	88%	91%
Nov-21	20920	20209	20903	95%	100%	103%	Nov-21	42950	39170	39484	95%	92%	101%
Dec-21	19454	17584	17560	95%	90%	100%	Dec-21	37820	34237	32167	95%	85%	94%



*A change in criteria in H2 to not include unbundled radiology means H1 plans and H2 plans are not comparable.

H2 Activity Analysis

Outpatients

- First – Since October 21, 1st Outpatient activity has been delivering close to the H2 plan, and with the exception of December also achieving the 95% threshold for ERF.
- Follow-up – Through Q3, Follow-up Outpatients were close to the H2 activity plan however on average 6% below the 95% ERF threshold.
- Outpatient activity both for first and follow met the H2 plan on the whole however similar issues to H1 remained present in H2 but to a lower degree. For H2 both providers continued to focus on Outpatient transformation projects such as enhancing A&G and Virtual attendances. In addition, at SaTH waiting list initiatives (WLIs) were set up with bank staff to support outpatient staffing to increase throughput.

104 wk waiters

As at w.e 13th Feb 22 the STW system has 172x104+ wk waiters (ww) with 28% having a booked date. RJA has the most 104+ wk waiters however the vast majority of them are Spinal disorders (82 patients).

	RJA			STW			TOTAL			
	with wait	with wait	with wait	with wait	with wait	with wait	with wait	with wait	with wait	with wait
	104+wk	104+wk	104+wk	104+wk	104+wk	104+wk	104+wk	104+wk	104+wk	104+wk
Spinal	82	40	22.3%	2	2	24.7%	84	42	46	57%
Non-Spinal	90	38	41.6%	2	4	43.7%	92	40	44	53%
TOTAL	172	78	45.3%	4	6	34.6%	176	82	90	51%

Given the system pressures of 104+ ww increasing, STW were given targeted funding (c.£3m) by NHSEI at the end of October 21 to reduce the 104+ww waits by the end of March 22. The system was asked to work out the cohort of patients at w.e 24th October 21 which would be at risk of breaching 104 weeks if they weren't treated from 24th October onwards. The system worked out the number of patients across both providers was 1098.

At the end of March with the agreed funding the H2 plan was to have a total of 241 patients (reduction from the original cohort of 1098) patients who would have breached 104+ww waits. This was made up of RJA (167) – 139 x Spinal Disorders and 28 x Non-Spinal (P5&P6) & SaTH (74) various specialties

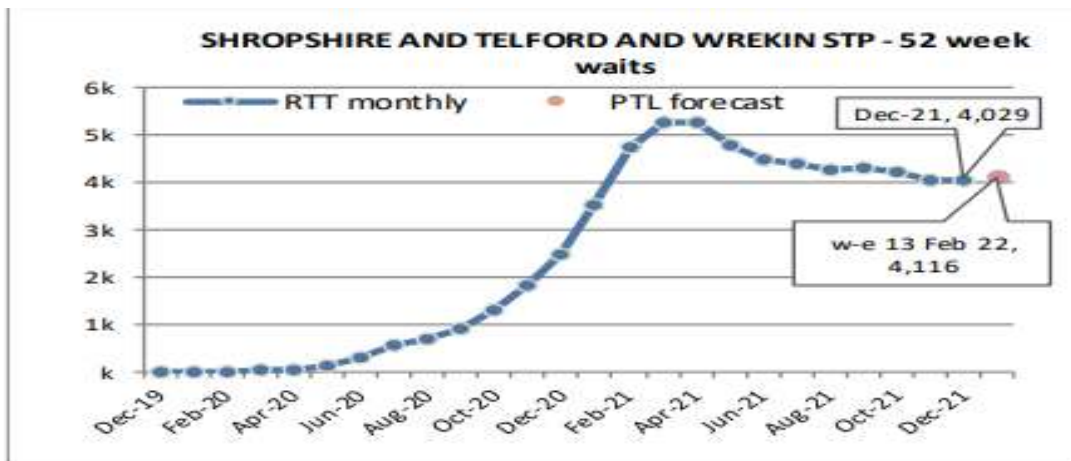
Through utilisation of the Independent sector, mutual aid at RJA and good management of waiting lists at both providers the cohort of patients has now reduced to 278 (c.75% reduction) as at w.e 13th Feb 22.

Through a weekly assurance process and close management for the remainder of the year, the forecast is now improved: 74 (SaTH) remains and 98 (RJA) – total of 172 vs original planned forecast of 241. This has been an excellent achievement given the operational pressures the system has faced in recent months and the resultant impact on elective capacity.

To note all systems have been asked to clear all their 104+ww by the end of Q1 July by NHSEI via the 2022/23 planning guidance.

52 wk waiters

The 52 week position for STW has remained stable since November 21. Our Providers continue to treat the most clinically urgent and the very longest waiters in the system as can be seen by the stabilisation of the waiting list.



Elective Recovery Framework Funding position

ERF 21/22 - We have received the ERF funding for 21/22 (£13.6m received in M8 (H1 shortfall plus H2 costs) – so there was no longer a financial risk related to non-achievement of the ERF thresholds. However, we have also incorporated an additional £600k income into the CCG financial position in relation to funding for additional IS activity. Whilst we are reasonably comfortable that the additional activity is being delivered, the CCG cannot be not 100% confident that it is all being captured through the various data capture feeds. As validated activity is not confirmed until c.2-3 months after the event it is difficult to confirm whether this level of activity will be delivered but fortnightly meetings are being held with the IS provider in and out of area to monitor the number of patients being listed and treated.

ERF 22/23 – Following the release of the operational guidance for 22/23, further guidance on the ERF framework has just been released on the 24th Feb so had not been studied in time for writing this paper. There will therefore be an update provided at the next governing body on the elective recovery plans including ERF for 22/23.

Longer term elective recovery planning

Further work is now underway across the system to develop the operational plan for 22/23. Alongside this in conjunction with the regional and national recovery teams detailed longer-term demand and capacity models are also being developed. This will take core provider capacity, add in planned efficiency improvements expected over coming months (based on GIRFT and the Midlands Elective Delivery Programme) and any independent sector capacity secured. All systems have also been asked to submit bids to NHSEI for dedicated elective hub capacity that could further improve the rate of recovery. STW submitted its bid as requested on the 18th February and is currently awaiting feedback from the region.

In addition PWC have recently been appointed to provide additional consultancy support for STW as part of a national arrangement to the development of the system elective recovery plan initially for 22/23.

Recommendation

The Governing Body is asked to note the content of the report and receive partial assurance regarding the STW system's delivery of its elective recovery plan in 21/22.

REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body
meeting held in public on 9th March 2022

Item Number:	Agenda Item:
GB-22-03.032	Board Assurance Framework and Directorate Risk Register 2021/22

Executive Lead (s):	Author(s):
Alison Smith Director of Corporate Affairs alison.smith112@nhs.net	Alison Smith Director of Corporate Affairs alison.smith112@nhs.net

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

History of the Report (where has the paper been presented):		
Committee	Date	Purpose (A,R,S,D,I)
Audit Committee	19 th January 2022	S and D

Executive Summary (key points in the report):
<p>1. Introduction</p> <p>The purpose of the report is to present to the Governing Body the latest iteration of the Board Assurance Framework (BAF) as presented to the Audit Committee at its November meeting to provide; assurance that the principle risks of the CCG not meetings its strategic priorities have been captured and are actively being managed and to allow the Governing Body to review the detail of the risks set out in the document.</p> <p>2. Risk Management Framework</p> <p>The CCG has in place a Board Assurance Framework (BAF), supported by the Directorate Risk Register (DRR) which are the mechanisms used to record high level strategic and directorate level risks and opportunities across all functions of the CCG, including delegated co-commissioning of primary care.</p> <p>The BAF and DRR are linked to the defined objectives of the CCG, the Primary Care Commissioning Risk Register is linked to the defined objectives of the Primary Care Strategy and together reflect the risk appetite of the organisation.</p> <p>3. BAF 2020/21</p> <p>The attached BAF is shown in appendix A and with appendix B outlining the</p>

CCG's risk matrix criteria.

The BAF was updated by the strategic risk owners during December 2021/January 2022 as part of the routine bi-monthly review cycle, in addition further work has also been undertaken to review risks associated with commissioning and transformation which were presented to the Audit Committee at its meeting in January 2022.

The following report highlights the changes and updates to the BAF which are shown in more detail as tracked changed text in red on the BAF appended to this report. This was presented to the Audit Committee for assurance purposes at its meeting on 19th January 2022 and the Committee recommended the BAF with the highlighted changes as attached.

The Governing Body is asked to note that following discussion on the BAF at the last Governing Body meeting in January, action has been taken to review the BAF content and amend where required by the Interim Accountable Officer and the Director of Corporate Affairs and these changes will be presented to the Audit Committee meeting being held on the 16 March 2022.

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

1.	Is there a potential/actual conflict of interest?	No
2.	Is there a financial or additional staffing resource implication? The BAF and DRR appropriately capture and report the strategic and operational risks of financial and other resource implications.	Yes
3.	Is there a risk to financial and clinical sustainability? The BAF appropriately captures and reports the strategic and operational risks to financial and clinical sustainability.	Yes
4.	Is there a legal impact to the organisation? Sound risk management systems are an essential component of internal control processes. NHS organisations are required to sign an annual governance statement to provide reasonable assurance that they have been properly informed about the totality of their risks and can evidence that they have identified the organisational objectives and managed the principal risks to them. There is a mandatory annual internal audit review into aspects of risk management and the BAF.	Yes
5.	Are there human rights, equality and diversity requirements? An Equality Impact Assessment is not required for this process.	No
6.	Is there a clinical engagement requirement? This is an internal process and clinical engagement is not required for the process itself.	No

7.	Is there a patient and public engagement requirement? This is an internal process and patient engagement is not required for the process itself.	No
----	---	----

Recommendations/Actions Required:

The Governing Body is recommended to:

- Review the BAF and consider if any additional assurances are necessary that the risks to the strategic objectives are being properly managed.
- Accept assurance from the CCG Audit Committee that the principal risks of the CCG not achieving its strategic and operational priorities and have been accurately identified and actions taken to manage them.

Report: Board Assurance Framework 2021/22

Governing Body: 9th March 2022

Author: Alison Smith, Director of Corporate Affairs

This report highlights by exception, changes to the BAF which are shown in red text on the attached BAF.

Board Assurance Framework

Risk 2 – ICS Transition – updates on actions and controls but no change on risk score

Risk 3 – CCG Workforce – updates on actions and controls but no change on risk score

Risk 4 – Financial sustainability – updates on actions and controls but no change on risk score

Risk 5 – Inability to delivery long term sustainability plan – updates on actions and controls but no change on risk score

Risk 7 – Restoration of services post Covid – update to existing assurance.

Risk 8 – Health inequalities – review by Director of Partnerships – no changes identified to risk level.



Following a review of the BAF by the Directors of Performance and Partnerships they have confirmed that there are no further additional risks from a commissioning point of view that need to be added to the BAF at this point.




STW CCG - Board Assurance Framework (BAF) 2021/22 - Jan 2022




CCG Strategic Priorities:

- 1 To reduce **health inequalities** by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities.
- 2 To identify and improve **health outcomes** for our local population
- 3 To ensure the health services we commission are **high quality**, safe, sustainable and value for money.
- 4 To achieve **financial balance** by working more efficiently.
- 5 To improve **joint working** with our local partners, leading the way as we become an Integrated Care System.

Appendix A

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Risk ID	S P r i a o t r e i g t y c	Opened / added by	Risk and description	Opportunity	Existing key controls	Existing sources of assurance	Gaps in controls or assurances	Risk score (consequences x likelihood)	Risk score trend	Action plan / cost / action lead /(target date) /sufficient mitigation	Target risk score for end of financial year	Director or Risk Owner	Risk Owner	Committee/ GB Oversight	Amendments: name and date
1	1 and 3	A Smith	Patient and Public Involvement There is a risk that the CCG may fails to meet its statutory duty to involve patients and the public in planning commissioning arrangements, in development and consideration of proposals to change existing services or to cease existing services resulting in judicial review and services not meeting peoples needs. There is also a risk that the transition of the statutory duty to consult and engage from the CCG to the ICS may not be done without disruption to engagement on any consultation/engagement activity and/or reputational damage to the CCG/ICS	To ensure that service redesign and ransformation is informed by consistent and robust involvement of patients and the public	1. Interim Communications and Engagement Strategy for STW CCG approved by Governing Body 2. Communications and Engagement teams working jointly across CCG, ICS and Providers providing more capacity and expertise in planning and delivery 3. Reports to Governing bodies/Committees require section completing on Patient involvement 4. Substantive ICS Director of Comms and Engagement now appointed and overseeing both ICS and CCG functions 5. Presence of Healthwatch for both areas at Governing body meetings and Quality Committees 6. Lay Member for PPI and Lay Member for PPI - EDI in place on Governing Body to act as specific check and balance with reagard to patient involvement 7. AIC now meeting and transacting business Communications and Engagement teams are working jointly across the CCG, ICS and system partners providing more capacity and expertise in planning and delivery. I ICS board meetings are now held in public and board papers published to the ICS website to increase transparency.	IAF Engagement Rating of Outstanding for T&W and Good for Shropshire retained for 2019/20 Reporting on Engagement as part of wider reporting and decision making at SCC and Q&P Committee Updates on ICS Pledge to ICS Board Health and Overview Scrutiny Committees (HOSC) AIC now receiving comms and engagement plans from commissioners and providing Chair reports to the Governing Body The CCG is managing the challenges around engagement effectively and due diligence work is ongoing around the transfer of CCG functions to the ICS for 1 April 2021 Work is ongoing to make the ICS more transparent and accountable. For example the ICS AGM was held in public and its Board meetings will soon also be held in public	Gaps in controls: 1) ICS Communications and Engagement Strategy yet to be developed 2) Communications and Engagement processes being reviewed by new ICS Communications and Engagement Director and Interim Assistant Director Gaps in assurance: None	possible x major = High 12		1) Communications and Engagement Director overseeing the production of a Comms and Engagement Forward Plan to cover the period to the end of the financial year. The forward plan will then be used as a basis to formulate a more formal C&E Strategy for the ICS. 2) The Interim Director and Assistant Director have established processes with their new-look team and are now developing a forward plan of activity.	possible x minor = Low 6	E Boampong	C Hudson	AIC	AS 24.05.21 AS 21.06.21 CH 30.06.21 EB 02.09.21 EB 09.11.21
2	5	A Smith	Transition to a statutory ICB There is a risk that the CCG does not have sufficient capacity and capability to undertake the transition to the ICS satisfactorily, which results in the ICS being unable to discharge its new statutory duties.	The CCGs to support all ICS partners to plan and deliver improved services for the population.	Governing Body members taking lead roles in ICS governance and delivery functions. CCG Directors have dual roles with CCG and ICS Joint CCG/ICS maagement team meetings Transition meetings taking place with CCG AO ICS Director, ICS Workforce, CCG Director of CA ICS has been authorised by NHSE/I Project lead identified by ICS National guidance has been released on ICS Design Framework and employment commitment National guidance has now been released ICS and CCG have now appointed an interim CEO for ICS Transition group overrseeing transition plan and due diligence via fortnightly meetings. Work is being shared between ICS/CCG and providers, with key leads being identified CS Transition Group involves CCG ED for F, ED for Quality and Nursing, D of Partnerships and Director of CA Transition plan in place with PMO support. Due Dilligence plan approved and work is ongoing with identified PMO lead.	ICS Board. Regular reports to CCG Governing Bodies. Programme Boards of the ICS reporting to the ICS Board. Fortnightly reporting on Readiness to operate and due diligence to ICS Transition Steering Group which reports into the ICS CEO Group Reporting on Due Diligence assurance to ICS Audit and Risk Committee and CCG Audit Committee Due Diligence Assuranc ePanels held in December to assess progress of due dilligence and highlight risks and mitigating actions. NHSE/I attend the ICS Transition Steering Group meetings	Gaps in controls: 1. Capacity within the system. Gaps in assurance: 3. ICS Governance structure and reporting requirements still being defined	Likely x major = High 12		1. National guidance is now being released which will assist in determining any gaps in capacity. Where gaps are being identified these are being considered, reviewed and actioned via the Transition Steering Gtoup and risks escalated to the ICS CEO Group where necessary. Capacity issues that are linked to due dilligecne are also being highlighted in the due diligence checklist which is reported to Audit Committees of CCG and ICS. Delay of ICB creation to July 2022 will have a positive effect on managing capacity. Ongoing 2. Guidance on model constitution and place and ICB structures has been rereleased. Discussions ongoing with ICS partners on what "place" will look like in ICB and ongoing which will inform the transition plan. Jan - Mar 22	Unlikely x major = Moderate 8	C Skidmore Deputy AO	A Smith	GB/Audit	AS 24.05.21 AS 21.06.21 AS 02.09.21 AS 10.01.22

3	All priorities	A Smith	CCG Workforce capacity There is a risk that due to the number of secondments, staff vacancies, recruitment freeze and staff sickness levels that the capacity, capability and resilience of our workforce is unable to meet the demands of ongoing secondment/redeployment requirements of the Covid pandemic and the ongoing need to service both CCG and ICS operational functions running in parallel which will result in the CCG being unable to meet its strategic priorities.	Ensure our workforce is focussed on the CCG/ICS priority areas, effective planning processes, adoption of technology, remote working	1. Directors as budget holders capturing staffing issues within directorates; appraisal policy, training and development, 2. Agreement on embedding vaccination centre work from Nov 2021 onwards as business as usual, which allows CCG staff to return to their substantive roles in some cases. 3. Mapping of staff vacancies/secondments/ with level of risk identified and mapping of solutions to capacity issues 4. Business critical role process in place to fill vacant positions either temporarily or in exceptional circumstances substantively 5. HWBB initiatives have been identified and being taken forward via the staff health and wellbeing group. 6. Workforce are aware of the STW system TRIM psychological support offer 7 CCG has initiated HWB staff group and new health and wellbeing survey and action plan 8. Interim AO for CCG has instructed duplication of meeting between CCG and ICS to be addressed. 9. Governance meetings have been scaled back for December and January 2022.	1. Directors sharing directorate risk at Exec meeting weekly, audit of training compliance, 2. HR are collecting information on secondments/ temporary staffing as part of due diligence process.	Gaps in controls 1. Supporting staff to undertake their roles effectively whilst under considerable pressure. Gaps in Assurance 2. No reporting currently on ongoing capacity issues across the whole CCG.	Likely x Catastrophic = Extreme 20		1c. Effective prioritisation of workload to system Big 6 priorities and other quality and safety priorities. ongoing 2a Capacity issues in directorates to be captured in DRR Feb 22 2b CCG will be processing data on illness arising from Covid or the need to self isolate from Jan 22 onwards 2c CCG is participating in collective mutual aid with system to support level 4 incident management Jan - Mar 2022 through an internal coordination overseen by ED of Quality and D of CA. December - Mar 2022	Possible x Moderate = Moderate 9	A Smith	A Smith	Audit/GB	AS 24.05.21 AS 02.09.21 AS 09.11.21 AS 10.01.22
4	3 and 4	Laura Clare	Financial Sustainability Failure to deliver the CCG element of the system financial sustainability plan for 21/22 . The underlying financial position of the CCG and the system as a whole is currently a significant deficit. The system is therefore in a recovery process and unable to make investment decisions without being through the 'triple lock' process of organisation, system and NHSEI approval. As part of the system sustainability plan the CCG has been set an expenditure envelope to deliver in 21/22 which stabilises spend over the year. The CCG will also need to be able to demonstrate 3% an agreed level of efficiency savings delivered on a recurrent full year basis by the end of 21/22. For 22/23 the CCG needs to deliver an efficiency target equivalent to 1.6% of its out of system expenditure.	This offers the CCG the opportunity to fully assess commissioned services to ensure best clinical value as well as financial efficiencies.	Detailed YTD and forecasting information provided at both organisation and system level Regular CCG budget holder meetings and budget holder training programme in place PMO function set up within Transformation finance directorate to help leads to develop efficiency programme and accurately monitor progress and delivery.	Regular CCG and System level financial reporting to CCG directors, finance committee and Governing Body. Sustainability working group within CCG chaired by Deputy Director of Transformation Finance to ensure efficiency programme is mature and realistic. Detailed efficiency programme reporting to CCG finance committee from Finance transformation directorate. Integrated Delivery Board set up as system committee to oversee efficiency delivery across the system.	Gaps in Controls: 1) Full CCG recurrent efficiency target of 3% 1.6% for 22/23 not yet identified and needs to be urgently addressed. 2) CCG staff resource issue to deliver all plans 3) No contingency in plan to mitigate emerging risks - particular risk around the WMAS contract being discussed at a regional level. Would need increased efficiency plans to mitigate. Gaps in assurances: None	Almost Certain x Catastrophic = Extreme 25		1) Exec and senior management to meet in December to agree on key programmes of work to build up 22/23 efficiency plans (CS/ID Dec 21) workshop being held and draft plans being developed to inform 22/23 plans to be in place by mid-Jan-Dec 21-[CS/ID mid-Jan-Dec 21] Progress on development of Efficiency programmes across organisations to be reported through to the Integrated Delivery Board from January 2022 (CS/KO Jan 21) 2) Staff resource mapping to internal and system plans ongoing - gaps identified and added to Directorate and system risk registers [JD Nov 21] 3) CCG EDOF part of regional discussions regarding recurrent funding solutions for WMAS pressures. [CS Dec 21].	likely x major = High 16	Claire Skidmore	Claire Skidmore/ Laura Clare Steve-Trenchard/-Julie Davies/Kate Owen	Finance	Laura Clare 26.5.21 28.6.21 Kate Owen 20.08.21 Laura Clare 21.10.21 Laura Clare 10/12/21
5	3 and 4	Laura Clare	System failure to deliver overall long term sustainability plan. The underlying financial position of the CCG and the system as a whole is currently a significant deficit. The system is therefore in a recovery process and unable to make investment decisions without being through the 'triple lock' process of organisation, system and NHSEI approval. As well as delivering the CCG element of the sustainability plan, the CCG will also play a key part in the whole system delivering the longer term sustainability plan and the £30m transformational saving every year	There is huge opportunity in working together across the healthcare system on transformational projects. The COVID19 situation also presents opportunity to reset to a 'new normal' which may assist in driving out inefficiency in the cost base of the system.	Risk management framework in place across the system as part of development of system sustainability plan. System governance arrangements in place through sustainability committee and investment panel task-and-finish group to ensure that new investments are not made unless recurrent resource is available. can't be made in the system until efficiencies are found-	Regular CCG and System level financial reporting to CCG finance committee and Governing Body. Regular system level financial reporting to system sustainability committee and Integrated Care Board Integrated Delivery Board set up across the system to oversee efficiency and transformation programme delivery	Gaps in controls: 1) Detailed financial model behind the sustainability plan currently in place for 21/22 with organisational expenditure control totals established. Long term plan developed with high level assumptions but further work now to be done across the system to refine assumptions and work through financial implications of the transformational projects. 2) System transformational projects ('big ticket 6') currently in development stage and firm plans need to be in place. Resource needs to be assigned to projects to ensure delivery Gaps in assurance: 3) Risk management framework has been drafted and agreed across the system to ensure collective ownership of risk and mitigation. This needs to be refined as plans develop.	Almost Certain x Catastrophic = Extreme 25		1) Significant work underway across system to model long term plan. Modelling task and finish group assembled and reviewing system wide financial model available from NHSEI. Future years of plan presented to the system in September- this included a ten year plan showing agreed high level assumptions. This was supported by system partners. Plan now to be further refined and include delivery of 'big 6' transformational projects. [CS Jan Dec-21] 2) System wide development of 'big 6' underway with SRO assigned to each, further work on modelling underway to align to system financial plan. - Progress Review planned for November, focus on mobilisation plans. [David Stout Nov '21] 3) System risk management framework shared with sustainability committee and system CEOs in September 21. Refinement ongoing to ensure non financial risk is adequately captured. [CS-Jan-Dec-21].	likely x major = High 16	Claire Skidmore	Claire Skidmore/ Laura Clare Steve-Trenchard/-Kate Owen	Finance	Laura Clare 26.5.21 28.6.21 20.8.21 Steve Trenchard 26.8.21 C Skidmore 09/11/21 Laura Clare 10/12/21

6	1, 3 and 5	Z Young	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.	There is opportunity for the CCG to lead the development of our system quality governance approach, aligned to NQB and NHSEI guidance, adopting a distributive leadership approach to harness the talents and strengths within our system.	1. Development of an ICS Quality and Safety Strategy, co-produced with system health and social care partners and patient representative groups. Approved by ICS Board June 2021. 2. Establishment of our ICS governance structure including Quality & Safety Committee (a sub-committee of the ICS Board) and System Quality Group (SQG) which provides quality surveillance and improvement. 3. STW LMNS function is developing to encompass the new responsibilities for PNQSG and ToR and risk register have been revised in light of this requirement. 4. SaTH Safety Oversight and Assurance Group (SOAG) in place, co-chaired by NHSE/ICS lead and with system membership. 5. SI reporting in accordance with NHS SI Framework, monthly SI review meetings between commissioner/provider in place. 6. Patient Safety Group in place with remit to ensure the NHS Patient Safety strategy is delivered across system. 7. System-wide IPC forum in place providing oversight and peer support. 8. Vaccination quality governance forum in place to oversee C-19 delivery programme. 9. CCG/ICS quality and safety monitoring and reporting arrangements will run in parallel during 2021/22.	1. Good attendance from system partners at the SQG. 2. Distributive leadership approach in evidence through leadership of quality improvement groups. 3. Number of overdue SI reports is reducing and quality of investigatory reports and action plans improving for acute provider. 4. Information sharing and benchmarking via LMNS and MatNeo Clinical Network. Maternity & Neonatal network independently review maternity position for SBLCB v2 bi-monthly. LMNS receives a Perinatal Quality Surveillance report and updates on progress with implementing the recommendations arising from the Ockenden review of maternity services 2020. 5. Recent QA visit to SaTH demonstrated person-centred care and adherence to safeguarding policy requirements for CYP/MH cases. 6. CQC inspection of SaTH July 2021 has not generated additional enforcement action. 7. External Audit (Grant Thornton) report July 2021 details 'good level of assurance' on the CCG's actions to ensure patient protection and safety, especially in relation to maternity services; A&E; and SI learning.	Gaps in Control: 1. Backlog in key performance areas impacted on by continued C-19 pandemic response, leading to poorer patient experience and possible harms due to delay in access for diagnostics and treatment. 2. Quality governance processes in SaTH not fully formed and embedded; reliant upon external support. 3. SaTH vacancy and staff turnover for skilled workers. Necessary workforce is not in place/do not have capacity/capability, or is achieved with temporary staffing solutions or external support. 4. New system Quality and Safety governance arrangements yet to be fully shaped up, implemented and embedded. Resource to be identified to progress this work. Gaps in assurance: 5. Triangulated information indicates areas of concern within providers. o SaTH in NHSEI Quality Special Measures - rated by CQC as inadequate for 'safe and well-led' domains and CQC regulatory and warning notices applied in a range of areas, recently including CYP MH provision and associated safeguarding assurances. CQC report expected publication September 2021 o SaTH Maternity Transformation schemes (Continuity of Carer/SBLCBv2) and Ockenden Maternity Review recommendations not yet fully implemented. o MPFT access to services for CYP MH and suicide prevention strategy. 6. Unvalidated SaTH provider metrics/data quality issues - particularly for maternity services. 7. Time lag of 2 years for MBRRACE-UK nationally validated and published comparative perinatal mortality data. 8. Closure/divert of some maternity birthing services at SaTH due to staff shortages as a result of vacancy and also Covid-related absence. 9. Establishment of system approaches to quality governance at early stages and not fully developed or embedded. In particular the quality governance at 'place' is yet to be defined.	Possible x catastrophic = High 15		1. Further develop and embed the system-wide revised approach to quality governance during 2021/22, including quality governance at 'place'. Identify senior resource (DDoN) to lead this work. Q3 2. Continue to monitor quality risks and workforce plans at provider level through existing mechanisms including a presence at SaTH internal quality governance fora. (nb Workforce reported to ICS People Board which has agreed key priority areas for action). Ongoing 3. Maintain a schedule of quality assurance visits, with triangulation of data from a variety of sources, including increased inclusion of patient experience elements. Ongoing 4. Undertake themed reviews for individual providers and system quality concerns and issues. Ongoing Develop system dashboard for Quality Indicators for SQG members peer review and mutual accountability. Oct 21 5. SaTH undertaking a programme of Quality Improvement with UHB as their Improvement Alliance partner - Getting to Good Programme - reported monthly to SOAG for oversight & scrutiny. SOAG is co-chaired by ICS and NHSE/I directors. Ongoing during 2021/22 6. Further develop the maternity metrics dashboard at LMNS level. Nov 21 7. Negotiate access to SaTH real-time (unvalidated) data submissions to MBRRACE-UK. Oct 21 8. Support to SaTH to further develop the content and accuracy of their internal maternity dashboard and improve exception reporting. Oct 21 9. SaTH implementing the 'Badgernet' electronic maternity records sytem from in a phased roll out programme which over time will improve confidence in audit information. Aug 2021 onwards 10. CCG Quality Lead to join SaTH Maternity Safety Champion programme of clinical quality assurance. Oct 21 11. Continue to monitor Maternity service closure and impact, ensuring appropriate escalation process are followed in each occurrence. Ongoing 12. Targeted quality improvement work relating to CYP MH. Ongoing 13. Oversight of Safeguarding and LAC risks via system safeguarding assurance mechanisms. Ongoing 14. Continue to monitor LAC standards (which are improving), supporting with revised referral processes. Ongoing 15. Implement recommendations of CCG internal audit of Safeguarding Adult and Child processes. Oct 21 16. Implement new statutory requirements for Liberty Protection Safeguards when national timelines and details are published. GB development event Oct 21. 17. Review CCG Quality Team staffing plans as part of budget setting. Q4 2021/22	Possible x Major = High 12	Z Young EDoN&Q	T Slater	QPC	ZY: 03/09/21
7	1, 2	Julie Davies	Restoration of Services Post Covid 19 There is a risk that the restoration of health services following the Covid19 pandemic will not keep pace with patient need resulting in patients suffering harm.	Opportunity to develop innovative and more effective approaches to patient care Opportunity to develop a system approaches to patient pathways and care	Demand and Capacity Modelling System Clinical prioritisation and approach to harm policy in place 6 Big Ticket Items Development of digital and virtual capabilities Developing system infrastructure H1 Plan People Plan and workforce planning	Demand and Capacity Groups Covid19 Management Group System Planned Care Operational Group (Elective & Cancer recovery) and System Planned Care Board Regular updates to CCG Board and ICS Board	Gaps in controls: 1) Balance of workforce gaps, overseas recruitment impact of Covid19 and management of staff health & wellbeing wil impact on the ability to produce the workforce needed to recover at the necessary rate 2) Estate limitations 3) Equipment limitations	Almost certain x Major = Extreme 20		1a) Elective Recovery trajectories set out in H1 plan. Big 6 items addressing key elements of sustainability and transformation 1b) Demand and capacity and performance monitoring ongoing to track progress and allow for early mitigation if deviation from plan is evident. 1c) Work ongoing on implementation of People Plan 2 &3) Ongoing dialogue with NHSE regarding equipment and estate	Likely x Major = High 16	Julie Davies, Sam Tilley,	Julie Davies	QPC/GB	J Davies 30.08.21 J Davies 11.01.22
8	1,2	Sam Tilley	Population Health Needs There is a risk that the CCG fails to understand its population health needs and how this contributes to health inequalities across the footprint resulting in widening health inequalities.	To develop stronger partnerships with Local Authorities, public health and other stakeholders to develop a system strategy for health inequalities and population needs To tailor health and wellbeing services more accurately to populaton need ensuring they have a greater impact	Inequalities sits within the portfolio for Director of Planning and Partnerships and Population Health Management sits witin the portfolio of the Director of Planning. JSNA work lead by Councils.	Health Inequalities outline startegy and bid. Personalisation agenda to meet population needs supported by regional funding and bid. New partnership arrangements for SEND with both local authority groups. Shropshire CCH board and TWIPP working towards a place based delivery model on the needs of the populations.	1) Lack of specific PHM expertise within the CCGs (recruitment to 2 x joint PHM posts with Councils not yet complete) 2) System infrastructure and agreed reporting lines to support impact assesments, BI outputs and resultant plan to be finalised 3) Need to co-ordinate system BI platforms to enable and support the development of a system approach to BI and PHM 4) Comprehensive engagement and communication strategy required for the public patient engagement exercise (SCCtH & TWIPP) 5) Lack of recurrent funding to ensure capacity in workforce to deliver needs of populations both internally and with providers.	Likely x Major = High 16		1) CSU Strategy Unit undertaking system review of BI capacity & capability to provide recommendations on future system model for BI including PHM. Recruitment undertaken for 2 x PMH joint post with our two LAs. 2/3) PHM SRO within ICS structure but reporting lines and working group arrangements to be developed. Need for appropriate dats sharing arrangements to be finalised to support this work 4) Engagement strategies being developed with the SCCtH and TWIPP boards. Joint posts with Local Authority to develop partnership and place based working to deliver the needs of the population PHM SRO within ICS structure but reporting lines and working group arrangements to be developed 5) Funding requirement linked to output of the CSU Strategy Unit review	Possible x Moderate = Moderate 9	Claire Parker/ Sam Tilley	Claire Parker/ Sam Tilley	SCC/GB	S Tilley 27.08.21 C Parker 11.01.22

9	1,2,3,5	Zena Young	Safeguarding / Looked After Child (LAC) There may be insufficient capacity to carry out statutory safeguarding responsibilities for Adults and Children within our system with the increase in safeguarding activity associated with C-19 pandemic. Lessons may not be learned quickly enough to fully protect our population from avoidable harm.	To ensure all safeguarding statutory duties and improvement / oversight activities are carried out in an integrated manner between system partners. There is also opportunity to take a collaborative approach to support care home providers to avoid escalation of care needs and crisis presentation.	1. Robust safeguarding governance infrastructures for the two system Local Authorities, which is well attended by all statutory partners. 2. Regional safeguarding governance infrastructure which is well attended by CCG. 3. Experienced team members and good professional links between providers and commissioners of services across STW.	1. The safeguarding and LAC governance infrastructure is well attended by all statutory partners. 2. The GP forum is well attended. 3. STW Designate professionals are networked at regional and national level, contributing to a variety of expert groups. 4. A quality assurance visit to SaTH regarding s31 found a good level of safeguarding assurance.	Gaps in controls 1. The volume of rapid reviews and Safeguarding Governance assurance meetings requiring inputs has increased post C-19 lockdown. 2. A high number of children from Out of Area are placed in Shropshire Children's care homes; frequently their escalating or specialist needs are unable to be met by those care homes and they become 'stranded' in ED in crisis. This is beyond the control of STW system, being the responsibility of the placing organisation and private care homes. 3. A shortage nationally of NHSEI commissioned Tier 4 specialist beds, particularly for eating disorder specialist placements. 4. A delay in mental health assessment for persons presenting in ED due to a local shortage of MH assessors. 5. For Shropshire LA, LAC notifications not received/not timely which impacts on achievement of Health Assessments being conducted in a timely manner. Gaps in assurance: 6. Increased level of safeguarding concerns and associated volume of work generated post-lockdown within system. 7. On occasion there are some CYP solely with mental health needs at SaTH which breaches the CQC s31 notice issued in February 2021. 8. On occasion older YP are cared for on adult MH wards or for long periods in the s136 suite.	Almost certain x Major = Extreme 20	New risk	1. Maintain attendance of designated and named professionals at safeguarding and LAC governance fora. 2. Continue to triangulate information and outcomes and address areas of concern. 3. Continue to undertake quality assurance visits. 4. Scope out development of a proactive/reactive support offer to CYP care homes with system partners. 5. Continue to support commissioners and providers in implementing new models of care.	Likely x Major = High 16	Zena Young	Maria Hadley	QPC	Z Young 03/09/21
10	2,3	S Tilley	Risk of sustained UEC pressure There is a risk that demand for urgent and emergency care consistently oustrips capacity and that this will result in patients suffering harm.	Opportunity to transform UEC pathways	Daily Silver Call Weekly Gold Call UEC Improvement Plan in place	UEC Group UEC Board UEC Sub Groups Reporting to CCG Board	Workforce pressures and covid prevalence is putting significant pressure on service delivery. CCG UEC team resource depleted	Almost certain x Major = Extreme 20	New Risk	Several improvement workstreams in place but capacity to deliver change is limited during times of such heightened pressure Winter Comms plan in place, Winter Plan and specific winter schemes in place CCG UEC staffing resource structure developed and requires further discussion at Exec level regarding potential to implement Specific development in place regarding discharge and attendance avoidance	likely x major = High 16	S Tilley	S Tilley	UEC Board All CCG Committees	S Tilley 02.11.21

Audit Committee Meeting - Appendix B

RISK MANAGEMENT MATRIX

Likelihood					
Consequence	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
1 Negligible	1 VERY LOW	2 VERY LOW	3 VERY LOW	4 LOW	5 LOW
2 Minor	2 VERY LOW	4 LOW	6 LOW	8 MODERATE	10 MODERATE
3 Moderate	3 VERY LOW	6 LOW	9 MODERATE	12 HIGH	15 HIGH
4 Major	4 LOW	8 MODERATE	12 HIGH	16 HIGH	20 EXTREME
5 Catastrophic	5 LOW	10 MODERATE	15 HIGH	20 EXTREME	25 EXTREME

	1 – 3	Very Low risk
	4 – 6	Low risk
	8 – 10	Moderate risk
	12 – 16	High risk
	20 – 25	Extreme risk

	Consequence score (severity levels) and examples of descriptions				
Domains	1. Negligible	2. Minor	3. Moderate	4. Major	5. Extreme
Impact on the safety of patients, staff or public (physical/psychological harm).	Minimal injury or illness, requiring no/minimal intervention or treatment. No time off work.	Minor injury or illness, requiring minor intervention. Requiring time off work for >3 days. Increase in length of hospital stay by 1-3 days.	Moderate injury requiring professional intervention. Requiring time off work. Increase in length of hospital stay by 4-15 days. RIDDOR/agency reportable incident. An event which impacts on a small number of patients.	Major injury leading to long-term incapacity/disability. Requiring time off work for >14 days. Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality/complaints/audit	Peripheral element of treatment or service suboptimal. Informal complain/injury.	Overall treatment or service suboptimal. Formal complaint. Local resolution. Single failure to meet standards. Minor implications for patient safety unresolved. Reduced performance rating if unresolved.	Treatment or service has significantly reduced effectiveness. Formal complaint. Local resolution (with potential to go to independent review). Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	Non compliance with national standards with significant risk to patient if unresolved. Multiple complaints/independent review. Low performance rating. Critical report.	totally unacceptable level or quality of treatment/ services. Gross failure of patient safety if findings not acted upon. Inquest/ombudsman inquiry. Gross failure to meet national standards.

Human resources/organisational/development/staffing/competence	Short term low staffing that temporary reduces services quality (1< day).	Low staffing level that reduces the services quality.	Late delivery of key objectives/service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training.	Uncertain delivery of key objective/service due to lack of staff. Unsafe staffing level or competence (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/key training.	Non-delivery of key objectives/service due to lack of staff. On-going unsafe staffing levels or competence. Loss of several key staff. No staff attending mandatory training /key training on an on-going basis.
Statutory duty/inspections	No or minimal impact or breach or guidance/statutory duty.	Breach of statutory legislation. Reduced performance rating if unresolved.	single breach in statutory duty. Challenging external recommendation/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severity critical report.
Adverse publicity	Rumours. Potential for public concern.	Local media coverage. Short term reduction in public confidence. Elements of public expectation not being met.	Local media coverage - long-term reduction in public confidence.	National media coverage with >3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions raised in the House). Total loss of public confidence.
Business objectives/projects	Insignificant cost increase/schedule slippage	<5 per cent over project budget. Schedule slippage.	5-10 per cent over project budget. Schedule slippage.	Non-compliance with national 10-25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Financial Risk in relation to CCGs	Insignificant cost increase	1-2% over plan/target	2-5% over plan/target	5-10% over plan/target	>10% over plan/target
On assessing impact, consideration will also be given to other key financial objectives including but not limited to cash management and receivables/payables control					

Service/business interruption/environmental impact	Loss/interruption of >1 hour. Minimal or no impact on the environment.	Loss/interruption of >8 hours. Minor impact on environment.	Loss/interruption of >1 day. Moderate impact on environment.	Loss/interruption of >1 week. Major impact on environment.	Permanent loss of service or facility. Catastrophic impact on environment.
--	---	--	---	---	---

Overview of Section 31 Conditions



Section 31 Conditions

The CQC undertook a Review of all the Trust Section 31 Conditions in February 2022

WHERE WE WERE:

Conditions relating to Regulated Activity : <i>“Assessment or medical treatment for persons detained under the Mental Health Act” (1983)</i>		
	ROYAL SHREWSBURY HOSPITAL	PRINCESS ROYAL HOSPITAL
CYP Mental Health	6 Conditions	6 Conditions
Total	6	6
Overall total for Regulated Activity Assessment or medical treatment for persons detained under the Mental Health Act		12
Conditions relating to Regulated Activity : <i>“Treatment of disease, disorder and injury”</i>		
	ROYAL SHREWSBURY HOSPITAL	PRINCESS ROYAL HOSPITAL
CYP Mental Health	6 Conditions	6 Conditions
Trust-Wide	8 Conditions	8 Conditions
Emergency Department	10 Conditions	10 Conditions
Total	24	24
Overall total for Regulated Activity Treatment of disease, disorder and injury		48
Total Number of Conditions for both regulated activities		60

Conditions Imposed following CQC Focused Inspection CYP Mental Health in February 2021

There were 6 Conditions imposed at each Hospital Site in relation to the regulated activity for CYP detained under the Mental Health Act. Only Condition 2 remains.

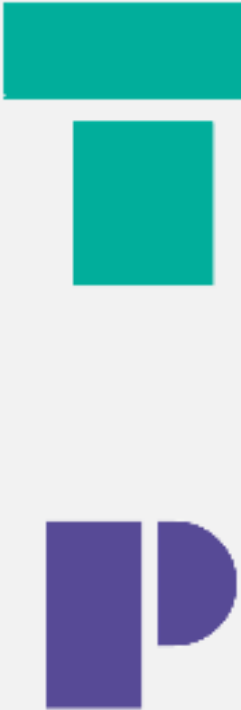
Regulated Activity : "Assessment or medical treatment for persons detained under the Mental Health Act" (1983)			
Conditions Imposed by Hospital Site	Theme	Royal Shrewsbury Hospital	Princess Royal Hospital
Condition 1	Immediate review of patients under 18 years of age included in CQC Inspection and feedback by 1st March 2021	REMOVED	REMOVED
Condition 2	Must not admit patients: <ul style="list-style-type: none"> Patients < 18 years of age who present with isolated acute mental health needs Do not have physical health needs that require inpatient assessment and treatment 	REMAINS	REMAINS
Condition 3	Must deliver appropriate training to ensure all staff working with patients under the age of 18 are competent in providing care and treatment to patients with mental health and learning disability needs	REMOVED	REMOVED
Condition 4	Adopt effective system to identify where all under 18 patients are in the hospital. Appropriate oversight by suitably competent staff including by mental health and psychiatrist	REMOVED	REMOVED
Condition 5	Must implement effective safeguarding systems, including appropriate training and timely safeguarding referrals	REMOVED	REMOVED
Condition 6	Weekly Reporting of Safeguarding Children	REMOVED	REMOVED

Conditions Imposed following CQC Focused Inspection CYP Mental Health in February 2021

The same 6 Conditions imposed at each Hospital Site under the Regulatory activity for CYP detained under the Mental Health Act were also imposed under the Regulated Activity for the treatment of disease, disorder and injury.

Again all conditions have been removed with the exception of **Condition 2**

Regulated Activity : “Treatment of disease, disorder and injury”			
Conditions Imposed by Hospital Site	Theme	Royal Shrewsbury Hospital	Princess Royal Hospital
Condition 1	Immediate Review of Patients under 18 years of age included in CQC Inspection and feedback by 1st March 2021	REMOVED	REMOVED
Condition 2	Must not admit patients: <ul style="list-style-type: none"> Patients <18 years of age who present with isolated acute mental health needs Do not have physical health needs that require inpatient assessment and treatment 	REMAINS	REMAINS
Condition 3	Must deliver appropriate training to ensure all staff working with patients under the age of 18 are competent in providing care and treatment to patients with mental health and learning disability needs	REMOVED	REMOVED
Condition 4	Adopt effective system to identify where all under 18 patients are in the hospital. Appropriate oversight by suitably competent staff including by mental health and psychiatrist	REMOVED	REMOVED
Condition 5	Must implement effective safeguarding systems, including appropriate training and timely safeguarding referrals	REMOVED	REMOVED
Condition 6	Weekly Reporting of Safeguarding Children	REMOVED	REMOVED



Trust-wide Conditions

Conditions 7-11 imposed at each hospital site following June 2020 Inspection on Medical Wards,
Conditions 12, 14, & 15 imposed after inspection in November 2019

TRUST-WIDE			
Regulated Activity: "Treatment of disease, disorder and injury"			
Conditions Imposed by Hospital Site	Theme	Shrewsbury Hospital	Princess Royal Hospital
Condition 7	Accurate risk assessment and care planning, in particular ensure the patients' needs are individualised, recorded and acted upon. Including but not limited to nutritional needs, pressure ulcers, risk assessment/falls and medical equipment from home	REMOVED	REMOVED
Condition 8	Devise, review and assess effectiveness of the system, process for care planning records and provide report setting out actions taken or to be undertaken monthly	VARIED	VARIED
Condition 9	MCA/DoLS <ul style="list-style-type: none"> Sufficient numbers of suitably trained and experienced staff Undertake DoLS in line with provider's policy and protocol Clear documentation and care planning of DoLS Monitoring conducted to ensure this is measured 	REMOVED	REMOVED
Condition 10	Learning from incidents and the systems in place for the effective management of incidents	REMOVED	REMOVED
Condition 11	Reporting against conditions 7-10	REMOVED	REMOVED
Condition 12	Effective management of the deteriorating patient and sepsis	REMOVED	REMOVED
Condition 13	Reported under Emergency Care		
Condition 14	Systems in place to ensure de-escalation management and intervention holds are completed in line with relevant national guidance	REMOVED	REMOVED
Condition 15	Report monthly the de-escalation management and intervention holds including: <ul style="list-style-type: none"> Type and length of hold and post hold actions Results of monitoring data and audits undertaken for physical intervention 	REMOVED	REMOVED

EMERGENCY DEPARTMENTS

Conditions imposed at RSH ED and PRH ED (some of these conditions were imposed April 2019, Nov 2019, some have been removed, some conditions have been varied and some removed as duplicate)

EMERGENCY DEPARTMENT Regulated Activity : "Treatment of disease, disorder and injury"				
CONDITIONS	ROYAL SHREWSBURY HOSPITAL	CONDITION STATUS	PRINCESS ROYAL HOSPITAL	CONDITION STATUS
Condition 13 (Nov 2019)	Effective management of patients under age of 16 through the ED including <ul style="list-style-type: none"> * Number <16 age not triaged within 15 minutes * Monitoring/audit to provide assurance * Details of children who left without being seen, follow up and details of any harm 	VARIED	Effective management of patients under age of 16 through the ED including <ul style="list-style-type: none"> * Number <16 age not triaged within 15 minutes * Monitoring/audit to provide assurance * Details of children who left without being seen, follow up and details of any harm 	VARIED
Condition 14	Effective system to ensure Mental Health Risk Assessments are completed	REMOVED	Effective system to ensure Mental Health Risk Assessments are completed	REMOVED
Condition 17	Effective identification, escalation and management of patients who present with possible sepsis or a deteriorating condition	REMOVED	Effective identification, escalation and management of patients who present with possible sepsis or a deteriorating condition	REMOVED
Condition 15 (Apr 1 2019)	Effective management of children through the ED including effective system, audited and monitored, results of monitoring/audit/audit to provide assurance, relevant information of children who left without being seen, follow-up and any harm	REMOVED	Ensure that all children who present to ED are assessed within 15 minutes if acute!	VARIED
Condition 19	Effective system to ensure all adults who present to ED are assessed within 15 minutes	VARIED	Staff are suitably qualified and competent to undertake to carry out triage	REMOVED

EMERGENCY DEPARTMENTS

Conditions imposed at RSH ED and PRH ED (some of these conditions were imposed April 2019, Nov 2019, some have been removed, some conditions have been varied and some removed as duplicate)

EMERGENCY DEPARTMENT Regulated Activity : "Treatment of disease, disorder and injury"				
CONDITIONS	ROYAL SHREWSBURY HOSPITAL	CONDITION STATUS	PRINCESS ROYAL HOSPITAL	CONDITION STATUS
Condition 20	Must ensure system in place in ED to a for patient acuity and location at all times	REMOVED	Effective monitoring of patient's pathway through the ED from arrival	REMOVED
Condition 21	Ensure children who present to ED are assessed within 15 minutes of arrival	REMOVED	Ensure that all children who leave the ED without being seen are followed up in a timely way by a competent healthcare professional	REMOVED
Condition 22	Staff are suitably qualified and competent to undertrained to carry out triage (as per in Condition 21)	REMOVE	Effective management of children through the ED including effective system, audited and monitored, results of monitoring data/audits that provide assurance, redacted information of children who left without being seen, follow-up and any harm	REMOVED
Condition 23	Effective monitoring of patient's pathway through the ED from arrival	REMOVED	Must ensure system in place in ED to a for patient acuity and location at all times	REMOVED
Condition 24	Ensure that all children who leave the ED without being seen are followed up in a timely way by a competent healthcare professional	REMOVED	Effective system to ensure all adults who present to ED are assessed within 15 minutes	REMOVED included in varied condition 18 RSH



Section 31 Conditions February 2022

The CQC undertook a Review of all the Trust Section 31 Conditions in February 2022

WHERE WE ARE NOW:

Conditions relating to Regulated Activity : "Assessment or medical treatment for persons detained under the Mental Health Act" (R222)		
Trust Wide CIP Mental Health	Condition 1	<p>Follow national guidance:</p> <ul style="list-style-type: none"> Patients 16 years of age who present with isolated acute mental health needs Do not have physical health needs that require urgent assessment and treatment
Conditions relating to Regulated Activity : "Treatment of disease, disorder and injury"		
Trust Wide R221 and R222	Condition 1	<p>Local decision, review and monitor the effectiveness of the system and processes for case planning records across all services to ensure a continuous cycle of assessment and case planning ensure that patients' needs are met and provide reports weekly to CQC reflecting all care taken or to the relevant section for the findings of the review</p>
Emergency Departments (ED) and R221-3	Condition 2	<p>Submit a monthly report to the CQC detailing the system in place for effective management of service users under the age of 16 through the emergency care pathway</p> <ul style="list-style-type: none"> 1) The number of service users under the age of 16 not being seen within 15 minutes as seen by the paediatric medical team within the hour of arrival to the emergency department and details of any suitable arrangements in place at the time 2) Details of all monitoring observations and interventions that provide effective outcomes that a patient is in place for the management of all clinical requiring emergency care and treatment. 3) Details of all children who left the department without being seen by a clinical professional and details of how or where they ended their stay at the emergency department without being seen
Emergency Departments (ED) and R221-3	Condition 3	<p>The system provides more cases it implements an effective system with the aim of ensuring that all patients who present to the emergency department are assessed within 15 minutes of arrival in accordance with the relevant national clinical guidelines, accounting for patient acuity and the location of patients at all times</p>
CIP Mental Health (patients to R221 and R221-3)	Condition 4	<p>Follow national guidance:</p> <ul style="list-style-type: none"> Patients 16 years of age who present with isolated acute mental health needs Do not have physical health needs that require urgent assessment and treatment

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG Governing Body**
Meeting held in public on 9th March 2022

Item Number:	Agenda Item:
GB-22-03.035	Summary Report of the NHS Shropshire, Telford and Wrekin CCG Quality and Performance Committee dated 24 th November 2021

Executive Lead (s):	Author(s):
Zena Young Executive Director of Nursing and Quality zena.young@nhs.net	Meredith Vivian, Chair, Shropshire Telford and Wrekin Quality and Performance Committee

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

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)
Full minutes approved at the Shropshire, Telford and Wrekin CCG Quality and Performance Committee.	5 th January 2022.	A,R,S,D,I

Executive Summary
<p>To provide assurance to the Governing Body that the safety and clinical effectiveness of services commissioned by Shropshire Telford and Wrekin Clinical Commissioning Group , and the experience of patients receiving those services, have been reviewed in accordance with the Quality and Performance Committee's Terms of Reference.</p> <p>To provide a summary of the main items reviewed at the 24th November 2021 meeting.</p> <p>Performance exception report issues:</p> <ul style="list-style-type: none"> The disruption and pressure caused by COVID continues, the added UEC seasonal pressures with demand and increased length of stay is still impacting upon planned care recovery with the Acute provider focusing on P1 & 2 lists and Cancer. The winter plans are now in place which is mitigating any further risk at present, however this remains unstable. Demand for primary care services increased for September beyond predicted levels with a shift from virtual/telephone appointments to 'face to face'. Key risks remain in workforce, in particular General practitioners. Shropshire Doctors; Significant demand shift compared to month 6, Key Performance Indicators remain green for October, some concerns remain around staffing. The roll out of the 2 hour rapid response has been met with some recruitment challenges, leaving just 1 postcode catchment area to complete by February 2022.

- Advance Care Planning in Care Homes and Respiratory have recruited to permanent posts and are implementing the new models of care based on successful testing of the concepts in 2020/21.

Urgent and Emergency Care (UEC): Remains challenged and do not currently meet the Constitutional/National standard, SATH Type 1 provider is currently ranked 19/20 in the region and 104/114 Nationally for the 4hr standard. Previously reported concerns relating to ambulance handover also sees SATH remain in the top 10 worst performing Acute Provider Nationally. The acute has been acknowledged for their efforts by NHSE/I in developing pathways avoiding the Emergency Department, in particular their Same Day Emergency Care.

- **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. There are signs of recovery in ophthalmology, in which numbers waiting appear to have reached a plateau.
- **Cancer Performance:** The two-week breast symptoms performance continues to improve, although both two-week wait metrics are still just short of the target. Other metrics are inconsistent (meeting target in one month and failing the next), with the exception of 31-day subsequent drug treatment which usually meets the required standard. The number of 62-day waits going beyond 104 days at SaTH appears to be increasing, largely demand driven, this has been noted as a key risk with the mitigation of additional CT capacity.

IAPT recovery rates, recent investigations have highlighted potential IAPT data quality issues between the Shropshire and Telford and Wrekin practices, suggesting the metric to be currently under-reported. It has been recognised that the historical set up of two STW IAPT services is not able to deliver the quality and performance required going forward. The IAPT forum have accepted an offer from NHS E/I to assist us by conducting a System Improvement Team Tool (SIT Tool) as a means of understanding the variation of the current service, identifying areas of strengths across each service area and to structure our approach in relation to harmonising approaches across both service areas. It is expected that the process will take 3 months to complete.

- Dementia Diagnosis Rates among over-65s in primary care have dipped slightly but remain above the national average, recovery plan is expected to deliver improvement by year end.

Quality exception issues:

SaTH:

- The number of falls continues to remain an area of concern, with 115 reported during August 21. Acquired pressure ulcers were the same as in July, with 10 reported in August 2021.
- The Trust is on course to deliver the year end improvement target internally set. Performance in September (30/08/21 to 03/10/21) for sepsis screening on admission across the Emergency Departments was 94% on average for both sites.

Maternity: There were no Maternity Serious Incidents reported in October for the Trust.

- There remains a high level of service user satisfaction, with ongoing work being carried out to increase response rates. There is continued work with Maternity Voices Partnership (MVP) to ensure that patient experiences are captured and acted upon.
- There is good timeliness of response from SaTH on RCA reports and action plans

RJAH:

- The CCG Quality Team attended RJAH on 25/10/2021 to undertake a Serious Incidents Quality Assurance Visit to theatres. A number of emerging themes have been identified from CCG review of RJAH investigation reports

SCHT:

- Staff survey: update on actions following concerns raised by BAME staff – a BAME network is now in place whose remit is to work on actions from the survey. They are also scrutinising the recruitment and application process for SCHAT posts. Looking at reverse mentoring approach for senior staff.

IPC:

- RJAH reported a further increase in surgical site infections for Q2 and system support has been identified for their surveillance work.

Safeguarding:

- A challenge has existed in terms of COMPASS representation in Shropshire. This is the multi-agency referral hub. The service specification is being reviewed and additional measures have been temporarily put in place to support provider health representation to these important meetings.
- Challenges continue to exist around national Tier 4 provision for children.
- Executive to Executive escalation has taken place regarding reinstating face to face appointments for Review Health Assessments for Looked After Children in our county.

Quarterly patient experience update:

- The main theme continues to relate to poor and unsafe discharges from SaTH.

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

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

	<i>(If yes, please provide details of the effect upon these requirements).</i>	
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

Recommendations/Actions Required:	
The Governing Body is asked to note for assurance and information.	

REPORT TO: NHS Shropshire, NHS Telford and Wrekin CCG Governing
Body meeting held in public on 9th March 2022

Item Number:	Agenda Item:
GB-26-03.036	Finance Committee

Executive Lead (s):	Author(s):
Claire Skidmore Executive Director of Finance claire.skidmore@nhs.net	Geoff Braden Finance Committee Chair g.braden@nhs.net

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

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)
Finance Committee	26th January 2022	S

Executive Summary (key points in the report):
<ul style="list-style-type: none"> Executive Director of Finance gave an update on the financial work currently taking place up to month 9 and the CCG position being broadly on target, namely a £5.45 million system best case scenario to deficit up to a worse case of £13.2m. Details were shared on the risk and the work taking place particularly against. Areas of significant risk still remain with volatile areas such as CHC, NHS 111 and WMAS that require close scrutiny. Individual commissioning as part of CHC stands out with a £4.3m gap full year. This is a focus of the regional DOF's as not just impacting STW. Expectations are that the full year position should become much more visible for the February meeting where assumptions will close down and funding issues are beginning to be resolved. Work continues to progress on the System plan along with the Big Six, but these will have very limited impact in 2021/22, potentially impacting 2022/23 along with additional programmes. System controls have been adjusted for a realistic delivery of 3% plan this year and the committee was assured that this was achievable and realistic. The Value for Money QIPP update was presented to the committee which demonstrated the underlying position of the CCG vs the 3% task. The gaps in resources were discussed with improvements confirmed from September with vacancies and loans being closed. The forecast has been updated to deliver £7.2m which has been reviewed over the last month. Areas were discussed as further opportunities with the links to

investment cases and Task & Finish group identified but the committee were pleased to see the progress and an improving trend.

There is still a significant gap that still requires work to identify activities towards the 1.6% and Finance committee requested that continued to be addressed with executive team.

- Update was received on the Elective Care Fund and the position in particular of bed capacity and the impact on the financial position going forward and into 22/23.
- 2022/23 Finance plan was received with a target of 1.6% and the delivery of the Big Six programme. The work was further complicated with additional cost pressures and how this would affect the overall gap. The committee was assured that work was underway and that regular meetings and updates were in place.
- The committee were updated on the Due Diligence plan and were assured that the work was on plan and no concerns were raised.
- It was confirmed that the GBAF has been updated and reflective of the risks.

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

1.	Is there a potential/actual conflict of interest?	No
2.	Is there a financial or additional staffing resource implication?	Yes
3.	Is there a risk to financial and clinical sustainability?	Yes
4.	Is there a legal impact to the organisation?	No
5.	Are there human rights, equality and diversity requirements?	No
6.	Is there a clinical engagement requirement?	No
7.	Is there a patient and public engagement requirement?	No

Recommendations/Actions Required:

Board to note the ongoing work to that is improving the Value for Money QIPP plans. To note approval given to the System Finance Plan.

**REPORT TO: NHS Shropshire, NHS Telford and Wrekin CCG Governing
Body meeting held in public on 9th March 2022**

Item Number:	Agenda Item:
GB-22-03.037	Summary Report of the Shropshire, Telford and Wrekin CCG Audit Committee held on 19 th January 2022

Executive Lead (s):	Author(s):
Alison Smith Director of Corporate Affairs alison.smith112@nhs.net	Geoff Braden Audit Chair g.braden@nhs.net

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

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

Executive Summary (key points in the report):
<ul style="list-style-type: none"> Internal Audit Final reports for both Child & Adult Safeguarding were received following on from the interim update in November. It was noted that there were some positives, but the key aspects of the report now have more robust and clearer actions and ownership of the plans. Work was underway to ensure alignment of staff to ensure that the plan had sufficient resource. Discussion was held on where this now sits with Quality and Performance along with the ICB and how this is overseen. The committee recognized the work that the safeguarding team were doing against a challenging backdrop but felt unable to assure the board of the plan due to plans all concluding in future months. A further update was requested for the April meeting to confirm progress. The Audit committee has taken delegated oversight of the due diligence process to transition to the ICS The committee received the updated approach for parallel reporting to the ICS Audit & Risk committee. An additional two-day panel meeting was discussed and its composition, with the due diligence guidance giving the CCG a low risk & complexity classification. The Due Diligence checklist was reviewed and considered that the process was robust and highlighted areas for additional information to enhance assurance. It was confirmed that a process would be introduced to confirm Director to Director handovers. BAF and Directorate Risk Register was presented and agreed with up to date risks and mitigation to address. The committee noted that risks were now being updated and had risk owner identified. Stronger assurance was provided that the strategic and operational risks had been Identified, and mitigation was presented. It is important that the BAF and DDR are seen as the key documents and are therefore kept up to date with strong and regularly reviewed mitigation.

- The Risk Stratification Policy was received and approved with some updated rebranding for Shropshire, Telford & Wrekin CCG. This is an important approach that looks at how tools are used to develop local strategies for supporting patients with long term conditions and prevent unplanned admissions. Discussions and agreement was reached on communicating this important policy.
- An update was received around Policy alignment with a list of policies that have still not been aligned and the current position of Medicines Management. The committee will continue to monitor this and report to the board any concerns or issues.
- Information Governance update was received with an update on the 2021/22 DSPT, the latest bi monthly report from CSU IG team, the content of the SARs log and SIRO report. Further updates will be received at future Audit Committees.. the 96% target was achieved in a rolling 12 month period this year and this is a significant achievement for the IG team. It was confirmed that CCG's will be required to submit a 2021/22 DSPT on 30th June 2022, with ICB's submitting at year end 2022/23.
- Losses, Special Payments and Waivers were received with no losses or special payments in the period. It was noted that six waivers had been completed with the Committee given assurance that normal service reviews will be reinstated. The committee are still concerned over the number of waivers being used rather than the standard procurement process.
- Annual Accounts and Annual Report Process for 2021/22 was received. It was noted that the deadline for draft submission will be 26th April 2022 with the final auditable accounts and annual report on 22nd June 2022. It was confirmed that there will be two sets of accounts for the period with further guidance still being awaited.
- Update on Risks and Control around Financial Management was received in line with those included in GBAF and the specific financial risks.
- Updated Head of Internal Audit opinion was received with significant assurance across the summary report. Recommendations were received and included in future monitoring based upon previous updates included in the draft plan.
Final Internal Audit report for Financial Systems was received with only two areas of focus highlighted namely number of invoices sitting within the ORACLE workflow and potential duplicate payments identified. Overall a very positive performance and strong levels of assurance were given.
Internal Audit Progress report showed progress was on track.
- External Audit advised that there was still some dialogue on the audit dates and approach still to be determined. The committee welcomed Andrew Smith as the new lead Partner, taking over from Mark Stocks.
- Counter Fraud progress report was received and details discussed. With no issues raised from National Fraud Initiative 2020/21 for either Telford & Wrekin or Shropshire being raised.

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

1.	Is there a potential/actual conflict of interest?	No
2.	Is there a financial or additional staffing resource implication?	No
3.	Is there a risk to financial and clinical sustainability?	No
4.	Is there a legal impact to the organisation?	No
5.	Are there human rights, equality and diversity requirements?	No
6.	Is there a clinical engagement requirement?	No
7.	Is there a patient and public engagement requirement?	No

--	--	--

Recommendations/Actions Required:
--

Board to note the update and the policies approved.

Board to note the need for the BAF and DRR to be working documents and regularly updated and strengthened.

Board to note the ongoing work and current unassured Adult & Child Safeguarding internal audit action plans.

REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body
Meeting held in Public on 9th March 2022

Item Number:	Agenda Item:
GB-22-03.038	Primary Care Commissioning Committee (PCCC) Summary Report (February 2022)

Executive Lead (s):	Author(s):
Ms Claire Parker Director of Partnerships NHS Shropshire CCG and NHS Telford and Wrekin CCG Claire.parker2@nhs.net	Donna MacArthur Lay Member - Primary Care

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

History of the Report (where has the paper been presented):		
Committee	Date	Purpose (A,R,S,D,I)
Primary Care Commissioning Committee (summary of meeting)	02/02/2022	

Executive Summary :
<p>The detail below provides a short summary of the items, discussion and actions from Primary Care Commissioning Committee 1st December 2021.</p> <p>Finance update:</p> <ul style="list-style-type: none"> Delegated co-commissioning year to date was £1.2m underspend with a forecast underspend of £800k, the main drivers for this being the prior year benefits in relation to additional roles and QOF. The non-delegated year to date position is underspend of £2m with a forecast underspend of £2.5m. Again, this is driven by prior year benefits in relation to prescribing. Medicines Management efficiency scheme is currently over delivering year to date by £74k but due to redeployment of key staff and Practices prioritising the vaccine programme, this is forecast to deteriorate in the next quarter with under delivery forecast of £131k. In terms of transformation funding, CCG is forecasting full spend of the in-year allocation received. The Finance team continue to monitor the forecast on the additional roles scheme due to historic difficulty in recruiting to roles locally. In terms of forecast against sustainability plan, there are small adverse variances against both delegated and non-delegated areas. The Finance team continue to review these against the allocation information received as part of the 2022-23 planning guidance

issued.

The Chair commended the work done by Medicines Management staff, even during redeployment, which had assisted the CCG to reach its current position.

Primary Care update:

Winter Access Fund

The CCG had received an allocation of just under £2.2m following re-submission of its original bid. However, delays were experienced and approval of the STW plan and receipt of the funding did not take place until mid-December.

Practices were given until mid-January to submit a plan of how they might use the money available to them.

The CCG would be unable to deliver £2.2m of spend, due to changes in the original plan relating to the oximetry at home being and the GP streaming at the front door plan due to workforce issues.

Estates update:

Pauls Moss- contracts exchanged and build commenced.

Shrewsbury HWBH-on Monday 24 January 2022 at a meeting of Shrewsbury Town Council where a commitment was given that formal consultation will take place at the correct point in time following further extensive engagement with the public about what is delivered through the Shrewsbury Health & Wellbeing Hub and how. She advised the meeting that the project will be funding an Engagement Officer to particularly focus on engagement and formal consultation, and that she will be working with the Town Council as to how the CCG engages with their constituents. This is an exciting investment into primary and community care.

A further update presentation will go to the Assuring Involvement Committee.

Shifnal- Full business case was approved.

Boundary changes:

The primary care committee agreed to formalise the extended boundaries for Cambrian, Alveley and The Meadows.

Primary Care Quality:

- Highley Medical Centre has been rated as Inadequate by the Care Quality Committee. The primary care team are supporting the practice with an action plan and delivery against the actions.
- Highley action plan will be discussed in the Part 1 agenda (non confidential) as the CQC report is in the public domain.
- Risk register was reviewed and updated and will be presented for full scrutiny at April 2022 meeting to ensure it is ready for handover to the new statutory body.

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

Recommendations/Actions Required:	
Board representatives NHS Shropshire, and Telford and Wrekin CCG are asked to receive this paper for information	

REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body
Meeting held in public on 9th March 2022

Item Number:	Agenda Item:
GB-22-03.039	Locality Chairs Summary Report (March 2022)

Executive Lead (s):	Locality Chairs:
Ms Claire Parker Director of Partnerships NHS Shropshire, Telford and Wrekin CCG Claire.parker2@nhs.net	Dr Ian Chan Dr Ella Baines Dr Katy Lewis Dr Matthew Bird

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

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)
Locality meetings	November 2021 and February 2022	S

Executive Summary (key points in the report):
<p>The detail below provides a short summary of the items discussed at the locality meetings during November and February.</p> <p>CCG Chair's update:</p> <ul style="list-style-type: none"> The position for an additional GP or healthcare professional to sit on the Governing Body from Telford and Wrekin was not appointed to and remains vacant. Updates were shared regarding the announcement that the planned dissolution of the CCG and the formation of the ICB had been changed .The expected date of dissolution for the CCG has moved from end of March to the end of June with the commencement of the ICB on the 1st July subject to Parliamentary Approval. All current GP or healthcare professionals and the current lay members of the Board have agreed to remain for this extension period to ensure stability. Updates were provided regarding the managerial leadership team of the CCG. Simon Whitehouse has been appointed as the interim Accountable Officer designate for the ICB . Mark Brandreth will remain as Accountable Officer for the CCG. Chair informed members that the CCG Accountable Officer is leading working across the system to address the ambulance delays that members have raised previously. An update was also provided that currently there is significant work under way with regard to the transition of the CCG into the ICB as part of the Due Diligence process. Updates were given in relation to the timeline of the milestone activities that will happen over the next months in preparation for a smooth transition to the ICS from July 2022. Members were also provided with information about the fortnightly Collaborate newsletter and ICS website where further information could be found about the work currently underway as a system ahead of the formal creation of the ICB.

- An update was provided on the successful achievement of work to address the backlog of complaints in the CCG . Complaints are now being dealt with contemporaneously .Members were informed that themes from complaints are analysed and acted on by CCG officers.
- Chair reported that he, alongside the Director of Partnerships and the CCG Accountable Officer had met with Helen Morgan the newly elected MP for North Shropshire and had shared the current demands and pressure within primary care .
- Thanks were given to members for the recent work teams within primary care had undertaken in regard to the accelerated vaccination programme . Members were informed that Shropshire ,Telford and Wrekin had been noted as being amongst the top performing in the country.

Locality Chair updates included:

- Update on the outcome of the outpatients workshop and details of further work being undertaken in secondary care.
- Update regarding the emergency advice line for Primary Care in relation to Diabetes.
- Ongoing discussions regarding primary care input into the ICS.
- Research currently being undertaken by Wolverhampton University around Rural Racism
- Update on the breast pain community clinics and the positive feedback that had been received so far

Primary Care updates were given on phlebotomy service transformation work and interim item of service payments and ongoing updates re the role of primary care within the ICS.

The Integrated Cancer Strategy 2021-2026 was shared for members' comments and a presentation for comment and feedback was provided in relation to the End of Life and Palliative Care Strategy.

An update on the new sexual health service contract from Telford and Wrekin local authority was presented to the Telford and Wrekin Locality.

Updates on the virtual ward ,2 week pathway for Brain Tumours and feedback from an outpatient's workshop were provided to the North Locality.

A presentation on Pathology- getting it right first time was very well received by the South Locality with members volunteering to assist with the further development of this work.

A presentation on learning arising from NHS to NHS concerns was presented to Shrewsbury and Atcham and North Locality in February.

There were discussion and feedback in relation to the proposal for low level diabetic risk screening to be undertaken by primary care in Shropshire. Feedback was raised in relation to the proposed model and this will be further considered by the Transformation Team in the CCG.

Members also discussed the outpatient transformation programme and provided feedback to the Transformation Team around what is currently working well and what can be improved. Particular emphasis was on local clinics, appropriate use of face to face and virtual appointments and communications/ protocols between primary and secondary care.

There were individual areas of concern raised about commissioned services which were subsequently shared with the Transformation and Contracting teams for investigation and resolution.

There was discussion about the role and function of the locality forums within the ICB following the dissolution of the CCG as a primary care membership organisation. Whilst specific governance arrangements are not yet finalised , the locality functions of reciprocal information sharing and arrangements for primary care clinical engagement are key to this work. The CCG Medical Director and Director of Partnerships are engaged with the ICB on development of this.

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

Recommendations/Actions Required:
Board representatives for NHS Shropshire, and Telford and Wrekin CCG are asked to receive this paper for information.

REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body
Meeting held in Public on 9th March 2022.

Item Number:	Agenda Item:
GB-22-03.040	Assuring Involvement Committee (AIC) Chair's Report from the meetings held on 25th November 2021 and 27th January 2022

Executive Lead (s):	Author(s):
n/a	John Wardle - Chair

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

History of the Report (where has the paper been presented:		
Committee	Date	Purpose (A,R,S,D,I)
This is the report from the Chair of the AIC to the Board		S I

Executive Summary (key points in the report):
<p><i>The detail below provides a short summary of the items, discussion and actions from Assuring Involvement Committee.</i></p> <p>My apologies for not submitting a report for your meeting In January.</p> <p>The Committee met in November and January. The committee did not meet in December as the normal cycle fell immediately prior to Christmas. There was a planned meeting for late February which was cancelled at short notice as staff were on leave due to the school half term holiday. The October meeting was also cancelled for the same reason and the committee will be reviewing dates for future meetings to avoid school holidays as the committee want to be able to review engagement activity at the earliest opportunity.</p> <p>The November meeting of the committee was given a presentation on the High Intensity User review and New Service Proposal. This review is focussed on patients who rely heavily on emergency services and who may feel let down by other services. The number of patients involved is very low and engaging them directly had been very difficult. The review had engaged with staff with knowledge of the patients and who contributed on behalf of the patient as best they could. Whilst appreciating the engagement difficulties, there was some concern amongst the committee that staff might not accurately reflect the patients' thinking. The committee also recommended engagement to promote information sharing with the police and criminal justice services.</p> <p>The November meeting also considered the End-of-Life Care review. Committee members raised questions arising from a report that had been circulated ahead of the meeting. The committee recommended further engagement with seldom-heard groups.</p> <p>An update on the Cancer Strategy Refresh was given at the November meeting. The Committee noted the progress since the previous update but recommended where engagement had been sought from groups without reply, alternative methods of contact should be used to encourage engagement. It also recommended information about the strategy review should be shared using social media, and information regarding the strategy should appear in Healthwatch Newsletters.</p> <p>The January meeting was given presentations about the engagement regarding the proposed changes to PRH Renal Dialysis Services and the proposed temporary changes to Cardiology Inpatient Services at the</p>

Hospital Trust. The Committee heard of the extensive engagement that had taken place by the Trust and asked questions on the work undertaken. The engagement was of a very high standard and the committee was very pleased with the content of the presentations and the work undertaken.

The January meeting also received a presentation on the Shropshire, Telford and Wrekin ICS Involvement Strategy. Following discussion and questioning the Committee recommended contact should be made with colleagues within Midlands Partnership Foundation Trust who will already have links into groups representing people with certain protected characteristics, to achieve greater engagement with such groups. It also recommended that the strategy needs to explain how the implementation of the ICS will improve outcomes for users.

In February I, along with the Board Lay Member for Patient & Public involvement and the CCG's Senior Engagement and Communications Manager attended an online meeting of the Shropshire Patients Group to inform and respond to questions on the role of the Assuring Involvement Committee.

Recommendations/Actions Required:

The Governing Body is recommended to accept this report for information

Report Monitoring Form

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

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

Strategic Priorities – does this report address the CCG's strategic priorities, please provide details:

1.	To reduce health inequalities by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities. <i>(If yes, please provide details of how health inequalities have been reduced).</i>	Yes
2.	To identify and improve health outcomes for our local population. <i>(If yes, please provide details of the improved health outcomes).</i>	Yes
3.	To ensure the health services we commission are high quality , safe, sustainable and value for money.	No

	<i>(If yes, please provide details of the effect on quality and safety of services).</i>	
4.	To improve joint working with our local partners, leading the way as we become an Integrated Care System. <i>(If yes, please provide details of joint working).</i>	No
5.	To achieve financial balance by working more efficiently. <i>(If yes, please provide details of how financial balance will be achieved).</i>	No